References

1. Jenkins RC, Weetman AP. Disease associations with autoimmune thyroid disease. Thyroid. 2002;12:977–88, http://dx.doi.org/10.1089/105072502320908312.
2. Chiarella G, Russo D, Monzani F, Petrolo C, Fattori B, Pasqualetti G, et al. Hashimoto thyroiditis and vestibular dysfunction. Endocr Pract. 2017;23:863–8, http://dx.doi.org/10.4158/EP161635.RA.
3. Sari K, Yildirim T, Borekci H, Akin I, Aydin R, Ozkiris M. The relationship between benign paroxysmal positional vertigo and thyroid autoimmunity. Acta Otolaryngol. 2015;135:754–7, http://dx.doi.org/10.3109/00016489.2015.1021932.
4. Chiarella G, Tognini S, Nacci A, Sieli R, Costante G, Petrolo C, et al. Vestibular disorders in euthyroid patients with Hashimoto's thyroiditis: role of thyroid autoimmunity. Clin Endocrinol (Oxf). 2014;81:600–5, http://dx.doi.org/10.1111/cen.12471.
5. Neuhauser HK. The epidemiology of dizziness and vertigo. Handbook of clinical neurology, vol. 137; 2016. p. 67–82, http://dx.doi.org/10.1016/B978-0-444-63437-5.00005-4.

Ana Giribet Fernández-Pacheco[a,b,*], María Antonia Tomás Pérez[a], María Teresa Almela Rojo[b], Francisco José García-Purriños García[a,b]

[a] *Health Sciences PhD program, Universidad Católica de Murcia (UCAM), Guadalupe, Murcia, Spain*
[b] *Hospital General Universitario Los Arcos del Mar Menor, Pozo Aledo, Murcia, Spain*

* Corresponding author.
E-mail address: ana.giribet.f.p@gmail.com
(A.G. Fernández-Pacheco).

25 June 2020

Gender detransition in Spain: Concept and perspectives☆

Destransición de género en España: Concepto y perspectivas

Dear Editor,

The publications by Becerra Fernández[1] and Pazos Guerra et al.[2] demonstrate the growing interest that *gender detransition* has aroused among teams working in Spanish gender identity clinics (GICs). Although it is not a genuinely new phenomenon,[3] the experiences of these people have received little attention in the scientific literature until recently. The scarcity of information in Spanish has prevented the establishment of a consistent and shared definition of the concept, hampering understanding and communication between health professionals dedicated to this topic. My aim is to offer some suggestions and reflections that contribute to consolidating a common language for the investigation and development of this quandary.

The first issue that I would like to address is of a morphological nature, and has to do with how the English term ''detransition'' is translated into Spanish. Since in our language the prefixes *de-* and *des-* are often used interchangeably to indicate the negation or the opposite of something, ''detransition'' could be translated either as ''detransición'' or as ''destransición''. The cited authors opt for the first option, which is a textual translation of the term in English. However, as it is a neologism, perhaps the most correct thing would be to use the prefix *des-*, which is not only the variant most frequently used in medicine, but also coincides with the most correct form at the etymological level (from the Latin *dis-*).[4]

The second issue is of a conceptual nature, and alludes to the differences that exist between gender detransition and another related, but qualitatively different, phenomenon: *desistance*. According to the data, between 60% and 90% of boys and girls diagnosed with gender dysphoria (GD) stop showing the criteria established for this condition when they reach adolescence.[5] The term ''desistance'' is the one that has been used in the specialised literature to refer to this phenomenon of remission of GD, and constitutes one of the most significant factors in the study of its evolutionary trajectories.[6] Contrary to what happens in desistance, gender detransition does not necessarily imply remission from GD, since some people who detransition may continue to meet the criteria to receive such a diagnosis (for example, strong desire to be of the other sex, strong desire to get rid of one's own sexual characteristics, strong desire to possess the sexual characteristics of the opposite sex)[7] long after having decided to detransition.[8] In contrast, the concept of desistance is used to designate those cases in which the GD subsides *without having initiated any type of gender transition*, while detransition occurs when stopping and reversing a *previously started* process of gender transition (social, legal and/or medical). It is important not to confuse the two concepts or use them interchangeably, as they denote different realities.

Thirdly, it would be convenient to establish a specific criterion that would allow for distinguishing between ''genuine'' cases of gender detransition and other types of situations that are similar in appearance, but with a different origin. My suggestion is that, instead of interpreting any interruption of a transition process as a detransition (without delving into its particular causes), this concept be reserved exclusively for those cases in which there is a *cessation or modification of the identification with the gender transitioned to*. This criterion offers us the possibility to differentiate those people who wish to stop and reverse their transition processes because their main motivation for transitioning (their gender identity) has changed, from those who are forced to stop their transition processes for reasons beyond their control (unwanted side effects, lack of social/family support, etc.) or who stop because they have

☆ Please cite this article as: Expósito-Campos P. Destransición de género en España: Concepto y perspectivas. Endocrinol Diabetes Nutr. 2022;69:77–78.

already achieved the desired physical changes,[9] *and not for reasons of an identity nature*.

Gender detransition could then be defined as the abandonment and reversal of the transition process *as a result of* the cessation of or a change in identification with the gender to which the person initially transitioned. This way of characterising gender detransition is more precise and provides us with greater conceptual clarity. For example, in their article, Pazos Guerra et al.[2] speak of detransitions with or without ''identity desistance'', that is, associated or not with a ''change in the initially manifested feeling of identity''. In my opinion, this description mixes the concepts of desistance and detransition and can lead to misunderstandings, a situation that could be avoided if, instead of this, we establish the cessation of identity as a key factor to identify a detransition. In this way, moreover, it would not be necessary to specify whether or not the detransition is accompanied by a change of identity, since this is already implicit in the very definition of the concept. Furthermore, a person's desire to reverse their transition process could hardly be understood without first acknowledging the underlying identity motivation.

What the study of gender detransition highlights is that the relationship that exists between the diagnosis of GD and transgender identity *is not isomorphic*.[10] The diagnosis of GD is the result of a *rigorous and essential* psychological evaluation process within teams working at GICs, while transgender identity is the result of a subjective process of self-determination. This explains why some people who detransition continue to experience GD, or why there are people who meet the criteria for GD but do not identify with the opposite gender and seek alternative pathways to transition to deal with it. Since identities are part of individual subjectivity and can fluctuate over time, decision-making in clinical contexts *should not be guided solely by identity considerations*. On the contrary, it is important to approach these processes from a holistic and biopsychosocial perspective that takes into account the intensity of the GD and its progression, as well as its developmental context and any other possible associated psychological difficulties or psychosocial vulnerabilities.

Conflicts of interest

The author declares that he has no conflicts of interest.

Acknowledgements

To José Ignacio Pérez, Karmele Salaberria and Isabel Esteva, for their comments and suggestions on earlier versions of the manuscript.

References

1. Becerra Fernández A. Disforia de género/incongruencia de género: transición y detransición, persistencia y desistencia. Endocrinol Diabetes Nutr. 2020;67(9):559–61, http://dx.doi.org/10.1016/j.endinu.2020.03.011.
2. Pazos-Guerra M, Gómez Balaguer M, Gomes Porras M, Hurtado Murillo F, Solá Izquierdo E, Morillas Ariño C. Transexualidad: transiciones, detransiciones y arrepentimientos en España. Endocrinol Diabetes Nutr. 2020;67(9):562–9, http://dx.doi.org/10.1016/j.endinu.2020.03.008.
3. Benjamin H. The Transsexual Phenomenon. Nueva York: Julian Press; 1966.
4. Díaz Rojo JA. Nociones de neología. El prefijo des-. Panace@. 2001;2(6):83–4.
5. Ristori J, Steensma TD. Gender dysphoria in childhood. Int Rev Psychiatry. 2016;28(1):13–20, http://dx.doi.org/10.3109/09540261.2015.1115754.
6. Steensma TD, Biemond R, de Boer F, Cohen-Kettenis PT. Desisting and persisting gender dysphoria after childhood: a qualitative follow-up study. Clin Child Psychol Psychiatry. 2011;16(4):499–516, http://dx.doi.org/10.1177/1359104510378303.
7. American Psychiatric Association. Manual Diagnóstico y Estadístico de los Trastornos Mentales. 5a ed. Madrid: Editorial Médica Panamericana; 2013.
8. Lev AI. Introduction. In: Lev AI, Gottlieb AR, editors. Families in transition: parenting gender diverse children, adolescents, and young adults. Nueva York: Harrington Park Press; 2019. p. 11–36.
9. Graham J. Detransition, Retransition: What Providers Need to Know. Fenway Health's Third Annual Advancing Excellence in Transgender Health Conference; 13; 13-15 Oct 2017; Boston, EE. UU.
10. Zucker KJ. The myth of persistence: Response to «A critical commentary on follow-up studies and 'desistance' theories about transgender and gender non-conforming children» by Temple Newhook et al. (2018). Int J Transgend. 2018;19(2):231–45, http://dx.doi.org/10.1080/15532739.2018.1468293.

Pablo Expósito-Campos

Facultad de Psicología, Universidad del País Vasco/Euskal Herriko Unibertsitatea (UPV/EHU), Vizcaya, País Vasco, Spain
E-mail address: pablo.exposito.campos@gmail.com