

Myness, Ourness and Otherness: A Heuristic Film-based Exploration of
Countertransference with LGBTQ Clients with Internalized Homophobia

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ABSTRACT

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This paper utilizes a heuristic arts-based inquiry to explore the author's countertransference while working as a drama therapist with an LGBTQ group living with internalized homophobia. The paper contains a literature synthesis spanning topics of internalized homophobia, psychotherapy and creative arts therapies with LGBTQI individuals as well as the methodology used by the author to understand his experience of the working with the said group as a drama therapist. The heuristic methodology provides a framework and a context for the arts process in accomplishing the aims of the above inquiry. The research process will be informed by the Moustakas model of heuristic research, which includes the six steps in heuristic methodology. The last step of this research involves a film presentation that captures the author's experience and ends with some reflections on the process.

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Chapter 1. Introduction

I started working at the McGill University Sexual Identity Clinic (MUSIC) with LGBTQ individuals and group members living with internalized homophobia in September 2014. As a gay male, I was curious going into it, about how this internship would affect me personally. In my work at MUSIC, in the last year, I noticed that themes such as coming-out, fear/stigma around STDs and HIV, internalized homophobia, transphobia, subcultures, relationship issues, sexual expression, and minority stress (Meyer, 1995) etc. within the LGBTQI community, evoked strong feelings within me. The process started with my end of term evaluation of my work at the McGill University Sexual Identity Clinic with my onsite supervisor. During this process, I started to wonder how my own reality as a queer individual having lived with internalized homophobia affected my work as a drama therapy intern, with the group of LGBTQI individuals living with internalized homophobia. I realized that there was a strong pull in the direction of exploring my experience of leading this group. I had initially chosen a more distanced, practical topic on the issue of burnout in school teachers. But I chose to explore an area where I sensed more passion and energy. I want to believe that my need to self-actualize and be more authentic trumped over my other needs, relating to future employability.

In this research paper, I have attempted to explore the literature around internalized homophobia and its effect on mental health, a brief evolution of the gay-affirmative psychotherapy and concepts of countertransference and therapist self-

disclosure. This is followed by an in-depth look into the heuristic arts-based research process as it applies to my actual process. I also describe the film which I created as a result of this research and some concluding thoughts about my experience of this research.

Primary research question

The strong feelings around my experience of running the internalized homophobia group at MUSIC led me to the following research question, which I intend to explore through this research - As a gay-identifying male, how can a film capture my countertransference around my sexuality as experienced through my work as a drama therapist with the LGBTQI population living with internalized homophobia?

Chapter 2. Literature synthesis

Internalized homophobia: theoretical perspectives

Internalized homophobia is “the gay person’s direction of negative social attitudes toward the self” (Meyer & Dean, 1998, p. 161), and in its extreme forms, could lead to the complete rejection of one’s sexual orientation. Internalized homophobia is not so much a quality that is intrinsic to the person, but more a process in which prevailing heterosexism becomes applied to the self (Russell & Bohan, 2006). Malyon’s (1981) understanding of internalized homophobia emerged from an object relations framework in which “the process of introjection causes noxious homophobic views to be taken in and incorporated into the self-representation. From a self-psychology framework, it is believed to cause disturbances in the cohesion and coherence of the self (Shelby, 1994). Studies have proven that internalized homophobia has a negative impact on LGBTQI individuals’ global self-concept, including mental health and well-being (Allen & Oleson, 1999; Meyer & Dean, 1998; Rowen & Malcolm, 2003).

Research on internalized homophobia and mental health has adopted a minority stress perspective (DiPlacido, 1998; Meyer 1995, 2003a). The minority stress model (Meyer, 2003) helped understand the relationship between social stress (i.e., prejudice and discrimination) and psychiatric disorders among LGBTQI individuals. Minority stressors strain individuals who are in a disadvantaged social position because they require adaptation to an inhospitable social environment, such as the LGBTQI person’s heterosexist social milieu which may include antigay stereotypes, prejudice, and discrimination, causing the person’s perception of the environment as threatening, such

as expectations of rejection and concealment of one's sexual orientation in an effort to cope with stigma (Meyer, Schwartz, & Frost, 2008). Bell, Weinberg, Hammersmith (1981) have described atypical gender role behavior and a lack of same-sex peer socialization important markers for the nature of an adult's relationship to their same-sex attraction and behaviour later in life. Smith (1988) uses the example of the yellow-billed cuckoo, whose developmental history is a metaphor for a homosexual individual: born and raised in a family perceived as inexplicably different from the self as a child, it is only with maturing and "spreading one's wings" that one discovers one is not alone after all in one's identity. Although, not seen as gold standard anymore, early sexual identity development models (Cass, 1979) conceptualized homosexual identity development as a multi-stage process in which individuals progress from feeling different to acceptance of their homosexual identity (Loiacano, 1989). This model has been criticized for its rigidity in its linear progression, and a newer model called Adolescent Lesbian Identity Formation (ALIF) (Deggs-White, 2005) is built on nonhierarchical, non-sequential phases. Another theory by Davies (1996), notes identity formation is a fluid and iterative process that is influenced by variables such as gender, race, ethnic group and locale.

Internalized homophobia has been seen as the most crucial hindrance to the adjustment to a positive homosexual identity (Cass, 1979; Martin, 1982; Allen & Olsen, 1999) and more recently, the term homonegativity has been coined to encapsulate the negative self-identity in lesbian and gay individuals (Feinstein et al., 2012). The discord between a negative internal view of homosexuality and an emerging homosexual identity tends to create tremendous conflict. Meyer and Dean (1998) have referred to internalized

homophobia as “the most insidious of the minority stress processes” in that, even though its origins are from heterosexist social attitudes, it could become self-generating and thrive even when individuals are not experiencing that direct external devaluation. A study conducted by Allen, et. al, (1999) revealed a pronounced relationship between internalized homophobia and internalized shame in gay men, suggesting that shame may be the principal pathogenic ingredient in internalized homophobia. The result of such internalized shame, or shame that comes from an ongoing identification with a shaming other, has been referred to as the shame-based identity (Kaufman, 1991). Thus, for some, shame may become the foundation around which all other experiences of the self are organized. Consequences of the shame-based identity may include a pervasive feeling of worthlessness, poor ego integration, and rigid or primitive defensive processes (Kaufman, 1991). These negative consequences that are inherent to internalized homophobia are likely to be most overtly manifested as problems related to ambivalence, relational conflict, misunderstandings, and discrepant goals (Mohr & Fassinger, 2006), especially in interpersonal/romantic relationships with other LGBTQI individuals (Coleman, Rosser, & Strapko, 1992). Thus internalized homophobia has been correlated to poor relationship quality and the relationship durations within both male and female same-sex relationships (Balsam & Szymanski, 2005; Otis, Rostosky, Riggle, & Hamrin, 2006).

Internalized homophobia and mental health

Studies have shown that the effects of internalized homophobia on the mental health of LGBTQI individuals include depressive symptoms, anxiety, and alcoholism; and reduced ego strength and self-esteem (Miranda & Storms, 1989; Lima, Lo Presto,

Sherman, & Sobelman, 1993). More recent studies on LGBTQI individuals have consistently shown a have a higher occurrence of mood, anxiety, and substance use disorders than heterosexual individuals (Cochran & Mays, 2000). Meyer (2003) hypothesized that higher prevalence of psychiatric disorders among LGBTQI individuals is a result of minority stress. Consequently, research has found that LGBTQI individuals are more likely than their heterosexual counterparts to seek therapy and stay in therapy longer (Bell & Weinberg, 1978; Morgan, 1992).

Historically, speaking, the systemic side of this picture that involves the mental health professionals has also undergone a sea change with respect to attitudes towards LGBTQI individuals, in the last 40-50 years. At the 1972 annual American Psychological Association (APA) convention, the chair of a symposium on homosexuality remarked that “the panel had no knowledge of gay psychologists within APA and/or were not willing to request that any psychologist jeopardize his/her career by making an appearance as a homosexual on the panel” (Morin, 1977). Not too long after that, the APA changed its stance concerning the bias toward lesbians and gay men, resolving that "homosexuality per se implies no impairment in judgment, reliability or general social and vocational abilities" (Morin, 1977). Our society has come a long way from those days, but researchers have demonstrated that men possess higher levels of homophobia than woman (Kite, 1984). Additionally, studies by Hayes et. al, (1993) suggest that the therapists' homophobia or internalized homophobia, stereotypes and fears could manifest in the therapeutic relationship as them verbally avoiding or circumventing gay clients' clinical content and affect, them discouraging their clients from revealing their sexual

identities to others, view their homosexual identity as a transitional phase to be outgrown, exaggerate or minimize the importance of the client's sexual orientation, or preoccupy themselves with the origins of the client's sexual orientation or worse, attribute their client's non-traditional sex role behaviour to pathology - all of which renders their work counter-therapeutic/damaging and the therapist less effective with the client.

Internalized homophobia and gay-affirmative psychotherapy

As a client-centered, mental health professional that identifies as queer, I was curious to understand how other gay individuals sought their therapists and how other queer therapists worked with their gay clients, before delving deeper into my own experience. It was found that a significant number of gay and lesbian clients pre-screen their therapists for gay-affirmative attitudes (Liddle, 1997). Modrcin and Wyers (1990) found that 40% of their gay and lesbian respondents would only seek professional help from someone of the same sexual orientation. Regarding gender of therapist, the same study showed that 68% of these lesbians indicated they would only see a woman, whereas only 24% of the gay men would only see a man. Bradford, Ryan, and Rothblum (1994) found that 66% of their lesbian respondents preferred to see a gay or lesbian therapist, and 89% would prefer to see a woman. Brooks (1981b) found that 80% of lesbians preferred to see a woman. A Study conducted by Liddle (1996) qualified support for therapist-client matching on sexual orientation and the notion that gay and lesbian clients may benefit from a therapist-client match. The intuitive and accurate understanding of an individual from a stigmatized minority requires more than just a

shared humanity, the therapist “knows, not just theoretically but in their own experience, what the patient is passing through, neither love nor insight alone cures” (Guntrip, 1969, p. 353). Even though I don’t fully subscribe to this somewhat outdated notion, it definitely warrants some reflection when it comes to working with LGBTQI individuals. Riddle and Sang (1978) wrote “the discretionary use of self-disclosure...,” the “sharing of therapist’s experience” and “not having to explain the nuances and stressors of one’s life,” can be extremely validating to the client and could accelerate the therapeutic process.

Warren (1980) noted that “homosexual role models who are decent, accomplished and fulfilled human beings are absent in early childhood,” so, “having a gay therapist who can model for the client, a sense of positive identity can be reparative” (Riddle, Sang, 1978). I personally believe that this notion may have some validity to it. Recent studies (Lebolt, 1999) have shown that a gay-affirmative heterosexual therapist could be capable of understanding the gay experience through intuition or imaginative empathy and can normalize and equalize gay and straight relationships. On the other hand, a gay therapist might help increase the client's awareness of homophobia, both internal and external, and heterosexism as well as shed light on the diversity within the gay community (Lebolt, 1999) (for example, in case of a “straight acting” gay client who might feel alienated by the effeminacy of some gay men).

Some models have been developed in the recent years to address the specific issues that prevail in the LGBTQI community. Alessi (2014) proposed a framework with a two-part clinical assessment. The first part, based on Meyer’s (2003) minority stress

model, examines the effects of prejudice events, stigma, internalized homophobia, and sexual orientation concealment. The second part, grounded in Hatzenbuehler's (2009) work, examines the client's coping/emotional regulation, social/interpersonal, and cognitive processes, which can be elevated by minority stress. Following the assessment process, the framework suggests using an LGBTQI-affirmative treatment approach.

A paraphrased list of keypoints from Alessi's (2014), sexual minority-affirmative clinical perspective for the psychotherapist are as follows:

- a) Homosexuality is first and foremost regarded as non-pathological - same-sex attraction and same sex behavior are both valued and facilitated.
- b) Conversion to heterosexuality is not the goal of psychotherapy.
- c) Treatment approaches are similar to traditional psychotherapy, in that, they include, conflict resolution as well as self-actualization.
- d) A goal is to provide corrective experiences to repair the consequences of biased socialization and its effects on self-esteem, identity formation etc.
- e) Homophobia and oppression are only two of the many factors that influence personality formation and psychological adaptation.

Client-therapist relationship dynamics:

In an effort to dissect and describe the client-therapist relationship dynamics, specific to the LGBTQI context, I have defined some terms commonly used in counseling studies. Working alliance is defined as the joining together of the reasonable self or ego of the client and the therapist's analyzing or "therapizing" self or ego for the purpose of the work (Gelso & Carter, 1994; Gelso & Hayes, 1998). Transference is defined as "the

client's experience of the therapist that is shaped by the client's own psychological structures and past, and involves displacement, onto the therapist, of feelings, attitudes, and behaviors belonging rightfully in earlier significant relationships" (Gelso & Hayes, 1998, p. 51) and starts from the first moment of contact between therapist and patient. Countertransference is seen as "rooted in the therapist's own unresolved conflicts, "soft spots" and issues, yet it may be a response to any material offered by the client, transference or otherwise" (Gelso & Mohr, 2001). Early in treatment, positive transferences occur, often in the form of projections onto the therapist, as the good father, good mother, ideal partner. These "unobjectionable positive transferences" (Freud, 1959b), may aid the therapist in forming a sound initial working alliance. Although, working alliances that are based solely on positive transference, could be unsound, because transferences can dissipate through the course of therapy, and the alliance erodes. Conversely, a negative initial transference can be dangerous to the alliance too.

Countertransference, once understood, can be extremely helpful. It is when it is not understood or when "uncontrolled," it has an adverse effect on therapy outcome (Singer & Luborsky, 1977, p. 449). Similarity or matched dyads can bolster but, in some cases can impede the therapeutic process, for instance, if a patient who was confused about his sexual orientation chooses a gay therapist with the unconscious aim of (a) externalizing his internalized homophobia by denigrating the therapist and (b) colluding with the denigrated therapist in maintaining an antigay stance. In this case, the alliance building is not only difficult but this type of "transference test," where the client might be trying to see whether the therapist accept the anti-gay stance. The therapist cannot be

immune to these issues, and they must affect his or her emotional reactions in a range of ways (Gelso & Hayes, 1998). Theoretically, it has been proposed (Gelso & Hayes, 1998; Van Wagoner, Gelso, Hayes, & Diemer, 1991) that countertransference management relies on, and in certain ways is composed of, five factors: self-insight, empathy, self-integration, anxiety management, and conceptual ability.

Client-centered therapists maintain that by modeling openness, strength, vulnerability, and therapy-relevant self-disclosure, the client feels safe to follow suit and cultivate trust, perceived similarity, credibility, and empathic understanding (Kottler, 2003; Knox, Hess, Petersen, & Hill, 1997). Additionally, feminist and multicultural stances cite the importance of therapist self-disclosure as a tool to promote equality in therapy as well (Mahalik, Van Ormer, & Simi, 2000). Self-disclosure in gay-affirming therapy approaches can be useful especially with clients with low levels of identity integration where, a client's transference view of the closed-off therapist could lead to a distorted one, stopping them from feeling safe to open up about their sexuality and hence have superficial sessions (Stracuzzi & Mohr, 2011).

Therapists self-disclosing their sexual orientation to their LGBTQI clients (a) create a safe environment in which clients know they will not be judged negatively (Hanson, 2005); (b) be a model for expressing appropriate actions and appropriate emotions (Mathy, 2006); (c) counter internalized hatred and shame (Satterly, 2006); and (d) be viewed as a more credible source of help than counselors without an LGBT identity (Cass, 1979). However, although many authors have extolled LGBTQI therapist self-disclosure as a critical part of treatment, some have cautioned that "self-disclosure

may lead the client or counselor to overidentify or assume sameness with the other, blur professional boundaries, or lead to role reversal” (Cole, 2006). For example, a gay male client may mistakenly assume that his gay male counselor understands aspects of his experience due to their shared sexual identity. Some forms of self-disclosures may detract from the process of client self-exploration, by “shifting the focus of counseling away from the client and the here-and-now, to the counselor and his or her past experiences and problems” (McCarthy & Betz, 1978, p. 255). Gelso and Mohr (2001) noted that a therapeutic bond based on perceived similarity could take the form of a superficial pseudoalliance that impedes discussion of challenging topics.

Chapter 3. History of Creative Arts Therapies used with LGBTQI clients

The use of creative art interventions with LGBTQI clients who are struggling with their public and private identities is valuable in helping them to learn about and become their authentic selves ((Pelton-Sweet & Sherry, 2008). Because the impact of creativity on the coming out process has not been empirically examined, the potential in this relationship deserves more research. Art making has been used with LGBTQI clients to explore issues such as sexual identity, bigotry, internalized homophobia, trauma and abuse, lesbian identity and culture, visibility, sexuality, gender identity, depression, stereotypes and homophobia, and coming out (Brody, 1996).

Activities like “Inside Me, Outside Me” is one example, where the client creates two self-portraits—one of the publicly presented self, the other of the private, internal, self (Makin, 2000). Self-portrait creation is seen as a means for externalizing feelings and qualities of the self that are too delicate to expose verbally (Addison, 1996, 2003; Brody, 1994, 1996; Fraser & Waldman, 2004). This activity may take on the form of mask creation or box creation, and becomes a springboard for discussion and reflection. Puppet making is another intervention, in which the created puppet “speaks” for the client, this might help some shy individuals feel freer to express what they are feeling through a projective object representing some part of themselves (Makin, 2000). Collage work has also been used in individual and group therapy with gay men and lesbians to explore experiences with bigotry, hatred, internalized homophobia, and sexual identity (Addison, 1996, 2003; Brody, 1996). Brody (1996) explored themes of family, guilt, shame, fear, anger, and homophobia, socioeconomic class, lesbian identity and culture, visibility,

gender issues, and transference through individual and group art making with a group for low-income lesbians. Fraser and Waldman (2004) working with gay and lesbian clients struggling with sexuality, gender identity, depression, homophobia, coming out, fear, fantasy, and shame used art as a way to make visible the invisible, to validate their pain and to celebrate courage.

Bayley (1999), using the story of Alice in Wonderland, makes connections to the queer sexual gender/identity and the theory behind it, using the transformative power of drama therapy. Wilson (2011), incorporated narrative therapy and playback theatre for a dramatherapeutic intervention for LGBTQI-identified youth, where the client and therapist can explore dominant stories, unique outcomes and alternate stories through drama and through other expressive arts. This technique might be especially powerful in externalizing and deconstructing heterosexism and for re-authoring preferred narratives through embodied role-play (pp. 15-16). Role-play involving unique outcome scenes helps to model more adaptive behaviors and alternate stories can be enacted to restructure identity apart from the problem. In Playback Theatre, Wilson (2011), uses true and told stories which are then retold through performance; in doing so, the power of this method to connect people, validate experiences, and illuminate shared themes could highlight LGBTQI needs for a safe, supportive environment where reduced isolation and universality of experience exists. He adds, “suffering that has occurred due to sexual orientation or gender identity could achieve meaning in aesthetic presentation and tellers could gain senses of mastery over these difficult experiences” (pp. 18-19).

Halverson (2010) wrote about a dramaturgical process, which told, adapted, and performed true stories of LGBTQI youths in the construction and showing of their identities. The work though not explicitly drama therapy, contains dramatherapeutic value and merit through narratives, and has parallels with Narradrama (Dunne, 2006). Rousseau et al (2005) developed a drama therapy program for adolescent immigrants and refugees that are dealing with identity issues as they adjust to new surroundings. The program utilized Playback Theatre as well as aspects of Augusto Boal's forum theatre. The program might be translated to working with LGBTQI individuals who have been through experiences that affect their identity formation. It aimed to promote four objectives: (a) construction of meaning (after trauma and separation); (b) the grieving process (loss of loved ones, country, expectations, or dreams); (c) appreciation of difference and construction of creative resistance (that does not lock them into even wider circles of exclusion); and (d) development of multiple affinities that employ a range of possible strategies. (p. 16).

Chapter 4. Research methodology: Heuristic Inquiry

In this section, I have described the process I have used in order to understand my experience of working with the group, and in turn my unresolved internalized homophobia. The methodology described in the following pages is called the heuristic research method. Speaking in metaphors, it is akin to a shovel that would help me dig deeper to gain awareness on this topic. Heuristic research is a phenomenological approach to research aimed at understanding the researcher's personal experience as opposed to the experience of others (Junge & Linesch, 1993). The researcher must have both personal experience and intense interest in the phenomenon under study in order to authentically engage in heuristic research (Douglas & Moustakas, 1985). Moustakas (1990), defines this research methodology as, "a process of internal search through which one discovers the nature and meaning of experience and develops methods and procedures for further investigation" (p. 9). Further, when engaging in heuristic research, "The object is not to prove or disprove the influence of one thing or another, but rather to discover the nature of the problem of phenomenon itself"(Douglas & Moustakas, 1985, p. 42).

Why Heuristic Inquiry:

Higgins (1996) lists the types of questions a researcher conducting a heuristic inquiry would ask - these include mapping one's experience, clarifying thoughts and feelings and exploring feelings and experiences through a creative medium (arts-based). The foundational question being: "what is my experience of this phenomenon?" (Patton,

2002, p. 107). Based on these questions and the inherently personal nature of my research topic, the heuristic approach is the way for me to learn about my experience, including my countertransference of working with the said group. "Heuristics offers an attitude with which to approach research, but does not prescribe a set methodology" (Douglass & Moustakas, 1985, p. 42). Heuristic inquiry looks at the research topic in a global way and does not impose a rigid focus. For example, a methodology such as case study or a survey based inquiry might only look at what is within the bounds of such methodologies, such as questionnaires, scales, pre/post-tests, time-limited groups etc. By using heuristic, the possibilities of discoveries are many. As someone who prefers doing than learning only about others' doing, I found this metaphor fascinating:

Irwin (1986) states that:

If I were the therapeutic traveller, I know I would want a guide who had made the trip before, one who would not be afraid of the unknown, for a guide who had been a voyager before would be far better prepared than one who had only studied maps and books. (p. 194)

Heuristic inquiry meets Arts-based research

Most literature I found connecting heuristic enquiry with arts-based research has been in the art therapy realm and for valid reasons, but the same rationale applies to its extension into the drama therapy arena. McNiff (1998) writes that "art-based research expands heuristic research by introducing the materials of creative expression to the experimental process" (p.54). He further elucidates that heuristic inquiry which is art-based, is less self-involved because the emphasis is broadened by the inclusion of the art

created. In explaining the heuristic inquiry that is art-based, Kaufman (1996) states that heuristic research parallels and amplifies the artistic process that is generated by a total immersion in the process, “analogous to the making of a work of art” (p. 238) - filmmaking is one such immersive process. Kaufman further explains that this art making intention engages the researcher in the process and the reflection of doing the work “in an effort to know the essence of some aspect of life through the internal pathways to the self” (p. 237). Heuristic research places emphasis on the experience of the researcher, and on the process of creating discovered knowledge (Carolan, 2001). The culminating stage of heuristic research lends itself to creating art, which furthers the knowledge gained in the previous steps. Researchers use art-based creative processes in order to further their inquiry into the heuristic process - It seems as though the two research models often go hand in hand, especially in the data collection and dissemination phases (Mosher, 2007).

Data collection, validity and credibility

Heuristic research does not dictate a particular methodology; a researcher may draw from numerous sources of data, including journal entries, poems, artwork, dream analyses, personal documents, transcripts of dialogue with oneself and others, and audio/video recordings of conversations (Moustakas, 1990). In qualitative research, validity cannot be “determined by correlations or statistics” (Moustakas, 1990, p. 32). The validity comes from within the researcher, and from adhering to the six stages of heuristic research (as explained in the following pages) (Douglas & Moustakas, 1985). The researcher needs to be concerned with meaning. Therefore, the researcher must return to the collected data numerous times to engage in a lengthy and possibly

exhaustive process of meaning making (Djuraskovic, 2010). Another way of increasing the validity of the research is by being transparent about one's process and biases.

The evolution of my process: The five phases

Moustakas (1990) defines six phases of a heuristic approach that also reflects a creative process involving oneself as an "internal frame of reference" (p. 25). Each stage cannot be planned or meticulously controlled, but instead must flow naturally. Sela-Smith (2002) writes, "...the researcher must release control and discover whatever the stage has to offer" (p. 63).

The first phase, the initial engagement (Moustaka, 1990) is the researchers' percolating personal interest with the phenomenon that shapes and defines the research question. Sela-Smith (2002) suggests that the search for the research question comes from something within our self (consciously or unconsciously), an experience that needs to be completed. Even though my research question came to life when I started work at MUSIC, it was a topic I was struggling with for years - how could I make meaning of my experiences as a gay man? The tension was alive between my gay identity versus other roles in my life - friend, lover, son, brother, engineer, therapist - some roles did not feel fully integrated and I needed to explore that more. Some of these themes made me question my own beliefs - questions such as am I reinforcing their negative stereotypes due to my own unresolved issues or helping them break those," "Am I a healthy gay role model for my group, what is their transference?" "What qualifies me to help these individuals," "What is my resistance and/or countertransference towards my clients' issues," "Do I still have some unresolved internalized homophobia, if so, in what areas?"

These questions prompted me to delve deeper to understand my own experience as a gay man. Working with the LGBTQ community is an interest of mine, which goes beyond pride parades and HIV awareness. My interest lies specifically in people living with internalized phobias of transgenderism, homosexuality, bisexuality etc. and it became important at this stage to explore my own experience in order to situate it and define it, before I could do work in this community.

During the next phase, immersion, the researcher spends time in introspection with one's own experience and relationship with the phenomenon. Moustakas (1990) explains that in this 'indwelling' the researcher lives with the question, both awake and in dream and seeks any opportunity to understand it and ascribe meaning to it. (p. 24). This spontaneous and repeated self-dialogue, conscious focus, and pursuit of intuitive clues helps crystallize/clarify the research question (Moustakas, 1990). Since the formulation of the question, I had a dual awareness of the areas I felt tension during the sessions with my clients, I was clued in to read their transference towards me and cognizant of my own countertransference - which is at the root of the questions I asked earlier. After the sessions, I introspected about my own experiences based on the themes my clients were bringing; for instance, I began to think if I had a mental monologue right before I came out to my parents; I wrote some of these thoughts down. I started to wonder if I ever tried to "butch up" in order to avoid being outed by friends and colleagues and what my body language was like. I acted this out, where I've often put on a macho walk just to see how it felt in my body. I've also given some thought about my past relationships and how my relationship with my sexuality might have affected them. I revisited some of my

photographs from this time. My sexuality is an area that I also addressed with my therapist and I revisited childhood experiences which could have shaped my personality.

In this state of immersion, certain events from the past and the associated feelings came back to me, such as my first HIV test, and my feelings around it. I wrote personal notes post sessions. I also had my process notes, notes from supervision and some insights from weekly personal therapy. I made doodles and drawings after sessions. I highlighted certain words that stayed with me. I made some audio recordings of free-flowing thoughts post session and after some family phone calls. I had made some voice recordings of myself speaking after each group session, which I used as raw data. I also created art in the form of masks which I made a friend wear; I recorded my feelings after witnessing her (this is explained elsewhere in this paper, in detail).

Sifting through these emotion-laden outpourings, I found several issues that I felt strongly about and others that I didn't. These were issues my clients often talked about, which I pondered about as well. Perhaps, they were unresolved for me too. I am bracketing my bias here where I decided to only collect themes about issues I resonated with, namely, body image, coming-out, sub-types within the gay community, splitting of personality into different parts and dating. The issues that I decided not to incorporate into the film were issues around one-sided feelings for straight men, issues around religion, issues around sexual health, especially fear of contracting HIV. I have also only mentioned and concerned myself with the representation of my experience of gay males in the actual thematic vignettes, even though I have used the term LGBTQI elsewhere and had members identifying as bisexual and lesbian in my group.

My research was informed by Tracy's (2010) "Eight Big tent criteria for excellent qualitative research," one of which is credibility. One way of achieving it is by Triangulation, which assumes that if two or more sources or types of data, theoretical frameworks or researchers converge on to the same conclusion, then the conclusion is more credible (Denzin, 1978). For instance, I compared the themes between the response art I created after one of my sessions and with the personal notes I wrote for the same session. I triangulated my journal entry themes with the themes coming up in personal therapy, especially around my upbringing and familial relationships. I also compared the client issues recorded in my process notes with my personal, archived google chats with my friends, from 2005 and found significant overlap in issues, especially around dating, gay sub-cultures and body image.

Following the immersion phase, the researcher naturally retreats into a phase of incubation, allowing the material to digest (Moustakas, 1990). In this phase, the focus lessens in intensity and researcher's unconscious starts to reorganize the understanding and create meaning from all the acquired information (Sela-Smith, 2002). This stage took nearly a month after I had collected some data and was interspersed with several, very potent, research meetings with Dr. Butler, where I essentially poured out an array of scattered thoughts, personal stories and gained sufficient clarity, as these were reflected back to me by my supervisor. This was also a time which coincided with the end of the school year, end of therapy (following a mini personal breakthrough) and it gave me a lot of time, alone, to reflect and collect my thoughts, concretize themes from the topics that had personally triggered me during the sessions. In the research meetings, I had discussed

the idea of delving into five themes but did not know how to connect them all together or to make an interesting narrative. I incubated with the idea of weaving these themes together to create a film that became both a conduit for my exploration and yet introduced enough aesthetic distance that it didn't overwhelm me or the audience.

The next phase, the illumination ensues after a break from the material, creating clearer pathways for the researcher (Mosher, 2007). It occurs naturally when the researcher is open to intuition and tacit knowledge, and the qualities of the phenomenon break through into conscious awareness (Moustakas, 1990; Sela-Smith, 2002). This too is unpredictable in its timing and content. May (1975) states that “insight comes at a moment of transition between work and relaxation...”(p. 62). I feel that it is unrealistic and stress-inducing to expect illumination to be a transformative, “Aha” moment. But what I hoped for was that my creative responses would help me gain a deeper and more lucid understanding of aspects of my journey, and mini “aha” moments that might help me see my experience in a slightly different light.

I had many visuals of me interacting with puppets, figurines, dolls etc. and scenes of group therapy where the clients would be puppets/ small objects etc. I imagined a fantastical/absurd-reality world where I would be going in and out of my head, straddling client issues and my inner experience of these issues. One day, out of the blue, I visualized a black box, as a metaphor for my inner material that could present itself and somehow force me to deal with it, in the group, as my countertransference/personal material was activated. So, I thought of having the box actually move to me, and make a sound, forcing me to open it, causing a visceral reaction when I looked into it. I decided

that this would be the transition between the group therapy scenes and scenes depicting the themes. In these, I play a character that is a combination of myself in these situations and perhaps my clients, that interacts with other characters. Instead of using actual actors due to ethical issues and budgetary limitations, I decided to use different projective techniques of drama therapy such as masks, puppets, small-world objects, images on a stick, metaphor, and role play to convey the themes that I identified.

In the explication phase, the purpose is to consciously examine and awaken what was discovered in illumination and organize the themes and findings into a meaningful context (Moustakas 1990, Sela-Smith, 2002). Based on a potential illumination from my creative responses such as monologuing, post-session art making, themes from my personal notes, insights from therapy, introspection and revisiting the above sources, I hoped to create a script and screenplay that would reflect aspects of my journey related to my research question. This script would constitute my findings in an externalized, concretized form. Sela-Smith (2002) suggests that new meaning and understanding start to resonate for the researcher upon concretizing.

Finally, the researcher must integrate the elements of the heuristic journey to create "some new whole" in the creative synthesis phase (Sela-Smith, 2002). This can be a narrative description, a film, a poem, or an artwork. In this phase, the researcher has mastered the knowledge of the new material their inquiry has uncovered (Moustakas, 1990). The goal of an arts based heuristic research is to share this experience creatively with others for whom it may resonate. I used the script and screenplay from the previous phase to create a film. Junge and Linesch (1993) posit that it is important for a researcher

to use research techniques that they are attuned to. They add, "Crucial to effective and enjoyable research for the art therapist is that there be a match between his or her personal style of engaging with the world and the particular research methods utilized in the inquiry" (p. 63). Being a lover of the medium and being aware of its power, I believe that the process of filmmaking would also be therapeutic (Muller, 1972) with the potential to help me make new meaning of my experience and share it. Therapeutic filmmakers have had profound experiences of exploration through the creative, expressive, self-reflexive process of filmmaking (Johnson, 2008). One study on personal filmmaking equated it be similar to a Gestalt approach to art therapy (Rhyne, 2001).

I have borrowed heavily from the drama therapy core processes of projection, role playing, personification, embodiment and playing (Jones, 2007) into my screenplay. A majority of the film was shot without voice and many of the scenes were improvised. I used voiceovers in some scenes and overdubbed dialogues in others. I titled the film "Myness, Ourness and Otherness," to reflect the facets of me and my inner experience, triggered by a collective group experience, whilst being "the others," in the dominant society. I also chose to use visuals from the space looking down on earth as transition slides, since many of my clients had described feeling like they didn't belong on this planet. The film centers on the therapy scenes that give it a framework and context. My character is seen eliciting and responding empathically to client's issues on the first day of the therapy. The five scenes/chapters that form the backbone of the story occur as I "open" the doorway to my inner psyche through opening the box, which seems

omnipresent in the therapy space. The order of these scenes bears no consequence to their weightage as personal issues, but was chosen for aesthetic reasons.

Chapter 5. Myness, Ourness and Otherness – The film

Situation 1: The gay magazine body

The theme of body image and being gay was a prominent theme in our group where members reported feeling extremely judged in “gay-friendly” settings such as gay bars and clubs. They also reported that the image of a gay man in popular media was one where the “successful” and attractive members were represented as being muscular, always well groomed, tanned, and fashionable and for inexplicable reasons, mostly shirtless. I remember a comment about an advertisement running for syphilis safety, where the gay men fit the above description and were shirtless, and dancing, as if in a club. I also got a sense that, most gay-friendly establishments or rainbow-centric businesses seemed unapproachable and exclusive due to their projection of the gay man as in the above description. This might be because, most people who identify as gay, or bisexual or curious, may not fit that description and hence feel unsafe to venture into those spaces and hence further alienate themselves from the community. As a member of the same community and having lived with my share of body image issues, this theme hit close to home and I was able to identify with their feelings.

In the film, I heightened this feeling to one of terror. In the first vignette, I used a cut-out of a model from a popular gay men’s magazine *Fugue*, which always features muscular male models, in almost all their pages. The headless gay body seems to be terrorizing the character so much that he hides under his bed and doesn’t want to come out. I have used an instance from my personal life in the past where I used to reject almost all invitations to pool parties involving gay men. The puppet in the film

representing a group member speaks of this. I have uttered words such as Bulging biceps, rock hard abs, chiseled body, bubble butt, beef cafe, pecs of steel, muscular thighs, push ups etc in an ominous voice to indicate the effect they had on my character. During my trip to India in the winter of 2014, I noticed the small clothing stores in my neighborhood that existed even when I was a teen. In their display windows, were pictures of white men modeling different underwear brands. I remembered being very attracted to them in my early teenage. This was also my first exposure to the chiseled bodies, which later translated to my fear and awe of such types of bodies.

Situation 2: Skype is the limit with mom

Coming-out is such an important, and often inevitable event in a LGBTQI individual's life and people living with internalized homophobia perhaps find it the most difficult. In the group, this was a common theme that brought almost everyone together. They identified with feelings of fear of rejection, abandonment, shock and dire consequences if they came out to their near and dear ones. This heavy and emotion-laden topic was represented in the film with aspects of my own coming out with my mother in different stages. This was a long and painful process that took years, in my case. In the film, I have used Skype as a mode of communication with a puppet character that plays my mother. In my eventual disclosure of my sexual orientation, I encountered shaming questions, such as asking if I had sexual problems; some blackmailing words such as "I will destroy your passport and you will never go back"; some pathologizing statements like taking me to a conversion clinic and many words of sorrow and disappointment. In the film, I have interspersed shots of my character with a therapist, who is shown to be an

owl and made use of dramatic music, to break the intensity of this scene with some absurdity and humor. I cast a very good friend of mine, who had been a source of support to me during the period that I was coming out to my mother. Speaking in psychodrama terms, I had the most “tele” (Kellermann, 1979) like feeling with her, and I felt that she could capture my mother’s essence. The phone calls were improvised once she knew the gist of some of my actual conversations with my mother.

Situation 3: It’s a jungle out there

This theme about the sub-types within the gay community was one that seemed to divide the group members and one that intrigues and frustrates me even to this day. I have often heard statements like “I am more into twinks” or witnessing groups of gay men or gay couples who tend to resemble each other. In other words, they tend to stay within their flock. This brought up the idea of using a metaphor of “jungle” made up of small object animals. During my incubation phase, when I spent time people-watching in a coffee shop in the gay-village, I couldn’t help but see marked differences in how different men presented themselves and I made an analogy with the species of animals. This evolved into an idea where, I grouped animals based on their species and placed them strategically from the lions and tigers at the center to the pigs and hippos on the outside. There were also groups of bears, gorillas and gazelles. On the outside of this jungle, I placed armed soldiers all pointing their guns at these animals, which represented the homophobia that exists in the dominant society. We were essentially the “others,” but within the gay community, there seemed to be no unity between the members who were schismed, based on their body type, what they do, how they dress, sexual preferences,

and even their HIV status. I interspersed shots of the each animal group coupled with a narration about their characteristics, with images from popular gay men's dating apps such as Scruff and Manhunt, where members could choose who they wanted to date and filter accordingly.

Situation 4: Some parts of the whole

This theme was not overtly mentioned by the group members, but glimpses of it were present in the way they interacted with each other, in their responses to certain topics, etc., throughout the nine weeks that we worked together. I noticed that members exhibited very distinct qualities which summed up their relationship to their sexual orientation. This struck a chord deep within me and my experience of their starkly different aspects manifested as three different roles. This made me think about my own roles. My personal psychotherapy around the topic of dating shed some light on this area.

This process took several weeks to converge onto the roles that they finally became. I started with making masks, which was an intervention I had used with a group of transgendered youth to express their gender identity. During the illumination stage, when I was making many links between ideas and facts, I realized that process could help me externalize and concretize my sexuality. The first mask I made ended up looking quite scary and unattractive. I wanted to continue making more and the second mask, looked quite other-worldly and almost angelic. I felt, like making a third mask and this one did not any such distinguishing features except it was colorful, showy and did not have eyeballs. First I had my friend wear these masks and move with them. I watched her moving distinctly with each mask on her face and started writing freely in response.

Through this writing, the roles emerged and eventually became “Mr. Pret,” “The Ugly,” and “Mr. Mighty.” Below are short monologues I wrote after I wore them and recorded myself moving.

“Meet Mr. Pret. Always ready, always willing and always complying...the others must be right..the others must know better..his beauty, uniqueness.. reflected by others..he dances to a tune, seldom his own.. he finds his solace in connections..he is young, he is innocent, but he is certainly not weak..he seeks love, he seeks connections.” This represented the part of me that was somewhat lacking in his Identity formation and emotional development.

“Meet Mr. Mighty, he is flawless, he can do no wrong and he is what one loves in others. He has the perfect skin, shiny hair, sparkling eyes..he taunts and teases with his body, he's not easy to get..he holds his heart very close to him making one beg and plead to get him to part with it. He may or may not.” This signified the unattainable standards which I impose on myself, project on to others and find attractive in others.

“Meet Mr Ugly, he lurks and latches onto one and weighs them down. He feels sorry for himself, for his existence, he sees no beauty in himself and forces one to do the same, he is meek and sucks the life force out of those he latches on to, he is our internalized phobia..of sexuality, of race, of differences that make us unique..”(Journal entry, June 28, 2015). This as the line reads, summed up my internalized homophobia and race-phobia. It is the parts of me that I do not like, and have chosen to compartmentalize and reject, the unintegrated parts. These parts have surfaced in the past and have caused pain and hurt during my attempts to find my identity and self-confidence.

In this section, I did not feel the need to use humor either in the visual or the vocal media. In the scenes, I have paired the masks with movement, lighting, costumes and music that conveyed appropriately what that role was about. I had created a colorful, shiny object during the mask creation process that I have used as “my heart” that I hold close to me, in the scene with “Mr. Mighty”.

Situation 5: The Deadly Dating Game

The group brought this theme back into our discussions several times. I sensed anxiety, frustration, disappointment, hopelessness and fear around the dating process. As a single gay man, I readily identified with many of their sentiments and this is an area where I felt that I, as a therapist was the least helpful. During some sessions, I felt like we were all spinning together in a whirlpool of a combination of the above feelings. Many of my clients projected and sometimes vocalized the “you are so successful and handsome, you must be in a relationship” narrative on to me, which was in conflict with my inner experience.

In the film, I chose a “split screen” view of my character on a date with an individual who somewhat resembled me (as a humorous take on gay men who date men who look like them). It was a mask that represented “Mr. Mighty,” who in effect represented flawlessness and appeal. There is also a “game” of exchange of information and the constant scrutiny that men put each other through on a first date. Some of this exchange such as “dick size,” “body type” etc., may be heightened for a date, in person, but is completely plausible in the online dating scenario. In this date, “The Ugly” is shown to fly in when my character starts to get comfortable with this date and feeds me

with self-loathing messages like “he is not into you, you fool;” all this to illustrate the mental anguish that intimate interactions with others can bring out in gay men with internalized homophobia affecting their self-esteem.

The film progresses to reveal that these situations were a part of my character’s dream which perhaps stemmed from his experience from the group work. My character is shown to turn to drama therapy interventions to work with some of the client issues. In the end, even though the “box” returns to my character in his group therapy room, he treats it kindly, and places it by his side, perhaps indicating that even though his experiences as a gay man follow him and surface in the said setting, he is able to acknowledge them, without allowing them to take over his work.

Ethics and quality control in heuristic arts-based research

One of the ethical concerns in heuristic arts-based research is validity of the data and the true progression of the steps. The researcher has the onus to stay true to the process and not rush. Another concern is that introspection and self-dialoguing without critical self-analysis might become self-indulgent. It is important to keep the research question alive without getting too lost.

The heuristic researcher voluntarily agrees “to risk the opening of wounds and passionate concerns,” (Moustakas, 1990, p. 14). Due to the personal nature of my research, which involves self-disclosure, voicing of deeply held beliefs and a minority stress perspective, I had wondered about the implications of my findings on my mental and emotional well-being. May (1975) says “Any new insight must destroy something else in order for it to exist.” Such new awareness in the illumination phase, if present, can

potentially cause shame, anxiety and fear. In addition, I felt extremely vulnerable and sought repeated counsels with my supervisor about possible feelings of shame and judgment while screening the film. I was fortunate that my supervisor had a personal understanding of the topic and he shared valuable personal and academic insights, including one about his own past performance around his sexuality and how he dealt with his feelings at that time - these steps helped me to safe-guard myself from emotional harm

Mieczakowski (2001) says that “The potential of performance to impact upon audiences is not to be underestimated and must be realized as a precondition to all ethnographic performances.” This could be extended to film screenings too where the audience might require considerations and warnings of both subject matter and audience vulnerability. I screened my research film on the 21st July 2015 at Concordia University to an audience consisting of creative arts therapists, faculty members and community members. Before the screening, I made an announcement about the vulnerable nature of the topic and checked-in with the audience during the talk back about their feeling state. My supervisor Dr. Butler brought up a valid question about how the audience reaction would be if they didn't know me or see me at the screening. To understand this, I would have to screen it at a location where I would not be present. I believed that this film might have potential benefits for other minority individuals, and I got a sense of the same fact from the audience. In future showings, I plan to provide the audience members with a list of minority-positive mental health resources, such as MUSIC, in an effort to safeguard the audience from any emotional harm.

Chapter 5. Conclusion

This has been the hardest section to write. I believe that the heuristic process came together for me after the screening - some of my unconscious choices in the film, my biases, situations where I did and did not use much humor, the mood of the film etc. In one of my research meetings with Dr. Butler, I shared that the film had a funny-sad, but mostly a sad undertone (which was not the case during the screening, where I was excited and nervous to share my process), which paralleled the overall mood of the internalized homophobia group. I remember feeling inexplicably sad after many sessions. In effect, the heuristic-artistic process helped me faithfully render that quality to the film. It also became clear to me that my choice in using multiple buffers (using client material to examine my own; choosing film over live theater; using drama therapy techniques, humor and music), to look at my unresolved internalized homophobia issues, helped me and the audience members to engage in the process without getting too flooded.

The process has been quite cathartic for me, in that, it has clearly laid bare, areas in my identity formation as a gay man that have been affected, such as self-esteem and body image, as well as areas that I hadn't sufficiently introspected upon, like my coming out to my mother (which is why I found the scene to be very heavy, in spite of my best efforts to add more humor). To elucidate the point further, I felt that each situation had a different emotion attached to it, for example the body image situation: fear/horror; the jungle/sub-culture situation: bemusement; the dating situation: disempowerment. In

summary, I now have a better idea of the areas where I might over-identify with a client, in a similar setting and areas for personal growth vis-à-vis my sexuality.

I would like to share the research film with other gay men struggling with internalized homophobia to start a dialogue about our shared experiences and to reduce the otherness that exists between us in the gay community. I also believe that this film showcases different drama therapy tools and techniques that were utilized in exploring and expressing internalized homophobia, as seen in my group therapy experience as a drama therapist. This form of filmmaking that uses drama therapy techniques to delve into a topic like internalized homophobia, in a distanced (Landy, 2007) way, might have some therapeutic benefits. With further research, it could potentially be a device for stories of struggle to come to life on film, be seen, heard and validated, while being buffered by tools used in the creative arts therapies.

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