

LGBT Students in CPE: Learning, Educating, Serving

Michelle Kirby

PREFACE

I remember sitting in my spiritual director's cozy office, filled with ambivalence and anticipatory grief, when she asked, "What is the first thought that comes to mind when you think about your ordination committee?" I responded, "I hope they vote me out." I had spent over five years working toward a goal I wasn't sure that I wanted.

We spent some time reflecting about the last time I had felt excited about ministry, and I remembered my summer unit of CPE. Between my first and second years of seminary, I had completed a basic summer unit required for ordination. Looking back now with a certified educator's eyes, it's a wonder I got accepted. Prior to CPE, I had planned to marry the man I was dating and hide my sexuality for the rest of my career. My out lesbian CPE supervisor and a gay male peer, however, gave me pause, and I began to wonder about my plans.

Four years later, I entered CPE for the second time, grieving the loss of collegial and personal relationships. I had moved four times in five years, worked in three different churches, and ended two significant relationships. I was unsure of where I felt called and even *if* I was still called to ministry. I

Michelle Kirby is an ACPE certified educator in the VA San Diego Healthcare System, which is part of the San Diego VA-DoD CPE Center. She is the coordinator of the ACPE LGBTQI Community of Practice. Email: michelle.kirby@va.gov.

Reflective Practice: Formation and Supervision in Ministry

ISSN 2325-2847 (print)* ISSN 2325-2855 (online)

* © Copyright 2019 *Reflective Practice: Formation and Supervision in Ministry*
All Rights Reserved

came back to CPE for one simple reason: to integrate my sexuality with my call to ministry.

When I started my CPE journey, I was not ready to talk about my sexuality, let alone integrate it into my ministry. Now, I cannot imagine ministry any other way. LGBTQ students in CPE are somewhere on this continuum, and my hope is that this article will help educators help students navigate that journey.

INTRODUCTION

This article is based on my experience working at two different hospitals in San Francisco, first as a CPE resident and continuing as an ACPE supervisor (now known as a certified educator). Everywhere I have worked, I have had the support of my administration to be open about my sexual orientation as a lesbian woman. San Francisco is well-known as a safe haven for LGBTQ people and has been so since the sixties, and this includes the presence of welcoming and affirming spiritual communities.¹ Many of my experiences reflected in this article may not translate to an area that is wholly different from the San Francisco Bay Area.

Between 2005 and 2016, I directly supervised fifteen full-time residents who identified as lesbian, gay, bisexual, transgender, or genderqueer during or after their residency. In addition, there were four residents in my peer group (including myself) who identified as lesbian or gay, and though I did not supervise them, I do feel reasonably comfortable speaking to the learning issues they raised during the year. Therefore, I am reflecting on my experience with nineteen different residents completing CPE, which represents roughly 35 percent of the fifty-one residents I worked with between 2004 and 2016.

When I reflected back over these twelve years, several themes emerged that, although not unique to LGBTQ students, take on a different tenor in the journey of reconciling one's sexual orientation and/or gender identity with the call to professional ministry:

- Denominational identity,
- Emotional and personal integration,
- Professional boundaries, and
- Mental health and addiction.

DENOMINATIONAL IDENTITY

The first outcome of Level I and Level II ACPE asks students to reflect on their religious heritage in terms of their pastoral identity. An overwhelming number of LGBTQ students come to CPE needing, to some degree or another, to *reconcile* their religious heritage with their LGBTQ identity. Sixteen of the nineteen residents I worked with are now affiliated with a different denomination or spiritual practice than their childhood faith group. Sometimes this transition happened as a result of CPE, and sometimes it happened years earlier.

Many CPE residents grow up in a faith tradition that their family has been affiliated with for generations, and they still struggle to articulate their pastoral theology. Imagine, then, trying to articulate your pastoral theology in a different faith tradition than the one that is native to your family, perhaps a theological tradition different than the one you studied in seminary.

In addition, for many, internalized homophobia causes LGBTQ people to question the very foundations of their theology. Some queer youth are raised to believe that they are fundamentally flawed, sinful, and broken.² Like someone recovering from an abusive relationship, it can be difficult (however freeing) to embrace theology that affirms one's newfound identity. CPE educators can help students understand and articulate the significant theological differences between their native and chosen denominations. They can also help students clarify which tradition they are speaking from and let go of theology that no longer serves them.

Specifically, I have worked with students raised Roman Catholic, agnostic, Presbyterian, Southern Baptist, Methodist, Pentecostal, and Conservative Jewish who now variously identify as Buddhist, American Catholic, United Church of Christ, Metropolitan Community Church, American Baptist, Episcopalian, Earth-Based Spirituality (Pagan), and Reform Jewish. For most students, their theology has steadily developed from conservative to more liberal movements. However, for some, the process of "coming out" has been dramatic, and, in parallel, their spiritual path has been nonlinear and complex.³ For example, one student who had developed an eclectic spiritual practice after coming out reclaimed his identity as a Christian through the reflection process of CPE. He described this process as "coming out" to himself as a Christian. Another student revealed a long-held desire to convert to Judaism after entering CPE as a Protestant Christian. Once a person has learned the process of following their vocation, of listening to

their internal spiritual voice, they are apt to continue the process of living into integrity in many walks of life, including their sexuality, spirituality, and vocation.

In addition, many LGBTQ people try multiple faith traditions until they find a faith home where they feel wholly accepted or aligned theologically. Although spiritual eclecticism and church-shopping is common in American culture, the ACPE standards assume that CPE students have one “religious heritage.” Educators would do well to be cautious of making this assumption, particularly if they were born and raised in the same tradition in which they are now ordained.

Another complication is that many students and educators who have journeyed from one faith tradition to another demonstrate impatience with students who are committed to their original faith tradition. I remember one peer saying to another, “How can you believe in something that hurts you?” As Yalom indicates, such an intervention may come best from peers.⁴ As chaplains and as educators, we are ethically bound to respect students’ beliefs. For example, a peer suggested that asking *why* she felt committed to her denomination was more helpful than challenging her loyalty. Such challenges can erode trust and imply that the student does not have the capacity to make informed decisions. Similarly, I have found it helpful to ask questions, to make observations, and to share my own experience.

My biggest challenge was supervising a student who believed God had called him to celibacy because of his sexual orientation. Challenging this belief would be an imposition of my own theology. Instead, I offered feedback about his comfort and effectiveness serving LGBTQ patients and other patients of diverse theological backgrounds. I also encouraged a partnered lesbian in the CPE group to share why she felt uncomfortable being honest with him. At the end of the year, I learned that this student had never wanted to do CPE but that, through the process of CPE, he developed the courage to speak up to his religious order about what he really felt called to do.

EMOTIONAL AND PERSONAL INTEGRATION

The second outcome of Level I ACPE asks students to reflect on the relationships and cultural contexts that have influenced their personal iden-

tity. For many LGBTQ people, their formative personal relationships have been complex. Many have had to conceal their identity for survival, which has led to compartmentalization and disintegration. For example, until 2011, “don’t ask, don’t tell” was the policy of the U.S. military. Thus, many military personnel served during a period when revealing their sexuality meant risking their job. Therefore, it was normative for gay service members to compartmentalize anything that might reveal their sexuality. Queer people entering into CPE may be overwhelmed by the expectation to integrate areas of their life they have successfully kept separate. It is imperative for educators to understand and empathize with this survival strategy, even if it seems outdated or unnecessary in our personal or professional context. It is still illegal to be gay in some countries and is considered immoral or sinful in many faith traditions.

What is somewhat unique about LGBTQ culture is that most queer people were not raised by LGBTQ people. This is not typically true of other minority groups. Most people of color, for example, were raised by at least one parent of the same cultural group. Out of all the residents I have supervised, only one had a parent who identified as LGBTQ. Perhaps as a consequence, this resident had a highly enmeshed relationship with that parent. Although this specific dynamic was unique among the CPE residents I have worked with, it is not uncommon for one parent to be more accepting of their child’s sexual identity than another. The stereotype that all gay men are enmeshed with their mothers is born from this painful pattern. As educators, we can help identify when such triangles manifest in the CPE group and differentiate from the dynamics in the moment. Helping students learn new responses to rejection and become able to depersonalize patient and peer behavior can be an empowering and corrective healing experience.

Residents of all stripes enter into CPE carrying such patterns into ministry. When LGBTQ people experience adolescence without acknowledging their sexuality, there is a much higher likelihood that some developmental “homework” of adolescence is delayed. For example, many students come into CPE having difficulty naming emotions. For myself, learning to identify emotions was difficult because I had subconsciously learned to avoid any feelings that might reveal my sexuality, even to myself. For other students, this homework has included learning to accept themselves, to trust their judgment, to grieve the loss of broken relationships, to acknowledge their desire for intimacy, and/or to accept the limitations of others’ understanding.

Most LGBTQ people were raised in a family where they were, at best, without a family role model. At worst, their family was openly homophobic, abusive, or rejecting. Thus, queer people may struggle with loyalty to the people and communities who raised them while trying to differentiate from them in ways that differ from their heterosexual peers. Consequently, consider that parental transference may be stronger in students who identify as LGBTQ. It may be helpful to encourage LGBTQ students to identify mentors outside of CPE and to refer those with therapeutic needs to an appropriate provider. Most LGBTQ people do find role models in the queer community who may mentor them with entirely different attitudes, values, and beliefs than the people who raised them. Defining one's personal values, attitudes, and beliefs can cause significant confusion and stress.

As one small example, I remember feeling uneasy attending my first gay pride service in the Metropolitan Community Church. Upon reflection, I realized it was not the "gay" part I felt uncomfortable with but the celebration of "pride." Growing up, I had internalized the idea that "pride goes before the fall." Being proud in church felt strange, even sinful. Over time, I re-interpreted pride to mean unashamed instead of haughtiness or arrogance. This example goes to illustrate that one word can have layers of meaning with theological, social, and emotional implications. Thus, when a student reacts emotionally to something like "pride," I find myself curious about what they are reacting to and what is being touched in them.

Lastly, I would feel remiss if I did not say that many LGBTQ students do come to CPE to work on these issues, but also many do not. I have worked with LGBTQ students who are highly mature, well-adjusted people who have spent years in therapy addressing many of the issues mentioned above. They enter CPE primarily to learn about chaplaincy and earn four units of CPE. It is important for me to recognize that just as heterosexual students are not expected to talk about their sexuality, LGBTQ students should not be expected to do so either.

PROFESSIONAL BOUNDARIES

Related to emotional integration, one CPE outcome is to demonstrate "clear and responsible boundaries." In my experience, professional boundary training is typically hetero-normative, meaning that it assumes a het-

erosexual audience. In general, LGBTQ people have different expectations about boundaries than heterosexual people. For example, because it was once common for LGBTQ people to lose their job if they were discovered to be “gay,” it became an unwritten rule not to reveal someone else’s sexuality without their permission. This boundary is still followed, and it is important for CPE educators to be sensitive to “outing” students, particularly taking into consideration where they are from and where they hope to work. This boundary can affect evaluations and group development. As an educator, I choose to support my students’ boundaries even when I believe it hurts their development or the group process.

I believe that one of the best tools that ACPE educators can employ is professional curiosity. For example, asking a student about their relational covenant challenges them to consider that everyone’s relationship is different. Historically, sexual boundaries in the LGBTQ community were not defined by the same laws that govern married, heterosexual couples. Societal norms and marriage laws are changing. It is important to recognize though, that students’ sexual boundaries may be quite different from those of the educator’s community. For example, I have worked with students who practice non-monogamy, openly and with the consent of their partner(s). ACPE educators must recognize that CPE is not therapy, and they should consult on or refer issues with which they are uncomfortable. I typically offer feedback when a student’s boundaries impact their pastoral care, such as when a student met a patient for coffee and realized that it “felt like a date.” Sometimes the behavior is innocent, such as the time I realized that I was not conscious that a patient’s son was flirting with me.

Recent studies have shown that LGBTQ people are the targets of unwanted sexual attention more often than heterosexual people.⁵ The vulnerability of the LGBTQ population, the fear of reporting, and the lack of social conditioning about what is appropriate all contribute to these statistics. When people are targeted, it can be difficult to differentiate the compounding factors, such as sexual orientation, gender expression, and ethnicity. I have had two LGBTQ students who reported unwanted sexual attention from hospital staff members. A third student reported an instance of unwanted physical touch by a fellow CPE resident. This latter event proved to be a pivotal, though painful, learning event for both students. In each of these cases, the student expressed self-doubt, confusion, or mistrust because of their sexual orientation or gender identity. What I find surprising is

that I have only had one heterosexual student report such an issue. In that case, a student was receiving unwanted attention and touch due to her pregnancy. Similarly, she was experiencing her sexuality and gender expression in a new way. She felt unclear about her boundaries and was not sure how to say no in a professional context.

As an educator, it is important to recognize that helping students articulate and express their boundaries is part of professional development. In seminary, I learned the importance of taking a day off, but I did not learn how to respond to a patient who asked if I am married. Helping LGBTQ students navigate these waters takes some finesse. If you are coming from the boundary of “don’t ask, don’t tell,” then any “use of self” feels risky. For example, I had one student who had suffered abuse when she got angry as a child. It is hard to set boundaries if you are not allowed to get angry. Finally being able to express her anger allowed her to claim her call to ministry, which she had denied for decades. Claiming her call helped her articulate how she had blurred boundaries in a previous profession in an effort to provide ministry. In my experience, developing boundaries is rarely simple because healthy boundaries are based on self-confidence and emotional integration.

MENTAL HEALTH AND ADDICTION

Research shows that LGBTQ people abuse addictive substances at higher rates than the general population.⁶ Studies also reveal higher rates of suicidality and other mental health issues related to stress, daily discrimination, bullying, systematic oppression, lack of access to appropriate medical care, and lack of legal protections.⁷ I have seen these statistics mirrored in CPE. Almost half of the LGBTQ students I have worked with (eight of eighteen) were actively involved in Twelve Step recovery programs either before, during, or as a result of CPE. By contrast, I have worked with only two heterosexual residents who were in recovery from addiction. While I confess that I may have a selection bias toward LGBTQ students in recovery, I am not aware of selecting against heterosexual students in recovery. Thus, I am theorizing that LGBTQ people in recovery are drawn to CPE. I have found that the process of self-reflection in a spiritually based small group setting often prepares people for the vulnerability required in CPE.

In addition to substance abuse disorders, many LGBTQ students have engaged in talk therapy for years as they have worked through issues of stress, identity, etc. It is often these experiences with counseling that give LGBTQ students the strength and healing to be excellent chaplains. However, it is also true that some of the LGBTQ students I have supervised have actively struggled with mood disorders, addiction, PTSD, self-acceptance, co-dependency, or histories of abuse, bullying, or stress. Although mental health issues certainly manifest in heterosexual students, research does indicate that they may be more prevalent in LGBTQ people. It is important for ACPE educators to know our limits and discern when students need professional assistance with mental health. CPE programs may benefit from developing policy and procedure on how and when students should be referred to mental health.

SUMMARY

It is my hope that we as ACPE educators continuously educate ourselves about everyone we serve. I felt blessed in my first unit of CPE to have an out lesbian CPE supervisor who did not push me to “come out” before I felt ready and who allowed me to engage in adult learning as just that, an adult. At that time, I wanted to learn how to enter a patient’s room, introduce myself, listen, and pray, if necessary. Four years later, I again felt blessed to have a supervisor who helped me integrate my sexuality into my ministry and then supported me through a second ordination process. Through the process of ACPE certification, I learned even more about myself, but I have always felt supported by my CPE colleagues. My hope is that all students in CPE will have the same experience.

NOTES

- 1 LGBTQ refers to people who are lesbian, gay, bisexual, transgender, and questioning. For more information on this terminology, see "The LGBT Community" in Institute of Medicine (U.S.) Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues and Research Gaps and Opportunities, *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding* (Washington, DC: National Academies Press, 2011), chap. 1, sec. 1.
- 2 Throughout this article, I use the word "queer" interchangeably with LGBTQ; some LGBTQ people have reclaimed queer as an all-inclusive term. See for example, *Take Back the Word: a queer reading of the Bible*, ed. Bob Goss and Mona West (Cleveland, OH: Pilgrim Press, 2000).
- 3 See L. William Countryman and M. R. Ritley, *Gifted by Otherness: Gay and Lesbian Christians in the Church* (Harrisburg, PA: Morehouse Publishing, 2001) for a thorough description of coming out as a spiritual journey.
- 4 Irving Yalom, *The Theory and Practice of Group Psychotherapy*, 4th ed. (New York: Basic Books, 1995).
- 5 Centers for Disease Control, "The National Intimate Partner Sexual Violence Survey: An Overview of 2010 Findings on Victimization by Sexual Orientation" (Centers for Disease Control, National Center for Injury Prevention and Control, Division of Violence Prevention, 2010), https://www.cdc.gov/violenceprevention/pdf/cdc_nisvs_victimization_final-a.pdf.
- 6 Jerome Hunt, "Why the Gay and Transgender Population Experiences Higher Rates of Substance Use: Many Use to Cope with Discrimination and Prejudice," Center for American Progress, March 9, 2012. <https://www.americanprogress.org/issues/lgbt/reports/2012/03/09/11228/why-the-gay-and-transgender-population-experiences-higher-rates-of-substance-use/>
- 7 See Institute of Medicine (U.S.) Committee on Lesbian, Gay, Bisexual, and Transgender Health Issues and Research Gaps and Opportunities, *The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding* (Washington, DC: National Academies Press, 2011), <https://www.ncbi.nlm.nih.gov/books/NBK64806/>.