



## Doctors Have Failed Them, Say Those Who Regret Transitioning

Written by Alicia Ault



March 22, 2022 -- People who had transitioned to the opposite gender and later decided to reverse their transition shared about how they felt the medical establishment had failed them in a unique Zoom conference earlier this month.

The forum was convened by Genspect, a parent-based organization seeking to put the brakes on medical transitions for adolescents and children. The group has doubts about the gender-affirming care model supported by the World Professional Association for Transgender Health, the American Medical Association, the American Academy of Pediatrics, and other medical groups.

"Affirmative" medical care is defined as treatment with puberty blockers and cross-sex hormones for those with [gender dysphoria](#) to transition to the opposite sex, and is often followed by gender reassignment surgery.

However, there is growing [concern](#) among many doctors and other healthcare professionals as to

The purpose of the second annual Genspect meeting, held March 12 and dubbed [#DetransitionAwarenessDay](#), was to shed light on the experiences of individuals who have detransitioned — those that identified as [transgender](#) and transitioned, but then decided to end their medical transition. People logged on from the United States, Canada, New Zealand, Australia, the United Kingdom, Germany, Spain, Chile, and Brazil, among other countries.

"This is a minority within a minority," said Genspect advisor Stella O'Malley, adding that the first meeting in 2021 was held because "too many people were dismissing the stories of the detransitioners." O'Malley is a psychotherapist, a clinical advisor to the Society for Evidence-Based Gender Medicine, and a founding member of the International Association of Therapists for Desisters and Detransitioners.

"It's become blindingly obvious over the last year that...'detrans' is a huge part of the trans phenomenon," said O'Malley, adding that detransitioners have been "undermined and dismissed."

Laura Edwards-Leeper, PhD ([@DrLauraEL](#)), a prominent gender therapist who has recently expressed concern regarding adequate gatekeeping when treating youth with gender dysphoria, agreed.

She tweeted: "You simply can't call yourself a legit gender provider if you don't believe that detransitioners exist. As part of the informed consent process for transitioning, it is unethical to not discuss this possibility with young people." Edwards-Leeper is professor emeritus in the School of Graduate Psychology at Pacific University in Hillsboro, Oregon.

Speakers in the forum largely offered experiences, not data. They pointed out that there has been little to no study of detransition, but all testified that it was less rare than it has been portrayed by the transgender community.

### **Struggles With Going Back**

"There are so many reasons why people detransition," said [Sinead Watson](#), 30, a Genspect advisor who transitioned from female to male, starting in 2015, and who decided to detransition in 2019.

Citing a study by Lisa Littman, MD, MPH, [published](#) last year, Watson said the most common reasons for detransitioning were realizing that gender dysphoria was due to other issues; internal homophobia; and the unbearable nature of transphobia.

Watson said the hardest part of detransitioning was admitting to herself that her transition had been a mistake. "It's embarrassing and you feel ashamed and guilty," she said, adding that it may mean losing

friends who now regard you as a "bigot, while you're also dealing with transition regret."

"It's a living hell, especially when none of your therapists or counselors will listen to you," she said.

"Detransitioning isn't fun."

Carol (@sourpatches2077) said she knew for a year that her transition had been a mistake.

"The biggest part was I couldn't tell my family," said Carol, who identifies as a lesbian. "I put them through so much. It seems ridiculous to go, 'Oops, I made this huge [expletive] mistake,'" she said, describing the moment she did tell them as "devastating."

Grace (@hormonehangover) said she remembers finally hitting a moment of "undeniability" some years after transitioning. "I accept it, I've ruined my life, this is wrong," she remembers thinking. "It was devastating, but I couldn't deny it anymore."

### **Don't Trust Therapists**

People experiencing feelings of unease "need a therapist who will listen to them," said Watson. When she first detransitioned, her therapists treated her badly, she said. "They just didn't want to speak about detransition," she noted, adding that "it was like a kick in the stomach."

Watson said she'd like to see more training about detransition, but also on "preventative techniques," adding that many people transition who should not. "I don't want more detransitioners — I want less," she said.

"In order for that to happen, we need to treat people with gender dysphoria properly," said Watson, saying that the affirmative model is "disgusting, and that's what needs to change."

"I would tell somebody to not go to a therapist," said Carol. Identifying as a butch lesbian, she said she felt like her therapists had pushed her into transitioning to male. "The number one thing not understood by the mental health professionals is that the vast majority of homosexuals were gender-nonconforming children," she said, adding that this is especially true of butch lesbians.

Therapists — and doctors — also need to acknowledge both the trauma of transition and detransition, she said.

Kaiser, where she had transitioned, offered her [breast reconstruction](#). Carol said it felt demeaning. "Like you're Mr Potatohead: 'Here, we can just...put on some new parts and you're good to go,'" she said.

"Doctors are concretizing transient obsessions," said Helena Kerschner (@lacroicsz), quoting a chat room user.

Kerschner gave a presentation on "fandom": becoming obsessed with a movie, book, TV show,

musician, or celebrity, spending every waking hour chatting online or writing fan fiction, or attempting to interact with the celebrities online. It's a fantasy-dominated world and "the vast majority" of participants are teenage girls who are "identifying as trans," in part, because they are fed a community-reinforced message that it's better to be a boy, claimed Kerschner.

Therapists and physicians who help them transition "are harming them for life based on something they would have grown out of or overcome without the permanent damage," she added

### **Doctors "Gaslighting" People Into Belief That Transition Is Answer**

A pervasive theme during the webinar was that many people are being misdiagnosed with gender dysphoria, which may not be resolved by medical transition.

[Allie](#), a 22-year-old who stopped taking testosterone after one-and-a-half years, said she initially started the transition to male when she gave up trying to figure out why she could not identify with, or befriend, women, and after a childhood and adolescence spent mostly in the company of boys and being more interested in traditionally male activities.

She endured sexual abuse as a teenager and her parents divorced while she was in high school. Allie also had multiple [suicide](#) attempts and many incidents of self-harm, she said. When she decided to transition, at age 18, she went to a private clinic and received cross-sex hormones within a few months of her first and only 30-minute consultation. "There was no explorative therapy," she said, adding that she was never given a formal diagnosis of gender dysphoria.


For the first year, she said she was "over the freaking moon" because she felt like it was the answer. But things started to unravel while she attended university and she attempted suicide attempt at age 20. A social worker at the school identified her symptoms — which had been the same since childhood — as [autism](#). She then decided to cease her transition.

Another detransitioner, Laura Becker, said it took 5 years after her transition to recognize that she had undiagnosed post-traumatic stress disorder ([PTSD](#)) from emotional and psychiatric abuse. Despite a history of substance abuse, self-harm, [suicidal ideation](#), and other mental health issues, she was given testosterone and had a double-[mastectomy](#) at age 20. She became fixated on gay men, which devolved into a methamphetamine- and crack-fueled relationship with a man she met on the gay dating platform Grindr.

"No one around me knew any better or knew how to help, including the medical professionals who performed the mastectomy and who casually signed-off and administered my medical transition," she said.

Once she was aware of her PTSD she started to detransition, which itself was traumatic, said Laura.

Limpida, aged 24, said he felt pushed into transitioning after seeking help at a Planned Parenthood clinic. He identified as trans at age 15 and spent years attempting to be a woman socially, but every step made him feel more miserable, he said. When he went to the clinic at age 21 to get estrogen, he said he felt like the staff was dismissive of his mental health concerns — including that he was suicidal, had substance abuse, and was severely depressed. He was told he was the "perfect candidate" for transitioning.

A year later, he said he felt worse. The nurse suggested he seek out surgery. After Limpida researched what was involved, he decided to detransition. He has since received an [autism diagnosis](#) .

Robin, also aged 24, said the idea of surgery had helped push him into detransitioning, which began in 2020 after 4 years of estrogen. He said he had always been gender-nonconforming and knew he was gay at an early age. He believes that gender-nonconforming people are "gaslighted" into thinking that transitioning is the answer.

### **Lack of Evidence-Base, Informed Consent**

[Michelle Alleva](#), who stopped identifying as transgender in 2020 but had ceased testosterone 4 years earlier because of side effects, cited what she called a lack of evidence base for the effectiveness and safety of medical transitions.

"You need to have a really, really good evidence base in place if you're going straight to an invasive treatment that is going to cause permanent changes to your body," she said.

Access to medical transition used to involve more "gatekeeping," through mental health evaluations and other interventions, she said, but there has been a shift from treating what was considered a psychiatric issue to essentially affirming an identity.

"This shift was activist-driven, not evidence-based," she emphasized.

Most studies showing satisfaction with transition only involve a few years of follow-up, she said, adding that the longest follow-up study of transition, [published](#) in 2011, spanning 30 years, showed that the suicide rate 10-15 years post-surgery was 20 times higher than the general population.

Studies of regret were primarily conducted before the rapid increase in the number of trans-identifying individuals, she said, which makes it hard to draw conclusions about pediatric transition. Getting estimates on this population are difficult because so many who detransition do not tell their clinicians, and many studies have short follow-up times or a high loss to follow-up.

Alleva also took issue with the notion that physicians were offering true informed consent, noting that

it's not possible to know if someone is psychologically sound if they haven't had a thorough mental health evaluation, and that there are so many unknowns with medical transition, including that many of the therapies are not approved for the uses being employed.

With regret on the rise, "We need professionals that are prepared for detransitioners," said Alleva. "Some of us have lost trust in health care professionals as a result of our experience," she said.

"It's a huge feeling of institutional betrayal," said Grace.

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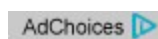
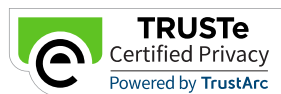
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