

Spring 2021

Drag Participation as a Mechanism for Dealing with Minority Stress in LGBTQIA+ Populations

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Recommended Citation

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Drag Participation as a Mechanism for Dealing with Minority Stress in LGBTQIA+ Populations

Senior Project submitted to
The Division of Social Studies
of Bard College

by
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May 2021

ACKNOWLEDGEMENTS

I would like to begin by thanking the psychology department and its members, all of whom have been extremely receptive to my ideas and aspirations throughout the senior project process and who have never discouraged me from exploring my interests.

Thank you to my advisor, Kristin Lane, who has supported me since my days of statistics. Thank you for believing in my capabilities; thank you for always demanding my best possible work.

Thank you to Jay Elliott, who got to know me my freshman year and has been a resource and advocate ever since.

I would also like to thank my peers. Your collaboration with me throughout my undergraduate experience and our collective mistakes as well as achievements incentivize the improvement of the department, and do not go unnoticed.

ABSTRACT

LGBTQIA+ individuals are marginalized members of society. Because of this, there is a disparity in health outcomes between them and their cisgender, heterosexual counterparts. The purpose of this paper is to assess the deleterious effects of identifying as a queer individual while arguing that participation in drag assists in combatting those effects. Drag facilitates this combat by providing social support, a creative outlet, and a statement against the gender binary. It is for these reasons that the queer community could benefit from drag involvement.

Key words: *gay, drag, minority stress, health outcomes, gender, community, queer, LGBTQIA+*

TABLE OF CONTENTS

Introduction...	5
Chapter 1: Minority Stress in the LGBTQIA+ Community...	8
Chapter 2: Drag Facilitating Social Support...	18
Chapter 3: Drag as a means of Art Therapy...	25
Chapter 4: Sex Vs. Gender...	32
Conclusion...	42
Works Cited...	47

INTRODUCTION

Imagine an existence in which you are constantly uncomfortable. Never able to fully relax, never able to fully accept yourself. As relationships become more and more tedious, mental stamina depletes. You are not taken seriously. Unfortunately, for many queer individuals, this is reality (Hatzenbuehler, 2009). Although this is not necessarily applicable to every member of the community, it is significant enough for systems to exist that are meant to assist these persons. Many of these systems are formal, such as specialized clinics, mental health centers, and housing cooperatives. But what if there were another, particularly less formal, way for members of the queer community to feel belonging, to attain social capital, and to come to terms with their own identity? What if participating in something like drag could provide the queer community with enough support to heighten mental, and in turn physical, wellbeing?

The term *queer* throughout this paper is meant to symbolize an umbrella of labels pertaining to members of the LGBTQIA+ community (Kolker et al., 2020). More specific wording is used when necessary, but it should be noted that none of the vocabulary in this paper is intended as slur nor as something derogatory. For the purposes of this paper drag will be defined as a word used to describe the action of dressing up as (using clothing, makeup, acting, etc.) an exaggerated version of your own gender, an opposite gender, or agender in lieu of the existing yet seemingly binary definition of a man dressing up as a woman. This redefinition creates a more encompassing and inclusive description, as not all members of the LGBTQIA+ community are solely male homosexuals. Thank you, and enjoy.

According to the *Oxford English Dictionary*, the term “drag” has existed since at least 1388, but it wasn’t used in connection with the performing¹ arts until around the 19th century. Theater of this era was predominantly male, as women were not allowed to take the presence of the stage. It is said that the men’s petticoats would drag on the floor, and they would call dressing up “putting on their drags,” thus the term was born. The term later became adopted by queer people sometime around the 1920s, especially as underground drag balls² were becoming more prevalent in places like New York City (Livingston, 1990).

Nowadays, the connotation of the word is of a much wider significance: it is not merely theatrical. Along with the hit reality TV series *Rupaul’s DragRace* came the emergence and popularity of a new generation of drag, one that westernized society seems to define as gay men dressing up as women to achieve high profile recognition for their creativity, uniqueness, nerve, and talent (a Rupaul-coined play on words). But drag isn’t just a sport for the gay man, nor is it solely for the purpose of fame. For example, *The Boulet Brother’s Dragula*, a production in which more alternative drag performers—including men, women, and nonbinary people—perform to see who can be the creepiest, coolest, and most disgusting monster, is a low-budget show that encompasses a more alternative side to drag performance. Yes, this kind of commercial drag could potentially lead to fame, primarily in the form of social media followers and television/film cameos, yet so much of the drag ritual happens offline, without the fans or audience. The preparation, the rehearsal, the community. Drag is a representation of culture, of

¹ I would like to operationalize performance as any kind of exposition in which an audience is present. This could take place in a theater, in a bar, in the street, in a friendly household gathering, etc. This is based off of the *Oxford English Dictionary* definition of performance 4C: “An instance of performing a play, piece of music, etc., in front of an audience; an occasion on which such a work is presented; a public appearance by a performing artist or artists of any kind. Also: an individual performer's or group's rendering or interpretation of a work, part, role, etc. In extended use: a pretence, a sham.”

² Drag “Balls” were communities of mainly racially marginalized queer people who would get together and walk different categories in order to earn trophies and recognition.

self-awareness, and of inclusivity (Baxter et al., 2020). As such, its potential benefits on an individual's wellbeing remain subject to exploration.

Obviously not every queer-related issue can be identified within the scope of this paper. However, what is provided is a review of the psychological and physiological repercussions of minority stress and how it disproportionately appears in queer populations along with the ways in which participating in something such as drag can assist those dealing with said stress. There are many mechanisms by which this is possible. The three particular mechanisms included in this paper are through social support, artistic outlet, and gender exploration. These systems provide support and encouragement while facilitating a healthy relationship between the body and the psyche, and thus aid in reducing the health chasm between queer and non queer communities.

CHAPTER 1: MINORITY STRESS IN THE LGBTQIA+ COMMUNITY

*"Homosexuals are not accepted as 100 percent Americans....it violates the rooted assumption that 'masculinity', a complex of desirable qualities, is 'natural' for (appropriate to) the male."
(Newton, 1972)*

Overview

Chapter one introduces the concept of minority stress while reviewing the disparities between queer and non queer communities. Health outcomes that accompany those disparities are introduced and explored. The biological processes of excess stress on the body are considered. Chapter one establishes a basis for the need for drag as a buffer to the effects of this chronic stress.

Minority Stress Definition and Biological Function

Minority stress can be described as a type of stress that is caused by the stigma that belongs to minority group identity, which can lead to a hostile social environment as well as chronic mental and physical health discrepancies (Meyer, 2003). When defining stigma, a series of components that work together must be considered. The first component is that people identify and label human differences. The second is that the individual who holds these differences is associated with “undesirable” characteristics that are defined by the majority group. The third is that the majority group doing the labelling characterizes the labelled group as the "other," and the fourth is that this "othering" leads to loss of status.

Minority stress is associated with the constant threat of being stigmatized by others (Link & Phelan, 2006). I would like to distinguish here that the type of minority I am speaking of is not a minority that is few in numbers, but rather a minority that is caused by the devaluation of a

group of people. It can be argued, then, that the minority person is subject to these stressors because dominant cultural ideals do not reflect those of the minority group. For example, adolescents and young adults who express themselves as gender nonconforming (by visibly transgressing societal expectations of their perceived gender) are at a greater risk for physical as well as social stressors than those who express themselves as gender conforming (Gordon et al., 2017). Gordon et. al. examined 8,408 participants ages 18-31 years from the Growing Up Today Study, which was a cohort study of children of predominantly white middle class women in The Nurses' Health Study. Self-reported gender conformity at three levels was collected (highly gender conforming, moderately conforming, and gender nonconforming) as well as health-related quality of life. Participants in the study relayed their health-related quality of life through self-reports of their everyday experiences with their mobility, usual activities, pain or discomfort, and anxiety or depression. These responses were then conveyed into health utility scores by the researchers. The utility scores demonstrated that those who rated themselves to be gender nonconforming also had the lowest health-related quality of life including increased depression and anxiety, decreased mobility, and increased physical pain with leisurely activities (Gordon et al., 2017). This is a direct example of the difference in health outcomes between those who conform to perceived societal standards vs those minority who do not.

Minority stress is additive to the stressors individuals experience due to everyday lifestyle changes, and because it is socially based, it is chronic (Meyer, 2003). Mark Hatzenbuehler argues that this stigma related stress elevates general emotional dysregulation which in turn increases hypervigilance and social isolation (Hatzenbuehler, 2009). Minority status thus often results in a limitation of access to resources like prestige and social capital (Mink et al., 2014). The physical repercussions of this allostatic load—defined as the prolonged wear and tear on the

body caused by stress—are not inconsequential, as uncontrolled stress contributes to many health problems ranging from cardiovascular dysfunction to neurodegeneration (Miller & O’Callaghan, 2002). Essentially, queer people are at a significant an increased risk for these health problems and others such as cancer and sexually transmitted infections than their heterosexual counterparts (SAMHSA Publications, 2012).

Biologically speaking, stress can be defined as any disruption to one’s homeostasis (Romero & Butler, 2007). Dysregulation of the hypothalamic-pituitary-adrenal (HPA) axis is implicated in melancholic depression—a form of major depressive disorder characterized by long periods of melancholy—as well as other disorders such as cardiovascular disease (Miller & O’Callaghan, 2002). The HPA axis mediates biological responses to stress (Wu et al., 2020). Trauma exposure and childhood adversity impair HPA function (Mayer et al., 2020). Thus, queer bodies could be at a greater risk for dysregulated HPA functioning, which could potentially lead to severe health risks because dysregulation in cortisol levels is linked to growth stimulation of cancerous cells, as well as other health problems (Ahmad et al., 2021).

Additionally, dysregulation in nervous system activity—which can be caused by numerous factors including poor diet, anxiety, and unstable living conditions— influences bacteria within the gut³; stress influences bacterial infections due to catecholamines suppressing the immune system, therefore allowing for greater bacterial growth (Sarkodie et al., 2019). Catecholamines are hormones released by the adrenal glands as a reaction to stress (epinephrine and norepinephrine, aka “fight or flight” hormones (Michigan Medicine, 2020). An exuberance of these hormones, as described above, may lead to physical effects such as high blood pressure,

³ Gut flora assists in digestion and immune support, meaning an imbalance can lead to disorders such as high cholesterol, high blood sugar, and so on.

which puts persons at a greater risk for cardiovascular disease, as well as other adverse effects including constant physical exhaustion and cognitive wariness (Miller & O'Callaghan, 2002).

These are just a few examples of the biological effects that minority stress has on the physical body. Although this paper does not dive deeply into the endocrine system, a brief understanding of this function is necessary because it gives explicit examples as to why minority stress is, in fact, so consuming. These specific processes are not limited to queer individuals, as minority stress does affect racially, physically, and mentally diverse populations (Shangani et al., 2020), but for the purposes of this argument, an analysis of how this minority stress particularly affects queer populations follows.

Impact on Queer Individuals

Minority stress, specifically in the queer community, can be further conceptualized as social negative attitudes towards the self, including stigma, experiences of rejection and discrimination, and internalized homophobia (Wilkerson et al., 2017). Fixation on these attributes thus results in chronic low self-esteem because the person's [sexual] inclinations are consequently always in combat with the value system that has been internalized (Smith, 1980). These conceptualizations are based on the premise that gay people, as a minority group, are subject to such chronic stress stemming from their constant stigmatization and negative perception of mental outcomes (Meyer, 1995). The stigmatization of the gay community, in turn, may lead an individual to have a general fear and mistrust of society, which leads to alienation, and further feelings of stress (Meyer, 1995). This can be explained by the fact that gay people disproportionately experience more potentially traumatic events than their heterosexual counterparts.

The dominant Judeo-Christian value system displayed throughout modern culture has shown patterns of negative attitudes towards homosexuality for hundreds of years. Until around 50 years ago, homosexuality was distinctly categorized as a pathology by the American Psychiatric Association. Even after 1973 (the year homosexuality was removed from the *Diagnostic and Statistical Manual*), clinicians and therapists still called for treatment aimed at helping people change their sexual orientation (Weinstein, 2018). In 1995, a study was performed in which therapists received a fictitious case describing a 25-year-old unmarried man suffering from obesity due to overeating with a diagnosis of nervosa bulimia following full service in the military. Half of these cases described the man as a heterosexual, complaining of his weight making it hard to find a woman; the other half described the man as an ego-syntonic homosexual (who accepted his sexual orientation) and was struggling to find a male partner. Clinicians who believed the patient to be homosexual assessed him as showing signs of a more severe mental state than those who believed him to be heterosexual. Thus, attributions of mental state significantly related to the patient's sexual orientation (Rubinstein, 1995). Although this particular study is somewhat dated, a more recent study was done in which Canadian news articles published between 2001-2018 were examined in order to assess how the media portrayed LGBTQ victims of sexual assault compared to their straight cisgender counterparts.

Canadian statistics report that sexual assault is six times more likely to happen to queer individuals than their heterosexual counterparts (Morrison et al., 2021). In order to assess how the media portrayed some of these incidents, researchers targeted news agencies that were widely known and perceived as reputable by listening and reading audiences. A total of sixty-two news articles were examined (sixty-nine percent of which were published in 2018), half of them featuring LGBTQ victims and the other half featuring their heterosexual counterparts. News

reports tended to dehumanize the LGBTQ victims (describing the non-consensual sexual acts in the articles in order to satisfy curious viewers, while also giving out more of their personal demographic information) far more than their heterosexual counterparts (Morrison et al., 2021). These findings imply that news media sources are more likely to unfairly represent queer victims than straight victims through their use of dehumanizing language. How, then, does this directly affect the health of these queer persons?

A recent study (in the form of a survey conducted by Lambda Legal) of gay individuals as well as those living with HIV showed that forty nine percent of people believed that health professionals were insufficiently equipped to meet their needs. This was based on past experiences of discrimination as well as disrespect or even refusal of care in various healthcare-related settings (Byne, 2014). It should also be noted that the combination of perceived and actual discrimination in healthcare settings significantly hinder health-seeking behaviors, especially in transgender populations who experience failure to find insurance coverage for gender-affirming surgery (Macapagal et al., 2016). In one telephone survey of US adults, 3,453 participants answered questions pertaining to their race, gender, sexual orientation, as well as twenty-five questions regarding lifetime experiences of discrimination⁴ and its effects. Results showed that 18% of LGBTQ adults in the study reported having avoided seeking healthcare due to anticipated discrimination (Casey et al., 2019). Additionally, using data from Center for American Progress, Centers for Disease Control and Prevention, The Henry J. Kaiser Foundation, and One Colorado, Sarah Mccrone analyzed data regarding healthcare access and health status indicators by sexual orientation. She found that 83% of heterosexual adults had

⁴ Researchers operationalize discrimination as differential and/or unfair treatment based on LGBTQ identity.

health insurance while only 56% of transgender adults had health insurance; 54% of doctors refuse to provide services to transgender individuals (Mccrone, 2018).

A specific case report on a 46-year-old male to female patient living with HIV and AIDS exhibited that her physician expressed concern about his inability to accomplish a needed rectal examination due to his lack of training on transgender healthcare as well as “awkward” doctor-patient interactions. He apparently stated that he was unsure of whether to address her as male or female, and thus she went ten weeks before finally receiving an examination from a female nurse practitioner. In those ten weeks, she experienced significant weight loss, rectal pain, and discharge (Shukla et al., 2014). Clearly, this particular patient felt uncomfortable with the care she was provided with, which caused her to resist treatment and therefore exacerbated her physical ailments. This internalized negative attribution to queerness that we see from much of the media as well as healthcare providers, whether expressed explicitly through verbal, physical, or other forms of abuse or implicitly through microaggressions of which one may not be self-aware has long term negative effects on members of the queer community and provide themselves as explanations for why minority stress exists in these communities.

People with a minority sexual identity experience greater frequency and severity of childhood physical and sexual abuse (Scheer et al., 2020). The consequences of this abuse flow deeply through adulthood, and in many instances do not subsist unless significant social support is granted (Herrenkohl et al., 2016). In an online survey conducted with LGBTQ youth ages 14-29 (N= 6,317), adverse childhood experience was self-reported. When comparing the results of this particular study to non-LGBTQ general population studies (taken from National Survey of Children’s health), 88% of LGBTQ youth experienced adverse childhood trauma, including physical/emotional/sexual abuse, neglect, substance abuse, and household mental illness

compared to the 45% frequency in non-LGBTQ youth (Craig et al., 2020). Although these results come from two separate samples, the difference in the percentages prove a discrepancy in which populations tend to receive more abuse.

Supplemental to these findings, research on queer community college students has been done to compare frequency of sexual assault among LGBTQ students vs their heterosexual classmates. Sexual violence victims experience short and long term mental and physical health disparities that can lead to interruptions in their educational and/or professional pursuits (Potter et al., 2020). In a Campus Climate Survey, administered at seven community colleges in a Northeastern state, 63.3% of queer participants reported experiencing some form of sexual violence on campus compared to the 43.2% of heterosexual students who reported sexual violence (Potter et al., 2020). This significant difference should not go unnoticed because it empirically shows the community that there is, in fact, a divide of who gets treated more violently. It should also be noted that those who do report greater experiences of trauma additionally report having higher overall feelings of shame, which can be directly linked to PTSD symptoms (Scheer et al., 2020). Sexual minorities also have statistically higher attempted suicide rates than their heterosexual counterparts (Plöderl et al., 2014). National data from the Substance Abuse and Mental Health Services Administration shows that LGBTQ youth (ages 11 and up) have higher suicidal ideation and attempts than their heterosexual peers (Scannapieco et al., 2018). This disparity could be a result of unsolved of the childhood trauma discussed above, or for another reason. Nonetheless, it is evident that the chasm of differences persists.

Loneliness predicts increased effects of physical aging, and, according to the National Health and Nutrition Survey, chronic loneliness in women was correlated with coronary heart disease (Hawkey & Cacioppo, 2010). As reported by the 2010 National Resource Center on

LGBT Aging, older LGBT adults and seniors are more likely to suffer from mental and physical illness than older heterosexual adults (McGill, 2014). In a nationally representative sample from the 2015-2016 National Social Life, Health, and Aging Project (N= 3,567) older LGB adults were significantly lonelier than those who were heterosexual (Hsieh & Liu, 2021). Loneliness is associated with social anxiety, depression, problematic sleep patterns, and, as aforementioned, cardiovascular disease (Eres et al., 2020). In this 2020 study, researchers assessed five hundred and eight Australian participants with ages ranging from 18 to 73 years old. Two hundred and thirty-eight of the five hundred and eight participants self-identified as LGBTQIA. Participants then filled out surveys that assessed their loneliness, depression, social anxiety, social isolation, social support, sense of belonging, and overall quality of life. People who had higher levels of loneliness experienced more depression and social anxiety, which in turn decreased their overall quality of life. It should be distinctly noted that the self-identifying LGBTQ participants had significantly higher loneliness, and therefore significantly higher depression and social anxiety scores compared to the non-LGBTQ participants (Eres et al., 2020). Thus, it is evident that not only do LGBTQ persons experience greater rates of loneliness, but that the effects of this loneliness are higher in said populations than in cisgender heterosexual populations.

Some ineffective coping strategies for members of the queer community can include avoidance of other queer people, attempting to change one's sexual orientation, suppressing emotions, and using drugs (Mink et al., 2014). But what if there were more positive ways to cope with these feelings? What if there were options out there to help reduce the repercussions of chronic stress? For queer persons, positive coping strategies contain those that promote a positive self-image. This can include seeking affirming and accurate information about sexual minorities as well as seeking social support from understanding community members (Mink et al., 2014).

The following chapter is meant to introduce drag as a positive coping strategy for minority stress by facilitating emotional needs through social support.

CHAPTER 2: DRAG FACILITATING SOCIAL SUPPORT

“Drag and camp are the most representative and widely used symbols of homosexuality in the English-speaking world.”
(Newton, 1972)

Overview

Chapter two explores the positive outcomes of social support on queer communities. A definition of social support is provided, along with examples of what happens when social support is unavailable to individuals vs. the positive outcomes of social support on individuals who are able to access it. A synthesis of the constructive effects of this support on queer communities follows.

Defining Social Support

Social support can be defined as a social network’s provision of resources – psychologically as well as materially—that are meant to benefit an individual’s ability to cope with stress (Cohen, 2004). A social network is the set of relations defined by the subject of them, for example, a college student’s social network includes friends, classmates, professors, administrators, and so on (Knoke & Yang, 2019). Previous research indicates two equally viable models through which social support helps wellbeing. Somewhat dated but still relevant, researchers Cohen and Wills (1985) describe two models of social support: the main effect model and the stress buffer model. The stress buffer model asserts that necessary support may buffer negative stress outcomes by preventing maladaptive responses—such as ineffective communication as opposed to using something such as drugs as avoidance (Cohen & Wills, 1985). The main effect model explains that integration in a social network provides an individual

with stability, predictability, and may help an individual to avoid negative experiences (Cohen & Wills, 1985).

Humans are a social species. As such, they rely on secure social surroundings in order to survive and thrive (Hawkley & Cacioppo, 2010). Because we know that queer people experience more microaggression and stigma than their heterosexual counterparts and that this is negatively associated with health and wellbeing (Salim et al., 2019), it becomes imperative to consider social support as a viable buffer against the possible poor mental health of queer individuals. Otherwise, loneliness persists, and is a detriment to health outcomes (Hsieh & Liu, 2021).

What is Loneliness?

Loneliness is the social pain of isolation that has the potential to create a persistent loop of negative thoughts and behaviors (Cacioppo & Patrick, 2008). Loneliness is associated with perceptions of social rejection and exclusion, which are both high stress factors, and therefore can be coupled with some of the physiological outcomes of minority stress discussed in chapter one (such as chronic HPA activation, which can lead to high blood pressure and other cardiovascular problems) (Cacioppo et al., 2003). As an example, 24,687 Danish individuals answered a Danish Health and morbidity survey titled “How are you?” which asked questions pertaining to loneliness, daily behaviors, mental health, etc. Using this survey and coupling it with data from the National Danish Patient registry, researchers compared the individual’s survey data with their health records after a five-year period following the survey’s completion. Researchers found that individuals who experienced high levels of loneliness and social isolation were more likely to be diagnosed with cardiovascular disease and type two diabetes (Christiansen et al., 2021).

Many of the detrimental physical effects of loneliness come from poor behavioral choices such as high caloric intake diets and sedentary lifestyles, which can lead to obesity, which itself comes with a set of health concerns (Hawkley & Cacioppo, 2007). In one survey, comprised of 1,289 Australian, Aboriginal, and South Sea Islanders aged 18 and up, participants were asked about their loneliness as well as their everyday health behaviors. Lonely participants had higher smoking tendencies than their non-lonely counterparts, and also tended to be overweight or obese (Lauder et al., 2006). While an individual's weight is personal and not always necessarily tied to mental state, or to lifestyle choices, these are still factors to be considered in everyday health outcomes. Clearly, loneliness has the potential to cause an individual to make poor choices which could lead to some of the health problems described above.

Loneliness is also associated with sleep fragmentation (Kurina et al., 2011). Sleep fragmentation, or sleep disruption, has deleterious neuroendocrine effects, and chronic disruption can lead to problems such as infection, cancer, and disruptions to the body's ability to regulate glucose levels in the blood. This is due to the fact that altered sleep causes a severance in the body's biological clock, which affects the cycles at which hormones are released, and therefore keeps the body from producing the necessary chemicals for daily function (Allada & Bass, 2021). A direct highlight of these effects can be seen in one sleep study done with eleven volunteers who reported themselves as being nonsmokers, nonmedicated, and having a regular 7 hour-per-night sleep schedule (these exclusion criteria helped to create a baseline for good sleep quality). Blood samples were taken from the participants prior to their sleep fragmentation in order to compare them with samples following two nights of fragmented sleep, in which researchers repeatedly awoke participants with intrusive auditory tones. Blood samples from the participants following two nights of sleep fragmentation showed higher serum cortisol levels,

and glucose metabolism had decreased (Stamatakis & Punjabi, 2010). Essentially, these findings further support the idea that sleep fragmentation can lead to serious health effects such as diabetes.

An additional report surveyed 2,232 British children from the Environmental Risk Longitudinal Twin Study for many years—participants were aged at seven, ten, twelve, and eighteen years at the time of being surveyed by researchers. Participants reported their loneliness over the years, along with their sleep qualities and potential experiences of violence and maltreatment. Individuals who reported high levels of loneliness also reported having experienced lower sleep quality; those who reported having experienced violence had even greater loneliness and sleep detriment scores (Matthews et al., 2017). We know from chapter one that queer adolescents are more likely to experience abuse and violence compared to their heterosexual counterparts (Scheer et al., 2020), thus it is safe to argue that these findings imply that queer individuals thus are more likely to experience disrupted sleep, and thus more negative health outcomes.

Drag as Social Support: A Buffer for Loneliness

As described above, positive coping strategies for stress include activities that involve social support and affirmation regarding the self, while negative coping strategies can include substance abuse and poor lifestyle choices. Minority stress is directly related to higher levels of loneliness; there is evidence that having a social network aids in fighting against these feelings (Kuyper & Fokkema, 2010). Therefore, participating in drag, an art form that embraces sexual minorities and gender deviants, could provide a structure in which the individual feels safe and

secure, as opposed to feeling targeted or unstable in the broader community (somewhat of a mix between the stress buffer and main effect model).

It has already been established that queer persons struggle with higher rates of mental and physical health disorders than their heterosexual counterparts (Craig et al., 2020; Eres et al., 2020; Hsieh & Liu, 2021; McGill, 2014; Potter et al., 2020; Scannapieco et al., 2018; Scheer et al., 2020). A literature review on 1,079 studies from 1982-2016 taken from a variety of sources including PsycINFO, PubMed, Cumulative Index of Nursing and Allied Health Literature, and hand searches was conducted in order to evaluate the relationship between social support and mental health in LGBTQ adolescents—ages ranging from 13 to 23. People who reported a lack in social support also reported higher levels of depression, anxiety, substance use disorders, and shame compared to the people who reported high levels of social support (McDonald, 2018). In another study regarding sexually diverse latinx individuals and their stress and coping strategies, many participants reported that coping strategies that worked for them included social support from the queer community, sexual and racial identity management, and developing what they call a critical consciousness (Noyola et al., 2020). Thus, it becomes evident that social support has the potential to buffer some of the negative health outcomes predominantly experienced by queer individuals.

In one survey, one hundred and seventy-six self-identifying bisexual people of color ages 18-25 from the United States and Canada answered questions pertaining to their sexual identity, gender, social support, and mental health. Participants reported having decreased feelings of illegitimacy and binegativity (negative attitudes regarding bisexual people and hostility towards those people) in social settings in which they felt supported along with decreased anxiety and depression overall (Dyar & Feinstein, 2018; Flanders et al., 2019). These findings not only

indicate a healthier mental outcome from social support, but also a stronger sense of self-identity, which could lead to less of a desire to conceal one's sexuality; as social support significantly effects the degree of openness about one's sexuality (van der Star et al., 2019). It is possible that in some situations, openness about the self is more positive than having a concealed identity because the pressure that accompanies the need to hide and the fear of being "found out" outweighs the relief of being genuine and accepted by a community. It is generally accepted that in drag spaces, individuals are very open about their gender and sexual identities, which then allows for new participants to be as well (Shapiro, 2007). This also leads to better health outcomes, as connectedness to the queer community is associated with heightened social wellbeing (Kertzner et al., 2009).

Queer populations experience disproportionate HIV and AIDS rates compared to cisgender heterosexual populations (Fields et al., 2020). Apart from the health detriments that accompany having the virus—including an inability of the body to fight infection and disease—individuals who are carriers experience an increased level of depression, anxiety, substance abuse, and social stigma which is derived from the double layering of not only a queer identity but also a HIV/AIDS positive identity (Rothblum, 2020). Social support offers itself as a remedy for some of the negative mental health outcomes (Mosack et al., 2016). Two hundred one individuals living with HIV in the deep South answered survey questions pertaining to their personal experience with HIV-related stigma and health outcomes through social support. Overall, 36% of participants in the study agreed or strongly agreed that they felt guilty for their status, but that heightened social support lessened their feelings of internalized stigma (Reif et al., 2021). This suggests that while there is a stigma accompanying having an HIV/AIDS positive status, social support works to diminish the internalized feelings of guilt brought on by

this stigma and has the potential to mitigate the psychological effects of anxiety, depression, and so on.

Social roles are defined as positions in a social system that involve shared expectations about behavior (Diekmann et al., 2020). When placed in a more welcoming social role, one's behavior and thinking would look different than if they were placed in their usual minority role. It can be argued that within a community that thinks alike, more positive cognitions will ensue from more positive social interactions. For example, successful drag queens are observed to have a higher sense of power and normality from their performances than when interacting day-to-day with the world in settings in which their drag was appreciated (Bishop et al., 2014). A community provides security, and status within that community provides power which can lead to praise, something a queer individual may not receive in another kind of setting. Another consideration is that people with higher socioeconomic status tend to have more support from family, friends and peers because of a greater accessibility to resources (McConnell et al., 2015). Although some drag can get very expensive, a lot of it could be considered DIY (do-it-yourself), and thus costs no money. Therefore, drag offers itself as a free resource to less affluent queer individuals.

CHAPTER 3: DRAG AS A MEANS OF ART THERAPY

“Some events are so devastating that words fail, and the arts become the best way to say what presses for release...Whether the trauma is a sudden shock or a prolonged strain, the arts can help.”
(Carey, 2006)

Overview

In chapter 3, a definition of art therapy is provided in order to equate drag production to a method of healing. The uses and effectiveness of art therapy are explored, followed by a coalescence of drag as having similar properties in terms of mental health outcomes.

What is Art Therapy?

People who experience social rejection have greater artistic creativity, with situational triggers of negative affect—meaning potentially negatively impactful changes in one’s life—being especially influential in creative products (Akinola & Mendes, 2008). Creative art therapies have been used since the 1970s in treating trauma; they act as facilitators for nonverbal expression, symbolic expression, and sensory processing. So, what exactly is art therapy?

Psychotherapist David Edwards writes that “art therapy may be defined as a form of therapy in which creating images and objects plays a central role in the psychotherapeutic relationship established between the art therapist and the client” (Edwards, 2014). This is based on the idea that the creative process of making art facilitates reparation and recovery (Malchiodi, 2011). There are many methods with which art therapy can take form, such as object play, drawing, acting, sand play, and more. Therefore, it becomes difficult to reduce art therapy to merely one method (Carey, 2006). Below are a few outlined examples of the effectiveness of doing art on individuals with trauma and other kinds of mental disorders.

Uses and Effectiveness of Art Therapy

Art is a method of nonverbal communication. David Crenshaw cites Van der Kolk's (2003) explanation that neuroimaging scans of the brain show that when individuals remember a traumatic event, the Broca's area—located in the left frontal cortex and responsible for speech and language production—shuts down. He also suggests that the goals of trauma treatment are to find meaning, to develop perspective, and to harbor a positive outlook into the future.

Joan Erikson (1951) developed an arts activities program at the Austen Riggs Center (a private mental hospital in Massachusetts with patients ~17-35 years old). The art studio contained many forms of materials. Kivnick and Erikson (1983) note that this arts activities program was meant to be “healing,” which they define as a means of contribution to recovery from mental illness. Kivnick and Erikson assert that engagement in the arts represent alternatives to lethargy, connects ideas of work and play to our understanding of the world, and provides an alternative way of communicating (Kivnick & Erikson, 1983). All of their assertions were based off their observations of the patients who took part in the program. While this particular study is specific to individuals suffering from mental disorders, and does not mention the sexuality of its participants, it examines the positive outcomes of immersion in the arts, and is therefore analogous with the argument.

Another example of this was explored in Sweden. From May 2014 to December 2016, a study was performed on seventy-nine adults dealing with moderate to severe depression. In the study, participants who received phenomenological art therapy, consisting of a prompting from the therapist to paint a photo to be discussed regarding the patients' goals, in addition to treatment as usual showed a reduced score on the Montgomery-Åsberg depression rating scale.

Self-esteem in patients also improved (Blomdahl et al., 2018). This is proof that practicing arts can help heal depressive symptomology.

A good example of the effectiveness of art integration in day-to-day life comes from a study done on twenty older-aged (50+) female prisoners in California. Although queer humans should not be automatically coupled with incarcerated humans, the effectiveness of these group practices still hold truth to them, especially because (as we have seen earlier) many queer people end up defaulting to drugs and other destructive behaviors which could potentially cause them to get trapped in jail or prison (SAMHSA Publications, 2012). The prisoners took part in questionnaires regarding the importance of the group art activities they did. Many of them reported that exercising artistic practices helped them not only to restore their hope relating to recovery from trauma, but also helped them feel connected with others in the group. Partaking in the creative activities also facilitated a greater sense of imagination about the future, as opposed to continuing to be defeated by their prison reality (Hongo et al., 2015). It is possible that a queer individual could feel somewhat stuck in their life due a slew of issues such as lack of social support and self-acceptance. Even though this particular instance revolves around an older female population, age should not affect the start or end to which someone can or cannot participate in drag.

Art can help people make sense of the world around them. A qualitative study was done on ten healthcare providers in Israel in order to assess how professionals in the public health system viewed the efficacy of integrating the arts in community services in order to rehabilitate people suffering from various forms of mental illness or instability. Interviewees specifically proclaimed to have personally observed the arts enhancing communication skills in their patients' lives due to its bypassing of verbal communication barriers (Oren et al., 2019).

Therapist Owen Karcher argues for the political relevance of art therapy. He asserts that many of his clients (whom primarily are socially oppressed due to their gender identity, race, sexual orientation, and or citizenship status) had experienced a huge negative impact on their wellbeing due to the 2016 elections and its targeting of marginalized populations. Karcher argues that art therapy aids clients in reviewing the sociopolitical climate in which they stand while allowing them to critique the messages that may target them and therefore make them feel unsafe in their community. In other words, it allows his clients to bring to light the internalized oppression that they feel (Karcher, 2017). Regardless of the progress we have made as a people towards social justice, there will always be lingering impact.

Defining Drag as Art

If drag had to be stripped away from all of its symbolism, I would call it art. The acts of fabricating a costume, creating a persona, painting a face, writing a script...all of these processes could be considered various forms of practicing artistry. The *Oxford English Dictionary* definition of art is a “skill; its display, application, or expression.” It is not held captive by mediums. Because doing drag involves creative activities such as doing makeup, songwriting, dancing, singing, sketch comedy, fabrication of costumes, and so on, it is arguable that the act of creating the drag persona in and of itself is a form of art therapy; it can be seen as a creative outlet for the potentially struggling queer individual. The ritualistic nature of dressing up in drag could be considered soothing for someone who may experience a tumultuous lifestyle outside of the drag persona.

The simple act of fabrication elicits momentary (hours to days) states of wellbeing (Cohen, 2004). This is because of the satisfaction that comes along with something such as task

completion, along with the benefits of seeing friends—if applicable—and so on. Bjarne Funch also argues that life circumstance elicits emotion. Participating in drag could be a way for an individual to dramatize feelings that may otherwise have remained repressed.

In addition to these assertions, art therapy may also increase wellbeing in the gay community during the coming out process (M. Pelton-Sweet & Sherry, 2008) . These authors specify that art therapy intervention is uniquely suited for those struggling with identity. It is possible that a young queer person grappling with their sense of self can find solace in the art of drag. It is my understanding that drag, by nature, forces the subject to spend long durations of time in front of a mirror, thus creating a space in which a grounding of the self is necessary. It is also speculated that art therapy facilitates an inner expression of emotions which can lead to positive changes in self-acceptance (Beaumont, 2012). Because drag is exaggerated, the expressive properties of the art supports individuals in outwardly expressing their internal feelings. Thus, it is my humble assertion that this confrontation facilitates a dialogue with these feelings of self-doubt in order to work towards acceptance; with acceptance comes a reduction of shame.

A 2013 meta-analysis consisting of four quantitative as well as thirteen qualitative and six mixed methods studies was done on literature regarding the effectiveness of art-based practice on mental health outcomes (Van Lith et al., 2013). The meta-analysis focused on six dimensions of recovery with which they used a deductive thematic analysis to single out each study. Researchers searched for clinical, psychological, self-caring, social, occupational, and contextual results of treatment. Results showed significant evidence for art-based practices⁵ as

⁵ In the form of studio art groups, citywide mental health and art projects, art exhibitions, and art-based health programs. Although I do think a more critical definition of art-based practices would be helpful, minimizing art to just one category can be tricky.

being beneficial to social as well as psychological recovery by facilitating self-discovery, self-expression, and self-awareness. Psychological recovery was the number one outcome noted most of the articles mentioned. Authors also mention that four of the studies particularly noted that art-based practices significantly improved self-esteem and confidence of participants (Van Lith et al., 2013). Drag, as opposed to other forms of art, particularly requires its subject to have a certain awareness of their physical body and how it takes up space. The act of experimenting with one's surroundings and one's body in space allows for an individual to become more aware of, and potentially more comfortable with, their body.

One excitingly notable case is one recounted by licensed clinical therapist Judith Glass. Glass recounts using object play with some of her trauma survivor patients. One patient of hers in particular struggled with constant negative feelings about herself stemming from her abuse. In therapy, this patient would use a black scarf as a prop to wear for whenever she was feeling bad. Outside of her therapy, she would think of this object when these feelings occurred, and refocus her energy back into herself in order to see that she was not the badness she associated with herself. This object, the scarf, symbolized something outside herself to remind her that she was not the embodiment of her self-deprecating messages (Carey, 2006). Drag embodies use of costume and object play. It is possible that through a drag ritual, one can turn negative feelings about oneself into an object, say, a shirt that may be torn away in a performance, symbolizing a shedding of those fears and barriers within. Glass' use of objects as symbols for her patients can be thought of in a broader scope of individuals using personas to shed away layers of unwanted negative feeling into something new and beautiful.

In conclusion, there is sufficient evidence for the efficacy of involvement in the creative arts on mental health outcomes. Because the nature of drag is inherently artistic, this kind of

expression has plausible correlation to the healing effects of other kinds of art therapies or community arts participation. The artistic nature of drag could not only help one address their emotions, but also work towards a greater understanding of themselves and the world around them so that they may take the proper steps towards becoming more confident in themselves. This same theory can be applied when considering drag as a challenge to societal ideals regarding the gender binary.

CHAPTER 4: SEX VS. GENDER

“The principal opposition around which the world revolves is masculine-feminine.”
(Newton, 1972)

Overview

In this final chapter, the notions of sex and gender are defined, explored, and challenged. The consequences of individuals breaking the binary between such notions are investigated, followed by the argument that drag participation assists towards breaking down the barriers of the binary. The positive effects of such liberation are also explored.

More than Two Genders?

Since its formative years, psychological research has supported the idea that there are only two sexes: man and woman. This is based on biological sex at birth, and is also indicative of one’s expected gender presentation (Hyde et al., 2019). Sex refers to a person’s female or male genitals at birth while gender typically refers to the non-physiological aspects of maleness and femaleness which are typically defined by cultural expectations (Lips, 2020). However, as research on sexuality and gender has continued, it has become more evident that it is in fact the act of conforming to prescriptive stereotypes of what society believes to be male or female, and not merely one’s biological sex that creates the idea of gender (Butler, 1990).

Anne Fausto-Sterling, professor of biology and gender studies, argues that there are in fact at least five sexes that exist when taking intersex people into account (Fausto-Sterling, 1993). Intersex people can be defined as individuals whose birth traits (aka genitals) do not fall within a male or female binary. These individuals remain

marginalized by society due to their inability to abide by one of the two constructed social categories (Bamberger & Farrow, 2021). Fausto-Sterling also asserts that the same medical procedures that “fix” intersex people (i.e. surgery that is meant to solidify their physical gender as either male or female in terms of genitalia and hormones) could also be seen as a mode of discipline for those who live outside of the male-female gender binary (Fausto-Sterling, 1993).

Intersex has recently become more frequently used in vocabulary when discussing the queer community because the stigma and social isolation intersex people experience is in many ways similar to the experiences of other non-intersex queer individuals, and we therefore cannot exclude them from the vocabulary (Zeeman et al., 2019). Although this chapter is not meant to delve uniquely into the lives of intersex individuals, it becomes an important factor in understanding the fact that scientist know for certain that there are more than just two genders, and that those who do not conform to the perceived “male or female” binary receive backlash because of it (Brennan et al., 2020).

Backlash, particularly in this instance, occurs when an individual is perceived to be violating social stereotypes, and results in a curbing of that individual's social and economic visibility (Rudman & Fairchild, 2004). It is, therefore, inherently negative (Eaton et al., 2020). We saw in chapter one that those who express themselves in gender nonconforming ways tend to have a lower quality of life in terms of overall health (Gordon et al., 2017). As another example, a study was done in order to test the relationship between a person's gender and sexuality concealment and their physical and mental health. Six hundred and forty adults from all over the United States answered

questions online relating to the extent to which they believe they conceal their gender and/or sexual identities, along with reporting their alcohol and drug use, depression rates, and social anxiety levels. Overall, self-identifying queer participants reported having higher levels of concealment. Concealment was also positively correlated with increased social anxiety and was a strong predictor for alcohol and drug use. It should also be noted that 60% of the participants of the study noted that they were more likely to conceal and to continue to conceal in a more stigmatized environment (Brennan et al., 2020). Because sexual minorities are more likely to conceal their identities (Hatzenbuehler, 2009), it in turn feeds back into the loop of disproportionate negative health outcomes.

In another study, researchers fabricated false vignettes describing either a cisgender gender conforming or gender nonconforming person versus a transgender gender conforming or gender nonconforming person. Participants in the study were randomly assigned a vignette to read, and then answered questionnaires pertaining to their perception of the subject of the vignette's likeability, level of threat, their acceptance of the individual, and their prejudice towards transgender people in general. Participants of the study rated gender nonconforming as well as gender conforming transgender individuals as more threatening and less likeable. Participants who indicated being prejudiced towards these transgender and gender nonconforming individuals noted that this hostility was due to a perceived violation of the distinction between men and women (Broussard & Warner, 2019). Essentially, people don't like those who don't fit their standards, and because of this, the othered experience hardships that are distinct from their majority counterparts (Meyer, 2003).

People tend to form stereotypes based on behavior that they perceive to be typical for certain groups (Koenig & Eagly, 2014). Researchers Rudman and Fairchild conducted an experiment in order to evaluate the consequences of such social judgement on atypical targets. Participants in the study played a competitive computer game with male and female actors—some of the actors appeared to be gender conforming, while the “deviants” appeared to be gender nonconforming. The computer game asked association questions—participants categorized photos with words—regarding stereotypically gendered ideas (masculine themes consisted of football information and sports player images and feminine themes consisted of childcare and development information with pictures of toddlers). When the participant lost the competition (which they always did), they were instructed to then assist their opponent in future rounds of the game, in which they had the ability to “sabotage” them, or basically give them misleading clues for their next task. Deviants (those who were more knowledgeable on non-gender conforming themes) were sabotaged more often by their competitors (Rudman & Fairchild, 2004). This study highlights the somewhat condescending and controlling undertone of societal views on those who do not conform.

This kind of backlash is not exclusive to adults. In one research study, psychology and mathematics professors created fictitious vignettes of preschoolers. Some of these vignettes portrayed more masculine girls, or more feminine boys, or vice versa. The specific traits with which they used to portray the gender stereotypes had been predetermined in an initial experiment using 635 American adults who provided their own stereotypes of three-year-old boys and girls. Following the preparation of the vignettes, approximately 1,428 adults (on Amazon Mechanical Turk) were instructed to provide feedback on the vignettes. The vignettes were presented to them as preschool applications, in which they had to determine the child’s

likeability, competence, their perception of the child's upbringing, their opinion on whether or not the child deserved a scholarship. and so on. These adults rated the applications of gender nonconforming children as far less likeable than their stereotype conforming peers (Sullivan et al., 2018). Essentially, this experiment shows us that from a young age, children experience certain gender-related expectations, and when they do not conform to such expectations, it is possible that they may be less likely to gain social capital because of their rejection by their adult superiors.

How Drag Challenges the Binary

...homophobia and sexism, which has (sic) conspired to stigmatize gay men for what they are told they are; that is, gay male stigma derives not only from transgressing the hetero-normative bounds of masculinity, but also because femininity is considered inferior in sexist culture. Gay men have responded to this situation not only by poking fun at the world, but also by poking fun at themselves and at women who occupy a similar, though not equivalent, psychocultural position... (McNeal, 1999).

Drag performance, despite its controversy, can be seen as a way to challenge gender stereotypes (Levitt et al., 2018). However, some may argue that drag reaffirms social stereotypes by implementing exaggerated versions of these stereotypes (Rupp et al., 2010). There are many people who critique drag for merely emphasizing the stereotypes that we as a society already deem to be true. Feminist media studies students Strings and Bui assert in their essay *She Is Not Acting, She Is* that popular media TV show *Rupaul's Dragrace* (which I mentioned in my

introduction) marginalizes drag queens by forcing them into subcategories of “butch” (more masculine and costume-y) vs. “femme” (more glamorous and poised) queens (Strings & Bui, 2014). This kind of categorization, in my opinion, necessarily reduces drag, and the individuals who perform it, to a box in which they must fit, as opposed to allowing for individuals to freely explore their gender identities and the possibilities that drag can provide. While this assertion is important and therefore should be considered, it is also paramount to understand the challenges to such assertions. It is my understanding that many of these controversies are based off of drag as it is portrayed in popular media, and disregards hundreds of other kinds of settings in which drag can take place.

Drag is a gendered ritual of rebellion that responds directly to the societal perceptions of the gay individual (McNeal, 1999) ; it works towards furthering the deconstruction of heteronormative gender ideals (Greaf, 2016). In one interview-based study that was part of a 20-year program meant to research how LGBTQ gender identities arise, eighteen adult male gay, bisexual, and queer self-identifying male drag queens were interviewed by graduate students (who were instructed by a clinical psychologist prior to conducting the interviews) on their gender experience. Thirteen of the interviewed participants asserted that attending a drag performance, for the audience, is a vehicle with which people can move with cognitive flexibility (ie one that is not sexist or transphobic); eight interviewees noted that drag allowed them the opportunity to express gender fluidity while still being confident in their male identity (Levitt et al., 2018). This same idea can be applied to the drag king as well. In her anthropological review, Kathryn Rosenfeld argues that “by performing maleness, drag kings expand and redraw the definitional boundaries of the male, interfere with the cultural power of mainstream maleness, and simultaneously transfer some of this power to themselves as queer women” (Rosenfeld,

2003). Rosenfeld bases her argument off of her colleagues' field research and interviews of drag kings as well as through film analysis, book review, and attendance at various drag king conferences such as the *First International Drag King Extravaganza*. Though her argument may be seen as somewhat reductive (as it suggests relevancy to females only) Rosenfeld's argument remains pertinent to understanding the mechanisms by which the act of drag reforms power dynamics within a gendered society. In other words, through expressing maleness, drag kings are able to play with the gender binary while asserting themselves as powerful, unique, individual beings.

Another example of this was a two-year case study done on the feminist drag troupe "Disposable Boy Toys." Twenty-eight current as well as past members, with ages ranging from 17 to 34 years old, were interviewed by professor of sociology Eve Shapiro. There was no control for gender. Shapiro notes that twenty-three of the interviews were conducted in person while five of them were over the phone— which could potentially have affected the intimacy and therefore legitimacy of the participant answers, however the results remained somewhat homogenous within the group: interviewees developed, through participating in the troupe, a more nuanced gender identity for themselves. Many interviewees commented on how taking part in the troupe allowed them to empathize with other community members because putting themselves in the place of the "other" allowed for them to understand the difficulties they encounter and critique their dynamic structure. Many interviewees also noted that participation in the group allowed them to rediscover their own gender identity and accept themselves as being transgender (Shapiro, 2007). This particular study is especially interesting because it highlights how the troupe made a conscious effort to politically educate its members and its audience by putting on shows specifically aimed at addressing the power imbalances of race,

class, and gender. The troupe also provided external resources to its members, such as activist groups and doctor referrals.

Piggybacking off of the idea that drag not only affects those who perform it but also those who watch it, professor of sociology Steven Schacht took a total of three hundred of his college students to drag shows with him over the course of eight years. His ethnography explains that for his straight male students, this experience was mainly their first one of being in the social minority. In discussions following this experience, these same students stated having more problems with objectifying women's bodies than they may have in the past (i.e., learned from their mistakes and corrected them). This was either because they were flirted with at the show by drag queens and made somewhat uncomfortable and therefore changed their behavior based on their minority experience, or because the show made them more conscious of overly sexualizing the other. Many of these same students also discussed having a lessened feeling of homophobia following viewing the shows. Female students noted feeling comfortable at the shows, and commented on the fact that a women's worth in society is so heavily based on her attractiveness (Schacht, 2004). Clearly, drag not only affects the individual performing it, but also the viewer, who is simultaneously learning about societal views and how they may challenge them in the future. Until now the focus of this paper has remained on the doer of the drag. However, because drag, in many instances, is a spectator sport, it becomes imperative to consider its peripheral effects, as these effects could potentially reach a wider audience and in turn benefit the lives of the performers.

Many successful drag performers comment on feeling a higher sense of power and normalcy from their performances in settings in which their drag was appreciated (Bishop et al., 2014). Kylie, a drag queen at the 801 Cabaret in Key West Florida, told anthropology researchers

that doing drag allowed them to get the attention from men that they always wanted, and that dressing up in costume allowed them to reject the “authenticity” of gender so that they could be accepted more freely with their nonconforming identity (Taylor & Rupp, 2004). Out of twenty-three LGBT people who were interviewed for a study regarding same-sex marriage in mainline religious denominations, four of them identified as drag queens who accepted and enjoyed their sexual and drag identity regardless of their church or the Bible teaches to be “unnatural.” Although this is a tiny sample, it suggests a destabilization of the traditional Christian sexuality and gender binaries, therefore paving way for queer people of faith to feel liberated in their own identities (Sullivan-Blum, 2004).

Connecting the Pieces

We now know that there are repercussions for people who do not conform to a strictly male or female status (Gordon et al., 2017). Many of the inevitable repercussions are extensions of the stress that accompanies an attempt at concealing one’s identity (Brennan et al., 2020; van der Star et al., 2019). Because drag liberates those who perform (Levitt et al., 2018; Shapiro, 2007), it is possible that through this liberation, any attempt to conceal their identity is lifted, therefore mitigating the stress that accompanies this concealment. Additionally, with drag becoming more and more prevalent in the media, it is bound to reach a wider audience. We have already seen the positive effects drag has on those viewing it in terms of challenging their notions regarding the fluidity of sex and gender (Schacht, 2004; Shapiro, 2007). It is feasible that through the popularization of drag in the media, its gender-bending properties will have a greater populational effect: stereotypes may change as more and more people see how sex and gender is

flexible. The potential for this lifting of the stigma that accompanies gender nonconformity thus implies a safer, healthier environment.

CONCLUSION

By now, I have provided for you a banquet of four unique courses. The first course filled you up with a rich definition of what it means to be queer and therefore have a minority social status. I stirred the broth of biological functioning with nonconformist identity. The aroma became that of the health outcomes caused by backlash received from such identity. The second course at first enhanced this intense flavor by providing explicit examples of the consequences of queer loneliness, but then subdued it by giving you evidence that social support through drag involvement is a mechanism for improving health outcomes. For your third course, I served you a heaping palette of art therapy characterizations and positive outcomes, with a reduction of drag as being synonymous with art. For dessert, I explained sex and gender. Layered with examples of societal stereotypes, I kneaded together personal and professional accounts arguing for the use of drag as gender liberation.

I have been asked many times throughout my writing process, “why drag?” While I hope the robust literature I have provided has already answered that question, I would like to challenge my readers to make an additional consideration. Social support can take many forms, and is constrained by ethnicity, age, gender, socioeconomic status, and so on (Stephens et al., 2011). For example, while something like a boating club may be a relaxing getaway for upper class individuals, it excludes the 99 percent of the population who can’t afford boats; this kind of gathering wouldn’t necessarily help boat owners to a) challenge their inner dialogue or b) provide alternative modes of communication. In other words, something such as drag is not only more accessible, but its subgenres of queer exploration and creative fabrication provide a kind of facilitation of outcomes that may not exist in other kinds of social settings. Drag is playful,

spontaneous, flamboyant, disgusting, crafted, planned, glamorous. The versatility of the medium is somewhat endless, which opens drag up to artists as well as non-artists.

I assessed three separate structures through which drag participation may be considered healing. I have primarily spoken of these structures as independent systems, but these structures should be considered simultaneously in order to produce optimal results. For example, there is an understanding that queer people experience a higher level of social stigma and backlash than their heterosexual, cisgender counterparts (Mink et al., 2014; Salim et al., 2019; Scheer et al., 2020) but we now know that drag, through counteracting gender stereotypes, has an effect not only on the performers themselves but also on their audience (Schacht, 2004). What this implies is that the genderplay that drag produces has the potential to seep farther into mainstream culture, therefore reducing the stigma around gender nonconformity and in turn closing the loneliness gap. If an audience member is moved by a performance, it is more than likely that they will relay this to their family, friends, social media, and so on. An influx in positive word of mouth regarding queer performances has the potential to normalize them into acceptance.

Another example of this coupling could be that of art therapy and gender concealment. As we know, art therapy assists individuals with confronting and assessing the climate in which they exist (Karcher, 2017). When one gains the ability to be introspective, it is probable that with this introspection comes a) greater self-esteem, and thus, b) healthier life choices. Lethargy due to loneliness causes many health concerns (Hawkley & Cacioppo, 2010), and if an individual is able to be introspective about the root of some of their emotions, it could lead to better lifestyle choices and in turn better health.

Not only do community art projects provide mental health support (Van Lith et al., 2013), but the collaborative nature of them provides a stable social environment, which as we have seen

buffers an individual's loneliness and therefore their stress response (Dyar & Feinstein, 2018; Flanders et al., 2019; Kuyper & Fokkema, 2010). When a person is relaxed, it is much more likely that they will be socially open (Nezlek et al., 2011), and thus have a better opportunity to explore their most authentic self while interacting with others. This authenticity could be in the form of gender exploration, but could also be subtle, taking the form of a heightened sense of confidence and self-worth.

If I were to return to the start of the year and conduct my own study, I would explore the effects of community art projects on queer populations. I understand that my chapter on drag as a mechanism for art therapy lacks literature highlighting my population of interest. There is a shortage of available research done on such a particular subgenre of psychology, which warrants a new kind of exploration, and while the argument for the effectiveness of art intervention remains strong when reducing the current literature to its most basic definitions and outcomes, there is much work to be done in order to assess its effectiveness specifically on queer groups. You have been presented with three separate structures through which drag participation may be considered healing. I have primarily spoken of these structures as independent systems, but these structures should be considered simultaneously in order to produce optimal results. For example, there is an understanding that queer people experience a higher level of social stigma and backlash than their heterosexual, cisgender counterparts (Mink et al., 2014; Salim et al., 2019; Scheer et al., 2020) but we now know that drag, through counteracting gender stereotypes, has an effect not only on the performers themselves but also on their audience (Schacht, 2004). What this implies is that the genderplay that drag produces has the potential to seep farther into mainstream culture, therefore reducing the stigma around gender nonconformity and in turn closing the loneliness gap.

Frameworks exist that consider arts as imperative to identity formation (Pelton-Sweet, 2008), which is something I discussed fairly frequently throughout this paper. Thus, it would be interesting to assess whether or not the community art involvement would heighten the participants' sense of identity. This would be facilitated by randomly selecting adult self-identifying queer individuals of all races from affluent as well as non-affluent neighborhoods, mixing them up into groups, and having them participate every week for six months on a community artistic project, facilitated by an art instructor. This project can be anything the group decides, as long as they only utilize the materials provided, such as: paints, fabrics, scissors markers, paper, sewing machines, glue, etc. Prior to beginning the study, I would do a baseline survey of the participants' demographic information, mental health, and physical health, and repeat this same survey after the six months of participation. Exclusion would apply to any individual who was reported to not have fully immersed themselves in the group project. Thus, a within-subjects before and after design. This type of design would also allow me to assess the differences in results between socioeconomic status and race. This would in turn assist me in seeing what kind of gaps exist in the system and why, so that professionals in the field can work towards closing those gaps. This kind of study, however, would require a high level of funding, time, and geographical resources, though it would provide some really helpful insight into the efficacy of community art projects on queer populations.

I would like to add that while this paper argues for the use of drag in queer communities, that is not to say that drag should be exclusive to these groups. Art, theater, music, literature, and all the likes need not be gatekept by any entity or enterprise. That kind of behavior is the origin of much social strife and educational disparity. I believe that difference is what creates change. If everything stayed the same, nothing would improve. If non-queer people never saw the positivity

of drag involvement, they would never have anything good to say about it, and it would remain swept under the rug. Thus, I urge queer as well as non-queer people to involve themselves in things that may be slightly out of their comfort zone. I think that when bringing people together who are different in any capacity, there is a profound potential not only for learning, but for understanding, compassion, and empathy. These are the core emotions with which we as humans create strong and healthy bonds with others. Clearly, drag is not the only way to do this. Fortunately, we (westernized society) have health centers, special cooperative housing, and many other additional community resources for queer people. But not every area offers those resources. Not every region accepts difference on such a large scale. Therefore, having this kind of an outlet, while not necessarily someone's first choice, becomes imperative to maintaining a social circle while providing a space in which one can be truly themselves.

I hope that as time progresses, healthcare providers will be better equipped to meet the needs of all kinds of clientele through proper education and sensitivity training. I am optimistic that westernized society will one day learn the consequences of othering a group of people, and in turn create deep human connection through art, literature, film, and the likes.

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