

# 1. INTRODUCTION

## 1.1. Background of Creative Work

Ever since I enrolled myself in the English Department, I had a rough idea of what I wanted to make as my creative thesis. I was choosing between a novel and a screenplay. I figured writing a screenplay suited me better as I have always been interested in movies. Then, I got the chance to study Film at Dongseo University, which became the last push for me to decide. Sydney Alvin Field, a leading American screenwriter and author, stated that “a screenplay is the foundation of a movie in which if it is non-existent, a movie is going to weaken and crumble” (Mina, 2009). I believe that a screenplay is more than just the core of a movie. A screenplay is a base for what appears on the screen, both seen and heard which includes a film’s structure, its dialogue, and a description of the scene’s most significant action. A film is a story with pictures that engages people in an emotional situation that they can relate to. “It is almost impossible to envision a good film with a bad screenplay” (Richards, 2010). Therefore, to produce a good film that truly can engage its audiences, there should be first a good screenplay. When I first got the idea for my artwork, I realized that my idea would be best presented through motion picture storytelling. Since movies take a big part in influencing people’s collective influences, I think I can deliver the initial message I would like to tell the audience through this form of art.

Throughout the years, motion pictures have become the primary mode of spreading information and educating audiences (Drucker, 2012). Film is crucial in shaping people’s perspectives of the world. Through this media, people learn how they are being portrayed and to critically question their identity, representation, and ideologies. Furthermore, as a storytelling tool, a film can induce empathy and awareness and lure the audience into a serious engagement on issues with the skills and knowledge to interpret and evaluate the messages (Metzger, 2010). Stories presented in films are more than just entertainment and action value. They have the potentials to bring voices and knowledge through visual technological language to

life that are able to raise social awareness and create a connection between individuals. Paul Aaron (2010) said that “the only time a film is perfect is when a film is well-written”. A film and a screenplay are hence inseparable, so in order to produce a film that can encourage people to be more vocal about certain issues that need to be addressed, it is crucial to begin with writing a good screenplay. Therefore, by displaying my story in the form of a screenplay, I hope that the audience can get a better understanding of how raw and real the struggles that my characters face in the story despite them being fictional characters.

Personally, I think the genre that suits the most with my creative work will be drama. Drama is a genre that usually deals with real-life issues, a conflict whether internal or external, and aims to tell an authentic human struggle (Buffam, 2011). A dramatic movie generally discusses explosive issues of the time, such as societal ills, injustice, sexual inequality, and more (Dirks, n.d.). The subject of my work is a concern that is currently happening today. This makes drama the most suitable genre for my artwork. By using drama, I would like to enhance the severity of the topic of my story and shows its degree of realism which comes in parallel with the aim of a drama movie itself.

In this creative thesis, I would like to discuss intersexes. Specifically, my artwork will dig deeper into finding how intersexes try to live in today’s society that stigmatizes and discriminates against them. The goals of my work are to understand the effects of being stigmatized and discriminated, and how intersex individuals can lessen these effects.

In English, sex and gender refer to different concepts. On one hand, sex describes a person’s biological, physical sex characteristics such as one’s chromosomes, sex organs, and hormones. On the other hand, gender tends to signify the social and cultural role of each sex within a given society. Unlike sex, someone’s gender is not assigned by genetics, but rather developed in response to their environment, including family interactions, the media, peers, and education (Newman, 2018). In short, sex is biologically constructed, and gender is socially developed. These two terms are frequently mixed up, and a lot of people are still unfamiliar with them.

More than often, people assume that there are only two kinds of sex and gender and that everyone biologically and genetically fits into one of these two categories. Society fails to realize that there are millions of people around the world that were born with sexual characteristics that do not belong in the typical accepted binary notions of male or female bodies. Though not all, many of these people identify as intersex. “Intersex is a general term used for a variety of conditions in which a person is born with reproductive or sexual anatomy that doesn’t seem to fit the typical definitions of female or male” (What is intersex?, n.d.) <sup>1</sup>. These characteristics could be physically identified at birth, puberty, or not apparent at all. There are many different gender identities for intersexes, and what bonds them is the fact that they were born with anomalous and stigmatized sex characteristics that do not meet stereotypical expectations for men or women. In many cases, denoting intersex as a gender identity misgenders those born with intersex variations as it mistreats actual gender identities as invalid or suspect. In other cases, being intersex may also inform an intersex person’s identity (Admin, 2012) <sup>2</sup>. Succinctly, an intersex person should be given the freedom to design their gender identity, be it a man, a woman, both, neither, or an intersex.

There are some common misconceptions regarding intersexes that need to be addressed. First, many people with intersex conditions identify themselves as a man or a woman and are straight, gay, lesbian, or bisexual like non-intersex people. Thus, generally speaking, intersex is not necessarily included in the identity category. While some claim "intersex" as part of their identity, most people with intersex conditions consider it as a medical condition or just a unique physical state. Most intersex people classify and live as ordinary men and women (Initiative, 2008). Second, intersex is a separate community from transgender. The concepts of transgender and intersex are often mixed up, but both terms actually refer to contrasting identities. Some intersexes also identify themselves as transgender,

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<sup>1</sup> The definition is constructed by an organization called ISNA (Intersex Society of North America) that is founded by a group of intersex individuals. This definition is preferred by intersexes as it is considered to be more respectful and fitting to describe them.

<sup>2</sup> The statement is taken from a website owned by an organization called Intersex Human Rights Australia which gathers information regarding intersexes from different sources in an aim to promote human rights and bodily autonomy for intersex people, and provide information, education and peer support.

however, intersex is a group with a unique set of needs and priorities which tend to be made invisible or secondary when the group becomes just another subcategory of the transgender umbrella (Intersex, n.d.).

To review, transgender people experience a social process of gender change, while intersex people have biological characteristics that do not fit with the dominant sex/gender system. One term refers to social gender (transgender) and one term refers to biological sex (intersex). While transgender people challenge our binary (man/woman) ideas of gender, intersex people challenge our binary (male/female) ideas of biological sex (Kang, Lessard, Laura, & Nordmarken, n.d.).

Third, intersexuality is not as rare as people perceive it to be. It is hard to give the exact number of how many children are born with intersex conditions because of the stigma surrounding it. Nonetheless, “The Intersex Society of North America estimated that some 1.5% of people have sex variations—that is 2,000 births a year (Kang, Lessard, Laura, & Nordmarken, n.d.).” This knowledge is not commonly known because many intersex individuals are subject to genital surgeries during infancy, childhood, and or adulthood which aim to change this visible ambiguity. Fourth, intersex is not the same as hermaphrodites.

In biology, hermaphrodite means an organism that has both "male" and "female" sets of reproductive organs as seen on snails and earthworms. In humans, there are no actual "hermaphrodites" in this sense, although doctors have called people with intersex conditions "hermaphrodites" because intersex bodies do not neatly conform to what doctors define as the "normal" male or female bodies (Initiative, 2008).

The term intersex basically only marks existing biological variation among bodies, which means the bodies are not essentially intersex as in having complete sets of male and female reproductive systems. Such human bodies do not actually exist, and the term intersex really just refers to biological variation. Thus, referring to intersexes with the term hermaphrodite is inappropriate and derogatory as it is misleading and stigmatizing. Lastly, intersexuality is a natural phenomenon, and its conditions are mostly harmless.

Intersexuality is a normal phenomenon. There is no absolute male nor absolute female. Every male possesses latent female features, and vice versa. Thus the so-called 'normal' male and female represent the lowest degree of intersexuality, which is thus a physiological phenomenon (Cawadias, 1946, p. 5).

Overall, intersex conditions do not cause pain or sickness, but some conditions are associated with serious health issues that need to be treated medically. However, surgically 'correcting' the appearance of intersex genitals do not change these underlying medical needs.

Since intersexes are not like most people who are born with characteristics that fall into line unambiguously in two separate categories, female and male, they are considered odd. Intersex individuals' physical traits vary and because their bodies are seen as different, they are more likely to be exposed to risks of human rights violations. These risks include risks of forced medical interventions, shaming, bullying, and stigmatization because of their physical characteristics and related assumptions about identity.

In this modern society, the common practice of stereotyping further puts discrimination into effect. Intersex people often experience prejudice and discrimination because their bodies do not conform to other people's expectations about sex and gender. As a massively underrepresented and still widely misunderstood group (Its Intersex Awareness Day - here are 5 myths we need to shatter, 2018), intersex people are forced to conform to the unjustly reinforced fixes such as gender stereotypes due to the common society's misconception of their identities, which tend to function as a measurement of one's competency and worth. Other than that, it is also used to determine what is normal in society. This causes society to diffusely isolate intersex individuals who are not included in both socially accepted binaries.

The perception of gender and sex in a binary way is also very prevalent in Indonesia. Although gender and sexual diversity are inherent in Indonesian societies, and culturally, Indonesians have recognized sexual and gender diversity as part of their daily lives, the term intersex in Indonesia is still considered new.

Indonesian local media tends to use the term *kelamin ganda* or ‘doublesex’ when discussing intersex. When one types in the keyword ‘intersex’ on Google search, around 260.000 results pop out, and when one searches using the term *kelamin ganda*, approximately 3.320.000 news and articles that consider intersexes as a rare or strange event would appear (DKP, 2019). The term ‘doublesex’ used by the media gives a stigma to intersex and would often make them choose to keep their existence in silence for safety and to avoid the public’s judgment.

Most Indonesians misunderstand the concept of intersexuality due to a lack of knowledge, valid information, and research in the related field. According to an Indonesian intersex activist who wishes to be referred to as Arki, Indonesians who are generally religious find it difficult to accept the existence of intersexes because they firmly believe that sex is of only two kinds, namely female and male (DKP, 2019). A lot of Indonesian parents also think that discussions about sexes and sexualities as taboo, forcing intersex children to be introverted. This mindset further encourages families or intersex individuals to perform surgery to ‘perfect’ their bodies to prevent facing social problems. Another common factor that causes intersex children to avoid ‘coming out’ is the practice of bullying and name-calling that leads to them feeling ashamed of their condition.

During a visit to Kariadi hospital in Semarang, I met a mother with a 14-year-old child. To all appearances, he was a nice and eager boy, with closely cropped hair and a baseball cap. He had previously had an operation to close his vagina and lower one of his testes. The child answered all of the questions that the team psychologist Annastasia asked him in an appropriately masculine-gendered way. He was intelligent, lively, and charming, although he frequently shot furtive looks at his mother. They had now returned to the hospital as his breasts had started growing and the neighbors were teasing him, although his friends were still close with him and never bothered him. Usually, when people questioned him on his sex, he would defend himself or fight them off, but recently his breasts had started hurting when he was pushed in the chest. Most of all, he and his mother felt *malu* (ashamed) and they wanted him to be “normal.” The mother told us that her child was often called

*mbah banci* (an offensive term used to describe transgender), which upset her very much (Wieringa, 2015, p. 169).

Pressuring actions of such and the stigma that is ingrained in the society prompt intersexes to refrain themselves from getting their conditions known to the public.

Despite living in a more advanced time compared to the past, the negative stigma surrounding intersex people is still very apparent. Many intersex children go through surgery in efforts to ‘normalize’ their bodies although these interventions are often invasive as they are too young to participate in giving consent about their own bodies. The surgeries are also irreversible, and not performed for emergency reasons, and these procedures are likely to cause major problems like infertility and lifelong psychological trauma. The existence of stigma is just to make children conform to society’s idea of what a girl or a boy ‘should’ look like. Society should be more open to all the diversity that being a person means, and children must be able to grow up the way they are.

In brief, my artwork will develop around Alex, then 16 years old, a boy who has spent his life going in and out of hospitals and taking medications. When he returns to school, Alex finds out about his physique ‘abnormalities’ through force and begins suffering from bullying. At home, he does not have a say in almost every matter and tries to conceal his passion for the art of makeup that his father loathes.

## **1.2. Statement of the Problem**

Through this creative thesis, I would like to explore the effects of stigma and discrimination on intersex individuals and how the said effects of stigma and discrimination can be lessened. To be specific, I would like to reveal:

1. What the effects of stigma and discrimination on Alex are,
2. How Alex can lessen the said effects of stigma and discrimination.

## **1.3. Purpose of the Creative Work**

In coordination with the stated problems, this work aims to show that stigma and discrimination cause intersex individuals to have self-doubt and to feel ashamed and isolated, also they can lessen the said effects of stigma and discrimination

through embracing self-acceptance. Specifically, for my screenplay, I would like to highlight:

1. Stigma and discrimination cause Alex to have self-doubt and to feel ashamed and isolated,
2. Alex can lessen the said effects of stigma and discrimination through embracing self-acceptance.

#### **1.4. Significance of the Work**

The experiences and lives of intersex people are rarely discussed in mainstream media. The minimum representation of intersexes in Indonesia in some ways contributes to the country's low knowledge of these individual's existence. Beyond intersex people themselves and their loved ones, women's and gender studies classrooms, and intersex activist organizations, many Indonesians do not know what intersex is. Despite this, intersex is much more common than perceived. "According to experts, around 1.7% of the population is born with intersex traits - comparable to the number of people born with red hair" (Its Intersex Awareness Day - here are 5 myths we need to shatter, 2018). Due to shame and social stigma directed towards intersex people, they are told not to speak out. Through my work, I hope to create more awareness surrounding intersex, to break the stigma, and to change the way that intersex people are treated within society. I also wish for intersex people in Indonesia to not feel ashamed of themselves and to embrace their uniqueness. For socially accepted sex and gender readers, I aim to inspire them to respect intersexes as equal human beings and to not discriminate against them.

#### **1.5. Theory and Methodology**

In this section, I would like to review the theories that become the base of my creative work, and I will also discuss the methodology I used to obtain data and information.

##### **1.5.1. Theory**

Here, I will be examining the theories that I use for my work.

### 1.5.1.1. Stigma

The study of stigma was galvanized by Erving Goffman. Goffman defines stigma as an attribute that discredits an individual, reducing him or her “from a whole and usual person to a tainted discounted one” (Stigma: Notes on the Management of Spoiled Identity, 1963, p. 3). A stigmatizing attribute designates the bearer as “spoiled” and therefore as less valuable than “normal” people. In Goffman's theory of social stigma, a stigma causes an individual to be mentally classified by others in an undesirable, rejected stereotype rather than in an accepted, normal one. Goffman defines stigma as a special kind of gap between virtual social identity and actual social identity:

While a stranger is present before us, evidence can arise of his possessing an attribute that makes him different from others in the category of persons available for him to be, and of a less desirable kind—in the extreme, a person who is quite thoroughly bad, or dangerous, or weak. He is thus reduced in our minds from a whole and usual person to a tainted discounted one. Such an attribute is a stigma, especially when its discrediting effect is very extensive [...] It constitutes a special discrepancy between virtual and actual social identity (1963, p. 3).

Goffman describes stigma as a phenomenon whereby an individual with an attribute that is deeply discredited by their society is rejected as a result of the attribute. He views stigma as a process by which the reaction of others spoils normal identity, and what constituted this attribute changes over time. Stigma is therefore something that is socially assigned. In line with Goffman's perspective, there is a general agreement among stigma scholars that stigma is socially constructed. Stigma is now identified as a distinguishing characteristic or, in the terms used by Jones et al. (1984), a “mark” whose meaning is socially conferred, that both signals the recognition of difference and devalues the person (Major & O'Brien, 2005).

Erving Goffman (1963) describes stigma as consisting of (a) tribal identities, such as race and ethnicity, (b) abominations of body, such as physical abnormalities, and (c) blemishes of individual characters, such as mental illness and addiction. Since Goffman's era, social psychology has contributed to the awareness of stigma

on ethnicity, gender, sexual orientation, and health conditions through the application of the social-cognitive model. According to the social-cognitive model, there are three components of stigma formation. They are stereotypes, prejudice, and discrimination. Stereotypes are public attitudes in categorizing people, for instance, most people think intersex children's bodies need to be 'normalized'. Prejudice is the emotional reaction resulting from the agreement with public attitudes, for example, "Yes, intersex children need to correct their bodies, and I feel weirded out by their ambiguous sex." Discrimination is the behavioral product of stereotypes and prejudices, for instance, intersex children get subjected to irreversible, unconsented, and unnecessary surgeries.

For stigma to take place, firstly, the public has to distinguish and label the difference between themselves and the stigmatized group (Link & Phelan, 2001, p. 367). In some stigmatized groups, such as people of color, group membership is readily evident. "In the case of mental illness, social cues such as eccentric appearance, the presence of symptoms, or overt labeling ("I know that guy; he's bipolar") provide the foundation from which the cognitive-behavioral process unfolds" (Sheehan, Nieweglowski, & Corrigan, 2017, p. 44). When an individual is identified to be a member, or a potential member, of a stigmatized group, the stereotypes that are attached to that group are initiated, and that individual is considered or labeled as a group member. If the cultural environment perceives the label as negative, and there is a disparity between the stigmatizer and the stigmatized, the stigma will thus occur (Link & Phelan, 2001, p. 370). In stigmatization, "marks" become linked with "discrediting dispositions"—negative evaluations and stereotypes (Jones, et al., 1984). These stereotypes and evaluations are generally widely shared and well known among members of a culture (Crocker, Major, & Steele, 1998), and they become a basis for excluding or avoiding members of the stigmatized group which results in the form of discrimination.

It is argued that the social nature of stigma is seen to stem from the reactions of others to the attribute of an individual rather than the attribute itself. According to Ainlay and Crosby, "stigma involves situations where one individual or group treats another individual or group as less than fully human" (Stigma, justice and the dilemma of difference, 1986, p. 17). For Jones et al., the concept of stigma is

described as “outcomes of a discrediting process, where the target person is viewed as morally flawed and arouses revulsion” (1984, p. 297). Since stigma is prescribed by society’s reaction, stigma is fundamentally a social phenomenon as it is being created in the eye of the beholder (Gibbons, 1986).

It is likely for a stigma to negatively affect a person’s self-concept. A stigmatized self could become salient depending on their own actions and behaviors such as “being aware of and sharing, negative cultural evaluations of the stigma and applying these to themselves, or their attending to the reactions of others, interpreting these in terms of the stigma, and incorporating these negative evaluations into their self-concept (Finlay, 1999, p. 30). The impacts of having a stigmatized identity that leads to lowered self-esteem are seen as somewhat straightforward responses to the trait. The affiliation between members of the stigmatized groups and lower self-esteem is often suggested in social psychology, such as in Social Stigma (Crocker, Major, & Steele, Social Stigma, 1998). The power stigma holds is regarded to be so great that it is tough to prevent the consequences towards the self-concept (Jones, et al., 1984). When a stigmatized person and their self-concept are negatively affected, their self-esteem is likely to be lowered, to the degree that they:

1. Share the cultural belief systems that stigmatize their condition (Goffman, 1963), or
2. Are concerned with what other people think of themselves whilst interacting and interpreting other people’s behaviors as a reaction to their stigma.

As summed by Goffman (1963), for the reason that a stigmatized person in our society obtains identity standards that they apply to themselves in spite of failing to conform to them, feeling some ambivalence and doubts about their own selves is unavoidable.

The theory of stigma will be presented in my work as the foundation of my screenplay. Since the main character of my story, Alex, is an intersex, the stigma that will take place is the one of (publicly regarded as) physical abnormality. Then, in my screenplay, all three components of stigma formation, namely stereotypes,

prejudices, and discrimination, are going to be shown in sequence as well. Also, the relationship between stigma, prejudice, and discrimination as explained above will be the tool that keeps the narrative moving, and also as the base of events Alex goes through in the story.

#### **1.5.1.2. Self-acceptance**

Self-acceptance in general is theorized as an affirmation or acceptance of one's self despite weaknesses or deficiencies. According to Williams and Lynn (Acceptance: An historical and conceptual review, 2010, pp. 8-10), acceptance has been described in five different ways over the millennia:

1. Non-attachment: accepting that objects of experience wax and wane, and that to allow them to come and go naturally is preferable to any attempts to control or retain them,
2. Non-avoidance: refraining from pointless running away when no physical threat is present,
3. Non-judgment: a conscious abstention from the categorization of experience as good or bad, right or wrong,
4. Tolerance: to be able to remain present and aware even when stimuli are frustrating or undesirable,
5. Willingness: exercising a choice to have an experience.

In contemporary literature, self-acceptance includes a rational and subjective awareness of one's strengths and limitations. A person can attain self-acceptance by putting an end to criticizing and resolving one's defects, and then accepting these flaws to be existing within one's self, meaning to tolerate imperfections in some parts (Shepard, 1979).

In the humanistic psychology literature, self-acceptance pervasively occurs at an implicit level and only has a few direct references to it. However, it is the foundation of much of humanistic theory and has been crucial in the development of humanistic psychology. The two founders of humanistic psychology, Abraham Maslow and Carl Rogers place a great emphasis of self-acceptance in their works namely the self-actualization of individuals to their very self. Maslow states that self-acceptance occurs through the actualization of the self, which is the result of the discovery and development of the self (Goble, 1970). Furthermore, he thinks

that self-acceptance is required as he considers it as a journey of self-discovery before reaching the state of self-actualization. Maslow places self-actualization on the top of his Hierarchical Needs that are organized in different levels where the lower needs, in which required interaction with other people, must first be fulfilled in order to move to the next one. Thus, the highest level in Maslow's Hierarchical Needs is about achieving one's full potential and through this achieving self-acceptance (Hoffman, Lopez, & Moats, 2013).

Similar to Maslow, the basic principle for Roger's theories is to aid individuals to achieve their maximum potential as humans (Client-centered Therapy, 1951). Rogers too believes that a person is able to find self-acceptance within oneself through interrelationships with other people, particularly exemplified in the therapeutic relationship, and this would bring about positive results (The Process of Therapy, 1940). Rogers thinks that this particular scenario is rarely attained in the real world where society may be unable to offer this type of support (1951). As a result, Maslow sees that there is a need for one to satisfy lower-level needs that include relationships with others to acquire self-acceptance and self-actualization.

Self-actualizing is about striving to make use of one's potentials, "which sometimes is best expressed in the acceptance of one's helplessness or limitations" (2013, p. 6). It is not a one-time occurrence, but rather an ongoing process. According to Rogers, self-actualizing takes a confrontation against an ever-changing reality that demands risks (A Way of Being, 1980). In an article titled Zhi Mian and Existential Psychology, Wang refers to this risk as *zhi mian*, which means to face life and oneself directly (2011). A person must have the courage to be open to the awareness of the negative sides of life. Also, one has to accept one's own negative sides to be more present and beneficial in their own life as well as the lives of others. This willingness to deeply experience life, even the mundane in life, was a key characteristic for self-actualizing people (Hoffman, Lopez, & Moats, 2013). Openness to experiences is a vital starting point that should be paired with an acceptance of them. In short, the acceptance of experiences in life and oneself is a crucial component of self-actualization.

Other than self-actualization, self-acceptance is also strongly correlated to self-esteem. However, more recent studies and theories have advised the importance of distinguishing the two (Bernard, 2013). Stanley Coopersmith (*The Antecedents of Self-esteem*, 1967) refers to self-esteem as how much an individual likes or values the self, based on correspondence with one's own standards or on comparisons with others. Self-esteem is differentiated between stable or trait and contingent or unstable (state) self-esteem (Deci & Ryan, 2000). On one hand, the trait self-esteem signifies a general assessment of self-worth that lasts over time. It also involves a person's attitudes towards themselves being self-determined and based on intrinsic motives. On the other hand, the contingent or state self-esteem implies how good a person feels about themselves at one specific moment in time based on briefly meeting external, evaluative standards or conditions of worth. However, the pursuit of self-esteem is mostly focused on the state instead of the trait self-esteem (Crocker & Park, 2004). As a result, most people suffer from low self-esteem for evaluating their worth based on the degree of success in getting others' validation and approval. Inadequate or excessive self-esteem is linked to a variety of problems. Whilst low levels of self-esteem are linked to various mental health problems (Crocker & Park, 2004), self-esteem that is too high can cause a person to develop narcissism, a sense that one is greater and more worthy than others, which has been found to contribute to violent behaviors and interpersonal problems (Baumeister, Campbell, Krueger, & Vohs, 2003). In comparison, self-acceptance has been claimed as a healthier psychological attribute than self-esteem. In *The Myth of Self-Esteem*, Albert Ellis, the forefront of the psychotherapeutic community, writes about self-acceptance:

People's estimation of their own value, or worth, is exceptionally important. If they seriously denigrate themselves or have a poor self-image, they will impair their normal functioning and make themselves miserable in many significant ways. When people do not value themselves very highly, innumerable problems arise. The individual's judgment of his own value or worth has such an impact on his thoughts, emotions and actions, how is it possible to help people consistently appraise himself so that, no matter what

kind of performance he achieves and no matter how popular or unpopular he is in relations with others, he almost always accepts or respects himself (2005).

In short, a person with self-acceptance is a realistic person who understands themselves and is aware of one's strong points and flaws. Having self-acceptance also allows one to feel that they are of "unique worth". When the capability to unconditionally accept oneself is absent, it is likely to lead to "a variety of emotional difficulties, including uncontrolled anger and depression" (Carson & Langer, 2006, p. 29). Self-acceptance therefore not only signifies an individual's happiness and satisfaction with oneself but is also regarded as essential for good mental health. To summarize, self-acceptance is a steadier attribute that a person should nurture in themselves. Whilst self-esteem holds a substantial role in one's life, self-acceptance is the trait that brings one's self to the places one desire in life. With self-acceptance, a person is able to tell their weak points while also not letting this understanding interfere with their abilities to fully accept themselves.

My screenplay will deliver the conventions of self-acceptance theory as the method of resolution to Alex's descended concept of self, which is the consequence of stigma and discrimination against him. The attribute of self-acceptance will be visualized in Alex's present life. As for teen Alex, self-acceptance will only get transparent nearing the end of the screenplay. This signals the screenplay's paralleling to the attribute's claim in which self-acceptance is not a single occurrence, but rather a journey.

### **1.5.2. Methodology**

In this section, I would like to discuss the method that I use in constructing my thesis. I use the secondary research method which means I mainly obtain my references through articles, journals, and books available online. Since the main theme of my work is stigma and discrimination, I use the internet to find definitions and theories related to stigma and discrimination. In order to comprehend stigma and discrimination and their psychological effects, I also watched films like *Moonlight* (Jenkins, 2016) and *The Adventures of Priscilla, Queen of the Desert* (Elliott, 1994). To better understand intersex, I read interviews conducted with people that have intersex conditions and read informative writing pieces that

explain types of intersex. I also collected information and got a better understanding of intersex by watching films that feature intersexes like *XXY* (Puenzo, 2007) and a documentary titled *Intersexion* (Lahood, 2012). In addition, I also gain insights for my screenplay from the TV show *How I Met Your Mother* (Bays & Thomas, 2005).

## 1.6. Timeline

Table 1.1. Timeline

No.	Activities	Jul				Aug				Sept				Oct				Nov				Dec			
		1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
1	Working on Chapter 1 + Revision	■	■																						
2	Working on Theory + Revision		■	■	■																				
3	Working on Chapter 2 + Revision			■	■	■	■	■	■																
5	Working on Outline of The Creative Work				■	■	■	■	■																
6	Working on Sample of The Creative Work					■	■	■	■																
7	Working on the story						■	■	■	■	■	■	■												
8	Working on the script							■	■	■	■	■	■	■	■	■	■								
9	Working on Chapter 4																			■	■				
10	Revising																			■	■	■	■	■	■