

There Is no Black or White in the Rainbow

Expressive Art Therapy for LGBT Individuals in Religion-Based Conflict

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Introduction

Organized religion may provide a sense of spiritual meaning and structure to its practitioners. In fact, some research has shown that religion and spirituality can be a predictor of effective coping with life stressors (Pargament, Koenig, & Perez, 2000). However, for individuals who identify as LGBT, religious constructs and communities may become sources of stress. The individuals who do not fit the norms of their religious environments may struggle to reconcile their own identities with the desire to maintain a connection to their faith-based cultures. Those struggles may result in cognitive dissonance, in feeling torn, alone, or even abandoned. The conflict may make it difficult for individuals to acknowledge their gender or sexual orientations to those around them, or even to themselves.

The conflict between religion and identity may be explored in the context of expressive arts therapy, within which participants are offered a non-judgmental space for self-exploration. The primary tenets of expressive arts therapy include allowing clients to reach inner healing through self-exploration (Malchiodi, 2005). For some, that exploration may lead to a decision to continue to belong in a religious community. Others may discover a desire to advocate for acceptance of their individual selves and for societal change. The process of creative expression may guide some to the decision to distance themselves from their culture

of origin. Religion and spirituality are complex factors that are often intertwined with politics, families of origin, and core values (Rodriguez & Oullette, 2000). Because these topics are sensitive in nature, they require careful, non-directive intervention. Therefore, creative arts therapies are particularly useful tools that may assist psychotherapists in maintaining ethical objectivity while performing effective clinical treatment.

The Conflict

Elle sits before me as her eyes well with unshed tears. She describes a relationship with a significant other to whom she refers as "they." I know this look, this fear, this doubt. The trademark hesitation in her voice and the pain in her words are dynamics I have seen before, among clients who are afraid that I will judge them. I gently say, "By the way, I haven't gotten to this question yet: How do you identify in terms of your own gender and sexual orientation?" She looks up, making direct eye contact. "I identify my gender as female, but as far as my sexual orientation goes, I don't know. I have dated men and women, and I'm so torn about it, but you are the first therapist who actually asked me that question." She breathes a sigh of relief and begins to talk openly about the struggle she has been experiencing: the dissonance between her faith and her feelings.

This conflict is one that is rooted in thousands of years of religious tradition. Hers, like most monotheistic religions, condemns homosexuality as a sin. Religions such as Mormonism, Islam, Christianity, and Judaism have scriptures that detail the punishments to be meted out for homosexual behavior, ranging from excommunication to execution (Heermann, Wiggins, & Rutter, 2007). Religious leaders, especially those in fundamentalist congregations, often speak out against homosexuality, calling it an "abomination" or "disgusting." At the same time, religious congregations often impose cisnormative roles on their members. Religious educators may assume that girls will become homemakers and that boys should be trained toward becoming strong leaders. This sort of preassigned destiny leaves no space for individuals to decide on their own gender identities and roles (Sumerau, Cragun, & Mathers, 2015). Those individuals who were raised attending churches, temples, or mosques may have heard the scriptures cited over the course of their entire lives. When being anything other than cisgender and heterosexual is considered akin to murder and robbery, what are the options for LGBT individuals in faith-based cultures?

We (Michael and Sara) collaborate in treating a diverse population of individuals and families. We have found that those who enter our offices often feel stuck, trapped. They often feel that coming out of the closet would mean losing their faith, their families, and their communities in one fell swoop. At our practice, we have seen individuals and couples at many stages of conflict. We've listened to parents debate whether they would still love and accept their child if she or he turned out to identify as LGBT. We've supported young adolescents who express fear of "being gay." We have felt the pain of young adults who emerge from conversion therapy experiences. We have treated depression and anxiety among those who have chosen to enter heterosexual marriages solely in order to stay in their communities of origin. We have validated the fear of our clients who struggle to fulfill the religious commandments associated with the genders they have been assigned at birth. In the face of societies and therapies that attempt to dictate sexual orientation and gender identity, we have strived to provide a therapeutic environment where no judgments are made, and internal conflict is welcomed and honored.

Spirituality and Religion

There are several reasons for the intense conflict often experienced by LGBT individuals who associate with religious beliefs and communities. There are often many positive aspects to the same religions that condemn non-cisgender and non-heterosexual identities. In addition, at times, family and community support is dependent on conformity, making the choice to "come out" extraordinarily difficult.

First, spiritual beliefs may provide a sense of coping, support, and meaning (Fallon *et al.*, 2013; Halkitis *et al.*, 2009; Shilo, Yossef, & Savaya, 2016). In a recent study of men who self-identified as both religious Jews and gay, researchers found that practicing religious coping skills such as talking with a rabbi and performing mitzvot (Jewish commandments that are seen as the law of God) was correlated with improved mental health. In a study of urban LGBT adults, researchers found that 75% of participants were raised religious, and only 25% identified themselves as currently religious. However, many still chose to engage in private spiritual practices such as prayer (Halkitis *et al.*, 2009). The benefits of having a spiritual connection may be especially relevant for those who feel lost and alone.

A second factor that may keep people tied to religion is the related support system of family and community. For many, choosing to come out as LGBT may result in losing the emotional, physical, and even financial support of their loved ones (Rodriguez & Oullette, 2000). Although that support may seem conditional or shallow to an outside observer, it may be too painful or pragmatically difficult to lose. It is a determination that can only be made by the individual who will have to live with the consequences. The decision to lose one's entire support system is very, very personal.

Third, individuals who were raised in monotheistic religious traditions may have learned to hide their sexual inclinations or diverse gender identities not only from the public but also from themselves. When faced with the evidence that they would be rejected for feeling attraction toward or for identifying as the "wrong" gender, it is logical to repress those feelings and attempt to maintain a safe status quo. This denial of self may create a deep sense of dissonance, a core split self. Individuals may deal with that by living a double life, in which LGBT identities are kept hidden from the outside religious community. Others may cope by undergoing conversion therapy, ignoring their "sinful" thoughts, or even getting married to a socially accepted spouse (Pietkiewicz & Koodziejczyk-Skrzypek, 2016; Rodriguez & Oullette, 2000).

Religious individuals, or those who were raised religious, may face many very real and tangible barriers to coming out of the closet. These are not barriers that can or should be easily dismissed, for the implications of crossing them are often irreversible and life-altering.

Barriers to Traditional Psychotherapy

LGBT individuals who struggle with religious conflicts may experience barriers to traditional psychotherapy approaches. First, they may have experienced some level of trauma and dissociation, which may make talk therapy challenging. Second, past experience may make it difficult to trust people who claim to be healers or helping professionals. Third, they may be engaging in current sexual behavior that contributes to increasing levels of dissonance.

Trauma

Trauma has been defined as feeling fear and immobilization at the same time (Levine, 1986). This can occur when a child sits in the pews of their church, knowing they (which is intended as a singular, gender-neutral pronoun) feel gender or sexuality conflicts, while hearing that those feelings are cause for intense punishment. This can be a terrifying reality. It can create a sense of internal collapse, as the child's brain struggles to cope with the dissonance between parts of self. Trauma can cause real, neurobiological changes to the brain, such as shrinking of the hippocampal region responsible for verbal expression (Van der Kolk, 2014). In the treatment room, this may present as apparent resistance to engaging in talk therapy.

Trust

Many religious cultures encourage their congregants to bring challenges and conflicts to their spiritual leaders (Heermann *et al.*, 2007). As a result, by the time individuals present for treatment, they have often already approached those within their faith in an attempt to get help. While some religious leaders and guides are able to accept LGBT individuals, others may be less capable of doing so. At our practice, we have heard clients report the things they have been told:

- “Do you want this up your behind? How is that normal? What is wrong with you?” Religious mentor holding up a stick and chastising an 18-year-old male reporting attraction to other men.
- “It is your sacred duty to be a good wife and mother. Deciding you just want to ‘cop out’ of that is the definition of disgusting.” Religious parent to 15-year-old child begging for permission to undergo gender confirmation surgery.
- “You can feel these feelings, but you can never act on them.” Religious mentor to 15-year-old female who confided her feelings for her female friend.
- “This is an abomination. It is against the Bible. It’s just your evil inclination trying to get you to sin. But you can be stronger than that, you can overcome this.” Religious leader to 40-year-old woman debating leaving her marriage.

Statements like these can create deep mistrust of helping professionals. When congregants approach their religious leaders with a spiritual struggle, and are met with judgment, this can lead to internal hesitation regarding further self-disclosure (Hill & Pargament, 2003).

Shame

“Love the sinner, hate the sin” is a belief system that is often adopted by faith-based cultures that value loving kindness while condemning diverse gender identity and homosexuality. This sort of attitude may result in intense feelings of shame and guilt related to identity and sexuality. Therefore, when LGBT individuals who have participated in organized religion venture toward exploration of themselves, they may face extreme internalized shame, homonegativity, and/or transphobia (Lease, Horne, & Noffsinger-Frazier, 2005). We have seen this present in our treatment rooms as habitual covering up and denial regarding any behavior that deviates from cis- or heteronormative. Our clients often report feeling intense guilt and shame related to sexual exploration, which they have been taught to view as “immoral” or “acting out.”

In addition, we have seen individuals who have committed to heterosexual marriages in an attempt to suppress their identities and follow the script laid out by their religious cultures. This often leads to another layer of self-flagellation, as individuals reach a point where they feel or act on desires outside of their marriages. That is a conflict that may be too painful to bring into the open space of talk therapy, as those individuals may deny the reality of their split lives, even to themselves. However, in the context of expressive arts therapy sessions, they can process the conflict, shame, fear, and pain without being limited by words alone.

Treatment

Charles, 22, fidgets with his electronic cigarette as he fills me in on what brought him to my office. He was born as Charlotte, the sweet little girl his parents dressed in bows and ruffles. He remembers being five years old, trying to figure out why the pink tulle didn't feel right on his little body, why he cringed at the cherubic face he saw in the mirror, framed by long ringlets. He had been hoping and praying that he would learn to fit in, to do and feel what was expected of him. Eventually, the

counselor at his religious, all-girls summer camp noticed that Charles wore board shorts instead of bikinis. The counselor also perceived that Charles “looked at the other girls in a way that seemed more than just friendly.” During our session, Charles reports that the counselor was right. He had been developing feelings for one of the other campers, and had been sneaking glances her way despite his best attempts to repress those feelings. He takes a deep drag of his e-cigarette and looks at me sheepishly. “I was just a teenage boy, a straight one, trapped in a girl’s body. They made me feel like that was evil. Like I was a freak.” Thus began years of family conflict and conversion therapy. Charles’s shame is palpable. His previous therapist attempted to assist Charles in naming his non-conformist gender identity and sexual orientation as “optional.” Several rounds of therapy left Charles feeling suicidal, wanting to end the pain of his inner conflict.

When treating individuals who struggle to reconcile religiosity with gender identity or sexual orientation, the single most critical task of the therapist is to be aware of his or her own prejudices (Fallon *et al.*, 2013). The first step to recognizing those prejudices is being aware of the gender identity and sexual orientation conflicts with which clients may present. The APA Office on Sexual Orientation and Gender Diversity (American Psychological Association, 2011) offers support and guidance for clinicians who seek to improve on their competency and knowledge in treating individuals who identify as lesbian, gay, bisexual, and/or transgender. In Charles’s case, his journey toward self-acceptance was complicated by his conversion therapist’s lack of insight and education. “When I told my therapist I felt like my female anatomy didn’t match how I felt, he just told me that was a sin. When I told the therapist I might be attracted to girls, he said that was a sin too. It was all a sin. None of the feelings were supposed to exist. How could I even figure out what any of it meant if it was all the same: sinful?”

Clinicians who believe that homosexuality, bisexuality, or diverse gender identity is sinful may find that it is difficult for them to endorse true exploration of self within their clients. Clinicians who have been through a coming-out process of their own may feel hesitant to create space for the possibility that their clients may choose to stay closeted or to live double lives. And those therapists with minimal exposure to LGBT struggles may be afraid to have open dialogues with their clients. Those are just a few examples of biases and attitudes that may inhibit effective treatment.

According to the APA code of ethical treatment (American Psychological Association, 2012), psychologists are urged to remain non-judgmental of LGBT individuals, to avoid trying to change the sexual orientation or gender identity of their clients, and to do whatever they can to increase their clients' sense of safety both within and outside of the therapeutic environment.

Play and Art Therapy

The effectiveness of play and art therapy lies in the belief that clients are the experts on their own selves; clients already have the information they need in order to resolve their struggles. The information was initially processed and stored, and thereby only accessible in full at a multi-sensory, multidimensional level. Play and art reach beyond the verbal, cognitive, and conscious into the vastness of human experience. The clinician observes, amplifies, and reflects what clients have presented through play and art, thereby elucidating clients' knowledge and experience of self (Lusebrink, 2010; Malchiodi, 2005; Slayton, D'Archer, & Kaplan, 2010).

Play and art therapy can provide a forum within which the complex components of a client's life can be accessed and addressed. Verbalization is not necessary, as a whole world can be built, drawn, or painted in a tactile manner. Sensory expression is inherently more primary to humans than speech. Babies' interaction with their environment is through their senses. As children grow older, they are taught to talk, but this speech is censored; there are certain things that may not be said. Additionally, there are often no words applied to threatening realities. Play and art reach for the preverbal and nonverbal, and through the socially imposed barriers, therefore accessing the undefended unconscious truth in its most basic form (Malchiodi, 2005; Slayton *et al.*, 2010).

As Charles began to explore his identity in session, he often seemed to choke on his words. The external stigma imposed by his previous therapists and his pastor became evident as he censored his speech, even in the safe space of the therapy room. He would grow frustrated with himself: "I know I can talk here...but I can't. I just can't." This makes perfect sense given the ways in which his language development was impacted at a young age, as his prefrontal cortex was developing the ability to formulate thoughts (van der Kolk, 2014). As per Goodman (2017), transgender individuals are often silenced within extremist

religious cultures. They may internalize the pressure to hide their questions, concerns, and lived realities. They may find themselves at a loss for words with which to express their experiences. Creative therapies such as art, storytelling, and writing can bypass those inner barriers and allow for free expression of self.

Within the context of our sessions, Charles chose art as his form of therapeutic expression. The expressive therapies continuum provides a model for understanding the use of various art mediums in the context of art therapy. As per Lusebrink (2010), when clients use art to create visual representations of their internal experiences, they may be depicting their brain processes. The use of paint, as a fluid medium, may enhance the processing of sensory, affective, and symbolic functioning (Lusebrink, 2010). There are times when it may be appropriate to guide clients toward the use of one medium over another. However, during our second session, Charles walked over to the art therapy shelves on his own and seemed to gravitate toward the paints. I supported his choice because he was new to art therapy and I sensed that he needed to use the medium with which he felt comfortable. After overcoming his resistance to painting (he had self-judged "that's so gay"), he produced the art in Figure 11.1.

Through painting, Charles was able to depict the split in his mind. He spent many moments emphasizing the barrier between the two distinct sections of his work. As he painted, the tension in his shoulders seemed to decrease, and the e-cigarette he had been clutching was forgotten on the side of the table. Charles focused on his work and accepted my assistance in finding the right colors and brushes. The first thing he painted was the red barrier across the page. On one side of the barrier, two males stand close, but not touching. Of the smaller figure, Charles said, "He's so, so sad, and his friend is there but can't take away the sadness." Charles appeared to breathe a sigh of relief while painting the rainbow section. "This is full of color, and life, and joy, but I don't know how to get there." Once the painting was complete, Charles smiled and expressed the inner peace he felt at putting the conflict out there so that we could examine and hold it together.

While Charles chose not to have a detailed conversation about his artwork, I noted the red barrier as a possible representation of internal splitting or compartmentalizing. He may have isolated his feelings and affect from his actions because that is what was required of him in the past. This would be explored in later sessions as Charles would begin to integrate his experiences of self.

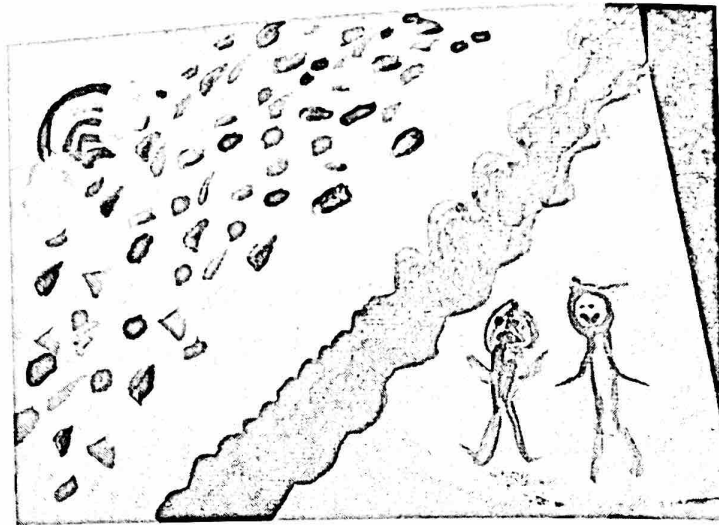


Figure 11.1 Charles's Depiction of the Split in His Mind
(see color plate in the center of the book)

Another client, Elle, related to using art as a form of expression as well, in her own way. She struggled with being vulnerable in session, and chose to paint at home and then bring her canvases in for discussion. I understood that Elle had been faced with judgment and criticism in the past, when she had confided in religious mentors. I was honored that she felt comfortable sharing her completed work in session, and viewed it as a sign of the trust that was building in our therapeutic alliance. Elle had been to art lessons as a child, and she drew upon her experience with oil paint in her work. She also expressed that she preferred oil paints because they allowed for smooth mixing of colors. Elle liked to create her own colors when she worked, and I hypothesized that may be a representation of how she defied the prearranged norms of her external community. At the same time, Elle's confidence in forming unique colors and images may have been a glimpse of her inner strength and empowerment.

She described spending days on the oil painting in Figure 11.2. The similarity between her works and Charles's was astounding. Each depicted a sense of dissociation, of split self, of walls and barriers. Each used the rainbow as a symbol of feeling at peace in their respective gender identities and sexual orientations.

Elle said that the wall between her worlds was beginning to crumble. There were two distinct parts of her life. In one she was a dutiful religious daughter who told her parents she would eventually marry a man with whom she would have children. At the same time, she had already been in a significant relationship with another woman, and had acknowledged that she felt more whole with women than she had ever felt with her boyfriends. She was still afraid to face the full impact of that, but was

beginning to discover a sense of internal truth. She said, "I can't come out to my family or community; they would cut me off and never speak with me again. Because I'm an evil sinner. I shouldn't be attracted to women; there's something wrong with me."

In Figure 11.2, the dark waves streaked with blood and bones represented the pain of trying to fit the mold that was imposed upon Elle by her family and religious community. Her girlfriend became a beacon of light, the lighthouse, that allowed her to see just how dead inside she had been feeling. Elle was both the skull, haunted by the years spent hiding, and the brilliant bird, beginning to spread its wings and fly into a golden rainbow.



Figure 11.2 Elle's Oil Painting (see color plate in the center of the book)

Expressive Writing

Much research has shown that expressive writing can help people process traumatic or stressful life events in ways that are adaptive (Cook *et al.*, 2014). LGBT individuals who have experienced religious conflict may often feel that their voices are silenced. They may be afraid to articulate the nature of their struggles to the people whom they love most. In some cases, the conflict between identity and religion may result in feelings of fear, trauma, and dissociation (Rodriguez & Oullete, 2000). According to Steven Porges (2009), when people feel threatened, there are actual neurobiological changes that occur in their minds and bodies. For instance, the dorsal vagal complex may shut down non-essential functions, such as speech, in order to conserve energy toward survival.

Expressive writing can be a powerful tool for bypassing the inner barriers toward having a voice. Through writing, individuals can express

the real struggles and pain without having to cope with anyone else's facial expressions or reactions to those truths. Pachankis and Goldfried (2010) performed a research study of gay men who participated in writing about the stressors related to their sexuality. They found that writing was correlated with higher levels of openness about sexuality and overall improvements in psychosocial functioning (such as self-esteem, positive affect, and physical health) in the months following the study. These benefits were especially significant for individuals with lower levels of social support in their environments. Similar results have been found in studies of lesbian women, where expressive writing was correlated with decreased stress, especially for those who reported being closeted (Lewis *et al.*, 2005).

POETRY: CASE EXCERPT

Natasha, a 17-year-old who presented with depression and low self-esteem, was most comfortable using writing to express her conflict. Natasha's parents had brought her in for treatment because she was failing some of her classes at school. At first, they had believed that Natasha had some learning disabilities, but when she achieved the highest SAT score in her school, her parents knew that something was not adding up. Natasha revealed that she wanted to explore her sexual orientation; she thought she might be bisexual but was afraid to tell her father, who was a prominent supporter of the local church. Natasha tended to withdraw into her bedroom and into herself, in an effort to hide her pain.

After two months of avoiding eye contact in session and talking about anything but herself, Natasha finally said, "I write more freely than I think." I encouraged her to bring some of her work into session, and when she saw that I could be trusted to be supportive, she began to ask for a notepad during sessions. At first, she would write short stanzas and ask me to turn my chair around so I would not watch her work. Then she would pass the notebook to me, and her face would seem to light up when I asked questions. Eventually, we created a system of sorts, where the writing component of the session would segue into verbal processing. One day, she wrote the poem below, and I could hear her writing and erasing until she got the words right. This became the start of us discussing her inner battles about exploring and discovering her sexual orientation.

TASTE THE RAINBOW

The little bird flew low
Skimming the ocean and the trees
"The world is black and white" they said
The larger and older leaders of the pack
The bird saw the sharpness of the charcoal waves
The stillness of the white meadows
And stayed in the safe formation
Guided by the rigid flight of those sharp-eyed hawks

One day a daring shade of red reflected
Off the little bird's wings
She flew over the hillside to see if it was real
A brilliant rainbow bathed in golden tones
Illuminated the sky above
Phoenixes and eagles and doves all dancing in the light
The bird flexed her wings
Spread them wide
Basked in the glow
She felt the blood rush through her body
The hope run through her soul
She felt alive

"That was sin" they chastised
They pulled her beneath the mountainside
Into the cave of darkness
She fasted
She prayed
She bowed her head
And vowed to stay in the world of black and white
She hid the memory of vibrant sin
And pulled her wings
Modestly backwards
Into submission

For what was the rainbow but evil temptation
That would singe the wings
Of all those headed along its gentle curve
And fly them straight into the bowels of hell

The little bird repented deeply
And buried the small still voice within
The one that wept as she gave her mind
Her body
Her love
To the world of black and white
“The rainbow is a mirage” they said
And so she believed
That she’d seen a wish
A dream
And she clipped her wings
Tied them back
And stayed on her side of the mountain
Flying in straight lines
Holding her heart down
And willing it to stop straining
Toward the hues bursting through the clouds
Taunting her with the vision
Of what could have been

Natasha, 17

FREE WRITING: CASE EXCERPT

Donovan presented for treatment following his release from an inpatient psychiatric hospital. He had swallowed a handful of pills after his girlfriend found gay porn on his browser history. Donovan wrote a detailed narrative during his hospital stay, and he brought a copy of it into his first session. He seemed ready to face the layers and years of repressed struggle. Donovan said that the suicide attempt was a “wake-up call,” and a sign that he needed to be honest with himself and those who love him.

This is my story. Everyday, I wake up and it all comes down on me like a bolt of lightening...the misery of having to hide and conceal and never be who I really am. I’m 13 years old and my adrenaline is kicking. I start noticing my draw towards men. I look a little stranger, skinnier perhaps. My peers call me faggot, pussy boy.

I’m 16 years old, working my way through high school. My peers all have girlfriends and talk about how they made out for the first time. I keep

thinking of the jock after last week's football game in the boy's locker room. I force myself "to get over this shit" and start dating girls. I feel wrong, my body is yelling at me...but this is "normal" I say. This is the way it should be.

I'm 18 years old, excited for life and college. I want to date a man. I feel religious guilt as I confide in my priest and he tells me how this is forbidden. Under no circumstances can I date a man and be considered religious or accepted "in the fold." I try to express my feelings...but the same reoccurs. "The Bible says otherwise." "You have the ability to overcome your desires if you so choose." "You can just get married and things will sort themselves out." "God wouldn't just make you gay...you must be bisexual or something." "You'll be rewarded in heaven for living a straight life."

I'm 22 and my parents start telling me that they met this pretty, nice girl. I finally break it to them after years of being in the closet. "Mom, Dad, I'm gay." For those lucky enough to have supportive families...God bless their souls. For me, that wasn't the case. "listen here mister you better get your act together and not ruin the family name" says my mom. My dad shakes his head and starts yelling "this is all the liberal media's fault, that fucking rainbow parade is messing with you." Slowly but surely reality kicks in. Resentment starts to build and avoidance occurs. The worst. It's one thing to express your feelings around homosexuality but to feel a slow and painful disconnect...as if they "lost their son to the devil."

I'm 25 years old and I meet this wonderful man. He is struggling with his own identity given he is a member of a fundamentalist religion. He expresses his concerns; anxiety but we start acting out. The relationship grows but remains a secret. The guilt is intense. The feelings are suppressed. The split self starts to emerge. Guilt mixed with pleasure. The minister finds out. Parents find out. And the relationship is split. Alone again.

I'm 28 years old. I am referred to the top therapist specializing in "homosexuality." That therapist convinces me that I can "experience opposite sex attraction" if I "just work hard enough at my childhood wounds." I am told that my early childhood issues have "created this orientation" and that it can be reversed. I get excited...finally the solution to my problem!

I'm 42 years old. After years of therapy with no success in changing my orientation, I "give up." I have made a choice. I either lose my faith, friends, community and family or I continue to be what society wants me to be and be miserable inside.

Finally, my narrative...all I want is to love and be with a man. I've been told I can be "cured" and "treated." I feel like fucking shit. No matter where I go and where I turn, everyone wants me to fit into their society. I can never just be me. I feel like I'm bombarded with what God's plan is, what He wants for me. Does God see me? Does He notice my thoughts? Where is He in my struggle? The Bible tells me I can't act on my struggles. There's a part of me that is damned to misery. People look at me weird. They call me queer. I need to stop being me. My pastor tells me I need to change. I need to go to conversion therapy. I go. It's soul crushing. I'm miserable. I want to die. I'm a fucking mess, day after day. I can't please myself, I can't please anyone else. All I want is to love and be loved. My body is exploding with sexual feelings that I cannot and should not acknowledge. It's a yearning, a desire for deep, deep connection. Not because I want to go against the Bible. Just this is what I feel in my heart and soul. This hurts. It hurts so much I can't speak. The lump in my throat...it kills. All I want is support but everywhere I turn there's judgment.

Donovan, 42

Conclusion

As mental health practitioners, we often see and feel psychic pain along with our clients. If we are brave, we face that pain without rationalizing it or utilizing defense mechanisms to block it out. The challenges faced by our LGBT clients can be immense. The fight to be who they are, to simply exist as a real version of themselves, that fight can build or break one's spirit. When that struggle is compounded by religious conflict, it may involve choices between self and community, between honesty and denial, between acceptance and excommunication. In those cases, our roles become even more crucial.

LGBT individuals may have already been told what to feel, who to be, and how to act by the competing voices in their lives. It is our task to provide a space for acceptance of all sides of the conflict, of all parts of self. As stated in the APA practice guidelines (American Psychological

Association, 2012), it is not our job to judge or to make decisions for our clients. Rather, we can allow our clients to come to their own truths, of their own volition.

Expressive arts therapies are ideal modalities for allowing clients to explore their own inner psyches without imposing any external expectations or beliefs. Clients may use art, play, and writing to put their intense feelings and thoughts out into the world. And we can simply be there. That may turn out to be the most powerful intervention of all.

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