

Response from a Clinical Psychologist on Detransition

Jeffrey E. Hansen, Ph.D.



Introduction

I was recently invited by a beloved colleague to contribute to an upcoming book she is co-authoring. She asked if I would offer my clinical perspective on a question that is emerging with increasing frequency in therapeutic settings, particularly among adolescents and young adults.

The question is not political.

It is not ideological.

It is deeply human.

What happens when a young person who once believed they were transgender begins to wonder whether that conclusion may have been mistaken? How should a clinician respond

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ethically, compassionately, and responsibly when a client expresses uncertainty and asks how to begin walking something back?

The reflections that follow are offered not as a universal template, but as an example of how I believe ethical psychotherapy must function. They are grounded in decades of clinical practice, specialization in pediatric and adolescent development, and a firm commitment to informed consent, personal agency, and evidence-based care.

What follows is how I would respond if a young person were sitting across from me and courageously asking

If a young person were sitting across from me and said,

"I thought I was transgender for a long time, but I think I may have been mistaken. I don't know what to do now. How do I begin to walk this back?"

My response would begin not with an answer — but with my responsibility as a clinician.

Before any therapist responds to a question like this, it is essential that they understand where they stand ethically and clinically. Therapy must never be driven by ideology, whether cultural, political, or theoretical. When ideology replaces curiosity, the therapeutic relationship becomes directive rather than healing.

As a clinical psychologist with advanced training in pediatric psychology and specialization in adolescent development, I am a strong believer in personal agency, choice, and fully informed consent. Informed consent means that a client has the right to define what they want to explore, without pressure toward any predetermined outcome. It also means that therapy must remain a place where questioning is allowed — not discouraged.

In recent years, many young people have encountered systems in which affirmation has replaced exploration. While validation of emotional experience is important, ethical care also requires curiosity, patience, and a willingness to understand the whole person. Adolescence is a period of profound neurological, emotional, and identity development. During this time, certainty can feel safer than ambiguity, and answers can feel more comforting than questions.

For this reason, I believe it is not only ethical — but protective — to slow the process down.

When a young person begins to wonder whether they may have been mistaken, that questioning should not be viewed as regression or failure. Questioning is often the beginning of integration.

So my first response to this young person would be simple and sincere:

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"I want you to know how much courage it takes to say that out loud. You are not in trouble for asking this question, and you are not betraying anyone by reconsidering. I'm really glad you brought this here."

I would then want them to know something very clearly:

"I am not here to persuade you in either direction. My role is not to push you forward or pull you back. My role is to help you understand yourself."

Only once that foundation of safety and consent is established would we begin any deeper exploration.

At that point, I might say something like this.

With Your Permission, We Might Explore

"Alex, if it's okay with you, I'd like us to slow this down together. You don't need to have answers right now. Sometimes clarity comes not from moving forward or backward, but from understanding how we arrived here in the first place."

"Nothing we talk about means something is 'wrong' with you. This is simply about listening carefully to your story."

With Alex's consent, I would gently explore several areas that can influence identity development — not because any one of them must be present, but because understanding context matters.

Past Experiences and Trauma

"One thing I often ask about is whether there have been experiences in your life that felt frightening, overwhelming, or unsafe — especially involving your body."

"When someone has been hurt, bullied, or violated, the body can begin to feel unfamiliar or uncomfortable. Wanting distance from one's body can sometimes make sense in that context. That may or may not be part of your story, but it deserves space."

Anxiety and Obsessive Thought Patterns

"I also like to understand how anxiety shows up for you."

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“Some people experience very strong, repetitive thoughts that feel urgent and intrusive. Sometimes identity itself becomes the focus of that anxiety. Exploring this doesn’t mean your experience isn’t real — it simply helps us understand whether anxiety might be intensifying it.”

Autism Spectrum Considerations

“Another area I sometimes explore, particularly with adolescents, is whether someone may fall somewhere on the autism spectrum.”

“Some individuals think in very concrete or black-and-white ways. During puberty, when the body and emotions change quickly, the brain may look for a clear explanation that feels stabilizing. Understanding how your mind processes information can help us avoid misunderstanding what you’re experiencing.”

Sexual Development and Media Exposure

“I may also gently ask about exposure to sexual material online — not with judgment or shame.”

“The developing brain is highly sensitive to stimulation, and repeated exposure can sometimes blur the lines between curiosity, arousal, identity, and meaning. Talking about this openly helps us sort out what belongs where.”

Social and Peer Influences

“I’d also want to understand the environment you’ve been living in — friends, online spaces, school culture — and how identity has been discussed there.”

“Belonging is powerful, especially during adolescence. Sometimes ideas take root not because they are wrong or right, but because they offer connection.”

Timing and Development

“Finally, I’d want to understand when these feelings began — early in childhood or later during adolescence.”

“That timing helps me understand whether these experiences emerged alongside puberty, stress, anxiety, or major life transitions.”

Throughout this process, I would continue to emphasize:

“Alex, none of this is about proving or disproving anything. It’s about understanding you — fully and honestly — without pressure and without rush.”

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Walking something back does not mean the young person failed. It means they are listening to themselves more deeply.

My role as a clinician is not to provide an answer for them, but to help them arrive at clarity in a way that protects their dignity, their development, and their long-term well-being.

Sometimes the most healing thing we can offer a young person is not certainty — but permission to take their time.

Conclusion

I offer this contribution with deep respect for both clients and clinicians who find themselves navigating extraordinarily complex territory in today's cultural and clinical landscape.

While the case of *Chiles v. Salazar* currently before the United States Supreme Court seeks to restore the central role of informed consent in psychotherapy, I believe ethical practice cannot be postponed while awaiting legal clarity. Regardless of how courts rule, clinicians remain bound by conscience, evidence-based practice, and the sacred trust of the therapeutic relationship.

I am hopeful that informed consent will be reaffirmed as a foundational principle of ethical care. Yet even in the absence of external permission, I will continue to advocate for a model of therapy that prioritizes curiosity over coercion, exploration over ideology, and compassion over certainty.

Our responsibility is not to produce outcomes.
It is to protect development.
To honor agency.
To create safety.

When we do that, we allow truth to emerge in its own time — gently, honestly, and in service of the long-term well-being of the young people entrusted to our care.