

Reply to: “Gender detransition in Spain: Concept and perspectives”[☆]



Respuesta a: «Detransición de género en España: concepto y perspectivas»

Dear Editor:

First of all, we would like to express our thanks for the comments and contributions our work has received.¹ Undoubtedly, the issue at hand deserves an enriching and constructive debate. When deliberating on a topic such as the current one, about which there is little literature, we are frequently faced with problems of terminology. We fully agree on the convenience of unifying terms and concepts. This requires all of us to make an effort and, without a doubt, the debate that we are having today can help with this goal.

Indeed, the literature in English sets the pace and contaminates our language. The terms “detransition” or “dysphoria” are examples of this. Thus, the first has been assimilated in Spanish as “detransición” or, as the author proposes, “detransición”, although neither of them is included in the dictionary of the Royal Spanish Academy [Real Academia Española in Spanish]. Something similar occurs with the term “dysphoria”, translated into Spanish as “disforia”, which is not recognised by the Royal Spanish Academy either, although its use is widespread in the medical literature in Spanish. Beyond etymology, and whether we use one term or another, the important thing in our opinion is that we understand its meaning in the same way.

Regarding the term “desistance”, we fully agree that for people who do not work on identity issues, handling this concept can generate confusion. Desistance has been used in the medical literature in English to refer to the loss of criteria for gender dysphoria in children. In our article,¹ the word “desistance” has been used as a synonym for discontinuance, abandonment or cessation, describing people who changed their initially expressed or self-determined identity.

However, and fully agreeing with the possible confusion that the indiscriminate use of the term may generate among non-experts, we propose reserving the term “desistance” for children in general terms, and agreeing on a new expression to include the modification, loss or change in initially recognised gender identity in adults. This could be the term for “loss or change or modification of the initial feeling of identity”.

We take advantage of this platform to state that the literature in English also includes other terms that, in our opinion, can generate added confusion if they are not used properly. These are “regret”² and “retransition”. In a certain way, detransition can be similar to regret in general terms, although this is not always the case. The term “retransition” is also used in some contexts (especially in

trans activism), but in our opinion we would be delving into other fields that are not the reason for this reply, since these are more concerned with the debate of ideas.

Detransition generally describes the trans person’s request to reverse the physical and/or administrative changes achieved.³ However, it is essential that we understand that not every request to detransition is due to the same cause, nor does it stem from regret. A detransition can be initiated by a loss or modification of the feeling of identity or a change in the initially expressed gender identity, but a person can also detransition without there being changes in their gender identity. The latter are the most frequent.⁴

Currently, most of the detransitions that we observe in Spain are caused by drug intolerance, poor surgical results, loss of family and/or partner support, or personal frustration generated by unfulfilled expectations. In these cases, the detransition is requested, but there are no changes in the feeling of identity. They are far removed from detransitions that are initiated because the person has modified their initially self-determined gender identity.

The author of the letter proposes that “detransition” be reserved for cases in which it is accompanied by a loss of identity feeling (genuine cases), but we should look for another term that includes those cases of detransition that are not due to changes in identity and that, today, continue to be the majority.^{2,4,5}

It certainly would seem appropriate to speak of primary or genuine or true detransition to differentiate from other causes that could be called secondary detransitions, and we also fully agree with what the author proposes.⁶

In summary, we understand that “detransition” is an umbrella term and that whenever it is used, it must be specified if said process is initiated by a modification in the initially felt identity (genuine or true or primary case) or if it is due to other causes (secondary). “Retransition” would cover other more complex processes and we should not use it in this context.

This is fundamental and goes beyond the purely terminological. Thus, when evaluating our results, a high rate of detransitions with identity modification (primary) may indicate an incorrect initial evaluation, but if it occurs with identity persistence (secondary), it may also force us to reconsider other more clinical aspects of our protocols.

The debate that we are having around these concepts confirms the growing interest that there is in the subject. “Genuine” or “true” or “primary” detransitions are still a rare phenomenon but one that generates a lot of media noise. We think that the new care models that promote starting detransition quickly and without a reasoned evaluation of the request for it or of the adjustment of expectations will cause a future increase in detransitions, but, even so, at present they remain a minority. The best way to prevent them is appropriate initial individual assessment of the person before careless and hasty medicalisation. Offering other alternatives to medicalisation may be a more appropriate strategy.

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[☆] Please cite this article as: Pazos Guerra M, Gómez Balaguer M, Hurtado Murillo F, Gomes Porras M, Solá Izquierdo E, Morillas Ariño C. Respuesta a: «Detransición de género en España: concepto y perspectivas». Endocrinol Diabetes Nutr. 2022;69:79–80.

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