

Spiritual Care of LGBT Elders

Mary Martha Thiel

Previous investigations of spiritual care of the nonreligious have led to the discovery of a subgroup of elders who are disproportionately nonreligious or unaffiliated compared to their peers: lesbian, gay, bisexual, and transgender (LGBT) elders.¹ Further study has identified formative dynamics in the religious and spiritual lives of LGBT elders now in their eighties and nineties, defined attributes of culturally competent spiritual care of such individuals, and called for curriculum development to equip CPE students and professional chaplains serving this population.

Hebrew SeniorLife (HSL) is an eight-campus system of healthcare and housing for elders in the Boston area. It was founded over a century ago by Boston's Jewish community as a home for its indigent elders, many of whom had experienced traumas related to anti-Semitism, war, and immigration. Today, HSL continues its commitment to serve communities of need, "intentionally welcoming people of all races, faiths, ethnic backgrounds, gender expression, and sexual orientations. . . . HSL is proud to serve lesbian, gay, bisexual and transgender seniors" (HSL heritage statement).²

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With the generous support of the E. Rhodes and Leona B. Carpenter Foundation, HSL initiated a CPE curriculum focusing on the spiritual care of LGBT elders. This curriculum has been offered three times, and its effectiveness has been demonstrated by pre- and post-surveys of student LGBT competencies. This article describes some components of this curriculum.

METHODS

The author's preparatory research drew on diverse disciplines and types of resources. The 2013 Pew survey of LGBT Americans served as a touchstone, especially chapter 6 on religion. A review of literature in the fields of eldercare, LGBT history (religious, social, military, legal, medical, art), gender theory, queer theology, pastoral care, trauma theory, and LG-BTQ health disparities filled out the context. LGBT elder narratives were particularly illuminating. Current writings and courses on the developing concept of moral injury were strikingly relevant. Topical documentary, narrative, and fictional films were viewed, and YouTube videos of LGBT elders discussing their experiences with religion, healthcare, and long-term care facilities were screened.³ The author also asked chaplain educator colleagues whether and how they taught LGBTQ competencies in their CPE programs.

Beginning in 2015, this chaplain educator supervised three ACPE CPE units focusing on spiritual care of LGBT elders at the Roslindale campus of Hebrew SeniorLife. The CPE students represented the typical diversity for the CPE center in terms of age (20s–70s), religious affiliation (Jewish, Protestant, Catholic, Buddhist), sexual orientation (LGB), gender identity (cis- and transgender), and gender expression (along a continuum). To supplement exposure to LGBT elders beyond those living in our HSL settings, students were assigned clinical time in additional community-based immersion settings. There, students related to LGBT elders on the elders' own cultural turf.

Students evaluated their CPE units qualitatively by interview and quantitatively by filling out self-report pre- and post- spiritual care LGBT competencies assessment tools. Appendix A contains the pre-training self-assessment items. Students were asked to rate themselves on the same competencies upon completing the CPE unit.

A CPE CURRICULUM: SPIRITUAL CARE OF LGBT ELDERS

Spiritual Care of the Nonreligious

The first module of the curriculum introduced students to core material about spiritual care of the nonreligious.⁴ Although not all LGBT elders are religiously unaffiliated or have had negative experiences with religion, many in the 80+ age group are not affiliated and have had negative experiences with religion. It is important for chaplains who serve LGBT elders to befriend the parts of themselves that can imagine disaffiliating with religion, not trusting religious people, and wanting to avoid or offend religious authority. Without this preparatory work, chaplains may not be able to summon the patience or resilience needed to gain the trust of these oldest LGBT elders.

Connections between Sexuality and Spirituality:

The group was asked to brainstorm ways that sexuality and spirituality are, at a minimum, arenas for parallel process and at times are even directly intertwined. Some of the resonances most commonly named included

- relationship with an Other
- experience of love, comfort, joy, peace
- being powerfully drawn toward the Other
- temporary loss of boundaries in union with the Other
- sense of mystery, inability to put an experience into words
- such powerful experiences that behavioral limits are set on both by groups and/or society
- abuse in either realm has ripple effects on the person's well-being

Many elders have directly or indirectly experienced religious abuse and brutality for being LGBT, deeply complicating their spiritual lives. This exercise may be the first time some students have considered the powerful impact of LGBTQ-based trauma on spirituality. Once these two themes—sexuality/gender and spirituality—are linked in students' minds, much additional learning is possible.

History of Religious Oppression of LGBT Persons

Persons who are now in later old age grew up in a time in which religious traditions were hostile toward LGBT identities.⁵ Each student was

assigned to watch and report on a different film focusing on a particular religious tradition's approach to LGBTQ persons. This was an efficient way to cover multiple religious and ethnic perspectives and for the group to feel the cumulative impact of such powerful messaging. The films were representative of the religious identities of the students and of the persons served in the institution. Films included:

- *Fish Can't Fly: Conversations about God and Struggling to Be Gay* (Christian)
- *A Jihad for Love* (Muslim)
- *Trembling Before G-d* (Orthodox Jewish)
- *For the Bible Tells Me So* (Christian)
- *Holler If You Hear Me: Black and Gay in the Church* (African American Christian)
- *In God's House: Asian American Lesbian and Gay Families in the Church* (Asian Christian)
- *Departures* (Japanese Buddhist)

At least two points are worth emphasizing regarding the discussion of these films. First, a religiously wounded LGBT elder may have well-founded reasons not to trust a chaplain, at least initially, because of the chaplain's role identification as a religious representative.

Second, the CPE student likely hails from a tradition that has harmed LGBT elders, at least in the past if not also in the present. What history of their own tradition do they need to learn? Moving forward, what amends might students choose to make? How will students take what they have learned in the CPE context back into the leadership of their larger religious community?⁶ Each student wrote a theological reflection essay addressing these three questions.

Experience of Gender, Gender Identity, Gender Expression, and Sexual Orientation

This topic was the first in a series of reflective essays on spiritual themes that students wrote and then shared in the CPE group for discussion. Starting with personal experiences of gender, gender identity and expression, and sexual orientation, the essay then moves outward to beliefs. Students were encouraged to ask questions of one another, particularly when a peer's experience was significantly different from their own. In a CPE group with diversity in gender identity and sexual orientation, group discussion of these essays opened up connections (and disconnections) be-

tween gender and spirituality and between sexuality and spirituality. Sharing these essays provided additional insight into the connections between an elder's LGBT identity and their religious/spiritual life that can make conversation about such a vulnerable topic with a chaplain highly unlikely, at least early in the relationship.

Experience of Oppression

Students were asked to reflect upon and write an essay about their lived experience of oppression. Each student's experience of oppression was, understandably, different. Some were direct: racism, anti-Semitism, sexism, or prejudice toward being disabled or having immigrant status. Others were indirect, such as being a second-generation Holocaust survivor and carrying the epigenetic inheritance of neurological hypervigilance and a distrustful worldview. Exploring these essays together enabled students to appreciate the myriad ways oppression can impact the quality of a person's relational, professional, physical, and spiritual life. This tool helps students learn to employ empathy across difference in experience while providing an opportunity for discussion about appropriate boundaries of sharing by the chaplain in a spiritual care relationship.

Experience of Abomination

Despite the loathsome history of the Levitical term "abomination,"⁷ its role in contemporary negative discourse about homosexuality is important to address. Each student was asked to discuss a time they witnessed something they considered an abomination, experienced strong feelings of disgust, or felt something was morally wrong.

Having acknowledged that feeling in themselves, students were positioned to have a more compassionate and dignified spiritual care conversation with a person who experiences an LGBTQ person as "an abomination." They were also better prepared to approach the pain of an elder who has been personally labeled an "abomination." Both are core competencies in this specialized area of spiritual care.

American History Lesson 1a

This first didactic presents an overview of social, legal, and military American history as it relates to American LGBT nonagenarians. Students were invited to pay attention to their feelings about the incredible sweep of

history these elders have experienced. Table 1 lists nodal events, along with the age that a ninety-year-old would have been when each occurred.

Most student chaplains did not know all this history, especially the Allies' complicity in sending gay men from Nazi concentration camps back to German prisons after "Liberation" in order to complete their sentences for being homosexual. Having heard the thumbnail sketch of history, the group was asked to reflect together on its possible religious/spiritual impacts on LGBT elders.

Table 1. LGBT Timeline of an American Who Is Ninety Years Old in 2019

Year(s)	Event	Age
1930s	Relative openness	Childhood
1934	Hays Code adopted in Hollywood, banning all references to homosexuality in films	5+
United States in World War II		
1941–1945	Dishonorable discharges and "blue slips" for outed gay men and lesbians, making it difficult for them to get jobs back home and disqualifying them from GI Bill benefits and VA healthcare	12–16
1943	U.S. military bans gay men and lesbians from serving	14+
1945	Allies send gay prison camp survivors back to German prisons while liberating all others	16+
1940s–1950s	Police raids on LGT bars, brutality in jails, publishing of names of those arrested leading to loss of jobs and housing	11–30

McCarthy Era		
1950	Gay federal government employees considered “moral perverts” and fired	21
1952	American Psychiatric Association defines homosexuality as a mental disorder	22
1953	U.S. government employees forced to take an oath that they are not homosexual	23
1967	Riot at Compton’s Cafeteria (trans)	38
1969	Stonewall Rebellion (trans and gay)	40
1969	Betty Friedan warns sister feminists of the “Lavender Menace” (lesbians)	40
1973	American Psychiatric Association removes homosexuality from its list of mental illnesses	44
1978	Harvey Milk assassinated in San Francisco	49
1980	AIDS referred to by the media as “the gay plague”	51
1980s–1990s	AIDS crisis and federal lethargy about funding research on AIDS; lesbian and gay male communities come together in political advocacy and in caring for the dying	51–70
1994–2011	“Don’t ask, don’t tell” U.S. military policy	65–82
1995	Law rescinded that prevented LGBT persons from getting security clearances to work in the federal government	66

1996–2013	Defense of Marriage Act defined marriage for federal purposes as the union of one man and one woman	67–84
1990s–2015	Inconsistent rights among states regarding civil unions, adoption, and partner benefits	61–86
2013	DSM-V reclassifies gender identity disorder to gender dysphoria, clarifying that gender nonconformity itself is not an illness	84
2015	Same-sex marriage legal in all states	86
2015 to present	Still no federal rights to nondiscrimination in housing, employment, or public accommodation (bathrooms, hotels, restaurants, transportation, businesses)	86–90+
2017–2018	President Trump attempts to remove all trans service members from the U.S. military	88–89
2018 to present	U.S. Department of Labor issues Directive 2018-03 updating federal religious exemption laws in ways to allow healthcare workers not to provide care for LGBTQ persons on the basis of their personal religious objections ⁸	89+

History Lesson 1b

Appendix B is a timeline created by a student chaplain to help chaplains approach the worldview of an LGBT elder more knowledgeably. The horizontal rows highlight major events in general U.S. history and in LGBT-specific history. Across the top, the chaplain can enter important dates and themes in the life of the particular LGBT care recipient. CPE students found this tool very helpful in their clinical work.

History Lesson 2

Films offer a vivid entry into LGBT history. Here again, each student chose a different film to watch and summarize for the group, noting how the factual events portrayed might impact spiritual dynamics today. Some of the films were

- *Coming Out Under Fire* (documentary about the experiences of American lesbians and gay men in World War II)
- *Open Secrets* (documentary about Canada's approach to homosexuality within the military during World War II)
- *Paragraph 175* (documentary about the German law that led to gay men being interred in camps during World War II)
- *How to Survive a Plague* (documentary about AIDS before the drug cocktail made it more a chronic than an inevitably terminal illness)
- *Out of the Past: The Struggle for Gay and Lesbian Rights in America* (documentary)
- *Before Stonewall/After Stonewall* (two-part documentary about the struggle for LGBT civil rights in the United States)
- *The Celluloid Closet* (documentary about gay and lesbian portrayals in Hollywood films, thereby chronicling public attitudes)
- *Boys Beware* (public service announcement created by the Inglewood (California) Police Department in 1961 and rereleased in 2007 as an example of historic anti-homosexual propaganda)

Sacred Text Study

Because the majority of HSL patients and residents are Jewish and the institution has a Jewish identity, every CPE unit includes Jewish text study. In the LGBT-focused units, Rabbi Steve Greenberg (the first openly gay Orthodox rabbi in the United States and the author of the core text *Wrestling with God and Men: Homosexuality in the Jewish Tradition*⁹) was a regular guest as text teacher. He led the CPE group through an exploration of several biblical texts (including the Levitical "abomination" texts and the story of Jonathan and David) and Jewish liturgies that address LGBTQ realities as well as little-known historical texts celebrating same-gender love. In addition, transgender advocate Abby Stein led text study for the CPE students, teaching Hasidic texts that demonstrate acceptance of gender-nonconforming individuals in that tradition.¹⁰

Theological Reflection on LGBT Images

Much Christian and Jewish religious art is based on heterosexual and gender binary images, resulting in some LGBT persons feeling excluded from the images of their spiritual/religious traditions. One lesson introduced students to religious art with LGBT associations and images of LGBT individuals from earlier periods of secular art. Each student picked a resonant image for reflection, using the following prompts:

- What is happening in this image?
- What feelings are elicited in you when you look at this image?
- What connections do you make to sacred sources?
- What theological issues are raised for you by this image?
- How might this reflection impact who you are as a spiritual caregiver and how you offer spiritual care?

Each student then shared as much or as little as they wished with their peers. These sessions, like all good theological reflection, contained some moving surprises for the group. Some students felt welcomed into their tradition in a new way, while some found an unexpected bridge between their religion/spiritual path and another's. Some welcomed the discovery of a new metaphor or delighted in finding something of their own experience expressed visually. Appendix C lists suggested images for this exercise that are easily accessed on the internet or through a good library.

Meeting LGBT Elders in Person

Nothing is more helpful for this kind of learning than having the chance to meet LGBT elders, listen to their stories, and ask questions in a setting of openness. In this program, individuals from each of the four LGBT identities visited with the CPE groups. A lesbian speaker spoke about losing all legal rights to her children just because she was gay. Fellow congregants spitting on a gay male couple attending synagogue was the experience of someone the students had now met. A marriage of fifty years ago that accommodated a wife's bisexuality stretched students' assumptions of what marriage in those earlier decades could accommodate. A trans woman spoke of her dying father's public acceptance of her gender at his senior center and how that moment created a new community of allies for her. An African American pastor recounted having to give up congregational ministry in the face of church persecution and then creating a place for herself

as a public theologian. These speakers embodied the resilience that is frequently the flip side of LGBT oppression. Local LGBTQ speakers' bureaus can help a motivated educator connect with individuals willing to share their experiences.

LGBT Narratives through Film

As with the previous sets of films, each student watched a different one and reported on it in a group discussion. The films from which they chose were

- *Reel in the Closet* (historic home videos of lesbian, gay, and trans life)
- *Living with Pride: Ruth Ellis @ 100* (interviews with an African American lesbian)
- *Lady Valor* (documentary about Kristin Beck, a Navy Seal who transitioned gender)
- *Call Me Malcolm* (documentary about a transgender United Church of Christ clergyman; highlights the religious/spiritual issues in transitioning)
- *GenSilent* (documentary and training film about gay, lesbian, and trans elder individuals' experiences with healthcare systems)
- *Edie and Thea: A Very Long Engagement* (documentary about the relationship that led to the overturning of the Defense of Marriage Act)
- *Bob and Jack's 52-Year Adventure* (documentary about a life-long gay relationship)
- *Silverlake Life* (documentary about a man dying of AIDS)

LGBT Elder Immersion Settings

Our HSL settings are not unique in having relatively few LGBT patients available for students to visit.¹¹ In order to enhance learning about LGBT culture, students in extended CPE units were assigned to internships of several hours a month in LGBT elder immersion settings. The Boston area has dozens of these. Many are congregate meal and program sites sponsored by various towns' Councils on Aging or by other eldercare service organizations. In the summer intensive unit, the students volunteered at an LGBT senior dinner dance, interviewed seniors served by Boston's LGBT Aging Project, and marched in the Boston Pride Parade with HSL's contingent. Immersion settings provided an opportunity for service as well as learning.

Students came to appreciate that LGBT elders tend to feel empowered on their own turf, among their own peers. When LGBT folks can speak freely in their own vernacular (without the need for code-switching into order to fit into a dominant culture in which they feel vulnerable), their own culture emerges more clearly. Students explored the following questions to deepen their cultural competency working with this population: What are the elders' distinctive vocabulary and idioms? What is their distinctive humor? How is sexual energy expressed? What are the social networks of care? What spiritual resources are in evidence? What attitudes do they express about the healthcare system? What attitudes do they express about religion and spirituality?

Microaggressions in Religious Discourse

Religious texts, sacred music, worship liturgy, imagery, and culture are often subtly imbued with microaggressions against LGBTQ persons. An educator without access to a speaker on this topic could use chapter 5 of *Microaggressions in Ministry* as a springboard for students' exploration of microaggressions against sexual orientation and gender identity and ways to revise or retool this language for spiritual care with LGBTQ patients.¹²

Confidentiality

Confidentiality around sexual orientation or gender identity is a significant dynamic to be negotiated in spiritual care. Many elders have spent a lifetime closeted and cannot conceive of living safely otherwise. Others, who have been publicly out, decide when they need to enter the healthcare system that the only safe way to receive good care and avoid bullying is to reenter the closet. No matter how openhearted a chaplain may be, it may not outweigh the forces operating against the elder sharing this part of their story. Sometimes part of offering spiritual care to an LGBT elder is to accept the person's choice never to share information about their sexual orientation or gender identity. Some students need to learn to manage this dynamic of lack of gratification in their work with an elder they sense may be LGBT.

If an elder does come out to a chaplain, it is important for the chaplain to discuss the patient's intended boundaries for this information. Some elders are fine with their caregiving team knowing this information; many are not. Chart notes should be written accordingly.

Sometimes a chaplain can help a fearful patient think through the sort of information it would serve their interests to share in the healthcare setting. For example, letting the long-term care team know who the patient's primary support person is can be helpful; the team need not know the details of their relationship. Similarly, the chaplain can invite the patient to complete the paperwork to allow the person of their choice to execute their decisions regarding end-of-life care decisions and funeral and burial plans.

Verbatims

Each student presented at least one verbatim on a visit with an LGBT patient. In some situations, a student wrote up an additional conversation with a patient of any sexual orientation and gender identity about an LGBTQ family member.

Appendix D is a verbatim of my ACPE educator colleague Rev. Alice Cabotaje that can be used for teaching purposes. Although the patient was not an elder per se, the encounter has much to teach about the LGBT elders context as the patient, a transwoman, had experienced religious and familial ostracism because of her gender identity, was at the end of her life, and was seeking both spiritual and religious reconciliation.

Creating an LGBT Liturgy or Ritual

Each student in the CPE unit was asked to create or adapt a liturgy or ritual for an LGBTQ individual or family. Students wrote material that they were likely to be able to use in their own future ministries or rabbinate, such as a ritual for a life-cycle event or a general chaplaincy context. Students created services as diverse as a baby naming for a lesbian couple's child to a Mikvah ritual celebrating a person's inclusion in the community with a new gender identity. Appendix E contains an example of a chaplain's anointing ritual for use at end of life for an LGBTQ person self-identified as spiritual but not religious.

Learning Spiritual Care of Other Unfamiliar Demographics

Toward the end of the program, one session was devoted to making the links between the pedagogy of this CPE unit and how one might go about learning to serve, beyond CPE, a different demographic whose life experience is radically different from that of the chaplain—particularly when crossing ethnic, class, language, or cultural divides. Students were encour-

aged to reflect on the *process* of learning they had experienced and the approaches that had been most fruitful to them. They readily named how important the learning of history—nodal events, heroes, trauma, oppression, language of self-identity, and unique religious/spiritual expression—is to understanding context, as well as getting to know resource persons from within the community itself.

DISCUSSION

Inductive and Deductive Learning

Some chaplains might wonder why the more commonly used inductive approach in CPE units is not adequate in the context of LGBT elders. Why put so much effort into studying LGBT history? Why so many didactics and the creation of unique curricular modules? These are good questions, and they may bring us to some necessary humility in our profession.

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. As a group, LGBT elders are *not* apt to be forthcoming with chaplains about certain formative aspects of their life traumas or religious scars. Nor would it be appropriate for a chaplain to prompt vulnerable persons such as LGBT elders to retell and relive traumatic events. So, teaching some history deductively—through films, lectures, and books—is essential. By combining this with more inductive learning—by bringing in speakers willing to share their lived experience and by students reflecting on their clinical experience—students' learning is much more integrative than it would be if gained through just one approach.

Why LGBT CPE?

Baby boomers are the first generation in which a significant proportion of LGBTQ persons have chosen to be "out." As they now retire and begin to plan for future healthcare needs, they are more vocal than their elders ever have been in demanding healthcare and housing that are not only respectful but welcoming. The generation that marched for civil rights and

engaged in civil disobedience to get the Food and Drug Administration to fund research to fight AIDS is apt to enter long-term care *demanding* that staff have a high level of LGBTQ cultural competence. Chaplains are well situated to support these culture change efforts in their institutions.

Limitations and Directions for Further Work

This work is limited by the particularity of HSL's location in Boston, the eighth least religiously affiliated city in the country¹³; the high Christian religiosity of most of its front-line staff; the justice focus of the system's Jewish sponsorship, the significant Jewish majority of residents/patients served by the system; the average age of ninety among the patients in its long-term chronic care hospital; and the strongly LGBTQ-allied spiritual care department.

The assessment of the curriculum's effectiveness is highly promising but limited by the very small sample size. Further CPE units will need to be offered to obtain a larger sample of students.

Many excellent healthcare staff training programs that address staff attitudes toward LGBT patients or residents are available,¹⁴ but this author is not aware of other educational programs that focus on the *spiritual care needs* of LGBT elders. CPE programs seem well positioned to assist in the development of training in this area for chaplains and then, in modified form, for spiritual care generalists.

This article is also an invitation to think about additional demographic groups that may have unique histories of persecution, religious/spiritual injury, social ostracism, and/or health disparities. Intentional learning about each group's history might well enrich the spiritual care chaplains are equipped to offer. The author welcomes conversation on where this invitation leads readers in their own settings.

NOTES

- 1 Mary Martha Thiel and Mary Robinson, "Spiritual Care of the Nonreligious," *PlainViews* 12, no. 7 (July, 2015); Mary Martha Thiel and Mary Robinson, "Teaching Spiritual Care of the Nonreligious," *PlainViews* 12, no. 8 (August 2015); Mary Martha Thiel, Mary Robinson, and Sara Paasche-Orlow, "Spiritual Care of American 'Jews of No Religion,'" *PlainViews* 12, no. 11 (November 2015); *Plainviews* is a publication of Health-Care Chaplaincy Network™; Pew Research Center, "A Survey of LGBT Americans: Chapter 6: Religion," June 13, 2013, Pew Research Center, Social and Demographic Trends, <http://www.pewsocialtrends.org/2013/06/13/chapter-6-religion/>. In this article "LGBT" is used when referring to elders, and "LGBTQ" is used when referring to younger persons, because the word "queer" has historic connections to persecutions many LGBT elders experienced earlier in their lives and is seldom used by them as a self-identifier.
- 2 Hebrew SeniorLife, "Our Mission and Heritage," Hebrew SeniorLife, <https://www.hebrewseniorlife.org/mission-heritage>.
- 3 <https://www.youtube.com/watch?v=T68bC8-mm7k>.
- 4 Mary Martha Thiel, "Spiritual Care of the Nonreligious" [webinar], Feb. 3, 2016, ACPE, <https://www.acpe.edu/ACPE/Resources/Academy/SpiritualCareOfTheNonreligious020316.aspx>.
- 5 Human Rights Campaign, "Faith Positions," Human Rights Campaign, <https://www.hrc.org/resources/faith-positions>.
- 6 See Barbara Brown Taylor, *Speaking of Sin: The Lost Language of Salvation* (Cambridge, MA: Cowley Publications, 2001).
- 7 Leviticus 18:22 and 20:13; Bernadette Barton, "'Abomination'—Life as a Bible Belt Gay," *Journal of Homosexuality* 57, no. 4 (April 2010): 465–84, https://www.researchgate.net/publication/43135999_Abomination-Life_as_a_Bible_Belt_Gay.
- 8 <http://www.lgbtmap.org/dignity-denied-lgbt-older-adults>; <http://www.lgbtmap.org/nursing-home-ad>; <http://affirmativeaction.com/news/ofccp-releases-directive-dir-2018-03-addressing-legal-developments-in-the-law-regarding-religion-exercising-organizations-and-individuals/>.
- 9 Steven Greenberg, *Wrestling with God and Men: Homosexuality in the Jewish Tradition* (Madison: University of Wisconsin, 2004).
- 10 See a similar source sheet created by Abby Stein: Abby Stein, "Changing the Conversation: Jewish-Gender IS Queer . . . and Feminist," Sefaria, <https://www.sefaria.org/sheets/32375>.
- 11 Identifying how many elders aged 65+ are LGBT in the United States is very challenging; data seem to suggest 3–4 percent. See Gary J. Gates, "How Many People Are Lesbian, Gay, Bisexual and Transgender?" April 2011, The Williams Institute, UCLA School of Law, <https://williamsinstitute.law.ucla.edu/research/census-lgbt-demographics-studies/how-many-people-are-lesbian-gay-bisexual-and-transgender/>; "LGBT Demographics of the United States," Wikipedia, https://en.wikipedia.org/wiki/LGBT_demographics_of_the_United_States.
- 12 Cody J. Saunders and Angela Yarber, *Microaggressions in Ministry: Confronting the Violence of Everyday Church* (Louisville, KY: Westminster John Knox Press, 2015).

- 13 Michael Lipka, "Major U.S. Metropolitan Areas Differ in Their Religious Profiles," July 29, 2015, Pew Research Center, <http://www.pewresearch.org/fact-tank/2015/07/29/major-u-s-metropolitan-areas-differ-in-their-religious-profiles/>.
- 14 See, for example, The Clowder Group, *Gen Silent*, <https://stu-maddux-films.myshopify.com/products/gen-silent-training-download>; Fenway Health, "LGBT Aging Project," Fenway Health, <https://fenwayhealth.org/the-fenway-institute/lgbt-aging-project/>; SAGECare, "Staff Development/Training: Our Services—LGBT Training Courses," SAGECare, LGBT Health Education Center," Human Rights Campaign, <https://www.hrc.org/hei/the-national-lgbt-health-education-center>; Long-Term Care Homes and Services, City of Toronto, *LGBT Tool Kit: Creating Lesbian, Gay, Bisexual and Trans Inclusive and Affirming Care and Services*, 2017, https://www.rainbow-healthontario.ca/wp-content/uploads//woocommerce_uploads/2018/06/2017-LTC-Homes_Services_LGBT_Tool-Kit.pdf

APPENDICES

**Appendix A:
Pre-CPE Self-Report of Competencies
in Spiritual Care of LGBT Elders**

Please rate on a 5-point Likert scale your self-assessment of the following competencies in elder LGBT spiritual care. The first section relates to your self-assessment before you took this unit of CPE. The second section relates to your self-assessment once you have completed this unit of CPE.

1	2	3	4	5
Never/ Not at all	Rarely/ Only a little	Sometimes/ Somewhat	Usually/ Mostly	Always/ Completely

I regularly ask residents/patients about chosen family.

I encourage a resident/patient to tell me if something I say or do is uncomfortable for them.

I know how to chart the importance of non-biological family.

I am comfortable asking about an LGBT person's religious/spiritual history.

Early in each pastoral relationship I ask about the person's religious/spiritual history.

I am comfortable asking if someone wants to talk about their negative experience with religion.

I am able to listen non-defensively to an LGBT person's history of religious trauma.

I feel comfortable creating creative rituals/liturgies to meet LGBT persons' spiritual needs.

THIEL

I am fluent in spiritual but not religious spiritual care.

I have high sensitivity to common microaggressions used against LGBT persons in health care.

I have high sensitivity to common microaggressions used against LGBT persons in religion.

I have high sensitivity to common microaggressions used against LGBT persons in institutional culture.

I am aware of some of the ways spiritual care should take into consideration a person's experience of violence.

I match my language to the person's language for important relationships in their life.

I am alert to the presence of LGBTQ persons in a resident's extended family.

I am comfortable talking with someone *un*comfortable with being LGBT or having an LGBTQ person in their family.

I am able to articulate LGBTQ-positive theology in Judaism, Roman Catholicism, and Protestantism.

I am able to articulate LGBTQ-negative theology in Judaism, Roman Catholicism, and Protestantism

I can name common spiritual challenges of LGBT persons aged in their 90s, given the historical era in which they came of age.

I can name common spiritual challenges of LGBT persons aged in their 80s, given the historical era in which they came of age.

I can name common spiritual challenges of LGBT persons aged in their 70s, given the historical era in which they came of age.

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I can name some common spiritual challenges of LGBT elders who are veterans.

I can name some common spiritual challenges of LGBT elders of color.

I can name some characteristics of LGBT elder culture.

I can name some characteristics of LGBT elder humor.

I can name some characteristics of LGBT elder expressions of sexual energy.

I can name some characteristics of LGBT elders' use of language.

I am knowledgeable about local resources for the LGBT elder community.

I ask an LGBT resident/patient if they would prefer to work with an LGBTQ chaplain if I am not meeting their spiritual needs.

I know how to access the department's list of LGBTQ-friendly clergy willing to come in and talk with a resident/patient, at the resident's/patient's request.

I know how to access the department's list of LGBTQ-friendly visitors list, if a resident/patient wishes such a visitor.

I know how to access and use LGBTQ-friendly liturgy and prayers.

I use some kind of visual symbol to let residents/patients know I am LGBTQ-friendly.

I have access to a list of LGBTQ-welcoming religious congregations in the area.

I abide by the wishes of the LGBT resident/patient regarding if and which of their LGBT-related information should be shared, and with whom, on the team and in the family.

Appendix B: LGBT Timeline Activity

created by Lisa Garcia-Sampson

LGBT Elder Timeline Activity

The Story of Two Peasants at a Bar—Rabbi Moshi of Sasov

“He saw the peasant put his arm around a fellow peasant, and in a drunken tone of voice say, ‘Ivan, do you love me?’ ‘Of course I love you.’ ‘Ivan, do you know what gives me pain?’ ‘No, I don’t know what give you pain.’ ‘If you do not know what gives me pain, how can you say that you love me?’”

—Susan Brooks Thistlethwaite, ed., *Interfaith Just Peacemaking*
(New York: Palgrave MacMillan, 2011), 205

The act of learning about someone is an act of love. The more we know about the lives of our residents—the challenges they have faced, what makes them feel fear, pain, joy, pride—the better we can care for them.

Timeline

- A tool to help to facilitate pastoral care. What new insights help you to gain a fuller picture of this person’s life?
- Helps to visualize the intersection of one’s personal history with general U.S. history and LGBT history
- Generates questions—what new questions arise from the activity?

General instructions

- Choose a resident/patient you’ve worked with. This does not need to be an LGBT person. Regardless of gender/sexual orientation, we can learn about either their experience of being LGBT or the messages that they, as straight people were told throughout their life.
- Put their year of birth and current age on the timeline. Then mark (as best as you can) the decades of their life, when they were age 10, 20, 30, etc.

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- Then add other information you know about them and questions you have after recognizing the gaps in your own knowledge.

Types of information to add to timeline

- Major family events, important relationships (start of a romantic relationship, marriage, births, deaths, etc.)
- Religious events: bar mitzvah, bat mitzvah (the first was in 1922), first communion, ordination, etc.
- The discovery of spiritual tools, practices
- LGBT moment of coming out—sexual orientation or gender identity
- Education, jobs, major roles, and identities
- Medical history
- Military involvement/involvement of loved ones in military
- Political influences: What were the issues of their time? What were their politics?
- Pop cultural influences—music, TV, movies, books
- Location (part of country/world) and environment (rural, urban, suburban)

Appendix C: LGBT Images for Theological Reflection with Christian and Jewish Students and Where to Access Them

- Saints Polyeuct and Nearchus, icon by Robert Lentz
www.trinitystores.com
- Saints Sergius and Bacchus, icon by Robert Lentz
www.trinitystores.com
- Saints Perpetua and Felicity, icon by Robert Lentz
www.trinitystores.com
- Saints Boris and George the Hungarian, icon by Robert Lentz
www.trinitystores.com
- Saints Brigid and Darlughdach of Kildare, icon by Robert Lentz
www.trinitystores.com
- Harvey Milk, icon by Robert Lentz www.trinitystores.com
- Jesus of the People, by Janet McKenzie www.BridgeBuilding.com
- Magna Mater, by Janet McKenzie www.BridgeBuilding.com
- Young Rabbi Holding the Torah/Carrying the Scrolls of the Law, Simeon Solomon <https://www.niceartgallery.com/Simeon-Solomon/Rabbi-Carrying-the-Law.html> ;
http://www.wikigallery.org/wiki/painting_143545/Simeon-Solomon/Carrying-the-Scrolls-of-the-Law
- The Sleepers, and the One That Watcheth, Simeon Solomon. <http://one-yearonepaintingaday.blogspot.com/2012/08/simeon-solomon-and-sleepers-and-one-who.html>
- Chart of Nazi camp prisoner badges https://en.wikipedia.org/wiki/Nazi_concentration_camp_badge#/media/File:Kennzeichen_f%C3%BCr_Schutzh%C3%A4ftlinge_in_den_Konzentrationslagern.jpg
- Photo of Henny Sherman, lesbian killed at Ravensbrück Camp <https://www.ushmm.org/wlc/fr/article.php?ModuleId=225>
- Gay prisoners at Sachsenhausen, 1938
<https://socialistworker.co.uk/art/19228/Gay+people+in+Nazi+Germany+%3A+how+hate+triumphs>
- Neither, by David Hayward
<https://www.etsy.com/listing/193995427/neither-print>
- Photo of Teishiro Minami by Leslie Kee https://www.huffingtonpost.com/2015/10/06/out-in-japan-lgbt-photos_n_8253754.html

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- Vintage photos <http://www.abroadintheyard.com/new-lgbt-website-invites-you-to-test-your-19th-and-20th-century-gaydar/> ; <http://www.homohistory.com>
- Gay Jewish symbol <https://jewishdailyreport.wordpress.com/2010/08/03/orthodox-rabbis-urge-acceptance-of-gays/>
- Photo of Orthodox Jews protesting gay weddings <http://daattorah.blogspot.com/2012/09/lesbian-couple-awarded-nis-60000-after.html>
- Photo of Westboro Baptist Church members protesting gay marriage <http://www.mintpressnews.com/westboro-baptist-church-gay-marriage-minnesota/166382/>
- Lentz, Robert and Edwina Gateley. *Christ in the Margins*. Maryknoll, NY: Orbis Press, 1970.
- O'Neill, Dennis. *Passionate Holiness: Marginalized Christian Devotions for Distinctive People*. Bloomington, IN: Trafford, 2005.
- The History Project. *Improper Bostonians: Lesbian and Gay History from the Puritans to Playland*. Boston: Beacon Press, 1998.
- Lifshitz, Sebastien. *The Invisibles: Vintage Portraits of Love and Pride*. Rizzoli, 2014.
- Queer Clergy Trading Cards. "Collect Them All. Jesus Did." <http://queerclergytradingcards.org>

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Appendix D: Teaching Verbatim

Used with the Chaplain's Permission

CONFIDENTIAL: Pastoral Report Form

Location: XXXXXXXXX

Chaplain: Alice F. Cabotaje

Date of Interview: 15 November 2007

Visit #2

Report #1

Length of Visit: 40 minutes

Time of Visit: 11:45 am

Patient Initials: D.S.

Sex: Transgender

Gender: Female

Age: 53

Sexual Orientation (if known): Heterosexual

Racial/Ethnic Group: Asian: Filipino

Relationship Status: Single

Number of Children: None

Religious Preference: Catholic

Admission Date: 31 October 2007

Referred By: A nurse on the Intensive Care Cardiology Unit

Diagnosis/Presenting Problem: Lung transplant patient with fungal infection in lungs

Your Request

I decided to write about this encounter because it makes me reflect on my notions of gender identity, sexual preference, and living out one's truth. It immerses me in a world where sensitivities are different, as transgender people do not fit comfortably into society's usual understanding of sex and gender. They are in a space beyond and/or between the standard categories of female and male. In other words, they cross boundaries.

Background

The patient is a 53-year old male-to-female transgender who identifies as heterosexual. During a check-up, her doctor discovered that she had contracted a fungal infection in her lungs, and she was promptly admitted into the ICU. After a week of exploring treatment options for Dana (not her real name), the medical team told her that her fungal infection was untreatable. They also ruled out a lung transplant because she was in poor physical shape and might not be able to undergo an operation, recover from it, and have a good quality of life. They suggested that she consider palliative care and eventually hospice care.

“Dana” became angry when she learned of her prognosis. In the days that followed she became belligerent and would shout at her bedside nurse Joan. Joan, for her part, spent the shortest time possible with Dana because she feared Dana’s anger and was also uncomfortable with Dana being a transgender woman.

Observation and Patient’s Initial Concerns

When I went to see Dana, she is alone in the room. The shades are drawn. The lights are turned off. The room is in disarray. The windowsill is lined with books and clothes. Her laptop sits on a discarded hospital gown draped over a chair. Beside the chair is her commode, with a soiled disposable diaper in it. Her food is untouched and the tray is littered with tissue paper, bottled water, and her cell phone. She sits upright on her bed, yet her face and shoulders droop like a weeping willow.

Pastoral Opportunity and Plans

My plan is to provide emotional support and explore her feelings about the Santo Niño de Cebu (the Holy Child Jesus of Cebu), which she mentioned during my first pastoral visit. It may help heal the wounds from having been rejected by the Catholic Church, mend her perceived broken relationship with God, and affirm her spirit as she comes to terms with her illness.

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Account of the Visit (C - Chaplain, P - Patient)

C1: *(I knock on the door . . . walk in . . . squirt alcohol gel into my hands.)* Hi, Dana, it's me Alice, the chaplain. *(When she speaks, I hear relief in her voice.)*

P2: Hi, I'm glad you came. I've been thinking about our last conversation.

C3: *(She looks sad.)* I'm glad to be here with you. I learned from the nurse that you need to talk.

P4: *(She sighs. A rattle rises from her chest.)* Oh yes. *(She sighs again . . . another rattle.)*

C5: *(As she breathes, slivers of white mucus dart in and out of her tracheostomy tube. The wrinkles on her forehead and around her mouth look like pleats. They have deepened and thickened since the last time I saw her.)* How are you, Dana?

P6: I'm in pain. My legs are swollen . . . my lungs hurt. I have difficulty breathing.

C7: It sounds like you're in an awful lot of pain.

P8: *(She winces and moves her head from side to side.)* Yes, I am. My neck hurts, too.

C9: *(My heart crumples.)* My heart aches, hearing about your pain.

P10: *(She nods.)* My heart stopped the other day . . .

C11: *(A rush of cold wind shoots up my spine.)* Oh, no!

P12: They revived me. When I woke up, I was very afraid. I'm not ready to die.

C13: What happened?

P14: *(She stays quiet for a while.)* I found myself . . . *(long pause)* in hell.

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C15: *(I feel another chill go through my spine.)* What was it like for you?

P16: It was dark and cold. I was alone . . . all alone . . . utterly alone. Then there was a light. . . . I didn't want to go towards it. I was afraid. I didn't feel ready to see God.

C17: What are you afraid of?

P18: I feel that God would not receive me. . . . *(long pause.)* . . . When I woke up, I found myself praying to the Santo Niño de Cebu. Something I have never done before.

C19: I actually brought you something. *(I hand her a package.)*

P20: *(She looks surprised. She unwraps the package.)* It's the Santo Niño! Thank you!

C21: When you mentioned the Santo Niño de Cebu, the last time we talked, I thought you wouldn't mind having one.

P22: Look at him! He has dark skin, brown eyes, and curly hair like me!

C23: Yes, he's carved out of hardwood and has been brushed over with dark varnish mixed with brown paint.

P24: *(She admires the Santo Niño and touches his face.)* Where did you get him?

C25: From a woodcarver in Paete, Laguna. He's sturdy and tiny . . . easy to hold him close to your heart.

P26: *(She caresses the cross and crown on his head; the curly hair that frames his smooth, shiny, brown face; his long-sleeve, cape-like shirt accented by a collar and a bib marked by horizontal and vertical lines along its edge; the puffed sleeves; his right hand raised in a blessing; his left hand with a globe and a cross on top of it; the other cross that hangs from a chain above his navel; his dress with a five-petal flower*

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and leaves; and the lace-like design of its hem.) What does the crown mean? . . .
The globe?

C27: In its original context—when European explorer Ferdinand Magellan brought the Niño to Cebu, Philippines, in March, 1521—the crown signified Spain’s sovereignty and her empire’s wealth. The globe meant two things: the Santo Niño’s dominion over the world and Spain’s sovereignty over a large territory of the world in its role as defender of the Catholic faith. . . . How do you feel about those symbols? What are they to you?

P28: The crown strikes me more as knowledge of God—*gnosis*. The Santo Niño has realized God. He is fully awakened and is in a constant state of oneness with God. The globe on his left hand to me means he holds everything—kind and unkind, light and dark, big and small, rich and poor—and every being in his hands. . . . *(Long pause.)* He’s beautiful. *(She gets teary-eyed.)*

C29: Yes, he is. . . . I see your tears . . .

P30: I pray to him because apart from being enlightened, he’s a child. You know how children are, especially to many Filipinos . . . because they are adored, they often can get anything from their fathers. At least, I did . . . when I was a child . . . when I was a boy.

C31: What did you ask the Santo Niño to ask the Father?

P32: To accept and love me as I am.

C33: *(I feel a sharp pain in my chest.)* It sounds like the Father has rejected you.

P34: Yes, he has. My father did when I transitioned to be a woman, so why not God, the Father?

C35: Because your father has rejected you, I hear that you assume that God has also rejected you. . . . But have you experienced that from God himself?

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P36: I was rejected by the Church, by a priest who refused me communion, by my family, by my prayer group. They all expressed in one way or another that I have no place in God's family . . . not with the way I am.

C37: Dana, but has God himself told you that?

P38: *(She shakes her head.)*

C39: Would you like to ask him?

P40: I wouldn't dare. *(Long pause.)* What if . . . *(another long pause)* I ask the Santo Niño?

C41: *(I smile.)* Why don't you?

P42: *(She closes her eyes. After two minutes, she opens them and she smiles.)*

C43: It looks like something's been lifted. How are you feeling?

P44: I feel light.

C45: You look it. What happened?

P46: I was with the Santo Niño and the Father came. I started to sweat all over my body . . . and then something lifted.

C47: *(I stay with her joy.)* Did you ask the Father about how he feels about you?

P48: Yes, I did.

C49: What did he say?

P50: He didn't say anything. But I felt him. I felt him all over my body. He's here inside me.

C51: Yes. . . . He is in you and he is here with you. . . . And where was the Santo Niño?

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P52: He was standing right beside me. (*She starts to giggle.*) And you know what? He was wearing a dress! Black with gold embroidery . . . something that I would wear.

C53: (*My heart swells. I smile.*)

P54: That's why he is so loved by his Filipino devotees. He becomes whoever they are. The photojournalist prays before a Santo Niño dressed like a photojournalist, the policeman lights a candle before one dressed like a policeman, and the gay dress designer worships one dressed like a "queen"!

C55: (*I nod.*)

P56: (*Dana becomes pensive.*) I remember seeing one in Manila dressed like a poor boy in tattered clothes . . . another one was outfitted as a tribesman; and another—owned by a rich matron—was lavished with gold, pearls, and gems. He also has many titles, sometimes named after the business he's tasked to watch over . . . Santo Niño in Eden's Paradise, Santo Niño Welcome de Salon.

C57: I hear from you that he belongs to everyone. His devotees show that he can be anyone, even used for any purpose by his followers. How does that make you feel?

P58: I feel happy about that. I am thankful. Very thankful. I now know that he understands me, a transgender who has crossed boundaries and was punished for it . . . because he is a Jesus who crosses boundaries. Even better, he transcends boundaries. . . . Still far better, he knows no boundaries. And you know what, God, the Father (*she tears up*) was perfectly fine about it . . . about the Santo Niño in a black dress. He really was. (*She stays quiet, then she reaches out for my hand.*) Will you pray for me?

C59: (*I hold her hand.*) Of course, Dana. In the name of the Father, and of the Son, and of the Holy Spirit . . . We thank you, dear God, that we, like the Santo Niño are your beloved children . . . that you delight in us . . . for it was You who formed our inward parts and knitted us together in our mothers' wombs. Thank you for showing us your boundless love and nature and the

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ultimate reality of no boundary. And by your grace, we, too, can become that; that we will experience that; that we, too, are that. In your many names and images, we pray, Amen.

P58: *(She opens her eyes. She looks at peace. She clutches the Santo Niño.)* Thank you, Alice. I no longer feel alone and cold. I feel warm. God is in me and with me. Will you be with me, too, when the time comes?

C59: God has always been with you, has always been in you, has always loved and accepted you, whether you knew it or not, whether you felt it or not, Dana. And yes, I will be with you when the time comes.

Two days later, I got a page. Dana had gone into respiratory arrest. I stayed by her side as she gasped her remaining breaths. She died without struggle. As I left the room, Joan, her nurse, said that Dana was at peace over the last two days and that Dana had asked for Joan's forgiveness. Joan was moved by Dana's gesture and cared for Dana with loving attention during Dana's last days.

As I left the room, Joan handed me a box. "It's from Dana," she said.

In it was the Santo Niño dressed in a hospital gown. I went to a corner and cried.

Appendix E: SBNR LGBTQ End of Life Ritual

created by Ceceley Chambers;
may be used and/or adapted with attribution

Water is an essential element for life on this planet. It is a vital nutrient for our cells, it regulates our body temperature, serves as lubrication and as a shock absorber for our brains and spine, and flushes waste. In this bowl is tap water. It is not magic, but it does contain the symbolic properties of water representing vital life, freedom, vastness, and cleansing.

Today we are here to bear witness to the life of _____, who will soon transition to another state. May this water ritual help in that transition.

_____'s eyes witnessed much beauty, but also suffering. _____'s ears heard words of love and of hate. _____'s mouth spoke of joy and of pain. As I place a drop of this water on the forehead, may _____ find comfort in the gifts of life and release from the burdens of unmet challenges, unhealed wounds, and unforgiven regrets.

_____'s hands were tools for creation and sustenance; they provided comfort and made connections. As I place this drop of water on the hands, may we acknowledge the strengths _____ brought to this world, the lives _____ touched, and the mark _____ made.

These feet walked, ran, danced, and stood for justice, they propelled _____ forward and sometimes held _____ back. As I place a drop of water on the feet, let us acknowledge the steps _____ took and the journey _____ will no longer be on. May solace be found in _____'s journey and peace in the rest to come.

May _____ be remembered as a member of a family that was not necessarily bound by blood but by love. May future generations take pride in _____'s life and have gratitude for _____'s struggles that made this world a better place. And may all who have gathered here today and all who have ever known and loved _____ be comforted by their memories.