

Faith in Transition: A Week Inside a Gender Surgery Clinic

Written by Mehrdad Alipour

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MEHRDAD ALIPOUR, APR 24 2025

In his 2025 inauguration speech, President Donald Trump asserted, “there are only two genders: male and female.” This bold declaration not only reflected his personal stance but also highlighted the alarming ways in which politicians can wield rhetoric that dismisses both academic scholarship and the deeply entrenched rights of individuals. Such statements can invalidate decades of activism, human rights efforts, and the lived experiences of countless people, especially non-binary individuals. For activists, medical professionals, and those in the transgender community, it sowed seeds of fear, uncertainty, and doubt – prompting a reconsideration of the future of gender policies in the United States and beyond.

Two months before Trump’s statement, as the U.S. remained on the precipice of policy shifts, I had the opportunity to visit Rush University Medical Centre in Chicago. There, I spent a week observing gender affirmation surgeries, gaining insights into the clinical practice of such procedures. This visit was not only a pivotal moment in my academic journey but also a crucial opportunity to examine the intersection of gender affirmation surgeries and Islamic legal traditions. At the heart of my ongoing project, *Beyond Binaries: Intersex in Islamic Legal Tradition*, lies an effort to deconstruct the binary male-female framework that continues to dominate gender discourse, especially in the Islamic world. Furthermore, gender affirmation surgery – procedures that assist some individuals who wish to align their physical bodies with their gender identity – has become an essential facet of the transgender experience. However, a deeper question remains: how does this practice align with religious, and in my case, Islamic, traditions, particularly when it concerns intersex individuals?

One of the central aims of my work is to critically assess whether Islamic legal and ethical frameworks have historically supported non-binary discourse as well as gender affirmation surgeries. The prevalent view, both within and outside the Muslim community, often assumes a conservative stance when it comes to issues of gender and sex (see, for example, *Navigating Differences: Clarifying Sexual and Gender Ethics in Islam*; Assim al Hakeem; Yasir Qadhi; Jamil Amer). In particular, many believe that Islamic law rigidly prohibits such surgeries. However, a number of studies present a challenge to this assumption, advocating for a more nuanced and open-minded understanding of Islamic jurisprudence (Alipour 2017a, 2017b, 2022; Gesink, 2018, 2021; Geissinger, 2012, 2015).

The crux of my argument centres on the notion that Islamic law does not inherently oppose non-binary gender and/or sex. Accordingly, certain Muslim jurists have advanced compelling arguments for an alternative body politics, advocating for a group of intersex individuals to be recognised as constituting a third ontological sex/gender category—one that transcends mere legal classification (Alipour 2025). This approach aligns more closely with international frameworks concerning gender and sex discourses and, in my view, ought to be promoted among lay Muslims in contrast to more conservative positions, such as those outlined above, which strictly reject non-binary understandings. Moreover, as scholarly studies have shown, gender-affirming surgeries for adults have been authorised by fatwas issued by several Muslim jurists and have also been legalised in certain Muslim-majority societies such as Iran and Egypt (Skovgaard-Petersen 1995; Najmabadi 2013; Alipour, 2017a). In fact, I contend that Muslim legal discourse allows for a degree of flexibility and autonomy that has often been overlooked. If an adult, whether intersex or transgender, decides to undergo surgery to affirm their gender identity, Islamic law and ethics should respect that decision as part of the broader principle of bodily autonomy. Conversely, should an intersex or

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transgender individual choose to remain in their natural state, this decision too should be respected and upheld under Islamic legal principles.

While adult autonomy remains a cornerstone of Islamic legal practice, my research draws a critical distinction when it comes to infant intersex individuals. Islamic law does not condone invasive medical procedures for infants unless there is a clear, life-threatening medical necessity. This approach aligns with the broader Islamic principle of protecting children from unnecessary harm, including invasive medical interventions that alter their natural state without just cause. By applying this framework to the issue of gender affirmation surgery for infants, Islamic law provides a protective stance, prioritising the health and well-being of children over medical procedures that might be non-essential.

The concept of bodily autonomy is particularly salient in this context, as it reflects a broader Islamic understanding of the human body—one that must be respected and preserved, especially in children, who are not yet capable of making informed decisions about their bodies. This point is especially significant given that, unfortunately, in several Western countries, infant affirmation surgeries are still practised based on the recommendations of medical professionals and the approval of parents, who are often either unaware of or have limited knowledge regarding their children's medical status. Therefore, my argument emphasises the importance of safeguarding children from unnecessary medical procedures, while also advocating for the autonomy of adults to make decisions regarding their gender and identity.

The political and social context in which this research is situated has only grown more pressing with the increasing rise of conservative political movements. These movements are pushing for restrictions on gender-affirming care, especially for transgender individuals. In the United States, conservative parties have advocated for the rollback of policies that protect transgender rights, while similar political dynamics are gradually emerging across Europe. In this climate, gender-affirming surgeries and healthcare are increasingly threatened, raising questions about access to care, bodily autonomy, and legal protections.

My visit to Rush University Medical Center in Chicago allowed me to observe the intricacies of gender affirmation surgeries in a clinical setting. I worked closely with Professor Dr. Loren Schechter and his team at the Gender Affirmation Clinic, gaining firsthand knowledge of how these procedures are carried out and the experiences of those undergoing them. This experience illuminated the complexities of gender-affirming care and provided an essential understanding of how such procedures can empower individuals to align their bodies with their identities.

On the morning of a quiet autumn day, I found myself stepping into the operating room with a sense of quiet anticipation. The surgical team, led by Dr. Loren Schechter, was already deep into a complex procedure. As I entered, I was greeted by the hum of machines and the soft murmur of voices, the room filled with the steady rhythm of a well-practised team working together to transform lives. The patient on the table was a transgender man, undergoing a multi-faceted surgery that included metoidioplasty, hysterectomy, and various other reconstructive procedures. This was not just a medical intervention; it was an intricate, life-altering process aimed at aligning the body with the patient's gender identity.

Thanks to the efforts of trans individuals and activists, gender affirmation surgery is now accessible in many parts of the world, including various Western European countries, the United States, and several Asian nations such as Thailand, and notably within an Islamic system like Iran. Moreover, modern medical advancements have made these surgeries achievable, producing outcomes that would have been unimaginable a century ago.

The patient, with an XX chromosomal pattern, exhibited physical traits such as a vagina and enlarged clitoris due to taking hormones. Dr. Schechter noted that the individual identified as a transgender man who was undergoing surgery as part of his transition. The morning unfolded with a series of delicate steps. Surgeons began with a robotic hysterectomy, meticulously removing the uterus and ovaries. As I observed, the intricacy of the procedure struck me – how technology and human skill worked in tandem to reshape a body, not just physically but symbolically, to match the individual's true self. By midday, the surgery shifted to reconstructing the patient's genitalia. Dr. Schechter, renowned for his expertise, used buccal mucosa (graft taken from the inner lining of the lips and cheeks) to enlarge

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the phallus, an operation that required both patience and precision. As the hours passed, I became increasingly aware of the immense care and consideration that went into each stage of the surgery. The procedure continued through the afternoon, culminating in the grafting of muscle from the patient's thigh to close the surgical site by late evening. The operation lasts for about ten hours.

The following day, clinic appointments provided a different but equally insightful perspective on the patient journey. Transgender individuals came through the doors with hopes, fears, and stories shaped by their own experiences of gender identity. One patient, a transgender man, shared his ongoing recovery after a previous surgery, while another, a transgender woman, sought advice on correcting complications from past procedures. The diversity of their needs underscored the complexity of gender-affirming care and the sensitivity required in addressing each case.

What stood out most to me that day was the story of a transgender woman who had decided against vaginoplasty, opting instead for an orchiectomy and penectomy to remove testicles and penis. For her, the financial burden and the lengthy recovery time outweighed the desire for additional physical changes. Her decision, influenced by her family life and personal circumstances, highlighted the intricate balance transgender individuals must navigate between personal identity, physical transformation, and the practical realities of their lives.

During my conversation with one of the residents, she mentioned that in the clinic, they had a Christian transgender patient who, after struggling for many years with the perceived conflict between their faith and gender identity, eventually reconciled these issues in their 70s and chose to undergo surgery. While it is encouraging to see such individuals finding peace later in life, it highlights the failure of religious scholars to offer the necessary guidance and support earlier, which could have helped them find a sense of coexistence and contentment sooner. Religious scholars bear a greater responsibility to support non-binary individuals by re-examining their interpretations of sacred texts. By offering more progressive perspectives, they can provide stronger support to those navigating these complex challenges.

As I spent time with Dr. Schechter and his team, it became clear that their approach was not just about surgery but about respecting the person behind the procedure. The team engaged in thoughtful discussions about the long-term implications of these surgeries, such as sexual pleasure, which remains a significant concern for many transgender patients. Dr. Schechter shared his insights on how these outcomes can vary depending on factors like the preservation of tissue and the timing of surgery, emphasising the need for a holistic approach that considers both medical and emotional aspects. Later in the week, I returned to observe a different set of surgeries—vaginoplasty and vulvoplasty, both gender-affirming procedures designed to create or modify the external genitalia. As I watched Dr. Schechter and Dr. Jacobs work, it struck me how these surgeries represent profound transformations, not just physically but in the sense of personal reclamation. For the patients, these procedures are not merely about aesthetics; they are an integral part of their journey toward wholeness and self-acceptance. This surgery room was much shorter—about six hours.

Throughout my time in the operating room and clinic, I was struck by the dedication of the medical team and the resilience of the patients. Their courage in pursuing these surgeries, often against significant social and personal challenges, left a lasting impression on me. These experiences highlighted not only the medical complexity of gender-affirming surgeries but also their deep emotional and social significance.

This week-long observation of gender affirmation surgeries offered a profound insight into the intersection of medical science, personal identity, faith, and resilience. As a scholar in the humanities, my understanding of sex and gender has been largely shaped by theory, but witnessing these surgeries firsthand—observing both the technical precision and the profound emotional and physical transformations—has deepened my appreciation for the life-altering impact of these procedures while raising further, though constructive, questions concerning the ethical and religiosity of the procedure and its impact on individuals who choose to undergo it and on society at large to reflect upon. It leaves me with further responsibility to work on this matter. The dedication of the surgical teams left a lasting impression, as their meticulous work goes beyond the technical; it is a deeply personal act of actualising the patients' aspirations. Equally remarkable was the courage of the patients themselves, each embarking on a journey of transformation with incredible strength and determination.

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Yet, this hope and empowerment stand in stark contrast to the ongoing injustice faced by transgender and intersex individuals. The harmful rhetoric of transphobia, often propagated by those in power, is not only unfounded but also deeply damaging. President Trump's aforementioned statement, followed by an executive order, in particular, poses a significant threat to gender-affirming healthcare, further exacerbating the challenges faced by transgender individuals and deepening their vulnerability. The harm caused by such prejudice is undeniable and enduring, which is why it is essential to uphold the principles of informed consent, responsible medical practice, and respect for individual autonomy. In this context, when gender affirmation surgeries are conducted with professionalism and compassion, they can be profoundly transformative. The resilience of transgender individuals, supported by dedicated medical teams, further highlights the extraordinary strength of the human spirit in the face of such adversity.

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About the author:

Dr Mehrdad Alipour is a Lecturer and VENI Researcher (leading the project *Beyond Binaries*) in the Department of Philosophy and Religious Studies at Utrecht University, the Netherlands. His work primarily examines the transformation of Islamic body politics concerning gender, sex, and sexuality across the premodern and modern eras. His forthcoming monograph, *Islamic Body Politics: Non-Binary Intersex in Shi'i Legal Tradition, 1300–1919*, and his co-edited volume, *Beyond Binaries: Intersex in Premodern Muslim Legal, Medical, and Literary Discourses*, stem from his project, *Beyond Binaries: Intersex in Islamic Legal Tradition*. His book, *Negotiating Homosexuality in Islam: A Legal-Hermeneutical Examination of Modern Shi'i Discourse* (Brill, 2024), represents the first academic exploration of the discursive spaces for debating homosexuality within the Shi'i legal context. His recent publications include "Navigating Body Politics in Shi'i Legal Tradition: Examining Sayyid Kāẓim al-Yazdī's Account of Non-Binary Intersex," *Journal of Islamic Law and Society* 2025; and "The Nexus between Gender-Confirming Surgery and Illness: Legal-Hermeneutical Examinations of Four Islamic Fatwās," *Journal of Middle East Women's Studies* 18(3), 2022.