

LGBTQI and sports – future implications for sports psychiatry

Schneeberger Andres Ricardo^{1,2,3}, Gupta Rahul¹, Flütsch Niklaus⁴, Recher Alecs⁵

¹ Psychiatric Services Grisons, Chur, Switzerland

² Albert Einstein College of Medicine, Department of Psychiatry and Behavioral Sciences, Bronx, USA

³ Department of Psychiatry, Psychotherapy and Psychosomatics, University Hospital of Psychiatry Zurich, Zurich, Switzerland

⁴ Praxis Flütsch, Zug, Switzerland

⁵ Transgender Network Switzerland TGNS, Zurich, Switzerland



LGBTQI¹⁾ people and especially transgender, non-binary and intersex people have a longstanding history of discrimination when it comes to sports. While the media focuses on the discussion whether transgender, non binary, and intersex people should be allowed to compete in elite amateur and professional sports at all, the majority of transgender, non-binary and intersex athletes are facing obstacles in everyday sports beyond cis and dyadic peoples' imagination. Discrimination is ubiquitous. Persons with diverse sex characteristics, gender expressions, gender identities or sexual orientations encounter problems at gyms when using the lockers and the showers, at group sports when wanting to be part of a specific team, signing up for sports events and much more. Menzel, Braumüller [1] reported that of all respondents “33% remain in the closet, 31% are out to

some people in their sports activity and 36% are out to (almost) everyone”. They also found that, 20% refraining from participating in a sport of interest. Approximately 16% of athletes “report at least one negative personal experience in a sports context related to their sexual orientation and/or gender identity”, mostly verbal insults, slurs, but also physical abuse and violence. Most trans people (86.8%) see the fact that they are trans to be an obstacle to perform any kind of sports [2]. The discussion around the participation of LGBTQI athletes in competitive sport extend the discrimination to the structural level because of the restrictions national and international sport's policies place on them. Transgender

¹⁾ lesbian, gay, bisexual, transgender, questioning (or: queer), intersex

women and intersex individuals have been the focus of the debate because of a commonly held belief that testosterone and other androgenic hormones confer an advantage in competitive sport. Hence, transgender and intersex athletes, because of potentially higher endogenous testosterone levels, are perceived to hold an advantage in sport, as long as testosterone has not been reduced to a cisgender female level [3]. The International Olympic Committee (IOC) regulations [4] allows transwomen to participate in the women's division if they have declared their gender, for sporting purposes to be female for at least four years, and their blood testosterone levels to have been below 10nmol/L for at least a year prior to competition [4]. However, despite or because of these regulations, the dispute extends to the scientific world. Knox, Anderson [5] argue that the testosterone limit of a transwomen and dyadic women athlete is considerably higher than for ciswomen athletes, and that hormone therapy will not remove all the advantages of a prior male physiology. They propose replacing the gender binary in elite sport with an algorithm to be applied to all elite athletes that accounts for a range of physiological factors and gender identity, providing potential fairness to elite ciswomen athletes and elite transmen athletes. Furthermore, these discussions in themselves disguise their discriminating nature, as they only focus on the potential "unfair" advantages transgender, non binary, and intersex people might experience, but never focus on how society could even out disadvantages they encounter. While the ethical discussion tries to balance the ethical principles of inclusion versus fairness, the fate of the individual transgender, non binary, and intersex athlete is forgotten. Experiencing additional discrimination, stigmatization and forced outing leads to detrimental health outcomes including mental health problems. Moreover, transphobic and interphobic exclusion mechanism keep people from taking part in sports, thus directly having a negative impact on their physical and psychological health. The literature relating sports psychiatry to transgender, non binary, and intersex athletes is meager, and hypotheses how to diagnose and treat these athletes can only be extrapolated from the current scientific knowledge regarding sports psychiatry on one hand and LGBTQI, specifically transgender, non binary, and intersex, mental health on the other hand. While cis-gendered athletes struggle to deal with the stigmatization of suffering mental health issues, the burden of dealing with multiple stressors increases the risk for

psychiatric disorders. It appears therefore paramount that future efforts in sports medicine and specifically sports psychiatry should focus on pathologies that affect LGBTQI athletes and how to prevent and treat them. LGBTQI, in particular transgender, non binary, and intersex, athletes in popular sports experience additional barriers to engage in physical activities, due to inadequate changing rooms, body dissatisfaction, fears surrounding "passing" and not being accepted by others. There appears to be a lack of safe and comfortable spaces to engage in physical activity and sport for transgender, non binary, and intersex athletes [6]. Hence, future efforts in sports psychiatry need to emphasize the prevention aspects of sports for transgender, non binary, and intersex athletes and the treatment within an LGBTQI-affirmative therapeutic environment.

Corresponding author

PD Dr. med. Andres Ricardo Schneeberger
Psychiatric Services Grisons, Chur, Switzerland
andres.schneeberger@pdgr.ch

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