

The Testosterone Hangover

The Biden administration says transgender kids are entitled to ‘gender-affirming’ medical care. These girls disagree. ‘I have this intense rage in me over the harm that was done to me.’



[Suzy Weiss](#)

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When Chloe woke up from an elective double mastectomy, she texted her mother in the waiting room: “Booba gone.”

This was a little over two years ago. She was 15 at the time. “The typo was intentional,” she told me recently. “I thought it was funny.”

“Is that a good thing?” her mom replied.

“Yes,” Chloe texted back.

“I don’t think that answer aged well,” she said to me.

Chloe, who lives in California’s Central Valley, always hated her body. She spent a lot of time on Tumblr and learned words like “pansexual” and “bigender.” She remembers when she was 12, sitting on her bed, thinking, “Maybe I’m meant to live as a boy.”

By 2018, at age 14, Chloe was well along the path to what she imagined was boyhood. She was going by Leo. She was taking puberty blockers. And her mother was administering her weekly testosterone injections. Two years later, in early June 2020, she went under the knife.

Chloe was the beneficiary of what transgender activists call “gender-affirming care,” which means all the adults in her life—doctors, nurses, social workers, teachers, parents—actively supported her decision to become the person she believed she was meant to be, even if that person required an elective mastectomy in high school. Or taking puberty-blocking drugs. Or injecting cross-sex hormones, like testosterone.

In this, Chloe is also the poster child for the Biden administration’s recently announced [transgender policy](#).

Gender-affirming care, the president’s spokeswoman, Jen Psaki, [explained](#) at a recent press conference, was “best practice and potentially lifesaving.” The point was: If trans kids weren’t

able to transition, not just socially, but medically with cross sex hormones, puberty blockers, and surgeries, they might well kill themselves.

The Biden policy was presented as commonsensical, but it is out of step with many progressive countries and some leading experts. Countries that have gone down the “gender affirming” road—like [Norway](#), [Sweden](#), [France](#)—are now reversing course in the absence of evidence that such care actually improves mental health outcomes for dysphoric children. Pioneering doctors, like [Erica Anderson](#) of the University of California San Francisco’s Child and Adolescent Gender Clinic—herself a transwoman who has [helped hundreds of teens](#) through their transitions—are warning of the dangers of this policy. Critics say that even the phrase “gender-affirming” is misleading—a euphemism for something closer to medical malpractice. When else do we trust children to self-diagnose and make lifelong medical decisions?

And then there is the growing chorus of young people, including Chloe, who had come to regret—deeply—the decisions they had made and the gender-affirming care they had received.

In the middle of this story are teenagers who are largely going unheard by a government and a medical establishment that’s plowing ahead. “I don’t think gender affirming care helps kids like me,” says Chloe. “There should be more regard to alternatives in treating dysphoria, especially when it comes to kids.”

“I thought testosterone would transform me from being short and pudgy to lanky and male, but in a graceful type of way, not muscley,” said Helena Kerschner, 23. Helena is from Cincinnati, and she is one of the country’s [most prominent](#) detransitioners, as people who transition genders and then change back are called. She has a [Substack](#) with thousands of subscribers.

Growing up in Ohio meant Helena could only transition with a parent’s consent. (This is true in most states. Washington, Oregon, and California gave minors more wiggle room to transition on their own). But she was 15, and her parents were definitely not on board. She wore boys clothes and a breast binder, and cut her hair short.

The guidance counselor at her public school agreed with Helena that she was a man. She helped her make a budget for her transition, and referred her to the school psychologist, who was even more gung-ho. “I remember the psychologist saying, ‘Your mom is a transphobe,’ and telling me about suicide risks.” They had three or four meetings before inviting Helena’s mother to have a conversation with the both of them, which didn’t go well.

“I had a ton of issues with my academics and my mental health, but I never really got help with that,” she said. “As soon as I said I was trans, it was all hands on deck.”

Her parents—her mom is a doctor; her dad, an engineer—never came around. Days after she turned 18, Helena went to Planned Parenthood in Chicago. There, she saw a social worker, and then a nurse practitioner, who wrote a prescription for testosterone during that first visit. The nurse recommended a dose of 25 milligrams per week. “How high can we go?” Helena asked. Helena left the clinic with a prescription of 100 milligrams of testosterone. The whole thing took about an hour. She never saw a doctor.

Two days later, she was moving into her college dorm. (For privacy reasons, she'd only say that she attended a small liberal-arts school in central Ohio.) Helena's family helped her move in; she made sure to hide the glass vials and needles from them. She started going by Vincent, after her favorite anime character. She injected herself with testosterone weekly.

The drug made her feel irritable and angry, and it gave her sex drive a massive boost that she called "overwhelming." She began hitting herself, and once she cut herself with a serrated kitchen knife, which landed her in a psych ward for a week. After a year-and-a-half on testosterone, it began to dawn on her that "the reality I was living was not lining up with the fantasy I'd had as a teen."

Helena's roommate, who was also a transman, made a video chronicling their friendship. It started on the second day of college, and it spanned a period of about a year-and-a-half, and it was supposed to be upbeat—a celebration of their shared liberation from the shackles of their girl bodies. But when Helena watched it, she saw herself becoming more despondent. (The roommate, as it turned out, eventually also detransitioned.) That was in early 2018. Slowly, Helena realized she wasn't a boy. "It was a crushing and terrifying feeling," she said.

She went cold turkey off the testosterone, and bought a wig and make up and new clothes. (When I asked Helena whether living with another transman had had an influence on their decisions to transition, and to detransition, she said, "Definitely." It was the inverse of the theory that the explosion of gender dysphoria among girls, starting about a decade ago, was really part of a social contagion.) Helena also started spending less time online—she was partial to Tumblr, too—and more in the real world interacting with real people, like her coworkers at her job at a bakery.

The next year was "confusing and awkward," she says. Over dinner, a few months after the video montage episode, she told her parents her decision to detransition. They said they thought she was making a good decision, but didn't say much else. Now, she calls her relationship with them "cordial."

Proponents of gender-affirming care say its benefits dramatically outweigh the risks. But there's little data to back that up, and in any case this is still a new phenomenon about which a great deal is not known. The American Medical Association staunchly [supports](#) gender-affirming care. Same with universities, especially elite universities. Same with the president of the United States. It's unclear whether there is any academic or professional space left for the skeptics.

Trans activists [argue](#) that trans patients knew the risks. The kids or their parents gave informed consent, they say.

"There's more to the story," counters Helena Kerschner, who feels failed by her doctors and therapists. "The fact that there's adults as high up as in the Biden administration putting out these claims that young people need to medically transition is really dangerous. There's no logic to it."

Mia Elias, who started identifying as trans at 12, agrees with Kerschner. She was spending a lot of time on Tumblr, and in trans groups online. “I thought it was going to solve all my problems,” she said. She and her family lived near Ottawa, the Canadian capital. At 15, she went on testosterone and a puberty blocker. A year later, she realized she’d made a mistake but didn’t want to admit that to her therapist, who was also trans, so she lied and said she was happy with her body, which was now partially masculinized. In fact, she just wanted things to go back to the way they had been. “I was ashamed,” she said. “This was my whole life.”

Same with Phoenix Huddleston. When she came out as trans at 12, her mother was supportive. “She’s a dead-head hippie type with adoptive lesbian moms,” Phoenix said, referring to her mother, a paralegal.

Phoenix started going by Gavin, and her classmates in her school outside Macon, Georgia were mostly accepting of her. They thought being transgender was like next-level gay. But her school refused to let her use the boys’ bathroom. ““Just don’t go to the bathroom,”” she remembered being told by the principal. “People were just getting increasingly nastier to me. I was having glass bottles thrown at me from car windows and getting profanities yelled at me and things like that,” she said. When she was 14, Phoenix and her mom moved to Portland, Oregon where teachers asked everyone in class their pronouns. She found a gender therapist immediately and was on testosterone by her sophomore year. “I was so jazzed,” she said. In 2018, she got her double mastectomy.

But then it got weird. She didn’t like her patchy beard, which only grew on her chin and neck, and she was having sexual problems: the inside of her vaginal walls were dry, and she would bleed when she had sex. “I’ve become gender ambivalent,” she said. She’d always known she wanted to look androgynous, but after years of inhabiting online spaces devoted to gender identity, she was burnt out from the labels and terminology. She doesn’t have any preferred pronouns. “I guess, looking back, I don’t love the medicalization part,” she said. In August 2021, after eight years on testosterone, she stopped taking it.

Julie, 27, who also transitioned and then detransitioned, likens the policy to the practice of lobotomy. “I have this intense rage in me over the harm that was done to me,” said Julie, who didn’t want to be identified out of fear of backlash from activists.

She called her treatment a “collaborative idiocy”—drawing together her parents, therapists and doctors. “It took a goddamn village.”

Julie, who grew up in the northeast, identified as trans from the age of 13 to 20. At first, her parents were iffy, but then “they got super on board and started really identifying with being trans parents,” she said. When she was 14, they took her to Arlene Istar Lev’s clinic in Albany, which promotes “Affirming & Holistic Psychotherapies for Healing & Growth” [on its website](#). The clinic charged \$50 to \$70 per session, which Julie’s parents paid out of pocket. (The price has since jumped to \$150, but insurance covers up to 80 percent of it.)

At the clinic, Julie met with a social-work graduate student who was also a trans man. He wrote a letter recommending that she be given testosterone injections, which he sent to an

endocrinologist, who prescribed the injections. This was at a children's hospital in Syracuse. Julie was debating between wearing a binder and getting top surgery. She got the mastectomy. When she woke up from the surgery, Julie said, "I didn't feel happy or sad. I only felt numb." It wasn't supposed to be like that. "I asked my doctor about concerns I was having about my heart health, and she told me, 'Listen, you signed a waiver,' which scared me," she said. After five years on hormones, Julie stopped taking them.

She was not against trans people. Just like Phoenix and Helena and Chloe and all of them. They just felt like they'd been rushed through this heavily medicalized funnel when all they really needed was a little time to grow up.

The red states are pushing back against all of this. Texas Governor Gregg Abbott, in February, directed the state Department of Family and Protective Services to investigate parents of trans kids receiving gender-affirming care for child abuse. (In March, a judge squashed that.) A new Alabama [law](#) made prescribing puberty blockers or hormones to kids illegal, and punishable by up to 10 years in prison. Arkansas and Arizona have embraced similar measures.

For politicians, trans issues are rich culture war fodder—aka campaign cash. But most ordinary Americans are trying hard to figure out how to inhabit a middle ground: how to create a space for these kids, who, like so many kids, don't quite yet know who they are. No one thinks children who feel trapped in the wrong body should be forced to suffer. But there is a suspicion lurking behind many of these stories that the adults weren't really listening to the children so much as superimposing their own politics on them.

Before her top surgery, Chloe went to a therapist, then a gender specialist, then a surgeon, who she had two consultations with. She also went to a class put on by her healthcare provider in a building in Oakland with other kids and their parents about top surgery. It was about things like incisions and how to change bandages.

A few months after she had her breasts removed, she was in class, and the teacher started talking about the psychologist Harry Harlow and his experiment with rhesus monkeys. The experiment showed that the bond between mother and child was much more critical to the development of the child's brain than had been known. "It occurred to me that I'd never be able to breastfeed my baby," she said. She was 16.

She liked boys, but didn't feel that she'd ever be taken seriously. She was a five-foot-three trans boy. In the summer of 2020, she started to have regrets. "I badly wanted to go out shirtless and feel that freedom," she said. But she was confined to her bed, healing. Her nipple grafts and the scars were UV sensitive. She began feeling jealous of the girls she saw online. "I missed being pretty," she said. In May 2021, she stopped the testosterone.

Detransitioning senior year was tough: She was dressing like a girl again, but still had "rough" features and a deep voice from all the testosterone. "I got looks from people, and other students would talk smack behind my back," Chloe said. Her friends abandoned her. Another friend told her that "the gay side of my school hated me" because she detransitioned.

Recently, she met someone, a boy from two towns over, through a family friend. “I genuinely think he was a gift to me from God,” she said. She wished she still had her breasts. “I was looking for a niche to fit in and a sense of fulfillment,” says Chloe of those years of medicine, consultations, surgery, recovery, and self-discovery. Now? “I don’t really believe in gender identity at a