

If words are limited, so is care: the case of detransition in a Polish context

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Dear Editor,

Ludwig Wittgenstein once observed, “The limits of my language mean the limits of my world” [1]. His insight is notably relevant to the way detransition is discussed today. The growing prominence of detransition in research, clinical practice, and public debate demonstrates it has become an identifiable part of gender-related care. Yet questions remain about how the term is used across contexts.

In English-language research, several terms — detransition, retransition, discontinuation, or desistance — point to different processes, such as pausing medical treatment, resuming transition after a break, discontinuation of the medical and/or social aspects of a gender transition, which may or may not be accompanied by a change in an individual’s gender identity, or finally, ceasing to identify as transgender before starting a medical gender transition, a phenomenon primarily discussed in research on children and adolescents [2]. While potentially confusing, this plurality reflects an awareness of heterogeneity of the phenomenon of detransition. In Polish, by contrast, nearly all such experiences are described mostly with a single Polish word, “detransycja”. This simplicity has communicative value but also places very different trajectories — temporary hormone pauses, legal reversals, or enduring identity changes — into one category.

By this letter, we would like to encourage researchers and clinicians to keep in mind how the term “detransycja” is used in Polish research, so that future studies and clinical practice can better reflect the varied needs of people who detransition. At present,

the word functions as a convenient umbrella term, but it also hides very different experiences under a single label. We understand that the language itself may not be easy to change, but its limits should be acknowledged. Since research on detransition in Poland is still at an early stage, this is the right moment to recognize the diversity concealed within the term “detransycja”.

The consequences of this lack of nuance are evident across several domains. Research may overlook diverse outcomes, clinicians struggle to anticipate specific needs, and policymakers lack clarity on where support is most urgently required. International studies suggest that people who have detransitioned often face gaps in mental and physical healthcare [3] and experiences of exclusion from LGBT+ communities following their decision to detransition [4]. Motivations also vary, from external pressures, such as lack of family support, to evolving self-understanding [5]. The absence of linguistic distinctions make such differences harder to recognize in Polish discourse.

Many healthcare professionals in Poland possess somewhat limited knowledge about the needs of transgender patients, and the information available to them often comes from non-governmental organizations, such as the Trans-Fuzja Foundation [6], rather than from official medical curricula. Clinicians may also face additional challenges since detransition is scarcely addressed by Polish experts. For instance, “Recommendations of the Polish Sexological Society on medical care in transgender adults — position statement of an expert panel” [7] provides complete guidance on how best to support adults seeking professional help during gender transition, but it does not address detransition, which can also be considered a part of the gender discovery journey.

Language shapes what can be studied, compared, and addressed. Relying on a single term risks obscuring important differences and the gaps that hinder

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equitable care. Greater precision could, for instance, help clarify priorities, such as safe protocols for discontinuing hormonal treatment, psychosocial support in clinical training, or long-term follow-up for those reversing interventions.

We deem that several directions might be considered. While we do not propose changing the Polish language itself, we recognize that the term “detransycja” currently functions as an umbrella term encompassing varied experiences. Developing a shared taxonomy that distinguishes between social, medical, and psychological aspects of detransition could make research more comparable and clinically relevant. Clinicians and professionals might therefore consider specifying, when referring to detransition, the stage of transition at which this decision occurred, and whether the motivation was primarily internal (e.g., identity development, health reasons) or external (e.g., social pressure, lack of support). Some English distinctions, such as previously mentioned

retransition (retranzycja), *discontinuation* (przerwanie), or *desistance* (zaniechanie), could in time be rendered into Polish, though this would require clear conceptualization and consensus. Previous work has highlighted that the diversity of detransition experiences requires clearer conceptualization to ensure adequate care and research consistency [8]. Precision in terminology would not aim to fragment language, but to expand its capacity to reflect diverse realities and ensure more responsive care.

Although detransition is a relatively rare phenomenon, it remains a valid and meaningful part of some people’s gender journey of discovery and deserves to be acknowledged and understood rather than silenced. Reliance on a single word could make it more difficult to capture diversity, identify needs, and design appropriate responses. Discussing detransition using precise vocabulary might, therefore, help to make visible what is currently hidden: training gaps, service needs, and the realities of those who have detransitioned.

Sincerely,

Monika Mazur and Paweł Larionow

Article information and declarations

Author contributions

The authors have contributed to this letter equally.

Conflict of interest

The authors declare that there is no conflict of interest.

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