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Debate: Reality check – Detransitioner's testimonies require us to rethink gender dysphoria

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The five articles in the debate section of the February 2020 issue of *Child and Adolescent Mental Health* push the envelope on gender dysphoria (GD), transgender and detransition. Butler and Hutchinson's consideration (Butler & Hutchinson, 2020) of young people who desist and detransition represents an overdue formal acknowledgement of this population and should mark the beginning of a necessary shift in clinical practice and theory. Crucially, detransitioners having their cognitive, emotional and physical needs properly attended to and their experiences and testimonies being integrated into evolving theories of gender dysphoria and improvements in clinical practice.

Anecdotal reports by detransitioners suggest greater openness to psychological formulation based interventions to make sense of the factors that prompted and maintained their GD that may have been more challenging prior to detransition. These include external factors such as 'bingeing' on videos by transgender YouTubers; misinformation on GD and medical transition; being bullied and being socially isolated.

In 2007, Bindel reported on a legal case brought by four male to female transsexual patients who were prescribed hormones and surgeries. Bindel highlighted Claudia a young, gay man prescribed oestrogen after one appointment who deeply regrets gender reassignment surgery but has continued to live as a woman illustrating the potential complexities of outcomes in this field.

Whilst under significant pressure to remove 'gatekeeping' (Ashley, 2019), how can contemporary gender clinics safeguard patients so they are not prescribed medical gender transition in similar circumstances to those described by Claudia, which were alleged to include coercion and inadequate assessment?

To what extent do NHS and private gender clinicians think about detransition? GnRHas ('puberty blockers') have been described as a 'pause button' to 'buy time' for adolescents to explore their gender identity implying that some would choose to come off GnRHas during this proposed period of adolescent exploration. However, adolescents who start GnRHas invariably move onto cross-sex hormones (de Vries et al., 2011) which indicates that detransition is rare at the initial stage of medical transition. It seems unlikely that gender clinicians envisage that females would detransition after being prescribed testosterone, mastectomy and hysterectomy but they have. At the Detransition Advocacy Network event in Manchester in November 2019, Livia, a detransitioned woman, said,

> Reality to me is that… a hysterectomy and removal of your ovaries doesn't make you any less female. So, it doesn't make any sense to me why this is called transition or a sex change because it's not, it's castration. And now that I am trying to care for my health as much as possible, I spend a lot of time on hysterectomy support sites and message boards for women. For women because only women get hysterectomies and only women deal with the consequences of a hysterectomy. Livia (2019)

I agree with Bernadette Wren (Wren, 2020) that the role of politics must be acknowledged and understood in relation to paediatric gender transition. However, politicians follow the lead of GIDS and third sector organisations such as Mermaids, GIRES and Gendered Intelligence and it is this level of organisation that currently has the most significant bearing on what happens to children and adolescents presenting to gender clinics. In their submission of written evidence to UK parliament, Mermaids lobbied to remove psychologists and psychiatrists from the paediatric gender transition process (Mermaids, 2018).

Three weeks after his surgery Samuel and Helen Minnis (Minnis & Minnis, 2020) report that Samuel's mastectomy has relieved his dysphoria and I hope Samuel will continue to feel better. However, in the absence of long-term follow-up data of this new cohort of young people undergoing gender surgeries it is impossible to know how representative his experience is. Lemma (2018) describes a young transgender client whose elective mastectomy unexpectedly prompted a complex emotional reaction. Testimonies by other young people report that undergoing mastectomy prompted their detransition. There are also young people who have not detransitioned who report that their dysphoria shifts to their genitals following mastectomy.

I was alarmed by Minnis' statement (Minnis & Minnis, 2020) that mastectomy was the only treatment possible for dysphoria. It echoes the equally alarming statement made by surgeon Christopher Inglefield in Silke Steidinger's documentary film 'Trans-Actions' (2019),

> The only established and documented cure for gender dysphoria is surgery…the gender dysphoria disappears…we've removed the reason for their gender dysphoria.

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Although there has been minimal investigation of psychological interventions for gender dysphoria, there has equally been minimal long-term follow-up of the effectiveness of surgical interventions and to claim it is a cure or the only possible treatment for gender dysphoria should not be stated with this level of certainty.

Bernadette Wren (Wren, 2020) says, 'GIDS clinicians encourage flexible and creative possibilities for the identities of children who do not conform to gender norms'. But differentiating between conforming to gender norms and rebelling against them can be more complicated than it seems. Many adolescent females presenting at gender clinics practice breast binding which might appear to be rejection of mainstream gender norms but isn't squashing female body parts a tale as old as time? I am more recently convinced by the insights of Kat Steckappel, who reports gender dysphoria but declines medical interventions and rejects binding. She makes a strong case that breast binding is self-harming in her video 'Destroy Your Binder' (2016).

In Zucker's article 'Different strokes for different folks' (Zucker, 2020), he references the potential iatrogenic effects of social transition on prepubescent children being more likely to medically transition and the physical health risks that this entails. Iatrogenic effects can also be hypothesised in relation to breast binding and mastectomy consecutively. Anecdotal reports indicate that breast binding increases pain and negative feeling towards the breasts that increase the wish for mastectomy and as already mentioned mastectomy may prompt a shift in dysphoria to genitals and/or a complex psychological reaction.

The five articles indicate that a broad and comprehensive investigation of gender dysphoria is needed that also includes detransitioners; dissenting gender clinicians; individuals with gender dysphoria who decline medical interventions; clinicians and researchers with knowledge and experience in associated fields (such as autism and eating disorders); and parents who believe that alternatives to medical transition would be in the best interest of their child.

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References

Ashley, F. (2019). Gatekeeping hormone replacement therapy for transgender patients is dehumanising. *Journal of Medical Ethics*, *45*, 480–482.

Bindel, J. (2007). Mistaken Identity. *The Guardian*. Available from: https://www.theguardian.com/lifeandstyle/2007/may/23/healthandwellbeing.health [last accessed 12 March 2020].

Butler, C., & Hutchinson, A. (2020). Debate: The pressing need for research and services for gender desisters/detransitioners. *Child and Adolescent Mental Health*, *25*, 45–47.

de Vries, A.L.C., Steensma, T.D., Doreleijers, T.A.H., & Cohen-Kettenis, P.T. (2011). Puberty suppression in adolescents with gender identity disorder: A prospective follow-up study. *The Journal of Sexual Medicine*, *8*, 2276–2283.

Lemma, A. (2018). Trans-itory identities: Some psychoanalytic reflections on transgender identities. *The International Journal of Psychoanalysis*, *99*, 1089–1106.

Livia. (2019). Detransition Advocacy Network event transcript. Available from: https://08e98b5f-7b7a-40c9-a93b-8195d9b9a854.filesusr.com/ugd/305c8f_34b673d3097c4df88bf9b9e8f6ed1006.pdf?index=true&fbclid=IwAR3K10A5Hhvop8W-M5GIpqRtvzPZvu1ofI8dqthyPV5OGkxyowtW746rkqg [last accessed 11 March 2020].

Mermaids (2018). Written Evidence (HSC0068) to UK Parliament. Available from: http://data.parliament.uk/writtenevidence/committeeevidence.svc/evidencedocument/women-and-equalities-committee/health-and-social-care-and-lgbt-communities/written/91159.html?fbclid=IwAR1V1a2NZ0UbNNJZRKk727erDvRHLlyy5b2R2kVOyyxFMvZDjhN_95rVHFE [last accessed 12 March 2020].

Minnis, S., & Minnis, H. (2020). Debate: Not cosmetic surgery: dysphoria is a physical symptom. *Child and Adolescent Mental Health*, *25*, 38–39.

Steckappel, K. (Producer & Director) (2016). Destroy Your Binder. Available from: https://www.youtube.com/watch?v=Z5we2DLSAp0 [last accessed 12 March 2020].

Steidinger, S. (Producer & Director) (2019) Trans-Actions: An exploration of gender dysphoria. Available from: https://vimeo.com/285555219 [last accessed 12 March 2020].

Wren, B. (2020). Debate: You can't take politics out of the debate on gender-diverse children. *Child and Adolescent Mental Health*, *25*, 40–42.

Zucker, K. (2020). Debate: Different strokes for different folks. *Child and Adolescent Mental Health*, *25*, 36–37.

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