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Jessica Kingsley *Publishers*
London and Philadelphia

[permissions granted]
First published in 2018
by Jessica Kingsley Publishers
73 Collier Street
London N1 9BE, UK
and
400 Market Street, Suite 400
Philadelphia, PA 19106, USA

www.jkp.com

Front cover image source: [iStockphoto®/Shutterstock®]. The cover image is for illustrative purposes only, and any person featuring is a model.

Library of Congress Cataloging in Publication Data
A CIP catalog record for this book is available from the Library of Congress

British Library Cataloguing in Publication Data
A CIP catalogue record for this book is available from the British Library

ISBN 978 1 78592 783 6
eISBN 978 1 78450 705 3

Printed and bound in Great Britain
OR
Printed and bound in the United States

Chapter 5
‘He is disappointed I am not the son he wanted. I tried and tried to deny I am a girl’

– Vicki, a male-to-female transgender veteran

Janet Hanson

Introduction

This case describes my spiritual care for Vicki, a transgender veteran in her 50s. Spiritual care with lesbian, gay, bi-sexual and transgender (LGBT) persons, and especially with transgender persons, is an area of growing need. LGBT health disparities are well documented, and the health risks experienced by LGBT veterans are even larger (Kauth and Shipherd 2016). Depression, anxiety, post-traumatic stress disorder and other mental health problems affect transgender veterans at higher rates than non-transgender veterans. These conditions may be connected to the higher rates of intimate partner violence and aggression and military sexual trauma that transgender veterans experience. Transgender veterans are also at an increased risk for heart and kidney disease because of hormone use, diabetes, smoking, obesity, high blood pressure and stress. These concerns and others raise opportunities for professional chaplains to develop spiritual care theories and practices to directly address the theological issues raised by the lived experiences of this population.

Within the past decade, several historic legal changes have taken place impacting LGBT persons within both the civilian and military worlds. The US Department of Defense (DOD) repealed the 'don't ask, don't tell' rule (DADT) in 2011, allowing gay and lesbian persons to serve openly in the military. Prior to the repeal, thousands of service members discovered to be gay or lesbian were discharged, frequently dishonourably, under DADT. Those receiving a dishonourable discharge because of their sexual orientation were unable to receive benefits within the Veterans Affairs (VA) system. Only a few veterans are now applying to upgrade their discharge to honourable to become benefit-eligible. To do so requires willingness to open paperwork referencing sexual orientation and potentially old wounds (McDermott 2017). In June 2016, the DOD began allowing transgender personnel to serve openly in the military. In August 2017, President Donald Trump signed an order that reversed this policy. The implications of his action for transgender service members and their potential discharge into the VA system remains unclear. For now, the VA remains committed to providing healthcare to transgender veterans based on its 2012 national directive.

Other important changes affecting LGBT people have taken place in federal and state law and policy. In June 2016, the Supreme Court of the United States ruled that same-sex couples have the right to marry in all 50 states. At the state level, in part due to the advocacy of Army veteran Jamie Shupe, Oregon recently became the first state in US history to offer more than two gender options on identity documents, including driver's licences, thus recognising non-binary, intersex and agender people on legal documents. Residents will have the option to choose among three gender categories when applying for driver's licences or state ID cards: male, female and 'X' for non-binary or unspecified. Soon, the VA will be adding a self-identified gender identity (SIGI) demographic field to the medical record system. Clinical reminders for health screening will be linked to the birth sex field, but the SIGI field will aid staff in using appropriate salutations and gender references (Kauth and Shipherd 2016).

Alongside increased legal rights for LGBT persons, a greater awareness of healthcare discrepancies has emerged. Minority stress research has

demonstrated that both distal stress (external experiences of rejection, prejudice and discrimination) and proximal stress (internalised self-hatred and anxiety, often byproducts of distal experiences) accrue over time and cause poor health outcomes (Meyer 2007). It is to be hoped that the recent legal changes will reduce these stressors for LGBT persons, but our cultural norms and attitudes are rooted in values and beliefs and are not necessarily altered by new rules. Even so, there are some examples in the research literature and popular culture indicating increased visibility of LGBT persons who now feel safe to live openly in their communities. For example, teen suicide rates have decreased since same-sex marriage became legal (Raifman *et al.* 2017). Bruce Jenner's public transition to Caitlyn Jenner greatly increased awareness and perhaps a growth in overall acceptance of transgender persons.

Despite these gains, medical access to healthcare for transgender persons is not equal throughout the US. According to the Movement Advancement Project, an independent think tank that provides research and analysis related to equality for LGBT people (www.lgbtmap.org), currently only 12 US states and the District of Columbia have state Medicaid policies explicitly covering healthcare related to gender transition for transgender people. The Veterans Health Administration has a directive for providing medically necessary healthcare for transgender and intersex veterans, including hormonal therapy, mental healthcare, pre-operative evaluation, and medically necessary post-operative and long-term care following sex reassignment surgery. Sex reassignment surgery is currently not performed or funded by the VA.

Churches and faith groups have for years been working through theological stances on sexuality, homosexuality and, most recently, gender identity. Within Christianity there exists a wide range of acceptance, tolerance and rejection of persons who identify as LGBT. Individual Christian denominations subscribe to doctrines and beliefs containing varying degrees of welcome and inclusion of LGBT persons. For professional chaplains, this can provide unique challenges in supporting persons in their individual faith practice, when their organised religious group rejects them. It is important, then, for chaplains to examine their own experience and understanding of sex

and gender identity to find a place of spiritual authority (grounding) from which to meet others in their individual and unique journeys.

This case demonstrates how a chaplain can effectively provide transgender veterans with a safe place to discuss gender identity and faith formation. The valued role of chaplain as confidant in the military contributes to the positive relationship many veterans expect with a VA chaplain. This gives the chaplain a role distinct from other disciplines: to act as a benevolent moral authority. My previous research and knowledge of community religious resources allowed me to be a referral resource for LGBT-welcoming congregations in the large urban area where the veteran in this case lives. This case outlines my spiritual care with the veteran incorporating principles of acceptance and commitment therapy (ACT) (Nieuwsma, Walser and Hayes 2016). ACT involves developing psychological flexibility through six core processes: acceptance, defusion, present-moment awareness, self as context, values, and committed action. Sometimes these are simplified as 'Are you open? Are you aware? And are you doing what matters?' I find that ACT integrates well with spiritual care because of its focus on acceptance of suffering as part of the human condition and living in the present while making choices to live out one's values in the world.

An initial version of this case was developed during my participation in the Mental Health Integration for Chaplain Services (MHICS) programme. MHICS is a training programme designed to help VA and military chaplains apply evidence-based principles in their spiritual care (www.mirecc.va.gov/mentalhealthandchaplaincy/MHICS.asp).

Background

Vicki (a pseudonym) is a transgender male-to-female veteran in her 50s. She is single and lives in an apartment in a large metropolitan area. Her family consists of two brothers and a father, all who live nearby. Vicki is a post-Vietnam era veteran who served in the Army reserve and then the Army for two years. She was discharged from the military early due to drinking problems but quit drinking 20 years ago after 'nearly drinking herself to death'. She is being treated at the VA for gender dysphoria,

attention deficit and hyperactivity disorder and depression. Vicki gave me permission to use her case with the hope that it may provide insight to ministers helping transgender persons.

With Vicki's approval, her mental health social worker put in a referral to Chaplain Services after discussing in a therapy session her 'family's reaction to her transition... The family is Catholic and her father has openly expressed that he believes her transition is "wrong" and she shouldn't do it'. The on-call duty chaplain received the consult [referral] over the weekend and spoke with Vicki on the phone regarding her 'struggles with the Catholic Church and finding community'. The on-call duty chaplain charted providing support around 'struggles she is experiencing in her transition from M to F [male to female], such as new emotions in her life as well as difficulties with family's acceptance'. I received the referral to provide follow-up care.

I am an ordained elder in the United Methodist Church, an Association for Clinical Pastoral Education Certified Educator, and a chaplain currently working in the Veterans Health Administration system. I am also a member of the LGBT community, serving on an LGBT interdisciplinary work group within the medical centre addressing healthcare needs of this veteran population. I have compassion for the complex concerns transgender veterans raise as they struggle with theological questions of incarnation, embodiment and integration of mind, body and spirit.

My relationship with Vicki took place in the context of a large Veterans Administration (VA) hospital with a total of 248 operating beds, which provides over 950,000 outpatient veteran visits each year. The Veterans Health Administration (VHA) is likely the largest provider of LGBT healthcare in the world. Exact figures are not available, because sexual orientation and gender identity of veterans are not currently tracked in the VHA. However, given an estimated one million LGBT veterans in the United States and current rates of VHA use, more than 250,000 VHA patients are potentially LGBT veterans (Kauth and Shipherd 2016). The VA hospital where this case took place was given 'Leader' status in The Human Rights Campaign Foundation's Healthcare Equality Index for the fifth consecutive year, reaching benchmarks in meeting non-discrimination policies, practices and training criteria.

My spiritual care for Vicki consisted of one visit. This visit took place in my office in Chaplaincy Services, which shares space with two other departments. My office provided a confidential space with comfortable chairs for a 50-minute session. We have a VA-sponsored welcoming sign at the check-in for our offices that reads: 'We serve all who served', with a rainbow logo and military ID tag on it.

Case study

Each morning, our chaplaincy department meets for the overnight, on-duty chaplain to report any significant spiritual needs in the hospital and relay ongoing spiritual concerns for the unit chaplains to address that day. This consult for a transgender veteran was from a mental health social worker I know from our joint membership on an LGBT interdisciplinary work group at the medical centre. This work group fields consults from staff and provides education regarding care of transgender veterans to ensure adherence to VHA guidelines. The consult came in over the weekend and was responded to with a phone call from the on-duty chaplain. She reported speaking with the veteran on the phone and listening to her distress concerning family and spiritual issues. The veteran asked for a follow-up call Monday morning with a chaplain who could set up a meeting. As one of the chaplains assigned to outpatient mental health, I received the consult.

I called the veteran that afternoon and spoke with her on the phone as she was on the bus to the VA to have an appointment for voice therapy with the speech-language pathologist. This is a service offered at the VA for persons transitioning to help them learn to monitor and modulate the pitch of their voice and learn other behavioural methods to express congruence with their identified gender. I complimented her on her efforts in this process and she said to me, 'Oh, I am committed to this process.' We agreed to meet and scheduled an appointment the following week. The day of that appointment, she called and asked if she could come in early for our time, as she was trying to schedule a manicure. I could meet earlier that day and so easily accommodated her

request. When the veteran arrived, she was wearing women's attire, including a dress and wig, and carrying a purse. She appeared at ease sitting in our public lobby area for a few minutes before I was ready to see her. I invited her into my office, which has two comfortable chairs and a living room-like sitting area. She expressed gratitude at my willingness to adjust the time and was excited to get her nails done. She told me of a salon that regularly does her nails, where she is welcomed and seems to know several of the technicians.

The following conversation happened after initial greetings:

Chaplain: Tell me how I can support you today?

Vicki: Well, like I have been talking with my therapist, my family doesn't accept me. Of course, they are Catholic, and the Church doesn't accept me either.

Chaplain: I am sorry. I think all of us long for acceptance.

Vicki: It has taken me a long time to accept and figure out my gender identity. My dad always tried to get me to play baseball with him, but really, I was never interested. I wanted to be good at it and enjoy it, because of course I wanted to hang out with my dad. I sucked at it and it wasn't fun for either of us, so finally he just quit trying. He is disappointed I am not the son he wanted. He still tells me that.

Chaplain: Am I hearing grief and disappointment for both of you not having the father–son relationship you hope for?

Vicki: (*Nods with a sad expression*)

Chaplain: I also heard you say that you have, after all these years, figured out and accepted yourself and your gender. Is that right?

Vicki: Oh yes. I tried and tried up until I was about 8 to deny I am a girl. I would sneak down to the corner drugstore and buy some cheap make-up to try to put it on. I would borrow my sister's clothing from the laundry basket and wear it in my room, just pretending to be a girl. Then I felt bad about what I was doing and threw away all the make-up and returned the clothing. Only to go back and do it again:

buy more make-up, keep dressing up in private, and really enjoying the feeling of the clothing, and imagining what my life would be like as a girl.

Chaplain: You had strong feelings about who you were that didn't go away.

Vicki: Nope, they only came back stronger, like a weed.

Chaplain: Weeds can be annoying and persistent. Is there another way to describe your feelings that might sound a bit more positive?

Vicki: How 'bout like grass, a perennial grass that grows back every year?

Chaplain: That seems truer to your delight in who you are.

Vicki: Yeah, now I get to dress up like a girl every day. I love it!

Chaplain: I can tell you enjoy your femininity. (*Pauses*) Do you have people in your life now who accept you?

Vicki: You know the Church believes it is a sin. I am so fed up with the Catholic Church and all the crap they have done in my lifetime with priest scandals and abuse. They hardly seem an authority of sexuality, when they can't keep it in their pants.

Chaplain: That's some strong feelings about the Church, I can understand. They have had immoral scandals reported, but of course all Church denominations are imperfect. The Church is not God, you know. I think at best it can be a place where God is experienced and known. At worst, there is brokenness and wrongdoing. (*Pauses*) What impact does all this have on your personal belief in God?

Vicki: I believe. I do. Jesus is the model for me...really who I want to be like. I mean, he was loving to everybody, wasn't he? Prostitutes, lepers, outsiders? I think we should be more loving and accepting like Jesus.

Chaplain: Jesus modelled the values of love and acceptance that you hope to follow.

Vicki: I had a really powerful spiritual experience with my dead mother a few months ago.

Chaplain: Really? Do you want to tell me about it?

Vicki: I don't know if you believe this but I felt my mother come and visit me through a disabled youth who is a volunteer at my workplace. I was overshadowed with a feeling of love and acceptance through this girl who was my mother's spirit. I had a strong feeling of assurance from my mother telling me, through this disabled kid, that she loves me.

Chaplain: I believe you. That sounds very powerful, having your mother's spirit tell you she accepts and loves you.

Vicki: It was. I still feel my mom's presence whenever I see this girl at work. Also, I have a few of my nieces and nephews who are fine with me. They have adjusted from having an uncle to an aunt and think I am kind of cool. One of my brothers is also okay with me and at least talks with me on family holidays.

Chaplain: So, many members of your family do accept you, or are in the process of developing new relationships with you as female.

Vicki: They are. It just takes time I guess.

Chaplain: It may help to think about your own coming-out process. How many years it has taken you to come to the point of accepting who you are and transitioning? Families and friends go through a similar coming-out process. It takes people time to adjust – and everyone does it at their own pace.

Vicki: That makes sense. I am about halfway through this process with my therapist. I would like to find a church though, one where I can go as myself, and meet some friends.

Chaplain: What have you tried?

Vicki: Well I used to go to the Q Center and hang out. I think they have some social groups or activities posted I could try and join. I

know the Pride parade is happening in a couple of weeks. I haven't been to one yet, so I thought I might try that.

Chaplain: Those are great ideas! I also know that several faith communities that are welcoming of LGBT folks will march in the parade.

Vicki: Really? Church groups?

Chaplain: Oh yes, many church groups march. It might be a really good place to see how many Christians actively support gay and transgender folk. I think there are also a couple of Catholic churches in town that are openly affirming. I can give you the website if you want to do some research.

Vicki: Sure, I would love to do that. I guess all Catholic churches aren't the same.

Chaplain: No, all churches in any denomination aren't the same. I encourage you to visit several and try them out. It can help to call first and speak with the pastor or priest. Tell them who you are and what you are looking for, and that way you can tell if it is an accepting place, and you will know someone when you visit. Next month we are having an event here in the auditorium to celebrate Pride month and LGBT veterans. You are welcome to come to that if you like. I will be there helping.

Vicki: Thank you. I will see if I have an appointment that day, so I am on campus already. I think I am ready to go back to church now, or at least try. (*Pauses*) Do you really think God loves me like this?

Chaplain: Yes, I really do.

Discussion

Assessment

My spiritual assessment model is based on the Great Commandment in the Christian tradition:

> Jesus replied: 'Love the Lord your God with all your heart and with all your soul and with all your mind. This is the first and greatest commandment. And the second is like it: Love your neighbour as yourself. All the Law and Prophets hang on these two commandments.' (Matthew 22.37)

This commandment teaches the importance of a relationship with self (intrapersonal), relationships with others (interpersonal), and a relationship with God/Holy (transpersonal). Through my 30 years of direct ministry and work as a chaplain educator I have discovered that these three focuses are found in most every major religious tradition. They also have corresponding spiritual needs: self-worth (intrapersonal), belonging (interpersonal), and meaning and direction (transpersonal). Addressing these needs happens through the chaplain's intentional engagement based on the veteran's need for self-worth (blessing/affirmation), belonging (reconciliation/forgiveness), or meaning and direction (universal awareness, call to service). I was first exposed to this model during my clinical pastoral education by my supervisor, Dennis Kenny. The model, now known as the Spiritual Assessment and Intervention Model (AIM), was further developed by Michele Shields (Shields, Kestenbaum and Dunn 2015).

Vicki personally felt relief and celebration about her transition (intrapersonal). She had grief related to her family and their judgement of her new gender identity (interpersonal). This grief was mixed with anger at the Roman Catholic Church, around not only her personal gender identity but the Church's past stands on sexuality and abuse scandals (transpersonal). She challenged the practices of Roman Catholicism that she felt were opposite to the core Christian beliefs of love and acceptance she was attempting to follow. Vicki was seeking a faith community where she could experience congruence between her beliefs and her embodiment in the world.

Interventions

I used ACT in listening and responding to Vicki during this session. My plan included demonstrating acceptance of Vicki as worthy, drawing on her own inner sense of 'rightness' about her gender, which is consistent with the ACT principle of *acceptance* of inner experience. She reported knowing she was female from the age of 8 after several instances of trying to deny it, after which her feelings only returned stronger, 'like a weed'. When I asked her if there was another word with a more positive connotation to describe her inner knowing, she smiled and said, 'How 'bout like grass, a perennial grass that grows back every year?' From a spiritual perspective as well as the ACT understanding, language has great power to both define and reshape our reality. I often invite people to consider the words they use to describe themselves and their experience as a way of empowering them to define their own experience.

Through an ACT-based approach to *perspective-taking*, Vicki was able to give her family more room to have their own experiences without as much judgement. She acknowledged that, as a male, relationships were not well developed in her family, especially her with father, whose expectations of her as a son were never realised; this gender transition embodied that loss for them both.

Using the ACT core process of *self as context,* Vicki deeply grieved her loss while maintaining a sense of the continuous 'self' that had been present since her earliest remembering. Her spiritual experience – meeting her mother through a disabled youth – may be thought of as a transcendent encounter with self, spirit, or even Jesus embodied in the youth. Vicki's deep recognition and embrace of her spiritual self fostered her resilience and courage in the transitioning and coming-out processes.

In speaking about her conflicted feelings about the Roman Catholic Church and its stances on sexuality, I invited Vicki to consider separating her personal faith in God from the institutional Church through *defusing* rule-based assumptions. Whereas 'rules, in contrast to values, reflect directions or imperatives about what actions are appropriate or inappropriate...religious and spiritual traditions often include moral expectations...attached to religious figures that epitomise the essence of

the religion's value system' (Farnsworth 2016, pp.114 and 116). Vicki's understanding of Jesus as one who welcomed the poor and outcast gave her hope that she too was accepted by God. It also provided clarity about her own religious values of love and acceptance.

Outcomes

During our session, I used ACT principles in addressing Vicki's intrapersonal and interpersonal needs for *self-compassion* and *perspective-taking* with herself and family. In responding to transpersonal needs with her faith, I drew on the concepts of *defusion* and *committed action based on her values*. She personally felt an inward sense of rightness with her gender expression after years of attempting to deny or change it. Vicki had already invested a great deal in her gender transition and self-presentation in the world. She left our session hearing she was blessed in God's eyes. She had a greater understanding of the coming-out process for herself, which allowed for greater acceptance of her family's process of adjusting to her new gender identity. Vicki embraced a broader view of her faith as rooted in her understanding of Jesus and spiritual experiences not tethered to any organised religion. She left with resources that could help her to engage in communities for friendship and faith renewal, living out her values of love and acceptance.

Conclusion

One of the transformative gifts transgender Christians give to the body of Christ is a reminder of God's promise to make all things new (Lowe 2017). Co-creation with God, physically, emotionally, mentally and spiritually, is something I have been both challenged by and witness to in ministry with transgender veterans. I have had the privilege of seeing co-creation emerging and embodied slowly over months through their transitions.

Transgender persons live out a faithfulness to themselves that is radically challenging to many of us who struggle with self-worth. Vicki reminded me that the cost of being true to oneself and one's calling can

be family rejection. In the Christian tradition, Jesus understood this well and reminds us to 'shake the dust off your feet' (Matthew 10.14) and consider 'Who is my mother, and who are my brothers?' (Matthew 12.48) when choosing values of love and acceptance. The desire to belong is a core spiritual need that Vicki was seeking in understanding her relationship with her father and with the Roman Catholic Church. She remains in an ongoing process of acceptance and reconciliation with her family that also means living her life even at the risk of losing those relationships. I may have missed an opportunity to help her grieve this relationship more, as it was her stated concern coming into the visit. While offering her resources to seek out welcoming faith communities, I affirmed her experience of a visit from her deceased mother through another marginalised person as confirmation of her spiritual connection. My personal theology and professional practice has been stretched to consider the unity of mind-body through the lives of transgender persons. I believe that duality, of any kind, is a false way of categorising. Duality helps us to understand, control and define our experiences but it is not authentic and embracing of the paradoxical reality of life.

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