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The Transformative Effects of Drag Performance

A study in identifying the empowering effects of drag art performance on
LGBT+ with mental health issues



ABSTRACT

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33 pages 4 appendix

December 2018

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The purpose of this thesis is to determine whether drag performance can give LGBT+ people who have either social anxiety or symptoms of depression, the tools to cope with those mental health issues in their everyday lives.

This was done through exploring the unique stresses and factors that make LGBT+ people more at risk of having mental health issues and was substantiated by research conducted through academic articles, journals and through personal interviews conducted with active members of the drag performing community in Helsinki who are LGBT+ identifying and have or have had some degree of social anxiety or symptoms of depression.

The research was followed up with a practical study that was qualitative and participatory in nature. The study took place over a period of two months in 2018. The study consisted of two participants of LGBT+ background with mental health issues, they were coached in how to perform drag and given the means to become drag performers.

The results of the study showed a positive correlation between performing and participating in drag and improvement in the mental health of the participants.

Key words; LGBT+, Mental health, Drag performance, Empowerment.

Abbreviations and terms

LGBT+ = Lesbian, gay, bi-sexual, transgender. The + indicates the other letters of the LGBT community which are QIA, queer, intersex, asexual.

Queer = A person or persons in the LGBT+ community who exist on the fringes, possibly do not identify as one gender or typically to the stereotypes of their assigned gender. May also be sexually fluid.

Intersex = A person or persons that are born with both female and male genitalia or are chromosomally identifiable as both male and female.

Asexual = A person or persons who do not have sexual desires or attractions to another person.

Non-binary = A person who exists outside of the gender binary, as in they do not identify as either male or female but somewhere in-between or neither.

Transgender = A person who does not identify with the gender that they were assigned at birth. A transgender person may or may not decide to transition the gender they identify as, either way they are still transgender.

Cis-gender = A person who identifies as the gender they were assigned at birth.

Drag mother = A drag performer who teaches a new drag performer how to do drag and offers them support, emotionally, mentally and in other ways.

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1 INTRODUCTION AND PREMISE

In recent years, visibility of people from sexual and gender minorities has grown exponentially in film, media and politics and yet social comprehension and understanding of people from sexual and gender minorities has not grown in tandem. This has led to growing hostilities towards people from sexual and gender minorities. Hostilities which have in recent years presented themselves in growing numbers of incidences of violent hate crimes and discrimination aim at people from sexual or gender minorities (Violence Motivated by Homophobia, 2011). This growth in violent hate crimes and discrimination might have the effect of causing people from sexual and gender minorities to feel isolated or excluded from society. This feeling of isolation or exclusion might then lead to a person from a sexual or gender minority to develop symptoms of depression or social anxieties, meaning they might be less able to cope with the stresses of society as they might feel like they are not a part of society.

Meyer (2003), corroborates this by stating that LGBT+ people experience societal and personal stresses throughout their lives and in particular through their most important adolescent and adult developmental stages that are unique to being an LGBT+ person when compared to stresses of non-LGBT+ peoples. Meyer (2003), identifies that these stresses usually come as part of being a member of marginalised groups in society. And specifically, a marginalised group that is often subjected to discriminatory practices from authorities and faces discrimination based on preconceived misconceptions. LGBT+ peoples frequently experience these unique stresses in the form of devastating life events such as acts of violence, both domestic and social, bullying in school or work environments, and rejection from loved ones due to coming out (Sherriff and Hamilton, 2011). LGBT+ people are also far more susceptible to sexual violence and sexual abuse, and according to Harvey & Housel (2014), there are major disparities in the quality and frequency of health care and mental health care that LGBT+ peoples receive to help deal with these unique stresses.

It would be worth arguing that these health disparities in the treatment of LGBT+ peoples could also be reflected in modern social work. In the current climate of social work there is a distinct lack of studies that seek to identify positive solutions to

the help LGBT+ acquire the tools to cope with unique stresses of being LGBT+ person in a mostly hostile society.

1.1 What is drag?

Drag, summed down into simple terms is the combination of many artistic forms combined with gender play and deconstruction of pop culture or high pop culture to create artistic, outlandish and memorable performances with a wide emotional range and often with a sociopolitical message.

The actual term drag is believed to originally come from the era of Queen Elizabeth 1st, it was coined by Shakespearean actors as an acronym for Dressed to Resemble a Girl. This term 'drag' was used to refer to the young men in theater groups who played female roles, as at the time women were unfortunately banned from acting. Over the years and especially in the mid late 1900's drag saw a resurgence in western gay and queer culture, where usually gay white men would often perform female illusion burlesque acts and in the latter half of the 1900's would perform as female impersonators and recreate famous acts by iconic music and film stars (Dougherty, 2017).

However, in the 1980's drag culture semi split from female impersonation and took to a more artistic direction, with such iconic performers/artists such as Lee Bowery, with the club kid movement leading the way to abstract concepts of drag, blurring both gender definitions and ideas of what drag could and should be. At the same time in New York City queer and transgender people of colour birthed the Ball scene. The Ball scene consisted of people walking (presenting their costumes or makeup looks in various specific categories) and dancing in vogue battles; the Ball scene introduced many iconic and influential styles, movements and looks, all of which are still highly relevant in today's drag scenes. The Ball scene also brought diversity into the drag community, allowing LGBT+ people from all backgrounds an opportunity to participate in the community and to be an active or passive part of the community (Dougherty, 2017).

Today, drag has become recognised as an art form where any person, regardless of social status or self-identification, can create outlandish, larger than life characters and acts/pieces of art which serve to entertain, educate, challenge and inspire.

1.2 Drag community observations

Nine years ago, my partner and I, who both perform and are prominent members of the drag community, observed a distinct lack of opportunity or belonging for people in the LGBT+ community who existed outside of the hetero-normative ideals. It was through these observations and in response to our own experiences of isolation and discrimination within in society and in mainstream LGBT+ society that my partner and I decided to create the DMTH (drag me to hel™) club events and artistic collective. In addition to this we created the School of Vanilla, where we teach LGBT+ people who want to learn about and participate in drag shows, the basic practicalities and history of drag. And over those nine years I have witnessed firsthand how drag has helped empower LGBT+ people; drag has become more than an art form or a performance, it has evolved into a community, it has help people with social anxieties find and build confidence and created a very real and tangible feeling of inclusion, not only for those who are performing but also for those who are observing. Drag performance has given individuals within the queer community the means to develop their own coping mechanisms which they have been able to carry with them into their day to day lives to help deal with the unique stresses they face.

It is therefore the focus of this paper to determine whether performing drag and being an active part of the drag performing community might give people from the LGBT+ community who suffer from symptoms of depression or social anxiety, the tools to better cope with their symptoms of depression or social anxiety. To determine this, the researcher will examine the unique stresses that affect members of the LGBT+ community and has conducted several interviews with drag artists in Helsinki who have symptoms of depression or social anxieties. In addition to this, a participatory

research study has been carried out over a time period of two months and consisting of two participants of LGBT+ backgrounds whom have either symptoms of depression or social anxiety, that has been previously diagnosed. The participator research study consists of educating the participants about drag culture and helping them create and actualise a drag persona.

1.3 Research questions

The research questions for this study are:

- 1) What tools could drag performance give LGBT+ people to help cope with symptoms of depression or social anxiety?
- 2) How does being a part of the drag community help LGBT+ people with symptoms of depression and social anxiety?

These research questions assist me, the researcher, in narrowing the understanding of how the various and contrasting factors of drag performance and being part of the drag community affect the moods and conditions of LGBT+ people with symptoms of depression or social anxiety. The research questions also help me detach myself from the subject matter and remain objective during the study.

The research questions help me explore drag performance and culture through the observations and experiences of the participants.

2 KEY CONCEPTS AND THEORETICAL BACKGROUND

The key concepts of this research study are Community, Mental health, Self-determination and Empowerment. These four key concepts will help me examine and determine what it might be that makes drag uniquely empowering for LGBT+ peoples, are they empowered through drag performance or through the drag community, or both. How self-determination and identities influence a person's role in society and the stresses they might face because of them. Mental health is an important concept because it ties together the ideas of negative mental health influences from unique societal stresses and how they might be counteracted by positive mental health influences say from inclusion in the drag community and participation in drag performance. And of course, community is a concept that comes up repeatedly and underlies the importance of the role of community in helping excluded individuals feel included.

The theoretical aspects of this research study will discuss the ideas of community within drag events and how drag makes LGBT+ people feel empowered in their own lives. We will examine how drag allows LGBT+ people to play with ideas of power and gender to process their own identities and roles in society. We will examine societal violence and isolation of LGBT+ people and the mental health issues that accompany that societal violence and isolation.

2.1 Filling the space of missing community

At the beginning of this research study it was clear that finding literature or previous research around this specific topic would be a difficult task, and true to form there is very little literature or research on the topic of drag performance or drag performance within the LGBT+ community, and by 'within the LGBT+ community' I refer to drag outside of the normal gay white masculine identifying spectrum of drag performers.

In order to work around this lack of literature or existing previous research, in 2017 and early 2018 I conducted 6 interviews with various Helsinki based drag performers, all of which are from the LGBT+ community and all of whom have some form social anxiety or symptom of depression. The interviews were conducted in semi-private locations, the questions were open ended and semi-structured to allow room for open discussion and aftercare was given when the interviews were over; consent each interviewee was obtained in the form of a written waiver before their inclusion in the study. The interviewees will be referred to by a single randomly assigned initial to maintain their anonymity. These interviews were instrumental in understanding the effects of drag on the mood of the individual and gave me an understanding of how drag has evolved from merely an art form into an entire community and movement.

Although the origins of the word community and the idea of community stemmed from the collective organised societal group (Slee & Azzopardi, 2012), in regard to the LGBT+ drag scene, community occurred from a need for like-minded people of similar backgrounds to fulfill a role or have sense of unity that may not be present in the society or communities they currently exist in. This sentiment was echoed throughout each of my six interviews with active members of the queer drag community.

‘I’ve always been told that I’m worthless, by the gay community, by the straight community. Drag and the drag community has shown me that I’m worth something, that I belong somewhere and the love I’ve received is invaluable’ - D

‘I feel excited, inspired and it drives me to be on stage, to perform. Before I couldn’t be in bars or clubs without having a lot of booze, drag changed that and gave me the strength to be comfortable without the need of alcohol as a crutch. I feel like the best version of myself on stage, I feel connected, I feel positive energy from the audience and they get that positive energy back’ - C

From these interviews we could gather that drag performers and the drag community have an almost symbiotic relationship with their audiences. Similarly, to the concepts of Boal (1992) where in the idea of Performance Game, the performance becomes a collusion between the actor, in this case the drag performer, and the spectators or in this sense the audience. This collusion or symbiotic relationship might allow the audience to empower and sustain the drag performer through their adoration and in turn the drag performer to empower and sustain the audience through their art.

2.2 Gender play and Drag

Monro (2005) states that people who do not fit into the accepted gender constructs of society are often at higher risk of isolation and exclusion and are at a disadvantage when it comes to societal, institutional and legislative systems that are typically support heteronormativity and binary genders. Drag performance and the LGBT+ drag community counteract this by playing with the very notions of gender in its traditionally accepted forms. Drag allows the performer to explore and indulge the aspects of their gender identity in ways that society has taught them is taboo to do so.

In recent years with drags resurgence in popular culture and especially LGBT+ culture, drag performance has become even more inclusive; in particular non-binary and transgender people have used drag performance as a means to process their feelings regarding how society views them and to process the possible issues they might have surrounding their gender dysphoria (Dougherty 2017). When performing drag, a person can unpack and process their identity and how they fit in society, drag grants one the freedom to affirm themselves in an environment that is both safe and that they control.

‘It challenges thinking, stereotypes and rules. Drag is comedic, illogical, it’s a social and political mirror. I love the gender play, the illusions of gender, you can never make assumptions about a person, who, what they are or might be, they just are... it’s a beautiful thing’ - J

2.3 Mental health and violence

Throughout the testimonials of the interviewees two common themes kept appearing, violence suffered from being LGBT+ and disparities in the treatment received from mental healthcare professionals. Violence towards LGBT+ people is one of the unique stresses that might lead to a sense social exclusion or feelings of isolation. That violence comes many different forms, not just physical. It may present itself in the form of mental abuse from love ones, who might be trying to get a transgender person to stay in their assigned gender; or it may be bullying in school or work based on gender or sexual identity. Or it might be systemic or institutional violence in the form of discrimination or disparities in treatment from governmental bodies or welfare systems, Finland for example is one few European countries that still requires the mandatory sterilisation of transgendered people in order to legally have their gender affirmed (Amnesty International, 2017). In fact, many of the interviewees discussed the sense of unease they experienced when dealing with mental health professionals, how they felt they might have been perceived as being dramatic or that mental health professional had blamed their gender identity for their mental health issues.

‘I’ve had depression since I was seventeen years old, sometimes I’m severely depressed, having ADD doesn’t help, health care professionals just added it up to being because I’m non-binary’ - S

For transgender and non-binary people these mental health disparities are even more significant, transgender people often face wider disparities when dealing with mental health issues. This is mainly due to lack of knowledge of transgender issues and pre-conceived notions of transgender people from a society that favours cis-gender ideals and hetero-normativity as common place (Harvey & Housel, 2014).

3 METHODOLOGY

During this study I have examined the topics of specific mental health issues in the LGBT+ community and how performing drag might give LGBT+ tools to cope with stresses that affect those mental health issues. We have explored briefly the sense of community that drag performance gives people and how that has helped individuals within the more marginalised parts of LGBT+ community feel included and empowered, and how this sense of inclusion is reflective of the ideas of Boal (1992).

3.1 Target group

The target group for this study was LGBT+ people with either social anxiety or symptoms of depression, or both.

Therefore, the parameters for the participants of this study were that each participant had to in some way identify as part of the LGBT+ community; by this I mean that they had to identify as a sexual or gender minority, they had to identify as either lesbian, gay, bi-sexual, transgender, queer, intersex or asexual. The participants had to have to some degree, social anxiety or symptoms of depression that was not self-diagnosed. The participants also had to be able to commit fully to a two-month schedule containing eight sessions and show an interest in performing drag or being a part of the drag community. The study consisted of two participants, both male identifying, both of different ages and shall be here to onwards referred to as participant A and Participant B.

The target group are also the main stakeholders in this study. Other stakeholders include the researcher and the LGBT+ drag community; with the possibility of the research benefiting LGBT+ organisations such as Seta ry and HeSeta ry in future ventures.

3.2 Ethical considerations when working with vulnerable groups

When working closely with vulnerable groups such as LGBT+ people with mental health issues, special ethical considerations must be made in the research to ensure that the participants are safe for exploitation for the purposes of the study and that the mental and physical well-being of the participants is always a priority for the researcher over the study itself. In research studies such as these one must also take every precaution to maintain the anonymity of the participants, each participant was required to enter a written agreement, a copy of which is in the appendix, with the researcher that they would not discuss the details of the group or its members and activities with the outside world, and conversely the researcher agreed that the complete anonymity of the participants would be maintained. Other ethical considerations regarded power dynamics between the participants and me, the researcher.

Pittaway and Bartolomei (2010) explains that when conducting research with vulnerable and high-risk groups, often the participants can feel that they must comply with the researchers wishes and they have little to no chance of recourse if they feel aggrieved or uncomfortable with the course of the study, this might be especially true in independent studies. It was therefore important that participants felt they could convey any grievances to me; there were feedback discussions after each session where we could discuss issues that may have come up during the sessions, changes that the participants would want to see in future sessions or simply to discuss how each participant feels, it was also important that the participants knew exactly what they were consenting to and what information would be used in the study in order to avoid the possibility of accusations of malpractice.

3.3 Data acquisition and analysis

Prior to the study, data was acquired from 6 personal interviews that I conducted in late 2017 and early 2018, data was also acquired from scholarly and academic articles and published theses. The interviews were conducted with active members of the

drag community, all interviewees were LGBT+ identifying individuals, all interviewees had dealt with or were dealing with mental health issues at the time of the interviews took place. The interview questions were semi-constructed and open ended in nature as to allow for the flow of conversation; the interview questions will be included in Appendix 1, to protect the anonymity of the interviewees the transcriptions of the interviews and audio recordings of the interviews will not be included in this study. It should also be noted that interviews were conducted over a seven month period from late 2017 to early 2018, while I was working for HeSeta ry(Helsinki's premiere LGBT+ organisation), but, were completely independent of HeSeta ry and its partners.

During the participatory study, participants have been encouraged to keep development diaries, which were provided by the researcher and will be collected at the end of the study. In these development diaries the participants will record their feelings, ideas and thoughts on the how the study is proceeding and how they feel in general after each session. They were also free to monitor any other feelings or thoughts they might have. From these diaries I will be able to monitor the participants' moods and create a narrative about their personal development over the course of the study. From this narrative I will be able to ascertain a common theme from the outcome of the study.

As the researcher I have also been keeping a personal observation diary, where I have monitored any general observations, developmental and mood changes in the participants. I will also be using my observations and the developmental diaries of the participants to analyse the progress of the participants and create a case study. From this case I will be able to chart the phenomenology of the study and chart its successes and failures.

Thematic analysis will be used to be analyse the acquired data. Thematic analysis allows the researcher to recognise concurrent patterns in the research data and place an emphasis on recurring subjects that relate to answering the original research questions. Thematic analysis in qualitative research studies allows the researcher to recognise patterns when dealing with large quantities of qualitative data (Nowell et al,

2017)

3.4 Why qualitative participatory research?

The decision was made early in the study that in order to achieve the most reliable and effective results, a qualitative participatory research approach would be the most fitting approach. Qualitative participatory research allows us, the readers or researchers, to see into the minds of our subjects and experience secondhand, their insight into the communities they exist in and the how they interpret and deal with the issues and problems that come from those communities.

Research of this nature and with such a doubly vulnerable group such as LGBT+ people with mental health concerns requires both understanding and sensitivity. A qualitative participatory approach allows for co-operation and balance between the researcher and the participant, it allows for an exchange of ideas and mutual learning (Bergold and Thomas, 2012).

And since this study is a qualitative participatory research study, the main methods I will be utilizing to conduct this study will be the narrative based approach and the task-centered practice approach.

3.5 The narrative approach

A narrative approach allows the researcher to paint a picture of the participant's lives and construct an understanding of what experiences the participant went through to lead them to the current point of their lives. It also permits the researcher to have an insight into how the participant interprets their world and navigates its obstacles. A narrative approach gives the researcher an intimate and empathetic window into the life and mind of a person (Squire, Andrews & Tamboukou, 2013).

It was for that reason that at the start of September 2018, I met privately with two individuals that wished to be part of the study, during that first meeting we sat in a semi-informal environment and I conducted what would be a semi-constructed open interview. We discussed their lives, thoughts and experiences about mental health, and drag performance and its significance to them. From these interviews I was able to garner an impression of the participants' lives and I was able to see clear common themes in both the participants' narratives. From this I was able create a schedule and plan that catered to their individual needs.

3.6 The task centered practice approach

“Task-centered practice is a social work technology designed to help clients and practitioners collaborate on specific, measurable, and achievable goals” – (Kelly, 2013).

Task-centered practice has been an effective social work tool for the last forty years, its primary focus on creating achievable tasks and its co-operative nature allows for a tangible connection between the researcher and the participant, it also provides clear measurable results for each stage of the process. It was for that reason that I decided that a task-centered practice approach would play the pivotal role in the process of the study.

Task-centered practice approach was present in every facet of the study, every session would involve a simple task that myself and the participants could achieve and then discuss the results of the task after-wards. The participants were also encouraged to keep a personal development diary, the task for this diary was to keep a log of their feelings and ideas about each session after each session had taken place. The participants were also free to change the tasks if there was anything that made them feel uncomfortable or something that they thought would be more beneficial to their learning or wellbeing.

4 PROCESS DESCRIPTION

This chapter will thoroughly examine the process of the participatory research study. In the chapter we will take a step by step journey into each session of the participatory research study and the various activities and passing observations that came from each session.

4.1 Location

The study took place over the space of two months from September 2018 to November 2018 with one session each week, held on a Thursday evening at five o'clock in the evening till seven o'clock in the evening; the locations the study took place in was Helsinki, in Helsinki center, Kaapelitehdas, Kamppi and Orton in Ruskeasuo.

The initial interviews took place in Helsinki center in a silent cafe, at the request of one participant, the reason being that traveling to unfamiliar places was a strain on their mental health. And the other interview took place in the basement of an assisted living housing complex which was part of the Orton school complex in Ruskeasuo, this was also at the request of the second participant, the reason being that they had felt too anxious to be around large groups of people. The interviews were contained semi-constructed open-ended questions, the questions will be attached in the appendix, to protect the identities of participants the transcriptions and audio recordings from the interviews will not be attached.

The fourth session took place in Kamppi, Helsinki and was a walk along session, the participants and I took part in a tour of Helsinki center for a few hours. I showed them the places they could purchase various standard items for performing in drag and they asked me questions about the practicalities of performing and the history of the scene in Helsinki.

All other sessions took place in Kaapelitehdas in Ruoholahti. The Kaapelitehdas sessions took place in private studio owned by Finnish artist and performer, I had made

special a special agreement with the owner of the space to rent it at a reduced price for the duration of the study. This environment was spacious, sound proofed to a degree and had many artist and creative elements to make it feel inspirational. It contained dance mirrors and lots of seating areas, so the participants and the researcher could always feel comfortable.

Feedback sessions were conducted in person, with the exception of one feedback and aftercare session that was conducted online, using a group chat, at the request of a participant that had had an anxiety attack.

4.2 Schedule of tasks

The study contained 8 practical sessions, before the practical sessions took place I met with the participants and we agreed on a schedule for the upcoming sessions and the tasks that would be centered on those sessions, this schedule evolved over the study to meet the needs of the participants. Below is the final schedule of the study.

Table 1: Schedule of tasks.

Week number	Session task	Home task
Week 36	Interviews no session tasks	Think of what drag means to you, to discuss in the next session
Week 37	Drag discussion group and character building	Create a drag performer name
Week 38	This week became an after-care session	Watch drag videos online of local and internal performers to get inspiration
Week 39	Walk along, ask questions and learn about where to get/buy drag supplies	Think about the aesthetics of your drag character

Week 40	Discuss how we feel in a feedback and aftercare session	Buy a glue stick and bring your makeup to next class
Week 41	Learning how to drag makeup in a master class	Play and experiment with makeup to find your own style
Week 42	Choosing songs and playing them for the group, discussing ideas for routines and the significance of their choices	Think of how drag character moves and why. Think of what you want to say with your performance
Week 43	Perform your idea for a routine	Continue practicing

4.3 The sessions

The sessions took place as follows,

Week 36; the initial session was an individual sit-down interview with each of the participants, the interviews took place in the locations specified in the previous section of this report, and the questions are attached to the Appendix 1.

During the interviews, I noticed the common themes from the participants, both participants reported feeling isolated and excluded from the general LGBT+ community, they both revealed the commonality of pre-existing mental health issues in their respective families and they both expressed a desire to have a sense of belonging to a community that accepts them at face value. And both participants expressed disappointment with the treatment they have thus far received from medical institutions.

‘I’ve always felt like an outsider in the scene, like I’m a fake Trans because I haven’t started hormones or had surgery and because even

though I'm Trans I still enjoy feminine things. I avoid the community to avoid that conflict, it gets lonely to be honest' - B

'I haven't seen my therapist since I moved here, I had one in my hometown but, it's hard to start with a new person and gain that trust again. Usually I'm at my dad's place and not seeing anyone or doing anything but this time I have school and stuff. I don't take meds, I've seen what they did to my mother and I have only seen bad things, I don't want that. I prefer to talk about my feelings and issues, rather than take drugs' - A

From this I was able to conclude the common themes of exclusion, isolation and disparities in mental health care.

Week 37, in week 37's session the participants had a discussion group drag performance and character-building class. The discussion was led by the participants with the researchers acting as an impartial moderator. The discussions themselves started with the moderator's suggested idea of talking about the participants ideas of what drag performance is and what drag performance could be. The topics moved on to the history of drag and the drag performers that had influenced the participants own interest in becoming a drag performer.

In the character-building class the participants discussed their ideas of what they would like their drag persona to be. They discussed the appearance, the speech patterns, and the history of their characters. The participants then acted out the physicality of how their character would move and explained the personal significance of their chosen persona.

After-wards, I was able to observe a visible elevation in the mood and interest participant A, they had entered the session panicked and uncertain, but by the end of the session seemed extremely enthusiastic. Participant B still seemed a little withdrawn and seemed to not be very receptive of other contributions or constructive ideas from the group.

Week 38, week 38 was initially scheduled as a walk-along session. The request of the participants, we were to meet in Kamppi and they would walk-along with me and I would show all the locations where they could find the staples necessary for drag performance, and they could simultaneously ask me questions about the practicalities of drag performance.

However, due to some complications participant B expressed that they were not able to make it to the specified location. I met with participant B and addressed the issue they were facing at the time, which was financial, they assured me that they would be able to participate after meeting with. Unfortunately, that was not the case. I then decided that in order to protect participant B's mental wellbeing, week 38, with the agreement of participant A, would be a feedback and aftercare session conducted online.

In my personal observation diary I have noted a worrying trend of participant B's consistent excuses and their effect on the group in general.

Week 39; in week 39 the previous canceled walk-along session from week 38 took place. During the walk-along, we visited various stores and locations where local drag performers purchase their outfits, make-up and accessories. This is invaluable information to a performer and could take years to acquire without the guidance of a veteran performer.

During the session, I noticed a complete contrast between the participants, while A was excited interested, asked lots of questions and generally very happy to be a part of the experience. Participant B stayed back during the entire walk-along, didn't engage in conversation and wasn't receptive to encouragement or aftercare.

Week 40; week 40 saw the participant B drop out of the study on the day of the session, an hour before the session, I have not received their personal developmental diary, so I can only speculate on why and analyse the possible reasons from the after-care session that was held. Although a makeup play class had been scheduled, I decided it was more important to have an aftercare session where I could ensure that both participants' wellbeing looked after.

Week 41; week 41 was a drag makeup master class, myself and participant A met at the Kaapelitehdas location and I instructed them in all the various makeup techniques used in drag performance. This was a practical lesson for both the participant and the researcher. During the session Participant A brought up the topic of Participant B and we discussed again A's feelings regarding the matter and resolved any outstanding questions.

The makeup class was a complete success, for the first I saw a noticeable conviction in Participant A, this was the turning point in their drag performance journey. Participant A could see their character coming to life, and for the first time A decided to set themselves a personal task to practice the techniques they had learned and try out new looks that they would bring to the next session.

Week 42; in week 42 we discussed songs and participant A played songs that had significance to them personally. We then discussed and acted out how their character might move and act and how they might relate that movement into telling a story through their song choice.

Week 43; in week 43 participant A performed their initial idea for a routine and was given feedback. We then discussed the routine and had a long brainstorming and creativity discussion. This was the final session. Following the end of the sessions there was an interview and feedback session.

5 RESULTS

In this section we examine the findings of the qualitative participatory research study and discuss whether the study was able to acquire answers to the initial research questions, 1) What tools could drag performance give LGBT+ people to help cope with symptoms of depression or social anxiety? 2) How does being a part of the drag community help LGBT+ people with symptoms of depression and social anxiety?

We will do this by examining the themes derived from the initial six interviews prior to the participatory study, the participant's personal development diaries and from my own observational diary from the participatory study. A secondary interview was also conducted with the participant that completed the study, this will also be included in the findings and the questions from the secondary interview will be included in the Appendix 4; the audio recording or transcript from the secondary interview, transcripts or photographs of the learning diaries will also not be included in this thesis, this is to safeguard the absolute anonymity of the participant's identities. It is vital when working with vulnerable marginalised groups to maintain their anonymity and to avoid the thesis and subject matter becoming exploitative in nature.

5.1 Learning from the community, how a new kind of peer support developed into a community

In the six initial interviews that took place in late 2017 and early 2018 the themes of community, empowerment, gender and mental health disparities arose from all six of the interviewees. The interviewees all described that although they had sought help for their various diagnosed mental health conditions, they collectively had received continued negative and borderline discriminatory treatment by mental health care professionals. With some even opting to avoid receiving treatment or therapy altogether, due to negative experiences.

Poussu (2015) also states that LGBT+ people in Finland and generally in western and northern European countries tend to have higher rates of mental health issues, and yet LGBT+ people frequently do not receive the equal level of care that heterosexual cis-gendered people might do.

The six interviewees also reported that for them drag performance and the drag community fulfilled a supportive role that they were previously missing. Through drag, an organically occurring form of peer support led to the creation of a community that sustained its-self. Monsauret (2016) concludes that peer support in marginalised communities comes from the need for individuals with similar backgrounds to work together to overcome unique problems and the interviewees substantiated this. It could also be argued that peer support could lead to the birth of a new community or sub-community, which appears to be the case with the drag community in Finland. When members of a marginalised group find a sense of belonging and inclusion from that group there becomes a need to remain in that group and support its continued growth and effect (Monsauret, 2016). This was reflected by the interviewees,

‘It’s about filling certain needs. The need to be seen, to be heard and validated. To be accepted, even admired. It’s about freedom for me and many others there’s this strange need to belong and a stronger need to feel safe – drag words we use for each other matter greatly, ‘mother, sister’ they add to the sense of belonging and feeling of safety’ - M

In drag, performers find a new type of support, through ideas like houses (in drag a house or haus, is a group of drag performers that come together usually under a drag mother to form a chosen family) and relationships with the audience. The support received from a drag family is obvious, as in most families the members seek to care and empower each other to ensure the well-being and success of the members and ultimately the family (Dougherty, 2017).

‘It helps, having this very real sense of family, knowing you can call upon your sister or mother for guidance or understanding, especially if you haven’t had that in your real life’ - M

However, the support from the audience is more symbiotic. Drag performance shares similarities to the ideas of Performance game (Boal, 1992) where the performance becomes a collusion between the actor and the spectators or in this sense the audience and the drag performer. And in adapted way the audience and performers empower each other through the performance.

‘With drag, it’s like I’m with my people, they get me. There's a great connection and mutual appreciation. It feels empowering in very non-ironic way and that’s unique and incredible’ - S

5.2 The mechanism of coping with unique stresses, the tools drag gives us to deal with life

During the six interviews, all the interviews expressed that performing drag and being a part of the drag community had taught them unique tools for coping with the stresses of life as an LGBT+ person and the mental health issues that might arise from that.

‘Anxiety was the worst, before I could only talk to people if I was intoxicated in some way. Performing as my drag character gave me strength to be my truest self, regardless of what society told me I was doing wrong. I carried that confidence over to my daily life. Drag has forced me to commit to ideas and schedules, it’s made me realise that I should trust my instincts and stop doubting myself’ - D

‘Performing drag can be like screaming into a metaphorical pillow, it’s like a form of therapy in the queer scene. I’ve learned that it’s okay to let these feelings out, I’ve learned it’s better to process those feelings and it’s giving me the bravery to socialise again, I’m now able to social regularly’ - C

‘Performing creates a natural high that can last for weeks, it also gives you control of a space, which normally wouldn’t happen; it’s good to be in control once in a while’ - S

‘Before shows, everyday life feels hazy like I’m sleep walking. At shows I get this high, it drives me, motivates me, I walk taller’ - J

From this we can ascertain that performing drag and being a part of the drag community for these individuals has provided the means to feel confident, motivated into activity and given them confidence which they have learned over time to use in their day to day lives.

5.3 Results from the participatory study

In this section we will be examining the results of the participatory study from the participant that completed the study and from my own personal observations during the study. As well as the final follow up interview that was conducted with participant A at the end of the study; although participant B was approached for a follow up interview it never came to fruition. As participant B left the study before the half way point due to very personal reasons, we will for ethical reasons not be including excerpts from their personal learning diary.

The results from the participatory unequivocally mirror the results of the six interviews, over the course of the two-month, eight session study, participant A reported in their personal learning diary that prior to the study they had felt anxiety and fatigue, a lack of motivation and no will to be social due to feeling depressed and tired. However, after each session they reported feeling energised and motivated not only to socialise but to also start new projects. This demonstrates a marked improvement that participating in the sessions provided the participant.

‘After the sessions, I’ve realised I need more time for myself. I’ve felt happy afterwards, relaxed, stress-free. It’s allowed me to be creatively

open and confident in my ideas and I think I've used that in my normal life' - A

During the study I also observed in each session that although participant A would at the start of the session would often arrive visibly stressed and a little withdrawn, by the end of each session they would be excited motivated and even frequently decide to socialise with friends or colleagues. This marked difference only grew over time and by the last few sessions participant A exuded a new confidence and would openly discuss new projects and jobs they had taken on, and how excited and motivated they were to be a part of the drag scene.

'I'm still stressed and anxious and tired, but now I'm able to be more social and friendly. I think about drag and performing and all the things that are coming with that, it makes me happy and motivates me' - A

From this we can see that performing drag and even being part of the drag community gives LGBT+ people with mental health issues, in this case social anxiety or symptoms of depression, a feeling of empowerment, it gives them the means to create a persona that gives them confidence, makes them happy, allows them to explore emotions in a healthy way and to socialise in a safe way that they have full control of. Both the interviewees and the participant provide evidence that there is an associative correlation between performing drag or being in the drag community and elevated moods. Drag is uniquely suited to the LGBT+ community because drag is unique, it is a mish mash of art forms and ideas that is not concerned with one's place or worth in society but rather with one's willingness to be who they truly are and share themselves flaws and all with a captivated audience.

6 Assessments and conclusions

6.1 Assessment of goals and reliability of results

The purpose of this thesis was to determine whether drag performance and the drag community could give LGBT+ people who have either social anxiety and/or symptoms of depression the means to develop tools to use in their daily lives to better cope with those mental health issues. Can the empowering effects of performing drag and being in the drag community help LGBT+ with mental health issues live better lives?

This thesis has effectively answered the questions presented at the start of the study. The phenomenology of mental health issues in LGBT+ people and the link between mental health issues in LGBT+ people and how the unique stresses that LGBT+ people face might be the causation behind those mental health issues was thoroughly explored and contrasted to how the drag community offers LGBT+ people an opportunity to develop their own social structures and systems of support and empowerment, to combat those unique stresses and therefore develop tools to cope with their mental health issues.

Throughout the research and participatory study, a conscious effort was made by the researcher to marry theory to practice. In the six interviews the themes of empowerment, community and inclusion repeatedly surfaced. And these themes were used to create the sessions for the participatory study. The participatory study itself provided evidence to a degree that performing drag or being a part of the drag community offers LGBT+ people with mental health issues a sense of belonging, inclusion and a means to develop confidence and motivational skills within the community that they can then use in their daily lives.

The results however would have been more effective if the second participant had finished the study. Had the second participant finished the study it would have provided a test to gauge the effectiveness of the process of the sessions and the value that could come from further developing this study into a program.

6.2 Ethical considerations of the study

There were many ethical considerations when working with such a vulnerable group like LGBT+ people with mental health issues. Anonymity was one of the greatest concerns, every measure was taken to ensure the anonymity of the participants. Rental of a private space to hold the sessions and waiver agreements were signed by both the participants and the researcher, as well a verbal agreement was made to ensure that no details what so ever about the participants and the activities in the sessions would be made public other than what was agreed to in the waiver form. Further considerations had to be made as one of the participants did not meet the legal required age of autonomy to decide to be part of the study, to address this, written consent was acquire from a legal guardian or parent the form for which is included in Appendix 2.

All the six interviewees also signed waiver agreements prior to the interviews and were later given the option to have their interviews redacted from the thesis paper if they so wished, the waiver form is included in Appendix 2.

The issue of competence of the subject matter and knowledge of the target group was also a huge ethical consideration. Kolmes (2017) states the one of the major considerations for working with LGBT+ people is to have a competent knowledge of LGBT+ people, the language that is used and the situations they face. As a member of the LGBT+ community I have this prior knowledge and as a prominent member of the drag community I have competent working knowledge of drag and how to perform drag.

6.3 Relevance of the study for the field of social work, an opportunity for growth and development

Currently in social work there is a distinct lack of studies or projects that focuses on finding positive solutions or viewpoints for the lives of LGBT+ people (Wilson,

2011). While researching this paper I struggled to find any projects or studies that addressed positive aspects of LGBT+ life or that searched for new solutions to common problems associated with being LGBT+. The majority of studies that focus on LGBT+ people, focus on discrimination or other negative factors without ever addressing solutions to amend those issues. To that degree the study of LGBT+ people can often feel exploitative, with this study I sought to remedy that.

It is therefore my hope that this study could one day be developed into a program by an NGO such as Seta ry or Heseta ry, with the assistance of the drag community, to help LGBT+ people with mental health issues gain similar benefits to the ones participant A and the interviewees experienced through performing drag and participating in the drag community. If this study was to be taken further, I would suggest that a longer period be taken to conduct the sessions, and that a concerted effort would be made to allocate time and funding to acquire supplies and more participants.

6.4 Personal observations

What I have learned from this process is the importance of aftercare when working with vulnerable groups. It was clear throughout the process of the study and the interviews that effort should be made to ensure that the interviewees and participants can express their concerns and be heard. When dealing with people from a marginalised group who also have mental health issues one must be aware that special care must be taken to ensure that the care and consideration of their emotional needs does not end once the activity ends (Berakatain et al, 2014).

It is my personal opinion that with the proper backing drag could become a formative art based social work method, that could really engage with marginalised LGBT+ people. Drag performance encapsulates many different art focused forms, it uses dance, art, music and acting. It allows the performer to create a world where they have the means to be the persona they wish to be in the real world, and although this persona can often be an exaggerated form, it can hold realistic elements such as confidence, that they can then carry consciously or subconsciously into their daily lives.

Similarly to queer theory (Tomczyk, 2015), drag seeks to challenge the accepted social constructs that ultimately alienate and exclude LGBT+ people from society, drag seeks to find new ways to engage people who otherwise feel lost in a world that openly hates them, when a person performs drag they are signalling to others that they have a place and like-minded community that is willing and able to accept them (Moncrieff and Lienard, 2017). It is vital that we look for new ways to engage and empower communities outside of professional standards, I believe and this thesis shows that for the LGBT+ community that comes in the form of drag.

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APPENDIX 1 INTERVIEW QUESTIONS

- Tell me a little about yourself, how do you see your place in the LGBT+ community?
- Do you have social anxiety and/or symptoms of depression?
- If you do, what kind of professional care or medication have you received for them, if any?
- What interests you about this project/what drew you to the project?
- When did you start doing drag/what inspires you to start drag?
- What does drag mean to you/why is drag important to you?
- Describe the feeling performing or watching live drag gives you?
- Describe any changes you have witnessed in your symptoms/anxiety since starting drag?
- What do you hope to achieve through this study?

APPENDIX 2 WAIVER FORM AND CONSENT FORM

Date _____ Time _____

Participant Name _____

Participant Age _____

I hereby I understand that by signing this waiver I give my expressed consent, that the information obtained from my interview, may be used for the purposes of data collection/correlation or used as a complete narrative for research for the thesis titled 'The Transformative Effects of Drag Performance; A study in identifying the empowering effects of using drag art performance to combat depression or social anxiety within the queer communities', to be carried out by Jac Alexis Isik of Diak university of applied sciences.

I understand and agree that any physical or digital voice recordings from interviews will not be made public.

I understand that my name will be kept anonymous in the printed thesis []

I clarify that I have read the statement above and I understand its contents. []

Date _____ Time _____

Participant Name _____

Parent/Guardian/Carer Name _____

I hereby I understand that by signing this waiver I give my expressed consent, that the above-named participant may take part in the research study 'The Transformative Effects of Drag Performance', to be carried out by Jac Alexis Isik of Diak university of applied sciences.

I clarify that I have read the statement above and I understand its contents. []

Parent/Guardian/Carer signature _____ Date _____

APPENDIX 3 SESSION PLAN EXAMPLE

13.09.2018 17:00

Drag Character Building and Discussion

Supervised and run by Jac Isik

Objectives – to develop characters with the participants, to learn what are the ideas the participants have about drag, to build a connection between the participants and their drag personas.

Key terms: - creativity, participation, knowledge, information exchange.

Materials needed : - Pens, paper, laptop.

TASK	Time	Completed
Introductions	10mins	
Discuss our ideas of what drag is and what drag can be	15mins	
Explore the different types of drag	15mins	
Discuss what they would like their drag characters to be based around or focused on	15mins	
Begin to develop characters, physicality, personas, etc.	30mins	
Think of names	No time frame	

APPENDIX 4 FOLLOW UP INTERVIEW QUESTIONS

How do you feel the study went?

What did you learn from the sessions?

Have you used the things you learned in your daily life?

Have you noticed any changes in your mood?

How have your views on drag and the community changed?

Will you continue to pursue drag performance?

Would you recommend this process to other LGBT+ people who have mental health issues?