DISCOVERING, DEFINING, AND UNDERSTANDING BARRIERS BETWEEN SPIRITUAL CARE PROVIDERS AND TRANSGENDER PATIENTS IN HEALTHCARE SETTINGS

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Chapter One: Introduction, Pastoral Theological Method, Methodology, and Project Design

Framing the Challenge

Early one morning, as I was driving to work to report for a 6:00 a.m. shift at the hospital, I heard an NPR story on the show segment called "Story Corps." The segment was about a young African American pre-teen named Aiden interviewing his father, Albert. In a key portion of the brief interview, Aiden asks his father "So Dad, what are your dreams for me?" and his father responds:

> My dream is for you to live out your dreams. There's an old proverb that talks about when children are born, children come out with their fists closed because that's where they keep all their gifts. And as you grow, your hands learn to unfold because you're learning to release your gifts to the world. And so for the rest of your life, I want to see you live with your hands unfolded.[1]

This passage is an invitation for learning to be reciprocal. The invitation to a child or person is to learn to "live with your hands unfolded" in order to "release your gifts to the world." However, the world also needs to learn to receive the gifts that are being released by the person who is learning to live with hands unfolded. No one knows what those gifts might be or how those gifts might impact the world. Releasing or sharing and receiving gifts is a reciprocal learning process for all, creating space for wondrous possibilities.

It is my belief that transgender persons are waiting before the world of spiritual care providers with hands unfolded. A result of this project has been to better learn how to come alongside transgender persons, to recognize their gifts, to catch a vision of their dreams, and to learn to help highlight their gifts and dreams to bless the world. One place where this can happen

[1] "Dad To Son: 'Live With Hands Unfolded . . . Release Your Gifts to World,'" interview, *NPR* (audio blog), March 20, 2015, accessed August 1, 2018, https://www.npr.org/templates/transcript/transcript.php?storyId=394061800.

is in the healthcare setting, which is a liminal space of new beginnings, transformation, and transition where both patient and healthcare provider can grow and be transformed.

The Importance of the Project

I have worked as a Baptist chaplain in the hospital setting for seven years and in the larger field of chaplaincy for eleven years. During this time, I have encountered a number of persons who self-identify as transgender. These patients offer a spectrum of experience from those who declined spiritual care from me as their spiritual care provider to those that said they needed to get out of the hospital as quickly as possible in order to get to a healthcare system more familiar with their unique health needs. Among the varied responses were those who entrusted me with a window into their life journey, their emotional and spiritual state, and their experiences in health care. Several encounters stand out in unique ways because of the depth, joy, challenge, and pain that came from them. Looking back, I believe there were opportunities for growth and learning from a multidisciplinary perspective that were missed. These specific encounters helped me recognize a valuable opportunity to better understand the experiences of transgender persons in healthcare settings and the barriers that are present between direct patient care providers and transgender persons in order to offer more informed and compassionate care.

The Research Question

As a result of my experiences with transgender persons, my research question is: **What can I learn as a Baptist spiritual healthcare provider by listening deeply to the stories of transgender persons with experiences in Christian traditions as they describe their spiritual journey, needs, and the barriers they experience between themselves and spiritual healthcare providers in healthcare settings?** This question helped me explore the role of Baptist tradition in this project and how I believe the stories and experiences of transgender

persons I received can enrich and challenge my understanding of Baptist tradition and the spiritual care I offer in healthcare settings. I believe what I have learned from the stories and experiences of transgender persons can enrich and challenge the spiritual care of transgender persons from spiritual care providers of many traditions.

Transforming Transgender Terminology

Before moving further, it is important to define the transforming transgender terminology that is used in this project to help clarify what it means to be a transgender person. Just as there is a spectrum of experience for transgender persons, there is also a spectrum of understanding regarding what terms mean and how they are used. I use these terms with humility and a continued openness to learning.

For the purpose of this project, the working understanding of barriers transgender persons may include but are not limited to language/terminology, medical knowledge, access to affirming transgender healthcare, access to therapies and surgeries for transgender persons, access to insurance, and financial resources. Other barriers may include spiritual/religious, emotional, psychological, trust, and vulnerability. Indeed, the way that the term "transgender" is used in healthcare can be a barrier for patients. The National Center for Transgender Equality states "[t]ransgender is a broad term that can be used to describe people whose gender identity is different from the gender they were thought to be when they were born."[2] The Gay and Lesbian Alliance Against Defamation defines transgender in this way:

> An umbrella term for people whose gender identity and/or gender expression differs from what is typically associated with the sex they were assigned at birth. People under the transgender umbrella may describe themselves using one or more of a wide variety of terms — including *transgender*. . . . Many transgender people are prescribed hormones by their doctors to bring their bodies into alignment with their gender identity. Some

[2] "About Transgender People," National Center for Transgender Equality, accessed November 06, 2018, https://transequality.org/about-transgender.

> undergo surgery as well. But not all transgender people can or will take those steps, and a transgender identity is not dependent upon physical appearance or medical procedures.[3]

A brief summary of some of the many "umbrella terms" that fall under the transgender umbrella include intersex, genderqueer, drag kings, cross-dresser/transvestite, transsexual man, transgender man, transsexual woman, transgender woman, gender nonconforming, drag queens, and bi-gender.

Nicholas Teich, a self-identified transgender man and an advocate for transgender persons, adds to this notion that transgender is "an umbrella term for many different identities. People who are transgender have a gender identity, sex, and/or gender expression that does not line up with the sex that they were labeled with at birth."[4] Teich goes on to state "[w]hat is important is realizing that human beings are incredibly complex creatures and gender is just one part of what makes us each unique."[5] In his text, Teich invites a posture of curiosity and generosity with one another in the midst of the complexity and uniqueness of what it means to be transgender. In like manner, this project approaches conversations with transgender individuals in this "posture of curiosity," connecting in particular to a Christian tradition like the Baptist tradition.

Rev. Dr. Justin Sabia-Tanis also offers an important perspective as a self-identified transgender man, in addition to being a minister in a Christian tradition familiar with the Baptist tradition specifically. Sabia-Tanis is a leading theological voice in transgender discussions and helps depict the challenge that is being presented. He shares, "Transgender people are those

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[3] "GLAAD Media Reference Guide — Transgender," GLAAD, April 19, 2017, accessed November 06, 2018, https://www.glaad.org/reference/transgender.

[4] Nicholas M. Teich, *Transgender 101: A Simple Guide to a Complex Issue* (New York: Columbia University Press, 2012), 129.

[5] Teich, *Transgender 101*, 127.

individuals who do not fit comfortably into society's traditional understandings of sex and gender. We occupy a space beyond and/or between the standard categories of female and male."[6] Sabia-Tanis offers other helpful clarifications stating, "Sex refers to our genetic and physical conditions as female or male and is determined by the type of our chromosomes and by observation of our external genitalia. Gender refers to the social, behavioral, and psychological characteristics that we interpret to determine whether a person is a man or a woman. The particularities of these characteristics vary by culture."[7] Sabia-Tanis, like Teich referenced previously, helps readers recognize that transgender is a complex and nuanced conversation to enter and as a result I think it is one that should be entered into from a posture of kindness and humility.

Other helpful terms to define for the purposes of this project are *gender identity* and *gender expression*. "Gender identity is your internal knowledge of your gender — for example, your knowledge that you're a man, a woman, or another gender. Gender expression is how a person presents their gender on the outside, often through behavior, clothing, hairstyle, voice or body characteristics."[8] In addition, gender transition is when "a person begins to live according to their gender identity, rather than the gender they were thought to be when they were born" and "some people undergo hormone therapy or other medical procedures to change their physical characteristics and make their body match the gender they know themselves to be."[9] Many

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[6] Justin Sabia-Tanis, *Trans-Gender: Theology, Ministry, and Communities of Faith* (Eugene, OR: Wipf & Stock, 2018), 18.

[7] Sabia-Tanis, *Trans-Gender*, 18–19.

[8] "About Transgender People," National Center for Transgender Equality, accessed November 6, 2018, https://transequality.org/about-transgender.

[9] About Transgender People," National Center for Transgender Equality, accessed November 6, 2018, https://transequality.org/about-transgender.

resources suggest that following the lead of transgender persons and how they self-define and understand themselves is the best way in which to honor a transgender person. In this project I will focus on transgender adults over the age of 18 that have transitioned from the gender identity and gender expression that was assigned to them at birth.

Yet another important term to define and understand is *transition*. Nicholas Teich shares that transition is "the process that some transgender people undergo to live as the gender and/or sex they feel they are, rather than the sex they were assigned at birth."[10] Transition, according to Teich, is an important process that includes the social, emotional, and medical transition a transgender person undergoes but is often misunderstood as a "sex change."[11] Another important aspect of a transgender person's transition is changing the person's legal name and gender official documents like a driver's license, identification card, or a passport. This is important to the project because how a transgender person identifies may not match their official documents. For instance, this can create challenges in the hospital admittance process and census data, as some hospitals require you to list the gender assigned at birth and do not recognize transgender persons.

Because language is important, it is helpful to note the difference between transgender and transsexual. GLAAD defines transsexual as

> [a]n older term that originated in the medical and psychological communities. Still preferred by some people who have permanently changed - or seek to change - their bodies through medical interventions, including but not limited to hormones and/or surgeries. Unlike *transgender*, *transsexual* is **not** an umbrella term. Many transgender people do not identify as transsexual and prefer the word *transgender*. It is best to ask

[10] Teich, *Transgender 101*, 136.

[11] Teich, *Transgender 101*, 45.

> which term a person prefers. If preferred, use as an adjective: transsexual woman or transsexual man.[12] (Emphasis GLAAD's)

While transgender is an umbrella term and can encompass many different persons and understandings of self, transsexual is a particular experience and way to self-identify. For the purposes of this project, I will use transgender because it includes transsexual and will allow participants in this project to self-identify and draw upon their preferred term(s) to describe themselves.

For the purposes of this project and to help direct its focus, I will use transgender to refer to persons who have a nonbinary self-understanding of gender or who are in transition in order to align their self-understanding of gender with their gender or sex assigned at birth. The transgender participants will provider clarity regarding their preference and self-understanding between transgender, transsexual, or another identifying term. They will also self-identify their transition experience, particularly if they have pursued medical intervention to more holistically join their gender identity and their body.

Goals and Objectives

A goal in this project is to listen deeply to the stories and ways transgender persons describe themselves in order to grow personally and professionally and to offer more informed, compassionate spiritual care. The National Center for Transgender Equality helps describe the posture I hope to adopt through this project and through receiving people's stories.

> Being transgender means different things to different people. Like a lot of other aspects of who people are, like race or religion, there's no one way to be a transgender, and no one way for transgender people to look or feel about themselves. The best way to

[12] "GLAAD Media Reference Guide - Transgender," GLAAD, April 19, 2017, accessed November 6, 2018, https://www.glaad.org/reference/transgender.

> understand what being transgender is like is to talk with transgender people and listen to their stories.[13]

In particular in this project, as I listen to the stories of transgender persons who have experience in healthcare settings, I want to learn about the barriers they describe between themselves and spiritual healthcare providers in healthcare settings.

My first objective in this project is to understand some of the barriers experienced by transgender patients in healthcare settings, particularly as they relate to care provided by chaplains or other spiritual care leaders. By learning from transgender persons, I hope to inform my own spiritual care. In addition, I hope that what I learn might ultimately help shape the care that is provided by other spiritual care providers. Second, I desire to learn from the stories and experiences of transgender persons who are or have been part of Christian traditions and how they have historically experienced healthcare, including spiritual care in a hospital setting. Based on what is discovered, defined, and understood as barriers, I hope to directly impact my practice within the discipline of spiritual care. My third objective is to draw upon and yet challenge some Baptist principles, and how these principles inform understandings of transgender persons, because I believe the experiences of transgender persons are marginalized in the Baptist tradition and that there is much to learn from transgender persons. While spiritual care providers, myself included, are the primary practitioners I hope to influence, I believe many other practitioners within the hospital setting can benefit from what is learned through the stories and experiences of transgender persons in healthcare settings.

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[13] "About Transgender People," National Center for Transgender Equality, accessed November 06, 2018, https://transequality.org/about-transgender.

The Presence of a Chaplain

The healthcare setting is a liminal space of new beginnings, transition, and transformation. As a Baptist hospital chaplain, I am afforded the opportunity to be with people on both the worst and best days of their lives. The healthcare setting is a unique place where a patient encounters their current health reality as well as the hope of wellness and healing. This often occurs in tension between anguish and hope. There is anguish when health realities and possible outcomes are not what is desired and yet hope for the possibility of healing and newness of life.

Chaplains are often invited into a sacred space of possibilities. In this space, patients are not able to go back to their lives just as it was before the hospital admission but are also not sure what it means to move forward into a new stage of life. Chaplains are present with a patient as they make meaning of what they are experiencing. Chaplains help explore coping methods, how the patient's faith or belief system informs what they are experiencing, and where God or a higher power might be in the midst of their circumstances. In this sacred space, chaplains are invited to be a transitional presence in the lives of patients that is unique from spiritual care providers in other settings like a faith community or a support group. How spiritual care connects to and supports the overall plan of care and healthcare experience is a growing area of interest in many healthcare systems and studies.[14]

In July of 2018, the American Medical Association (AMA) Journal of Ethics published a volume entitled "Religion and Spirituality in Health Care Practice."[15] In the July 2018

[14] Danish Zaidi, "Influences of Religion and Spirituality in Medicine," Journal of Ethics | American Medical Association (American Medical Association, July 1, 2018), https://journalofethics.ama-assn.org/article/influences-religion-and-spirituality-medicine/2018-07)

[15] "Religion and Spirituality in Health Care Practice," Journal of Ethics | American Medical Association (American Medical Association, July 2, 2018), https://journalofethics.ama-assn.org/issue/religion-and-spirituality-health-care-practice

publication, the contributors explored topics like the role of spirituality and religion in medicine, the training curriculum of physicians, and best practices in collaboration with spiritual care providers like chaplains. One of the contributors was third year medical student Danish Zaidi, who also has a masters of theological studies degree from Harvard Divinity School where he gained experience in chaplaincy as an chaplain intern at Boston Children's Hospital. He writes, "clinical chaplaincy remains an underutilized resource in health care, as patient spirituality continues to be an area that clinicians do not discuss as often as they should. This finding is disappointing, given the potential benefits of integrating patient religion and spirituality into clinical practice by improving empathy, building trust, and understanding behaviors."[16] Zaidi recognizes the benefits, yet highlights how chaplaincy and spiritual care are underutilized resources in health care.

In the process of research for this project, I came across one such article that gave me great pause highlighting a glaring gap in care because of the striking absence of spiritual care of transgender persons. In "Exploring Healthcare Experiences of Transgender Individuals," the authors Katie Ross and Madelyn Law, PhD, from the Department of Health Sciences at Brock University in Ontario, Canada and Amanda Bell, MD, from the Department of Family Medicine at McMaster University in Ontario, Canada explore the experiences of a cohort of transgender persons in health care primarily from a strengths perspective. This study used ten interviews with transgender persons, healthcare providers, and family/friends/significant others of transgender persons to explore their experiences within health care in Canada, highlighting themes that were positive as well as barriers. An important discovery "from these studies may be considered highly relevant, as literature has noted similar healthcare barriers for transgender population

[16] Zaidi, "Influences of Religion and Spirituality in Medicine."

across such developed countries."[17] Some of the barriers listed were a lack of standardization of policies and services for transgender persons, terminology, and education of staff.

While the above article approached the care of transgender persons from a strengths perspective, not once was emotional, religious, or spiritual care mentioned either as a strength or barrier. In short, it seems it was not an aspect of the care specifically offered in this study. One of the key findings was the experience of loneliness of transgender persons within health care. At the same time, one of the greatest desires of transgender persons was to be heard and to connect in a meaningful way to those providing care. I cannot help but wonder why spiritual care was not a part of that study or highlighted in the article. Loneliness, a desire to be heard and to feel connected, were experiences or desires of the transgender participants, and yet central aspects of their humanity were seemingly left unaddressed. Is it possible this omission was because spiritual care is seen as a barrier? I find myself wondering what the transgender persons might have shared and what the healthcare providers might have learned?

A second article helped me frame what I believe is an opportunity for chaplains for future possibilities in providing more informed and compassionate spiritual care with transgender persons in healthcare settings. In "From the Same Spirit: Receiving the Theological Gifts of Transgender Christians," Dr. Mary Elise Lowe of Augsburg College states her purpose "is not to answer the question, 'What does Christian theology have to offer transgender Christians?' Rather, my goal is to affirm and commend four gifts from the 'same Spirit' that transgender Christians *already* are bringing to their congregations and the larger Christian communion."[18] As

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[17] Katie A. E. Ross, Madelyn P. Law, and Amanda Bell, "Exploring Healthcare Experiences of Transgender Individuals," *Transgender Health* 1, no. 1 (2016): 240.

[18] Mary Elise Lowe, "From the Same Spirit: Receiving the Theological Gifts of Transgender Christians," *Dialog* 56, no. 1 (2017): 28.

a Baptist chaplain, the presence of a chaplain and spiritual care in a hospital setting is part of the larger Christian communion and a holistic, reciprocal understanding of healthcare suggests that the one receiving care and the one(s) providing care have gifts to offer and gifts to receive. Dr. Lowe suggests,

> [i]n contrast to theologies that emphasize God's original creation, many transgender Christians celebrate the promise that God continues to make all things new, and that humans are God's created co-creators. Second, while many theologies tell Christians to give up one's self for the sake of others, transgender Christians demonstrate how each person must steadfastly love (*hesed*) themselves as part of loving God and the world. Next, though Christian theologians often have taught that the body (matter) is separate from the mind (spirit), transgender Christians live out of the biblical witness that humans are a coherent unity of mud-breath, body-mind. Finally, while some Christian communities minimize the work of the Holy Spirit, transgender Christians welcome the Spirit who gives plurality, newness, unity, unpredictability, and freedom.[19]

From Lowe's perspective, there are four key foci to keep in mind when participating in care with transgender persons: transgender persons as creative co-creators, persons who practice self-love in their love for the world, persons who uniquely understand the body-mind union, and persons who give things like newness, unity, and freedom to the world. In this statement, Lowe demonstrates how Christian beliefs or principles can be interpreted in new ways as God continues to make all things new. Creativity, newness, unity, and freedom are gifts that transgender persons bring to the Christian traditions they are already a part of. If traditions like Baptists are open to conversation, reimagining, and learning, I believe all persons within the tradition would be enriched.

A Window into Baptist Identity and Distinctives

Dr. Bill J. Leonard, the founding dean and professor emeritus of divinity at Wake Forest University School of Divinity, highlights how Baptists embrace God's continual renewal and the distinctness of Baptists' views. He shares, "Baptist 'principles,' ancient and modern, often seem

[19] Lowe, "Same Spirit," 28–29.

difficult to discern, not because they are unclear, but because Baptist individuals and groups apply them in such distinct ways."[20] In its own way, Baptist as an umbrella term shares similarity with transgender as an umbrella term, inviting inquiry as one clarifies how one self-identifies and understands oneself as a Baptist or transgender person.

Leonard continues,

> while Baptists may agree on what constitutes their common beliefs, they do not necessarily agree on how those beliefs are applied by an individual or a specific Baptist community of faith. Baptist principles, therefore, cover a wide range of groups that occupy varying positions across the historical and theological spectrum. Any attempt to distinguish Baptist principles, those beliefs and practices that define Baptist identity, must take these differences into account.[21]

Lowe and Leonard each distinctly highlight how difference is something to be celebrated with transgender Christian individuals and communities and Baptist individuals and communities. Lowe and Leonard help us see how each group fosters space for difference and creativity. I wonder how transgender persons and the Baptist tradition might enrich one another because Baptists believe that all people have a unique witness, gifts, abilities, and experiences, all for the purpose of enriching the local church and the world. This will be explored in greater depth in chapter two of this project.

Spiritual care, as part of the larger arena of healthcare, invites those in care positions to listen deeply and learn with transgender persons as they share out of their unique being. My focus on the discipline of spiritual care invites me to learn more about the spiritual needs of transgender persons in healthcare contexts so that I can help spiritual care providers and other disciplines better understand the holistic barriers/challenges that are present for transgender

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[20] Bill J. Leonard, *An Introduction to Baptist Principles* (Brentwood, TN: Baptist History and Heritage Society, 2005), 5.

[21] Leonard, *Baptist Principles*, 6.

persons in these settings. Chapter three of this project will demonstrate my own deep listening to transgender persons and the data collected from the interviews for this project. Chapter four well focus upon how what is learned from the interviews and other queer voices can enrich and challenge Baptist traditions like CBF. The fifth and final chapter will evaluate the interviews, reflect on the significance of what the participants offered, draw some conclusions of what was learned, and offer some implications for both spiritual care and healthcare.

Pastoral Theological Method

A pastoral theological method helps serve as a bridge between the realm of faith and the academic arena. Dr. Bonnie J. Miller-McLemore, distinguished professor of religion, psychology, and culture at the Divinity School and Graduate Department of Religion at Vanderbilt University states that pastoral theological methods are "ways in which scholars and ministers [analyze] the dynamics of theology and faith in practice."[22] She goes on to share that these "are methods of research that scholars employ to study embodied theologies."[23] Practical theological methods help "by interweaving lived experience with pastoral practice, pastoral action with reflection, and theological wisdom with cultural perspectives."[24] In this project, I am bringing together the lived experience of transgender persons within the Baptist tradition and health care with my pastoral action and reflection that will put Baptist theology and queer theologians in dialogue with one another. The integration of lived experience, pastoral reflection, and theological wisdom will help promote a more holistic vision for spiritual care in the future.

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[22] Bonnie J. Miller-McLemore, ed., *The Wiley-Blackwell Companion to Practical Theology* (Malden, MA: Wiley-Blackwell, 2014), 10.

[23] Miller-McLemore, *Companion to Practical Theology*, 11.

[24] Samuel Park, "An Evolving History and Methodology of Pastoral Theology, Care, and Counseling." *Journal of Spirituality in Mental Health* 9, no. 1 (2006), 1.

Narrative

In order to help celebrate the sharing and receiving of stories of transgender persons, I will utilize interviews through the narrative research methods of Dr. Christie Neuger's pastoral theology[25] and will also be informed by her understanding of narrative therapy.[26] A key statement that summarizes Dr. Neuger's approach is what she calls the "correlation spiral" that

> starts in lived human experience, which is analyzed and understood in its particular contexts. The process continues by bringing that behavior, experience, and contextual analysis into conversation with resources from the social sciences and from theology, using these disciplines to better understand the experience of individuals and communities seeking care and to use their experience to critique and hold accountable the disciplines and resources of pastoral theology. These conversations help to generate effective and relevant practices that can be taken into the lived experience of people as we attempt to provide ministries of care.[27]

This method brings into conversation my own background as a spiritual care provider in a Baptist tradition with the unique lived experiences of transgender persons that are currently or have been part of a Baptist tradition in order to help transform my spiritual care practices in health-care settings.

Driving my method is my curiosity about the unique lives and experiences of transgender persons that may also have experience in Baptist traditions. I find myself wondering what spiritual care providers can learn from the stories and experiences of transgender persons within healthcare. How might what I learn empower spiritual care providers to offer more informed, compassionate, and just care? How can what spiritual care providers learn practically

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[25] Christie Cozad Neuger. *Counseling Women: A Narrative, Pastoral Approach*, (Minneapolis: Fortress Press, 2001).

[26] Christie Cozad Neuger, "Narrative Therapy and Supervision," in *Reflective Practice* 35, 16–32. *ATLA Religion Database with ATLASerials*, EBSCO*host* (accessed June 21, 2018).

[27] Neuger, *Counseling Women,* 33.

impact other interdisciplinary teams we collaborate with, such as nurses, patient care techs, social workers, and physicians?

Lived Human Experience

Following pastoral theological methods, this project takes into account the importance of lived human experience, both of the care recipient and the caregiver. The inspiration for this project was in many ways born out of my experience with transgender persons in the healthcare setting of a hospital. As a chaplain, one of my primary concerns is the spiritual care of the person I sit before, and I have realized how much I have to learn in regard to the experiences and spiritual needs of transgender persons in healthcare settings. Thus, a part of my method is to be "experience near" to transgender persons, their experiences in healthcare settings and their experiences within Christian spirituality, including but not limited to the Baptist tradition. Neuger's correlation spiral begins "in the lived reality of human experience" [28] and love, risk, and chaos are part of my pastoral theological method and how I understand being "experience near" to someone else's lived experience.

Iraq War veteran Diana Oestreich helps inform my method of being "experience near" as well. As she shares her story and experience of her military service in Iraq, she expresses her wish that she could undo all the horrors and harm of war. Acknowledging she cannot undo all the decisions that occur in a war she shares "[b]ut I can love the people that those decisions hurt or marginalized. I don't lean left or right. I lean in. I lean forward, because that's where love lives."[29] It is in this spirit of leaning in and leaning forward that I hope to be "experience near" to transgender persons. Like Oestreich was with people in Iraq, I know I cannot undo what

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[28] Neuger, *Counseling Women,* 9.

[29] Diana Oestreich, "How Iraq Unmade Me–And Love Remade Me," Preemptive Love, March 19, 2018, accessed January 14, 2019, https://preemptivelove.org/blog/how_iraq_unmade_me_and_love_remade_me/.

transgender persons have experienced in a Baptist tradition, other Christian faith traditions, or in a healthcare setting. I can lean in and be "experience near" to transgender persons as they share their stories with me and their experiences in healthcare settings so that I might learn to offer more informed spiritual care to transgender persons. When we lean in to the experiences of others, I believe it can open up new pathways and understandings that we did not have previously.

Intended Outcomes

One of the intended outcomes of this project is to humbly receive the stories and experiences of transgender person in healthcare settings. Through the reception of the stories and experiences, it is hope to use my privilege and position to help bring awareness to both the needs and gifts of transgender persons in healthcare settings through a faithful communication and stewardship of their stories. It is my hope that the discipline of spiritual care will be significantly impacted by the stories of transgender persons. A secondary hope is that their stories might impact other disciplines like nurses, patient care techs, social workers, and physicians as spiritual care providers work in an interdisciplinary context and team.

Project Participants

The project was designed around interviewing four to six participants who self-identified as transgender and four participants ultimately participated in this project. Additional inclusion criteria were that the participants must be over the age of 18. To be included, participants needed to have been admitted to the hospital for at least a 24-hour period for any health reason in the past ten years. It was preferred that the participants saw a spiritual care provider like a chaplain during a hospital admission but it was not a requirement for inclusion because they may have

declined spiritual care if it was offered as a resource or they could have intentionally chosen not to request spiritual care during the hospital admission.

A hope for the project was that the four to six participants would represent a racially diverse transgender population group as well as diversity regarding transition. Examples of the possible diversity of participants for the project was Euro-Americans, people of color, persons who self-identify as transgender woman (assigned as a male at birth), a transgender man (assigned as a female at birth), a transgender person utilizing hormone treatments or gender affirming surgeries, a transgender person who has not yet utilized hormone treatments or pursued gender affirming surgeries, or a transgender person who has chosen not to utilize medical treatments. Exclusion criteria were persons who do not self-identify as transgender and that have not been admitted to the hospital for a 24-hour period for any reason in the past 10 years.

For the purpose of this project, participant inclusion was limited to transgender persons who once self-identified as a Christian for at least three years during their adult lifetime or that currently self-identify as a Christian. This would be evidenced by attended a Christian church service in person or online at least six times a year while active in a Christian faith tradition. This is important to the study because while spiritual care providers work with patients of all faith backgrounds and those of none, it is my experience that patients who have or currently identify as a Christian are more likely to desire to see a chaplain or request to see a chaplain in healthcare settings. Examples of Christian church denominations included but were not limited to Baptist, Methodist, Presbyterian, Lutheran, Anglican, Christian Church (Disciples of Christ), Pentecostal, Non-denominational, and Catholic.

Recruitment Process

The project ultimately involved four participants who self-identify as transgender, who currently are or have been part of a Christian tradition, and who agreed to participate in a one-hour interview. The first step of the recruitment process was that interview participants were invited to participate through the support of colleagues and transgender allies. I emailed a letter of introduction to colleagues and transgender allies, asking them to help me identify potential study participants (Appendix A). The letter of introduction to colleagues and transgender allies included a recruitment flier to be shared with transgender individuals and in groups or safe spaces for transgender persons to determine who might be interested in participating in this project (Appendix B).

Step Two of the recruitment process was transgender persons who were interested in participating in the project contacted me directly. I then communicated directly to potential participants by phone and email in order to determine if they are willing and if they met the subject population criteria through the pre-screening tool (Appendix C).

After communicating with potential participants and if they met the pre-screening criteria, I then provided the potential participants the informed consent by email (Appendix D). In the consent the interview participants provided permission for their words, stories, and experiences to be used with anonymity in my project. I was clear about the purpose of my ministry project, objectives, and the methods I intended to utilize, in addition to how I would make use of the data I received and analyzed.

Interview Design

As I stated previously, ultimately, four transgender persons met all the requirements, returned the informed consents to me, and participated in the project. While I desired to meet

with participants in person, all of the participants lived out of state or out of the country. I scheduled a sixty to ninety-minute phone call or Skype video call individually with each participant. Prior to the interview, participants received interview questions (Appendix F) in advance of the scheduled interview so they had some time to reflect upon and prepare their answers. Because of the sensitive nature of the conversation, the interviews took place via phone or Skype in the private setting of my home in order to help protect the participant's story and information.

The same interview questions were asked of each participant. The questions were open-ended questions in order for the participant to share some of their story, experiences, gifts, and desires for spiritual care in healthcare settings within the provided framework (Appendix F). The interview questions were designed around broad themes of experiences of transgender persons, experiences in healthcare, and spirituality. Additionally, I utilized other research tools in listening and observation from Tim Sensing.[30] Audio of the interviews was recorded in addition to notes taken by me the interviewer on a laptop. Audio was not used or share with anyone other than the investigators.

How Data were Gathered, Organized, Analyzed, and Evaluated

All data gathered has been made available and shared with the director of the project, Dr. Joretta Marshall. The evaluation process for this project was guided broadly by the action-reflection-action model of practice and learning. The first action was listening to and receiving the stories and experiences of the participants. Next, I reflected upon their stories, the answers, and the gifts their stories provided. Finally, this has led me suggest new or different ways of practice (action) for spiritual care providers through the formulation and application of what is

[30] Tim Sensing, *Qualitative Research: A Multi-Methods Approach to Projects for Doctor of Ministry Theses* (Eugene, OR: Wipf & Stock, 2011), 79–139.

learned and reflected upon. The new or different ways of practice is addressed in chapter four of this project.

The first step of evaluation of the project after conducting the interviews was through the organizing of my notes, creating a written transcript of each interview, analyzing the interviews, and coding of the interview data. This helped determine common themes, needs, desires, and gifts that the participants shared through their stories and experiences. This helped me formulate what spiritual care providers and healthcare disciplines like nurses, patient care techs, social workers, and physicians might learn from transgender persons.

A second step of evaluation involved reviewing the data with the project director, Dr. Joretta Marshall. Dr. Marshall's input and feedback on my observations and the themes I drew out helped me determine if and how the data gathered in the interviews might impact the spiritual care of transgender persons in healthcare settings.

A third step of evaluation was to bring the data into dialogue with things like spiritual care and medical codes of ethics, theology, psychology, and other theories. This helps inform possible best practices, strategies, and new ways emotional and spiritual care might be offered to and with transgender persons in healthcare settings.

Statement of Significance

In my survey of literature, I discovered a growing field of study (books, articles, and other resources) that identify barriers/challenges between healthcare professionals and transgender persons. What I did not immediately discover were resources that specifically addressed barriers/challenges regarding healthcare professionals, including chaplains, and the spiritual care of transgender persons. I am admittedly making a generalization in my assumption, but my experience of pastoral care departments and spiritual care providers is that their

utilization of resources regarding the needs of transgender persons is limited, at best. Even more so, in my seven years as a chaplain, the pastoral care departments I have been a part of have not once offered training around barriers/challenges in spiritual care and transgender persons.

This suggests to me that it is possible that there is a gap in awareness of the experiences of transgender persons as well as an opportunity for learning and growth, specifically for chaplains and spiritual care providers. My hope is this project will make a contribution in the field of spiritual care by learning from the experiences of transgender persons in healthcare and with spiritual care providers. Learning about their needs, gifts, and desires will provide pastoral care and spiritual care departments an opportunity to explore innovative and inclusive spiritual care with and for transgender persons.

What's Next

Central to this project is vulnerability for the purpose of self-reflection, learning, and growth. The project participants modeled vulnerability as they reflected on their own life journey and how it impacted their very lives, families of origin, careers, other relationships, spirituality, and communities of faith. In chapter two, I embrace a level of vulnerability as I reflect on my faith journey as part of what I call a "flavor" of a larger Baptist tradition. By "flavor" I mean one expression of what it means to be Baptist amidst the larger Baptist tradition. My experience as a Baptist is limited or particular in that it is my experience and yet I there are questions raised and opportunities for reflection provided that have application across denominations and faith traditions.

Chapter two is the beginning of an answer to the first part of my research question, "what can I learn as a Baptist spiritual healthcare provider?" Chapter three presents a summation of the stories and the data from the participant interviews. Chapter three helps address the second part

of my research question “by listening deeply to the stories of transgender persons with experiences in Christian traditions as they describe their spiritual journey, needs, and the barriers they experience between themselves and spiritual healthcare providers in healthcare settings?” The vulnerability of the participants and the data shared in Chapter three sets the stage for an exercise in vulnerability in Chapter four as the data is reflected upon and applied for the purpose of growth and learning for Baptists. The purpose of Chapter five is evaluation, significance, conclusions, and implications for me as a Baptist in particular and for spiritual care providers more broadly that work in healthcare settings.

Chapter Two: A Conversation with Baptist Identity and Distinctive Beliefs

An Introduction to my Baptist Background

I have grown up Baptist through and through. My journey in the Baptist tradition began with my father's humble beginnings as a youth pastor at an independent Baptist church in Homestead, Florida. The next stop was Lynchburg, VA for my father to finish his undergraduate degree at Liberty University and a short time later my baby dedication at Thomas Road Baptist Church by none other than, Dr. Jerry Falwell (the now deceased controversial Baptist pastor and leader of the 1970s and 80s "Moral Majority.") Next on my Baptist journey was my profession of faith and believers baptism by immersion at the age of seven at Shenandoah Baptist Church in Roanoke, VA. There were a number of other stops in various Southern Baptist and Cooperative Baptist churches along the way that fostered my calling to pastoral ministry and ultimately to my licensing and ordination at the age of 30 at First Baptist Church Waco, TX. As the son of a Baptist minister, as a Baptist minister myself, and being married to a Baptist minister who serves a local congregation in Dallas, TX, when the doors of the church are open, I continue to be there.

As a Baptist, I have a particular lens and experience that is my own and yet my experience is not in isolation as I encounter the larger Baptist tradition and other Christian traditions. There are particularities to all Christian denominations and yet there are unifying aspects of a larger Christian tradition that are shared across a spectrum of belief. So, while there may be questions raised or challenges offered to Baptists, these questions and challenges have application and value for other Christian traditions as well. As I begin to provide a provisional answer to the first part of my research question, "What can I learn as a Baptist spiritual healthcare provider," I invite the reader to place themselves in the question by inserting into the blank their own tradition or beliefs and ask "What can I learn as a (blank)?" I invite the reader to

"try on" my Baptist lens as a CBF Baptist (more on this in the pages that follow) for a moment and to hold my lens in tension your own lens in exercise of reflection, growth, and learning.

A Brief History of the Baptist Tradition in Europe and North America

There is an old Baptist joke that if three Baptists get into an argument, you'll end up with four churches. Trying to determine what makes Baptists, well, Baptist, is no easy task. Some say it is believers baptism by immersion, others say it is the Bible and our "high" view of Scripture, and others say it is a quick move toward splintering and starting a new church at the slightest hint of disagreement in beliefs. So what makes a Baptist, Baptist and where did Baptists originate? It is important for this project to lay this groundwork of the Baptist tradition so the reader knows where I have come from as a Baptist and in order to join me on the journey of where I am going as a result of my experiences and learning with transgender persons and queer theologians.

Dr. Bill J. Leonard was referenced briefly in chapter one of this project and he is considered one of the foremost Baptist scholars and historians today. In the mid 1990s he was identified by the Board of Managers of the American Baptist Historical Society as the best choice to write a new book about Baptist history, with the desire that it would be the seminal work for Baptist history going forward.[31] In 2003, *Baptist Ways: A History* was published and it is considered the standard text for courses in Baptist history and beliefs. In this book, Leonard demonstrates in great detail the beginnings of the Baptist tradition up through the early 2000s. The Baptist tradition took its early cues of reformation and descent from reformers like Martin Luther and Ulrich Zwingli in Europe. From this stream would come two of the first Baptists in Europe and England in the early 1600s, John Smyth and Thomas Helwys (they ultimately parted

[31] Bill J. Leonard, *Baptist Ways: A History* (Valley Forge, PA: Judson Press, 2003), xi.

ways due to differing beliefs).[32] The founder of the Baptist tradition in North America was Roger Williams in 1639, where again there was division and separation into different factions and churches that identified as Baptist as they attempted continued reformation of the Baptist tradition.[33]

A hallmark belief of Baptists is individual church autonomy. Distinguishing itself from the Catholic Church with the Pope as its head and the Church of England with the Archbishop of Canterbury at the forefront (as well as Kings and Queens), Baptist churches are each their own local, governing democratic body and choose autonomously to associate and affiliate with other like-minded churches at local, state, regional, national, and world-wide levels.[34] One way Baptist churches both associated and found conflict was around world-wide missionary endeavors.

The Southern Baptist Convention was formed out of questionable motives, to say the least. In an extended statement, Leonard highlights its controversial beginnings:

> Convinced that the missions board had been co-opted by abolitionists and that Southerners were no longer candidates for missionary appointment, a group gathered at First Baptist Church, August Georgia, on May 8, 1845, and established the Southern Baptist Convention. With no reference to slavery, the new denomination was founded, as the constitution suggested, "for the purpose of carrying into effect the benevolent intention of our constituents, by organizing a plan for eliciting, combining, and direction the energies of the whole denomination in one sacred effort, for the propagation of the Gospel." Denied their right to hold their positions on slavery and fulfill their understanding of the missionary imperative, the Southerners began a new movement that was at once united around evangelical zeal and Southern cultural mores.[35]

Despite its beginnings and history with members desiring to continue to enslave human beings while also being involved in missionary endeavors, the Southern Baptist Convention grew into

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[32] Leonard, *Baptist Ways,* 23-26.

[33] Leonard, *Baptist Ways,* 72.

[34] Leonard, *Baptist Ways,* 6.

[35] Leonard, *Baptist Ways,* 189.

the largest Protestant denomination in the United States. In 2018 the Pew Research Foundation found it had 14.8 million members in the U.S.[36] The Southern Baptist Convention, despite its size, remains a controversial entity today with its beliefs about the role of women as submissive and complimentary to men as well as its unwelcoming and non-affirming views regarding LGBTQ persons. It is out of this background and a desire to forge another way that the Cooperative Baptist Fellowship was born.

My background and Baptist beginning, like many Baptists, is with the Southern Baptist Convention. But, like a growing number of Baptists, I have found a new home in another "flavor" of the Baptist tradition. In my case, I identify with the Cooperative Baptist Fellowship, which I now turn my focus. A distinction between Southern Baptists and Cooperative Baptists is important because Southern Baptist beliefs have primarily remained static over time in regard to what it means to be Baptist. In its relatively short history Cooperative Baptists have shown more process and fluidity in their beliefs and there seems to be more openness to learning, growth, and change. This openness is important, particularly for this project, because it is directly exploring what I can learn and indirectly or more broadly exploring what we all can learn from the stories and experiences of transgender persons with spiritual care providers in healthcare settings.

A Brief History of the Cooperative Baptist Fellowship

In 1990 the Cooperative Baptist Fellowship (CBF) began their process of becoming, leaving behind the Southern Baptist Convention to become the body of believers they felt God was calling them to be. In their first gathering, one of the leaders shared in his opening remarks, "We're here to help, not to hurt; to heal, not wound; to unify, not divide; to focus on the future, not the past. We're here to encourage each other, learn from each other, pray for each other and

[36] Dalia Fahmy, "7 Facts about Southern Baptists," Pew Research Center (Pew Research Center, June 7, 2019), https://www.pewresearch.org/fact-tank/2019/06/07/7-facts-about-southern-baptists/)

listen to the voice of God through each other."[37] It is in this spirit of how the CBF understands what it means to be Baptist that I also come to this project, seeking to learn with and hear the voice of God with transgender persons. At a meeting in 1991, Cooperative Baptist Fellowship leaders laid out six moderate Baptist convictions; the sixth and final conviction is "the hope for a fellowship that would be ecumenical and inclusive."[38] Stated plainly, do transgender persons feel included within the Cooperative Baptist Fellowship?

In theory, Baptist churches that chose to affiliate with the CBF hold to these convictions of ecumenicism and inclusivity but I wonder how many churches might say there are limits to their inclusion, particularly in regard to transgender individuals? For example, were transgender persons who grew up in CBF congregations included in ways that affirmed who they were becoming and not simply how they were assigned or self-identified at birth? If given space to share, what might a transgender person say about the beliefs of the Baptist tradition and what might we learn from what they share? These questions are important to this project because while none of the project participants directly identified with the CBF or labeled themselves as a CBF Baptist, one of the project participants attends a church that is affiliated with the CBF. Another project participant attends a church that is closely involved in an ecumenical group that includes a Baptist church. Through this project, the project participants are receiving an opportunity, perhaps for the first time, to share their stories and experiences with the CBF and there is much we can all gain by listening deeply to their stories and experiences. As a spiritual care provider who is part of the CBF, I have much to learn and readers from other denominations and traditions can benefit from this learning as well. As you continue to read, I invite you to

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[37] Pamela R. Durso, *A Short History of the Cooperative Baptist Fellowship Movement* (Brentwood, TN: Baptist Heritage and History Society, 2006), 4.

[38] Durso, *Short History*, 5.

continue to hold my particular Baptist lens in tension with the lens or faith tradition you bring to your reading of this project, questions that are raised, and opportunities for learning, growth, and challenge. Just as the larger Baptist tradition has created cultural space for an evolving understanding of other social and theological positions, I believe there is an invitation to create space for an evolving understanding of human sexuality, including that of the unique human being that does not fit "normative" standards and the transgender person.

What Makes a Baptist, Baptist?

So, in light of the above invitation, I ask again, what makes a Baptist, Baptist? If you recall back to Chapter one, I remind the reader that the term "transgender" is a broad, umbrella term. The GLAAD Media Reference Guide shares "[p]eople under the transgender umbrella may describe themselves using one or more of a wide variety of terms […]."[39] This is important to this project because in a similar but different way, Baptist is an umbrella term and individual persons and churches that identify as Baptist might self-identify what it means to be Baptist differently and so it is important to clarify what a terms mean to that particular individual. So, to this point, I have avoided the question concerning what makes a Baptist, Baptist to a certain extent because of the difficulty of pinpointing a set list of beliefs or distinctives.

Dr. Leonard recognized this difficulty and wrote "any attempt to delineate Baptist distinctives must begin with a confession that any effort to hold certain dynamic, sometimes contradictory, ideals in balance is a noble, but nearly impossible task."[40] He highlights some of the tensions faced in the Baptist tradition stating, "[s]ome Baptist groups were in the vanguard of the modern mission movements, while others rejected missionary activity altogether. Some have

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[39] "GLAAD Media Reference Guide — Transgender," GLAAD, April 19, 2017, accessed November 06, 2018, https://www.glaad.org/reference/transgender.

[40] Leonard, *Baptist Ways,* 14.

supported the ordination of women, while others have rejected it entirely. Some have demanded various degrees of creedal uniformity, while others have eschewed all creeds and confessions."[41]

In short, it seems there is no one way or right way to be a Baptist. Part of the beauty of being Baptist is a certain amount of individual self-identification. I often find myself both sharing with or asking of others what "flavor" of Baptist that they are. I like this descriptor of flavor because a flavor, like a flavor of ice cream, shares things in common yet also has distinctive elements. Again, Dr. Leonard helps provides clarity regarding what I am calling the "ingredients" or distinctive elements that make up various Baptist "flavors." He states,

> Curtis W. Freeman, James Wm. McClendon Jr., and C. Rosalee Velloso Da Silva suggest three approaches for discerning Baptist identity. Some point to doctrinal distinctives as a way of discerning Baptist uniqueness, while others refer to "principles or self-evident axioms." Still others prefer "identifying marks" evident in "characteristic practices," including "biblicism, mission, liberty, discipleship and community." Perhaps certain types of Baptist identity are found in all these "marks," articulated by scholars, critics, and Baptists themselves.[42]

Further demonstrating the difficulty of clearly articulating Baptist identity is a collaborative effort called Baptist Studies Online (BSO), funded by California Baptist University. BSO lists eight key confessional documents that have been utilized by Baptists in Europe and twelve key confessional documents of Baptists in North America that attempt to articulate Baptist identity, doctrinal distinctives, identifying marks, and other ways of describing what it means to be Baptist.[43]

One of the earliest descriptions of what it meant to be Baptist from the 1640s in England began "[f]irst, that none are rightly baptized but those who are dipt. Secondly, that no children

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[41] Leonard, *Baptist Ways,* 14.

[42] Leonard, *Baptist Ways,* 2.

[43] "Confessions of Faith," Baptist Studies Online (California Baptist University), accessed December 3, 2019, http://baptiststudiesonline.com/confessions-of-faith/)

ought to be baptized."[44] "Dipt" or dipping in the water would later come to be called baptism by full immersion and this has been a unique identifier of Baptists from the beginning. While the second point helped distinguish Baptists from Anglicans and others who might baptize a child by sprinkling or other forms, the Baptist view has changed over time as many Baptist "flavors" will now baptize children once they can make their own statement of faith that "Jesus is Lord."

In 1892 American Baptist theologian and educator Alvah Hovey wrote a book entitled *Restatement of Denominational Principles* where he acknowledged "[s]pecific characteristics might not be unique to the Baptist family, but were combined in peculiarly Baptist ways."[45] In what was long held as the gold standard for articulating Baptist history and distinctives, Robert Torbet's *A History of the Baptists,* took Hovey's list of distinctives and shortened it to what would become the norm for many, if not most, Baptists: "(1) the authority of Holy Scripture; (2) a regenerate church memberships; (3) baptism by immersion as the sign of new life in Christ and membership in the church; (4) the autonomy of the local congregation; (5) the priesthood of all believers; and (6) religious liberty."[46] Today, for the "flavor" of Baptist that I am a part of, the Cooperative Baptist Fellowship, we follow an even more condensed version of Torbet's list of Baptist distinctives outlined by Dr. Walter B. Shurden, who among others roles is the former chair of the department of Christianity and the founder of and former executive director for the Center for Baptist Studies at Mercer University.

Just as it is important for a transgender person to be able to self-describe who they understand themselves to be, it is important for some who identifies as a Baptist, to self-describe

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[44] Leonard, *Baptist Ways,* 2.

[45] Leonard, *Baptist Ways,* 3

[46] Leonard, *Baptist Ways,* 3.

what they mean when they self-identify as Baptist also. As one can see, I am working from a broad understanding of the history and beliefs of Baptists and narrowing down to how I understand our beliefs as a more particular type of Baptist, the CBF. I hope it is apparent to the reader that within the wide range of Baptists, there are some that are more open to learning, growth, challenge, and inclusion than others. Fostering safe space for self-description and understanding is an important practice in spiritual care. It is especially important to foster safe space with transgender persons and in a discussion of religious beliefs, as assumptions can lead to hurt and misunderstandings. I now turn my focus to two important distinctive works or documents that help define what it means to be a part of the CBF and how I believe there is room for reflection, growth, and refinement of these beliefs in order to be more inclusive of transgender persons.

A Brief Reflection on Baptist Identity: Four Fragile Freedoms

As a life-long Baptist and an ordained Baptist minister, I believe there are a number of valuable conversation partners that can help me reflect upon Baptist beliefs in new ways. In my "flavor" of Baptist, we hold four distinctive freedoms in high regard; Bible Freedom, Soul Freedom, Church Freedom, and Religious Freedom.[47] Baptist minister and ethicist Rod Benson of Sydney Australia provides a clear and succinct description of each of these freedoms that Shurden names. Bible Freedom "is the historic Baptist affirmation that the Bible, under the Lordship of Christ, must be central in the life of the individual and church and that Christians, with the best and most scholarly tools of inquiry, are both free and obligated to study and obey

[47] Walter B. Shurden, *The Baptist Identity: Four Fragile Freedoms* (Macon, GA: Smyth & Helwys, 2013).

the Scripture."[48] Soul Freedom "is the historic affirmation of the inalienable right and responsibility of every person to deal with God without the imposition of creed, the interference of clergy, or the intervention of civil government."[49] Church Freedom "is the historic Baptist affirmation that local churches are free, under the Lordship of Christ, to determine their membership and leadership, to order their worship and work, to ordain whom they perceive as gifted for ministry, male or female, and to participate in the larger body of Christ, of whose unity and mission Baptists are proudly a part."[50] And finally, Religious Freedom "is the historic Baptist affirmation of freedom OF religion, freedom FOR religion, and freedom FROM religion insisting that Caesar is not Christ and Christ is not Caesar."[51] While these four freedoms could be teased out in greater detail, in my opinion, Benson's summary of Shurden's four freedoms most clearly and succinctly articulates what makes a Baptist, Baptist while also allowing room for unique aspects of belief as well. Unfortunately, Baptists can be more known for the unique aspects of their beliefs, over and above, the central aspects of our shared Baptist tradition.

In the conclusion of the book *The Baptist Identity: Four Fragile Freedoms*, Walter B. Shurden wrote, "[i]f Baptists experienced a rebirth of commitment to Bible Freedom, Soul Freedom, Church Freedom, and Religious Freedom, they would not only rediscover their roots and their identity, they would become prophetically relevant to the world today."[52] In light of this project, I find myself wondering what it means for Baptists to be "prophetically relevant to

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[48] Rod Benson, "Towards a Baptist Identity: Shurden's 'Four Fragile Freedoms' and the 1989 Zagreb Statement," Baptists Together, July 31, 2008, http://baptists-together.blogspot.com/2008/07/towards-baptist-identity-1989-zagreb.html)

[49] Benson, "Towards a Baptist Identity."

[50] Benson, "Towards a Baptist Identity."

[51] Benson, "Towards a Baptist Identity."

[52] Shurden, *Baptist Identity*, 55.

the world today."[53] Guiding questions for this chapter on Baptist history and belief distinctives are these: how might transgender persons speak prophetically to the Baptists tradition? How might a Baptist like myself might speak prophetically to the Baptist tradition, the CBF, and others as we seek together an experience of rebirth and rediscovery?

A current example of a Baptist speaking prophetically to Baptists (and also the universal Church at large) is Mark Wingfield, Associate Pastor at Wilshire Baptist Church, in Dallas, Texas. He recently wrote a book entitled *Why Churches Need to Talk About Sexuality: Lessons Learned from Hard Conversations about Sex, Gender, Identity, and the Bible*. In an opinion piece about the book and his experience, Wingfield shared, "[h]ere's one of the important things [Wilshire Baptist Church] learned from our shared experience: *The avoidance of conflict that appears to be a good life is actually only a substitute for an illusory easy life.* And in this case, easy is not good. In hindsight, our church is better for choosing the good over the easy. We are better for having had the conversation"[54] (emphasis Wingfield's).

In a similar way, a desire for this project is to help chaplain's choose what I believe is the good, informed and less biased spiritual care, over what might be considered the easier choice when it comes to the spiritual care of transgender persons in health care settings. For example, the easy thing may be for a spiritual care provider to avoid a patient visit when the name and gender of a patient are not heteronormative. The easy thing may be to follow a "don't ask, don't tell" practice when an opportunity to address a transgender person with dignity and correct pronouns is presented. The easy thing may be to avoid conversations, learning, and changes at

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[53] Shurden, *Baptist Identity*, 55.

[54] Mark Wingfield, "What Our Wilshire Congregation Learned: Have 'the Conversation' Anyway," Baptist News Global (Baptist News Global, December 6, 2019), https://baptistnews.com/article/what-our-wilshire-congregation-learned-have-the-conversation-anyway/?fbclid=IwAR1Bmna3WQKbkmphb-Nzl4R1zMp3-QGkMn_6HT8tBzuMgI-YzneeXfwq1xk#.Xe4qsS2ZPVp)

the cost of the good and right thing, which is more informed and less biased spiritual care for all persons.

In a 2007 report, it was estimated that 700,000 individuals are part of the Cooperative Baptist Fellowship.[55] In a 2016 report by the Williams Institute, it was stated that roughly .6% or 1.4 million adults in the United States identify as transgender.[56] The Williams Institute also reported in 2018 that approximately .7% or 150,000 of youth in the U.S. ages 13-17 identify as transgender.[57] Based on these statistics, one could presume that roughly .6-7% of persons within the CBF *could* also be transgender, which would be about 4,200 persons of the reported 700,000 members in 2007. On a more personal note, the CBF congregation I attend has around 900 members, which would mean possibly five people within the congregation are transgender. I recognize the actual number of transgender persons within CBF is an educated guess based on a statistical report but the point I am trying to make is that statistically, transgender persons are a part of the CBF just as they are a part of the larger whole of the population of the United States.

The presence and existence of transgender persons in the United States is central to this project as it pertains to healthcare and spiritual care. According to the two Williams Institute reports above, in the United States at least 1.5 million people (1.4 million adults and 150,000 youth) self-identify as transgender. Texas, where I currently live, ranks fifth in the United States with 125,350 people self-identifying as transgender.[58] I live in the Dallas Fort-Worth metroplex,

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[55] David Roach, "CBF Lists Churches 'Represented' at Assembly; Declines to Name Partner Churches," Baptist Press (Baptist Press, June 28, 2007), http://www.bpnews.net/25983)

[56] A..R. Flores, J.L. Herman, G.J. & T.N.T. Brown. (2016). *How Many Adults Identify as Transgender in the United States?* Los Angeles, CA: The Williams Institute, 3.

[57] "New Estimates Show That 150,000 Youth Ages 13 to 17 Identify as Transgender in the US," Williams Institute (Williams Institute, July 26, 2018), https://williamsinstitute.law.ucla.edu/research/transgender-issues/new-estimates-show-that-150000-youth-ages-13-to-17-identify-as-transgender-in-the-us/).

[58] Flores,. (2016). *How Many Adults Identify as Transgender in the United States?*, 4.

which is the second largest city in Texas and also the second leading city for medical care in Texas. Transgender persons need access to health care like every other American. In most hospital systems, particularly in Texas, patients have the option to receive spiritual care while in the hospital setting as well. I believe it is our duty to offer informed and less-biased health care and spiritual care to transgender persons. This a central reason for the purpose and passion of this project.

For many people who identify as Christian, it is a belief that our Christian faith, and the values of our shared faith, should inform how we act in the world. Our faith should inform our views and social positions on things like education, care of the least, lost, and lonely, and access to health care. So, how can all "flavors" of the Baptist tradition like the CBF, which includes transgender persons, be rebirthed and recreated in order to better express the "Four Fragile Freedoms" we believe God grants all human beings? I believe one way is to utilize our four freedoms of Bible Freedom, Soul Freedom, Church Freedom, and Religious Freedom to critique a central Baptist document called The Baptist Faith and Message. In addition, another way to critique and gain new perspective is to include the voices of queer theologians to help bring new and fresh perspective to an outdated but dynamic document like The Baptist Faith and Message. It is to the Baptist Faith and Message that I now transition.

A Brief Reflection on the Baptist Faith and Message (1963)

Unfortunately, instead of finding freedom in the four freedoms listed above, many Baptist are held captive by a confessional document intended to articulate the Baptist identify. In addition to the four freedoms, most Baptists in North America hold to either the 1963 (see

Appendix G) or 2000 Baptist Faith and Message (BFM).[59] The Cooperative Baptist Fellowship and many progressive flavors of Baptists tend to lean upon the BFM (1963), in spite of its dated language, patriarchal understandings of God and man [sic], and heteronormative views that come in conflict with evolving understandings of God, humankind, and the family. In particular, the "normative" views of God (article II, exclusively male language for God), Man [sic] (article III, *imago Dei*), and the family (article XVIII, added to the 1963 edition in 1998)[60] that the BFM presents are troubling and not inclusive of transgender persons.[61] What would it look like for Baptists like the CBF to revisit BFM (1963)? What could this mean for transgender persons and their presence amongst us all? These questions and more all flow out of the central question for this project that I call the reader back to: what can I learn as a Baptist spiritual healthcare provider by listening deeply to the stories of transgender persons with experiences in Christian traditions as they describe their spiritual journey, needs, and the barriers they experience between themselves and spiritual healthcare providers in healthcare settings?

The BFM (1963) begins the section on God stating, "There is one and only one living and true God. He [sic] is an intelligent, spiritual, and personal Being, the Creator, Redeemer, Preserver, and Ruler of the universe. God is infinite in holiness and all other perfections. To Him [sic] we owe the highest love, reverence, and obedience. The eternal God reveals Himself [sic] to us as Father, Son, and Holy Spirit, with distinct personal attributes, but without division of

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[59] "Comparison of 1925, 1963 and 2000 Baptist Faith and Message," Southern Baptist Convention On "Same-Sex Marriage" and Civil Rights Rhetoric, accessed September 06, 2018, http://www.sbc.net/bfm2000/bfmcomparison.asp.

[60] The Southern Baptist Convention revisited the BFM, adding article XVIII on the Family in 1998. It articulates the SBC understanding of marriage between one man and one woman and their view on gender norms, roles, and expectations. The SBC eventually produced a significantly modified the 2000 edition of BFM. The history, changes, and impact of these decisions to the BFM by the SBC is outside the scope of this project.

[61] "Comparison of Baptist Faith and Message."

nature, essence, or being" (emphasis mine).[62] As one can quickly see, exclusively male language for God is not inclusive of females, transgender persons, people who are gender fluid, or those who are gender non-conforming. Updating the language of God in this section (and throughout the BFM) would be a relatively easy solution with little theological implications as God is neither male nor female but rather encompasses all being. Resources like Dr. Lee Airton's 2019 publication, *Gender: Your Guide: a Gender-Friendly Primer on What to Know, What to Say, and What to Do in the New Gender Culture*, is user friendly and could easily be utilized to help update language to be more inclusive of all persons.

The third section of the BFM (1963) is called "Man" and reveals the challenges the section on humanity or human kind presents. The BFM (1963) states,

> Man [sic] was created by the special act of God, in His [sic] own image, and is the crowning work of His [sic] creation. In the beginning man [sic] was innocent of sin and was endowed by his [sic] Creator with freedom of choice. By his [sic] free choice man [sic] sinned against God and brought sin into the human race. Through the temptation of Satan man [sic] transgressed the command of God, and fell from his [sic] original innocence; whereby his [sic] posterity inherit a nature and an environment inclined toward sin, and as soon as they are capable of moral action become transgressors and are under condemnation. Only the grace of God can bring man [sic] into His [sic] holy fellowship and enable man [sic] to fulfill the creative purpose of God. The sacredness of human personality is evident in that God created man [sic] in His [sic] own image, and in that Christ died for man [sic]; therefore every man [sic] possesses dignity and is worthy of respect and Christian love.[63]

Again, updating language from man [sic] to humanity or human kind is a relatively easy fix. The adaption of pronouns from his [sic] to their (a form of singular they/them) is also a simple change that does not affect the theological integrity or truth of the document. For instance, editing the first two sentences to include inclusive language, it would read, "Human kind was created by the special act of God, in God's own image, and is the crowning work of God's

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[62] "Comparison of Baptist Faith and Message."

[63] "Comparison of Baptist Faith and Message."

creation. In the beginning humanity was innocent of sin and was endowed by their Creator with freedom of choice." Adapting the language and pronouns in the sections on God and Man [sic] are simple and would likely go unnoticed by many. Reflecting upon the section added in 1998 The Family may be more challenging for many, as it gets to a central matter in "normative" thinking for many Baptists.

Strangely, the section on the Family was not present or thought to be necessary in the 1925 or 1963 editions of the BFM. It was added in 1998 amidst fears of the breakdown of the "traditional" family and the self-proclaimed "culture wars" led by many conservative faith leaders, including Baptists. This fear led Baptist leaders in the SBC to amend or edit the BFM for the first time since 1963 to include article eighteen entitled The Family which reads,

> God has ordained the family as the foundational institution of human society. It is composed of persons related to one another by marriage, blood or adoption.
>
> Marriage is the uniting of one man and one woman in covenant commitment for a lifetime. It is God's unique gift to reveal the union between Christ and His church, and to provide for the man and the woman in marriage the framework for intimate companionship, the channel for sexual expression according to biblical standards, and the means for procreation of the human race.
>
> The husband and wife are of equal worth before God, since both are created in God's image. The marriage relationship models the way God relates to His people. A husband is to love his wife as Christ loved the church. He has the God-given responsibility to provide for, to protect, and to lead his family. A wife is to submit herself graciously to the servant leadership of her husband even as the church willingly submits to the headship of Christ. She, being in the image of God as is her husband and thus equal to him, has the God-given responsibility to respect her husband and to serve as his helper in managing the household and nurturing the next generation.
>
> Children, from the moment of conception, are a blessing and heritage from the Lord. Parents are to demonstrate to their children God's pattern for marriage. Parents are to teach their children spiritual and moral values and to lead them, through consistent lifestyle example and loving discipline, to make choices based on biblical truth. Children are to honor and obey their parents.[64]

[64] "Comparison of Baptist Faith and Message."

Thankfully, the CBF and many other Baptists flavors do not use the 1963 edition that includes the addition of article XVIII The Family, that was added later. As one can see, the article on family utilizes male dominant language for God, is highly patriarchal in its description of gender roles and responsibilities, and excludes any form of committed relationship outside of marriage between one man and one woman. It would be fascinating to consider in more detail why this article was not deemed necessary in the 1925 or 1963 editions of BFM but again, that consideration is outside the scope of this project. Baptists, like a family, are made up of individuals that form a family or a community. It is to the personal and communal aspects of Baptist life that I now turn. I continue to invite the reader to find themselves in the questions and reflections as they bring their own personal and communal self to this project.

Personal and Communal

There is an old African Proverb that says, "I am because we are." Baptists hold in tension, among other things, the personal experiences of a faith conversion and the reading of Scripture with the communal experience of being part of a local church body and interpreting the Bible in the context of a faith community. Dr. William E. Hull was a lifelong Baptist and a dissenting figure in the midst of Baptist conflict, continually striving to help Baptists uphold autonomy against institutional power grabbing. Toward the end of his life he wrote a small pamphlet called *The Meaning of the Baptist Experience*, published in 2008. In the concluding pages of the pamphlet he shares several key ideas that have application for the context of this project in regard to hearing and receiving the personal and communal experiences of transgender persons. Hull writes, "the bedrock of the Baptist mindset is a conviction that Christianity begins, continues, and ends as a personal experience with God revealed in Jesus Christ through the witness of the Holy Spirit. This divine/human encounter results in a transforming relationship

sustained by the Lord of the universe living at the center of one's very being."[65] The experiences of a transgender persons are deeply personal and like a personal faith a conversion experience is at the center of their very being.

Dr. Hull continues, reflecting upon the tension of the personal and communal as it applies to the Bible stating the

> freedom to interpret the Bible afresh is not viewed by Baptists as license to substitute private opinion for long-standing consensus. But they know that Jesus promised the Holy Spirit to guide his followers into fresh truth (Jn. 16:13), a promise the first Christians claimed as they reinterpreted the Old Testament in ways that it had never been understood before. They also know that God is guiding his people into new situations where fresh applications of the faith can be attempted that have never been possible before (Jn. 16:12). Most of all, they know that studying the Bible avidly, experiencing it directly for themselves, leads to insights not available to those so content with their venerable traditions that they seldom bother to check the scriptural source from whence those traditions are said to have been derived.[66]

As we will learn in the pages to come, the experience of conversion/transition for transgender persons is not something entered into lightly. Transgender persons are not a fad or a product of the times but rather people who have always existed, in every culture throughout time. Austen Hartke, a transgender man, supports the previous assertion stating the

> presence of genders beyond just male and female in societies all over the world gives us a hint about how long transgender people have existed. Far from being a new trend, there have been gender-nonconforming and nonbinary people throughout human history. It would be anachronistic to say that these people were transgender as we understand that word today, but we do know that there were people who didn't fit the gender norms of their time and who lived lives in gender roles that didn't match their assigned sex.[67]

What is changing is that people are understanding God, creative process, science, history, and theology among other matters in new, more inclusive ways. A result of this transformation is

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[65] "William E Hull, *The Meaning of the Baptist Experience* (Atlanta, GA: Baptist History and Heritage Society, 2008), 14.

[66] "Hull, *The Meaning of the Baptist Experience*, 15-16.

[67] "Austen Hartke, *Transforming: the Bible and the Lives of Transgender Christians* (Louisville, KY: Westminster John Knox Press, 2018), 25.

making room for people like transgender persons to fully be within the larger context of social and faith communities who they have always known themselves to be.

Finally, in reference to oppressive beliefs about African Americans and women, Hull highlights how many flavors of Baptists throughout time have dissented writing, "Baptists need to raise an unequivocal dissent against those guardians of the status quo who would deny the full exercise of religious freedom to any person for any reason."[68] Today, the group of people to whom this statement most fully applies are LGBTQ persons and more specifically those who are a focus in this project, transgender persons.

Speaking in context of the experience of women compared to men, but I believe still applicable to transgender persons as well, Hull wrote, "[b]ut to listen to their experiences of conversion and calling and you will discover a giftedness and commitment that is in every way the equal of those experiences that God grants to men. […] Baptists have many years of work before them to root out the last vestiges of discrimination that embarrass our most basic convictions."[69] As it has been stated previously, it is through the deep listening to the stories and experiences of transgender persons, that I hope to help Baptists and spiritual care providers alike to discover the gifts and commitments of transgender persons. It is the witness and the work of queer theologians that I will now explore, as believe they will help me rediscover and renew basic convictions of Baptists.

Queer Voices

In my pastoral theological method and the perspective I hold as a Baptist, it is important not simply to reflect upon or rethink the Baptist tradition, but to do so in light of conversation

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[68] "Hull, *The Meaning of the Baptist Experience*, 20-21.

[69] "Hull, *The Meaning of the Baptist Experience*, 21.

partners who self-identify as transgender or queer. As an ordained Baptist minister, I do not want to give up on or walk away from the Baptist tradition that has nurtured me in faith, fostered space for curiosity, allowed me to ask questions, and called me to Gospel ministry. It is in that spirit of openness and welcome that I desire to bring Rev. Dr. Justin Sabia-Tanis and other transgender and queer voices into conversation with Baptist beliefs such as the four freedoms and BFM. I believe queer theology can inform the ongoing development of Baptist theology and practice.

For instance, how might Sabia-Tanis's perspective and experience as a transgender man help me explore the fragility of the freedoms in order to discover greater freedom within the four key Baptist distinctives? How might a transgender person experience the BFM, its language, and understandings of things like gender? Bill Leonard reminds us, "Baptist principles are not static; they guide Baptist communities in shaping identity and action; yet they are revisited, renewed, and sometimes revised in every generation."[70] I desire to learn from the stories of transgender persons so that they might help me revisit, renew, and revise my Baptist faith in order to offer more holistic spiritual care with them and to share my findings within the discipline of spiritual care, as well as the larger Baptist community. I do not want to revisit, renew, and revise in ways that are comfortable or easy as I seek to find the good that transgender persons bring to the Baptist tradition.

Queer theologians like Dr. Marcella Althaus-Reid help challenge Baptist beliefs that are too often static and unchallenged. Dr. Althaus-Reid, a queer, feminist, and liberation theologian who died in 2009, wrote, "Queer theology is basically an example of high theological doubting or queer, irreverent in the sense that it tends to desacralize what has been made sacred for the

[70] Leonard, *Baptist Principles*, 23.

sake of ideological interests. There is nothing quite like queer theology for making fun of idols."[71] Her statement is provocative and stirs curiosity around the "idols" that are upheld in the Baptist tradition mentioned above like Bible Freedom or Religious Freedom. How might queer theologians help me and other Baptists revisit, renew, and revise our Baptist views in order to help shape our identity and action in the world broadly and in our specific locations of ministry?

Rev. Dr. Justin Sabia-Tanis wrote, "My journey of transforming my physical body has been simultaneously a journey of transforming my spiritual self. . . . The more congruent I felt in terms of gender, the more free I felt to express myself to God."[72] As shared above, Baptists hold in high regard Bible, Soul, Religious, and Church Freedoms, and yet these freedoms are too often conditioned by male, patriarchal, heteronormative understandings. Sabia-Tanis highlights this conditioned freedom within an expression of the Baptist tradition, Southern Baptists but with application for all Baptists, including CBF.

> It never occurred to me that God would not accept me, but I was very afraid that God's representatives within the church might reject me. The church has only recently begun to look at its own issues of gender and continues to struggle with issues like inclusive language with reference to God, despite the Bible's use of both male and female names for God. The Southern Baptists' recent affirmation of the call for women to submit to their husbands tells me that the body of Christ has a long way to go in examining gender. If the church is still struggling with the role of women and men, it is even less prepared to deal with those who break free of the categories of gender itself. [73]

Sabia-Tanis is inviting Baptists of all flavors to engage in self-examination and the impact of its beliefs upon transgender persons and other understandings of gender. Self-examination is not

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[71] Marcella Althaus-Reid, "Outing Theology: Thinking Christianity Out of the Church Closet." *Feminist Theology* 9, no. 27 (2001): 58.

[72] Robert E. Goss and Mona West, *Take Back the Word: A Queer Reading of the Bible* (Cleveland, OH: Pilgrim Press, 2001), 44.

[73] Goss and West, *Take Back* 44-5

just a reflective exercise in isolation but should be a move toward being in face-to-face relationships with transgender persons.

If queer theology can inform the ongoing development of Baptist theology and practice, I believe it speaks directly to Baptist freedoms we hold dear like Bible Freedom, Soul Freedom, Church Freedom, and Religious Freedom. It is in a spirit of freedom that I think Sabia-Tanis reminds readers of all faith backgrounds that "God speaks directly to us of the freedom to be ourselves and to follow the path that God sets before us."[74] And yet, transgender persons and Baptists alike hold this individual freedom in tension with being part of a larger community like a local Baptist church or a transgender community, support group, or any other community of belonging. The individual freedoms are expressed and experienced in the context of a larger community, in relationship with others. I am again drawn back to the African proverb, "I am because we are." The freedoms and experiences of Baptists broadly and transgender persons specifically take on deeper meaning in the context of communal relationships.

Rev. Dr. Edgard Francisco Danielsen-Morales of Metropolitan Community Church of New York shares that queer theology "invites us to re-imagine relationships."[75] This is another example of queer theology informing the ongoing development of Baptist theology and practice. His view of theology is that it is "Queer, Transgressive, Indecent, and Trespassing," and that "it starts with bodies – human bodies with desires, sexualities, messiness, beauty, pain, limitations; '*the rebellious bodies,*' [Althaus-Reid] would say – and the stories of these bodies connecting to other human bodies."[76] It is through the love, risk, and messiness of being connected to other

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[74] Sabia-Tanis, *Trans-Gender*, 129.

[75] Edgard Francisco Danielsen-Morales, "1 Heart = OK Towards a Queer Theology of Relationships," Lecture, Seminars in Memory of Marcella Althaus-Reid. September 23, 2014. Accessed June 19, 2018. https://ofld.mccchurch.org/download/Danielsen-Morales Towards a Queer Theology of Relationships.pdf, 1.

[76] Danielsen-Morales, "1 Heart," 1.

human bodies because "there is no theology outside the body; there is no theology outside relationships."[77] Being in relationship, particularly with those of whom we are different from, is central to cultivating space for love, risk, and chaos to help bring about transition and transformation.

Danielsen-Morales goes on to say "[t]o do theology is to tell our stories."[78] It is my hope that this project, this doing of theology with transgender persons, will help us all more imaginatively share and receive our stories and the gifts we have to share with the world. Sabia-Tanis rightly wonders, "will the church celebrate the goodness of the varieties of life and expression that God created, rather than try to force nature to conform to our categories of gender and sexual orientation?"[79] Openness and welcome to what may seem unfamiliar or new is vital in the learning process for Baptists as we seek to revise, revisit, and renew our Baptist beliefs and I believe we need queer and transgender voices to both challenge and inform the ongoing development of Baptist theology and practice. In addition to queer theologians, there is much that can be learned and challenge brought from the discipline of psychology as well that has application for this project.

Voices of Challenge from Psychology

Central to my own personal beliefs, my spiritual care as a Baptist chaplain, and the posture of my ministry project is the concept of "unconditional positive regard," made popular by psychologist Dr. Carl Rogers. His perspective on client-centered therapy informs my spiritual care in that both the client/patient and the therapist/chaplain/spiritual care provider are in

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[77] Danielsen-Morales, "1 Heart," 2.

[78] Danielsen-Morales, "1 Heart," 3.

[79] Goss and West, *Take Back*, 45.

process, together. Rogers states, "When I am thus able to be in process, it is clear that there can be no closed system of beliefs, no unchanging set of principles which I hold. Life is guided by a changing understanding of and interpretation of my experience. It is always in process of becoming."[80] As I have reflected upon one of Roger's key ideas, I can't help but make a connection to Baptist beliefs as Baptist beliefs continue to be in process, guided by the Holy Spirit. As was stated previously in chapter one and drawing upon the gifts listed by Dr. Lowe, I believe transgender persons have many gifts to offer the world of spiritual care and the Baptist tradition through their unique experience, including but not limited to gifts as creative co-creators, persons who practice self-love, persons who uniquely understand the body-mind union, and persons who give things like newness, unity, and freedom to the world. As I learn, it is my experience that transgender persons often demonstrate openness, courage, and vulnerability in a unique process of becoming that we can all learn from and be enriched through.

The "living human web," made popular by Dr. Bonnie Miller-McLemore, is an intriguing and challenging way to bring in to relationship things that tend to remain in silos like theology, social justice, and politics. Miller-McLemore's continued evolving work with and application of the living human web is important because "thinking about [spiritual] care from the perspective of the living human web continues to require prophetic, transformative challenge to systems of power, authority, and domination that violate or oppress individuals and communities on social and political levels—a challenge that will take the discipline in directions that were not yet imagined when the slogan first arose."[81] As a minister in the Baptist tradition, the idols like Bible

[80] Carl R. Rogers, *On Becoming a Person: A Therapist's View of Psychotherapy* (Boston: Houghton Mifflin, 1961), 27.

[81] Bonnie J. Miller-McLemore, "The Living Human Web: A Twenty-Five Year Retrospective," *Pastoral Psychology* 67, no. 3 (2018): 314.

Freedom, Religious Freedom, Soul freedom, or the BFM would benefit from the "prophetic, transformative challenge" that other theories and theologies bring, like those from Queer theologians highlighted above.

At our best, I believe Baptists advocate within "systems of power, authority, and domination" like local churches or health care settings, and at our worst Baptists contribute to and are complicit in the oppression and marginalization of vulnerable people, like transgender persons. The living human web is both informed and challenged by queer theology because "[Marcella Althaus-Reid] reminds us that Queer Theology – in contrast with Liberation Theology – is not about equality but about difference."[82] Part of this ministry project is about equality within Baptist traditions, spiritual care and health care but also about making room for, learning from, and celebrating the difference and uniqueness of transgender persons. For many Baptists, myself included, calling for equality is the easy answer or solution but to celebrate the difference and uniqueness that transgender persons bring is the good challenge and invitation.

Polydoxy rather than Orthodoxy

In this conversation with Baptist identity and distinctives, one can see the difficulty of pinpointing what it means to be Baptist or what "the" Baptist distinctives are. They have evolved and changed over time, much like what it means to be queer or transgender. In a similar yet different ways, Baptists broadly and transgender persons particularly have always been amongst us and yet what that means, how their unique identities are expressed, and the gifts that both offer continues to evolve and transform. In the book *Polydoxy: Theology of Multiplicity and Relation* editors Dr. Catherine Keller of Drew University and Dr. Laurel C. Schneider of Chicago Theological Seminary state "[i]in recent years, a discernible movement within theology

[82] Danielsen-Morales, "1 Heart," 2.

has emerged around a triune intuition: that daunting differences of multiplicity, the evolutionary uncertainty it unfolds, and the relationality that it implies are not to be overcome in religious thought. They are starting points for it."[83]

In this chapter, I have provided a brief and limited overview or starting point reflecting upon the Baptist tradition in Europe and North America and how it eventually evolved into the "flavor" of Baptist identity that I participate, the Cooperative Baptist Fellowship. It is recognized that there are many, many views regarding what it means to be Baptist, not only from Europe and North America but from all around the world. The worldwide Baptist views are beyond the scope of this project. In addition, Baptists make up just one small expression of the Christian faith in Europe, North America, and worldwide. The multiplicity of expressions of Christian faith and more specifically Protestant Christian faith has been both a great strength and a great mark held against it. A lack of both uniformity and unity has been one of its greatest challenges and critiques of many. Yet, Keller and Schneider highlight "multiplicity itself has become theology's resource. What had always seemed a liability for Christian theology – multiplicitous differences contending from within and competing from without – has miraculously turned into theology's friend."[84] I return yet again to the African proverb, "I am because we are." Instead of holding different Christian traditions above and/or against one another, we are instead invited by Keller and Schneider to consider how they enrich one another.

It would be too reductionist of me in this project to try to determine *the* right way to be Baptist or *the* exact meaning or definition of what means to be transgender. Rather, part of the

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[83] Catherine C Keller and Laurel C Schneider, eds., *Polydoxy: Theology of Multiplicity and Relation* (New York: Routledge, 2011), 1.

[84] Keller and Schneider, eds., *Polydoxy,* 1

invitation for me and the reader of this project alike is to view this project as a starting point amongst many possible points and possibilities.

> These intuitions and starting points find grounding in the Christian tradition not only because of the rich history of texts and practices therein that support doctrinal and ethical formulations of multiplicity, evolutionary openness, and relationality. But also, like other global religions, "Christianity" was never merely One to begin with. Internally multiple and complex, it has always required an agile and spirited approach to theological reflection. We sense that the current resilience of theology in its *becoming multiplicity of relations* is a sign and a gift of the Spirit.[85] (Emphasis the author's)

I have previously used the term or phrase different "flavors" of Baptists and I believe this applies to different flavors of Christian or Christianities as well. The flavors can enrich one another if they are appreciated both as individual expressions of Christian faith and part of the whole expressions of Christian faith. While too often uniformity has been a desired goal (see for example the Catholic Church or a Protestant example like the Southern Baptist Convention) I believe it is multiplicity, evolutionary openness, and relationality that help bring life to religious institutions many think are static, dying, or dead.

My co-investigator and project director for this project offers a poignant challenge that "[a]rticulating one's perspective ought to invite conversation about how theological perspectives can be life-giving, as well as how they can damage the human soul and spirit, ultimately dealing in death rather than life."[86] A primary focus of this project is to examine my own theological tradition and my own practices as a chaplain, with the hope of being "life-giving" so as not to "damage the human soul and spirit" of all persons but specifically transgender persons. I agree with Dr. Namsoon Kang that "religion can be meaningful not for its own claim to truth and

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[85] Keller and Schneider, eds., *Polydoxy,* 2.

[86] Joretta L. Marshall, "Alternative Visions for Pastoral Work with LGBTQ Individuals, Families, and Communities: A Response," *Journal of Pastoral Care & Counseling: Advancing Theory and Professional Practice through Scholarly and Reflective Publications* 71, no. 1 (2017): 61.

divine authority but for the ways in which it serves to liberate and enlarge human freedom, possibility, and peace – not just spiritually but holistically in a materialized human reality."[87] Another way of saying this might be to say it is less about who is right in regards to truth or doctrine or beliefs but rather who is living rightly and in life-giving ways in relationship to other human beings.

Life-giving, liberation, human freedom, possibility, and peace are just a few of many ways I would argue that we are to live in the world. These practices and more can flow out of any Christian tradition or any other faith tradition. "Theological construction is not merely for repetition of the tradition, or justification of the doctrine, but for motivating people in church and society toward the better *practices* of what they confess."[88] So whether what one confesses is the Hippocratic Oath of healthcare providers or a version of the Baptist Faith and Message, I believe transgender patients in health care settings are seeking the better practices of what we confess. I contend transgender persons are less focused on what we say we believe but rather in what we *do* and how we treat them because of our beliefs.

This challenge is not just unique to the Baptist tradition, my flavor of the Baptist tradition CBF or the Christian tradition as a whole. All religions and faith traditions face the challenge of belief and practice. In his recent book *The Great Spiritual Migration*, Brian McLaren reminds his readers that "Father Richard Rohr likes to say, 'The best criticism of the bad is the practice of the better.'"[89] Through this project, I am not seeking to just criticize Cooperative Baptist Fellowship or spiritual care providers but rather seeking ways "to practice the better" through listening

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[87] Namsoon Kang, *Cosmopolitan Theology: Reconstituting Planetary Hospitality, Neighbor-Love, and Solidarity in an Uneven World* (St. Louis: Chalice Press, 2013), 101.

[88] Kang, *Cosmopolitan Theology*, 189.

[89] Brian D. McLaren, *The Great Spiritual Migration: How the World's Largest Religion Is Seeking a Better Way to Be Christian* (London: Hodder & Stoughton, 2017), 156.

deeply to the stories and experiences of transgender persons. Some of the challenges I have highlighted out of my own tradition are not challenges or problems unique to Baptists. Speaking in the context of Christianity as a whole, McLaren states "[w]hen we better come together as Christians, we can better join with parallel movements from other faith traditions, because ultimately the problems we face are not just *Christian* problems, they are human problems."[90] I am confident that the stories and experiences shared in this project by transgender persons are beneficial to the learning of all persons. The challenges the project participants highlight like someone addressing them with the wrong pronouns are not unique just to interactions with health care providers or chaplains because the challenges are matters all humans might encounter.

As I move to chapter three of this project, I will begin to explore, unpack, and reflect upon the findings and results of the interviews with four transgender persons. I believe the data and findings gathered from their stories and experiences in healthcare and with spiritual care providers will be both enlightening and challenging for all who read it. In Chapter four, I will integrate the interview responses and queer perspectives with Baptist identity, beliefs, and practice. Then, in Chapter five, I will begin to offer some evaluation of what was learned from the data, reflect upon its significance, offer some possible conclusions, and hold up some tentative implications as a result of what was learned.

[90] McLaren, *The Great Spiritual Migration*, 156.

Chapter Three: Findings and Results

Gathering

As I shared at the beginning of chapter one, I have worked as a Baptist chaplain in the hospital setting for seven years and in the larger field of chaplaincy for eleven years. During these eleven years, I have encountered a number of persons who self-identify as transgender. It was through reflection upon these encounters that I began to recognize there were opportunities for growth and learning from a multidisciplinary perspective that were missed. These specific encounters helped me see a valuable opportunity to better understand the experiences of transgender persons in healthcare settings and the barriers that are present between direct patient care providers and transgender persons in order to offer more informed and compassionate care.

It was in large part due to these experiences, the input and questions of my D.Min. colleagues at Brite Divinity School at TCU, and the guidance of professors at Brite Divinity School, I zeroed in on my research question: **What can I learn as a Baptist spiritual healthcare provider by listening deeply to the stories of transgender persons with experiences in Christian traditions as they describe their spiritual journey, needs, and the barriers they experience between themselves and spiritual healthcare providers in healthcare settings?** This carefully crafted question helped me hold in tension the role of Baptist tradition in this project and how I believe the stories and experiences of transgender persons I received can enrich and challenge my understanding of the Baptist tradition and the spiritual care I offer in healthcare settings. I believe the insights the project participants shared can also be of value to other denominations and faith traditions, as well as other disciplines within health care. What I have learned is provisional and impartial. With nearly every finding, insight, and "ah ha" moment, I have stumbled upon further questions, opportunities for learning, and new areas of exploration have been uncovered. I remain confident that what I have learned from the stories

and experiences of transgender persons can enrich and challenge the spiritual care of transgender persons from spiritual care providers of many traditions and be of valuable insight across many disciplines in health care.

After crafting my research question, I determined a small, qualitative study would help gather the data needed to address the primary question of this project.. I determined that narrative based interviews would be the best way to gather the data as so much of the work of spiritual care providers in the hospital setting is based on the narrative experience of a person. Thus, I developed interview questions that I believed would help create space for the project participants to share their stories in such a way that key themes, needs, barriers, and opportunities for grow might be revealed through their stories. The five interview questions will serve as the framework for the analysis of the data:

1. What does it mean for you that you self-identify as transgender and how does this connect to your own spiritual journey?
2. What is at stake for you in your transition and your process of becoming?
3. What have your experiences been like in the hospital and how did these experiences impact your own spiritual journey?
4. What are some of the barriers you feel might exist between transgender persons and spiritual care providers, like chaplains as well as other disciplines in a hospital setting like doctors, nurses or other staff?
5. If I were to only remember one thing from our conversation today, what is the most important thing you want me to know regarding the spiritual care of transgender persons?

After going through all of the necessary steps with the IRB to gain approval for this project, I sent a letter of introduction to trusted allies of transgender persons and people who are part of the LGBTQ community and asked them to shared information about my project in settings where they felt potential project participants would be able to view information about the

project. As a result of the project information being shared, a number of transgender persons contacted me directly to express their interest in participating in the project.

The project was designed around interviewing four to six participants who self-identify as transgender. Additional inclusion criteria are that the participants were to be over the age of 18. To be included, participants needed to have been admitted to the hospital for at least a 24-hour period for any health reason in the past ten years. It was preferred that the participants saw a spiritual care provider during a hospital admission but it was not a requirement for inclusion. IT was not a requirement because the participant may have declined spiritual care if it was offered as a resource. They could have intentionally chosen not to request spiritual care during a hospital admission.

Of the four to six participants, I sought a diverse population group that represented diverse experiences of transgender persons. I sought a diverse group of participants who self-identify as transgender. I had hoped to interview both transgender women (assigned as a male at birth) and transgender men (assigned as a female at birth). More on this in a moment. I also hoped to interview both transgender persons utilizing hormone treatments or gender affirming surgeries as well as transgender persons who had chosen not to utilize medical treatments or had not yet utilized medical treatments. Again, I will say more about this in a moment.

Exclusion criteria were persons who do not self-identify as transgender and that have not been admitted to the hospital for a 24-hour period for any reason in the past 10 years. Additionally, for the purpose of this study, I limited participant inclusion to transgender persons who once self-identified as a Christian for at least three years during their adult lifetime. This would be evidenced by attended a Christian church service in person or online at least six times a year or that still currently self-identify as Christian and attend a Christian church service in

person or online at least six times a year presently. This was important to the study because while chaplains work with patients of all faith backgrounds and those of none, it is my experience that patients who have or currently identify as a Christian are more likely to desire to see a chaplain or request to see a chaplain in healthcare settings than patients who do not identify as Christian.

Ultimately, four transgender women fit the project criteria and consented to participate in the project. I set up individual interview times with each participant, they received the interview questions well in advance of the interview, and there was a sixty to ninety minute conversation with each participant via the phone or Skype in which I recorded audio and took hand written or typed notes during our conversation.[91] All identifying information was removed from the transcripts. Project participants and their data were labeled as Participant A, B, C and D.[92]

The next step in gathering the data was after the interviews were completed I spent many hours carefully listening to the audio recordings of each interview and created interview transcripts for each one. I then read and reread the interview transcripts highlighting key themes, quotations, barriers and issues with medical professional and spiritual care providers, as well as suggested opportunities for growth and improvement. The project director, Dr. Joretta Marshall, helped in the triangulation of the data as she read the interview transcripts, my preliminary findings of the themes, quotations, barriers, issues, and opportunities for growth and provided feedback on the data. As I move into the analysis of the data, the framework I will be utilizing is two-fold. I will first offer broad biographical and key non-identifying information of the project participants. The key data from the interviews will then be organized according to each of the five interview questions as standard interview format was used. Within each question I will

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[91] Please see Appendices A, B, C, D, E, and F for documentation of required IRB materials.

[92] Please note, citations for the direct quotes from participant interviews are not included as the public or those reading this project will not have access to the interview transcripts.

highlight key themes, direct quotations, barriers, issues, and opportunities for growth that came out of the interviews. The analysis of the data will be grouped according to the five research questions in the order of which they were asked in the interviews.

Biographical and Non-identifying Information

As was stated previously, out of the many people that initially contacted me, there were four project participants that fit the project inclusion criteria and consented to participation. The pre-screening tool was helpful in determining if someone who contacted me fit the inclusion/exclusion criteria. Several potential participants who were interested in the project were not able to participate in the project due to their answers for the pre-screening questions and all self-removed themselves from consideration via email when they realized they their answers to the pre-screening questions did not qualify them to participate The pre-screening questions were:

> Age
>
> Do you self-identify as transgender?
>
> Approximate date of last 24-hour hospital admission for any reason (must be within past 10 years):
>
> Do you self-identify as a Christian presently or did you once self-identify as a Christian?
>
> Do you currently attend a Christian church service in person or online at least six times a year or did you attend a Christian church service in person or online at least six times a year when you self-identified as Christian?

I received the answers to the pre-screening questions via email, phone conversations, and they were also further clarified within the individual interviews themselves. The ages of the participants were as follows: Participant A: 70, Participant B: 47, Participant C: 38, and Participant D: 54. All four participants identified as a transgender women or simply as a woman. I will say more about this distinction when I address interview question one as this distinction

and clarification provide by several of the project participants was a valuable insight that I learned. All four participants had a hospital admission within the past ten years and the dates of the hospital admissions ranged from 2012 to 2019. It was not necessary or required that the participants disclose the nature of or medical concern being address in the hospital admission in the pre-screening tool or in the interviews. In the pre-screening tool, Participant C disclosed that her hospital admission was due to suicidal thoughts/ideation. In the individual interviews, each participant voluntarily disclosed in more detail the nature of the hospital admissions.

Participant's A, B, and D all currently self-identify as Christians and Participant C no longer identifies as Christian but self-identified as spiritual. Participant C once self-identified as Christian and more specifically Pentecostal. Participant C was the only participant to initially contact me directly via the phone and in that conversation she shared about some of her deep hurts involving her experiences in a local church congregations and how that contributed to her no longer identifying as Christian but as a spiritual person. Participant C provided more clarity about the distinction of no longer identifying as Christian but rather as a spiritual person in her interview. Finally, Participant's A, B, and D all stated they attend a church service almost every week and have for most of their lives. Participant C stated in the phone call referenced above as well as in her interview that she was once very active in church and was even training to be a minister within the Pentecostal tradition. Participant C stated in the pre-screening tool that she still regularly prays to her creator and she talks more about her spiritual life in her interview as well.

It is important for me to state that there was a variance in the project that was an oversite on my part but that did not inhibit the project from going forward. After participants completed the pre-screening tool and submitted the completed informed consent document, I was supposed

to send them a pre-conversation tool prior to their scheduled interview, however, by mistake I neglected to send the pre-conversation tool to the consented participants who prior to the individual interviews. The pre-conversation tool questions were:

> When did you begin to identify as transgender?
>
> Would you please describe what has your experience has been like as you have transitioned from your gender assigned at birth to how you self-identify now?
>
> As a Christian or someone who once identified as a Christian, how do you define and understand spirituality?
>
> How do you define or understand differences between spirituality and religion?

The pre-conversation tool questions were intended to provide additional information about the self-identity as transgender and to provide further clarity regarding their understandings of spirituality and/or religion. I believe these questions were answered somewhat organically in the midst of the individual interviews and were not essential for the outcomes of this project. This variance and oversite on my part was shared with project director Dr. Joretta Marshall as soon as I noticed my oversite.

Data from the Interviews Organized by Each Question

As I began to address the actual data and to highlight statements from the interviews with the project participants, let me first say this. There was so much richness in the interviews that I wish you as the readers could hear from the audio recordings or read in from the interview transcripts in their entirety. The depths of joy, pain, hope, and loss are beyond my ability to share and represent fully in this project. Trying to decide what specifically to hold up for consideration feels like try to pick out only a few flavors of ice-cream from an entire freezer of flavor options and possibilities. So, please know that I am trying to hold up for consideration what I deem are the most important themes and statements while remembering there is so much more that could

be highlighted and learned from as the data provided by the project participants is analyzed and reflected upon.

Question One: What does it mean for you that you self-identify as transgender and how does this connect to your own spiritual journey?

As I mentioned above, great time and attention was spent on crafting the five questions that would be asked in the interviews. Imagine my surprise when in three of the four interviews the project participants offered education and clarification regarding to how they experienced question one. While this was a humbling experience for me as I dove into uncharted waters for me as a cisgender white male, it was a valuable experience and I believe helped prepare me to enter into the interviews with an open heart and an open mind, in spite of all of the reading and learning I had done in preparation for this project. In each interview there were introductions, pleasantries, and a brief explanation of how I hoped the interview would go. I then read question one and Participant A shared "I prefer to say that I am a woman. Rather than identifying as transgender." Participant B offered a similar statement with more explanation and clarification, which I offer at length:

> I know that questions was probably never intended to be complicated. But in some ways it is. I'm transgender because I was assigned male at birth. And I have transitioned from the role of male to the role of female. But I don't really identify publicly as transgender. I'm just like any other woman. So if anybody sees me on the street they're not going to see a transgender woman they're going to see a woman. And so those are, that's kind of how I identify. Now all that being said, I'm not ashamed of my past and being assigned male at birth.

In like manner, Participant C offered a similar answer as Participant B and directly tied it to her spiritual journey as well. Participant C stated:

> For me, I am a woman. And it's my mentality. It's right there. You can't change that no matter what. It's what the creator made me, who I am. And I can't change that no matter how much I try. And to me it feels like it's more of a spiritual purpose to help me understand who I truly am. And I feel that if I don't know myself, I'm living in denial.

Participants A, B and C provided helpful and necessary education to me as the interviewer from the outset of the interview portion of the project. Despite my best intentions, it was important for the project participants to speak for themselves and to define their own identities, recognizing that they do not speak for all transgender persons but that the perspective they offer is helpful.

Participant D took a different approach in her answer to Question One and yet provided helpful clarification as well. Her self-understanding of transgender was directly linked to her first encounter with another transgender woman how this provided a sense of belonging. Participant D stated this more beautifully than I could as she clarifies how she understands and experiences the word transgender. Participant D shared

> The word identifies who you are and having a vocabulary to say this is me is critically important to your self identity, to understand. Because if you're born trans and you know what female is and you look in the mirror and you know OK, that's not me. Then, you know, am I not female, am I female, it's all I really ever knew. Trans is to me just a subset of female. Right, because I am a trans woman. And so what did that mean to me, it meant some kind of identity, some kind of oh ok there's somebody else out there like me. And there's a word for who I am and that's what it means to me. The fact that its, the community considers it an umbrella term and they, you get in on all the transsexualism and etc. etc., all that stuff, I just don't care, right? It's just a term that said "I'm not alone." And it helped I identify who I am. So finding that word was a really big deal for me.

The line "I am not alone" stands out to me in such a profound way. I think it also helps serve as a natural transition into the second part of Question One: What does it mean for you that you self-identify as transgender and how does this connect to your own spiritual journey? I personally believe that a significant aspect of spirituality has to do with connection and a sense of belonging and Participant D captured this sense beautifully in her statement above. This sense of belonging was also connected to statements each participant made as their belonging connected to their mental health and experiences of suicidal ideation or actions. I shared these matters with

sensitivity as the participants openly disclosed information about their mental well-being in the midst of their journeys.

Participant A revealed that her spiritual journey was directly linked to living authentically. She came to the Christian faith when she was 20 lived much of her life as "a good church person." It was much later in her adult life, along with some new medical diagnosis of Asperger's that she "came to the conclusion that part of the real problem was that I was actually female although I was in a male body. At that time I lost my faith. I had no relationship with God. When I decided that I was going to be honest and actually live as a woman. I started to regain my faith." She went on to say "I think being transgender is a large part of who I am but it doesn't define me as all I am."

Participants B, C and D describe different experiences than Participant A in regard to when they knew they were transgender. Participant B knew around age four, Participant C knew by the age of six, and Participant D also knew by the age of four. For all four project participants, it was not until later in their adult lives when they were able to begin to explore who they knew themselves to be and begin to take steps to living more authentically with themselves and others. This desire for authenticity was connected to the spiritual journey of each project participant.

Participant B shared she grew up in a conservative Southern Baptist home. I discussed the Baptist tradition in chapter two and briefly highlighted some key distinctions of the Southern Baptist tradition. Throughout her childhood and formative educational years of high school and college she struggled spiritually and she felt a disconnect between who she knew herself to be and her body. Participant B discussed the role of prayer in her life and that

> growing up I had this dichotomy of prayers where I pray that God would take that away from me and I had other prayers where I would pray that God would just help me wake up the next morning as a girl and I wouldn't have to worry about that. And of course

> everybody would know me as a girl and it would never be any kind of big deal. And of course that never happened. And it was just that struggle throughout my life.

It was not until her adult life that Participant B had a profound experience walking around a lake that she had a true sense of God's love and acceptance of her, just as she knew herself to be and this realization enabled to her to truly love herself and others. In addition, her mental and physical health was also at stake as she shared she was "passively committing suicide through food."

Participant C disclosed how her identity was directly connected to her spiritual and mental well-being. She shared she experienced suicidal ideations that included attempts of self-harm. She struggled because she had "been raised as a male my entire life. And getting rid of that male mentality is what is a struggle." She went on to say honesty with yourself is important in the spiritual journey and that "once I started realizing that I'm female and that I'm a woman […] I stopped waring with my inner self." Participant C disclosed she has schizophrenia but that as she was more honest with herself the voices she hears "slowed down."

A desire for authenticity did not come without a recognition of the possible risks involved for any of the participants. Participant D captured this painful truth in a powerful way when she stated

> [a]s a child, I had always known, from preschool. My first experience I remember when I was four, I had always known a couple of things. One is, I was female and I didn't know why nobody in my life didn't get that. But I was and it was just very, very clear to me. And the other thing that was very, very clear to me was that I couldn't tell anybody. Because if I did, that meant something bad, right? In child terms. And as I grew older I realized it meant you're going to lose your family if you tell people. Anybody, that this is who you are.

Participant D also saw the connection of her mental and spiritual health with her transition. She said the "connection to spirituality is the biggest connection in my life. […] We can pray for things to happen but ultimately it's the person in the mirror that has to make a change."

Each of the participants highlighted their self-understanding and how the whole of who them knew themselves to be was connected to transition. As relational, emotional, and spiritual people it was necessary for authenticity with self and others. Participant D captures the pain in this decision when she said "if we all truly do have freedom of choice, then my family has to make their choice. I was, from my perspective, I was almost forced into a, to something that you know that I had to do, or I was not going to make it. I was not going to be on this earth." She went on to say that "you don't transition unless you have to. Unless your very core says you have to do this. And I had to do it." Participant D's powerful statement serves as a transition to Question Two and exploring more fully what was at stake in the process of transition and living as an authentic self.

Question Two: What is at stake for you in your transition and your process of becoming?

Each participant had a great deal at stake in the midst of their transition. Many of these themes were highlighted in the midst of answering both question one and two. For the sake of organization and clarity, I have tried to group most of this information and themes under question two. Broad categories or themes shared by the participants that were a stake that I will then unpack in more detail were: marriages, relationships with children, extended family, friends, faith communities, jobs, finances, homes and possessions and more. Participants A, B, and D each shared that they were married while living in their gender assigned at birth (male) and that when they transitioned, each of their marriages ultimately ended in divorce. Participants A, B, and D all shared they have children of varying ages and that their relationships with their children was at stake.

Participant A shared "people who transition generally lose their marriage and their family. And a lot of friends." Participant B shared how the fear of everything she would lose

kept her from coming out for a long time. In addition to fearing she would lose her spouse, family, and extended family she said “more than anything I thought I was going to be alone.” She went on the say that the “barrier of losing everything was something along with the fear, loss of salvation, all these other things that I was dealing with” were key factors in delaying her transition.

In a similar way, Participant D lost a spouse, family, a relationship with kids and grandkids, several jobs, a career in engineering, and financial well-being as a result of her transition. She said the process of becoming is “full of loss.” She recalled experiences of “complete rejection,” particularly from her ex-spouse, her daughters, and her grandkids.

Woven throughout the comments of all four participants was that their very lives were at stake as they felt they could no longer live in the gender assigned to them at birth. This was especially poignant in what Participant C shared. In a very direct answer to my question of what was at stake she said “for me, my life. I feel like that if I don’t transition, suicide. Straight up.” I believe one can infer other things at stake for Participant C if she were to lose her very life to suicide. Her answer to this question was short and concise and her very life was at stake. Later in the interview she mentions how she lost her relationship with her mother as a result of her transition.

Something that gets lost in an interview transcript and in a report of data such as this, is the pain and the emotion that was expressed and captured in the audio of these interviews. There were tears shed both by the interview participants and by me as the interviewer. The interview participants describe in painful detail their losses and I don’t want that to get lost in my reporting. Their transitions were a painful process but one that ultimately has brought fullness of life for them each in their own ways.

Question Three: What have your experiences been like in the hospital and how did these experiences impact your own spiritual journey*?*

Participants A, B, and D generally had good experiences in the hospital with hospital admissions related to their gender affirmation surgeries but a uniting theme is that these were private hospitals in which they were paying out of pocket at hospitals known to be supportive of transgender persons and their unique healthcare needs. Participant C experienced "massive discrimination" and also felt her spouse experienced discrimination in her own hospital admissions because Participant C is transgender. It was difficult for Participant C to give specific information about the hurtful and scaring experiences in the hospital but she went as far as to describe feeling like she has "a little bit of PTSD" due to her experiences in the hospital. Participants A and D both shared challenges they experienced in working with endocrinologists related to receiving hormones as part of their individual transitions. Participant D needs to see an endocrinologist first and foremost for her diabetes and in the midst of her transition one endocrinologist said he would treat her diabetes but would not discuss hormone treatments with her.

Participant A called the hospital prior to her gender affirming surgery to request to see a chaplain. The chaplain for the hospital was on leave at the time so the hospital brought in an outside minister to pray with her. The minister chatted with her a bit before praying with her but did not ask any specifics about the specific health needs or type of surgery she was to have. Participant A said of her experience with the chaplain or minister "I don't think it had any real impact. […] I don't think there was any spiritual journey about it." She wanted someone to pray with her to help offer reassurance and the minister fulfilled that desire.

Participant B had a positive experience for her hospital admission related to her gender affirmation surgeries. Although all of her necessary documents (driver's license, insurance etc.)

had her "dead name" (her legal "male" name assigned to her at birth) the hospital staff all used her desired name and female pronouns throughout her admission. She was "overwhelmed with the level of acceptance and how [she] was treated as any other woman in the hospital."

Participant B described the spiritual impact of her hospital admission in terms of the impact that it had upon her friend who was her primary support person and their at the hospital with her. Participant B's friend was not a very religious person and had some preconceived notions of religious people, specifically Baptist folks. Because of Participant B's positive experience in a Baptist institution and the way the staff treated Participant B, it was a picture for them both of "what God's love is supposed to be like." Upon reflection, Participant B described the spiritual nature of her hospital admission for her gender affirming surgeries in this way: "It was just like God was telling me 'I love you.' Even these people who don't know you and may perceive you as someone else are still making the effort to show respect for you, to communicate with you in the manner that is recognizing who you really are, even though they may not see that yet."

Being seen for who you are and being able to present yourself as who you are is a significant thing for transgender persons. Participant D had been seeing a doctor for a period of time and when she began to transition the doctor said to her "you are free and welcome to present yourself as you feel comfortable in this office at any time" and she went on to say that at her next appointment and from then on she as herself. Participant D shared about the challenge of having to change doctors related to various life events, relocations etc. and the experiences of passive aggression through comments made to her all the way to discrimination by refusing to accept her as a patient at their practice based upon her application and the types of medicines she regularly takes.

Participant D described a hospital admission that was unrelated to her gender affirming surgeries that made an impact upon her at the time but that she later reframed and saw in a different light. Participant D was away on a weekend trip and had an unfortunate bout of food poisoning. The person she was traveling with ultimately called 9-1-1 and the questioning first responders put her through because how she presented as a female did not look like her photo ID (which was still represented by her gender assigned at birth). Participant D was admitted to a local area hospital and was treated respectfully by the hospital staff. Participant D's spouse at the time refused to come to the hospital to see her and so the staff asked if Participant D would like a priest to come and offer her support (it was a Catholic hospital) and she accepted.

This experience with a priest or a chaplain in the hospital had a profound impact upon Participant D and her spiritual journey at that time. I share Participant D's experience at length and in her own words:

> I remember him 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 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.

Later in the interview Participant D recounted the experience with the priest and said "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." Participant D made an important distinction in the interview of her understanding of a key difference in her experience between the practice of religion and the practice of spirituality.

Later in the interview, Participant D further clarified the distinction of the difference between religion and spirituality. She recounted how a friend who was a nurse told her in

relation to this experience with the priest that if she had food poisoning, the priest might have been instructed not to touch her. Participant D acknowledged this and said

> he still could have looked me in the eye. He could have at least aid I can't actually hold your hand […]. He showed no understanding of my pain. Of my, what I was going through. So for me, how did it impact my spiritual journey? He was a man practicing his religion and the difference between religion and spiritually is very strong, right?

It feels important to note that both Participants A and D articulated experiences with spiritual care providers in the hospital where the minister, priest, or chaplain provided a service like praying before surgery and talking when no loved ones were available (a religious act, doing what the rules require or duty) but that it lacked a deeper connection (wholehearted presence or an experience of deeper spirituality). This brief observation or reflection helps transition to question four and the barriers the project participants experienced related to spiritual care providers and other disciplines in the hospital setting. It seems that these spiritual care providers missed an opportunity in the eyes of these participants. I believe question four will provide further clarity regarding barriers that transgender persons perceived in their healthcare experiences.

Question Four: What are some of the barriers you feel might exist between transgender persons and spiritual care providers, like chaplains as well as other disciplines in a hospital setting like doctors, nurses or other staff?

Participant A named her experience or perceived barriers in a broad fashion. The barriers she spoke about were: transphobia, using religious beliefs to discriminate, staff refusing to treat you, a lack of diversity training, a lack of emotional support or friendliness, and religious extremism. She offered more specific input regarding barriers between transgender person and spiritual care providers in her answer to question five.

Participant B first shared about an important distinction within churches and with spiritual care providers regarding the difference being welcoming affirming toward LGBTQ

persons. She shared that many will "communicate with the LGBTQ community and let them know that they are welcome but that they still believe that those individuals are in a place of sin and that, that is something that they need to fix in their lives." She then articulated a difference between those who are affirming stating they're "going to love [LGBTQ] people period." Even if a spiritual care provider or church are affirming, does not mean that they will always get the treatment of a transgender person right. Participant B shared experiences of being "outed," people telling her story without her permission, and being seen "as a transgender woman instead of just a woman." She went on to say that a the focal point should be that someone is a human being and that it's a barrier when secondary things like being transgender are the focal point of being in relationship with her. Additionally, when she is in church to worship God or is pursuing spiritual care, she does not want to be highlighted or regarded as a "poster child or a trail blazer." She is first and foremost a human being who is a woman and desires to be treated with the same dignity and respect as anyone else.

Participant B provided valuable insight into barriers she has experienced and perceived in a healthcare setting from the medical discipline. She recounts a difficult experience with the nurse practitioner she had been seeing for many years (pre-transition) and when Participant B came out to the nurse practitioner as transgender, this is how Participant B remembers the experience:

> And [the nurse practitioner] was like "I definitely want to be supportive of you but I don't have any clue how to deal with something like that and do that right." And instead of taking the opportunity to learn because one patient says this, it wasn't necessarily an overwhelming need, for her to learn how to care for me as my physician.

Participant B went on to describe a similar situation with an endocrinologist who wanted to be supportive but expressed an unwillingness to learn about Participant B's health needs and

request. So, one barrier is that of continued education and a willingness to learn about some of the unique health needs a transgender person presents healthcare workers.

Another barrier Participant B described was having to travel several hours away from her home in order to find doctors who would be willing to treat her as well as having to utilize medical care through websites like www.queermed.com. She also discussed utilizing healthcare via "telemedicine" three states away from where she lives in order to get her healthcare needs met. In reflecting upon this challenge, Participant B also briefly reflected upon the intersection of race, financial means/socioeconomic status, and needing to travel (transportation issues). In discussing the difficulties she had in a very conservative southern state, Participant B said the challenges she has faced are compounded for African-Americans that may live in rural communities, lack financial means, or have a lack of healthcare options in their communities. A final barrier Participant B highlighted was the "culture war" that the country is in the midst of and how the culture war of the past few years "helps drive the lack of change."

This lack of change or a lack of willingness to be open to new or different perspectives was a key theme for the barriers that Participant C highlighted. Participant C understands religious freedom or how people utilize or interpret their religious freedom within healthcare as a primary barrier, particularly in regard to their beliefs about LGBTQ people. She shared plainly "if you can't do your job as a doctor because of your religious views getting in the way then you have no business being in healthcare." She feels that many people, particularly those in healthcare, believe their religious views empower them to discriminate against others, particularly LGBTQ persons.

Participant C nuanced this a bit more when it came to her experiences within the church. She shared how she has felt religious views were force or imposed upon her and that ignorance

and a lack of education regarding LGBTQ, particularly transgender persons, are often present within church communities and with spiritual care providers. The also highlight how often times within the church there is a difference of beliefs between what she calls "Traditionalists" versus "a modern Christian." Participant C clarifies what she meant stating Traditionalists "value tradition over rights. And with a modern person, a modern Christian, they values rights over tradition." Within church communities and within her own family, Participant C also shared how one's religious views empower racism, transphobia, and feeling empowered to use derogatory terminology toward African Americans, transgender persons, inter-racial couples or other oppressed persons.

Participant C also highlighted in several different what she believes is an unwillingness within Christianity, and specifically within the specific Baptist and Pentecostal churches she grew up in, to change or be open to change. In a complex and yet profound statement Participant C stated a personal belief that "God doesn't change […] but you can" in regard to how the church can be more loving and kind to LGBTQ persons. She sees fear as a driving force in this and stated plainly that "Christianity is afraid to change."

Participant C considers herself to be a deeply spiritual person but because of the hurt she has experienced within local churches, is unable and unwilling to attend churches at this time in our faith journey. In speaking about change and the impact churches could have, including upon her, she said if "you want change, change the church. If you want real impact in the community, change the church. Until then, I will not step foot back into a church." Because of the hurt she has experienced within Christianity, Participant C has found a home in another faith tradition. In the interview, Participant shared more in more detail about how her spirituality has grown from

her foundation of Christianity and how she has incorporated other spiritual traditions into her beliefs but that is outside the scope of this question and the overall project.

Participant D highlighted in her interview many of the same themes that the other participants discussed as well. She talked first about education for both medical staff and spiritual care providers. Participant D has had the opportunity to lead training seminars for interdisciplinary staff in healthcare settings on an introduction to transgender persons. While Participant C highlighted the fears that healthcare workers and spiritual care providers may have, Participant D said a barrier is the transgender persons have fears about healthcare and so a growing response within healthcare is "movements in hospitals to have […] like a trans buddy that goes with you" to help a transgender person navigate the healthcare system.

The education or training that is needed is two-fold. Participant D talked about training for those planning to go into healthcare but also continuing education for those that have been in healthcare because understandings have evolved and changed. Participant D recounted a story with a psychologist she was seeing related to her desire to have weight loss surgery. These meetings with the psychologist were after she had gone through her gender affirmation surgeries. Participant D shared,

> But this psychiatrist, a PhD, and I'm telling him a little bit of my story and he says wait a minute, you went through those surgeries and your married to a woman? And it made me question, what they heck do you people learn in college? What do you learn in your training? Because you're a PhD, you a psychiatrist, you're even, experienced, you know he was an older guy, he's not brand new to his profession. You know this stuff, I shouldn't have to explain the difference between gender identity and attraction, right?

This highlights the needed training for those in medical school and training currently to go into healthcare but also the need for ongoing training and education for those who have been in healthcare and may not be up to date on the latest developments, terminology, and understandings. As it was highlighted earlier, appropriate terminology and language with and

about transgender persons is ever evolving and is nuanced based on the individual. Ongoing training and education is central for all persons involved in the holistic care of transgender persons.

Participant D highlighted the use of religious freedom, particularly within healthcare providers and spiritual care providers. She said that "being able to reject somebody or to not treat somebody because of your religious beliefs is extremely offensive to me." Speaking specifically about spiritual care providers and chaplains, Participant D said judgment is a major barrier. She articulated it this way, "It's that personal judgment with that person you're talking to. If you are talking to me as an equal […]." An aspect of this judgment she has experienced is that many spiritual care providers view being transgender as a sin that must be given up and as a result she said "I can't accept any comfort that you have to give because you've already put me out there and said I'm judging you." Participant D reveals her desire to be cared for spiritually but that she is unable to receive spiritual care if the spiritual care provider is judgmental and lacks the appropriate training. As I transition to the final question, there will be some cross-over between answers already provided as the participants shared what they felt was the most important thing they wanted me to know regarding the spiritual care of transgender persons.

Question Five: If I were to only remember one thing from our conversation today, what is the most important thing you want me to know regarding the spiritual care of transgender persons?

In response to the final question, Participant A was straight forward and her answer captures the essence of what a spiritual care provider should be focused up. She shared,

> I'm a Christian. That's where the spiritual care should be focused. Other things are, extras. […] We're different but if we are talking about spiritual care, I am a Christian, I am a believer. That is where the spiritual care is focused. If I have a problem about my gender or my sexuality, then that becomes an issues. […] I don't want anybody trying to fix me because somebody else has a problem with it.

Participant A went on to offer a final summary statement sharing the "central thing is, if I want to speak to a chaplain, then I want support, comfort, prayer, because of my faith." It can be tempting to get side tracked when visiting a patient and Participant A offers the timely reminder to keep the main thing or the central thing (in essence, the presenting need shared by the transgender person) the primary focus of a spiritual care visit.

Participant B also offered a helpful summary in her answer to the final question. Her answer is a lengthy but I believe it is important to offer in full as she touches on a number of important issues to be reminded of.

> I don't know if I've said it yet. I may have implied this but really just drop the labels. Just care for people. Recognizing that people come in all shapes and sizes. And, genders are not just in the binary. Sexual orientation is not just in a heteronormative binary. But, just to love people and to care for people. Labels thrown away. To me that would be the most important thing. And I would say that would be applicable both in a spiritual sense as well as the healthcare sense. If we can get rid of the things that separate us of trying to have this person in this box and this person in this box. And we've got all these different variances of humanity. Yes those exist but when we start treating people in one way or the other, good or bad, on the basis of those different things, that's when we start getting separation and division in our society. You know, I think if we're able to drop those things and just love each other period, that, it sounds utopian when I say that but I think we could change the world.

Get rid of labels and labeling people. Simply care for people. Understand the differences between gender (who you are or how you identity) and sexual orientation (who you are attracted to). I love her final point that "we could change the world." There is a saying that is applicable to Participant B's summary statement that it's "simple but not easy." If her advice could be heeded and applied, it could change the world, perhaps even just the world for transgender persons.

In her answer to the final question, Participant C circled back around to her focus on the barriers from question four of religious freedom and how people within healthcare will sometimes use religious freedom to discriminate against LGBTQ persons. Participant C stated that the

> one thing, is the barriers. I would like to have those gone. So hopefully another person wouldn't go through what I went through. What my spouse went through. If you get rid of those and you change the church with the barriers, I guarantee you'll have more people flock to you.[…] So it's just the barriers. If you want to change how everything is in this life, get rid of the barriers.

A few moments later, at the end of the interview Participant C offered a final summary statement offering the reminder that "the best way you can actually be a better chaplain as well is to be affirming. To be welcoming. To welcome everyone like Christ did." As I said above at the conclusion of Participant C's answer, it would seem that the solution is simple but not easy. Moving to the final response from Participant D, she offered a recap of some important areas already addressed and then also offered excellent insight about some areas not yet addressed in the other questions.

Participant D summarized that the primary barriers she perceived regarding "spiritual leaders it's judgment and with medical care it's training." Something I really appreciated in Participant D's response to this question was how she nuanced training that both healthcare providers and spiritual care providers need and she called it "training to understand the trans experience" and said that it is "different by generation." Participant D offers helpful clarification by what she means stating

> [w]hen I say understand that being trans is just who they are that's a true statement. But understanding the trans experience is important, and this is where the training would come in. To understand what one goes through. You know when I explain my journey a lot of people who are born in my generation go through a very similar journey. Trans people will go through a second puberty […] it's very much psychological. Although some of it is if they're going through hormones with certain age groups and they'll go through it physically somewhat too, and you do. But a lot of it is psychological where you try to recover parts of your life you never got to live I think.

Other aspects of understanding the transgender experience Participant D highlighted were phases of self-rejection, family rejection, becoming comfortable with your body, looking awkward, trying to dress to age appropriately, and the struggling of blending in or not standing out. There

was so much richness and so much more that could be unpacked from the participant interviews. That being said, what I highlighted from their responses are what I believe are the primary themes and the themes that most closely apply to this project.

Project Limitations

The most significant project limitation is drawing data from such a small sample size of four individuals. Other limitations were all four project participants were white, Euro-American, transgender women and that there were no persons of color. The age range of the participants were Participant A: 70, Participant B: 47, Participant C: 38, and Participant D: 54. A further limitation is there were no participants between the ages of 18-38, revealing a significant age and generational gap in perspective and experiences. One of the project participants acknowledged that her experiences as an older transgender woman were very different from a transgender person who comes out today.

Although I desired project participant diversity, there was a limited demographic in project participation. All project participants all transgender woman (male to female transition). In addition, although I don't know this with certainty, it is presumed that all project participants are white women. One interview was completed via video and I can confirm they are white and a second project participant had profile picture attached to their communication medium, and a third participant talked about the racism their spouse/partner experiences, leading me to believe that the project participant is white and that their spouse/partner is of another race.

The project was limited to only those who identify as Christians or those who once identified as Christians. Although this was part of the design and a known limitation, as I was interviewing the participants and as I analyzed the data I found myself desiring the perspective of

interview participants that do not or did not identify within a Christian tradition or that formerly identified within a Christian tradition.

Looking back, it would have been wise to consult with a transgender person about the project questions to better craft the interview questions. As I highlighted in earlier in the chapter, the project participants provided immediate feedback about the phrasing or wording of my first interview question. From my own social location and knowledge, I thought crafting the question with language of "self-identify" was appropriate but quickly learned from the participants that language of "self-identify" was limiting or implies choice in some way. They each said in their own way, "this is who I am" or simply "I am a woman." Period. There was not a matter of choice, being a woman is who they are. The matter of choice came into play regarding if they would continue to live in the way or manner assigned to them (as a male or man) or if they would live authentically as they knew themselves to be from their earliest memories as a female or woman.

It is important to make clear that this was a qualitative research project with a small sample size of four transgender persons. I drew upon the narratives of four persons who self-identify as transgender in order to help me think more strategically and clearly about the pastoral needs of persons who self-identify as transgender. The project participants willingly shared their stories and experiences for a purpose of helping improve the holistic care of transgender persons and so that interdisciplinary healthcare providers could offer more informed and compassionate care.

Chapter Four: Integration of Project Interview Responses and Queer Perspectives with Baptist Identity, Distinctive Beliefs, and Pastoral Practice

Before moving forward in the project, it feels important to briefly look back on the journey so far. In Chapter one, I helped frame what I saw as a central issue and introduced the research question at the center of this project; **What can I learn as a Baptist spiritual healthcare provider by listening deeply to the stories of transgender persons with experiences in Christian traditions as they describe their spiritual journey, needs, and the barriers they experience between themselves and spiritual healthcare providers in healthcare settings?** Within the introduction to the project and the research question I also introduced important terminology related to what it means to be transgender and how the terminology is continually transitioning and transforming. The remainder of Chapter one introduced my pastoral theological method, the methodology for the project, and the project design.

Chapter two introduced what I called a conversation with Baptist identity and distinctive beliefs. In this chapter I sketched one interpretation of the evolution of Baptist beliefs, how I came to identify a specific flavor of the Baptist tradition called the Cooperative Baptist Fellowship, and introduced two key distinctive beliefs or frameworks for my flavor of Baptist called the Four Fragile Freedoms (Bible, Soul, Church, and Religious Freedom) as well as the 1963 Baptist Faith and Message. Within chapter two I briefly reflected upon how inclusive language and queer theological voices might impact the four freedoms and the BFM 1963.

Chapter three presented the findings and results of the interview data that was collected. After presenting the biographical and non-identifying information for the four participants, I organized the data according to each research question and the responses by each participant, A, B, C, and D. I utilized both key phrases and direct quotations from the project participants to

highlight the key themes from the interviews. I closed Chapter three by highlighting the project limitations.

In Chapter four, I will engage the difficult task of integrating the interview data from chapter three with the Baptist beliefs and distinctives I introduced in chapter two. It is a difficult challenge to reflect upon the interview responses in light of Baptist distinctive beliefs and Queer theological voices. I have a deep sense of duty to the interview participants to reflect deeply upon their responses in light of the broad Baptist tradition and specific flavor of the Cooperative Baptist Fellowship. This challenge attempts to address the first part of my research question: **What can I learn as a Baptist spiritual healthcare provider by listening deeply to the stories of transgender persons with experiences in Christian traditions.** This is an invitation for reflection for Baptists, wherever they fall on a spectrum of Baptist beliefs.

Then, as a final component of the project, Chapter five will consider possible implications and conclusions as I address the second part of my research question with the project participants **as they describe their spiritual journey, needs, and the barriers they experience between themselves and spiritual healthcare providers in healthcare settings?** This then is a "so what" reflection and possible practical actions steps for the discipline of spiritual care or pastoral care as well as implications for broader interdisciplinary teams within healthcare.

Summary of the Beginnings and Central Beliefs of the Cooperative Baptist Fellowship

In Chapter two I shared that at CBF's first gathering, one of the leaders said in his opening remarks, "We're here to help, not to hurt; to heal, not wound; to unify, not divide; to focus on the future, not the past. We're here to encourage each other, learn from each other, pray

for each other and listen to the voice of God through each other."[93] I highly doubt the LGBTQ spectrum or the transgender spectrum specifically were on the minds of the early CBF leaders when the above statement was made. However, if those words rang true in the hearts and minds of CBF leaders in that important day and hour, I certainly hope they remain true today in the midst of the challenges that face the CBF and Baptists at large.

It is in a spirit of how the CBF understands what it means to be Baptist that I come to this point in the project. I have sought to learn from the experiences of the project participants and to hear the voice of God that I believe spoke with and through their interviews. At a meeting in 1991, Cooperative Baptist Fellowship leaders laid out six moderate Baptist convictions; the sixth and final conviction was "the hope for a fellowship that would be ecumenical and inclusive."[94] Two key themes that came out of the interview data were that full inclusion that is welcoming, affirming, and accessible for transgender persons are important to their spiritual wellbeing. Phrased another way, in essence what I understood the project participants to be saying is that they want to be recognized as Christians first and everything else that makes up who they are as secondary. Would the interview participants feel included within the Cooperative Baptist Fellowship? Would they be welcomed and included as they are into individual CBF congregations? Would individual CBF pastors and chaplains respond to them in a welcoming and inclusive manner? These are important questions to consider. In order to respond to these questions, I want to return to material presented in Chapter two and then go a step further incorporating data from the interview participants and perspectives from queer voices in order to reflect deeply upon the above questions and considerations.

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[93] Durso, *Short History*, 4.

[94] Durso, *Short History*, 5.

In Chapter two I cited a statement that helped provide clarity regarding what I called the "ingredients" or distinctive elements that make up various Baptist "flavors." In trying to define what it means to be or what makes one a Baptist many Baptist leaders "prefer 'identifying marks' evident in 'characteristic practices,' including "biblicism, mission, liberty, discipleship and community."[95] I believe these practices of biblicism (strict adherence to the Bible), mission, liberty, discipleship, and community have connection, implication, and application to the data gathered from the project participants, what it means to be Baptist, and in consideration of a different way forward.

These five identifying marks or practices can be integrated into reflections on the specific distinctive freedoms identified in chapter two as part of my "flavor" of Baptist, Cooperative Baptist Fellowships: Bible Freedom, Soul Freedom, Church Freedom, and Religious Freedom.[96] For purposes of this project, I want to explore this integration by looking at the following: Bible Freedom (biblicism), Soul Freedom (mission), Church Freedom (discipleship and community) and Religious Freedom (liberty).

I remind the reader that the definitions I used for Bible, Soul, Church, and Religious Freedom come from Rod Benson and are summarized as follows. Bible Freedom "is the historic Baptist affirmation that the Bible, under the Lordship of Christ, must be central in the life of the individual and church and that Christians, with the best and most scholarly tools of inquiry, are both free and obligated to study and obey the Scripture."[97] Soul Freedom "is the historic affirmation of the inalienable right and responsibility of every person to deal with God without

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[95] Leonard, *Baptist Ways,* 2.

[96] Shurden, *The Baptist Identity*

[97] Benson, "Towards a Baptist Identity."

the imposition of creed, the interference of clergy, or the intervention of civil government."[98] Church Freedom "is the historic Baptist affirmation that local churches are free, under the Lordship of Christ, to determine their membership and leadership, to order their worship and work, to ordain whom they perceive as gifted for ministry, male or female, and to participate in the larger body of Christ, of whose unity and mission Baptists are proudly a part."[99] And finally, Religious Freedom "is the historic Baptist affirmation of freedom OF religion, freedom FOR religion, and freedom FROM religion insisting that Caesar is not Christ and Christ is not Caesar."[100]

I believe the challenge brought by Dr. Walter B. Shurden, former chair of the department of Christianity and the founder of and former executive director for the Center for Baptist Studies at Mercer University, is timely for this project and of particular importance for Baptists of all flavors moving forward. Shurden wrote, "[i]f Baptists experienced a rebirth of commitment to Bible Freedom, Soul Freedom, Church Freedom, and Religious Freedom, they would not only rediscover their roots and their identity, they would become prophetically relevant to the world today."[101] In bringing the data from the participant interviews into conversation with what it means to be Baptist and with the support of Queer voices and perspectives I believe I can lean into Shurden's challenge to be "prophetically relevant to the world today."[102]

Turning back to the guiding questions on Baptist history and distinctive beliefs from chapter two, I arrive at a significant set of questions for this project: How might transgender

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[98] Benson, "Towards a Baptist Identity."

[99] Benson, "Towards a Baptist Identity."

[100] Benson, "Towards a Baptist Identity."

[101] Shurden, *Baptist Identity*, 55.

[102] Shurden, *Baptist Identity*, 55.

persons speak prophetically to the Baptists tradition? How might a Baptist like myself might speak prophetically to the Baptist tradition, the CBF, and others as we seek together an experience of rebirth and rediscovery? I bring the spirit of these questions along with the interview data and queer voices into my reflection upon the Four Freedoms listed above. However, before doing so, a brief word on the Baptist Faith and Message (1963).

A Brief Word on the Baptist Faith and Message (1963)

In Chapter two I briefly introduced the Baptist Faith and Message and engaged three portions of the document on God, Man [sic], and The Family. In light of my reading for this project and in a spirt of inclusion, I suggested basic edits in the language for the sections on God and Man [sic], and an acknowledgement that the section added in 1998 on The Family is not included in the 1963 BFM edition the CBF follows. I remain firm in my belief that updating the language of the 1963 BFM with more inclusive language is necessary and that it remains true to the spirit of the document without altering or changing its content. In addition, I believe the reflection upon the Four Freedoms I will do in the pages to follow could bring new and different perspective to the reading and understanding of the BFM 1963. For the purposes of this project, updated language to the BFM 1963 will suffice as I believe more can be gained through reflecting deeply upon the stories from the four project participants, queer theological voices, and reflecting deeply upon the Four Freedoms of what it means to be Baptist.

Four Freedoms

There is not a moment to waste for Baptists regarding what I believe are necessary transitions and changes in the Baptist approach to the Four Freedoms. Rev. Dr. Justin Sabia-Tanis speaks to this need stating

> [a]n urgent need exists for our trans sisters and brothers to know of their spiritual worth. We need to know, deep inside ourselves at the core of our being, that we are holy and

> loved by God. We need to see that we were created this way by a loving Creator, who fashioned us carefully and joyfully, and called us out to discover the unique and wonderful gifts that the Creator placed within us. We need to leap into the unknown, confident that a loving God leaps with us. [103]

It is my deep belief that Baptists need to follow the lead of transgender persons and to "leap into the unknown"[104] by embracing radically different belief and practice regarding the Four Freedoms. As we learn with transgender persons and learn from their experiences, I trust that we can be "confident that a loving God leaps with us."[105]

We know that change is no easy thing. Change requires sacrifice. Change often requires loss. Change accepts that the past can never be returned to and acknowledges that the future may be unknown. Change is a liminal space between what was and what is yet to be. Yet, we are not alone in the midst of change. We have a companion "of Jesus as a changed and changing being who can therefore be a role model for [us] as [we] go through changes in [this] life. This dynamic God is with [us] through the changes in [this] life and is the constant in the midst of them. At the same time, God is present in the stagnant parts of [this] life, calling [us] to change and grow."[106] It is in a spirit of change and a belief that God is with us (individually, as Baptists, as CBF, and humanity as a whole) that I transition to reimagining the Four Freedoms in light of what was shared in the interviews by the project participants as well as learning with and from queer theological voices.

In Chapter two I shared the following quote from Dr. William E. Hull; "the bedrock of the Baptist mindset is a conviction that Christianity begins, continues, and ends as a personal

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[103] Sabia-Tanis, *Trans-Gender*, 185.

[104] Sabia-Tanis, *Trans-Gender*, 185.

[105] Sabia-Tanis, *Trans-Gender*, 185.

[106] Sabia-Tanis, *Trans-Gender*, 183.

experience with God revealed in Jesus Christ through the witness of the Holy Spirit. This divine/human encounter results in a transforming relationship sustained by the Lord of the universe living at the center of one's very being."[107] The experiences of transgender persons are deeply personal and similarly to personal faith, a conversion experience is at the center of transgender persons being. The first freedom for Baptists, and I would argue the freedom at the very center of Baptist beliefs, is Bible Freedom. Bible Freedom "is the historic Baptist affirmation that the Bible, under the Lordship of Christ, must be central in the life of the individual and church and that Christians, with the best and most scholarly tools of inquiry, are both free and obligated to study and obey the Scripture."[108]

The Bible must be central in the lives of individuals and churches. Too many Baptists adopted the old adage "God said it. I believe it. That settles it." This rudimentary approach to the Bible is frankly one that is dangerous. The Bible requires translation and interpretation. It requires reflection upon the historical and contemporary context. For these reasons and many others, it is imperative that we use the best and most scholarly methods and tools of inquiry when studying and applying the Scripture text.

All four women who participated in the project were assigned male at birth. I don't mean to be crass but using the logic from the paragraph above it seems that in a sense the project participants were told "God said it. You have a penis and you are male. So believe it. That settles it." Their identity was assigned to them. And for much of their lives others failed to acknowledge their own experience or utilize the most scholarly or scientific tools of inquiry available. However, like the Baptist tradition, the project participants dissented and embraced their freedom

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[107] "William E Hull, *The Meaning of the Baptist Experience* (Atlanta, GA: Baptist History and Heritage Society, 2008), 14.

[108] Benson, "Towards a Baptist Identity."

to question what they had been told. So often, when individuals and churches come to the Bible, we receive an assigned meaning of text. We are told this is what this passage means and this is what it has always meant. I believe we can learn from the example of transgender persons and embrace the ability to question, challenge, and transform our understandings of the Bible. There is not one meaning but a vast spectrum of meanings as we bring our personal and communal lives to the text.

Rev. Dr. Justin Sabia-Tanis shares,

> God's love is not restricted to one category of people, those who choose one way of living or being in the world. There is enough for all. There is God's promise to us. Abraham looked to the heavens, and God told him that his descendants would be as many as the starts. God never promised that all of those stars would be same. Science tells us that each of those stars is unique. That, too, is part of God's promise. God created us each individually, with boundless creativity and provided enough for us all. We are those descendants, numbers as the stars and just as different one from another. God is faithful to all of us. God calls us to expand our thinking and our ways of being. There is more than enough for everyone – gay, lesbian, bisexual, transgendered, straight – however we define ourselves. There is more than enough for every one of God's children who knows that their sexuality and spirituality are connected and for every one who needs to know that.[109]

Sabia-Tanis's statement is an example of bringing "the best and most scholarly tools of inquiry" to his study and interpretation of the Bible. God is personally and communally creative and there is more than enough love and space for biblical interpretation for us all.

The approach Sabia-Tanis brings to his study of the Bible is in similar to that of Dr. Hull as he reflects on the tension of the personal and communal as it applies to the Bible stating the

> freedom to interpret the Bible afresh is not viewed by Baptists as license to substitute private opinion for long-standing consensus. But they know that Jesus promised the Holy Spirit to guide his followers into fresh truth (Jn. 16:13), a promise the first Christians claimed as they reinterpreted the Old Testament in ways that it had never been understood before. They also know that God is guiding his people into new situations where fresh applications of the faith can be attempted that have never been possible before (Jn. 16:12). Most of all, they know that studying the Bible avidly, experiencing it directly for themselves, leads to insights not available to those so content with their

[109] Goss and West, *Take Back*, 54.

> venerable traditions that they seldom bother to check the scriptural source from whence those traditions are said to have been derived.[110]

In my own life and journey as a Baptist, I was often told the assigned meaning of the text and it was justified as the "long-standing consensus." However, throughout the last 100 years, many Baptists have reexamined the long-standing consensus and assigned meanings of the Bible. Many Baptists have transformed their views about women, people of color, divorce and remarriage, baptism, and LGBTQ affirmation and inclusion. Whether Baptists knew it or not, I believe we were learning from the example and authenticity of transgender persons that "God is guiding his people into new situations where fresh applications of the faith can be attempted that have never been possible before."[111]

It is in this spirit of following the Spirit of God into new situations and fresh applications, that Baptists can learn from feminist biblical scholar Elisabeth Schussler Fiorenza. The Rev. Benjamin Perkins, an openly gay man and Unitarian Universalist ministers shares, "[i]n the hermeneutic of reimagination the interpreter enters a text to look for the silences, possibilities, and dangerous memories 'lost beneath nearly two millennia of patriarchal and ecclesial formulations.'" He goes on to say of Schussler Fiorenza's hermeneutic of reimagination that, "[t]his interpretive principle allows queers and other marginalized groups to take the biblical texts and ask the revolutionary questions, 'What if?" […] [I]t allows us to 'imaginatively release the elements of struggle and resistance within the text into [our] lives."[112]

In order for there to be a transition and transformation regarding how Baptists understand Bible Freedom, we need to embrace a "hermeneutic of reimagination" as we approach the

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[110] "Hull, *The Meaning of the Baptist Experience*, 15-16.

[111] "Hull, *The Meaning of the Baptist Experience*, 15-16.

[112] Goss and West, *Take Back*, 200.

biblical text. Individuals, pastors, churches, educational establishments, and denominational bodies are invited to lean hard into "the best and most scholarly tools of inquiry […]." In order to do this, we need to learn from and with transgender persons and Queer theological voices. For far too long Baptists have allowed the imposition of assigned meanings of the Bible to be our primary lens and it is a barrier for individual Baptists, Baptist churches, and the CBF. We need to learn from the perspectives, experiences, and voices of the LGBTQ community so that we can hear the biblical text and the Good News in new and transformational ways. The project participants highlighted how continuing education is needed across healthcare disciplines from doctors to chaplains, related to the unique wholistic needs of transgender persons. In like manner, Baptists need continuing biblical education, a hermeneutic of reimagination, and queer theological voices. In light of Scripture, the witness and experience of LGBTQ persons are those we need to learn from and with. Next, I turn to Soul Freedom and how I believe transgender persons and queer voices can help Baptists reimagine what Soul Freedom can mean.

Soul Freedom "is the historic affirmation of the inalienable right and responsibility of every person to deal with God without the imposition of creed, the interference of clergy, or the intervention of civil government."[113] The experience of transition for transgender persons is not something entered into lightly and without deep consideration. In Chapter three, the project participants shared that marriages, relationships with children, extended family, friends, faith communities, jobs, finances, homes and possessions, and most importantly their very lives and physical existence were at stake.

Reverend Elizabeth M. Edman identifies as a queer person as she discloses she is a lesbian and an Episcopal priest. In a chapter on risk and what is at stake for LGBTQ persons,

[113] Benson, "Towards a Baptist Identity."

Edman shares what normative (straight, cis-gendered) Christians can learn from LGBTQ persons,

> [w]hy do we persist in telling our truth? Why would anyone choose to put themselves in the path of bullying, of professional danger, of familial rejection, of assault on the street? Why do we go to the lengths we do, making the safety plans, enduring the taunts, tuning *in* the headlines and organizing to make this world a place where we are able not just to live but to fabulously shine? Well, why *do* we do it? I believe that answer is tied up in another deeply theological concept: hope.[114]

It is my sense that Edman, like the project participants, came out in part because of hope. They could no longer stay closeted and live inauthentically. They hoped in a different kind of tomorrow, knowing their very lives were at stake. In a very real sense, transgender persons are the way makers of a different kind of tomorrow.

Transgender persons reveal to Baptists, perhaps more than any other marginalized group, how Soul Freedom is "the inalienable right and responsibility of every person to deal with God without the imposition of creed, the interference of clergy, or the intervention of civil government."[115] As Baptists, we can learn from the witness of transgender persons as they literally embody Soul Freedom to us. Soul Freedom is the Baptist repackaging of what is commonly called "the priesthood of all believers" in most Protestant traditions.

In the act of baptism, many Baptist ministers state that the person being baptized is "buried with Christ in baptism and raised to walk in newness of life." Dr. Patrick S Cheng, Assistant Professor of Historical and Systematic Theology at Episcopal Divinity School, Cambridge, MA, presents an affirming view of what baptism can mean for transgender persons

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[114] Elizabeth M. Edman, *Queer Virtue: What LGBTQ People Know about Life and Love and How It Can Revitalize Christianity* (Boston, MA: Beacon, 2017), 53.

[115] Benson, "Towards a Baptist Identity."

from a queer perspective. He shares in his book *Radical Love: An Introduction to Queer Theology,*

> Baptism is the initiation or welcoming rite into the Christian church, and it is conferred by pouring water over the head of the individual or immersing the individual in water. Traditionally understood, baptism is a sign of dying to one's old life and being born again into a new life. […] [C]oming out is like baptism in that LGBT people let their old closeted lives dive and are born into a new life.[116]

Transgender persons "bury" their gender identity and the identity that was assigned to them at birth (example such as being assigned at birth as a boy named Sam or girl named Sarah). Through their transition, and in their baptism, transgender persons are "raised to walk in newness of life."

Baptism is a vitally important act that is rich in symbolic meaning for the priesthood of the believer and Soul Freedom. When a person is "in Christ" that becomes their primary identity. This is an idea strong supported by Dr. Elizabeth Stuart, a professor of Christian theology at the University of Winchester in England and writes,

> for Christians the only stable identity is that of a member of the people of God, the Church, conveyed by baptism and constituted by God's self. No identity should take precedence over Christian identity and hence within the Church gender cannot be a determining factor in assessing what kind of sex constitutes moral sex. Baptism and not biology is the means by which one becomes Christian and in Christ there is 'no male or female': gender is radically decentralized.[117]

I attend a church in Dallas, TX called Wilshire Baptist Church and we have a t-shirt that says "We're Christians first and everything else second." On the back of the shirt it lists all sorts of ways people are categorized including race, age, education, socio-economic status, sexual orientation, sexual identity, and political affiliation. The above quote from Dr. Stuart emphasizes

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[116] Patrick S Cheng, *Radical Love: An Introduction to Queer Theology* (New York, NY: Seabury Books, 2011), 121.

[117] Elizabeth Stuart, "Christianity Is a Queer Thing: The Development of Queer Theology," *The Way* 39, no. 4 (October 1999): pp. 376-77.

that one's identity in God through Christ is the only identity that ultimately matters. "[T]he priesthood of all the baptized washes away all distinctions within the body of Christ. IN that context, non e of the various identities that lead to church-sanctioned exclusion (for example, gender or sexuality) matter."[118] Identity in Christ is the great equalizer and the baptismal waters are a transitional and transformational space where all persons can become more fully who they are as people who bear God's image.

Rev. Edman shares a definition of priest she learned from a friend of hers when they were going through the process of ordination. "A priest is someone who stands in a place of remarkable vulnerability, and by doing so, invites other people to enter the sacred."[119] Transgender persons stand "in a place of remarkable vulnerability" every day. It is through their lives, courage, vulnerability and witness that they invite other people, including Baptists, "to enter the sacred." One of the greatest gifts for me throughout this entire project has been to learn from and to learn with transgender persons; from authors, the interview participants, and transgender persons I have been introduced to along the way. I am a better person, a better Christian, a better Baptist, and a better chaplain because of the priestly role transgender persons have played in my life. "[A] priest connects the lived reality of our lives with a theological understanding of the God we worship."[120] As priests, transgender persons have helped me think about the whole of life in such a way that I often utter to myself "thanks be to God" for their lives and witness.

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[118] Cheng, *Radical Love*, 121.

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[119] Edman, *Queer Virtue,* 107.

[120] Edman, *Queer Virtue,* 107.

In spite of their courage, vulnerability, and witness of transgender persons, many people within and without of churches and in society at large believe that transgender persons are just a "fad" or a result of some sort of liberal social agenda. One thing I have learned throughout my study is the long history of transgender persons and those who have challenged normative ideas of gender, sexual orientation, and sexual identity. Transgender persons are not a fad or a product of the times but rather people who have always existed, in every culture, throughout time. Austen Hartke, a transgender man, supports this assertion stating the

> presence of genders beyond just male and female in societies all over the world gives us a hint about how long transgender people have existed. Far from being a new trend, there have been gender-nonconforming and nonbinary people throughout human history. It would be anachronistic to say that these people were transgender as we understand that word today, but we do know that there were people who didn't fit the gender norms of their time and who lived lives in gender roles that didn't match their assigned sex.[121]

Transgender persons have not all of the sudden appeared on the scene but have always existed. What is changing and transforming is that people are beginning to understand God, creative process, science, history, and theology in new and more inclusive ways. A result of this transformation is making room for people like transgender persons to live more fully within the larger context of society and faith communities as who they have always known themselves to be.

The project participants highlighted all that was at stake for them and yet, they were willing to risk it all for a chance to experience the freedom, soul freedom, to be most fully who they know God made them to be and to present themselves authentically with the world. May we be like the staff person at a doctor's office who told Participant D, "you are free and welcome to present yourself as you feel comfortable," and may we be reminded that however a person presents, they bear God's image.

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[121] Hartke, *Transforming*, 25.

As part of a larger Christian tradition, Baptists sometimes call ourselves "Easter people" because of the hope and newness of life that we believe the resurrection of Jesus the Christ enables for all people. The project participants were aware of all that was at stake from their families to their finances and yet they were willing to risk it all for the sake of their Soul Freedom. Baptists believe that it is through loss, sacrifice, and even death (figurative and literal) that transformation, resurrection, and newness of life are made possible. I cannot think of a better image for death and resurrection than the lives and witness of transgender persons.

The concept of the closet or being closeted is "a descriptive word that corresponds to the dynamics of hiding a part of one's self-identity or choosing carefully to be open and out."[122] I believe there is richness and depth to be gain in this term as a metaphor for Baptists as well. LGBTQ persons have chosen carefully to be open and out with who they authentically are. They acknowledge what is at stake and what is at risk and they come out anyway. I believe it is our duty as human beings, and for the purpose of this project as Baptists, to welcome LGBTQ persons and specifically transgender persons. While their coming out may be new to us, we must recognize they are and have always been within our families, friends, communities, and churches. The question for Baptists is if we will affirm their Soul Freedom and the belief that they bear God's image, no matter how an individual may present?

Queer author and social media influencer Hannah Paassch wrote an insightful book on the Enneagram from the perspective of a Millennial (persons born between 1981 and 1996). The Enneagram is a way to understanding oneself from the perspective of motivations (versus many personality typing systems that focus on behaviors) and seeks to foster transformation. In her

[122] Joretta L. Marshall, *Counseling Lesbian Partners*(Louisville, KY: John Knox Press, 1997), 100.

book, she shares a powerful statement relevant to the idea of authenticity and Soul Freedom. Paassch wrote,

> You are living the only life you get. You will play important roles in other lives, but this is the only one you get. This is the only body (that you know of). This is the only time. No pressure, but your life is happening now. All around you. […] No matter what brain ruts or coping mechanisms your personality has learned to rely on, you cannot lose you. Your essence is always there, nestled in your body, waiting for permission to come out and run around a bit. Acknowledge her now or acknowledge her later, she'll still be there, waiting.[123]

We all have but one life and one body. For those who identify within a Christian tradition, we believe we are part of one body, Jesus the Christ's body, through the Church Universal. As Baptists we are invited to learn from a part of the body, transgender persons, as they bear witness to this truth, perhaps more than any other human beings.

Soul Freedom and the "inalienable right and responsibility of every person to deal with God" is directly related to Church Freedom. Self-knowledge, as an individual and an institution like a church are enriched through the priesthood of all believers. Rev. Edman captures this relationship of Soul Freedom and Church Freedom writing,

> Making oneself vulnerable, consciously – as a queer person must, as a priest must – requires that one know oneself. It demands risk. It involves touching others. There is something scandalous about it. And it is foundational to our ability to be in community with each other.[124]

Vulnerability, risk, and human connection (physical, emotional, relational, and spiritual) are at the heart of Church Freedom and it is to reimagining Church Freedom with the help of the project participants and queer perspectives that I now turn.

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[123] Hannah Paasch, *Millenneagram: The Enneagram Guide for Discovering Your Truest, Baddest Self*(New York, NY: HarperCollins Publishers, 2019), xxiv-xxv.

[124] Edman, *Queer Virtue,* 108.

Church Freedom "is the historic Baptist affirmation that local churches are free, under the Lordship of Christ, to determine their membership and leadership, to order their worship and work, to ordain whom they perceive as gifted for ministry, male or female, and to participate in the larger body of Christ, of whose unity and mission Baptists are proudly a part."[125] This whole statement could have a giant asterisk that reads "*unless you identify as LGBTQ." In theory, Baptists make room for all that demonstrate heteronormativity. Divorce, addiction, marital unfaithfulness and more can be worked through and forgiven. These things do not inhibit your ability to participate, be granted membership, serve, or even be ordained. However, in most Baptist churches if you identify as LGBTQ, at worst LGBTQ equality is not even a possible conversation. At best churches don't want to rush the conversation and want to take their time, while persons lives literally hang in the balance.

The following statement was made in context of the experience of women within Baptist churches, but I believe still applicable to transgender persons as well as the broader LGBTQ community, Dr. Hull wrote, "[b]ut to listen to their experiences of conversion and calling and you will discover a giftedness and commitment that is in every way the equal of those experiences that God grants to men. […] Baptists have many years of work before them to root out the last vestiges of discrimination that embarrass our most basic convictions."[126] These "last vestiges of discrimination" are deeply rooted in the individual and collective beliefs of Baptists and sadly for many Baptist, full inclusion of LGBTQ persons is seen as the final battle and the hill that they are willing to die on. Thus, through deep listening to the stories and experiences of transgender persons I hope to help Baptists and spiritual care providers alike discover the stories

[125] Benson, "Towards a Baptist Identity."

[126] Hull, *The Meaning of the Baptist Experience*, 21.

and gifts of transgender persons specifically. The witness and the work of queer theologians help us reimagine, rediscover, and renew the foundational freedoms of Baptists.

In chapter three I highlighted how Participant D's statement that the word "transgender" meant that she is not alone. Connecting to other persons who are transgender provided a sense of belonging and community with God and others. Seeing and being seen by other transgender persons helped her embrace the "What if" and helped Participant D find space to live authentically. Participant D captured the pain of the "What if" in her decision to live authentically when she said "if we all truly do have freedom of choice, then my family has to make their choice. I was, from my perspective, I was almost forced into a, to something that you know that I had to do, or I was not going to make it. I was not going to be on this earth." She went on to say that "you don't transition unless you have to. Unless your very core says you have to do this. And I had to do it."

I find Participant D's words to be prophetic, as in the fore-telling of Good news, for individual Baptists, Baptist churches, and the CBF. You don't transition unless you have to. Unless you feel your life, your existence depends upon it. Baptists, like all other Christian and Protestant denominations, are on the decline in the United States and have been declining for years.[127] Among the myriad of reasons for the decline, it is reported by the Barna Group that "substantial majorities of Millennials who don't go to church say they see Christians as judgmental (87%), hypocritical (85%), anti-homosexual (91%) and insensitive to others (70%)."[128] I believe how individuals and churches read, interpret, and apply the Bible feeds the

[127] "In U.S., Decline of Christianity Continues at Rapid Pace," Pew Research Center's Religion & Public Life Project (Pew Research Center, December 31, 2019), https://www.pewforum.org/2019/10/17/in-u-s-decline-of-christianity-continues-at-rapid-pace/)

[128] "What Millennials Want When They Visit Church," Barna Group (Barna Group, March 4, 2015), https://www.barna.com/research/what-millennials-want-when-they-visit-church/)

perceptions younger generations hold about Christians. Judgmental, hypocritical, anti-homosexual (you could probably say ant-LGBTQ), and insensitivity in how the Bible is interpreted and applied affects Soul Freedom and Church Freedom.

A transition, change, and reimagination in how we interpret and apply the Bible is needed as a first step. I believe Baptists can learn about alternative ways to understand the Bible from transgender persons and Queer voices, as was highlighted previously. The lives of transgender persons (and all LGBTQ persons) are literally at stake. As Baptists reimagine Bible Freedom I believe it leads to the reimagination of Soul Freedom as well. When inclusive and holistic Soul Freedom is found, I believe the next logical transition is transformation of Church Freedom. I believe the existence of the church local and universal is at stake as it can no longer continue to exist in what it has considered normal, the exclusion of or the practice of second class membership for LGBTQ persons.

At the point in time I am writing, COVID-19 is spreading like wildfire throughout the United States and the world. COVID-19 has caused just about every institution, business, and the like, including the local and universal church, to rethink how they go about providing their services, products, offerings or medium. The local church and universal church have been forced to rethink and reimagine what it means to be a community of faith in the midst of COVID19. While I think we all grieve the hardship, loss, and death COVID-19 has brought to all facets of life, I find myself faintly hopeful. COVID-19 has forced the world at large, governments, institutions, and yes the church local and universal to reimagine everything.

What was considered normative will (hopefully) never be again. Many churches, including Baptist churches, had a way of doing things and overnight that way was no longer possible. For instance, churches that had been resistant to incorporating screens into worship are

now fully reliant upon screens. This may seem like a petty issue or argument but screens in a sanctuary of worship can sadly be as divisive of a topic as an LGBTQ being granted membership or standing in the pulpit. Until March 2020, for some churches lyrics on a screen was once unthinkable and now they are used each week so that persons can sing along while participating in a worship service for home. Churches continued existence was put in question overnight and so without committee meetings or congregational studies or church votes, churches are transitioning and changing. I believe the COVID-19 crisis has provided a space within churches for newness, creativity, and imagination that would have never been welcomed otherwise. In the midst of the chaos, transition, and change, I hope churches will not miss the voice of God beckoning onward in regard to transgender persons (and all LGBTQ persons).

Baptists sometimes call themselves "Easter people" within the Christian tradition. Baptists know that a key narrative throughout the Bible is that through sacrifice and death, life is made possible. This is most clearly seen in the life, death, and resurrection of Jesus the Christ. Baptists remember this way of life in the baptismal waters and in the practice of Baptism when a minister places someone under the water the minister says the words "we are buried with Christ in baptism and raised to walk in newness of life." In the midst of COVID-19 our orientation to life and what we considered normal is forever gone. We are currently disoriented and are "buried with Christ in baptism." It's like we are holding our breath under water, anxiously waiting for our new orientation, to be drawn from the depths of the waters to be "raised to walk in newness of life."

In response to interview questions three and four, the project participants shared difficult and painful experiences within healthcare institutions, with spiritual care providers, and in local churches. They shared about barriers like the difference between being welcoming of LGBTQ

persons and affirming (or celebrating) LGBTQ persons. They shared stories about doctors and other healthcare providers not taking time or showing interest in learning about the unique needs of transgender persons. They shared about things like a lack of education about what it means to be transgender, being judgmental, placing personal or traditional religious beliefs over and above human rights, and an unwillingness to change.

Rev. Edman is again helpful as a queer person in helping share important truths from the queer theological community. She shares,

> Lisa Isherwood and Marcella Althaus-Reid assert that "queering theology requires courage." They write, "In the same way that people sometimes need to renounce a beloved who has ill-treated them, we face here the challenge of renouncing beloved sexual ideologies, systems of belief that even if built upon injustice have become dear to us, especially if associated with the will of God." This work, they write, is not different from theological work to liberate our tradition from "former ideological abusive loves such as racism, sexism, indifference towards the poor (if not active collusion in their oppression) and colonialism. It's hard work, but so worthwhile, because what we are talking about is bringing our tradition into authentic dialogue with the truth of people's real lives, and real souls.[129]

I remind the reader that at one of its first meetings in 1991, CBF leaders outlined six core convictions and that the sixth and final conviction was "the hope for a fellowship that would be ecumenical and inclusive."[130] In the spirit of the message of Revelation chapter three, I believe we are invited to listen as the Spirit of God stands at the door and knocks. Will we have ears to hear to what I believe is being spoken through the project participants and queer voices? Will individuals and churches within the CBF embrace the hope we were founded upon to be inclusive?

LGBTQ ally and activist Dr. Virginia Ramey Mollenkott speaks with (as opposed to speaking for) transgender persons and summarizes similar sentiments much like what the project

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[129] Edman, *Queer Virtue,* 121.

[130] Durso, *Short History*, 5.

participants shared with me. Mollenkott states in relation to healthcare that what transgender persons "need from professionals is what all trans people need: to be listened to, to be assisted in defining their place within the gender spectrum (without nailing it down), and to be connected with others like themselves and with options that correlate with their unique needs."[131] This statement has relevance to spiritual care providers, Baptists, and Baptist churches as well. To be listened to, to be assisted in defining and finding their place, and to be connected with others like themselves inside and outside of the church community. However, before spiritual care providers and Baptists can do this effectively, we need to do our own self-work to better understand how transgender people are uniquely and wonderfully made by God. The struggle may be lost if Baptists wait until a transgender person visits their church or finally believes they can come out if they have been a part of the church. We must do our own self-work, just like healthcare professionals, so that we are ready when we are entrusted with the care of a transgender person.

Drawing the reader back to Chapter one, I introduced an article entitled "From the Same Spirit: Receiving the Theological Gifts of Transgender Christians." Dr. Mary Elise Lowe states her purpose "is not to answer the question, 'What does Christian theology have to offer transgender Christians?' Rather, my goal is to affirm and commend four gifts from the 'same Spirit' that transgender Christians *already* are bringing to their congregations and the larger Christian communion."[132] The invitation for Baptists is to foster a spirit of hospitality to learn from the experiences and gifts of transgender persons. As I stated above, part of this is our own self-work so that we as individuals and churches are ready to graciously receive the presence of transgender persons.

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[131] Virginia Ramey. Mollenkott, *Omnigender: A Trans-religious Approach* (Cleveland: Pilgrim Press, 2007), 67.

[132] Lowe, "Same Spirit," 28.

If Baptists are willing to rethink Church Freedom, I believe what Dr. Lowe suggests is a helpful beginning point. She wrote,

> [i]n contrast to theologies that emphasize God's original creation, many transgender Christians celebrate the promise that God continues to make all things new, and that humans are God's created co-creators. Second, while many theologies tell Christians to give up one's self for the sake of others, transgender Christians demonstrate how each person must steadfastly love (*hesed*) themselves as part of loving God and the world. Next, though Christian theologians often have taught that the body (matter) is separate from the mind (spirit), transgender Christians live out of the biblical witness that humans are a coherent unity of mud-breath, body-mind. Finally, while some Christian communities minimize the work of the Holy Spirit, transgender Christians welcome the Spirit who gives plurality, newness, unity, unpredictability, and freedom.[133]

From Lowe's perspective, there are four key foci to keep in mind when receiving the gifts of transgender persons: transgender persons as creative co-creators, persons who practice self-love in their love for the world, persons who uniquely understand the body-mind union, and persons who give things like newness, unity, and freedom to the world. In this statement, Lowe demonstrates how both Soul and Church Freedom can be interpreted in new ways as God continues to make all things new. Creativity, newness, unity, and freedom are gifts that transgender persons and Baptists both believe they bring to the world and, if brought into conversation together, I believe can enrich one another.

So if transgender people are to experience Church Freedom within Baptist churches and if Baptist churches are willing to reimagine what Church Freedom means to be inclusive of all persons, what do transgender people need in order to thrive in churches that are going through their own transformation? Introduced in previously, Austin Hartke brings a valuable perspective as a transgender man. In his book *Transforming* he introduces a researcher and professor of counseling and human development named Dr. Anneliese Singh who has spent years studying resiliency amidst transgender persons. Hartke summarized her findings stating Singh,

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[133] Lowe, "Same Spirit," 28–29.

> determined that there were five things that predicated high resilience for trans folks across the board: the ability to create and define your own sense of self; the recognition of your own self-worth; awareness of oppression, so that you can protect yourself; connection with a supportive community; and the cultivation of hope for the future.[134]

If Baptists are willing to reimagine Church Freedom, we can better contribute to the resiliency of transgender persons. The five elements highlighted above are part of key beliefs and practices of Baptist churches in recognizing the image of God in all people, pursing justice for all, fostering a community of discipleship, and an eschatological view of hope.

Hartke provides his own interpretation of what Singh's study on resiliency means for transgender persons. He shares,

> [i]n light of this, we can assume that Christians can help instill resilience by making sure trans folks can take time to figure out and define their own gender identity; by reminding them that they are worthy of love and belonging as human beings and children of God; by actively dismantling the transphobia that undergirds their oppression; by inviting trans folks into our communities and making them feel welcome; and by walking with them and supporting them in their spiritual journey.[135]

Reimagining and transforming what Church Freedom means takes time and intentionality. I believe Baptists need to begin our self-work now, as time is of the essence. Author Donald Miller said, "what I believe is not what I say I believe, what I believe is what I do."[136] So, now is the time to do the self-work we need to do in order to be the type of Baptists that are inclusive of all. I now shift to the fourth and final freedom that the project participants and queer theological voices can help us reimagine, Religious Freedom.

Religious Freedom "is the historic Baptist affirmation of freedom OF religion, freedom FOR religion, and freedom FROM religion insisting that Caesar is not Christ and Christ is not

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[134] Hartke, *Transforming*, 150.

[135] Hartke, *Transforming*, 150.

[136] Donald Miller, *Blue Like Jazz: Non Religious Thoughts on Christian Spirituality*(Nashville, TN: Thomas Nelson, 2003), 110.

Caesar."[137] As was previously shared, Dr. Hull makes a statement referencing oppressive beliefs about African Americans and women and how many flavors of Baptists throughout time have dissented for the greater good. "Baptists need to raise an unequivocal dissent against those guardians of the status quo who would deny the full exercise of religious freedom to any person for any reason."[138] I believe the group of people to whom this statement most fully applies today are LGBTQ persons and more specifically those who are a focus in this project, transgender persons.

In August 2017 a tweet from Jesse Williams went viral that stated "[e]qual rights for others does not mean fewer rights for you. It's not pie."[139] The complicated reality is that some see their privileges in life as their rights while others struggle to receive basic human rights from privileged persons. Too often, a privileged approach to life, including within healthcare, spiritual care, and the practice of religion like the local church or Cooperative Baptist Fellowship, follows the old adages "if it ain't broke, don't fix it" or "don't rock the boat." What this too often really means is that the privileged are benefiting from the current status quo and to address it might infringe on the benefits of privilege they have long been accustomed too. After all, as the argument often goes, transgender persons make up such a small portion of the overall population, why should the vast majority of "normative" people be inconvenienced, right? I would suggest that this thinking is emphatically, wrong.

Dr. Martin Luther King, Jr. once wrote from a Birmingham jail cell "a threat to justice anywhere is a threat to justice everywhere. We are caught in an inescapable network of

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[137] Benson, "Towards a Baptist Identity."

[138] "Hull, *The Meaning of the Baptist Experience*, 20-21.

[139] Jesse Williams, "'Equal Rights for Others Does Not Mean Fewer Rights for You. It's Not Pie."," Twitter (Twitter, August 8, 2017), https://twitter.com/ijessewilliams/status/894747691523072005?lang=en)

mutuality, tied in a single garment of destiny. Whatever affects one directly, affects all indirectly."[140] While this is a well-known and well-worn statement for many, in continues to ring true, 60 plus years after it was written. While King's context was the experience of African American's in the United States, I believe it resonates with the experiences of LGBTQ persons and specifically transgender persons today. It seems widely acceptable by many in the United States for a healthcare provider to refuse to offer a medical services or a baker to refuse to bake a cake based on religious conviction, particularly if they are a conservative Christian. Yet, many of those who would say it is acceptable for a Christian to refuse a service based on religious conviction would be appalled if someone did so because of their religious beliefs or convictions from another faith tradition.

The project participants described situations where they felt either healthcare professionals, spiritual care providers, or both used their religious rights and beliefs as a way to discriminate against them in some manner. In addition, the participants in their own nuanced ways named religious rights or religious views as one of the key barriers existing between healthcare professionals, spiritual care providers, and transgender persons. By way of reminder, Participant A named barriers like transphobia, using religious beliefs to discriminate, staff refusing to treat you, a lack of diversity training, a lack of emotional support or friendliness, and religious extremism. A key distinction Participant B made was being welcoming of transgender persons but still judging them as being in sin versus affirming them as beloved children of God, period. Participant B also shared how there is inequality in healthcare because transgender persons may have to travel hours away or even to other states in order to received healthcare

[140] Martín Luther King, "Letter from Birmingham Jail." (1963).

because of discrimination that is allowed in the community where they live, in part due to a healthcare provider's religious views.

Participant C named these tensions clearly when she stated "if you can't do your job as a doctor because of your religious views getting in the way then you have no business being in healthcare." I believe the same could be said for chaplains or spiritual care providers, regardless of faith tradition or denomination. A lack of change or a willingness to be open to new or different perspectives, particularly within churches was a key barrier for Participant C as well. And finally, Participant D highlighted the use of religious freedom, particularly with healthcare providers and spiritual care providers, in order to not provide a service to transgender persons. She said that "being able to reject somebody or to not treat somebody because of your religious beliefs is extremely offensive to me." Speaking specifically about spiritual care providers and chaplains, Participant D said judgment is a major barrier.

Baptist's affirmation of Religious Freedom OF Religion and FOR religion seems fairly straightforward. It is the third part of the affirmation of freedom FROM religion that gets a bit sticky. We believe Caesar is not Christ but far too often we desire Christ to be Caesar when it is to the benefit of Christians in the broadest sense of the term. I believe there are two key areas or matters where this is a particularly challenging point for Baptists. Reproductive choice or abortion, which is outside the focus of this project. The second key matter, which is a central focus of this project, is human sexuality, specifically sexual orientation and sexual identity as it pertains to transgender persons. While there is a small progressive shift within the Baptist tradition broadly, I believe a majority of Baptists still believe LGBTQ persons are outside of God's design according to how they interpret the Bible. Reimagining Bible Freedom (as I

outlined earlier in this chapter) is absolutely central as I believe Bible Freedom then directly affects Soul, Church, and Religious Freedom.

The need for the education of or perhaps one could say the re-education of healthcare professionals regarding what it means to be transgender, the numerous nuances of being transgender, and the unique healthcare needs of a transgender person is clearly apparent from both the data gathered from the project participants as well as from texts written by and about transgender persons. In like fashion, I believe education within the Baptist tradition and specifically the Cooperative Baptist Fellowship is absolutely paramount. At a national denominational or network level, state level, local level, and an individual church congregation level, transgender education is needed. Baptists need to be educated in the very latest and ever evolving theological and social perspectives as well as scientific data as it relates to transgender persons. The adages "it's just how I was raised" or "I don't care what [you, a book, the Bible, data] says, it's just what I believe" are no longer acceptable responses.

I had an undergraduate college professor at Mid-America Christian University in Oklahoma City named Dr. Cliff Sanders who would often say in class lectures "everyone has a right to their opinion but no one has a right to be wrong with the facts."[141] The fact of the matter is, what we know about transgender persons theologically, socially, and scientifically continues to transition, evolve, and change. The Bible is not a book of unchangeable scientific facts nor a manual on human sexuality and it should not be utilized or treated as such. The Bible is a complicated text that must be read and interpreted in light of the context which it was written, the context it is being read, and current developments of knowledge and information. The world has a complicated history of how religion and politics have distorted one another and it is time we

[141] Cliff Sanders, "Leadership Formation." *Class Lecture.* Lecture presented at Mid-America Christian University, 2005.

were honest about this and examine how this distortion has affected our religious and political beliefs.

Rev. Edman offers a good word about how religious and political beliefs can become intertwined and how queer theological voices can help in this crucial work. She helps me introduce the concept of "queering" stating, "Queering as a discipline demands an appreciation for nuance, for complexity. Queerness in community demands that we respect the nuance and complicity of another's authentic lives."[142] I admit, the concept and practice is new to me and feels a bit foreign to utilize, yet I am leaning into the practice of queering. As I understand the concept and practice one would talk about queering the biblical text or a queer reading of Scripture. One might also talk about queering gender norms or queering a theological perspective. For all practical purposes, what I have attempted to do in this chapter is to utilize the interview data and queer theological perspectives in order to queer the Four Freedom of Bible, Soul, Church, and Religious Freedom.

This practice of queering the Four Freedoms is not just for show or to rattle cages of those more conservative or with a stronger value of traditionalism than myself. I believe queering Baptist beliefs is a necessary next step in being faithful to the leading of the Spirit of God. In Chapter two I shared a provocative statement by the deceased Marcella Althaus-Reid that I draw the reader back to; "Queer theology is basically an example of high theological doubting or queer, irreverent in the sense that it tends to desacralize what has been made sacred for the sake of ideological interests. There is nothing quite like Queer theology for making fun of idols."[143]

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[142] Edman, *Queer Virtue,* 137.

[143] Althaus-Reid, "Outing Theology," 58.

Any institution can fall prey to holding sacred ideological interests that become like an idol. For Baptist churches it might be particular theological views, forms and practices of communal worship, or even something as trivial as how the church building is decorated. Rev. Edman offers another timely word for Baptists and writes,

> [i]t is challenging but essential work to become aware of how our various power-infused particularities (things like race, religion, skin color, sex, gender identity, ability, immigration status, access to wealth) interact and consciously or subconsciously reinforce one another. "Intersectionality" describes this complex web of privilege and oppression. "Hybridity" describes the impact of colonization on racial identity, and the impact of hybrid racial identity on power dynamics and cultural expression. Queerness demands that we take these dynamics into account in our ethical lives.[144]

Participant B highlighted intersectionality in her answer to barriers that are present for a transgender person. She reflected upon the intersection of race, financial means/socioeconomic status, and needing to travel (transportation issues) in order to receive appropriate healthcare. Living in a very conservative southern state, Participant B said the challenges she faced are compounded for African Americans that live in rural communities, lack financial means, or have a lack of healthcare options in their communities.

Religious Freedom is often bound up in what is often called a "culture war." The United States is in the midst of a call to "Make America Great Again" or to "Keep America Great" and it begs the question, "great for whom?" Baptists know something about culture wars because in the 1970, 80s, and early 90s Baptists were engaged in what has been called the "conservative resurgence" or the "fundamentalist takeover"[145] of the Southern Baptist convention, depending on which side of the chasm you were on. How to interpret the Bible, male only church leadership, and the definition of marriage were key points of contention, among other topics.

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[144] Edman, *Queer Virtue,* 137.

[145] C. Douglas Weaver, *In Search of the New Testament Church: the Baptist Story* (Macon, GA: Mercer University Press, 2008), 193.

This trying time in the life of Baptists is what led to the establishment of the Cooperative Baptist Fellowship, of which I am a part and who's beginnings I outlined in Chapter two. Speaking about culture wars, Participant B said that she believes the culture war of the past few years "helps drive the lack of change" and this has a direct effect on rights and liberties for transgender persons, including Religious Freedom.

Current Challenges in the Cooperative Baptist Fellowship

In CBF life today, there is an ongoing conversation of where we go from here? There have been small steps and concessions taken at the CBF national level to engage cultural change and theological diversity represented most recently by the Illumination Project. In an excerpt from the introduction of the Illumination Project it is stated "[t]he Governing Board of the Cooperative Baptist Fellowship launched an effort at the 2016 General Assembly to seek ways to model unity through cooperation in the midst of cultural change. This innovative project, called the Illumination Project, aims to shed light on the qualities that have built unity in CBF and, through discernment, to design and develop models of dialogue and decision-making by which the Fellowship can grow through cooperation — now and in the future."[146]

The Illumination Project was an 18 month effort within CBF life that many saw essentially as an effort to update CBF's hiring policy for those who work directly for CBF. The Baptist Standard reported the, "Cooperative Baptist Fellowship Governing Board adopted a revised hiring policy and implementation procedure that allows LGBT individuals to be considered for *some* staff positions (emphasis mine)."[147] Response to this change was mixed and

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[146] "INTRODUCTION," Illumination Project (Cooperative Baptist Fellowship), accessed April 16, 2020, http://illuminationproject.net/about/)

[147] Ken Camp, "CBF Revises Hiring Policy; Lifts LGBT Ban for Some Posts," Baptist Standard (Baptist Standard, March 30, 2018), https://www.baptiststandard.com/news/baptists/cbf-revises-hiring-policy-lifts-lgbt-ban-posts/)

some see it creating more confusion than clarity because the new policy, "requires candidates for ministry leadership positions and missions field personnel to practice a 'traditional Christian sexual ethic of celibacy in singleness or faithfulness in marriage between a woman and a man.'"[148] Response to the change was mixed with some seeing positive steps of inclusion while others saw it is a betrayal of the faith and beliefs they have always known.

My pastor, Rev. Dr. George Mason of Wilshire Baptist Church in Dallas, TX offered a helpful perspective in Camp's Baptist Standard article and shared this response,

> [w]hile I understand the rationale and applaud the hard work of those who served tirelessly on the (Illumination Project) team, I can only feel sadness for those still denied opportunity to serve the Lord among us. The celebration of progress is too often the proclamation of the privileged. I will wait to celebrate the day when our policy and practice match, when joy and justice meet.[149]

One of the most glaring omissions of the Illumination Project was a lack of an LGBTQ person on the Illumination Project Committee or the lack of an LGBTQ person represented as a "persona" or snapshot stories on the website to represent the committee's "listening process" to members of the CBF. I would venture to guess that LGBTQ persons were spoken to or even consulted with but their lack of representation on the committee and website speaks volumes about the learning and work that still lies before the CBF.

As the CBF prepares to turn 30 years old in 2021, the current initiative is called "Toward Bold Faithfulness." It is described on the website as

> a journey to discover and then respond to God's call for the Fellowship in this moment. The world has changed since our founding in 1991 —CBF, our congregations, our partners and the cultures and contexts in which we minister continue to change. We move

[148] Camp.

[149] Camp.

> forward confident that the Holy Spirit will guide us **'Toward Bold Faithfulness'** in our life together for the sake of Christ's mission amid these changes (emphasis author's).[150]

I continue to wait to see what happens with the CBF. I am a committed member and I hope to help participate in the transition, change, and continued transformation of the CBF.

Conclusions

The ideas and reflections I have presented above are part of my commitment and my challenge for Baptists, the CBF, and spiritual care providers. These offerings are provisional and partial as I hope what I offer is one part of a larger conversation. I hope the offering of my voice and perspective will be like one voice within a diverse choir that raises our voices on behalf of equality and change for LGBTQ persons and specifically transgender persons.

Whether one is Baptist, Catholic, Hindu, or from any other religious or faith tradition, I believe the offering of this project through a Baptist lens invites reflection across faith traditions. How does the witness of the project participants speak to other Christian traditions and faith traditions? How do their experiences invite reflection upon distinctive beliefs and bring critique to long held values? How can Queer theology challenge the idols that are upheld? With each response that has been offered further questions arise and there is an invitation for continued learning for us all.

I now turn to the final chapter of this project. The intention of the final chapter is to be practical and easily accessible to the reader. In Chapter five I will provide evaluation of the project and reflect upon its significance. I will offer some conclusions and implications of the project along with possible next steps and resources for healthcare professionals and spiritual care providers integrated throughout.

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[150] "Toward Bold Faithfulness," Cooperative Baptist Fellowship (Cooperative Baptist Fellowship), accessed April 16, 2020, https://cbf.net/tbf)

Chapter Five: Evaluation, Significance, Conclusions, and Implications

Evaluation

Throughout my five plus years in the D.Min. program at Brite Divinity School I have been asked more times than I can recall what my dissertation or ministry project is about. In the earlier stages of the program I described the ideas and areas of interest that I had around LGBTQ persons and barriers to pastoral care. As my project gained clarity, a question posed to me in one of the courses by Dr. Joretta Marshall who would later become my project director, was "what patient population do you feel you have the most to learn from?" The answer to this question for me was a no brainer and the answer continues to be people who are transgender. As a result of my study and learning, I believe transgender persons and people who are bi-sexual are two of the most misunderstood persons and that this misunderstanding is compounded when intersectionality of other factors are taken into consideration as well. This project was a small qualitative study with limitations that have been noted. Yet, I believe what can be gained cannot be quantified as the wealth of learning possibilities significant.

I remind the reader of my research question and the focus of my project: What can I learn as a Baptist spiritual healthcare provider by listening deeply to the stories of transgender persons with experiences in Christian traditions as they describe their spiritual journey, needs, and the barriers they experience between themselves and spiritual healthcare providers in healthcare settings? In order to help answer this question, in chapter one of the project I provided an overall introduction, presented my pastoral theological method, the methodology, and the project design. The project design centered around qualitative interviews with transgender persons that focused on five interview questions.

In Chapter two, I presented a conversation of sorts with Baptist identity and distinctive beliefs. There were several aspects to this conversation. I began with an introduction to my

Baptist background. I then presented a brief history of the Baptist tradition in Europe and North America and then focused upon a brief history of the Cooperative Baptist Fellowship, which is my own "flavor" of what it means to be a Baptist. I then began to address the question, what makes a Baptist, Baptist? I focused upon Walter B. Shurden's "Four Fragile Freedoms" and provided a brief reflection on what he says are the four key markers of Baptist identity he calls the "Fragile Freedoms" of Bible Freedom, Soul Freedom, Church Freedom, and Religious Freedom.

From this point I transitioned to a brief reflection on a key document Baptists called The Baptist Faith (BFM) and message and I focused upon the version that the Cooperative Baptist Fellowship holds to, the 1963 Baptist Faith and Message. I addressed three specific articles with the 1963 BFM; Article II God, Article III Man, and Article XVIII Family. I offered some feedback on how terminology could be updated to be more inclusive of people of diverse backgrounds. The final portion of chapter two focused upon the personal and communal nature of the Baptist tradition and then I introduced voices and perspectives from other viewpoints and disciplines such as Queer voices and voices of challenge from Psychology. I closed chapter two by reflecting on how spiritual care from my starting point of a Baptist minister is contextual, provisional, and partial. I briefly considered some of the particularities and universalities in spiritual care and briefly reflection upon a valuable resource called *Cosmopolitan Theology: Reconstitution Planetary Hospitality, Neighbor-Love, and Solidarity in an Uneven World*.

Chapter three focused upon the findings and results of the data I received from the interviews. I shared with the reader the gathering process and the biographical and non-identifying information of the four project participants. I then spent a majority of the chapter

presenting the data from the interviews organized by each interview question. By way of reminder, the interview questions were:

1. What does it mean for you that you self-identify as transgender and how does this connect to your own spiritual journey?

2. What is at stake for you in your transition and your process of becoming?

3. What have your experiences been like in the hospital and how did these experiences impact your own spiritual journey?

4. What are some of the barriers you feel might exist between transgender persons and spiritual care providers, like chaplains as well as other disciplines in a hospital setting like doctors, nurses or other staff?

5. If I were to only remember one thing from our conversation today, what is the most important thing you want me to know regarding the spiritual care of transgender persons?

Presentation of the data as well as analysis of the data occurred question by question. In addition the data was organized according to each individual interview participant. This was most clearly captured through direct quotations of the interview participants and key themes from the interview data. I concluded Chapter three by noting the limitations of the project that included a small sample size of four persons, that all four were Euro-Americans, and that all four were transgender women (male to female transition).

Chapter four built upon the foundation that was laid in Chapter two on Baptist identity and distinctive beliefs. This was taken a step further and focused upon integration of what was learned from the narratives of the four project participants, perspectives from the larger queer and transgender theological communities, and the impact I believe the project has upon Baptist identity and distinctive beliefs. The four freedoms of Bible, Soul, Church, and Religious Freedom were the primary focus for Baptists that identify with the Cooperative Baptist Fellowship and how queer theological voices help challenge and reimagine these freedoms.

Looking back, I now feel as if each research question could be a project unto itself. Each participant interview is worthy of its own project on its own merit. There are numerous other areas of possibly study and inquiry that came out of the participant interviews that were unexpected (due to what was shared or my lack of awareness of a transgender person's experience) like mental health, suicide, workplace matters/discrimination due to transitioning, transitioning as it relates to marriage, divorce, and re-marriage, transitioning and relationships with adult children, children under the age of 18, and grandchildren, gendered norms, discrimination post-transition, and questions of sexual orientation post-transition to name just a few.

As a result of the project I feel like I now have more questions than when I began the project and I have numerous areas of interest that I wish to explore in the future. In many ways, I suspect this will be a lifelong project of learning. That being said, there are significant insights to be reflected upon and applied from the interviews that I wish to highlight in the paragraphs to follow. The significance of what is to be learned from the interviews is still impartial and provisional in that these are my observations from the interviews and another person might conclude different matters of significance. While there are numerous significant points to be learned from the interviews and this project, I want to highlight four areas related to the importance of pastoral care and pastoral practices.

The first area of importance related to pastoral care and pastoral practice is that transgender persons are well aware of what's at stake (the cost, the risk etc.). Transgender persons don't enter into this journey haphazardly or without weighing what all is at stake. From ages as early as four or five years old, each of the project participants revealed they knew they were different or that their body did not match their internal sense of who they were. In each case

they lived with this awareness for 20, 30, or 40 years or more. The key areas that were at stake that came out of the interviews were marriages, families, jobs, physical well-being, and mental health. More will be said about mental health in a moment.

From a pastoral care and pastoral practice standpoint, reflecting upon a conversation that could occur would look very different if a transgender person were to be extremely early in their process of coming out to themselves and to others. For instance, this might look like a person disclosing to a pastoral care provider "I think I might be transgender." This conversation would look different if it were a five year old, a 15 year old, or a 45 year old person. For the sake of argument, if a person is coming out to themselves and to a pastoral care provider for the first time, the pastoral care provided and the pastoral practice would look very different from what was the focus of this project. The differences of pastoral care and practice regarding where I person is in their journey of coming out are worthwhile of consideration but are outside the focus of this project. A growing edge for me and for other pastoral care providers would be to find and become familiar with best practices and resources for helping a person come out or in how to best journey with a person as they come out are.

In a sense, the project participants said "we helped make the road for transgender persons by walking and here is how you as a pastoral care provider can help other travelers on the journey." A foundational principle for my work as a chaplain is adapted from Dr. Lowe and her idea of "journey companion." I am not leading transgender persons on the journey but I am journeying with them and learning from them so that I might support other transgender persons I encounter on the journey. The project participants that were interviewed had come out to themselves, their families, friends, churches, and places of employment. Through the sharing of their experiences, I and other pastoral care providers can learn to or continue to offer supportive

presence and advocacy with transgender persons while hopefully avoiding some of the missteps and painful actions that the participants highlighted.

Second, transgender education for all disciplines in the medical field is necessary. It is particularly needed and lacking in both medical school curriculum and for ongoing education for those in the field of healthcare. This was highlighted in each interview. In a 2019 NPR story on LGBTQ education on in medical schools the investigative author reported

> [t]he extent of LGBT education medical students receive varies greatly, but a 2011 study found that the median time spent on LGBT health was five hours. The topics most frequently addressed include sexual orientation, safe sex, and gender identity, whereas transgender-specific issues, including gender transitioning, were most often ignored. And some medical students receive no LGBT education at all. […] As a result, physicians often feel inadequately trained to care for LGBT patients. In a 2018 survey sent out to 658 students at New England medical schools, around 80 percent of respondents said they felt "not competent" or "somewhat not competent" with the medical treatment of gender and sexual minority patients.[151]

This omission in the educational process for an entire patient population is glaring. Throughout this project I have highlighted a need for basic training and education around terminology and speech regarding transgender persons and using sensitive and inclusive language. This can easily be included as an in service training within healthcare systems and as required ongoing, annual training that a healthcare systems require of all employees.

Similarly, seminaries and divinity schools, have significant catching up to do regarding the education of ministers, clergy, and chaplains as it relates to LGBTQ persons. In a 2011 article entitled "Sex and the Seminary: Preparing Ministers for Sexual Health and Justice" the author's conducted a survey of 36 seminaries and divinity schools. A deep dive into the content of the article is outside of the focus of this project but two important statements are highlighted

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[151] Rachel D Cohen, "Medical Students Push For More LGBT Health Training To Address Disparities," Shots Health News from NPR (NPR, January 20, 2019), https://www.npr.org/sections/health-shots/2019/01/20/683216767/medical-students-push-for-more-lgbt-health-training-to-address-disparities.

from the article. 36 schools participated in phase one of the project and three schools were invited to participate in a pilot program for phase two of the project. In summary, the authors shared

> [p]hase I results pointed to an overwhelming need for improvement in the sexuality education provided to seminarians and the overall sexual health of the seminaries. Phase II included further assessment of three seminaries and technical assistance provided by the Religious Institute. Preliminary results from Phase II indicate improvement toward greater sexual health and responsibility at each seminary.[152]

In my own seminary education where I completed a Master of Divinity degree, I had one, three to five page assignment that was addressed over the course of two class sessions (totaling 3 hours) that directly dealt with a questions about human sexuality (in this case regarding if same-sex orientation was wrong). While it could have come up in class discussion, there was not anything on my degree plan that was directly focused upon sexual orientation, gender identity, and gender expression. Thankfully, my experience has been much different in my doctor of ministry program at Brite Divinity School, which was one of the three programs that participated in phase two of the study.

The insights, challenges, and invitations for growth for individuals and institutions presented in the article are profound. One of the most striking statements shared in the article was that

> [i[n a 2008 survey of progressive clergy—those who support comprehensive sex education, reproductive justice, and Lesbian, Gay, Bisexual, and Transgender (LGBT) equality—fewer than four in ten (38%) agreed that their seminary education adequately prepared them for dealing with sexuality issues in their congregations. In addition, only one-third (35%) agreed that their seminaries adequately prepared them for dealing with sexual orientation, gender identity, and gender expression issues in their congregations (Haffner & Palmer, 2009).[153]

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[152] Kate Ott and Amanda Winters, "Sex and the Seminary: Preparing Ministers for Sexual Health and Justice," *American Journal of Sexuality Education*6, no. 1 (2011): pp. 55-74, https://doi.org/10.1080/15546128.2011.547368.

[153] Ott and Winters, "Sex and the Seminary" (2011).

If clergy, ministers, and chaplains are not being adequately prepared for addressing questions of sexual orientation, gender identity, and gender expression in many seminaries or divinity schools, this highlights a need for additional opportunities for learning and growth in other professional settings for continuing education. While more could be said on this issue, I believe it is sufficient to say that in both medical school for doctors and other medical staff as well as in seminaries and divinity schools there are continued needs for the curriculum to be adapted and changed so that the unique physical, emotional, and spiritual needs of all human beings are addressed.

Third, access for transgender persons to affordable and affirming healthcare is a massive issue. This was highlighted by the project participants as they all experienced things like long wait times for appointments and surgeries, needing to travel great distances for appropriate health care, and discrimination from healthcare workers. For the past twelve years, the organization The Human Rights Campaign has produced what they call a "Healthcare Equality Index" that serves the purpose of "[p]romoting equitable and inclusive care for Lesbian, Gay, Bisexual, Transgender and Queer Patients and their families."[154]

For 2019, there were 680 individual participating hospitals that represented 120 for-profit, non-profit, and public healthcare systems. It is important to note that these numbers represent only hospitals and hospital systems that chose to participate in the report for 2019. In the 12 years the report has been produced, over 1,600 hospitals have participated. The participants were given a score based on how many LGBTQ-inclusive policies and practices they have in place in four different criteria. The first criteria consist of the foundational elements of LGBTQ patient-centered care. The three remaining criteria are Patient Services and Support,

[154] Human Rights Campaign, "Healthcare Equality Index 2019," 2020, https://www.hrc.org/hei.

Employee Benefits and Policies, and Patient and Community Engagement.[155] There were only five states that had twenty or more facilities represented with California and New York leading the way at 82 and 74 hospitals respectively. What I find more surprising is that 27 states had only one to four hospitals and six states had zero hospitals that met the criteria for inclusive care for LGBTQ persons and their families, according to the HRC's report.[156] The HRC celebrates the improvements made over the years it has produced the equality index but the index also reveals that massive need for improvement for inclusive healthcare for LGBTQ persons that is still needed.

Finally, there is much to be learned from the stories and experiences of transgender persons if one is willing to listen to their wholistic experience of mind, body, and spirit. Too often, the response to LGBTQ persons is to invite them to bring a part of themselves but not all of themselves. Two of the project participants highlighted that they are Christians first and foremost and that everything else is secondary. In the Christian Scriptures Jesus tells an inquiring person that "the greatest commandment is to love God with your whole self; with all you heart, all your soul, and all your mind and that the second commandment is to love your neighbors in the same way that you love yourself" (paraphrase of Matthew 22:37-38).

In Chapter one I shared excerpts from a talk the Rev. D. Edgard Francisco Danielsen-Morales gave. He shared that Queer theology "invites us to re-imagine relationships."[157] If Baptists are truly going to receive the stories of transgender persons and allow their stories and experiences to help shape the various flavors of the Baptist tradition, we would do well to be

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[155] Human Rights Campaign, "Healthcare Equality Index 2019," 2020, https://www.hrc.org/hei.

[156] Human Rights Campaign, "Healthcare Equality Index 2019," 2020, https://www.hrc.org/hei.

[157] Danielsen-Morales, "1 Heart," 1.

reminded that according to Danielsen-Morales, queer theology "starts with bodies – human bodies with desires, sexualities, messiness, beauty, pain, limitations; '*the rebellious bodies,*' [Althaus-Reid] would say – and the stories of these bodies connecting to other human bodies."[158] When we seek to love God and to love others with all of our heart, soul, mind, an strength we open ourselves up to all the love, risk, and messiness of being in relationship to all that makes up other human bodies. This is important because "there is no theology outside the body; there is no theology outside relationships."[159]

Danielsen-Morales goes on to say "[t]o do theology is to tell our stories."[160] Telling our stories, simply saying this is who I am is central to the human experience. Baptists often paraphrase Matthew 11:28 and simply state that we are invited to "come as you are." Baptists have in important opportunity to truly live out this simple yet profound invitation so that all people, including transgender persons can come as they are, however they are, in whatever state of transition and self-understanding that they are. The Rev Dr. Cody Sanders wrote a primer for churches desiring to learn from queer persons. I will utilize his book as a resource in the pages that follow. As I close this section and move on to the significance of this project, a statement from Sanders helps set the table, if you will, for what Baptists are invited in to; "[i]n order to learn the lessons queer lives have to offer us about the formation and practice of relationships, churches must learn to cultivate a more robust compassionate curiosity into the beauty and complexity of human life."[161] Human life is beautiful and complex and Baptists would do well to

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[158] Danielsen-Morales, "1 Heart," 1.

[159] Danielsen-Morales, "1 Heart," 2.

[160] Danielsen-Morales, "1 Heart," 3.

[161] Cody J. Sanders, *Queer Lessons for Churches on the Straight and Narrow: What All Christians Can Learn from LGBTQ Lives.* Macon, GA: Nurturing Faith Inc., 2013, 33.

foster a compassionate curiosity into all expressions and variances of the co-creativeness of God and the individual human.

Significance

It is difficult to articulate and to know exactly what the significance of this project is or might be. On a personal and professional level, I believe I am a better human being and a better professional chaplain because of the D.Min. program and this D.Min. project. I am more aware of assumptions I held, blind spots where I need to do more learning, and insecurities that can be transformed in growing edges. Professionally, I learned that there is a massive need within pastoral care and spiritual care departments around conversations, questions, and best practices in healthcare and spiritual care of LGBTQ persons, specifically transgender persons. I am part of the Association of Professional Chaplains (APC) we currently only have limited resources for learning about LGBTQ persons readily available. Over the years, there have been a few workshops offered at the annual conference that address aspects of pastoral care or spiritual care with LGBTQ persons. I am not naïve to think this project is going to magically change everything but I do believe it is a project that helps address a direct need and blind spot for pastoral care and spiritual care providers.

It was previously shared that in a 2016 report by the Williams Institute, it was found that roughly .6% or 1.4 million adults in the United States identify as transgender.[162] By comparison, on May 29, 2020 there were approximately 1.7 million confirmed cases of the COVID-19 virus in the United States.[163] COVID-19 changed everything about how humanity goes about life and

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[162] A..R. Flores, J.L. Herman, G.J. & T.N.T. Brown. (2016). *How Many Adults Identify as Transgender in the United States?* Los Angeles, CA: The Williams Institute, 3.

[163] Elena Renken and Daniel Wood, "Tracking The Pandemic: How Quickly Is The Coronavirus Spreading State By State?," NPR (NPR, May 26, 2020), https://www.npr.org/sections/health-shots/2020/03/16/816707182/map-tracking-the-spread-of-the-coronavirus-in-the-u-s.

how healthcare is offered. Can you imagine if the same concern was shown within healthcare for approximately 1.4 million transgender persons in the United States that present healthcare providers within unique healthcare needs as well? Let me be clear, I am not saying transgender persons are like a virus but rather I am making comparison of the impact of a population of people with unique healthcare needs. COVID-19 is often said to be a hoax or something thing made up and that is often said about transgender persons too. Yet, despite what personal opinions one might hold about COVID-19 and whether or not the opinions are informed by scientific data or not, the reality is that COVID-19 has changed everything about life and healthcare. Can you imagine the positive impact it would have with transgender persons and their loved ones if we took the unique healthcare and spiritual care needs of transgender persons as seriously as we did the COVID-19 pandemic?

My experience of the project participants was that it was significant for them to be able to share their stories and experiences within healthcare and spiritual care, one for the first time. It has been significant for me to learn from and about a population of people I may not have encountered in my everyday life and ministry that fostered an opportunity for learning and growth had it not been for the D.Min. program at Brite Divinity School. Being asked by Dr. Marshall and my classmates what patient population I had the most to learn from literally shaped the course of my experience of the D.Min. program, my ministry project, and part of my calling as a chaplain in advocating for and with vulnerable persons. Stated plainly, I believe this project has directly altered my professional vocation as a chaplain and how I understand what it means to be a CBF Baptist going forward. The subsections and questions that follow will help me further unpack what I believe is the significance of this project.

What is the Evaluation of the Project both Personally and Professionally?

This was a small, qualitative project that sought to learn from the experiences of transgender persons within healthcare and with spiritual care providers. The project does not speak for all transgender persons nor provider universal answers or solutions. The project does provide meaning insight and perspective into the lives and experiences of four individuals who graciously participated. There are important lessons and valuable challenges that come out of their stories that have impacted me personally and professionally.

On a personal level, this project has struck a deep chord within me. I can distinctly remember when the first possible participant reached out to me via a phone call. I was running some errands and was in the middle of a Target store when I answered a phone call from an unknown number. The woman on the other end of the phone identified herself as someone who was interested in participating in the project. She briefly shared her story as a transgender person and her experiences in Christian churches.

Right there in the middle of Target, I was moved to tears. My then three-year-old daughter asked me why I was crying and I told her "someone just told daddy some very sad things and they asked daddy to help them so others don't get hurt too." Upon reflection, that statement seems to paint me with a bit of a "savior" complex, however, in that moment it was the best way I could explain it to my young daughter. Personally and professionally, I feel I have a duty and an obligation to these four women to be a good steward of their stories and experiences for the purpose of impacting disciplines within healthcare that can be agents of healing and life or pain and destruction. Personally, I am a different, and dare I say better, human being because of this project. From the reading, to the writing, to the interviews, and reflection I believe I am

more informed, more compassionate, and more understanding of a group of people with experiences in life drastically different from my own.

Professionally, I believe I have a wealth of knowledge that needs to be heard and integrated in the practices of healthcare and spiritual care. In some ways it feels like I have a new vaccine or a therapy that could be highly effective and thus I have a duty to share throughout healthcare. A challenge moving forward professionally is how to go about sharing what I have learned in a way that honors what the participants consented to for the project but is also a steward of the stories and experiences they shared with me for the purpose of helping bring about change within healthcare and spiritual care. I am not naïve to think the healthcare system I work for or the CBF will automatically give me a platform to share. However, I do believe I had an obligation to share what I have learned and that I have a duty to appropriately find ways to do so in a manner that is honoring of all persons and backgrounds. Just like my learning began with one book, one article, one interview, I believe my opportunities to share what I have learned will begin with one person or perhaps one small group of persons. Just like a spark can develop into a wildfire, I hope I can help spark a wildfire of change with the hospital and hospital system where I work and within the CBF network. I will unpack the challenges of what to do as a professional chaplain and as an endorsed chaplain with CBF in the pages to follow.

What is the Significance of the Project for the Transgender Interview Participants?

Participants A, B, and D each shared that they have had opportunities to tell their stories and to participate in forms of ongoing learning and training for laypersons and clergy within religious settings and/or in healthcare settings. For Participant C, although it was not explicitly stated, it seemed as if the interview may have been the one of the first times that that she had an opportunity to share her story and experiences in a setting with someone who desired to listen to

her deeply with the intent of stewarding her story for the purpose of helping others within healthcare and spiritual care. At the conclusion of the interview Participant C said to me "one more thing, I hope you can actually share my story with other chaplains. I would appreciate that." I offered her assurances that I would and I desire to be faithful to her request and my word.

Participants A, B, and D seemed to be at a different point than Participant C in their journeys of life and having transitioned wholistically (physically, relationally, legally, professionally etc.). Each participant's story had value and worth by its own merits but there were also distinct differences, particularly between Participants A, B, and D and Participant C. I experienced Participant C as someone who was telling their story for the first time, perhaps like someone in therapy having their first breakthrough with their therapist. It was raw, unrehearsed, and unpolished. Participants A, B, and D were like people in therapy who have been seeing a therapist for years and were able to articulate their stories with more clarity having the benefit of more self-reflection, integration, and time. They had a level of maturity, preparation, and poise that was different from Participant C. Neither is right or wrong, they were just different and I think these differences are important in understanding the significance. For Participant C it seemed as if sharing her story with me was a matter of life and death, not knowing if she would ever have this opportunity again. On the other hand, for Participants A, B, and D it was another valuable opportunity to share knowing, that there will likely be many more opportunities to share again down the road. For all four participants, they took a risk to work with me as a research who they had never met before in person and I will forever be grateful for the opportunity to meet them through technology and to receive their stories.

What is the Significance for the Larger Transgender Community?

This is a difficult question to answer as I am not a member of the transgender community and do not wish to imply I speak on their behalf. Again, I think I would make the distinction between what Participants A, B, and D might say as it compares to Participant C. Based on my reading and learning, I suspect many transgender persons could identify with one of the four participants who participated in the interviews for this project. The four participants represent four different perspectives in a spectrum of experiences and I think the larger transgender community can also identify a space within these stories and experiences. While no two person's experiences are the same, I think these stories help create space where a transgender person might be able to say "me too" if they were to read this project. This project was limited to transgender persons who currently identify as a Christian or that once I identified as a Christian and because of the explicitly religious perspective explore, it might limit the significance for the larger transgender community. Additionally, the participants were all white Euro-Americans and transgender persons of color from other backgrounds may not resonate as the project might only connect with aspects of who they are.

It has been stated throughout the project that there is a vast spectrum of what it means to be transgender. This spectrum is continually evolving and changing but I believe the spectrum also represents a space that is held for people who are non-confirming to societal norms. Rev. Dr. Cody Sanders highlights some of the tensions found within communities of people whether they be churches, healthcare systems, or queer communities. Sanders writes,

> [i]in our excitement to celebrate the diversity among us, we should be critically aware of those differences that are not represented within our communities. Beyond mere representation, we should be careful to ask how even community members are subtly required to deny, diminish, or erase certain expressions of difference – whether in race, class, gender, ability, or sexuality – in order to fit in and enjoy the benefits of inclusion in community. In order to take the guesswork out of the equation so that no one has to

> wonder if these difference-denying dynamics exit within their communities, we should simply assume that they always do exist in some form – requiring the denial and erasure of difference in ways that may escape our awareness.[164]

This project in no way speaks for all transgender persons and I recognize the projects limitations. I believe the project can be one more contribution working toward the overall hope of equality, inclusion, and justice for transgender persons within healthcare, spiritual care, and the CBF.

What is the Significance for Spiritual Care Providers?

I believe the significance for spiritual care providers is profound. In all of my reading and study, I found very few direct references in healthcare studies to the emotional and spiritual care of transgender persons. I believe training and information around best practices in spiritual care with transgender persons is sorely lacking. It has been in my own experience that training and information is lacking within two major healthcare systems in the Dallas Fort-Worth area. I have colleagues who work or have worked in all the other major healthcare systems in Dallas Fort-Worth and they confirm similar experiences of training and information regarding best practices in emotional and spiritual care with transgender persons is lacking. This is confirmed by the HRC's Healthcare Equality Index for 2019 in that Children's Health, Parkland Memorial Hospital, University of Texas Southwestern Medical Center, and VA North Texas Health Care Center participated. Each of these four received a "Top Performer" ranking but did not achieve the HRC's highest marker of LGBTQ Healthcare Equality Leader.[165] Nowhere in this report is there a reference to religion, religious, or spiritual care. Emotional care is broadly implied in a category called "Patient Services and Support." I know that Children's Health, Parkland Memorial Hospital, University of Texas Southwestern Medical Center, and VA North Texas

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[164]Sanders, *Queer Lessons for Churches on the Straight and Narrow,* 63.

[165] Human Rights Campaign, "Healthcare Equality Index 2019," 2020, https://www.hrc.org/hei.

Health Care Center all have spiritual care or pastoral care departments but it is fascinating that this is left out of the HRC's report all together.

The Cooperative Baptist Fellowship as well as much of the larger Baptist tradition are in conversation and conflict about LGBTQ persons and this primarily centers around sexual orientation and often use the outdated terms of homosexual and homosexuality. Many Baptists have not or cannot yet move beyond the broad categories of lesbian and gay and thus don't know how to consider bi-sexual, transgender, or queer folks. My experience is that there is a lack of understanding of what being transgender means in its most basic terms, a lack of awareness around appropriate language, terminology, and pronouns, and a complete void of little, if any, theological understanding of being transgender. Thus, I believe there is a massive opportunity for education and training for spiritual care providers. I have been endorsed by the CBF as a hospital chaplain for seven years and I am not aware of any training and education around LGBTQ themes offered by CBF or CBF Chaplains and Pastoral Counselors.

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

> 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.[166]

This statement provides both clarity in what is meant by pastoral care and challenge for maintaining effectiveness. I might add the statement pushes pastoral care to consider its

[166] David J. Kundtz and Bernard S. Schlager, *Ministry among God's Queer Folk* (Cleveland, OH: Pilgrim Press, 2007), 3-4.

relevance in today's world. The author's state pastoral care must be organic, vibrant, developing, and able to deal with change and yet many pastoral care programs are structured, spiritless, stagnant, and unable to deal with change.

What is the Significance for Interdisciplinary Healthcare Professionals?

As all of the project interview participant's highlighted, there is a need for learning and continuing education around the unique healthcare needs, barriers, fears, and terminology for transgender persons. Access to healthcare that is appropriately trained and equipped for the unique needs of transgender persons is also important. As I shared previously, the Human Rights Campaign produced their annual Healthcare Equality Index for 2019. There were 680 individual participating hospitals that represented 120 for-profit, non-profit, and public healthcare systems. It is important to note that these numbers represent only hospitals and hospital systems that chose to participate in the report for 2019. In the report's twelve year history over 1,600 hospitals have participated. The participants were given a score based on how many LGBTQ-inclusive policies and practices they have in place in four different criteria. The first criteria consist of the foundational elements of LGBTQ patient-centered care. The three remaining criteria are Patient Services and Support, Employee Benefits and Policies, and Patient and Community Engagement."[167] There were only five states that had twenty or more facilities represented with California and New York leading the way at 82 and 74 hospitals respectively. 27 states had only one to four hospitals represented and six states had zero hospitals that met the criteria for inclusive care for LGBTQ persons and their families.[168]

[167] Human Rights Campaign, "Healthcare Equality Index 2019," 2020, https://www.hrc.org/hei.

[168] Human Rights Campaign, "Healthcare Equality Index 2019," 2020, https://www.hrc.org/hei.

The American Hospital Association reports there are 6,146 hospitals in the United States.[169] According to the HRC in 2019 voluntarily 680 hospitals participated in their Healthcare Equality Index, which is only about 11% of 6,146 hospitals in the United States. 156 hospitals or about 23% of the 680 hospitals participating in the HRC's Healthcare Equality Index in 2019 were in California and New York. This means in the rest of the 48 states in the United States only about 8.5% of hospitals participated in the Healthcare Equality Index. In the 12 years since the HRC began the annual Healthcare Equality Index, 1600 individual hospitals have voluntarily participated, which based on the American Hospital Associations most recent data of 6,146 hospitals that means roughly 25% of hospitals have at one point in the past 12 years voluntarily participated in a review of the healthcare they offer LGBTQ persons. Of the 680 participants in 2019, 90% or 612 hospitals met the HRC's staff training requirement for LGBTQ patient-centered care.[170] That means of the 6,146 hospitals currently operating in the United States, it is possible that roughly 612 or just under 10% of hospitals meet the HRC's staff requirement for LGBTQ patient-centered care.

According to this data and sources above, this then means that 90% of hospitals in the United States do not have staff who are adequately trained in patient-centered care for LGBTQ persons. Even fewer hospitals specialize in healthcare needs unique to transgender persons. Chances are, if a transgender person lives outside of California or New York, they will have to travel to a hospital to receive to appropriate medical treatment for their unique needs as a transgender persons. When transgender persons need healthcare directly related to their transition, it would seem that they are often able to seek out appropriate care. However, none of

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[169] "Fast Facts on U.S. Hospitals, 2020: AHA," American Hospital Association (Health Forum), accessed June 2, 2020, https://www.aha.org/statistics/fast-facts-us-hospitals.

[170] Human Rights Campaign, "Healthcare Equality Index 2019," 2020, https://www.hrc.org/hei.

us have the ability to schedule emergent care and so all interdisciplinary healthcare professionals need at least a basic understanding of the unique healthcare needs, barriers, fears, and terminology for transgender persons. What I believe all of this data demonstrates is a significant need for training for interdisciplinary healthcare workers.

The Human Rights Campaign encourages participation in the annual Healthcare Equality Index suggests possible benefits are to

> Learn best practices for LGBTQ equality and inclusion, Provide patient-centered care to a long-overlooked group, Take advantage of free online, on-demand staff triaging from expert sources that includes CME/CEU credit, Enhance patient satisfaction ratings, Ensure compliance with legal, CMS and The Joint Commission requirements, Improve quality and safety, Reduce risk of litigation and negative publicity, Reach out to a highly loyal market segment, Enjoy recognition for commitment to equity, inclusion, & diversity from the nation's largest LGBTQ civil rights organization.[171]

The benefits of participation speak the language of hospital systems, CEO, and administrators. I believe the befits far outweigh the possible negative perceptions and reactions those opposed to LGBTQ equality and inclusion might hold. While a more in depth review of the HRC's Healthcare Equality Index reveals continued progress and points of celebration, there is still much work to be done and I believe this project is one piece in the puzzle of the work that is still needed within healthcare and pastoral care departments.

What is the Theological Significance of the Project?

It is outside the scope of this project to try to build and present a case for LGBTQ persons. Admittedly, I am largely working with an assumption that a case can be made and there are a number of resources that I have highlighted throughout the project that can be read in more detail to gain further clarity on the theological arguments and evidence for LGBTQ persons. This

[171] Human Rights Campaign, "Healthcare Equality Index 2019," 2020, https://www.hrc.org/hei.

project has attempted to focus then on the gifts that LGBTQ persons, specifically transgender persons, bring to the larger Christian tradition.

In Chapter one shared several excerpts from the article "From the Same Spirit: Receiving the Theological Gifts of Transgender Christians." In the article, Dr. Mary Elise Lowe of Augsburg College states her purpose "is not to answer the question, 'What does Christian theology have to offer transgender Christians?' Rather, my goal is to affirm and commend four gifts from the 'same Spirit' that transgender Christians *already* are bringing to their congregations and the larger Christian communion."[172] As a Baptist chaplain, I believe in a reciprocal understanding of healthcare suggest that the one receiving care and the one(s) providing care have gifts to offer and gifts to receive. Dr. Lowe suggests,

> [i]n contrast to theologies that emphasize God's original creation, many transgender Christians celebrate the promise that God continues to make all things new, and that humans are God's created co-creators. Second, while many theologies tell Christians to give up one's self for the sake of others, transgender Christians demonstrate how each person must steadfastly love (*hesed*) themselves as part of loving God and the world. Next, though Christian theologians often have taught that the body (matter) is separate from the mind (spirit), transgender Christians live out of the biblical witness that humans are a coherent unity of mud-breath, body-mind. Finally, while some Christian communities minimize the work of the Holy Spirit, transgender Christians welcome the Spirit who gives plurality, newness, unity, unpredictability, and freedom.[173]

From Lowe's perspective, there are four key foci to keep in mind when participating in care with transgender persons: transgender persons as creative co-creators, persons who practice self-love in their love for the world, persons who uniquely understand the body-mind union, and persons who give things like newness, unity, and freedom to the world. So, the theological significance is not necessarily what the chaplain shares with or provides the transgender person but rather what the transgender person can share with chaplains and the world. This is not to

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[172] Lowe, "Same Spirit 28.

[173] Lowe, "Same Spirit," 28–29.

discredit my own role or the role of the chaplain but rather to say, it's a two-way street and that it's quite possible transgender person have more to offer theologically and are at the cutting edge of theological thought and development, if we are willing to listen and receive.

The bibliography of this project is filled with valuable resources of theological significance for spiritual care providers. The primary theological significance of this project is that it is not an intellectual process or treatise solely for the mind. Rather it is a wholistic experience rooted in the body because "there is no theology outside the body; there is no theology outside relationships."[174] Reading and study are part of the theological process but it cannot end there. This learning is not just an intellectual exercise where a change in thinking or belief is the end result. The rootedness in relationships and actual, physical human bodies is where the theological significance and transformation can truly be found. Hospitals, churches, pastoral care departments, denominational entities and more need to share the same physical spouse from transgender persons. We need to see them, hear them, feel them, and know them. We need to foster safe spaces for transgender persons to literally show up and to share their stories. After all, incarnation, showing up, is at the heart of the Christian message.

This learning and growth that is possible will undoubtedly feel uncomfortable for many, if not most, Christian traditions. In the Baptist tradition broadly and the CBF specifically, there are enormous challenges to overcome as "people of the book." It requires an openness to reading Scripture with new and different lenses and is an opportunity to listen to the witness of transgender persons to Scripture and how God continues to speak today. Baptists have a long history of being slow to respond to leadings of the Holy Spirit and yet we have slowly responded. I believe the full welcome and affirmation is our next key area of theological change

[174] Danielsen-Morales, "1 Heart," 2.

and acceptance. While we cannot go back and undue what we have said, done, and decisions that were made previously, we can make a choice to make changes in beliefs and practices moving forward. This is the work of individual Baptists persons, churches, associations, and organizational networks like the Cooperative Baptist Fellowship. Baptists stand on the precipice of change.

We are all on a spectrum of beliefs and a spectrum of process or development. Wherever one falls on a spectrum, it's less a matter of left and right, progressive or conservative and rather matter of love, respect, dignity, and worth. Iraq War veteran Diana Oestreich reminds us we are invited to "love the people that those decisions hurt or marginalized. I don't lean left or right. I lean in. I lean forward, because that's where love lives."[175] The hurt and marginalization of transgender persons has occurred for years and years. Baptists identify as people of the book (the Bible) and as people who believe we will be known as Christians because of our love. May we truly lean in and lean forward to transgender persons because it is in the embrace between human being that love lives.

What is the Practical Significance of the Project?

Practically speaking, most people fear what they do not know or understand. It is my hope that this project brings some understanding of the experiences of transgender persons. If nothing else, the project highlights a need for basic information about what it means to be transgender in order to help foster generosity toward transgender persons who present life experiences that are admittedly difficult to comprehend for many people, myself included. In the midst of all of my learning, study, and growth, I still find myself scratching my head and saying to myself "I don't get it." Part of what I am learning is that I don't *have* to *get it* in order to

[175] Oestreich, "How Iraq Unmade Me–And Love Remade Me."

affirm the lives and experiences of transgender persons. The value and worth of transgender persons is not dependent upon mine anyone's understanding. If a form of the Christian faith is a shared started point, a foundation belief is that all, and all means all, people have inherent value and worth because they bear God's image. All skin tones, gender identities, sexual identities, and orientations. All means all.

This project is not intended nor does it come close to being the end all or be all of projects around transgender persons, healthcare, and spiritual care. However, I do believe it is a starting point for me into what I believe will be a lifelong project of learning so that I continue to offer and help others offer informed, compassionate spiritual care with transgender persons. It's a starting point but in no way is intended to be the end point.

A key point of practical significance is that healthcare systems, church, chaplains, denominational bodies and the like take that first step. It's reading a book. It's sharing an article. It's inviting a transgender person to speak and to share their experience. My own journey began with a chance encounter with a transgender person who was visiting her mother in the hospital. It was in that encounter I realized I had so much to learn, that hospital staff had so much to learn, and that I had an opportunity before me to be an advocate for and with transgender persons. Each person who reads this project and has made it to this point, is in a sense taking a step. You as a reader are at a point on your own continuum and have an invitation toward further learning and growth. If this project has presented you as the reader with new information, ideas, and questions, then I suppose I have achieved my goal. If it moves the reader towards continued study, a desire to take what is learned into their settings of influence, and to invite others to consider new information, ideas, and questions, even better. Ultimately, I hope the significance of this project will help further opportunities for individuals, hospitals, churches, denominational

bodies and more to take seriously the lives and experiences of transgender persons so that they might better receive the love, care, and concern all human beings are worthy of receiving.

Conclusions

My conclusions are provisional and partial. When I began this project, I had my suspicions of what I might learn and what I have learned through the project has confirmed and exceeded those suspicions. First, there is a massive need for education and training for healthcare providers and spiritual care providers regarding the unique healthcare and spiritual care needs of transgender persons. Fortunately, there is an ever growing body of information available and that is easily accessible. In addition, organizations like the Human Rights Campaign are willing and able to help provide a first step in educating healthcare systems and hospitals. In addition, as this project shows, transgender persons are also willing to share their experiences with healthcare and spiritual care providers in order to bring improvement in the care offered to transgender persons. Medical schools, seminaries, divinity schools, and in settings of ongoing education all need to learn from the lives and experiences of transgender persons.

Second, there is a glaring need for access to appropriate and inclusive healthcare for transgender persons. Earlier in this chapter I stated that it is possible that less than 10% of hospitals in the United States offer LGBTQ patient-centered care and I believe this is unacceptable. The Human Rights Campaign is a high profile and reputable organization offers training for hospitals and healthcare systems. In addition, this project has highlighted numerous resources available for individuals and groups to study together in healthcare and spiritual care. This project is a primer or a starting point for anyone who is willing to take the next steps and to learn more about the experiences and needs of transgender persons within healthcare. It should be noted that healthcare is just one arena or facet of a much larger conversation as transgender

persons experience discrimination in many other industries such as health insurance, housing, jobs, government agencies, and more.

Finally, I believe chaplains and spiritual care providers can be a bridge between education and implementation. Yes, chaplains and spiritual care providers are in need of our own education both in our formal training in seminary and divinity school as well as our on going continuing education. That being said, I believe chaplains and spiritual care providers are uniquely positioned as advocates for and with transgender persons (and LGBTQ persons more broadly) and intermediaries on the interdisciplinary medical team and leadership structure. Chaplains and spiritual care providers often times serve as part of the executive leadership structure of hospitals and healthcare systems. We often serve on ethics committees and discipline specific committees like organ donation and transplantation committee or an ethics committee. I believe we have a duty, no more than ever to utilize the places of influence and leadership we have been entrusted with to advocate on behalf of transgender persons. This must be done through speaking the language and using the terminology that speaks to healthcare executives; HCAHPS Scores (the Hospital Consumer Assessment of Healthcare Providers and Systems) and cost/benefit, meaning money. As healthcare continues to evolve and change, hospitals and healthcare systems are continually seeking to determine how they can maximize their revenue and reimbursement structures. I believe that equality and inclusivity for LGBTQ persons is the next horizon or frontier that must be explored in order for healthcare institutions to survive in an ever changing healthcare landscape. I believe chaplains and spiritual care providers are uniquely positioned to raise this awareness from a practical and theological standpoint and projects such as this one are one step in that direction.

Implications

The single greatest implication is that healthcare systems and spiritual care providers like pastoral care departments need to take immediate action toward providing and ensuring transgender education across all disciplines. This is not a matter of "political correctness" or yielding to a "sign of the times." Rather, it is a life and death matter for transgender persons of human rights, dignity, and value. It was shown through both the sources referenced and the firsthand experience of the project participants that there are numerous barriers present for transgender persons in receiving the medical care and spiritual care that they deserve and have a right to as human beings.

Second, medical schools, seminaries, and divinity schools need to incorporate in an depth study of sexual identities, sexual orientation, and gender (including non-binary gender and gender non-conforming) into their programs. It is imperative that both the latest scientific, medical, and theological sources be studied and engaged so that the next wave of healthcare and spiritual care providers have received a strong foundation of knowledge about the unique gifts and needs that LGBTQ persons bring to the world at large and to healthcare and spiritual care specifically.

Third, churches and denominational bodies within Christian traditions as well as other spiritual traditions are invited to engage in learning and dialogue with LGBTQ individuals and communities. It is not my place to tell a religious or faith group exactly what they should do but possible first or next steps are things like a book study of a book like *Transgender 101* by Nicholas Teich, *Transforming: The Bible and the Lives of Transgender Christians,* by Austen Hartke, or *Queer Lessons for Churches on the Straight and Narrow* by Rev. Dr. Cody Sanders. Organizations like the Human Rights Campaign and the National Center for Transgender

Equality have a wide range of resources from terminology glossaries to videos and personal stories from transgender persons that are free to access. Other options would be to meet and dialogue with transgender persons from within that particular religious body or from the surrounding community. This moves the learning goes from a book, a video, or an "issue" to a real, flesh and blood person who's eyes you can look into as you share the same space. Other practical things that can be done are addressing things like signage and access to appropriate bathroom facilities that are inclusive of all people. Larger, systemic work can be done at the local, state, and federal level working toward LGBTQ and specifically transgender equality. Organizations like the Human Rights Campaign and the National Center for Transgender Equality help highlight the vast array of advocacy and ally-ship that is needed for LGBTQ and specifically transgender persons.

As I conclude, I remind the reader that I recognize that the whole project is provisional and partial. It is a point in time study from my limited perspective as a cis-gender, able-bodied, white, male, heterosexual, North American, Christian perspective. There is an idea floating around literature, music, and culture that encourages us "to do the next right thing." This project and so much of my learning in the doctor of ministry program at Brite Divinity School at TCU has been a good faith effort to do the next right thing that was before me. My learning and activism does not stop here but it only begins as this is a life-long project of learning, advocacy, and ally-ship with transgender persons specifically and LGBTQ persons more broadly. This project is an effort for me to use my privilege, power, and position to work with and on behalf of others so that I am best equipped and empowered to come alongside and support anyone I may encounter personally and professional. May we all, wherever our location may be, seek to do the next right thing.

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Appendix A: Letter of Introduction to Colleagues and Transgender Allies

TCU-IRB
RECRUITMENT EMAIL

Dear [Colleague or Transgender Ally]:

My name is Chad Mustain and I am a doctor of ministry student working with Dr. Joretta Marshall, Professor of Pastoral Theology, Care, and Counseling at Brite Divinity School in collaboration with Texas Christian University (TCU).

We are conducting a research study seeking to discover, define, and understand barriers between spiritual care providers and transgender patients in healthcare settings. Participation will take approximately two to three hours, including a sixty to ninety-minute narrative interview in person or by phone call. We are seeking four to six participants and participation is completely voluntary. All data and information gathered in connection to this project will remain confidential. All data will be stored during the project on the password protected computers of the investigators.

If you are interested in supporting this project, I am requesting that you share the attached flier in settings you think it may be of interest like Facebook groups for transgender persons, at resource centers for transgender persons, and other safe spaces for transgender persons. The flier includes information on how to participate, how to contact me, and other necessary information. When potential participants contact me stating their interest, I will follow up with them with the consent document, pre-interview conversation tool, and the interview questions.

There is no monetary compensation for participation. There are limited risks involved in this research such as experiencing post-traumatic stress and anxiety related to previous difficult or traumatic experiences in spiritual care and healthcare.

If you have any questions, please do not hesitate to contact me at (TCU email address) or (cell phone). You can also contact Dr. Joretta Marshall at (TCU email address) or (office phone).

Thank you for your time and help.

Chad Mustain
Doctor of Ministry Student
Brite Divinity School in collaboration with Texas Christian University

Appendix B: Recruitment Flier

Volunteers Needed for Research Study

Discovering, Defining, and Understanding Barriers Between Spiritual Care Providers and Transgender Patients in Healthcare Settings

Brite Divinity School in collaboration with Texas Christian University is conducting research to learn more about the spiritual needs of transgender persons in healthcare contexts so that spiritual care providers can better understand the holistic barriers/challenges that are present for transgender persons in these settings in order to offer more sensitive and compassionate spiritual care.

- Participants must be over the age of 18
- Participants must self-identify as transgender.
- Participants must have been admitted to the hospital in the past ten years for a 24-hour period for any reason.
- Participants are limited to those who once self-identified to be a Christian for at least three years during their adult lifetime and attended a Christian church service in person or online at least six times a year or that currently self-identify as Christian and attend a Christian church service in person or online at least six times a year presently.
- Participants will be asked to complete a pre-screening tool, a pre-interview conversation tool, and participate in a sixty to ninety-minute narrative interview.
- Participation in the study involves approximately two to three hours of total time.
- Interviews will take place in person or by phone at a time and place agreed to by participants.
- There limited risks involved in this research such as experiencing post-traumatic stress and anxiety related to previous difficult or traumatic experiences in spiritual care and health care.

There is no monetary compensation for participation.

Please call (cell phone) or email (TCU email address) with any questions

IRB # M-1904-119-1904

Texas Christian University

TCU does not discriminate based upon any protected status. Please see http://www.tcu.edu/notice-of-nondiscrimination.asp

Appendix C: Pre-Screening Tool

Age:

Do you self-identify as transgender?

Approximate date of last 24-hour hospital admission for any reason (must be within past 10 years):

Do you self-identify as a Christian presently or did you once self-identify as a Christian?

Do you currently attend a Christian church service in person or online at least six times a year or did you attend a Christian church service in person or online at least six times a year when you self-identified as Christian?

Appendix D: Informed Consent

Texas Christian University
Fort Worth, Texas

CONSENT TO PARTICIPATE IN RESEARCH

Title of Research: Discovering, Defining, and Understanding Barriers Between Spiritual Care Providers and Transgender Patients in Healthcare Settings

Principal Investigator: Dr. Joretta Marshall, Professor of Pastoral Theology, Care, and Counseling.

Co-investigators: Chad Mustain, Doctor of Ministry student

You are invited to participate in a research study. In order to participate, you must be over the age of 18, self-identify as transgender, have been admitted to a hospital in the last 10 years for a 24-hour period for any reason, and previously identified for at least a three-years during your adult lifetime or currently identify as Christian and attended a Christian church service in person or online or at least six times a year. Taking part in this research project is voluntary.

Things you should know:

- This is a research study involving human subjects that has been approved by TCU Institutional Review Board.
- The purpose of the study is to discover, define, and understand barriers between spiritual care providers and transgender patients in healthcare settings. If you choose to participate, you will be asked to complete a pre-screening tool, a pre-conversation tool, communicate with the investigators via email, and to participate in a sixty to ninety-minute one-on-one interview in person or over the phone (options include Skype, FaceTime). This will take approximately two to three hours total of your time.
- Risks or discomforts from this research include post-traumatic stress related to previous spiritual care and health care experiences, being open and vulnerable about your experiences, spiritual journey, and your healthcare experiences.
- The study will enable you to help benefit the discipline of spiritual care in healthcare settings and help impact best practices for practitioners in healthcare settings as it relates to the care of transgender persons.
- Taking part in this research project is voluntary. You don't have to participate and you can stop at any time.

Please take time to read this entire form and ask questions before deciding whether to take part in this research project.

What is the purpose of the research? Spiritual care, as part of the larger arena of healthcare, invites those in care positions to listen deeply and learn with individuals, including transgender persons. The purpose of this project is to learn how spiritual care provider can listen deeply to the stories of transgender persons as they describe their spiritual journey, needs, and the barriers

they experience between themselves and spiritual healthcare providers in healthcare settings. What is learned will have an impact upon the discipline of spiritual care and will potentially have an indirect impact upon other practitioners in healthcare settings.

How many people will participate in this study?
If you decide to be in this study, you will be one of four to six participants in this research study.

What is my involvement for participating in this study?
If you agree to be in the study, we will ask you to do the following things**:**

1. Complete a pre-screening tool.

2. Complete a pre-conversation tool.

3. Reflect upon and prepare answers for the interview questions for an interview. Examples of interview questions are:

a. What does it mean for you that you self-identify as transgender and how does this connect to your own spiritual journey?
b. What are some of the barriers you feel might exist between transgender persons and spiritual care providers, like chaplains as well as other disciplines in a hospital setting like doctors, nurses or other staff?

3. Participate in a sixty to ninety-minute interview. This can be done in person or by phone call (including Skype, FaceTime etc).

4. Other communication correspondence with investigators, as needed.

How long am I expected to be in this study for and how much of my time is required?
The duration of this project is from May 2019 to May 2020. The recruitment period and interviews will take place between May 2019 and December 2019. The interview will be sixty to ninety-minutes. With time required to complete the pre-screening tool, pre-conversation tool, email communication to set up the interview, other needed communication, time to reflect upon the interview questions, and the interview it is estimated that no more than two to three hours will be required. Individual preparation time for participants will vary.

What are the risks to me for participating in this study and how will they be minimized?
Participation in this project could present risks to the participants. A few possible risks should be noted:

1. Key identifying information like your name or other identifying information will be changed/altered.

2. Participants are at risk of experiencing post-traumatic stress and anxiety related to previous difficult or traumatic experiences in spiritual care and health care.

3. If participants experiences post-traumatic stress or anxiety, a resource list will be available to participants.

What are the benefits for participating in this study?
One potential benefit is having an opportunity to share your stories and experiences with allies of transgender persons. It is possible that by sharing your story and experiences it could positively affect the spiritual care and healthcare transgender persons receive in a hospital setting in the future. By sharing your stories and experiences, this project will potentially have implications upon the discipline of spiritual care and possible indirect implications in the field of healthcare. The resulting knowledge will have application upon best practices in these fields.

How will my confidentiality be protected?
All data and information gathered in connection to this project will remain confidential. All data will be stored during the project on the password protected computers of the investigators. Data will also be secured through security program Encrypto, which provides AES-256 data encryption for files and is compatible for Macs and PCs. Key identifying information will be changed/altere and pseudonyms will be used.

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What will happen to the information collected about me after the study is over?
All information, including audio will be stored for at least three years in a locked filing cabinet in a locked room of Dr. Joretta Marshall's office or a room in Brite Divinity School. Only the investigators will have access to those files.

Is my participation voluntary?
It is totally up to you to decide to be in this research study. Participating in this study is voluntary. Even if you decide to be part of the study now, you may change your mind and stop at any time. You do not have to answer any questions you do not want to answer. If you decide to withdraw before this study is completed, you may contact the investigators by email or phone to do so. If you decide to withdraw, all information and data you shared will be deleted and removed from the project.

Who should I contact if I have questions regarding the study?
You can contact Chad Mustain, Doctor of Ministry student at (TCU email address) or (cell phone) or Dr. Joretta Marshall, Professor of Pastoral Theology, Care, and Counseling at (TCU email address) or (office phone) with any questions that you have about the study.

Who should I contact if I have concerns regarding my rights as a study participant?
Dr. Michael Faggella-Luby, Chair, TCU Institutional Review Board, (office phone), (TCU email address); or Ms. Lorrie Branson, JD, TCU Research Integrity Officer, (office phone), (TCU email).

By signing this document, you are agreeing to be in this study. Make sure you understand what the study is about before you sign. You will be given a copy of this document for your records. A copy also will be kept with the study records. If you have any questions about the study after you sign this document, you can contact the study team using the information provided above.

I understand what the study is about and my questions so far have been answered. I agree to take part in this study.

_____
Printed Subject Name

_____
Signature Date

_____
Printed Name of person obtaining consent

_____
Signature Date

Consent to be audio/video recorder

I agree to be audio/video recorded. Yes _____ No _____

_____
Signature Date

Consent to Use Data for Future Research

I agree that my information may be shared with other researchers for future research studies that may be similar to this study or may be completely different. The information shared with other researchers will not include any information that can directly identify me. Researchers will not contact me for additional permission to use this information. Yes _____ No _____

_____
Signature Date

Consent to be Contacted for Participation in Future Research

I give the researchers permission to keep my contact information and to contact me for future projects. Yes _____ No _____

_____
Signature Date

Appendix E: Pre-Conversation Tool

When did you begin to identify as transgender?

Would you please describe what has your experience has been like as you have transitioned from your gender assigned at birth to how you self-identify now?

As a Christian or someone who once identified as a Christian, how do you define and understand spirituality?

How do you define or understand differences between spirituality and religion?

Appendix F: Interview Questions

1. What does it mean for you that you self-identify as transgender and how does this connect to your own spiritual journey?
2. What is at stake for you in your transition and your process of becoming?
3. What have your experiences been like in the hospital and how did these experiences impact your own spiritual journey?
4. What are some of the barriers you feel might exist between transgender persons and spiritual care providers, like chaplains as well as other disciplines in a hospital setting like doctors, nurses or other staff?
5. If I were to only remember one thing from our conversation today, what is the most important thing you want me to know regarding the spiritual care of transgender persons?

Appendix G: Baptist Faith and Message (1963)

Baptist Faith and Message, 1963

Adopted by the Southern Baptist Convention May 9, 1963

REPORT OF COMMITTEE ON BAPTIST FAITH AND MESSAGE

The 1962 session of the Southern Baptist Convention, meeting in San Francisco, California, adopted the following motion.

"Since the report of the Committee on Statement of Baptist Faith and Message was adopted in 1925, there have been various statements from time to time which have been made, but no overall statement which might be helpful at this time as suggested in Section 2 of that report, or introductory statement which might be used as an interpretation of the 1925 Statement.

"We recommend, therefore, that the president of this Convention be requested to call a meeting of the men now serving as presidents of the various state Conventions that would qualify as a member of the Southern Baptist Convention committee under Bylaw 18 to present to the Convention in Kansas City some similar statement which shall serve as information to the churches, and which may serve as guidelines to the various agencies of the Southern Baptist Convention. It is understood that any group or individuals may approach this committee to be of service. The expenses of this committee shall be borne by the Convention Operating Budget."

Your committee thus constituted begs leave to present its report as follows:

Throughout its work your committee has been conscious of the contribution made by the statement of "The Baptist Faith And Message" adopted by the Southern Baptist Convention in 1925. It quotes with approval its affirmation that "Christianity is supernatural in its origin and history. We repudiate every theory of religion which denies the supernatural elements in our faith."

Furthermore, it concurs in the introductory "statement of the historic Baptist conception of the nature and function of confessions of faith in our religious and denominational life." It is, therefore, quoted in full as part of this report to the Convention.

(1) That they constitute a consensus of opinion of some Baptist body, large or small, for the general instruction and guidance of our own people and others concerning those articles of the Christian faith which are most surely held among us. They are not intended to add anything to the simple conditions of salvation revealed in the New Testament, viz., repentance towards God and faith in Jesus Christ as Saviour and Lord.

(2) That we do not regard them as complete statements of our faith, having any quality of finality or infallibility. As in the past so in the future Baptists should hold themselves free to revise their statements of faith as may seem to them wise and expedient at any time.

(3) That any group of Baptists, large or small have the inherent right to draw up for themselves and publish to the world a confession of their faith whenever they may think it advisable to do so.

(4) That the sole authority for faith and practice among Baptists is the Scriptures of the Old and New Testaments. Confessions are only guides in interpretation, having no authority over the conscience.

(5) That they are statements of religious convictions, drawn from the Scriptures, and are not to be used to hamper freedom of thought or investigation in other realms of life."

The 1925 Statement recommended "the New Hampshire Confession of Faith, revised at certain points, and with some additional articles growing out of certain needs ..." Your present committee has adopted the same pattern. It has sought to build upon the structure of the 1925 Statement, keeping in mind the "certain needs" of our generation. At times it has reproduced sections of the Statement without change. In other instances it has substituted words for clarity or added sentences for emphasis. At certain points it has combined articles, with minor changes in wording, to endeavor to relate certain doctrines to each other. In still others e.g., "God" and "Salvation" it has sought to bring together certain truths contained throughout the 1925 Statement in order to relate them more clearly and concisely. In no case has it sought to delete from or to add to the basic contents of the 1925 Statement.

Baptists are a people who profess a living faith. This faith is rooted and grounded in Jesus Christ who is "the same yesterday, and to-day, and for ever." Therefore, the sole authority for faith and practice among Baptists is Jesus Christ whose will is revealed in the Holy Scriptures.

A living faith must experience a growing understanding of truth and must be continually interpreted and related to the needs of each new generation. Throughout their history Baptist bodies, both large and small, have issued statements of faith which comprise a consensus of their beliefs. Such statements have never been regarded as complete, infallible statements of faith, nor as official creeds carrying mandatory authority. Thus this generation of Southern Baptists is in historic succession of intent and purpose as it endeavors to state for its time and theological climate those articles of the Christian faith which are most surely held among us.

Baptists emphasize the soul’s competency before God, freedom in religion, and the priesthood of the believer. However, this emphasis should not be interpreted to mean that there is an absence of certain definite doctrines that Baptists believe, cherish, and with which they have been and are now closely identified.

It is the purpose of this statement of faith and message to set forth certain teachings which we believe.

Herschel H. Hobbs, Chairman Howard M. Reaves Ed. J. Packwood C.Z. Holland W.B. Timberlake C.V. Koons Malcolm B. Knight Dick H. Hail, Jr. Charles R. Walker Walter R. Davis Garth Pybas V.C. Kruschwitz Luther B. Hall Robert Woodward Douglas Hudgins Paul Weber,

Jr. R.A. Long Nane Starnes C. Hoge Hockensmith Hugh R. Bumpas David G. Anderson E. Warren Rust James H. Landes R.P. Downey

I. THE SCRIPTURES

The Holy Bible was written by men divinely inspired and is the record of God's revelation of Himself to man. It is a perfect treasure of divine instruction. It has God for its author, salvation for its end, and truth, without any mixture of error, for its matter. It reveals the principles by which God judges us; and therefore is, and will remain to the end of the world, the true center of Christian union, and the supreme standard by which all human conduct, creeds, and religious opinions should be tried. The criterion by which the Bible is to be interpreted is Jesus Christ.

Ex 24:4; De 4:1-2; 17:19; Jos 8:34
Psa 19:7-10; 119:11, 89, 105, 140
Isa 34:16; 40:8; Jer 15:16; 36:1-32
Mat 5:17-18; 22:29; Lu 21:33; 24:44-46 Joh 5:39; 16:13-15; 17:17; Ac 2:16; 17:11 Rom 15:4; 16:25-26; 2Ti 3:15-17

Heb 1:1-2; 4:12; 1Pe 1:25; 2Pe 1:19-21

II. GOD

There is one and only one living and true God. He is an intelligent, spiritual, and personal Being, the Creator, Redeemer, Preserver, and Ruler of the universe. God is infinite in holiness and all other perfections. To Him we owe the highest love, reverence, and obedience.

The eternal God reveals Himself to us as Father, Son, and Holy Spirit, with distinct personal attributes, but without division of nature, essence, or being.

A. God the Father

God as Father reigns with providential care over His universe, His creatures, and the flow of the stream of human history according to the purposes of His grace. He is all powerful, all loving, and all wise. God is Father in truth to those who become children of God through faith in Jesus Christ. He is fatherly in His attitude toward all men.

Gen 1:1; 2:7; Ex 3:14; 6:2-3; 15:11; 20:1
Lev 22:2; De 6:4; 32:6; 1Ch 29:10; Psa 19:1-3
Isa 43:3, 15; 64:8; Jer 10:10; 17:13
Mat 6:9; 7:11; 23:9; 28:19; Mark 1:9-11
John 4:24; 5:26; 14:6-13; 17:1-8; Acts 1:7
Rom 8:14-15; 1Co 8:6; Gal 4:6; Eph 4:6
Col 1:15; 1Ti 1:17; Heb 11:6; 12:9; 1Pe 1:17; 1Jo 5:7

B. God the Son

Christ is the eternal Son of God. In His incarnation as Jesus Christ he was conceived of the Holy Spirit and born of the virgin Mary. Jesus perfectly revealed and did the will of God, taking upon Himself the demands and necessities of human nature and identifying Himself completely with mankind yet without sin. He honored the divine law by His personal obedience, and in His death on the cross He made provision for the redemption of men from sin. He was raised from the dead with a glorified body and appeared to His disciples as the person who was with them before His crucifixion. He ascended into heaven and is now exalted at the right hand of God where He is the One Mediator, partaking of the nature of God and of man, and in whose Person is effected the reconciliation between God and man. He will return in power and glory to judge the world and to consummate His redemptive mission. He now dwells in all believers as the living and ever present Lord.

Gen 18:1; Psalm 2:7; 110:1; Isa 7:14; 53:1-12
Mat 1:18-23; 3:17; 8:29; 11:27; 14:33; 16:16, 27
Mat 17:5; 27; 28:1-6, 19; Mark 1:1; 3:11
Luke 1:35; 4:41; 22:70; 24:46
John 1:1-18, 29; 10:30, 38; 11:25-27; 12:44-50
John 14:7-11, 16:15-16, 28; 17:1-5, 21-22; 20:1-20, 28 Acts 1:9; 2:22-24; 7:55-56; 9:4-5, 20
Rom 1; 3-4; 3:23-26; 5:6-21; 8:1-3, 34; 10:4
1Co 1:30; 2:2; 8:6; 15:1-8, 24-28; 2Co 5:19-21
Gal 4:4-5; Eph 1:20; 3:11; 4:7-10; Php 2:5-11
Col 1:13-22; 2:9; 1Th 4:14-18; 1Ti 2:5-6; 3:16
Tit 2:13-14; Heb 1:1-3; 4:14-15; 7:14-28
Heb 9:12-15, 24-28; 12:2; 13:8; 1Pe 2:21-25; 3:22
1Jo 1:7-9; 3:2; 4:14- 15; 5:9; 2Jo 7-9
Rev 1:13-16; 5:9-14; 12:10-11; 13:8; 19:16

C. God the Holy Spirit

The Holy Spirit is the Spirit of God. He inspired holy men of old to write the Scriptures. Through illumination He enables men to understand truth. He exalts Christ. He convicts of sin, of righteousness and of judgment. He calls men to the Saviour, and effects regeneration. He cultivates Christian character, comforts believers, and bestows the spiritual gifts" by which they serve God through His church. He seals the believer unto the day of final redemption. His presence in the Christian is the assurance of God to bring the believer into the fulness of the stature of Christ. He enlightens and empowers the believer and the church in worship, evangelism, and service.

Gen 1:2; Jud 14:6; Job 26:13; Psa 51:11; 139:7 Isa 61:1-3; Joel 2:28-32
Mat 1:18; 3:16; 4:1; 12:28-32; 28:19; Mk 1:10, 12 Luke 1:35; 4:1, 18-19; 11:13; 12:12; 24:49

John 4:24; 14:16-17, 26; 15:26; 16:7-14

Acts 1:8; 2:1-4, 38; 4:31; 5:3; 6:3; 7:55; 8:17, 39 Acts 10:44; 13:2; 15:28; 16:6; 19:1-6 Rom 8:9-11, 14-16, 26-27; 1Co 2:10-14; 3:16; 12:3-11

Gal 4:6; Eph 1:13-14; 4:30; 5:18; 1Th 5:19
1Ti 3:16; 4:1; 2Ti 1:14; 3:16; Heb 9:8, 14

2Pe 1:21; 1Jo 4:13; 5:6-7; Rev 1:10; 22:17

III. MAN

Man was created by the special act of God, in His own image, and is the crowning work of His creation. In the beginning man was innocent of sin and was endowed by his Creator with freedom of choice. By his free choice man sinned against God and brought sin into the human race. Through the temptation of Satan man transgressed the command of God, and fell from his original innocence; whereby his posterity inherit a nature and an environment inclined toward sin, and as soon as they are capable of moral action become transgressors and are under condemnation. Only the grace of God can bring man into His holy fellowship and enable man to fulfill the creative purpose of God. The sacredness of human personality is evident in that God created man in His own image, and in that Christ died for man; therefore every man possesses dignity and is worthy of respect and Christian love.

Gen 1:26-30; 2:5, 7, 18-22; 3; 9:6
Psa 1:1-6; 8:3-6; 32:1-5; 51:5; Isa 6:5; Jer 17:5
Matt 16:26; Acts 17:26-31
Rom 1:19-32; 3:10-18, 23; 5:6, 12, 19; 6:6
Rom 7:14-25; 8:14-18, 29; 1Co 1:21-31; 15:19, 21-22 Eph 2:1-22; Col 1:21-22; 3:9-11

IV. SALVATION

Salvation involves the redemption of the whole man, and is offered freely to all who accept Jesus Christ as Lord and Saviour, who by His own blood obtained eternal redemption for the believer. In its broadest sense salvation includes regeneration, sanctification, and glorification.

A. Regeneration, or the new birth, is a work of God's grace whereby believers become new creatures in Christ Jesus. It is a change of heart wrought by the Holy Spirit through conviction of sin, to which the sinner responds in repentance toward God and faith in the Lord Jesus Christ.

Repentance and faith are inseparable experiences of grace. Repentance is a genuine turning from sin toward God. Faith is the acceptance of Jesus Christ and commitment of the entire personality to Him as Lord and Saviour.

Justification is God's gracious and full acquittal upon principles of His righteousness of all sinners who repent and believe in Christ. Justification brings the believer into a relationship of peace and favor with God.

B. Sanctification is the experience, beginning in regeneration, by which the believer is set apart to God's purposes, and is enabled to progress toward moral and spiritual perfection through the presence and power of the Holy Spirit dwelling in him. Growth in grace should continue throughout the regenerate person's life.

C. Glorification is the culmination of salvation and is the final blessed and abiding state of the redeemed.

Gen 3:15; Ex 3:14-17; 6:2-8
Mat 1:21; 4:17; 16:21-26; 27:22-28:6
Luke 1:68-69; 2:28-32
John 1:11-14, 29; 3:3-21, 36; 5:24; 10:9, 28-29
John 15:1-16; 17:17; Acts 2:21; 4:12; 15:11; 16:30-31 Acts 17:30-31; 20:32; Rom 1:16-18; 2:4; 3:23-25; 4:3 Rom 5:8-10; 6:1-23; 8:1-18; 29-39; 10:9-10, 13
Rom 13:11-14; 1Cor 1:18, 30; 6:19-20; 15:10
2Co 5:17-20; Gal 2:20; 3:13; 5:22-25; 6:15
Eph 1:7; 2:8-22; 4:11-16; Php 2:12-13; Col 1:9-22; 3:1 1Th 5:23-24; 2Tim 1:12; Titus 2:11-14
Heb 2:1-3; 5:8-9; 9:24-28; 11:1-12:8, 14
James 2:14-26; 1Pe 1:2-23; 1Jo 1:6-2:11
Rev 3:20; 21:1-22:5

V. GOD'S PURPOSE OF GRACE

Election is the gracious purpose of God, according to which He regenerates, sanctifies, and glorifies sinners. It is consistent with the free agency of man, and comprehends all the means in connection with the end. It is a glorious display of God's sovereign goodness, and is infinitely wise, holy, and unchangeable. It excludes boasting and promotes humility.

All true believers endure to the end. Those whom God has accepted in Christ, and sanctified by His Spirit, will never fall away from the state of grace, but shall persevere to the end. Believers may fall into sin through neglect and temptation, whereby they grieve the Spirit, impair their graces and comforts, bring reproach on the cause of Christ, and temporal judgments on themselves, yet they shall be kept by the power of God through faith unto salvation.

Gen 12:1-3; Ex 19:5-8; 1Sa 8:4-7, 19-22
Isa 5:1-7; Jer 31:31
Mat 16:18-19; 21:28-45; 24:22, 31; 25:34
Luke 1:68-79; 2:29-32; 19:41-44; 24:44-48 John 1:12-14; 3:16; 5:24; 6:44-45, 65; 10:27-29 John 15:16; 17:6, 12, 17-18; Acts 20:32

Rom 5:9-10; 8:28-39; 10:12-15; 11:5-7, 26-36 1Co 1:1-2; 15:24-28; Eph 1:4-23; 2:1-10; 3:1-11 Col 1:12-14; 2Th 2:13-14; 2Ti 1:12; 2:10, 19

Heb 11:39-12:2; 1Pe 1:2-5, 13; 2:4-10 1Jo 1:7-9; 2:19; 3:2

VI. THE CHURCH

A New Testament church of the Lord Jesus Christ is a local body of baptized believers who are associated by covenant in the faith and fellowship of the gospel, observing the two ordinances of Christ, committed to His teachings, exercising the gifts, rights, and privileges invested in them by His Word, and seeking to extend the gospel to the ends of the earth.

This church is an autonomous body, operating through democratic processes under the Lordship of Jesus Christ. In such a congregation members are equally responsible. Its Scriptural officers are pastors and deacons.

The New Testament speaks also of the church as the body of Christ which includes all of the redeemed of all the ages.

Mat 16:15-19; 18:15-20
Acts 2:41-42, 47; 5:11-14; 6:3-6; 13:1-3; 14:23, 27 Acts 15:1-30; 16:5; 20:28; Rom 1:7
1Co 1:2; 3:16; 5:4-5; 7:17; 9:13-14; 12
Eph 1:22-23; 2:19-22; 3:8-11, 21; 5:22-32
Php 1:1; Col 1:18; 1Ti 3:1-15; 4:14

VII. BAPTISM AND THE LORD'S SUPPER

Christian baptism is the immersion of a believer in water in the name of the Father, the Son, and the Holy Spirit. It is an act of obedience symbolizing the believer's faith in a crucified, buried, and risen Saviour, the believer's death to sin, the burial of the old life, and the resurrection to walk in newness of life in Christ Jesus. It is a testimony to his faith in the final resurrection of the dead. Being a church ordinance, it is prerequisite to the privileges of church membership and to the Lord's Supper.

The Lord's Supper is a symbolic act of obedience whereby members of the church, through partaking of the bread and the fruit of the vine, memorialize the death of the Redeemer and anticipate His second coming.

Mat 3:13-17; 26:26-30; 28:19-20; Mk 1:9-11; 14:22-26 Luke 3:21-22; 22:19-20; John 3:23
Acts 2:41-42; 8:35-39; 16:30-33; 20:7
Rom 6:3-5; 1Co 10:16, 21; 11:23-29; Col 2:12

VIII. THE LORD'S DAY

The first day of the week is the Lord's Day. It is a Christian institution for regular observance. It commemorates the resurrection of Christ from the dead and should be employed in exercises of worship and spiritual devotion, both public and private, and by refraining from worldly amusements, and resting from secular employments, work of necessity and mercy only being excepted.

Ex 20:8-11; Mat 12:1-12; 28:1; Mk 2:27-28; 16:1-7 Luke 24:1-3, 33-36; John 4:21-24; 20:1, 19-28 Acts 20:7; 1Co 16:1-2; Col 2:16; 3:16; Rev 1:10

IX. THE KINGDOM

The Kingdom of God includes both His general sovereignty over the universe and His particular kingship over men who willfully acknowledge Him as King. Particularly the Kingdom is the realm of salvation into which men enter by trustful, childlike commitment to Jesus Christ.

Christians ought to pray and to labor that the Kingdom may come and God's will be done on earth. The full consummation of the Kingdom awaits the return of Jesus Christ and the end of this age.

Gen 1:1; Isa 9:6-7; Jer 23:5-6
Mat 3:2; 4:8-10, 23; 12:25-28; 13:1-52; 25:31-46; 26:29 Mk 1:14-15; 9:1; Luke 4:43; 8:1; 9:2; 12:31-32
Luke 17:20-21; 23:42; John 3:3; 18:36
Acts 1:6-7; 17:22-31; Rom 5:17; 8:19
1Co 15:24-28; Col 1:13; Heb 11:10, 16; 12:28
1Pe 2:4-10; 4:13; Rev 1:6, 9; 5:10; 11:15; 21-22

X. LAST THINGS

God, in His own time and in His own way, will bring the world to its appropriate end. According to His promise, Jesus Christ will return personally and visibly in glory to the earth; the dead will be raised; and Christ will judge all men in righteousness. The unrighteous will be consigned to Hell, the place of everlasting punishment. The righteous in their resurrected and glorified bodies will receive their reward and will dwell forever in Heaven with the Lord.

Isa 2:4; 11:9; Mat 16:27; 18:8-9
Mat 19:28; 24:27, 30, 36, 44; 25:31-46; 26:64 Mark 8:38; 9:43-48; Luke 12:40, 48; 16:19-26
Luke 17:22-37; 21:27-28; John 14:1-3
Acts 1:11; 17:31; Rom 14:10; 1Co 4:5
1Co 15:24-28, 35-58; 2Co 5:10; Php 3:20-21 Col 1:5; 3:4; 1Th 4:14-18; 5:1; 2Th 1:7; 2:1-17

1Ti 6:14; 2Ti 4:1, 8; Tit 2:13; Heb 9:27-28 James 5:8; 2Pe 3:7; 1Jo 2:28; 3:2
Jude 14; Rev 1:18; 3:11; 20:1-22:13

XI. EVANGELISM AND MISSIONS

It is the duty and privilege of every follower of Christ and of every church of the Lord Jesus Christ to endeavor to make disciples of all nations. The new birth of man's spirit by God's Holy Spirit means the birth of love for others. Missionary effort on the part of all rests thus upon a spiritual necessity of the regenerate life, and is expressly and repeatedly commanded in the teachings of Christ. It is the duty of every child of God to seek constantly to win the lost to Christ by personal effort and by all other methods in harmony with the gospel of Christ.

Gen 12:1-3; Ex 19:5-6; Isa 6:1-8
Mat 9:37-38; 10:5-15; 13:18-30, 37-43; 16:19
Mat 22:9-10; 24:14; 28:18-20; Luke 10:1-18; 24:46-53 John 14:11-12; 15:7-8, 16; 17:15; 20:21
Acts 1:8; 2; 8:26-40; 10:42-48; 13:2-3
Rom 10:13-15; Eph 3:1-11; 1Th 1:8; 2Ti 4:5
Heb 2:1-3; 11:39-12:2; 1Pe 2:4-10; Rev 22:17

XII. EDUCATION

The cause of education in the Kingdom of Christ is co-ordinate with the causes of missions and general benevolence, and should receive along with these the liberal support of the churches. An adequate system of Christian schools is necessary to a complete spiritual program for Christ's people.

In Christian education there should be a proper balance between academic freedom and academic responsibility. Freedom in any orderly relationship of human life is always limited and never absolute. The freedom of a teacher in a Christian school, college, or seminary is limited by the pre-eminence of Jesus Christ, by the authoritative nature of the Scriptures, and by the distinct purpose for which the school exists.

De 4:1,5,9,14; 6:1-10; 31:12-13; Neh 8:1-8; Job 28:28 Psa 19:7; 119:11; Pro 3:13; 4:1-10; 8:1-7, 11; 15:14 Ecc 7:19; Mat 5:2; 7:24; 28:19-20; Luke 2:40
1Co 1:18-31; Eph 4:11-16; Php 4:8; Col 2:3, 8-9

1Ti 1:3-7; 2Ti 2:15; 3:14-17; Heb 5:12-6:3 James 1:5; 3:17

XIII. STEWARDSHIP

God is the source of all blessings, temporal and spiritual; all that we have and are we owe to Him. Christians have a spiritual debtorship to the whole world, a holy trusteeship in the gospel, and a binding stewardship in their possessions. They are therefore under obligation to serve Him with their time, talents, and material possessions; and should recognize all these as entrusted to them to use for the glory of God and for helping others. According to the Scriptures, Christians should contribute of their means cheerfully, regularly, systematically, proportionately, and liberally for the advancement of the Redeemer's cause on earth.

Gen 14:20; Lev 27:30-32; De 8:18; Mal 3:8-12 Mat 6:1-4, 19-21; 19:21; 23:23; 25:14-29
Luke 12:16-21, 42; 16:1-13; Acts 2:44-47
Acts 5:1-11; 17:24-25; 20:35; Ro 6:6-22; 12:1-2 1Co 4:1-2; 6:19-20; 12; 16:1-4; 2Co 8-9; 12:15
Php 4:10-19; 1Pe 1:18-19

XIV. COOPERATION

Christ's people should, as occasion requires, organize such associations and conventions as may best secure cooperation for the great objects of the Kingdom of God. Such organizations have no authority over one another or over the churches. They are voluntary and advisory bodies designed to elicit, combine; and direct the energies of our people in the most effective manner. Members of New Testament churches should cooperate with one another in carrying forward the missionary, educational, and benevolent ministries for the extension of Christ's Kingdom. Christian unity in the New Testament sense is spiritual harmony and voluntary cooperation for common ends by various groups of Christ's people. Cooperation is desirable between the various Christian denominations, when the end to be attained is itself justified, and when such cooperation involves no violation of conscience or compromise of loyalty to Christ and His Word as revealed in the New Testament.

Ex 17:12; 18:17; Jud 7:21; Ezr 1:3-4; 2:68-69; 5:14-15 Ne 4; 8:1-5; Mat 10:5-15; 20:1-16; 22:1-10; 28:19-20 Mk 2:3; Luke 10:1; Acts 1:13-14; 2:1; 4:31-37; 13:2-3 Acts 15:1-35; 1Co 1:10-17; 3:5-15; 12; 2Co 8:1-9:15 Gal 1:6-10; Eph 4:1-16; Php 1:15-18

XV. THE CHRISTIAN AND THE SOCIAL ORDER

Every Christian is under obligation to seek to make the will of Christ supreme in his own life and in human society. Means and methods used for the improvement of society and the establishment of righteousness among men can be truly and permanently helpful only when they are rooted in the regeneration of the individual by the saving grace of God in Christ Jesus. The Christian should oppose in the spirit of Christ every form of greed, selfishness, and vice. He should work

to provide for the orphaned, the needy, the aged, the helpless, and the sick. Every Christian should seek to bring industry, government, and society as a whole under the sway of the principles of righteousness, truth, and brotherly love. In order to promote these ends Christians should be ready to work with all men of good will in any good cause, always being careful to act in the spirit of love without compromising their loyalty to Christ and His truth.

Ex 20:3-17; Lev 6:2-5; De 10:12; 27:17
Psalm 101:5; Mic 6:8; Zech 8:16
Mat 5:13-16, 43-48; 22:36-40; 25:35
Mk 1:29-34, 2:3; 10:21; Luke 4:18-21; 10:27-37; 20:25 John 15:12; 17:15; Rom 12-14; 1Co 5:9-10; 6:1-7

1Co 7:20-24; 10:23-11:1; Gal 3:26-28; Eph 6:5-9 Col 3:12-17; 1Th 3:12; Phm 1:1-25; Jas 1:27; 2:8

XVI. PEACE AND WAR

It is the duty of Christians to seek peace with all men on principles of righteousness. In accordance with the spirit and teachings of Christ they should do all in their power to put an end to war.

The true remedy for the war spirit is the gospel of our Lord. The supreme need of the world is the acceptance of His teachings in all the affairs of men and nations, and the practical application of His law of love.

Isa 2:4; Mat 5:9, 38-48; 6:33; 26:52; Luke 22:36,38 Rom 12:18-19; 13:1-7; 14:19; Heb 12:14; Jas 4:1-2

XVII. RELIGIOUS LIBERTY

God alone is Lord of the conscience, and He has Left it free from the doctrines and commandments of men which are contrary to His Word or not contained in it. Church and state should be separate. The state owes to every church protection and full freedom in the pursuit of its spiritual ends. In providing for such freedom no ecclesiastical group or denomination should

be favored by the state more than others. Civil government being ordained of God, it is the duty of Christians to render loyal obedience thereto in all things not contrary to the revealed will of God. The church should not resort to the civil power to carry on its work. The gospel of Christ contemplates spiritual means alone for the pursuit of its ends. The state has no right to impose penalties for religious opinions of any kind. The state has no right to impose taxes for the support of any form of religion. A free church in a free state is the Christian ideal, and this implies the right of free and unhindered access to God on the part of all men, and the right to form and propagate opinions in the sphere of religion without interference by the civil power.

Gen 1:27; 2:7; Mat 6:6-7, 24; 16:26; 22:21 John 8:36; Acts 4:19-20; Rom 6:1-2; 13:1-7

Gal 5:1, 13; Php 3:20; 1Ti 2:1-2; Jas 4:12 1Pe 2:12-17; 3:11-17; 4:12-19

XVIII. THE FAMILY (Added in 1998)

God has ordained the family as the foundational institution of human society. It is composed of persons related to one another by marriage, blood or adoption.

Marriage is the uniting of one man and one woman in covenant commitment for a lifetime. It is God's unique gift to reveal the union between Christ and His church, and to provide for the man and the woman in marriage the framework for intimate companionship, the channel for sexual expression according to biblical standards, and the means for procreation of the human race.

The husband and wife are of equal worth before God, since both are created in God's image. The marriage relationship models the way God relates to His people. A husband is to love his wife as Christ loved the church. He has the God-given responsibility to provide for, to protect, and to lead his family. A wife is to submit herself graciously to the servant leadership of her husband even as the church willingly submits to the headship of Christ. She, being in the image of God as is her husband and thus equal to him, has the God-given responsibility to respect her husband and to serve as his helper in managing the household and nurturing the next generation.

Children, from the moment of conception, are a blessing and heritage from the Lord. Parents are to demonstrate to their children God's pattern for marriage. Parents are to teach their children spiritual and moral values and to lead them, through consistent lifestyle example and loving discipline, to make choices based on biblical truth. Children are to honor and obey their parents.

Ge 1:26-28; 2:18-25; 3:1-20; Ex 20:12; De 6:4-9; Jos 24:15 1Sa 1:26-28; Ps 78:1-8; 127:1-4; 128:1-6; 139:13-16
Pro 1:8; 5:15-20; 6:20-22; 12:4; 13:24
Pro 14:1; 17:6; 18:22; 22:6,15

Pro 23:13-14; 24:3; 29:15,17; 31:10-31
Ec 4:9-12; 9:9; Mal 2:14-16
Mt 5:31-32; 18:2-5; 19:3-9
Mr 10:6-12; Ro 1:18-32; 1Co 7:1-16
Eph 5:21-33; 6:1-4; Col 3:18-21; 1Ti 5:14; 2Ti 1:3-5 Tit 2:3-5; Heb 13:4; 1Pe 3:1-7