

# Detransition and gender fluidity: Deeper understanding can improve care and acceptance

March 13 2024, by Kinnon R. MacKinnon, Annie Pullen Sansfaçon and Pablo Expósito-Campos

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If you have been following recent coverage about gender-affirming health care, [detransition will not be an unfamiliar topic](#). From [mainstream journalists](#) to transgender [authors](#), many have taken an

interest in people who underwent a medical gender transition and chose to return to their former identity.

The [increasing visibility](#) of gender transitioning and detransitioning has also come with a helping of sensationalization and polarization. But a divided media landscape that presents detransitioners as either "[misinformation](#)" or victims of "[gender ideology](#)" hurts all gender-diverse people, including those who are detransitioning.

We are [transgender](#) and [cisgender researchers](#) who study gender-affirming health care, and we are among a [few in the world](#) who are [currently investigating detransition](#) (detrans, for short—a label adopted by some with this lived experience). We also know many people who have detransitioned personally, whose first-hand perspectives have helped us to improve how we approach this topic.

## **Detransition is not new, but we are seeing new gender-diverse experiences**

Detransition is not new. Providers of gender-affirming medicine have long been aware of adults who medically transitioned and later returned to live in their former "gender role" or showed signs of regret.

Dr. Harry Benjamin, the endocrinologist who was among the first to offer gender-affirming medical interventions in the United States, wrote about one such case in his 1966 book, [\*The Transsexual Phenomenon\*](#).

In 1992, German clinicians Friedemann Pfäfflin and Astrid Junge published a [comprehensive review](#) of followup studies published over the previous 30 years, reporting 25 cases of "role reversal" or regret

among adults who had undergone surgery. Later, in 1998, Dutch clinicians Abraham Kuiper and Peggy Cohen-Kettenis published a [qualitative study](#) of 10 adults who returned to their original "gender role" or expressed feelings of regret after surgery.

Pioneers of gender medicine were interested in understanding these stories because regret, along with suicide, was considered an outcome [that should be prevented](#) at all costs.

The logic of [preventing regret](#) was part of what inspired [doctors' strict gatekeeping](#) practices and the requirement that [gender transitions be binary](#): male-to-female or female-to-male. Using strict measurement criteria, they estimated that detransition was rare: [around one](#) to [two percent](#).

But today, gender is no longer thought of as binary. And while there is evidence that [detransition](#) has [increased](#) in [recent years](#), debates about numbers can distract from a more delicate conversation about the real need for LGBTQ+ communities, organizations and gender-affirming care providers to develop a [nuanced understanding of gender fluidity and detransition](#).

Although detransition may not be new, what is new is a small but emerging gender-diverse population in our society who [transitioned socially](#) and/or medically as [children, youth](#) or [young adults](#) who are now [re-identifying](#) with their [birth-assigned sex/gender](#), or moving from a binary trans identity (trans man or woman) [to non-binary](#).

## Understanding detransition can help us to enrich gender care

We have long known that [sexuality can be fluid](#) for some LGBTQ+

people. New [research](#) shows that it is not uncommon for trans and [gender-diverse](#) young people to report [shifts in gender identity](#) over time—dynamically moving between binary trans girls or trans boys, to non-binary, or to [cisgender](#). In some cases, these identity-shift patterns can influence [changes in desires for gender-affirming interventions](#).

However, when a person's gender identity or their desire for how they want to express their gender changes after already completing medical or surgical interventions, this may contribute to feelings of decisional regret. This poses [important dilemmas](#) for providers of gender-affirming medical interventions.

Many people who detransition are [LGBTQ+](#). But because detransition and regret are being [instrumentalized in debates](#) about trans people and gender-affirming health care, organizations and care providers serving sexual minorities and gender-diverse communities may feel that offering outward support for detransitioners is politically risky.

But if organizations and care systems fail to offer formal recognition and support, where can detransitioners turn to for help?

Discussion of anything but positive outcomes from gender-affirming hormonal or [surgical treatments](#) was long [considered unspeakable](#) in mainstream culture and in the trans community. As a result, regret went underground, to online social media networks and [detrans peer support networks](#). Apart from a small number of therapists working privately with this population, there are few support services.

## **Detransitioners' voices**

Some detrans people have decided to go public and tell their [stories in the media](#), to [testify in state legislatures](#) and to [take legal action](#). As social scientists who study gender-affirming health care, we understand

what motivates these pursuits: a desire to be understood, and to seek validation and justice.

Detransitioners' voices, though, may be strategically positioned toward [gender-affirming care restrictions](#), rather than to improve research or to develop comprehensive detransition-related care services. This positioning may further contribute to stigma and division between trans and detrans people.

It is our view that detransition should be rigorously studied to build a more robust understanding of [gender identity](#) development, and to improve gender care—so that nobody's needs or lived experiences are neglected.

We wrote about some of these ideas and recommendations in the medical journal [BMJ](#), including what we know about detransition so far. We [also developed](#) an [online support resource](#) to communicate the most up-to-date research and care guidance.

## **Identity evolution and detransition are LGBTQ+ experiences**

In our own emerging research with detransitioning people, we have observed that these experiences [can often overlap with trans people's](#) and the broader LGBTQ+ community. Indeed, some who understand themselves as detrans may also identify as [non-binary, gender-fluid](#), bisexual, queer, butch, gay, [lesbian and/or gender nonconforming](#); and many continue to experience [gender minority stress and homophobia](#).

Some might only [detransition temporarily](#) due to [lack of support](#), external pressures and transphobia, and re-affirm a trans identity in the future.

Regardless, detransition can bring about [loss of community supports, stigma, shame and health care avoidance](#). [Many—but not all](#)—detransitioners experience regret over past [medical interventions](#). Other feelings may be present as well, including [satisfaction, ambivalence, grief and self-discovery](#).

Identity shifts can be hard to predict. However, in hindsight, some detransitioners do feel that they were influenced by their [cultural environment](#) to [interpret their feelings](#) and behaviors through the [lens of gender dysphoria](#) or to [adopt a trans identity](#) without considering alternatives. At the same time, some detrans people recount that environments that suppressed or [doubted their initial trans identity](#) only meant that later on, in detransition, it was hard to disclose to loved ones and care providers that their identity had changed.

In any case, gender fluidity does not negate the reality of detrans people's authenticity in their own gender-diversity. While we understand that some of this information is new and may be uncomfortable to embrace, a gender-affirmative stance must hold space for the full breadth of gender diversity being reflected in our society today.

Rigorous, on-going research that is inclusive of these experiences is fundamental to being gender-affirming. Gender fluidity and detransition deserve further understanding and formal care services, not controversy.

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