Detransition and Regret

De-transition and regret

- Research is available but not well formulated re: concepts
- We will cover some of the research over the last 20 years
- Two concepts to consider first
  - Regret
  - Detransition

Studies of regret and detransition

- Most researchers report their effect sizes (as a result of the small sample) is small to medium
- As a result, most researchers state clearly that the results cannot be taken as strongly informative (because of the small effect size)
- However this research is often used for gatekeeping ("evaluation") or to suggest mental health providers can help identify people who should not have/wait to have services

Regret

- Regret is studied in context of medical decisions of many kinds – including gastric surgery, cancer treatment, and much more
- Decisions are often made by individuals in context of uncertainty and equipoise
- Regret occurs in context of decision making; it is the most cited emotion after fear (anxiety) in medical decisions

(Joseph-Williams et al., 2010)

Regret

- regret can result from action or inaction
- can be experienced or anticipated
- can be about process, option and outcome
- can be anticipated or experienced
- can be "positive" or "negative" or both
- can be immediate and delayed

(Joseph-Williams et al., 2010)

Regret

- Is temporal in nature
  - whether that is anticipated regret, followed by the decision, followed by experienced regret, or the shift from process, to option, to outcome regret
  - regret does not remain static at the initial point of experience - it follows a temporal pattern that is dynamic in nature

(Joseph-Williams et al., 2010)

A medical scenario (part 1)

Imagine a woman faced with the decision to have a lumpectomy or mastectomy for the treatment of early stage breast cancer. She may experience **process regret** if she does not make an informed decision, makes a hasty decision, and she may not experience **role regret** if she has adopted an active role with which she is comfortable and satisfied…

A medical scenario (part 2)

However, f she decides to have lumpectomy over mastectomy and is subsequently unhappy with the aesthetic results, it is likely that she will **experience option regret**, regardless of the process leading up to the decision. If she experiences recurrence of the cancer, she may subsequently experience **outcome regret**.

Working with regret

- We will also want to consider regret related to social stigma for TGNC individuals
  - Family and friends
  - Work
  - Being mistreated
- Individuals with regret do not necessarily want to detransition
- What can be helpful in working with TGNC individuals who experience regret?

Working with regret

- Understanding regret and the accompanying feelings
  - Listen for the story of regret – remember contexts, content and form of regret; allow for change; remember regret can help inform next steps and future choices
  - No feeling travels alone – grief, despair, anguish, fear, terror, hate, contempt, anger, rage, shame, embarrassment, hope, satisfaction, interest, surprise…

Detransition

Jones 2009 – activist and advocate (NOT research)

- Found 22 stories online about detransition spanning 20 years
- Notes probably 13 of the 22 truly regretted their choice
- Some said it was right for them to transition at the time - this experience has not been well documented or explored in our field
- Some said they detransitioned for other reasons than personal regret for their transition (family, work, violence)

1998 Study

- Had GAS 1972 and 1992 in Sweden
- Regret: defined as detransition
- 8 of the 213 applied for reversal/detransition
- Rate of detransition 3.8%.
- From GAS to request to detransition
  - Mean 7.4 years
  - Range 4 to 24 years

1998 Study

- They recommended no GAS when *overt psychosis* was present, although one author noted psychotic patients may benefit from GAS as it may result in a decrease in symptoms
- Could not factor into the results *physical build* in relation to gender identity
- Did not factor in the variable of surgical result as believed *it did not need further confirmation*

(Landen, 1998)

1998 Study

- They found two factors were relevant
  - patient belonging to the non-core group of transsexuals (this is refuted in later studies and in this study it was *not* a significant effect size, but this research is frequently mis-used)
  - Family support (this was the more significant of the two factors)
- "Poor support from family and relatives is the variable revealed by logistic regression analysis to be most important in predicting regret"

(Landen, 1998).

1998 Study

They concluded: “Psychoeducational programmes such as those used to support the relatives of schizophrenic and mood disordered patients should be seriously considered”

(Landen, 1998)

Consider this finding in light of suicide risk as well

2006 Study

- 56 Dutch-speaking transgender people
- Had GAS between 1986 and 2001
- Follow-up was one year minimum
  - "Persons with pre-operative psychiatric problems have more complaints and do not feel as satisfied in comparison to those without a previous psychiatric diagnosis"
  - The better the surgical result, the better the psychological outcome
- 2 out of 56 people expressed regret (3.57%)

(De Cuypere et al., 2006)

2006 Study: Two who expressed regret

- One was a transwoman; she continued to live as female. She psychotic episodes prior to her transition and had been diagnosed with delusional disorder

- The second was a transman who requested masculine hormone treatment. When he was interviewed, he expressed being troubled by a break-up with his girlfriend. The researchers note, "Intensive psychotherapy provided him with some stability."

(De Cuypere et al., 2006)

2013 Study in Sweden

- GAS between 1960-2010 in Sweden
- Regret: application for reversal of the legal gender status
- 2.2% for the whole period
- 2.4% (1991–2000) and.3% (2001–2010)
- The decline in the regret rate for the whole period 1960–2010 was significant, but last period still in process (see next bullet)
- Median time lag until applying for a reversal was 8 years.

(Dhejne et al., 2013)

2013 Explanations for change in rate

- A previous Swedish study (1998) identified lack of family support as a potentially important factor in regret
- "Since, all gender teams in Sweden include support to next-of-kin"
- Preliminary procedures and the surgical procedures themselves have improved since 1990

(Dhejne et al., 2013)

2003 Study

- Transgender women in U.S.
- 1994-2000
- All with same surgeon using the same technique
- None reported outright regret (0%)
- A few expressed occasional regret (6%)

(Lawrence et al., 2003)

2003 Study regret

Regret defined for this study:

- Regret at having had SRS
  - Rated: yes, sometimes, or no
- Reversion to living as a man after SRS (a possible index of regret)
  - with four possible responses: I live full-time as a man now; I live part-time as a man, part-time as a woman now; I have lived as a man after SRS, but live full-time as a woman now; I have always lived full-time as a woman after SRS

2003 Minor findings

Transgender woman's own personal experience of greater childhood femininity alongside being younger when they first wanted to be female were associated with less regret

- Likely it is an indicator of childhood gender dysphoria
- May be relevant to transmen too – they were not included in this study (Lawrence et al., 2003)

2003 Major findings

- Dissatisfaction was most strongly associated with unsatisfactory physical and functional results of surgery
- Other factors, including typology, were not relevant
- Physical results of the surgery were stronger than any preoperative condition

(Lawrence et al., 2003)

2018 Study

Gonadectomy (surgical removal of gonads – ovaries or testes)

Experienced regret

- 0.6% of transwomen
- 0.3% of transmen

(Wiepies et al., 2018)

2018 Study with TGNC kids

- In literature with children the language is "desist"
- Findings from four studies indicate 80% of trans or gender non-conforming children desist in their teen years
- Concerns with these findings
  - Follow-up was 16- 24 years old, not longer
  - Three of the four counted missing as desist numbers
  - Study bias: assumption that a stable gender was a better outcome than a more fluid gender

(Temple et al., 2018)

2018 Study with children

- “Many individuals experience their gender identity as stable throughout their lifetimes…
- Others find that a gender that ‘fits’ at age four may be different from what fits at age seven, age 18, or age 65
- None of these identities are ‘wrong’
- Instead they may have been perfectly and precisely the right fit for that person at that moment”

(Temple et al., 2018)

2018 Study with children

- They recommend children have voice and have autonomy
- The only person who knows a child's gender is the child
- Children may be expressing identity that fits best for them now, and that can be valid even if they change later, and change again later, and change again later
- Trajectories for non-binary children and adults have yet to be studied; the concept of stable gender being ideal needs scrutiny

(Temple, 2018)

Satisfaction with GAS

- We would see another picture if we considered how happy individuals were with their transition and GAS
- For example, in just one study above, the 2003 study,
  - 96% of participants gave a positive rating to their overall happiness with GAS
  - 97% reported that GAS had improved the quality of their lives.

(Lawrence, 2003)

2003 and 1990

"…hard to imagine any other major life decision—whether to have married a specific person, whether to have had children, whether to have pursued a specific occupation—that would yield such an overwhelmingly positive set of subjective outcomes"

(Lawrence et al., 2003 who were citing Green and Fleming, 1990)

Summary of findings

- Typologies for transgender people do not stand up – they appeared in *one* study with a small percentage and small effect size
- Family support may be a factor give the Swedish studies (as well as studies on suicide)
- Social concerns may be a factor such as violence, harassment, inability to find work (consider also research on suicide)
- Having a successfully surgery is clearly a factor

Of note: WPATH guidelines

- In one study on detransition, the WPATH guidelines were examined
- Following the WPATH SOC did not predict regret - including whether or not individuals had 12 months of HRT or preoperative psychotherapy
- All individuals in the study had SOC letters

(Lawrence et al., 2003)

Website with recent stats

- https://genderanalysis.net/2018/08/transgender-surgical-reversal-statistics-a-clearer-picture-emerges/

Comments, reflections, questions