

- Getting a college degree when you are blind.
- Surprising people around you with the unexpected.

Help people to know that besides the oppression, disability is about patience, persistence, endurance, and possibility. It is about acceptance and not being perfect. It is about learning to trust and learning to ask. Disability is about resilience, being flexible, using one's imagination and creativity and being adaptable. It is about life—even this life—being worth living. It is about hope and the integrity of creation. It is about becoming whole and loving all the different parts of yourself. Disability is about being who you are—and not being ashamed of it.

## SEVENTEEN

### Pastoral Care with Transgender People

Sarah Gibb Millspaugh

**P**astors are community caregivers. True community care must be based in an understanding of one's own community. Within every religious community of every religious faith, there are transgender people. It may not be evident to the pastor; fear and shame keep many silent. Transgender identities may be visible or invisible within a congregation, but they are there just the same. We are called in communities of faith to serve all of God's children. We are called to seek justice, to work for radical inclusiveness. This kind of work calls us and challenges us to stand with the oppressed, to examine oppressive structures, and always to remain open to learning and reflection on the journey. Pastors are called, in the spirit of Jesus, to confront the life-denying fallacies of our culture that serve the powerful and punish the powerless.

We learn from this dominant culture that people come in two biological sexes, male and female, and that this biology naturally corresponds with two genders, man and woman. Males express themselves as men, females as women, we are taught. But the reality of transgender people's lives stands as a testament against the universality of male and female, and a system that upholds this universality is, ultimately, life denying.

The goals of this analysis of transgender pastoral care are threefold: to familiarize pastors with characteristics of transgender people and communities; to address and critique the prevalent models of pastoral care that transgender people experience; and to construct a healing and freeing model of pastoral care with transgender people.

Transgender is an umbrella term, encompassing multiple modes of gender identity and expression. The Unitarian Universalist Association Office of Bisexual, Gay, Lesbian, and Transgender Concerns identifies four communities within the transgender movement: crossdressers, transsexuals, third-gender people, and intersexuals (Greve and Kron 2000, 1–2). The definitions within these communities continue to evolve as the diverse transgender community grows in awareness and visibility. Because of the evolving definitions and people's own evolving self-knowledge, it's important as a pastor to respect and accept the self-definition of each transgender person, whether that definition fits within the following categories or not.

Crossdressers, also known as transvestites, dress in the clothing style of the "opposite" gender, either fully or partially, for pleasure, relaxation, or entertainment purposes. The majority of crossdressers are heterosexual men who do so in secrecy (*ibid.*, 1).

Transsexuals are, generally, people whose internally felt gender is different from the gender typically associated with their biological sex at birth. For example, a female-to-male transsexual person can be born in the body of a female and identify as male. Transsexual identity may or may not cause one to seek out sexual reassignment surgery (SRS). Some transsexual people undergo hormone treatment or plastic surgery either in conjunction with, or separate from, SRS.

Third-gender people understand that their gender transcends the categories "male" and "female"—their identity lies beyond these categories. Third-gender people often prefer the term transgender to third gender (*ibid.*).

Intersexuals are people whose biological sex at birth transcends the categories "male" and "female." The genitalia of intersexual people are considered "ambiguous" by medical professionals, and/or an intersexual individual may have some female and some male reproductive organs. Intersexuals have historically been known as hermaphrodites. Often medical professionals and parents elect to perform surgery on intersexual newborns to "assign" them a female or male sex.

The 1990s saw the emergence of a new spirit of community building, organizing, and activism among transgender people. Although transgender organizations exist across America, a transgender individual may or may not be connected with a supportive organization of others who share that individual's self-definition. In fact, because of fear and shame, many transgender people remain in the closet.

The people and subcommunities that comprise the transgender umbrella share some issues with lesbian, gay, and bisexual people. Some people who identify as transgender also identify as lesbian, gay, or bisexual, so the separation

is not that clear cut. Other transgender people identify as heterosexual. Gender identity and sexual orientation are two separate continua—contrary to popular assumption, transgender identity does not always resolve in heterosexuality. For example, a male-to-female transsexual can be happily married to a woman both before and after SRS. People don't "change their sex" to become heterosexual, they change it to become outwardly who they are internally.

Transgender people share some oppressions with gay, bisexual, and lesbian people, and that is why they often work in conjunction for recognition and rights.

Gays, lesbians, and bisexuals are stigmatized and oppressed because they violate social standards for acceptable sex behavior; transsexuals because they violate standards for sex identity. Intersexuals are punished for violating social standards of acceptable sex anatomy. But our oppressions stem from the same source: rigid cultural definitions of sex categories, whether in terms of behavior, identity, or anatomy. (Feinberg 1993, 98)

While transgender, bisexual, lesbian, and gay people also share threats of physical violence, verbal abuse, harassment, and rejection by family and faith community, there are some oppressions that transgender people face in a significantly different way. Transgender people face enormous barriers to even the most basic health care. Harassment, misunderstanding, and even refusal of care by health-care workers are all too common.

I remember late one night in December my lover and I arrived at a hospital emergency room during a snowstorm. My fever was 104 degrees and rising. My blood pressure was pounding dangerously high. . . . The doctor in charge began physically examining me. When he determined that my anatomy was female, he flashed me a mean-spirited smirk. . . . He told me to get dressed and then he stormed out of the room. . . . The doctor returned after I was dressed. He ordered me to leave the hospital and never return. (*Ibid.*, 2)

Transgender people face the stress of living in a world that denies and punishes their existence, both implicitly and explicitly, both actively and passively. Simple acts such as filling out forms can become painful. Leslie Feinberg describes the dilemma posed by the everyday: signs such as "Gentlemen" and "Ladies," checkboxes such as "F" and "M:"

Because it is legally mandated that all our lives must fit into one of those two tiny boxes, many of us actually face imprisonment or institutionalization merely because we don't. We live under the constant threat of horrifying violence. We have to worry about what bathroom to use when our bladders are aching. We are forced to consider whether we'll be dragged out of a bathroom and arrested or face a fistfight while our bladders are still aching. It's an everyday reality for us. Human beings must use toilets. (Ibid., 68)

Marginalization and denial do not only come from the straight, nontransgender community: they also come from gay, lesbian, bisexual, and allied people and organizations. Existing within a power structure that punishes difference in sexual orientation and identity, organizations working to promote gay rights have often sought to downplay or ignore variances in gender within the community, seeking to focus on presenting the most "palatable" face to a homophobic and transphobic nation. In the past fifteen years the transgender community has come to be mentioned in the movement by name (gay, lesbian, bisexual, and transgender, or GLBT, has become common parlance) but more rarely in spirit. Transgender speakers and organizations were all but invisible at the 2000 Millennium March on Washington.

It is important to remember that transgender oppression does not exist in isolation. The nature of the oppression differs for individuals and communities, and is interlaced with many factors, including geography, class, religion, race, sexual orientation, and ethnicity. Transgender oppression's lived reality cannot be separated from the homophobia, racism, sexism, and classism that also play out in the daily lives of transgender people.

Transgender people who are attracted to people of their same biological (or in the case of intersexuals, assigned) sex often come out as gay, lesbian, or bisexual before coming out as transgender. In this way identification as a bisexual, gay, or lesbian person can serve as a means to, and not an end of, acceptance and self-definition. Sometimes when a previously identified gay or lesbian person comes out as transsexual, they no longer identify as gay or lesbian; they identify as transsexual and straight.

Of the ministers engaging in pastoral care with openly transgender people, various degrees of knowledge and acceptance are demonstrated, from absolute intolerance and denial to confident affirmation and empowerment.

## Caregiver as Gardener

Margaret Kornfeld's gardener model of the pastoral caregiver is particularly applicable to pastoral care with transgender persons (1998, 10). Her gardener's task is twofold: to tend to the ground (the community) and to the plants in the ground (the people). Therefore gardener pastoral caregivers are not only concerned with the individual problems and pathologies of those for whom they care. They perceive the ways that plants' concerns are affected by the ground of the community and with society at large. Thus, they tend to the person who presents a need for care and to the system that creates the need for care. Further, the gardener's job is not to make the plants grow—Kornfeld makes clear that God does that—but to nurture them into healthy growth. The gardener holds the big picture, tending, nurturing, fostering positive change in persons and in communities at large.

In the pastoral care of transgender people, Kornfeld's description of the gardener fits to an extent. But gardeners, in general, are only positive and nurturing to the plants they think are supposed to grow in their garden. Gardeners weed. Transgender plants, not mentioned in any gardening guide the gardeners have ever seen, don't fit in with their rows of pink and blue petunias. Gardeners don't know what to do with them. A transgender divinity school classmate (who chooses to remain anonymous) describes the experience of seeking pastoral care from such well-intentioned gardeners—chaplains at a Southern Baptist college:

These Southern Baptists loved me. They convinced me that God loved me too, and that the only reason I was questioning my gender and my sexual orientation was because I had been abused. For four years, they tried to convert me to the doctrine of heterosexuality, but no matter how much they loved me, it never quite took. I guess someone forgot to mention to them that GLBT people are born and not made.

A second kind of gardener recognizes, indeed, that transgender people are "born and not made." These gardeners cultivate the ground, the community, to help every plant in their garden thrive. And if the soil doesn't have the right composition for a transgender plant, the gardener adds compost, mulch, and water. This gardener appreciates the uniqueness and integrity of each plant, valuing the abundance of life above some preordained vision of garden design. Barb Greve has had affirming experiences with his ministers in the church he has attended all his life:

As I have gone through my own coming out journey and shared it with my ministers, some of the most powerful things, particularly in this last phase of pronoun switching and my expressing myself more outwardly, have been my ministers' understanding that this is part of a journey and their acknowledgment that they're honored to share pieces of it with me. Their recognition that this isn't just "something that I'm doing," but rather that this is a serious matter, and something that we're sharing together, has been incredibly pastorally positive.

Both variations of the gardener model have drawbacks as well as advantages for work with transgender people. A rigid gardener model, though often well intentioned, is harmful, for it denies the identity and the very life of transgender people. A pastoral caregiver can easily fall into the trap of trying to help a transgender person conform to the gender that society believes fits them. But in so doing, the caregiver denies the courage, the reality, and the life-seeking impulses of the transgender community member. The more accepting, nurturing gardener model has many advantages, in that it provides holistic, attentive care that honors the dignity of transgender people. It bears witness to the pain and suffering of transgender people while also witnessing—and seeking to change—the society that created the pain. It involves work with the community to help transgender persons in a quest for wholeness. A limitation of this model is that the caregiver, while respecting the transgender person, may still not understand the person (since transgender people are rarely, if ever mentioned in pastoral care guides) and may come to regard this person as an exotic novelty, thus furthering the transgender objectification and "thingifying" the person.

Transgender persons are not the only ones who can grow in gardener-style pastoral care. Immense growth can await a pastoral caregiver by working with and learning from transgender people. United Methodist clergywoman Maurine Waun describes a moment when visiting a male-to-female transgender parishioner in the hospital. The nurse had just brought in a male urinal.

In the course of my ministry over the previous several years I had stood up for Larry, marched in the Pride Parade, stuck my neck out with colleagues and church people and learned to be particularly sensitive to people's issues, but never did I feel a deeper act of compassion for someone's most private and personal secret than I did with Dawn in that split second. (1999, 86–87)

The pastor learned and grew from the encounter, deepening her understanding and resolve.

## Countering Oppression

In *Building King's Beloved Community: Foundations for Pastoral Care and Counseling with the Oppressed*, Donald M. Chinula presents a model for pastoral care that counters the "thingifying" effects of oppression. He identifies four tasks for pastoral caregiving based on Martin Luther King Jr.'s constructive thought: reclamation, conciliation, transformation, and transcendence (1997, 56).

The goal of reclamation is the healing of the diminished self-esteem and the fractured self-concept of the self, both direct results of systemic oppression. Central to this healing, for Chinula, is the revelation that we are all created in God's image. This particular revelation is tricky for transgender people, as the very text from which it is drawn, Genesis 1:27, has been invoked to deny transgender people's legitimacy: "So God created humankind in his image, in the image of God he created them; male and female he created them." Oddly, this text has also been used to deny intersexual people's legitimacy, justifying plastic surgery on newborns with "mixed" genitalia, as if their genitalia were somehow outside of God's creation (Gross 2000, 1).

The key to unlocking this text and using it for liberation rather than subjugation lies in both debunking the assumptions behind oppressive interpretations and reconstructing an image of God. Helping to demonstrate how this God-ordained "naturalness" of the social norm was human created, not God created, is a first step in liberating God from oppressive interpretation. But in reimagining lies the more powerful message. God, in whose image both male and female are made, is beyond gender or comprises aspects of female and male. God, in this sense, is transgender. Imaging God as transgender is both biblically accurate and theologically sound. People who are transgender are, then, created in God's image, just as much as nontransgender males and females.

A great potential ally for pastoral caregivers in the healing of the fractured self-concept and diminished self-esteem of transgender people is professional therapy. Therapy, for those transgender people who can afford it, can be profoundly helpful in the courageous journey to healing and self-acceptance. The presence or absence of professional therapy in the life of a transgender person can influence the type of pastoral care a caregiver is called upon for.

We see pastors on a short-term basis, either a flare-up in our lives or some major personal crisis. Be it good or bad we turn to religion, to pastors, at these times. Therapists are more of a long-term help to fix life problems that a transgender identity compounds. In a therapeutic setting, there's more time to struggle through the trans identity, both as a personal issue and as a relationship issue. On the pastoral care side, we don't have time to deal with that. The pastoral care setting is not about the identity, it's about whatever's going on in life, but because all of our identities impact everything in our lives, transgender identity is part of the equation.

As pastoral caregivers it is also important to recognize that, by nature of beginning the coming-out process, or by nature of requesting pastoral care, transgender-identified people are already on the path to healing self-concept and self-esteem. The burden is not on the caregiver to initiate this process—it becomes the caregiver's job to help it along.

Connection with transgender support and liberation movements is another valuable step toward healing. The experience of meeting other people with similar gender identities is deeply affirming. A feeling of isolation transforms into a feeling of inclusion. "We need each other. We each know what it's like to fight back alone. We need each other's strength as allies. And we know what it's like to feel like the only one who's different. When 'difference' suddenly comes into focus as diversity it's a healing experience" (Feinberg 1998, 55). Pastoral caregivers can help connect isolated transgender people with resources for peer support.

The second task Chinula identifies is conciliation. Conciliation aims to reach out to the opponent and secure a friendship. It goes beyond patching up a broken relationship; it involves transcending anger, however justified, to reach out in love. Martin Luther King Jr. exemplified conciliation in his persistent, loving, nonviolent activism. Conciliation, for the transgender, is very difficult, as it is with all oppressed groups, due to the vast and personal nature of "the opponent." If the opponents are those who denied your humanity, your integrity, your reality, then one must reach out in conciliation to nearly every cultural institution: the government, religion, the media, schools, the English language, as well as those who have, however unwittingly, caused or enabled transgender suffering: family, friends, abusers, harassers, perfect strangers. The opponent in this case can seem very overwhelming. But perhaps the opponent is a philosophy, or a dogma, that drives the oppression and causes people to act as they do: a bi-gendered worldview, sexism, or heterosexism. Relocation of the opponent from "everyone" to a philosophy can open up doors for conciliation.

It's not that people are all bad, it's that we've all been inculcated with a poisonous philosophy. The philosophy can be unlearned.

It is no small task to reach out to the opponent in friendship. It is, ultimately, a spiritual task that takes great courage. But it is necessary for survival. Conciliation, rather than the sublimation of anger, can be viewed as an outcome of truly recognizing and addressing one's anger. While fully acknowledging this anger, one can choose to reach out in conciliation, not for the benefit of the opponent, but for one's own benefit. Anger, especially anger at such formidable opponents as the transgender have, can be all-consuming if one lets it get to that point. Conciliation, making peace, securing friendship can both create peace and advance the causes for which one is fighting. Conciliation does not end the struggle for recognition, respect, and rights. Just the opposite—conciliation counters despair, conciliation fuels hope, conciliation empowers work for justice. Conciliation fuels the next of Chinula's steps: transformation.

Transformation, in Chinula's definition, is twofold: it involves transformation of the self and transformation of society. The vocation of pastor is uniquely equipped to foster both. Central to self-transformation, for Chinula, is understanding of history. Moving from object of history to subject of history is essential in the journey from feeling "thingified" to feeling fully human. The choice to begin, and continue, the coming-out process is also a choice to affirm one's place as subject rather than object of one's own personal history. Leslie Feinberg's book *Transgender Warriors: Making History from Joan of Arc to Dennis Rodman* (1996) moves the transgender, as a movement, from object to subject, placing the personal struggle within a historical context of struggle.

In conjunction with the nurturance of personal transformation, pastors can use their positions of authority to transform society. They can also empower transgender and other members of their communities to become agents for social change. Starting from the assumption that none of us are free if some of us are oppressed, pastors can preach sermons, lead Bible study groups, and lead prayer groups that foster empathy and solidarity with all who are oppressed, whether by gender identity, sexual orientation, race, class, religion—the list goes on. However, specific education on particular oppressions is necessary.

Just because an individual is drawn into the vortex of a movement, it doesn't mean that person will automatically be enlightened on every aspect of other peoples' oppressions—particularly that which they do not directly experience. Each individual still needs to overcome the bigotry that has been instilled in us from an early age. A gay man

does not necessarily see the need to fight sexism automatically; a white transperson doesn't automatically see the need to fight racism. But the progressive momentum inherent in movements offers a greater potential for individuals to gain an understanding of the struggles of others. . . . (Feinberg 1996, 51)

A second key factor in transformation is truly making the congregation welcoming of the "T" as well as of the "GLB" in "GLBT." Too often in our welcoming-church movements, "transgender" is just a politically correct add-on to "gay, lesbian, and bisexual." A 2000 survey I did of Web sites of Protestant welcoming-church movements revealed that, while the majority included transgender welcoming in their mission statement, the programs were essentially about welcoming diverse sexual orientations rather than gender identities. The Unitarian Universalist Association's Welcoming Congregation Web site was the exception.

Transformation unfolds from a nonstatic view of God, a view in which God is "a hater of life-denying and health-destroying status quo and a lover of life affirming and health promoting change" (Chinula 1997, 57–58). God also leads us into Chinula's fourth step, transcendence. As people created in the image of God, our capacities for transformation cannot be limited by a humanly imposed system of oppression. The pastoral caregiver's job is to nurture in the transgender person the power to transcend the oppressor's categories of gender, and the power to transcend the oppressor's unearned right to define transgender reality. Personhood transcends categories. In Chinula's framework, we are all part of a divine reality that is greater than the sum of the parts of this world. This divine reality is within us and it transcends us. It can help us rise above oppression. Spiritual practices that tap into this transcendent spirit, such as prayer, singing, bodywork, and meditation, can call us into transcendence not only in our spiritual lives, but in our whole lives.

The process of reclamation, conciliation, transformation, and transcendence is a particularly potent spiritual path, leading the way from brokenness to wholeness, "nobodiness" to "somebodiness." In traveling this path with transgender people, the pastor is not alone. Traveling the path alongside will be the transgender person's friends and loved ones, community of support, therapist, coworkers, and religious community. The loving support of a pastor through this journey can be healing in and of itself. It is challenging work, but the rewards are deep. And it brings us that much closer to truly embodying King's vision of beloved community.

## EIGHTEEN

### Problems or Partners? Senior Adults and a New Story for Pastoral Care

Janet Ramsey

*Guard against self-deception, each of you. If someone among you thinks he is wise in this age, let him become foolish so that he can become wise. For the wisdom of this age is foolishness with God.—1 Cor. 3:18-19*

*I have often chosen to go into unfamiliar settings in spite of the discomfort involved, gaining a sense of perspective. . . . Arriving in a new place, you start from an acknowledgment of strangeness, a disciplined use of discomfort and surprise. (Bateson 2001, 27).*

### Discomfort and Surprise

As a seminary professor I have found that a first course in aging and pastoral care can be a strange and uncomfortable experience, especially for younger students. They are entering a world that differs greatly from the youth-oriented environment around them. I try to find ways to increase their discomfort so that they won't ignore or deny it, so that we will all have a beginner's mind. Unlike the predominantly youthful images they see on campus or in the media, the faces they now see come from a variety of locations on the life span. Instead of only listening to jokes about aging and old people, students begin to hear older people talking about their struggles, their victories, their times of doubt and questioning—stories reflecting the entire range of human experience. It is gratifying to see attitudes changing—typically, the students begin to look forward