Spiritual Care for the Transgender Community: A Seminar for Chaplains and Clinical Pastoral Education Students

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This is a vignette from a spiritual care patient encounter:

> From almost the minute I introduced myself to the patient I knew something was off. The person was sitting up in bed and, though connected to various machines, seemed alert and awake. I said, "I am the chaplain making routine rounds with the patients on this floor. I wondered if you would like a visit." That is when the air changed. I felt the pushback before I heard the words, "I am fine. Don't need a visit." I quickly said, "OK, thank you. Take care." I backed out. I wondered what had happened and went on with my day. I learned at a team meeting the following morning that this was a transgender patient and I thought, "Well, of course, another person hurt by religion and therefore not trusting me—a representative of religion."

Another person hurt by religion. As chaplains, that is our legacy with many in the transgender community.

We argue in this article that spiritual care at its best is not always or even often available to transgender patients due to a lack of understanding about that marginalized population's unique history with religion as a weaponized, political agenda against the transgender community. Some have argued that chaplains are offering best care to all and that educational efforts should focus on *all* persons. We agreed—if all persons were equally impacted by religion.

Marianne Campbell et al. write, "Despite increased awareness, transgender people remain subject to significant discrimination and harassment."[1] In their article "A

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Systematic Review of the Relationship between Religion and Attitudes toward Transgender and Gender-Variant People," the authors state that "religion appears to play an important role in predicting negative attitudes toward transgender individuals."[2] Their research indicates that conservative Christian and Islamic traditions correlate most closely to transprejudice.

A Pew Research Center report further differentiates among Christian faith traditions and transphobia. They note that 84% of white evangelical Protestants "are most likely to say that gender is determined by sex at birth . . . black Protestants (59%) and 55% white mainline Protestants also feel this way."[3]

Transprejudice can be subtle, or it can be quite overt; it can even encourage violence against transgender persons. The patient in the vignette above, like so many transgender individuals, could have heard or read statements like the following:

- "Created in God's image and likeness, male and female, our sexuality is a gift from God that we offer back, in love to Him. Transgenderism violates God's design."[4]
- "Sex-change procedures do not change a person's gender in the eyes of the church . . . transgender people cannot marry."[5]
- "Transgender people cannot become godparents, 'it is evident that this person does not possess the requirement of leading a life according to the faith in the position of godfather or godmother.'"[6]
- "Only God has the right to determine gender and any attempt to alter that creation is an act of rebellion against God."[7]
- "God's design was the creation of two distinct and complementary sexes, male and female . . . gender identity is determined by biological sex, not by one's self-perception."[8]
- "Orthodox Judaism generally does not accept that a person can change gender/sex."[9]
- "The Prophet (peace and blessings be upon him) forbade distortions of the body, including the genitals, and cursed the one who imitates the opposite sex."[10]

Religiosity and dogma denying the existence of transgender people may foster violence and extreme prejudice against transgender persons. The message from the majority of conservative Christian, Jewish, and Islamic faith groups is that transgender people are sinful, not created in God's image, not recognized as beloved by God, despicable, and even unworthy to be present in a sacred setting such as a congregation.

The patient in the opening vignette had likely experienced this aggressively transphobic culture and the subsequent impacts. For example, up to 82% of transgender people have experienced suicidal ideation related to stigma and discrimination. Forty percent have attempted suicide. Suicidality (within the preceding six months) among

transgender youth can be as high as 86%.[11] "Faith-based" anti-LGBTQ+ hate groups deny healthcare for transgender people (targeting youth expressly).

In his 2020 dissertation, Chaplain Chadrick Mustain interviewed transgender patients and asked about their experience of chaplains. Here is one person's experience.

> I remember him [a priest] sitting across the room talking to me. He wouldn't come close, he wouldn't come over to the bed. And he really wasn't talk[ing] to me he was just kind of speaking religiously. And understand the words religious and spiritually very intently. He was speaking religiously from across the room. And I just remember I was feeling so terrible both spiritually and physically. I was reaching out to him trying to get him to hold my hand and he would just sit there in the chair and not look at me and just kind of talk. And I'm, you know, thinking what the hell is this? What is this, I don't get it? You know, what a ridiculous situation . . . the priest is a memory I'll never forget. . . . Because to me, he was a man practicing his religion in that room and not reaching out to somebody who spiritually was hurting.[12]

Cornwall shares a similar finding from an interviewee who stated, "'It's more a mistrust of the established church than anything else. When acceptance is grudging, conflicted, and halfhearted, I can't help but feel their succor is a 'flop'. There would need to be radical declarations of wholehearted acceptance to shake my skepticism.'"[13]

Just as patients have heard and perhaps internalized such messages, many faith leaders may become carriers of the messages even if they do so unconsciously through cultural norms and behaviors. When the chaplain walked into the patient's room as mentioned above, it would have been helpful for the chaplain to be aware of the messages that could be projected onto them by the patient so that they could be proactive in their engagement. For example, what would have been the response if the chaplain had simply said, "I am [name) the chaplain. My pronouns are . . ."?

Cornwall goes on to summarize the interviews by stating, "It is necessary to educate chaplains very well, for instance, as it can be hard for them to understand the pain that they can put people through even with well-meaning ignorance. Spiritual care is a great responsibility with a deep effect on people's mental health, and must not be treated lightly, or without preparation."[14] This educational effort would then be an antidote for toxic spiritual care, that is, spiritual care that carries bias—even unconscious bias—as well as cultural transphobic messages conveyed intentionally or by association. A large percentage of the staff chaplains and CPE interns at our hospital, Johns Hopkins Medicine, are Christian, some conservative Christian. Because of assumptions their religious and denominational backgrounds may have about trans people, the likelihood that the students are promulgating transprejudice is very high. Given the culture of transphobia, the above-cited research about faith traditions and transprejudice, and the make-up by faith tradition of our trainees, we determined that an educational seminar on spiritual care for transgender patients was critical.

It was also important for us to include this in our CPE curriculum because of the history of Johns Hopkins and the perception that many transgender and gender-diverse people have of the health system. Although Johns Hopkins Hospital was the site of the first gender-affirming surgery in the United States in the 1960s and a leading academic medical institution for transgender care, the original clinic closed in 1979 amid some controversy. Since then, Johns Hopkins has had a checkered history with the LGBTQ+ communities, often being seen by the LGBTQ+ community as unsupportive, if not hostile, to sex and gender minorities. These perceptions are perpetuated by the anti-transgender opinions of individuals affiliated with Hopkins such as Drs. Ben Carson and Paul McHugh. In 2017, the Johns Hopkins Center for Transgender Health was launched to rebuild trust with the community, improve the health of individuals and communities, and reduce the health inequities facing transgender and gender-diverse people. Since its inception, the center has interacted with over 2,800 patients and performed over 600 gender-affirming surgeries.

RESEARCH FOUNDATIONS FOR OUR CURRICULUM

A literature search revealed very few studies on the education offered to chaplains or chaplain trainees related to the provision of spiritual care for those in the LGBTQ+ community. We did find articles from other disciplines focusing on their educational efforts.[15] These articles were helpful as potential templates for chaplain training. The following is a summary of the information relevant to planning for spiritual care to the transgender community from other disciplines found in articles in 2019:

- A number of health care professional training programs recognized the gap in information for their trainees related to the transgender community.
- Some articles noted that health care professionals are often confused about the terminology and understanding of transgender people. DeJong noted that social workers were not an exception and gave data from a 2015 survey showing that social workers were confused about sexual and gender identity.[16]
- Most articles also indicated a willingness—even eagerness—on the part of faculty to learn about these issues and better educate their trainees.
- Dubin et al. noted that "medical education in transgender health can empower physicians to identify and change the systemic barriers to care that cause transgender health inequities as well as improve knowledge about transgender-specific care."[17]
- Clark and Veale noted that training programs in medical education need more education about the unique needs of the transgender community as transgender individuals "experience barriers when accessing quality health care, including a lack of knowledge and awareness among health care providers along with communication challenges."[18]

After beginning to develop our seminar on transgender education, we discovered an entire CPE curriculum, including various inductive and deductive learning opportunities, designed by Rev. Mary Martha Thiel to assist chaplains and chaplain interns in providing appropriate, respectful spiritual care to LGBTQ+ elders. One of the philosophical underpinnings of this curriculum was that:

> because history and spiritual care are typically taught from the perspective of the non-LGBTQ+ majority, even LGBTQ+ chaplains and clergy may not be aware of important aspects of history an elder in their care has experienced. Because of this lack of knowledge, chaplains may miss important opportunities to offer the healing possibilities of contextualized and personalized spiritual care.[19]

Other chaplaincy programs provide less comprehensive transgender education than that created by Thiel. In a 2019 article, Adelson et al. describe the use of vignettes for learning about the importance of chaplaincy engagement with LGBTQ+ youth.[20] This idea of using vignettes seemed important as we developed the educational program. The article also notes that the American Academy of Child and Adolescent Psychiatry practice parameters on LGBTQ+ youth includes nine practice parameters that provide standards for care. Many of these standards mirror the goals for chaplains.

Grannum and Diehl advocate for spiritual care for the LGBTQ+ community that is "embodied and enspirited."[21] They mean by this that bodies communicate and in so doing assert "integral connection to the human spirit." Their work looking at significators in a spiritual care practice is a helpful framework and includes the following ideas: communion and connection, creativity and curiosity, compass and collaboration, culture and community, ceremony, consolation, comfort, conversation and celebration.

Drawing upon findings from the Modelling Transgender Spiritual Care project, Cornwall advocates for spiritual care that is faith specific and is provided by a specialist in transgender spiritual care. This means that a transgender person of a particular faith can connect to that tradition. Spiritual issues that are more common among transgender people and that transcend a faith-specific arena are addressed by professionally trained and clinically supervised chaplains with expertise and experience with the LGBTQ+ community. He further articulates that "good spiritual care" should include the following:

1. non-hierarchical relationships with appropriate boundaries;
2. properly trained chaplains;
3. training that includes trauma theory;
4. multi-lingual in medical, cultural/social, and critical theory;
5. understanding the range of religious perspectives and rationales for objections to trans identity, gender confirmation surgery, and related issues; and
6. identification of anti-trans chaplains and a clear mechanism to ensure appropriate gate-keeping for trans patients' protection.[22]

It is important to note that "good spiritual care" that is respectful, affirming, and spiritually uplifting care should apply to everyone. The sad reality that this educational effort addresses is that this approach has not been applied by many faith groups when caring for transgender people.

Hirschmann et al. examined chart notes at the time of gender-affirming surgery and concluded that chaplains must enter the room of transgender patients without a checklist and listen to the medical experience of transgender persons in their own words.[23]

In a case study discussing spiritual care with transgender elders in hospice, the authors, Campell and Catlett, concluded that competent spiritual care includes a spiritual care advocate who is present to the situation. They also note that there should be a safe space for reflection and meditation and a skill set that is tailored to the LGBTQ+ community. Affirmation of gender identity is seen as a spiritual need.[24]

The Association for Professional Chaplains outlines chaplaincy to the transgender community in its *Common Code of Ethics for Chaplains, Pastoral Counselors, Pastoral Education and Students.* The document states that chaplains must "affirm the dignity and value of each individual . . . respect the right of each faith group to hold to its values and traditions . . . respect the cultural, ethnic, gender, racial, sexual-orientation, and religious diversity of other professionals and those served and strive to eliminate discrimination." Further, it prohibits "imposing [one's] own beliefs and values on those served."[25]

The authors of *Ministry among God's Queer Folk* provide a helpful definition and understanding of the importance of continued education within pastoral care and theology.

> Pastoral theology is practical, functional, and applied. Its bases are systematic, moral, and spiritual theology; its inspiration, the sacred texts and often the traditions of the religious body. To maintain effectiveness, pastoral theology must also be organic, vibrant, developing, and a vehicle for dealing with an always changing people in an always changing world. It is the basis and source of pastoral care. Thus, pastoral care becomes the principle expression of pastoral theology and brings it to life; it is "doing theology" day to day.[26]

DESIGN OF THE SEMINARS

In designing the seminars, our CPE team collaborated with the Johns Hopkins Center for Transgender Health and the Office of Diversity, Inclusion and Health Equity. Paula M. Neira, the Johns Hopkins Center for Transgender Health Clinical Program Director, was part of the seminar design team and participated in each of the seminars. Neira is a nurse, lawyer, Naval Academy graduate, and transgender woman who identifies as a Christian. She was able to provide attendees with a both professional and personal perspective on transgender healthcare, emphasizing the importance of affirming spiritual care in

improving holistic care and reducing the health disparities that transgender and gender-diverse people experience.

The team used the approach to curriculum development outlined by Dr. Patricia Thomas et al., which has six steps:

1. problem identification
2. targeted needs assessment
3. goals and objectives
4. educational strategies
5. implementation
6. evaluation[27]

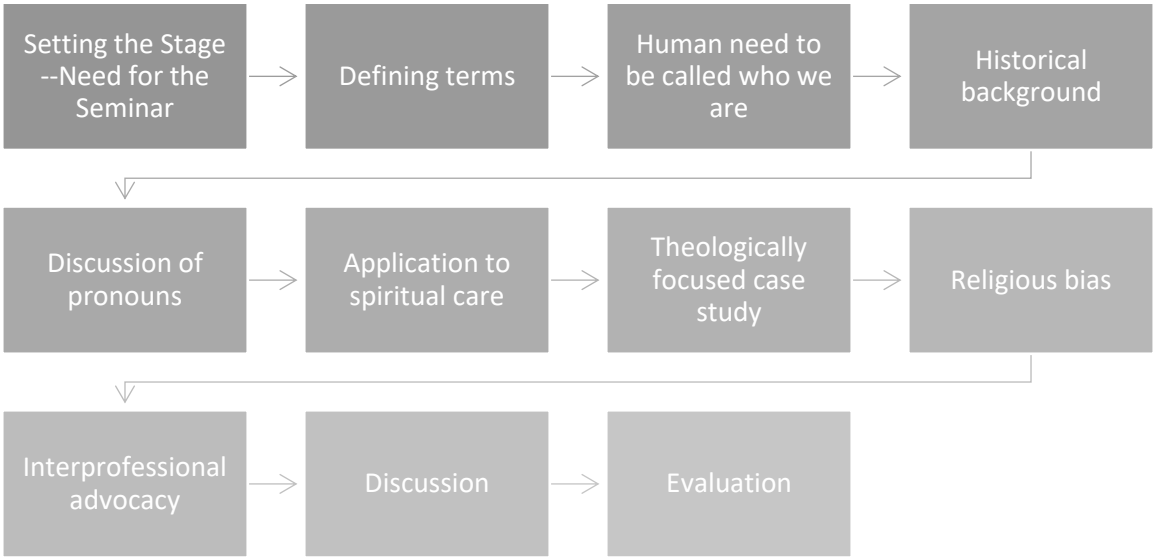
The problem identification and targeted needs assessment are summarized in the opening section of this paper.

Our objectives for the seminar were as follows:

- describe the history and current status of Transgender Healthcare at Johns Hopkins Medicine,
- provide a framework for why chaplains' response to transgender patients is critical,
- define best practices for spiritual care relationship with a transgender patient, and
- practice initiating and building rapport with a transgender patient.

The flow of the seminar is shown in figure 1.

Figure 1. Flowchart of the seminar on spiritual care for transgender persons held at Johns Hopkins Medical



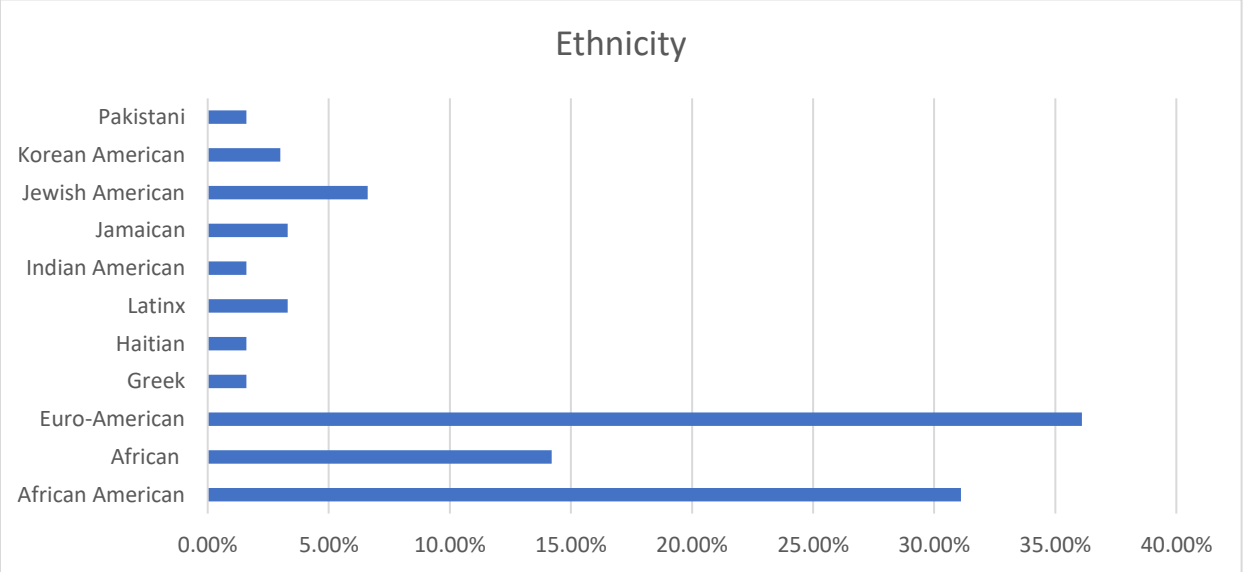
Before the seminar, each participant was given educational materials related to terminology and use of pronouns, such as the Johns Hopkins Transgender Health Care resource included in an internal educational platform. This was a way to begin the dialogue in smaller CPE groups prior to the seminar. Following the presentation, a number of other resources were also provided if there was more interest in specific topics such as health issues or legal issues.

The one seminar lasted for ninety minutes without a break. The groups were as large as sixteen and as small as four.

ATTENDEES

We held six transgender educational training sessions with a total of sixty-one individuals participating. Of that total, six were staff chaplains, thirty-nine were chaplain interns, and sixteen were chaplain residents. Over 50% of participants were between the ages of forty and fifty-nine. Sixty-seven percent identified as Christian, 20% as nondenominational, 8% as Jewish, 3% as Buddhist, 2% as Unitarian Universalist, and 2% as Malankara Orthodox. All of the attendees were cisgender; 57% identified as female and 43% identified as male. See figure 2 for a breakdown of participants' ethnicity.

Figure 2. Ethnicity of seminar participants



EVALUATION

The sessions were organized so that evaluation was possible at various points. There was an opportunity for reflection by individuals as an asynchronous activity with follow-up in subsequent sessions in their CPE group cohorts or staff gatherings to solidify learning. Students' evaluation of their learning also occurred in a mid-unit and final

evaluation format. Educator evaluation of student progress was held informally at mid-unit and in a written evaluation at the end of the unit. Finally, there was an opportunity for participants to give program feedback at a mid-unit and final session.

Figures 3–6 capture responses to several questions from the evaluation conducted at the end of the seminar.

Figure 3. Responses to question 3 of the final evaluation at the end of the seminar

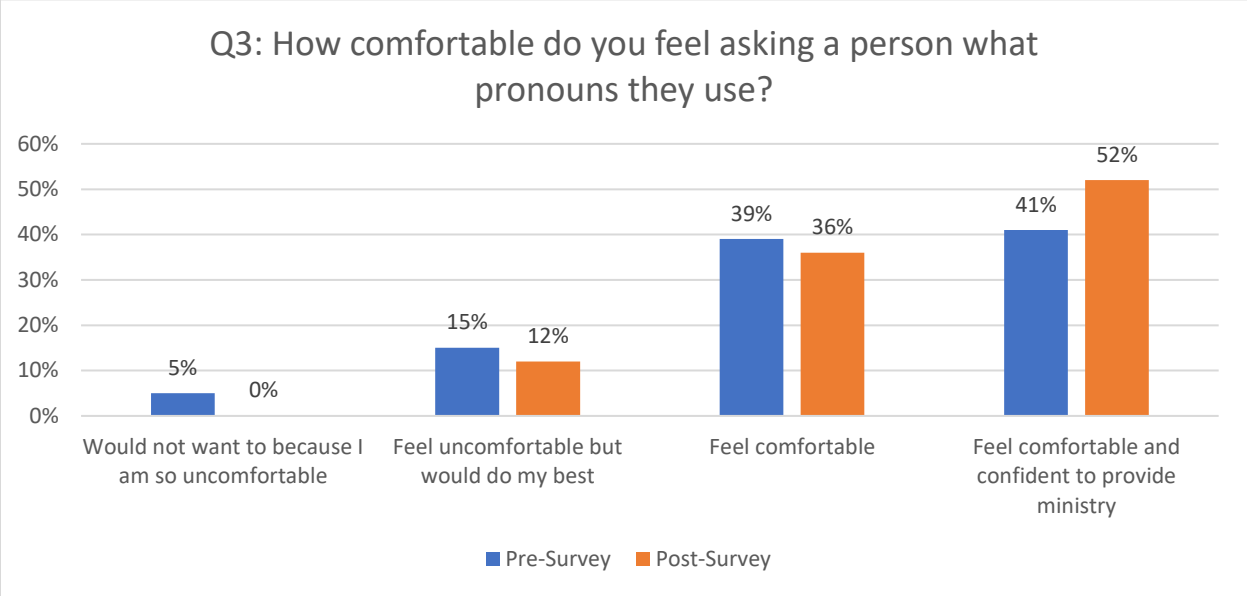


Figure 4. Responses to question 4 of the final evaluation at the end of the seminar

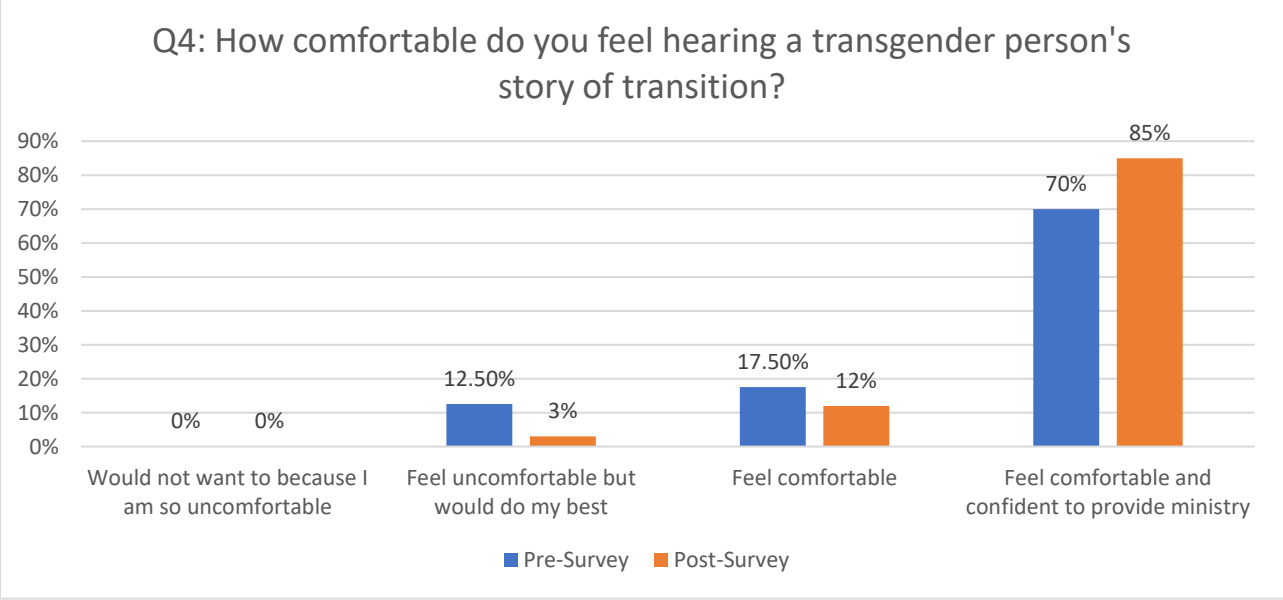


Figure 5. Responses to question 5 of the final evaluation at the end of the seminar

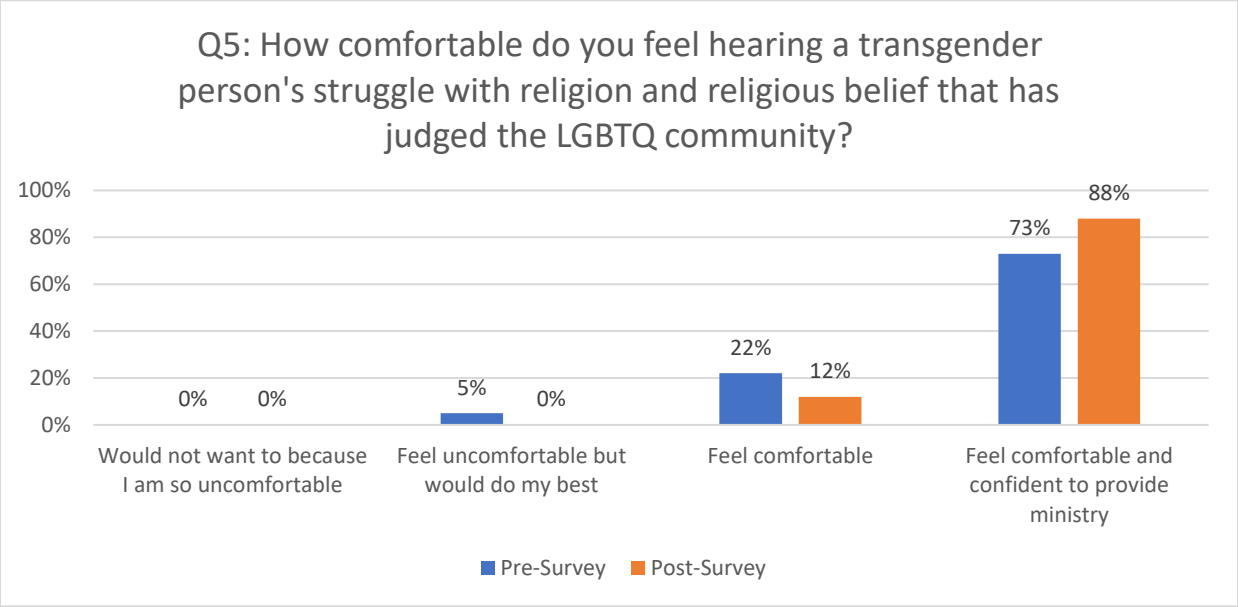
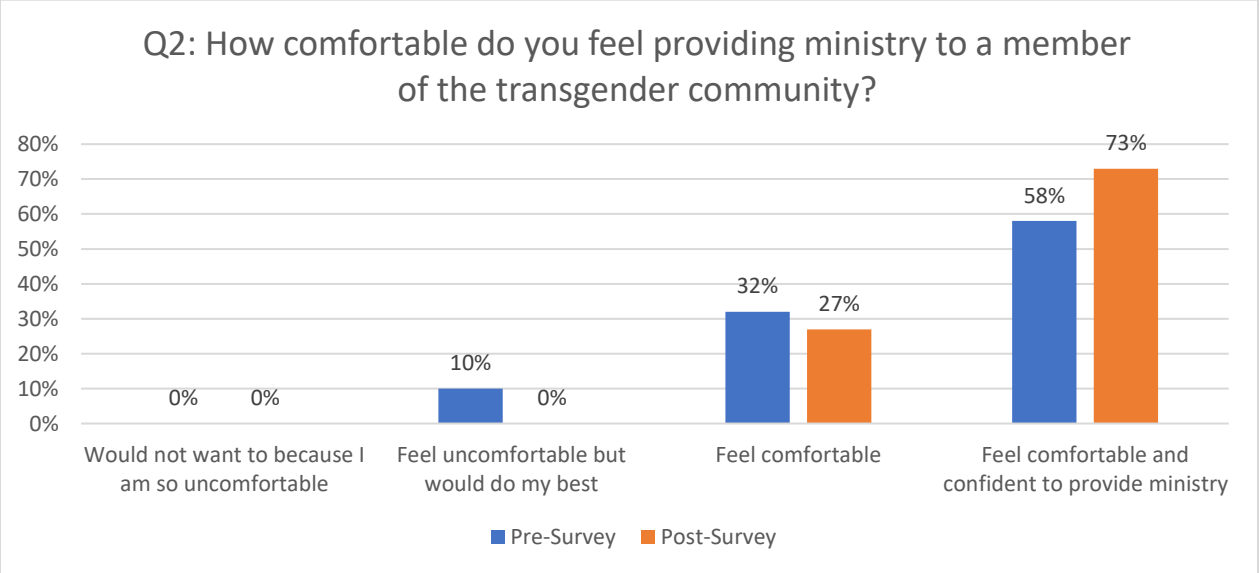


Figure 6. Responses to question 2 of the final evaluation at the end of the seminar



When asked about what they had learned, participants mentioned the following:

- Practical skills
- New perspective
- Increased awareness of history/hardships of the transgender community—hearing lived experiences of a transgender person has increased [my] sensitivity and understanding of [the] community

- Increased my confidence and comfortability in providing care to the transgender community
- Helped me acknowledge my unconscious bias
- Knowledge is power. I feel more empowered. I feel I can listen and offer comfort. I believe I can help the person find the God or High Power of their understanding; because above all, I feel everyone deserves to be at peace.

Participants responded as follows to the question "How has the workshop challenged you in your ministry?":

- New approach to ministry—introducing myself and my pronouns, asking patients their pronouns and how they would like to be addressed
- Be aware and sensitive to the hurt some within the LGBTQ+ community may have experienced due to religion
- Challenged around determining what age a child should have a gender-affirming surgery
- Facing fears around saying something wrong or causing harm
- Challenged me to be less judgmental and more respectful of individual choices and freedoms
- Challenged me to be more knowledgeable about transgender persons, so I can provide spiritual care

The question "What was most valuable to you?" elicited these responses:

- Knowledge: learning appropriate language to use, how to ask about pronouns, learning practical challenges in caring for the transgender community
- Listening to Paula Neira's story and personal experiences and having open dialogue with her
- Role playing/practicing
- Understanding religions' role in intimidating and depriving the transgender community and the role we play as chaplains to restore that hope and faith
- Knowing Hopkins is concerned about caring for *all* people in our community
- Students identified their top takeaways from the seminar as follows:
- Goal to provide quality care to LGBTQ+ individuals and families—not one approach that will serve all
- Have respect for all—use inclusive language, ask how a person would like to be identified, etc.
- Prevent religious bias—showing compassion as a chaplain opens up the possibility for profound healing
- What we do as chaplains can be reduced to scripting[28]

Students responded as follows to the question "What was most valuable to you about the presentation?":

- New perspective/topic
- Hearing about lived experiences

- History of anti-transgender laws and policies, evolution of transgender health (including at Hopkins)
- Learning practical skills

Students suggested the following changes to the seminar:

- Agenda of meeting—"chaplains do not and should not advocate for political agenda or be forced or coerced to do so"
- The suggested way of utilizing pronouns
- Did not find the way anti-transgender laws and policies were presented as useful
- More role plays
- More time for open discussion (address/discuss traditional teachings of some church communities)

Students noted that they wished they had been given the following preparation:

- Overview of material being presented
- Fact sheet on challenges transgender persons face in health care
- Case studies to review to prompt conversations about the best way to care for the transgender population
- E-learning was helpful

While most of the evaluation was positive, there were some challenges. The following is a sample of the written critiques participants shared with us:

- Gender neutral pronouns defy common sense . . . gender pronouns are very intrusive, offensive and whimsical for the 'majority' who care not or rather do not share this way of thinking.
- I would change the agenda altogether. Chaplains should not advocate for a political agenda or be coerced to do so.
- Forcing us to change not only our minds but conviction . . . the agenda wants to use us, our influence, power and authority for their purposes.
- This is not relevant to patients who are sick and fighting for their lives . . . they deserve to do so in peace.
- Chaplains are neutral, not political puppets.

As workshop planners, we noted from Cornwall's research that we as gatekeepers had the responsibility to make sure that the transgender community was protected within the healthcare environment from toxic spiritual care.[29] Some of the comments and discussions with students led us to recommend that certain students might find more fulfilling ministries in other contexts.

LESSONS LEARNED

By designing the curriculum and offering the sessions to our CPE students and staff chaplains, we have learned some best practices for offering this education.

First, this training is valuable to CPE students, educators, and staff so that all are familiar with appropriate vocabulary and concepts in providing the best patient care possible.

Second, gender identity and offering quality spiritual care to transgender people are theologically and culturally sensitive subjects that require thoughtful and reflective teaching. We found that chaplains with different levels of training and responsibility may need different information and may or may not be comfortable discussing their understandings, views, or questions together. In response, we asked the CPE educators in our center to provide a time for theological reflection and identification of biases with their students before they attended the module. The context of the CPE cohort allowed for more open dialogue about theological differences than when students joined the module with others who were not in their CPE cohort. Additionally, we found our staff chaplains preferred a more collaborative dialogue about approaching care with a transgender patient than the "gender-affirming interactions" we suggested in the presentations.

Third, the seminar should begin with a reminder of our core values as chaplains. Our care with transgender people is rooted in our shared value of meeting others where *they* are, regardless of our own theological beliefs. We learned that if we began the seminar by inviting participants to recall their theological grounding for chaplaincy, it made the difficulties experienced by the transgender community related to certain religious beliefs, more understandable. This reflection seemed to lower defenses and help open participants to the dialogue.

These trainings provided an important opportunity to invite chaplains to reflect on their own identity and how they are seen, and prefer to be seen, by others. This opened up an avenue for empathic connection with others whose identity is not accepted by mainstream religious traditions.

Fourth, pre-information sessions, including providing reading materials in advance, help prepare the participants for the content of the sessions and provide some time to debrief prior to attending.

Fifth, it is important to find a "sweet spot" in terms of information about religious trauma in the learning space. It was difficult for some students to realize how much physical, emotional, mental, and spiritual harm a religious tradition had propagated against the LGBTQ+ community. It was important to provide this information in order for cisgender chaplains to understand the transgender community experience.

Sixth, it is best to ensure that voices of the transgender community are included in the seminar. We omitted our own gender identities in one seminar that we led. This was quite upsetting to the participants, who had assumed we were all cisgender (defined as having a gender identity that aligns with one's sex assigned at birth) and heterosexual. They strongly believed that only a transgender person could speak to the issues with

authority and credibility. We made sure to underline that one of our presenters was a transgender woman after receiving this comment.

Seventh, provide places for debriefing following the seminar. This continued the learning after the seminar so that it could become more integrated into professional practice.

Eight, recognize that discussion of sexuality within a CPE unit can be difficult even if discussed from the majority perspective. This training intervention was an important reminder that theological education does not provide much, if any, open discussion about human sexuality or gender identity. As a result, the topic of ministry to patients who are transgender is a new and possibly uncomfortable topic for many.

CONCLUSION

Research indicates that religion and representatives of religion can trigger pain and suffering among transgender patients. It is important to recognize this and take pro-active steps to reassure transgender patients. Research also indicates how important religion and spirituality is for some in the transgender community. For this group of patients, it becomes even more important to establish that the spiritual care provider can meet the transgender patient with respect, acknowledgment, and dignity. And finally, research indicates that most health care professionals lack transgender knowledge—and chaplains are no different. There are lessons to be learned from other disciplines as well as some spiritual care providers about how chaplains can provide the most effective spiritual care services to transgender patients.

We encourage other programs to pick up the educational gauntlet and provide transgender spiritual care in a competent and informed manner. Our commitment is to continue this work at Johns Hopkins. In his article about his experience of becoming an ACPE certified educator, Liam Robins says that some students ask him about his commitment to share his story and to give potential providers of spiritual care information about the transgender community. "My response is that I will stop when it isn't needed anymore. I'll stop when everyone is safe to be themselves, whatever that is—gay, trans, black, Asian, etc."[30] We agree.

NOTES

[1] Marianne Campbell, Jordan D. Hinton, and Joel R. Anderson, "A Systematic Review of the Relationship between Religion and Attitudes toward Transgender and Gender-Variant People." *International Journal of Transgenderism* 20, no. 1 (2019): 21. https://doi.org/10.1080/15532739.2018.1545149.

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[13] Susannah Cornwall, "Healthcare Chaplaincy and Spiritual Care for Trans People," *Health and Social Care Chaplaincy* 7, no. 1 (2019): 15, https://doi.org/10.1558/hscc.37227.
[14] Cornwall, "Healthcare Chaplaincy," 15.
[15] The articles addressed educational efforts the following fields: medical education (1), nursing education (3), pharmacy (4), undergraduate medical education (4), radiology (1), LGBTQ+ training in medical schools (1), prehospital emergency care (1), psychiatry (1), gerontology social work (2), veteran care (2), plastic surgery (1), dermatology (1), oncology (1), religious leadership (1), and midwifery/women's health (1).
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[23] Jo Hirschmann, Aki Kozato, Vansh Sharma, Cristina Villagra, John Wetmore, Lina Jandorf, John Henry Pang, et al., "An Analysis of Chaplains' Narrative Chart Notes Describing Spiritual Care Visits with Gender Affirmation Surgical Patients," *Transgender Health* 7, no. 1 (2022): 97, https://doi.org/10.1089/trgh.2020.0030.
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