What is the T in LGBT? Supporting Transgender Athletes Through Sport Psychology

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Being an out trans-athlete I’ve learned that you have to [be] mentally tougher than all of your competitors, and willing to sacrifice more and work harder to accomplish the same thing as your competitors. I guess that should make my accomplishments mean even more to me but I find it to be a double edged sword in that my accomplishments do mean something but I work and drive myself into the ground mentally and physically for track, and yet I am still seen as a nobody in track and field not because I can’t throw but because I’m trans. There are days where I wonder if it is worth [it] since being an elite athlete you sacrifice your life no matter your identity but when for me I closet my identity again. I continue to live in skin I can’t even look at in the mirror to throw [sic]. People have asked me if it is worth it or why I sacrifice my identity. That answer is relatively simple. I love to throw.

...I decided to not transition so I could graduate doing everything I wanted to accomplish. Once I graduated and I had two years before the next Olympic trials, I started working with a great coach and knew I had a chance and I just couldn’t give up on that shot of possibly making the Olympic team… When I made the decision I made it for my love of sport, and the sport I have dedicated my whole life for. I ruined relationships and lost friendships as well as lost my identity all for track. ...I wish there was a feasible way to be me and be an athlete all at the same time but I don’t see there being a chance, especially being able to compete at the same level I am competing at. I’ve lost who I am, I can only see a woman when I am even at my best of passing, despite only feeling like a man. I did this all to compete to be the best at something and accomplish something not many people trans or non trans can say they have accomplished. (Corbyn, 2009, ¶ 2)
Corbyn describes himself as “an out FTM\(^1\) elite athlete. I am pre-hormones, pre-surgery in order for me to continue competing as a woman” (Corbyn, 2009). While his experiences are not representative of all transgender athletes’ experiences, they certainly speak to the turbulent terrain transgender athletes navigate in the United States. As evidenced by the recent public openness of Kye Allums, a transgender man competing on a women’s college basketball team (Zeigler, 2010a), the increasing visibility of transgender athletes and athletes with transgender histories implores the attention of sport scholars. Yet, the field of sport psychology, as well as individual consultants, is unlikely to be prepared to work with athletes with alternative gender identities. Dialogue about gender identity and transgender athletes in sport psychology is nearly nonexistent. In their review of the history of research on lesbian, gay, bisexual, and transgender (LGBT) issues in sport psychology, Krane, Waldron, Kauer, and Semerjian (2010) found no articles focused on transgender athletes. Instead, transgender athletes tend to be lumped in with other sexual minorities under the LGBT umbrella. While there are some common experiences among LGBT individuals, issues surrounding gender identity differ from those related to sexual orientation. In sport psychology, our lack of attention to gender identity and the gaping holes in our literature and education programs leaves the field wholly unprepared to provide compassionate, competent, and appropriate services for transgender athletes. Further, children as young as six years old are recognizing their nonconforming gender status (Rosin, 2008) and by middle school students are identifying as transgender (Grossman & D’Augelli, 2006). Needless to say, it won’t be long before open and proud transgender youth become more visible in sport. Scholars such as Jodi Cohen (2007) recognize that there are trans athletes competing at all levels of sport, “though most remain hidden and silenced” (p. 1).

The presence of transgender athletes in sport compels questioning many hegemonic beliefs and practices. For example, as an institution, sport constructs and reinforces perceptions of natural differences between males and females that long have influenced the allocation of resources, status, and privileges conferred upon male and female athletes (Messner, 2002). That is, sport reinforces the notion that innate differences exist between the sexes (Travers, 2006), such as males are larger and stronger and hence better athletes than females. Females are perceived as more graceful and flexible and better suited to excel at different sports than males (Choi, 2000; Messner, 2002). The customary gender segregation of most sport settings, often beginning at an early age, reinforces the notion that boys and girls, women and men, are essentially different from one another (Messner). These beliefs and practices are grounded in a binary categorization of sex. This binary assumes that females and males are categorically different and that individuals are either male or female (Kane, 1995; Theberge, 1998). Individuals falling somewhere between these dichotomous categories often face social repercussions and discrimination in sport (Krane, 2008). Strict adherence to this binary has resulted in the erasure and stigmatization of transgender individuals (Cavanaugh & Sykes, 2006; Teetzel, 2006). Yet, transgender athletes do exist and they are competing on sport teams or could be joining teams if sport were more welcoming and accepting. Sport psychologists should be at the forefront of creating safe and receptive climates for gender nonconforming athletes.

The purpose of this article is to provide a starting place for sport psychologists eager to learn more about working with transgender athletes and their teammates.
and coaches. Our goal is to raise awareness, understanding, and compassion for a group of people in sport facing very large obstacles. We will define concepts necessary for communicating about the experiences of transgender people, discuss common myths and stereotypes about them, and offer strategies for creating more hospitable sport settings.

What is Sex, Gender, and Transgender?

Before pursuing discussion of issues surrounding transgender individuals, it is important to clarify distinctions among related concepts. Sex and gender often are used synonymously in popular language. However, they have very different meanings and should not be used interchangeably. Sex signifies the biological, physiological, and anatomical make-up of an individual and categorizes people as males and females. Overall, sex encompasses an individual’s chromosomal configuration, hormonal disposition, external and internal reproductive organs, and secondary sex characteristics. While multiple combinations of genetic and physiological composition are reflected in a wide array of physical bodies, people are pigeonholed as either female or male by the medical community. Typically male sex is defined by XY chromosomes, larger amount of testosterone than estrogen, presence of testes and a penis, and secondary characteristics such as facial hair and deepened voice. Female sex is defined by XX chromosomes; larger amounts of estrogen than testosterone; presence of a vagina, uterus, and ovaries; and secondary sex characteristics such as breast growth and menarche.

Gender has been defined as socially constructed and refers to how individuals present themselves through attire, physical appearance, and mannerisms; individuals are labeled as masculine or feminine (Brown & Rounsley, 1996). Masculinity is characterized by strength, stoicism, and steadfastness; whereas femininity is characterized by weakness, emotionality, grace, and vulnerability (Choi, 2000; Messner, 2002). These categories are culturally constructed, meaning that they have a specific definition created in, and reinforced by, sociocultural forces at a specific historical moment (Butler, 1990). While the exact nature of behaviors associated with femininity and masculinity change over time, there is a common social understanding of what is socially acceptable in any given context or historical time. Through socialization, boys and girls “learn to move, speak, dress, and behave in the way the culture deems appropriate for a male or female” (Brown & Rounsley, 1996, p. 21). They learn to do their gender properly (Butler, 1990).

In most sport settings, sex and gender are understood as dichotomous categories. That is, only two options exist: male and masculine or female and feminine. To understand one category, you must know it as not the other (Delphy, 2003). To be male is to be not female, to be masculine is to be not feminine. Defining these categories as opposites reinforces these binaries or that there are only two categories of sex (male and female) and two categories of gender (feminine and masculine).

Gender identity is one’s self-expression of gender or the internal sense an individual has of “being either male, female, something other, or in between” (Cho, Laub, Wall, Daley, & Joslin, 2004, p. 5). Gender identity is not always consistent with biological sex and cannot be deduced by the way a person dresses, moves, or looks (Brown & Rounsley, 1996). Gender identity is distinct from sexual orienta-
tion. Cho and colleagues define *sexual orientation* as one’s emotional and sexual attraction to another person. The way that people move, speak, dress, and act is their *gender expression*. Wearing make-up, for example, typically is perceived as an expression of femininity.

Most people’s sex, gender, gender identity, and gender expression align predictably, yet this is not always the case. Individuals with incongruence between their inner feelings of self-gender and the gender assigned to them at birth are transgender (Diamond, 2002; Mayer et al., 2008). Burdge (2007) further notes that transgender people feel that their genetic make-up, anatomy, and/or secondary sex characteristics do not correspond with their sense of self. Often, transgender is considered an umbrella term including anyone who challenges the boundaries of sex and gender (Feinburg, 1996; Plante, 2006). *Trans* people often resist gender categorization and they may situate themselves “within the broad matrix of socially constructed gender” (Plante, p. 84). Some transgender individuals will pursue sex reassignment surgery (SRS) and change their physical anatomy to match their gender identity. Yet not all transgender people do so. Individuals who have completed sex reassignment surgery (SRS), currently are taking hormones, and legally have changed gender are *transsexual* (Semerjian & Cohen, 2006) whereas people with atypical gender expression may identify as transgender.

It also is important to recognize individuals who are gender nonconforming or what Travers (2006) refers to as *gender transformers*. These individuals oppose the gender binary and “view bodily alteration as either unnecessary for the expression of non-dichotomous gender identities, or alter their bodies to match an inner sense of identity without attempting to conform to traditional gender identity norms” (p. 434). Individuals who are gender transformers sometimes identify as *genderqueer*. Furthermore, intersex often becomes conflated with transgender. While there may be overlap in intersex and trans identities, it is important to distinguish between them, especially in sport contexts. *Intersex* people are born with both male and female anatomy and physiology (Fausto-Sterling, 2000b). In the past, while still infants, parents and doctors generally assigned a sex to the child. In some cases, the child was surgically manipulated to appear more male-like or female-like (MacKenzie, Huntington, & Gilmour, 2009). As the child gets older, a wide range of hormonal, anatomical, and physiological changes can take place which may or may not match the assigned sex. Regardless, the child is socialized as female and feminine or as male and masculine (Namaste, 2000).

In this paper, we distinguish among transgender, transsexual, and intersex people. While transsexual, transgender, and intersex individuals all have been neglected in sport psychology, they also may face different challenges in sport. Transexuals who have completed SRS differ from transgender people in a number of ways that will affect their involvement in sport. Of existing policies regarding trans people, most address only transsexuals. Trans people whose gender identity and biological sex are not congruent, and who do not want to have SRS, have not begun the process toward SRS, or who are in the early phase toward SRS (i.e., have begun taking hormones) are excluded from most sport policies related to transgender athletes. Similarly, intersex individuals rarely are mentioned in this dialogue, yet they are affected by sport policies.
Trans Issues in Sport

In the only known study of its kind, Semerjian and Cohen (2006) interviewed four transgender athletes. These athletes noted a number of barriers and challenges related to their sport experiences. For example, one athlete spoke of sport as a “place of discomfort” where teammates purposely used the incorrect pronoun to refer to the trans athlete and often called her names. These athletes highlighted their discomfort in locker rooms and the efforts needed to appropriately perform gender in sport settings. Interestingly, one athlete, a figure skater, described sport as a safe space away from the harassment he experienced in school. Importantly, Semerjian and Cohen highlighted the individuality of each person’s experiences and argued that there is no singular trans experience, but rather a variety of trans experiences. In addition, the female-to-male (FTM) trans athletes felt that sport influenced their gender identity, reinforcing the importance of having supportive sport experiences.

Transgender Mythbusting

The inclusion of trans people in sport challenges a number of long-standing traditions and beliefs. For instance, the segregation of female and male athletes as well as perceptions related to gendered athletic ability leave little space for trans athletes. As Morgan Dickens, a former college athlete, stated, “The clear delineation between male and female in the sporting world doesn’t leave room for someone like me” (quoted in Griffin & Carroll, 2010a, p. 49). We believe an important first step in creating more welcoming climates for trans athletes is to recognize and counter common falsehoods and misinformation about them.

Fair Play. Inevitably, dialogue about transgender people in sport turns to issues of fair play, especially related to male-to-female trans people (e.g., Coggon, Hammond, & Holm, 2008; Teetzel, 2006). It generally is presumed that to be born male implies innate athletic advantages that “unlevel” the playing field for female-born athletes. This point was driven home when opponents protested Michele Dumaresq’s participation in elite downhill mountain biking. When Dumaresq won the 2006 Canadian downhill mountain-biking championship, Danika Schroeter took to the podium, in second place, wearing a t-shirt on which she wrote in magic marker “100 Per Cent Pure Woman Champ 2006” (McIlroy, 2007). Dumaresq was a licensed member of the Canadian Cycling Association and had undergone SRS ten years before that race.

A common sentiment in the fair play rhetoric is that transsexuals retain many physiological advantages that many males have over female athletes, such as more muscle mass. However, the body goes through numerous and dramatic changes as its hormones are altered. Research supports that postsurgical transsexuals have a physiological profile comparable to individuals in their desired sex. For example, Gooren and Bunck (2004) compared muscle mass pre- and posthormone therapy in female-to-male (FTM) and male-to-female (MTF) individuals. The reduction of muscle mass in MTF individuals after testosterone deprivation (postsex reassignment surgery) resulted in a large overlap with FTM individuals’ pretestosterone therapy muscle mass. This overlap was great enough for the authors to suggest that it is justifiable for MTF athletes to compete with other female athletes.
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In addition, Elbers et al. (1999) found that postoperative MTF individuals had increased body fat, which was positioned in the same patterns as is found in other females, one year after beginning hormone therapy. Muscularity, measured at the thigh, also decreased. Lapauw et al. (2008) compared body composition and bone parameters in MTF transsexuals three years postoperative to age- and height-matched nontrans men. The results showed the transsexual women had less muscle mass and strength, more body fat, and less bone mineral content and bone areal density (i.e., bone size) compared with the nontrans males. These findings imply that the MTF body types were more similar to female bodies than male bodies. Altogether, these studies support that MTF transsexual athletes have no physiological advantage over other female athletes.

Another common argument regarding fair play is that testosterone treatments unfairly benefit FTM transsexuals (Teetzel, 2006). Generally, individuals with XY chromosomes produce higher levels of androgens than individuals with XX chromosomes, and therefore men have been presumed to be stronger than women because of their higher blood testosterone levels. Concern about excessive testosterone levels in FTM athletes is unfounded. The levels of testosterone created through the hormone therapy of a transsexual man would be similar to an average adult male and significantly less than the levels seen in men using testosterone as an illegal doping agent (Ljungqvist & Genel, 2005; Teetzel, 2006). Gooren and Bunck (2004) supported this fact in their comparison of pre- and postoperative MTF and FTM transsexuals. Their findings revealed that testosterone therapy in FTM individuals resulted in increased muscle mass levels comparable to MTF pretestosterone deprivation; the testosterone levels in transsexual males did not exceed the levels of testosterone in preoperative males. The testosterone dosing recommendations for transsexual males are such that “blood levels should be close to the normal mid-male value” (Moore, Wisniewski, & Dobs, 2003, p. 3770). Further, Bhasin et al. (2001) found a dose-response relationship between blood testosterone levels and performance on muscle volume, blood hemoglobin levels, and leg press performance in men, implicating current (not previous) testosterone levels as the major factor determining strength and muscle mass. These findings point to the conclusion that postsurgical FTM transsexuals gain no extraordinary benefit from their testosterone therapy. Reeser (2005) provides a particularly empathic perspective when expressing that identifying as transgender is not done to gain any cultural reward or personal athletic advantage. Rather, transsexual individuals are seeking personal harmony between body and mind.

**Becoming Transsexual.** One concern often voiced is that by allowing trans athletes to participate in sport, some males will undergo SRS so that they can compete against women. This fallacy is grounded in the premise that male-born athletes have an innate advantage when competing against female-born athletes. To dispel this myth, we explore the process of becoming transsexual and how this process may affect sport participation.

The World Professional Association for Transgender Health’s (WPATH) Standards of Care, previously called the Harry Benjamin Standards of Care (Meyer et al., 2001), have been adopted by the medical community. These standards identify a series of benchmarks supporting the preparedness of an individual to undergo SRS. According to these guidelines, before trans individuals interested in hormone
therapy and/or SRS could seek medical intervention, they had to obtain a psychological diagnosis of gender identity disorder (GID). As described in the Diagnostic and Statistical Manual of Mental Disorders-IV-TR (DSM-IV-TR), individuals are considered to have GID when demonstrating a deep cross-gender identification and unremitting discomfort with their body (American Psychiatric Association, 2000). (For additional information about the diagnosis of GID, see Vitale, 2005). This medicalization of trans experiences is controversial as it considers that they have a psychological illness, GID, that needs surgical intervention. Extensive consideration of the ethics and controversy of the standards of care is beyond the scope of this paper. Yet, it is important to point out the commitment needed to pursue SRS. As Bowman and Goldberg (2006) explained,

SRS is a multidisciplinary endeavour drawing on plastic surgery, urology, gynecology, reproductive endocrinology, and otolaryngology. Some SRS procedures (e.g., breast augmentation, mastectomy, hysterectomy, and oophorectomy) involve relatively minor modification of surgical procedures routinely performed for the non-transgender population…. Genital reassignment surgery is a more complex procedure with multiple trans-specific considerations. (p. 136)

Complete sex reassignment involves personal, legal, and biological change. The surgeries (often more than one is needed) are invasive, painful, and can require long rehabilitation. Preparation for surgery also is extensive as guided by the standards of care. Not only is psychological assessment and a diagnosis of GID required before medical intervention begins, trans people also must undergo 12 months of continuous hormonal therapy and 12 months of successful, continuous, full time real-life experience (i.e., living full-time in one’s gender of choice). Throughout this time, they also continue psychological therapy. The rationale for such psychological supervision is the very real consequence that changes due to hormone therapy and surgery are not reversible (Ettner, Monstrey, & Eyler, 2007; Hembree et al., 2009). The standards of care also advocate that before breast or chest surgery, at least one mental health professional, who specializes in transgender health, should approve that the individual is eligible and ready for SRS. Two mental health professionals must approve eligibility before gonadal removal or genital surgery (Bowman & Goldberg, 2006).

Presumably, individuals with only sport motivation to change their sex will not go to such lengths to gain entrance into women’s sport events. Consider the transition process in relationship to sport for a female-to-male trans athlete who wants to begin competing as a male. To be accepted as a male, he would have to pass through the stages dictated by the standards of care: a minimum of 12 months of hormone therapy and real life experience, top (i.e., chest/breast) and bottom (e.g., hysterectomy, genital reconstruction) surgeries, both followed by necessary rehabilitation. Then, the athlete would have to regain competitive conditioning. For male-to-female transsexuals, Spehr (2007) explained that after vaginoplasty, patients typically begin walking after two to three days and they can leave the hospital within three to five days. However, it could take up to 19 months before the ability to walk normally is regained (the range reported was 5–19 months). In other words, a transsexual athlete could lose a year of training. Carlson (2005) quoted a trans athlete as stating, “No one goes through years of hormone therapy, massive surgery and this permanent life change on a whim, just to compete” (p. S40).
Since most sport teams are specific for females or males, there is no space for athletes who are transitioning (i.e., who are between male and female) to continue participating in competitive sport; thus, there would be a break in competitive experience. In all, the popular desire to “protect” sportswomen from men “switching sides” speaks to an unlikely scenario.

The Trans Disadvantage

An alternative perspective is to consider the challenges and disadvantages that trans athletes must overcome to compete. On top of typical competitive stress, these athletes have the added stress of being different in a context that is not very welcoming to different types of people (Krane, 2008). Sport is an unfriendly site for many people. Little boys are ridiculed for dropping the ball or dancing, while little girls are ridiculed for playing football or winning games against boys. This scorn often is triggered by gender incongruence: children and adolescents are belittled for perceived cross-gender behavior.

Transgender individuals are one of the most discriminated against social groups in society today (Stryker, 2006). Many trans people face daily verbal harassment from strangers, peers, teachers, coworkers, and even family members (Sausa, 2005). In schools, gender-related bullying is very common (Cho et al., 2004; Roberts, 2008). Boys who fail to do boy-appropriate things well are called sissies and may be beaten up, and girls who fail to do girl-appropriate things are shunned. For youth who identify as transgender, the bullying can be even worse. For example, a trans athlete interviewed by Semerjian and Cohen (2006) presented his story of being bullied in school. The school administration blamed the trans person for the bullying and simply suggested that he wear gender appropriate clothing to school. In addition, the mother of Keelin Godsey, an NCAA All-American track and field athlete, described that due to relentless taunting and cruelty from classmates, Keelin (then Kelly) “was so bullied in high school she attended just 28 days one year” (Grossfeld, 2006, ¶ 3).

A survey of 295 transgender youth in middle and high school revealed that most of them reported a hostile climate toward them at school (Greytak, Kosciw, & Diaz, 2009). Most of these trans students reported experiencing verbal harassment and over half of them were victimized with physical harassment (e.g., being pushed, punched, or kicked). School staff were reported to rarely intervene when these incidents occurred and one third of the trans students heard teachers make negative comments regarding students’ gender expression. In sport, trans athletes often receive excessive scrutiny and further bigotry. For example, Cohen and Semerjian (2008) examined a situation of a trans ice hockey player: after competing a whole season with her women’s team, USA Hockey banned this MTF transsexual athlete from competing in the Women’s Hockey National Tournament even though the athlete submitted relevant medical documents from three physicians. Even in venues such as the Gay Games (Krane & Waldron, 2000) and lesbian sport leagues (Travers, 2006), trans athletes have faced bias. Lesbian softball players voiced concern about competing against MTF athletes due to safety issues (e.g., she will have a larger physique and be stronger than other players) and trepidation about changing the atmosphere of a women-only space (Travers). The level of fear and concern among trans athletes is reflected in what Michele Dumaresq refers to as...
“stealth” transgender athletes or those who keep secret their trans status because they are worried about some sort of backlash (Billman, 2004). All this points to the difficulties, overt or expected, that trans athletes face. Seemingly, it would take a high level of resilience to cope with these stressors and be competitive in sport, putting trans athletes at a distinct disadvantage compared with nontrans athletes.

**How Sport Has Problematized Trans Athletes**

Although seemingly obvious, determining an individual’s sex is far more complicated than generally considered. Anatomy, chromosomes, genes, hormones and identity are not always congruent. Thus, when considering all possible permutations, sex becomes much more complex and less readily apparent. In fact some scholars have proposed that there are at least 5 distinct sexes (Fausto-Sterling, 1993). In an update to this proposal, Fausto-Sterling (2000) emphasized that gender variations are not so clear-cut (i.e., fitting into distinct categories, no matter how many). Instead she explained that “male and female, masculine and feminine, cannot be parsed as some kind of continuum. Rather, sex and gender are best conceptualized as points in a multidimensional space” (p. 22).

Individuals with deviations from XX or XY genetic make-up may have XXY, XO, XYY, XXYY, XX males, and XXX females (Blackless et al., 2000). Further, some children are born with ambiguous external genitalia. These individuals may be genetically XX or XY but both male and female genitalia develop. For example, some intersex people may have male external genitalia while developing female internal organs whereas others may have a vagina and undescended testes (Looy & Bouma, 2005).

The problematic nature of sex becomes evident through attempts by elite sport organizations to ensure that all elite female athletes truly were female. Sex testing of international female competitors was a mandatory practice from 1966 through 1999. Initially, sex verification included visual testing (i.e., visual inspection of naked athletes). Then the Barr Body test and the polymerase chain reaction (PCR) test were implemented, to eliminate the humiliation of visual inspection. The Barr test could detect X chromosomes in female cells. “The presence of a Barr body ‘confirmed’ female sex, whereas its absence suggested that the competitor was a male” (Puffer, 2002, p. 1543). The PCR test detected the presence of Y chromosomal material (Genel, 2000). Each successive test was considered an *improvement* in gender testing as it assessed more *precise* components of sex. However, as the tests became more sophisticated, they were more likely to identify individuals with chromosomal abnormalities. Often sex testing has uncovered intersex individuals who may not have even known that they were intersex. Not only were these athletes—who were socialized, lived, and trained as females all their lives—told of their genetic distinction, they often had conditions that made athletic success even more difficult. Some females with atypical genetic make-up have androgen insensitivity syndrome (AIS) whereby these individuals are genetic XY, but their bodies cannot use testosterone and they develop ambiguous or strictly female reproductive organs. Ironically, these athletes, due to failing their sex test, have been disqualified from international competition to ensure fair play even through their abnormality resulted in a competitive disadvantage. As Reeser (2005) noted, “The attempt to rely on genetic testing methods of sex determination had opened
up a veritable Pandora’s box of problems for both athletes and officials” (p. 696).

Simply, there are too many possible genetic variations, even if relatively rare, to attempt to make blanket statements about what is sex and who is allowed to compete. The utility of these tests have long been questioned and mandatory testing was discontinued just before the 2000 Olympics.

The recent cases of Santhi Soundarajan and Caster Semenya highlight the complexity of assessing sex in sport. After 2000, sex testing only occurred if a sport governing body was given reason to believe an athlete’s sex was in question. Both of these women were singled out for testing because of their nonfeminine or too masculine physical appearance. After winning the silver medal in the 800m race at the Asian Games in 2006, Soundarajan was ordered to undergo sex testing. She failed the test, and was disqualified because she had AIS. Similarly, after winning the 800m race at the 2009 world championships, Semenya was required to submit to sex tests. Reports leaked to the media described Semenya to be intersex; presumably she has external female genitalia, internal testes, no ovaries, and testosterone levels three times that of the average female (Hurst, 2009; Levy, 2009). Both of these athletes lived as females and considered themselves as females; yet their possible intersexuality created an uproar in the sport community. Notably, concern about intersex athletes in men’s sport have not arisen.

**Sport Policies Regarding Transgender Athletes**

I was really worried about coming out as transgender to anyone else because I knew there weren’t any policies. I was so afraid that my school would ban me from my sport and that was the only thing I had at the time. I finally decided to come out my senior year of college because I was going down a slippery slope and I didn’t think I could pull myself out if I didn’t come out.”–A transgender former college athlete (quoted in Griffin & Carroll, 2010b, ¶1)

Until recently, there has been little regard for transgender, transsexual, and intersex athletes. However, in a surprising move, the International Olympic Committee took the lead in addressing these athletes and in 2004 they adopted the Stockholm Consensus (Sykes, 2006). This policy provides specific guidelines for the inclusion of transsexual athletes in international competition. The Stockholm Consensus is deeply rooted in the medical discourse about transsexual individuals and only applies to athletes who have had SRS. Transsexual athletes can compete in events sanctioned by the IOC if they have completed surgical gonadectomy and external anatomical changes, have completed at least two years of hormone therapy, and are legally recognized in their new gender category (IOC, 2004). Since the IOC accepted the Stockholm Consensus, many other athletic governing bodies adopted similar policies.

There are several concerns about this policy. Excluded from participation are athletes who do not wish to have surgery, cannot afford surgery, identify outside of the gender binary, or perceive their gender identity to be too fluid to have surgery. Many transgender people are content with their bodies as they are (Queen & Schimel, 1997), and undergoing SRS just to compete in sport would be out of the question for them. Further, given that hormones seem to be related to the body changes most relevant to sport performance, whether one has a penis or vagina
does not seem important. SRS is a very costly surgery and typically is not covered by insurance (in the US). In addition, competing athletes may not want to take time away from training for SRS and rehabilitation. Thus, the requirement to have SRS is controversial.

More recently and in response to the Semenya case, the IOC convened an expert medical panel to make recommendations concerning intersex female athletes with hyperandrogenism (i.e., excessive production of testosterone). This resulted in the IOC Medical Commission making the following recommendation: “A female recognised in law should be eligible to compete in female competitions provided that she has androgen levels below the male range (as shown by the serum concentration of testosterone) or, if within the male range, she has an androgen resistance such that she derives no competitive advantage from such levels” (IOC, 2011). As noted by the National Institutes of Health in the U.S., the average range for testosterone levels for adult males is 300–1,200 ng/dL while for females it is 30–95 ng/dL (ng/dL = nanograms per deciliter; Cooper, 2011). Eligibility decisions will be made on a case-by-case basis and if testosterone levels are considered too high, medical intervention may be required to maintain athletic eligibility. Already this policy has been adopted by other international sport organizations such as the International Association of Athletics Federations (IAAF; IAAF, 2011).

In 2007, the National Collegiate Athletics Association (NCAA), the governing body for college sports in the US, published a paper describing their “Position Regarding Transgender Student-Athlete Participation.” In this, they noted that transgender student athletes are not prohibited from competing and that trans athletes “must compete in the gender classification that matches their state classification” (p. 1). That the NCAA is attempting to address the needs of trans athletes is applauded. Regardless of gender identity and expression, transitioning athletes can remain on their teams as long as they do not begin any bodily transformation (e.g., taking hormones). The state of Washington Interscholastic Activities Association (WIAA) developed a groundbreaking policy which includes, “All students should have the opportunity to participate in WIAA activities in a manner that is consistent with their gender identity, irrespective of the gender listed on a student’s records” (WIAA, 2009–2010, p. 47). This statement allows any athlete to compete as the gender with which she or he identifies, regardless of anatomy and without mandating legal or surgical status. This is perhaps the most inclusive policy for trans competitors and serves as a model for secondary schools and colleges.

Practical Implications for Sport Psychologists

GW has been supportive during this transition. This means a lot. I didn’t choose to be born in this body and feel the way I do. I decided to transition, that is change my name and pronouns because it bothered me to hide who I am, and I am trying to help myself and others to be who they are. I told my teammates first, and they, including my coaches, have supported me. My teammates have embraced me as the big brother of the team. They have been my family, and I love them all. (Kye Allums, trans basketball college player, quoted in Zeigler, 2010b, ¶ 4)

For a trans athlete, strong social support and having sensitive teammates and coaches is indispensable. And, sport psychologists are uniquely positioned to assist
athletes in understanding and supporting trans teammates (Barber & Krane, 2005). To help teams become more welcoming for trans athletes, sport psychologists can engage in what Krane et al. (2010) described as “queering sport psychology.” This process involves disrupting common gendered and heterosexist beliefs and practices. “To queer sport psychology is... to establish alternative practices and structures that value all sexual and gender identities” (Krane et al., 2010, p. 154). Queering includes proactively embracing diversity through envisioning difference as strength and transforming learning environments, including sport (Kauer & Krane, 2010). Breaking the silence around gender identity in sport and normalizing inclusion of diverse gender identities will change sport settings. While policy changes may be slow to occur, there are a variety of things individual sport psychologists can do to help teams create more supportive climates.

A starting point is to make transgender athletes visible, which can lead to a dismantling of the gendered foundations of sport. By talking about, and being inclusive of, transgender athletes, the traditional gender binary in sport will be challenged. Sport psychologists can, for example, discuss issues relating to transgender athletes when they are in the news. Seizing the opportunity to talk with athletes about transgender people and debunking myths about trans athletes can provide meaningful and educational discussions. Telling stories about situations encountered by trans athletes will help team members better understand the challenges trans athletes face and may encourage compassionate responses. Griffin and Carroll (2010b) advocate listening to transgender athletes and learning from their experiences. Trans athletes’ stories underscore

the necessity of developing sound policies and practices that enable transgender student-athletes to play the sports they love in an environment where their gender identity and expression are accepted as one more aspect of the diversity typical of school and college sports teams. (¶13)

If athletes have questions or want more information, the sport psychologist can refer them to several helpful websites (e.g., transathlete.blogspot.com, gender-spectrum.org, outsports.com) or suggest that they watch the video 100% Woman, a documentary about trans Canadian downhill mountain bike champion Michelle Dumaresq, which can be accessed on-line (www.logotv.com).

The Transgender Law Center recommends to simply “treat trans individuals as you would want to be treated” (Ten Tips). This age old adage is certainly meaningful in this context. A sport psychologist might ask athletes to put themselves in the position of a trans athlete or to imagine how they may feel telling their teammates about an intimate aspect of their own lives. Asking athletes to consider how their lives would be different if they were transgender also may lead them toward greater understanding of the challenges facing trans athletes. Discussions like these can help athletes develop compassionate attitudes toward trans teammates.

Quite often, people who are supportive of trans issues may not be sure how to engage in conversation about and with trans people. Therefore, it is important for sport psychologists to provide coaches and athletes with the tools they need for compassionate interaction with trans athletes. First and foremost, trans athletes should be referred to by their preferred name and the pronoun corresponding with their gender identity (Ten Tips; Wamsley, 2008). In addition, sport psychologists
can encourage athletes to remain open to a variety of gender identities and the wide array of transgender subjectivities. As Wamsley reminds us, avoid making “assumptions about how gender variant people feel about their bodies, not to treat people in general categories – for example – not all gender variant people want sex change operations” (2008, p. 16).

Anticipating potential issues that trans athletes may face, can avert difficult situations. For example, some trans athletes may be uncomfortable with some team uniforms. Allowing all athletes access to “uniforms that are appropriate for their sport and that they feel comfortable wearing” (Griffin & Carroll, 2010a, p. 33) will provide trans athletes alternatives and may enhance their comfort on teams. Locker rooms also can harbor many challenges. While sport psychologists may not have direct control over such issues, they can be prepared to discuss potential situations and provide guidance to coaches and administrators who do make policy. Griffin and Carroll (2010a) recommend that trans athletes should be able to use the locker room that corresponds with their gender identity and that locker rooms should include private changing and showering areas. Trans athletes should not be required to be separated from their teammates, but the option should be available.

Another approach to creating and supporting sport teams that are compassionate toward trans athletes is to apply inclusive excellence (Kauer & Krane, 2010). This approach places valuing diversity as a central team goal that will help the team be more successful. When teams value acceptance of diverse teammates, inclusion of a trans athlete may not be disruptive to the team atmosphere, rather it may be seen as an extension of what they already do. While athletes may want to learn more about the trans athlete, it is likely they will not be disrespectful. Sport psychologists can guide compassionate and productive dialogue among team members (cf. Kauer & Krane).

While proactively creating inclusive environments is important, sport psychologists also should consider that an athlete already on a team may come out as trans, begin transitioning, or change their outward identity and appearance. Being aware of relevant policies about antiharassment, nondiscrimination, and transgender participation in sport (Griffin & Carroll, 2010a) will provide an important foundation for addressing any problems that may arise. In this situation, being prepared to educate athletes, coaches, and parents is essential. It is likely that members of a sport community may not understand what transgender or gender identity is. Teammates may need guidance concerning appropriate language as well as information about trans bodies and sport performance. Sport psychologists can lead team discussions about inclusion and support for trans athletes, how supporting the trans athlete can benefit the whole team (cf. Kauer & Krane, 2010), and what it means for the team to support a trans athlete. The sport psychologist also can be prepared to assist athletes struggling with the notion of having a transgender teammate by having a list of campus resources regarding transgender issues. Needless to say, trans athletes’ privacy should be guarded and they should be consulted regarding how much personal information they are comfortable revealing. If a trans athlete is willing, having a session in which the athlete answers teammates’ questions could be especially beneficial.

The role of the sport psychologist can be pivotal toward compassionate inclusion of trans athletes. Proactively creating inclusive sport atmospheres that value diversity will pave the way for acceptance of trans athletes. When sport psycholo-
gists understand the myths and truths about trans athletes, they can assist in creating compassionate team settings. We consider the creation of safe and compassionate sport settings for all athletes, including trans athletes, an ethical responsibility of sport psychologists. Being inclusive provides educational opportunities for all team members. It also provides a foundation for providing safe, compassionate sport climates for athletes with any gender identity.

Note

1. FTM is shorthand for female-to-male, which is a term used identify a “person who was female bodied at birth and who identifies as male, lives as a man, or identifies as masculine” (PLAN, 2011, p. 8).
2. Although this process often is referred to as gender testing or gender verification, the process truly is aimed at determining sex via anatomical, hormonal, and genetic markers; therefore sex testing is the most precise term.

References


Lucas-Carr and Krane


