

GENDER DYSPHORIA, DEPRESSION, AND
PERFORMANCE INVOLVEMENT AMONG
GAY AND BISEXUAL MALE DRAG QUEENS

By

DOUGLAS RAY KNUTSON

Master of Theological Studies in Philosophy, Theology
and Ethics
Boston University School of Theology
Boston, Massachusetts
2008

Master of Education in Applied Behavioral Studies with
Professional Counseling
Oklahoma City University
Oklahoma City, Oklahoma
2012

Submitted to the Faculty of the
Graduate College of the
Oklahoma State University
in partial fulfillment of
the requirements for
the Degree of
DOCTOR OF PHILOSOPHY
July, 2017

GENDER DYSPHORIA, DEPRESSION, AND
PERFORMANCE INVOLVEMENT AMONG
GAY AND BISEXUAL MALE DRAG QUEENS

Dissertation Approved:

Julie M. Koch, Ph.D.

Dissertation Adviser

John Romans, Ph.D.

Tonya Hammer, Ph.D.

Hang-Shim Lee, Ph.D.

Lucy Bailey, Ph.D.

ACKNOWLEDGEMENTS

This document is dedicated to: Julie Koch, without whom my dream of researching drag would not have been realized; to my parents, Miles and Brenda Knutson, without whom I would have stopped short of this accomplishment so many times; and to Anthony Stravlo, Aaron Rose, Armando Ortiz, and Mario Davis who taught me to see drag lurking in all aspects of life.

Name: DOUGLAS RAY KNUTSON

Date of Degree: JULY, 2017

Title of Study: GENDER DYSPHORIA, DEPRESSION, AND PERFORMANCE
INVOLVEMENT AMONG GAY AND BISEXUAL MALE DRAG
QUEENS

Major Field: EDUCATIONAL PSYCHOLOGY

Abstract: Researchers and theorists have generally included drag queens and transgender (trans*) populations together in their scholarship, and have paid little attention to how these populations may differ. Such sampling practices may lead to a variety of misleading assumptions about both drag and transgender populations. For one thing, researchers have pointed to higher rates of gender dysphoria and depression among trans* individuals, but the same may not be the case among drag queens. In order to add greater clarity to similarities and differences between these populations, a gender dysphoria questionnaire, depression inventory, and work involvement inventory were administered to a sample of gay and bisexual, cisgender male drag queens. Descriptive statistics from these measures represent the first step toward establishing rates of depression and gender dysphoria among drag queens. Mean comparisons of rates of depression and gender dysphoria between gay/bisexual male cisgender drag queens and male-to-female transgender persons indicate significant differences between these populations. When level of involvement in drag was considered, a small positive correlation was found with depression while a small negative correlation was found with gender dysphoria. Results indicate that drag queens are less depressed and experience considerably less gender dysphoria than transgender individuals. Furthermore, gender dysphoria may decrease as involvement in drag performance increases. This data may add clarity to research on gender diversity, support efforts to de-pathologize drag performance, and reduce stigma associated with drag in general. Implications for future research and for mental health treatment are discussed.

TABLE OF CONTENTS

Chapter	Page
I. INTRODUCTION.....	1
Terminology.....	2
Drag Queen.....	2
Gay.....	3
Trans*.....	3
II. REVIEW OF LITERATURE.....	5
Population Differences.....	5
Sampling Issues.....	5
Dysphoria.....	6
Drag Performance.....	7
Suicidality and Depression.....	8
Trans*.....	8
Drag Queens.....	9
Similarities.....	10
Drag Involvement.....	10
Statement of the Problem.....	11
Research Questions.....	13
III. METHODOLOGY.....	15
Participants.....	15
Instruments.....	16
Demographic Questionnaire.....	16
GIDYQ-AA.....	17
CES-D.....	18
JIS.....	19
Debriefing Statement.....	20
Procedures.....	20
Data Analysis.....	21

Chapter	Page
IV. RESULTS	24
Research Question 1	24
Research Question 2	24
Research Question 3	24
Research Question 4	25
Research Question 5	25
Research Question 6	26
V. DISCUSSION	27
Dysphoria	27
Depression.....	29
Involvement	30
Theory, Counseling and Beyond.....	32
Strengths and Limitations	34
Conclusions and Future Directions.....	36
REFERENCES	39
APPENDICES	51
Appendix A: Tables and Figures	51
Appendix B: Extended Review of Literature.....	53
Appendix C: Informed Consent Agreement	75
Appendix D: Questionnaires.....	77
Appendix E: Debriefing Statement.....	85
Appendix F: Advertisements	86
Appendix G: Oklahoma State University IRB Approval	88

LIST OF TABLES

Table	Page
1: Participant Demographic Characteristics.....	51
2: Descriptive Statistics and <i>t</i> -Test Results for Dysphoria	52
3: Descriptive Statistics and Proportion Difference for Depression.....	52
4: Correlations of Depression and Dysphoria with Involvement.....	52

CHAPTER I

INTRODUCTION

To date, no quantitative research has been conducted in the field of counseling psychology investigating the social and mental health characteristics of men who impersonate women as performance art (colloquially referred to as drag queens and/or female impersonators). Members of this population are typically included in samples of transgender (trans*) individuals by researchers and theorists who generally assess all gender nonconforming individuals as a homogenous group (Ekins & King, 2006, 1996; Horowitz, 2013). While a growing number of qualitative researchers have begun to explore differences between drag queens, trans* individuals, and gay men (Berkowitz et al., 2007; Bishop et al., 2014), these studies are subject to the limitations of qualitative studies such as restricted generalizability and localized context (Stevens, Loudon, Wrenn, & Cole, 2013).

Of the qualitative literature that has been published, most studies are ethnographic and contain each author's personal reflections and opinions about the phenomena observed (Rupp & Taylor, 2003; Schacht, 1998, 2000). These opinions are supported by existing theory, but the majority of theoretical analyses of drag have been hotly debated for decades (Baker, Burton, & Smith, 1994; Herdt, 1994; Ward, 2000). Most importantly, the collective self-reported thoughts and feelings of female impersonators are largely absent from these

studies which are, instead, about drag queens as subjects of observation (Brubach, 1999; Goldie, 2002; Schacht, 2002b).

With little empirical evidence to identify characteristics of drag queens and to distinguish them from trans* individuals, both populations are subject to a variety of assumptions in the literature produced by a variety of disciplines including sociology (Brubach, 1999; Rupp et al., 2010), psychology (Berg et al., 2008; Meyer, 2003), and the medical field (King, 1996; Lombardi, 2001). This is to say that two potentially very different populations are examined as if they are indistinguishable from one another. Thus, current literature may overlook a host of unique strengths, challenges, or other issues that accompany identification as a drag queen (Berkowitz & Belgrave, 2010; Mayer et al., 2008).

Quantitative assessments could assist with defining drag queens as a unique population and could provide a clear delineation between drag queens and trans* populations.

Terminology

Drag queen. A definitive definition for the term *drag* queen is lacking. In an ethnographic analysis of drag, Rupp, Taylor, and Shapiro (2010) state that drag queens are gay men who perform in women's clothing. Based on the literature, this definition could be expanded to include a wide range of drag performers including: female-to-male trans* individuals and cisgender heterosexual males (Berkowitz et al., 2007), heterosexual cisgender females (also referred to as bio-queens), androgynous performers, and drag kings of different genders and identities. However, including heterosexual men, female-to-male trans* people, and gay men in the same population places the researcher in danger of overlooking a variety of differences between these populations (Meyer, 2003; Smith, van Goozen, Kuiper, & Cohen-Kettenis, 2005b).

Self-identification as a drag queen is important since drag performers are distinguished from others who cross-dress by the public nature of their gender parody and by the level of professionalism they apply to their craft (Hopkins, 2004; Rupp et al., 2010). Drag queens are further separated from trans* individuals because they do not identify as female even when they present as women (Berkowitz et al., 2007). For this study, the sample was comprised of men who were designated male at birth (biological sex) who also identify as male (gender identity) and who simultaneously self-identify as drag queens. This will help to differentiate the sample under examination from other gender diverse populations.

Gay. Sexual orientation is related to gender, but is determined by a comparison between one's gender identity and one's affectional orientation (Gagné et al., 1997). Thus, regardless of one's designated sex, if one identifies (for example) as male and expresses an affectional orientation toward males, one is considered to be gay (Clements-Nolle et al., 2006). A variety of challenges and benefits have been associated with identification as a sexual orientation minority (e.g. lesbian, gay, bisexual) that are, in many ways, fundamentally different than those experienced by trans* individuals (Gonsiorek & Rudolph, 1991). This is particularly salient when one considers that the majority of drag queens also identify as gay men (Berkowitz et al., 2007).

Trans*. Cohen-Kettenis and Gooren (1999) provide a comprehensive history and definition of trans* as a term that encompasses individuals whose basic sense of self as male or female (gender identity) differs from the gender they were designated at birth. Other researchers and theorists use transgender to stand for a variety of other gender related terms (e.g. transsexual, transfeminine, gender queer, and transmasculine) as well as a variety of historically gender diverse categories (e.g. intersex, asexual) (Ekins & King, 2006;

Meyerowitz, 2009). More recently this comprehensive term has been abbreviated to trans* in popular usage and may reference gender nonconforming individuals or any individuals whose gender identity does not match their designated gender, also referred to as biological sex (Ryan, 2014). Alongside the term *trans**, Schilt and Westbrook (2009) define *cisgender* as a term that references individuals whose gender identity is the same as the gender they were designated at birth.

One important goal for some trans* individuals is to be perceived as the gender with which they identify (Bockting & Coleman, 2007). Being perceived and treated in line with one's gender identity is termed *passing* (Ekins & King, 2006). Gender dysphoria, depression, and suicide may relate to one's ability to pass in public (Grant et al., 2010).

CHAPTER II

REVIEW OF LITERATURE

Population Differences

Sampling Issues. In spite of the differences between drag queens and trans*-identified individuals, the two are generally addressed in theory and in research literature collectively under the moniker transgender (Berkowitz et al., 2007; Ekins & King, 2006). Additionally, these populations (both drag queens and trans*-identified individuals) are usually grouped with lesbian, gay, and bisexual individuals in research samples (Mayer et al., 2008). However, this creates problems because there are major differences between these two groups that may stem from the various ways they understand and present their gender identity. For example, some gender related challenges faced by trans* individuals and drag queens differ significantly from those encountered by other sexual minorities and gender diverse populations (Berkowitz et al. 2007). What's more, the ways these populations process and present gender may result in distinct benefits. Researchers have called for a clearer understanding of these unique issues to guide future treatment and interventions (The GenIUSS Group, 2014).

While little is known about the potential impact of including drag queens with trans* populations in research literature, researchers have identified significant differences between trans* women who identify as heterosexual and those who identify

as non-heterosexual (Smith et al., 2005b). Dissimilarities between the two populations are both physiological and psychological and may have an impact on partner relations among other factors (Lawrence, 2008). If clear differences exist between these individuals (who share in common a gender identity that differs from their designated sex) even greater distinctions may exist between trans*-identified people and drag queens.

Gender Dysphoria. Trans* individuals may experience psychological and physiological challenges stemming from differences between their gender identities and their biological sex (Smith, Van Goozen, Kuiper, & Cohen-Kettenis, 2005a). Gender dysphoria is listed in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM 5) as “the distress that may accompany the incongruence between one’s experienced or expressed gender and one’s designated gender” where designated gender refers to the gender one was designated at birth based on physiological sex characteristics (American Psychiatric Association [APA], 2013, p. 451). It is important to note that gender dysphoria relates to one’s response to incongruence and not the incongruence itself. This indicates that trans* people are not pathologized in the DSM 5 (APA, 2013), but rather a variety of factors (e.g. interpersonal relationships, individual expression, presence or absence of biological characteristics) need to be taken into account when assessing and treating gender related distress.

Gender dysphoria may be assessed in adults as both a cognitive and affective phenomenon that increases as one reports a gender identity that is further from one’s gender designated at birth (Deogracias et al., 2007). A variety of mental and behavioral health concerns are associated with gender dysphoria including depression, anxiety disorders, self-harm behaviors, and suicide (APA, 2013; Clements-Nolle, Marx, & Katz,

2006; Hughes & Eliason, 2002; Smith et al., 2005a). These challenges may be inescapable for many transgender people since attempts to reduce gender dysphoria (for example, by altering physiological or other external characteristics to match gender identity) may result in societal rejection, unemployment, and a variety of other difficulties (Grant et al., 2011a). In order to address this incongruence, these individuals may utilize a variety of interventions with a goal to shape their external appearance to match their gender identities. Such interventions include, but are not limited to: hormone therapy (either testosterone or estrogen), gender reaffirming surgeries (such as breast removal or breast augmentation), and/or electrolysis for hair removal (Cohen-Kettenis & Pfäfflin, 2003b). Researchers have demonstrated that actions taken to match gender identity to biological sex by altering physiological and biological attributes generally reduces gender dysphoria and negative emotions such as depression (Smith et al., 2005a).

Drag performance. Existing studies have not addressed rates of gender dysphoria among drag queens as a separate and distinct population from trans* individuals. While some scholars have explored the theoretical implications of drag for social constructions of gender, researchers have yet to address gender identity among this population (Rupp et al., 2010; Taylor & Rupp, 2004). Drag queens may not face the same challenges as trans* individuals even though the two populations are combined in the literature.

Drag queens are able to choose when to present as women and when to present as men. For this population, presentation as female is generally limited to performance venues and LGBT friendly public spaces (Berkowitz et al., 2007). Furthermore, the goal among drag queens is to perform rather than to pass as a female and they make use of

costume makeup, dress, and exaggerated features that would make “passing” impossible (Berkowitz & Belgrave, 2010). In short, passing is not a goal for drag queens.

On the other hand, trans* individuals often wish to only be perceived as their identified gender and their (in)ability to pass has a variety of repercussions including discrimination, depression, and suicidality (Deogracias et al., 2007; Grant et al., 2010). While trans* individuals may choose to switch between presentation as male or female in order to avoid discrimination and interpersonal conflict, the result is often an increase in dysphoria, especially when one’s physical presentation does not match one’s gender identity (Clements-Nolle et al., 2006). Thus, switching physical presentation may have dire consequences for transgender individuals related to increases in dysphoria and depression.

In contrast, drag performances are playful, highly stylized, and sometimes sexualized for comedic effect, to generate a fan-base, or to produce revenue (Berkowitz & Belgrave, 2010). Drag performance and involvement may function as a coping skill or protective factor for gay men. This may be especially true when it is accessed as a way to release negative emotions and when it provides connection to a supportive community of fellow performers. Additionally, dressing in drag may allow men to step outside of restricting gender norms, to challenge prejudice, or even to vent negative emotions in a safe environment (Markwell & Waitt, 2009). Simultaneously, drag queens may enjoy a sort of celebrity status among their peers (Berkowitz et al., 2007).

Suicidality and Depression

Trans*. Suicide rates among trans* individuals are higher than those of any other population in the U.S. (Grant et al., 2010). Grant et al. (2011b) conducted a national

survey of trans* people and found that 41% of trans* individuals reported attempting suicide compared to 1.6% of the general U.S. population (Clements-Nolle et al., 2006). Researchers have demonstrated a positive correlation between elevated rates of suicide and depression among trans* individuals with Clements-Nolle et al. (2006) reporting a 60% depression rate among a sample of trans* participants (Clements-Nolle, Marx, Guzman, & Katz, 2001). Suicidality and depression may result from a variety of challenges such as homelessness, unemployment, and alienation from family, all of which are elevated among trans* individuals in comparison to the general population (Grant et al., 2010).

Drag queens. Research on depression rates among drag queens is lacking. Depression among gay men is not well documented either for a variety of reasons including: omission of sexual orientation items from large studies; fear of disclosing sexual orientation among respondents; and small sample sizes utilized by current research studies of gay and bisexual men (Berg, Mimiaga, & Safren, 2008). While it is unclear whether or not depression is elevated among gay men overall (relative to the general population) it is likely that a variety of challenges faced by gay men such as HIV infection and lack of social support may lead to increased depression (Hays, Turner, & Coates, 1992). Research also indicates that experiences of minority stress among gay men have been related to increased suicidality, depression, and other emotional issues (Meyer, 1995, 2003).

Research related to depression among gay men and trans* people does not take into account the possibility that drag could produce positive emotions and stronger social

connectivity. Rates of depression and suicidality among drag queens may be lower relative to both trans* people and gay men who do not perform drag.

Similarities

Despite all of the differences between drag queens and trans* people, some commonalities do exist. Trans* people, drag queens, and gay men may experience a need to conceal their identity, especially from family, coworkers, and/or friends, and may also be faced with the necessity of coming out or disclosing their identity to others (Corrigan & Matthews, 2003). Many researchers and theorists have explored this process among LGB people (Gonsiorek & Rudolph, 1991; Griffith & Hebl, 2002; Rosario, Schrimshaw, & Hunter, 2004), and some have focused on the experience of trans* people (Bockting & Coleman, 2007; Gagné, Tewksbury, & McGaughey, 1997). Literature exploring the coming out process for drag queens is absent though the necessity of disclosure is noted in qualitative literature (Berkowitz & Belgrave, 2010).

Berkowitz et al. (2007) indicate that drag queens and transgender individuals may be viewed as similar or the same in LGBT social circles and public spaces (Berkowitz et al., 2007). These researchers report that drag queens may attempt to distance themselves from identification with trans* individuals since being seen as trans* may further alienate them from gay men. Common negative treatment of both trans* people and drag queens within society including by family, friends, and gays and lesbians could lead to similar symptomology (e.g. depression, anxiety) among both populations due to this marginalization.

Drag Involvement. In light of the myriad benefits available to drag queens, some research indicates that the more one participates in drag, the more he benefits from

this involvement (Berkowitz & Belgrave, 2010; Schacht & Underwood, 2004). While it seems logical that increased involvement in drag would result in increased enjoyment of the benefits of doing drag, this has not been demonstrated in the literature. In fact, the possibility exists that very high levels of participation in drag could have a negative effect on gender identity, dysphoria, or mood. Measuring job involvement in traditionally adult, performance-related vocations such as stripping, drag performance, or sex work is rare because researchers tend to measure employee attitudes in larger, more structured, traditional businesses in order to increase productivity (Diefendorff, Brown, Kamin, & Lord, 2002; Hirschfeld & Feild, 2000).

Paullay, Alliger, and Stone-Romero (1994) define job involvement as “the degree to which one is cognitively preoccupied with, engaged in, and concerned with one’s present job” (p. 225). Drag involvement may be defined as job involvement when viewed from this standpoint since drag queens receive monetary incentives for participation in drag, devote resources and time to drag performance, and engage in drag performance with varying degrees of regularity at businesses throughout the U.S. (Berkowitz & Belgrave, 2010; Rupp & Taylor, 2003; Taylor & Rupp, 2004). Measurement of drag involvement among drag queens may facilitate a better understanding of the impact (if any) of female impersonation on identity and mood.

Statement of the Problem

A variety of gaps exist in the literature related to drag queens and trans* populations. First, the overall absence of quantitative literature exploring the experiences of drag queens needs to be addressed. No baseline of mental health factors such as depression and gender dysphoria have been established for drag queens. This means that

most information we have about this population is hypothetical and based on untested theories.

Second, the tendency to combine drag queens with trans* individuals in population samples may lead to a variety of oversights in the literature that need further clarification. Drag queens may not suffer from gender dysphoria and/or depression at the same rates as trans* people. This may be particularly true among cisgender, gay drag queens who seek the sort of visibility and gender-conspicuousness that trans* people may seek to avoid.

Furthermore, trans* people and drag queens, viewed from outside their respective communities, may be associated with one another based on the perspective that they are, in some way, people who cross the gender line (through dress and behaviors that differ from their designated birth gender). However, while this may be seen as a disadvantage for trans* people, crossing the gender boundary imposed by society may place drag queens at an advantage. This is to say that, while dressing in a way that is incongruent with their core gender identity may be a source of dysphoria for trans* individuals, it may serve as a sort of therapeutic catharsis, liberation, and/or source of celebrity status for drag queens.

Thus, as a challenge to present assumptions, the establishment of rates of gender dysphoria and depression among drag queens could guide mental health practitioners and organizations such as the American Psychological Association as they work to improve the mental health of LGB populations by establishing that drag may be a form of resilience and may provide a variety of benefits. Seen from this perspective, drag could be utilized as a tool to encourage, rather than negatively evaluate, mental health. On a

broader level, this research could be used to challenge societal biases and stigma in regard to drag performance and drag queens.

If depression and gender dysphoria are lower among drag queens (relative to trans* people), more positive approaches to drag may be in order. Future exploration of ways that drag performance may reduce dysphoria, depression, and other challenges among gay and bisexual men could yield new therapeutic approaches and insight. A better understanding of gender construction and identity maintenance could aid treatment of both drag queens and trans* people.

For researchers, clearly delineating the potential differences between drag queens and trans* people would assist in clarifying theories and hypotheses that guide current sampling procedures and analyses. Furthermore, an ability to more clearly define samples could lead to more reliable statistics on depression and suicidality within sexual minority and gender diverse populations. Lower rates of depression among drag queens who are included in trans* and/or LGB samples could significantly skew results.

Finally, trans* populations often form the theoretical backdrop against which gender is complexity is explored (Rupp et al., 2010; Taylor & Rupp, 2004). Combining drag queens and trans* people may cause researchers to overlook the possibility of a different gender or a variety of gender identities not yet identified. This has major implications for counseling psychologists who are interested in better understanding gender in order to provide the most effective treatment possible to a variety of populations within sexual minority and/or gender diverse communities. Gender theorists and educators may also benefit from a better understanding of ways that drag performance relates to identity.

Research Questions

The research questions for this study were:

1. What are the rates of gender dysphoria among drag queens?
2. How do rates of gender dysphoria among drag queens compare to rates of gender dysphoria among trans* individuals?
3. What are the rates of depression among drag queens?
4. How do rates of depression among drag queens compare to rates of depression among trans* individuals?
5. Does increased involvement in drag relate to lower depression among drag queens?
6. Does increased involvement in drag relate to lower gender dysphoria among drag queens?

CHAPTER III

METHODOLOGY

Participants

Participants were 170 cisgender, gay male drag queens age 18 and older. Performers in the United States were recruited at large pageants (performance competitions such as Miss USofA and Miss Gay America) and national events. A small number of responses were from international participants. Transgender drag queens, heterosexual cisgender female drag performers (bio-queens), and other performers were excluded from participation since dual population membership might have confounded results. Participation was confidential and voluntary and participants were able to discontinue participation at any time. Individuals who completed the study had the option to be entered in a drawing for a piece of jewelry designed by Maria Isabel.

The mean age of participants was 32.58 years (range = 18-90) and the mean number of months a participant had performed in drag was 110.82 (range = 0-603). All respondents: identified as male or men, were designated male at birth, and identified as gay (n=148, 87.06%), bisexual (n=8, 4.71%), homosexual (n=6, 3.53%), queer (n=7, 4.12%), or pansexual (n=1, 0.59%). In terms of race and ethnicity, participants were primarily White (n=113, 66.47%), Black or African American (n=11, 6.47%), American

Indian or Alaskan Native (n=5, 2.94%), and Asian (n=2, 1.18%), with the remainder of participants reporting their race as other (n=9, 5.29%) or multiracial (n=29, 17.06%). One participant did not report race. More detailed demographic information is presented in Table 1.

For some participants, drag performance was a primary source of income (n=10, 5.9%), though the majority of participants relied on full-time (n=114, 67.1%) or part-time (n=34, 20.0%) employment as their primary source of income or were unemployed (n=11, 6.5%). The majority of participants had completed some college (n=62, 36.5%).

Instruments

All survey documents were provided online via Qualtrics or in hardcopy (Appendices C, D, & E). The 67 item survey included a consent form, a brief demographic questionnaire, the Gender Identity/Gender Dysphoria Questionnaire for Adolescents and Adults (GIDYQ-AA) (Deogracias et al., 2007); the Center for Epidemiologic Studies Depression Scale (CESD) (Radloff, 1977); The Job Involvement Scale (JIS) (Kanungo, 1982); and a debriefing page with a free response box. Overall, the survey took approximately 15 minutes to complete. The demographic form was presented first followed by the GIDYQ-AA, the CESD, and the JIS. Finally, a free response box was presented with debriefing statement that invited participants to share reflections on drag performance.

Demographic Questionnaire. The questionnaire included 9 items designed to obtain basic demographic information from participants including age, race, ethnicity, level of education, and information about employment.

GIDYQ-AA. The Gender Identity/Gender Dysphoria Questionnaire for Adolescents and Adults (Deogracias et al., 2007) is a 27 item self-report questionnaire designed to measure cognitive and emotional congruence between a respondent's biological sex (designated at birth) and the respondent's gender identity. For the purposes of measurement, male and female identity are conceptualized as polar opposites and incongruence between sex and gender is theorized as gender dysphoria. For each item, respondents indicate the frequency they have had the gender related thought or feeling in the last 12 months by selecting from a 5 point scale with ratings ranging from: 1 (always) to 5 (never). Items 1, 13, and 27 are reverse scored. Subscales reported by the authors include: subjective indicators of gender identity/gender dysphoria; social indicators; somatic indicators; and sociolegal indicators. However, psychometric properties for these subscales have not been reported. Therefore, only the overall score was assessed for this study. Scaled scores are obtained by summing the coded responses and dividing by the total number of questions answered. Lower scaled scores on the measure indicate higher levels of gender dysphoria.

The initial psychometric properties of the GIDYQ-AA were obtained using the scores of 462 cisgender participants (n= 197 males, n= 265 females) as a baseline reference which were compared to the scores of 39 pre-operative individuals (genders unspecified) who had been diagnosed with gender identity disorder (GID) in the previous year based on Diagnostic and Statistical Manual of Mental Disorders, 4th edition, text revision (American Psychiatric Association, 2000). Factor analysis indicated a strong one-factor solution (median factor loading, .86), with a high Cronbach's alpha (exact figure unreported) that accounted for 61.3% of the variance. Scores designated to

heterosexual, cisgender men ($M=4.85$, $SD=0.17$) were significantly different than those obtained by biological males diagnosed with GID ($M=2.56$, $SD=0.51$).

In a second step, the same sample of transgender respondents was later compared by the researchers to a sample of 41 clinical control, cisgender adults ($n=33$ males, $n=8$ females) recruited from mental health facilities. A 2 (Sex) X 2 (Group) ANOVA resulted in a significant main effect for group [$F(1,130)=1105.15$, $p<.001$ (partial $\eta^2=.90$)] indicating that the GID adults reported significantly more gender dysphoria than the clinical sample of adults. These results indicate that the measure is effective at discriminating between cisgender and transgender individuals based on level of gender dysphoria irrespective of mental or emotional health factors. In the present study, the measure demonstrated good internal consistency ($\alpha=0.93$).

CESD. The Center for Epidemiologic Studies Depression Scale (Radloff, 1977) is a 20 item self-report measure that asks participants to rate their experience of depressive symptoms on a Likert-type scale ranging from “rarely or none of the time (less than 1 day)” to “most or all of the time (5-7 days).” Responses range from 0 to 3 and are based on questions such as, “I did not feel like eating; my appetite was poor,” and “I felt depressed.” The questionnaire was initially validated on 3 large community samples of adults ($N=2514$, $N=1060$, $N=1422$) and one clinical population sample ($N=70$). Genders of participants were not specified and analysis was initially limited to White adults as this ethnicity comprised the vast majority of the samples under examination and researchers wished to reduce variability in comparisons between groups. The measure has since been used with a variety of undercounted and diverse populations such as older adults and

members of low socioeconomic groups (Maruish, 2004). A variety of tests for validity and reliability were run within and between samples. Notably, when compared with other measures of depressive symptoms, the CES-D demonstrated high r values in the .5 to .6 range. Additional studies have reinforced the scale's use with a variety of populations including women (Knight, Williams, McGee, & Olaman, 1997) and older adults (Lewinsohn, Seeley, Roberts, & Allen, 1997). Furthermore, Eaton et al. (2004) provided a review of the scale's use since its publication in 1977, further supporting the establishment of the CES-D as an effective tool for the evaluation of depressive symptoms. The CES-D has been used among trans* populations as well (Clements-Nolle et al., 2001; Clements-Nolle et al., 2006). Regarding the present study, the measure demonstrated good internal consistency ($\alpha=0.89$).

JIS. The Job Involvement Scale (Kanungo, 1982) is a 10 item, self-report measure with Likert-type responses ranging from 1 (disagree) to 6 (agree). This measure focuses on involvement in a present vocation. Statements include, "I live, eat, and breathe my job," and "Usually I feel detached from my job." The measure was initially validated on a sample of adult students enrolled in evening extension courses at major universities in Canada (N=703). The initial sample was 57% male and 43% female. Kanungo (1982) specified that 37% percent were French Canadian, 41% were English Canadian, and 22% belonged to other ethnic groups. The test-retest reliability for the measure was assessed with 63 of the original respondents. Questions were designed to assess commitment to a participant's current vocation on a Likert-type scale on which participants select a number from 1-6 to indicate their agreement or disagreement with each of the 10 job related statements. Higher scores indicate higher levels of job involvement. For the

present study, since the researchers hoped to assess involvement in drag, female impersonation was specified in each statement to reduce confusion among participants. The JIS was created and validated with additional measures of job and work involvement. When compared to other measures of involvement (both internal and external to the study), convergent validity of the measure was high ($r=.80$) (Kanungo, 1982). In terms of the present study, the measure demonstrated good internal consistency ($\alpha=0.89$).

Debriefing Statement. The debriefing statement was presented at the conclusion of the survey thanking participants for their participation. A free response box was provided for participants to share their thoughts or reflections on the survey.

Procedures

The researcher recruited participants using IRB approved advertisement materials (Appendix F) electronically and in person. Participants were contacted through the following avenues: online social media including Facebook, Twitter, and Google+; through LGBT organizations including the Miss Gay America pageant system and the USofA Pageant System; at gay bars nationwide; at the Miss Gay America 2016 national pageant; at the 2015 RuPaul's Drag Convention; using Craigslist and advertisements on drag focused blogs; and through other LGBT oriented events and gatherings. Participation was facilitated online through Qualtrics and in-person with printed copies of the questionnaire packet. Regardless of the method participants chose (in person or online), they were presented with the following documents: a consent form, brief demographic form (9 items); Gender Identity/Gender Dysphoria Questionnaire for Adolescents and Adults (27 items); Center for Epidemiologic Studies Depression Scale

(20 items); Job Involvement Scale (10 items); and a debriefing statement with a free response question. The study took between 10 and 15 minutes to complete.

The informed consent statement clearly stated that participation was voluntary, confidential, and that results were to be presented in aggregate form (Appendix C). Consent was indicated by either clicking “next” at the bottom of the informed consent page or by turning to the following page of the consent document. Completion of the survey also indicated consent to participate. Participants were offered the opportunity to submit an email address at the bottom of the consent form in order to be entered into a drawing for a set of hand-crafted earrings by Maria Isabel, a jeweler in Oklahoma City, OK who specializes in drag jewelry. The Oklahoma State University Institutional Review Board approval form is provided in Appendix G.

Data Analysis

Before analysis, data were screened to identify outliers and to establish that the underlying assumptions for each procedure were met. This included the use of Q-Q plots to establish the normality of the data sets for each measure. A few measure response sets included a missing item. . For the GIDYQ-AA, the average response was calculated using only the completed items, thus totals were divided by 26 rather than 27 as suggested by the creators of the measure (Deogracias et al., 2007). All CES-D response sets with missing responses were retained since Radloff (1977) advised that results be retained for measures with less than 4 missing responses though he did not outline procedures for calculating sum scores on these measures. Kanungo (1982) did not offer guidance for addressing missing responses. Thus, for missing values on the CES-D and the JIS, values

were calculated by obtaining the mean of a participant's responses and inserting this average response in the missing cell for that participant as supported by Shrive, Stuart, Quan, and Ghali (2006) in their analysis of imputation methods used with a depression measure. I considered this use of mean imputation to be appropriate since so few items were missing (1 CES-D item and 2 JIS items) and since none of the response sets were missing more than 1 response, though I understand the caution urged by Donders et al., (2006). Two cases were removed from the original data set since depression scores for these participants were clear outliers based on Q-Q plots and a histogram of the data. A cutoff of $\alpha \leq .05$ was used for all analyses unless otherwise specified.

First, I sought to establish rates of gender dysphoria and depression in the sample (Research Questions 1 & 3). I ran descriptive statistics for the gender dysphoria and depression measures. Descriptive statistics for the depression measure were run using 160 responses because 10 participants did not respond to the depression questionnaire.

To address the second research question, I compared gender dysphoria rates between the drag performer participants and previously established rates in the transgender population. I ran a one sample *t*-Test in IBM SPSS to compare the mean of my sample with the mean score of male-to-female trans* people established by Deogracias et al. (2007). Results are reported in Chapter IV and in Table 2.

For the fourth research question, I assessed differences in depressive symptoms between a pre-existing transgender sample and the drag performer sample from this study. I used a nonparametric binomial function in IBM SPSS to compare the percentage of drag performer participants reporting moderate to severe depression (≥ 16) to the percentage of male-to-female transgender participants found to be at or above a score of

16 by Clements-Nolle, Marx, Guzman, and Katz (2001). Subsequently, I calculated a z-score using the mean difference of the proportions divided by the standard error. I calculated confidence intervals using the Wilson method (without continuity correction) forwarded by Newcomb (1927). Results are reported in Chapter IV and in Table 3.

To answer the final two research questions (5 & 6), I used the Bivariate Correlation function in IBM SPSS. Additional statistics including *t* were generated using the linear regression function. Only 156 participants were included in these calculations because some participants did not respond to the work involvement measure that was positioned last in the assessment battery. Prior to running each correlation analysis, assumptions were evaluated. A plot of the standardized residuals suggested that the residuals were generally evenly distributed and the homoscedasticity assumption was met. The Durbin-Watson test values of 1.92 for dysphoria and 1.88 for depression suggested that the error terms were uncorrelated (Durbin & Watson, 1951). Results are reported in Chapter IV and in Table 4.

CHAPTER IV

RESULTS

Research Question 1: *What are the rates of gender dysphoria among drag queens?*

To answer the first research question, I ran descriptive statistics assessing the mean and standard deviation of responses on the GIDYQ-AA. The results indicated very low rates of gender dysphoria among the drag queen participants ($M=4.49$, $SD=0.57$) compared to a maximum score of 5 on the measure. These results establish a baseline for gender dysphoria among a sample of gay and bisexual, cisgender male drag queens.

(Table 2)

Research Question 2: *How do rates of gender dysphoria among drag queens compare to rates of gender dysphoria among trans* individuals?*

To evaluate the second hypotheses, I ran a one sample t-test comparing the mean of scores on the GIDYQ-AA among trans* people ($M=2.56$, $SD=0.51$) as reported by Deogracias et al. (2007) and the mean and standard deviation of scores among drag queen participants reported above ($M=4.49$, $SD=0.57$). The results indicated a significant difference between the two means, $t(169) = 44.45$, $p = .000$. The level of gender dysphoria among drag queens was found to be significantly lower than among trans* individuals and hypothesis 2 was supported. (Table 2)

Research Question 3: *What are the rates of depression among drag queens?*

Next, I performed a simple descriptive analysis of data from the CES-D in order to establish a baseline of depression among the drag queen participants. I found that 43.5% of participants (n=68) scored a 16 or higher on the measure, indicating that nearly half of the sample may have been experiencing moderate to severe depression at the time they completed the questionnaire. These results establish a baseline for depression among a sample of gay and bisexual, cisgender male drag queens.

Research Question 4: *How do rates of depression among drag queens compare to rates of depression among trans* individuals?*

To test this hypothesis, I calculated the significance of the difference between two independent proportions for depression scores of 16 or higher among the drag queen participants (n=68, 43.5%) and among male-to-female transgender individuals (n=242, 62%) as reported by Clements-Nolle, Marx, Guzman, and Katz (2001). This comparison demonstrated a significant difference between samples ($z = 4.13, p < .000$), indicating that the rate of depression among the drag queen participants was lower than that of a transgender sample, although the rate of depression among drag queens is still remarkably high. (Table 3)

Research Question 5: *Does increased involvement in drag relate to lower depression among drag queens?*

To test this hypothesis, I ran a correlational analysis using the bivariate correlation function in IBM SPSS. A significant positive Pearson Correlation was found between depression and involvement in drag performance [$r(156) = 0.17, p = .000$].

While this correlation is small, it indicates that individuals who reported more

involvement in drag also reported higher rates of depressive symptoms. Therefore, hypothesis 5 was not supported. (Table 4)

Research Question 6: *Does increased involvement in drag relate to lower gender dysphoria among drag queens?*

To test this hypothesis, I ran a correlational analysis using the bivariate correlation function in IBM SPSS. A significant negative Pearson Correlation was found between gender dysphoria and involvement in drag performance [$r(156) = -0.39, p = .000$]. Thus, individuals who reported higher rates of involvement in drag tended to report lower amounts of gender dysphoria. These findings support hypothesis 6. (Table 4)

CHAPTER V

DISCUSSION

The main objectives of this study were to describe baseline rates of depression and gender dysphoria among a sample of drag queens and to explore ways that this population may differ from transgender individuals. Additionally, results were analyzed to determine whether or not increased involvement in drag related to rates of depression and dysphoria among drag queen participants. Since this is the first quantitative study of its kind in counseling psychology, it may establish a foundational understanding of this population that may facilitate further exploration of ways that LGBT individuals navigate gender and sexuality. Results may also encourage future research investigating the possible benefits or protective factors associated with involvement in the drag community.

Gender Dysphoria

As was expected, levels of gender dysphoria were found to be significantly lower within this sample of drag queens than were found in a male-to-female trans* sample (Deogracias et al., 2007). These findings challenge assumptions that drag queens and trans* people should be considered as similar populations. The fact that drag performers experience very low levels of gender dysphoria indicates that, by definition, they are not transgender. Instead, feminine behaviors among drag queens may be more a function of

performance and drag culture than an indicator of female gender identity. In the future, qualitative and quantitative assessments may shed more light on the unique perspective that drag queens have of gender identity and expression.

Based on these findings, qualitative assessments placing an emphasis on the performance dimensions of drag performance may offer an alternative to approaching drag as if it is tied to gender identity. Of course, this study focused on cisgender males who, by definition, do not experience a mismatch between their gender identity and the sex they were designated at birth. Nevertheless, the significance of these findings cannot be understated when conjecture about drag has long involved companion assumptions about gender identity and assumptions that drag queens are trans* (Berkowitz et al., 2007). This misperception may be held by broader society, but is not based on any evidence of gender dysphoria experienced by drag performers. After all, results indicate that drag performance is not closely tied with female gender identity for drag performers.

Establishing a difference between drag performance and gender identity may carry a myriad of benefits especially for drag queens. Just as diagnoses can sometimes confirm and give credibility to one's knowledge about oneself, this study may add support for those in the drag community who may feel misunderstood. In regard to research and theory, distinguishing drag performers from gender minority populations may lead to more accurate results and more stable theories of gender identity development and maintenance. For example, measuring dysphoria or identity in a trans* sample that includes drag performers could skew results by introducing outliers.

In regard to treatment, therapists may gain a clearer understanding of gender identity and ways that performance may function for performers. Knowing that drag

performance is not directly tied to gender identity may enable therapists to avoid misdiagnosing clients who participate in drag. Distinguishing between these two populations may also benefit transgender people by demonstrating the difference between over-the-top gender parody and authentic gender identity and expression. Future studies identifying psychological aspects of drag performance may further benefit therapists and guide treatment recommendations.

Depression

As with measures of gender identity used with transgender populations, measures of depression may also be skewed by the inclusion of drag performers in studies of emotional and psychological functioning. Rates of depression were found to be significantly lower among drag queen participants than among a trans* sample. However, the number of participants (43%) at or above a score of 16 on the CES-D is still remarkably high in comparison to the general population results (15-19%) obtained by Radloff (1977). It is important to note that these high rates of depression are not accompanied by high rates of dysphoria, though the two constructs may overlap or may be hard to distinguish in some cases (Deogracias et al., 2007). This may add greater reliability to both dysphoria and depression results for this study since the selected measures clearly discriminated between gender dysphoria and depression.

Existing literature and theory regarding drag performance offer little insight into why depression may be high among drag performers. In fact, some studies have focused on the benefits associated with drag performance (e.g. popularity and money) that, at least logically, might reduce depression (Hopkins, 2004; Schacht & Underwood, 2004). Among the reasons for increased depression in more involved drag performers, one

particularly salient hypothesis may result from this study. Rather than experiencing depression fueled by gender dysphoria, drag queens may be ostracized based on perceptions of their gender identity both in LGBT circles and in other social settings. It is possible that drag queens actually become more isolated from LGBT communities because of negative perceptions held by LGBT community members. Depression, then, is likely the product of social isolation or stigmatization rather than from internal thoughts and emotions related to gender identity.

Of course, elevated depression is a complex function of minority stress and stigma experienced by LGB people in general as demonstrated in studies that have utilized the CES-D as a measure of depression (Lewis, Derlega, Griffin, & Krowinski, 2003). Nevertheless, the 43.5% depression rate found among drag queens in this study using the CES-D is still much higher than the 29.2% rate Mills et al. (2004) found among urban gay men. Mills et al. noted that this depression rate among gay men was higher than the 10.8% rate in the general population sample from which their subsample was drawn. While more research is needed to determine the sources for these elevated levels of depression among drag queens, a few sources for depression may include: increased alcohol consumption, sleep deprivation, managing two jobs, and from balancing two identities (Knutson, Koch, Sneed, & Lee, unpublished manuscript). It is also possible that some depressed gay men become involved in drag performance as a way to manage depression (Knutson, Koch, Sneed, & Lee, unpublished manuscript).

Involvement

Level of involvement in drag performance was significantly related to gender dysphoria. As involvement with drag increased, gender dysphoria was seen to decrease.

On the surface, this seems counter intuitive because, overall, this sample of drag queens reported rates of gender dysphoria that are as low as other cisgender populations. It seems unlikely that drag performance would involve a significant reduction in gender dysphoria for a population that does not experience much dysphoria in the first place.

Several factors may impact the reduction in gender dysphoria experienced by performers who are more involved in drag. For one thing, drag performers may come into contact with, and be surrounded by, individuals who share similar values and identities. Participating in drag venues may more frequently insulate performers from the judgments and assumptions about gender identity held by broader society and may normalize and celebrate drag as an art form. Additionally, regular performance in drag may increase the tendency among drag performers to endorse higher levels of masculinity both interpersonally and on stage. Drag performance itself may capitalize on the audience's awareness that performers are men in dresses and performers may point to this fact as part of their performance (Rupp & Taylor, 2003).

On the other hand, as involvement in drag increased, so did depression. These results may indicate that gay and bisexual cisgender males who are drawn to drag performance are those who have greater confidence about their gender identity and who are also more depressed than the general population of gay and bisexual males. It is possible that drag performers enter drag in an effort to reduce negative emotions or to manage low self-esteem by seeking celebrity status. If this is the case, involvement in drag, in general, may not represent an effective intervention to reduce depression for all performers since only a few individuals become headliners and/or television stars. Failure to achieve a high level of performance or a consistent fan base may lead to frustration and

other negative emotions. More research may be needed to evaluate whether fame in drag relates to rates of depression.

Theory, Counseling, and Beyond

It is possible, based on these results, that discrimination and confusion around gender identity and drag are imbedded in theory and social biases, but that these assumptions do not play out in reality. In other words, confusion about gender identity and drag is an issue for theorists, researchers, and the general public, but not for the drag performers themselves. If this is the case (as it appears to be), scholars who include drag performers and transgender populations together in theory and research may produce theory and results that are troublingly inaccurate and that may have a negative effect on drag performers and on trans* people.

In general society, little understanding of the LGBT community, let alone drag performance, may shape negative perceptions of drag queens as representing a challenge to gender norms. Ironically, some LGBT circles may also treat drag queens as outsiders since gay men and other sexual minorities may hold biases against femininity and effeminate behavior exhibited by males (Taywaditep, 2002). Thus, challenging biases and increasing understanding could be beneficial for drag performers.

It is possible that if more people could see drag as performance art rather than as gender commentary or as a true marker of one's gender identity, performance drag could become a more mainstream, visible, and less marginalized art form. Broader acceptance coupled with lower stigmatization of drag performers could improve both work conditions and interpersonal relationships for performers. For example, drag performers could perform in a variety of venues at more reasonable times without the presence of

alcohol and the threat of discriminatory behavior toward them (Knutson, Koch, Sneed, & Lee, unpublished manuscript). Another example might be that a clear and reasonable understanding of drag performance among parents could be a huge benefit for a son who does drag since his parents might understand drag as a performance outlet rather than as a commentary on identity.

This awareness of the gender identity and emotional functioning of performers may benefit therapists who have the opportunity to counsel family and friends of drag performers as well as drag performers themselves. Challenging biases and assumptions related to gender identity can help therapists to normalize client experiences and to challenge anti-transgender and/or anti-feminist biases among clients in more creative, informed ways. As confusion around gender identity proliferates and as political battles continue to be fought over access and protections for LGB and more specifically for trans* populations, the need for confident, informed therapists who can provide psychoeducation around gender theory will increase. Therapists themselves may benefit from attending drag shows or otherwise engaging in opportunities to challenge their biases and to investigate the experiences and expression of LGBT people in diverse settings.

Finally, the results of this study may have a variety of implications for training in psychology. In current diversity classes, terminology related to sexual minority status may be reviewed with students in a way that creates divisions between identity categories. For example, students may be told about “cross-dressing” and may be exposed to offensive terminology such as “transvestitism” with the implication that these terms relate to sexual orientation and gender identity. However, results from this study

show how important it is for drag queens and trans* populations to not be confused. Competent counseling psychology trainees should be taught to investigate the gender identity of any client before making assumptions about a person's identity simply based on how he or she dresses and/or acts. Trainees should also be taught that some of the assumptions society holds regarding LGBT populations, even when supported by theory, may be inaccurate. Teaching trainees more accurately about LGBT sub-cultures may reduce bias. For example, trainees who are more traditional or conservative may become less resistant to working with LGBT clients if they have a clearer understanding of the motivations, goals, and identities shared within these populations. Incorporating this information into diversity classes may widen students' understandings of sexual minority status and gender diversity and increase their multicultural counseling competence.

Strengths and Limitations

The fact that this study is the first in my knowledge to present quantitative data regarding gender dysphoria and depression among drag queens is a major strength. This research provides statistical insights into a population that adds greater clarity to dimensions of the LGBT community while simultaneously improving sampling criteria. The sample size obtained is considerably larger than samples collected for the qualitative studies that have been published and, therefore, it presents a clearer picture of the population as a whole.

Nevertheless, there may be a variety of limitations in this study. The first is a product of the need to create superficial categories in order to construct a sample defined by gender and sexual orientation. In order to clearly differentiate drag queens from trans* individuals, participation was limited to drag queens who identified as cisgender males,

and bisexual or gay. These criteria excluded individuals who challenge gender boundaries through performance art, but do not identify as drag queens or female impersonators (e.g. people who cross-dress, androgynous entertainers). This also excluded a vast array of drag performers such as bio queens (cisgender women who do drag), drag kings (women who dress in male drag), transgender performers, and others. Additionally, participants who have homosexual or homo-affective orientations, but do not identify as gay or bisexual, may have been excluded. Nevertheless, it was necessary to observe certain limitations in order to obtain a somewhat homogenous sample in order to test the hypotheses.

Another limitation was the fact that random sampling was not possible with this population. There are no reported statistics regarding the actual size of the drag queen population. Furthermore, the population is hard to access since drag performers, when they are not performing, are largely invisible and since drag continues to be a largely avant-garde form of artistic expression. Furthermore, since drag performance is not assessed on nationwide surveys or other widely distributed questionnaires, no data exists to indicate how large this population actually is. Therefore, there is no way to determine what percent of the overall population was assessed by this study and baseline statistics may or may not represent the overall population accurately.

Also, it is possible that drag queens who are more visible and more comfortable with performance were sampled. Since I recruited drag performers at major pageants, on social media, and at venues that encouraged high visibility, participants may have shared a higher comfort level with performance overall. The ability to reach less visible and

more obscure performers was limited by sampling techniques which did not allow for network or snowball sampling. Additionally, no differentiation was made between pageant performers (performers who compete in national pageants such as Miss USofA or Miss Gay America) and bar performers, though these populations may be different. In the future, researchers may be able to more effectively utilize drag networks for recruitment since drag queens may be closely affiliated and may more clearly delineate types of involvement.

Finally, this study was presented both in paper copy and online. As with any online survey, it is impossible to know the conditions under which the survey was completed. Additionally, a handful of participants completed the survey in paper copy at LGBT and drag themed events. Depending on the state of dress, mindset, and the performance orientation of individuals at the time they completed the survey, their responses could have been impacted.

Conclusions and Future Directions

This study carries several implications for gender studies, education, and for counseling psychologists. First, results may indicate that researchers need to further describe and limit gender diverse populations under study to ensure that their samples achieve adequate homogeneity. If drag queens and others are included in trans* populations, results may be skewed depending on the phenomenon under examination. On a broader societal level, further clarifying reasons for drag performance and separating drag from gender identity may reduce stigma experienced by drag queens and by gender nonconforming populations in the general public and within research literature.

This could ultimately improve emotional functioning among drag performers who may be ostracized in LGBT communities and who are often forced into performance venues where health conditions may not be ideal.

Also, data produced by this study may ground therapeutic approaches to gender nonconformity by reducing therapist biases in regard to gender identity. Therapists may be able to more effectively treat and inform family, friends, and performers themselves as to the separation between drag performance and gender identity. Future studies may further investigate the benefits and challenges associated with drag performance itself including stigma management, social support, and even therapeutic aspects of creative performance. Building on the results of this study, more may be gained from more in-depth analyses of the social phenomenon of drag performance both for performers and for audiences.

In the future, researchers may wish to look more deeply into reasons for depression among individuals who choose to participate in drag performance. Researchers may also wish to identify what draws performers to start performing in drag and whether or not these incentives (community, celebrity status, money) have their desired positive effect, as it is possible that performers seek benefits from drag that do not have their desired effect. With the variety of valuable insights provided by qualitative studies of drag queens, a move toward more quantitative methods may be merited.

As research of gender identity and trans* concerns progresses, it will be important not to overlook LGBT sub-populations or to make the mistake of retaining these populations in samples that would be skewed by their inclusion. Continued investigations of drag queens, individuals who continue to be misunderstood and misrepresented, may

provide unique insights into identity development and maintenance as well as management of negative emotions within the LGBT community. Overall, the results of this and future studies may be used to foster greater unity within the LGBT community and to enhance connections between drag queens and their friends and family.

REFERENCES

- American Psychiatric Association. (2000). *Diagnostic And Statistical Manual Of Mental Disorders (4th ed., text rev.)* Washington, DC: Author.
- American Psychiatric Association. (2013). *The Diagnostic and Statistical Manual of Mental Disorders (5th ed.)*. Washington, DC: Author.
- Baker, R., Burton, P., & Smith, R. (1994). *Drag: A history of female impersonation in the performing arts*. New York, NY: New York University Press.
- Bandura, A. (1986). *Social foundations of thought and action*. Englewood Cliffs, NJ: Prentice Hall.
- Berg, M. B., Mimiaga, M. J., & Safren, S. A. (2008). Mental health concerns of gay and bisexual men seeking mental health services. *Journal of Homosexuality, 54*, 293-306.
- Berkowitz, D., Belgrave, L., & Halberstein, R. A. (2007). The interaction of drag queens and gay men in public and private spaces. *Journal of Homosexuality, 52*, 11-32.
- Berkowitz, D., & Belgrave, L. L. (2010). "She works hard for the money:" Drag queens and the management of their contradictory status of celebrity and marginality. *Journal of Contemporary Ethnography, 39*(2), 159-186.
- Bishop, C., Kiss, M., Morrison, T. G., Rushe, D. M., & Specht, J. (2014). The association between gay men's stereotypic beliefs about drag queens and

- their endorsement of hypermasculinity. *Journal of Homosexuality*, 61, 554-567.
- Bockting, W., & Coleman, E. (2007). Developmental stages of the transgender coming out process: Toward an integrated identity. In R. Ettner, S. Monstrey & E. Eyler (Eds.), *Principles of transgender medicine and surgery* (pp. 185-208). New York, NY: Routledge.
- Brevard, A. (2001). *The woman I was not born to be: A transsexual journey*. Philadelphia, PA: Temple University Press.
- Brubach, H. (1999). *Girlfriend: Men, women, and drag*. New York, NY: Random House.
- Bussey, K., & Bandura, A. (1999). Social cognitive theory of gender development and differentiation. *Psychological Review*, 106, 676-713.
- Chermayeff, C., David, J., & Richardson, N. (1995). *Drag diaries*. San Francisco, CA: Chronicle Books.
- Clements-Nolle, K., Marx, R., Guzman, R., & Katz, M. (2001). HIV prevalence, risk behaviors, health care use, and mental health status of transgender persons: Implications for public health intervention. *American Journal of Public Health*, 91, 915-921.
- Clements-Nolle, K., Marx, R., & Katz, M. (2006). Attempted suicide among transgender persons: The influence of gender-based discrimination and victimization. *Journal of Homosexuality*, 51, 53-69.
- Cohen-Kettenis, P. T., & Gooren, L. V. (1999). Transsexualism: A review of etiology, diagnosis and treatment. *Journal of Psychosomatic Research*, 46, 315-333.
- Cohen-Kettenis, P. T., & Pfäfflin, F. (2003). *Transgenderism and intersexuality in childhood and adolescence: Making choices*. Thousand Oaks, CA: Sage.

- Corrigan, P., & Matthews, A. (2003). Stigma and disclosure: Implications for coming out of the closet. *Journal of Mental Health, 12*(3), 235-248.
- Deogracias, J. J., Johnson, L. L., Meyer-Bahlburg, H. F., Kessler, S. J., Schober, J. M., & Zucker, K. J. (2007). The gender identity/gender dysphoria questionnaire for adolescents and adults. *Journal of Sex Research, 44*, 370-379.
- Diefendorff, J., Brown, D., Kamin, A., & Lord, R. (2002). Examining the roles of job involvement and work centrality in predicting organizational citizenship behaviors and job performance. *Journal of Organizational Behavior, 23*(1), 93-108.
- Donders, A. R. T., van der Heijden, G. J. M. G., Stijnen, T., & Moons, K. G. M. (2006). Review: A gentle introduction to imputation of missing values. *Journal of Clinical Epidemiology, 59*, 1087-1091
- Drexel, A. (2013). Before Paris burned: Race, class, and male homosexuality on the Chicago south side, 1935-1960. In B. Beemyn (Ed.), *Creating a place for ourselves: Lesbian, gay, and bisexual community histories* (pp. 119-141). New York, NY: Routledge.
- Durbin, J., & Watson, G. S. (1951). Testing for serial correlation in least squares regression, II. *Biometrika, 30*, 159-178.
- Eaton, W. W., Smith, C., Ybarra, M., Muntaner, C., & Tien, A. (2004). Center for Epidemiologic Studies Depression Scale: Review and revision (CESD and CESD-R). In M. E. Maruish (Ed.), *The use of psychological testing for treatment planning and outcomes assessment: Volume 3: Instruments for adults (3rd ed.)* (pp. 363-377). Mahwah, NJ: Lawrence Erlbaum Associates Publishers.

- Ekins, R. (1996). The career path of the male femaler. In R. Ekins & D. King (Eds.), *Blending genders: Social aspects of cross-dressing and sex-changing* (pp. 39-48). London, UK: Routledge.
- Ekins, R., & King, D. (2006). *The transgender phenomenon*. London, UK: Sage Publications.
- Ekins, R., & King, D. (Eds.). (1996). *Blending genders: Social aspects of cross-dressing and sex-changing*. London, UK: Routledge.
- Feinstein, B. A., Meuwly, N., Davila, J., Eaton, N. R., & Yoneda, A. (2014). Sexual orientation prototypicality and well-being among heterosexual and sexual minority adults. *Archives of Sexual Behavior*, 1-8.
- Gagné, P., Tewksbury, R., & McGaughey, D. (1997). Coming out and crossing over identity formation and proclamation in a transgender community. *Gender & Society*, 11(4), 478-508.
- Goldie, T. (2002). Dragging out the queen: Male femaling and male feminism. In N. Tuana, W. Cowling, M. Hamington, G. Johnson & T. MacMullan (Eds.), *Revealing male bodies* (pp. 123-144). Bloomington, IN: Indiana University Press.
- Gonsiorek, J. C., & Rudolph, J. R. (1991). Homosexual identity: Coming out and other developmental events. In J. C. Gonsiorek & J. D. Weinrich (Eds.), *Homosexuality: Research implications for public policy* (pp. 161-176). Thousand Oaks, CA: Sage Publications.
- Grant, J. M., Mottet, L., Tanis, J. E., Harrison, J., Herman, J., & Keisling, M. (2011). *Injustice at every turn: A report of the National Transgender Discrimination Survey*. Washington, DC: National Center for Transgender Equality.

- Grant, J. M., Mottet, L. A., Tanis, J., Herman, J., Harrison, J., & Keisling, M. (2010). National Transgender Discrimination Survey report on health and health care (pp. 1-23). Washington, DC: National Center for Transgender Equality and National Gay and Lesbian Task Force.
- Griffith, K. H., & Hebl, M. R. (2002). The disclosure dilemma for gay men and lesbians: "Coming out" at work. *Journal of Applied Psychology, 87*, 1191.
- Haas, A. P., & Drescher, J. (2014). Impact of sexual orientation and gender identity on suicide risk: Implications for assessment and treatment. *Psychiatric Times*. Retrieved on 01/19/15 from: <http://www.psychiatristimes.com/special-reports/impact-sexual-orientation-and-gender-identity-suicide-risk-implications-assessment-and-treatment>
- Hatzenbuehler, M. L. (2009). How does sexual minority stigma “get under the skin”? A psychological mediation framework. *Psychological Bulletin, 135*, 707-730.
- Hays, R. B., Turner, H., & Coates, T. J. (1992). Social support, AIDS-related symptoms, and depression among gay men. *Journal of consulting and Clinical Psychology, 60*, 463-469.
- Herd, G. (Ed.). (1994). *Third sex, third gender—beyond sexual dimorphism in culture and history*. New York, NY: Zone Books.
- Herman, J. L. (Ed.) (2014). *Best practices for asking questions to identify transgender and other gender minority respondents on population-based surveys*. Los Angeles, CA: The Williams Institute.

- Hirschfeld, R., & Feild, H. (2000). Work centrality and work alienation: Distinct aspects of a general commitment to work. *Journal of Organizational Behavior*, 21(7), 789-800.
- Hopkins, S. J. (2004). "Let the drag race begin:" The rewards of becoming a queen. *Journal of Homosexuality*, 46, 135-149.
- Horowitz, K. R. (2013). The trouble with "queerness:" Drag and the making of two cultures. *Signs*, 38, 303-326.
- Hughes, T. L., & Eliason, M. (2002). Substance use and abuse in lesbian, gay, bisexual and transgender populations. *Journal of Primary Prevention*, 22(3), 263-298.
- Jagose, A. (1996). Queer theory. *Australian Humanities Review*. Retrieved from <http://www.australianhumanitiesreview.org/archive/Issue-Dec-1996/jagose.html>
- Kanungo, R. (1982). Measurement of job and work involvement. *Journal of Applied Psychology*, 67, 341-349.
- King, D. (1996). Gender blending: Medical perspectives and technology. In R. Ekins & D. King (Eds.), *Blending genders: Social aspects of cross-dressing and sex-changing* (pp. 79-98). London, UK: Routledge.
- Knight, R. G., Williams, S., McGee, R., & Olaman, S. (1997). Psychometric properties of the Centre for Epidemiologic Studies Depression Scale (CES-D) in a sample of women in middle life. *Behaviour Research and Therapy*, 35, 373-380.
- Kohlberg, L. (1966). A cognitive-developmental analysis of children's sex-role concepts and attitudes. In E. E. Maccoby, (Ed.), *The development of sex differences* (pp. 82-172). Stanford, CA: Stanford University Press.

- Knutson, D., Koch, J. M., Sneed, J., Lee, A. (Unpublished manuscript). *Drag as therapy: A qualitative study of drag performance from a mental health perspective.*
- Kumbier, A. (2003). One body, Some genders: Drag performances and technologies. *Journal of Homosexuality, 43*, 191-200.
- Lawrence, A. A. (2008). Male-to-female transsexual subtypes: Sexual arousal with cross-dressing and physical measurements. *Psychiatry Research, 157*, 319-320.
- Lewinsohn, P. M., Seeley, J. R., Roberts, R. E., & Allen, N. B. (1997). Center for Epidemiologic Studies Depression Scale (CES-D) as a screening instrument for depression among community-residing older adults. *Psychology and Aging, 12*(2), 277-287.
- Lewis, R. J., Derlega, V. J., Griffin, J. L., & Krowinski, A. C. (2003). Stressors for gay men and lesbians: Life stress, gay-related stress, stigma consciousness, and depressive symptoms. *Journal of Social and Clinical Psychology, 226*, 716-729.
- Lombardi, E. (2001). Enhancing transgender health care. *American Journal of Public Health, 91*, 869-872.
- Markwell, K., & Waitt, G. (2009). Festivals, space and sexuality: Gay pride in Australia. *Tourism Geographies, 11*(2), 143-168.
- Maruish, M. E. (Ed.). (2004). *The use of psychological testing for treatment planning and outcomes assessment: Volume 3: Instruments for adults* (Vol. 3). Mahwah, NJ: Lawrence Erlbaum Associates.
- Mayer, K. H., Bradford, J. B., Makadon, H. J., Stall, R., Goldhammer, H., & Landers, S. (2008). Sexual and gender minority health: What we know and what needs to be done. *American Journal of Public Health, 98*, 989-995.

- Meyer, I. H. (1995). Minority stress and mental health in gay men. *Journal of Health and Social Behavior, 36*, 38-56.
- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin, 129*, 674-697.
- Meyerowitz, J. J. (2009). *How sex changed: A history of transsexuality in the United States*. Cambridge, MA: Harvard University Press.
- Mills, T. C., Paul, J., Stall, R., Pollack, L., Canchola, J., Chang, Y. J., Moskowitz, J. T., & Catania, J. A. (2004). Distress and depression in men who have sex with men: The urban men's health study. *American Journal of Psychiatry, 161*, 278-285.
- Nadal, K. L. (2013). *That's so gay!: Microaggressions and the lesbian, gay, bisexual, and transgender community*. Washington, DC: American Psychological Association.
- Nardi, P. M. (1999). *Gay masculinities*. Thousand Oaks, CA: Sage.
- Newcombe, R. G. (1998). Interval estimation for the difference between independent proportions: Comparison of eleven methods. *Statistics in Medicine, 17*, 873-890.
- Newton, E. (1979). *Mother camp: Female impersonators in America* (2 ed.). Chicago, IL: University of Chicago Press.
- Paullay, I., Alliger, G., & Stone-Romero, E. (1994). Construct validation of two instruments designed to measure job involvement and work centrality. *Journal of Applied Psychology, 79*, 224-228.
- Radloff, L. S. (1977). The CES-D scale: A self-report depression scale for research in the general population. *Applied Psychological Measurement, 1*(3), 385-401.

- Rosario, M., Schrimshaw, E. W., & Hunter, J. (2004). Ethnic/racial differences in the coming-out process of lesbian, gay, and bisexual youths: A comparison of sexual identity development over time. *Cultural Diversity and Ethnic Minority Psychology, 10*(3), 215-228.
- Rupp, L. J., Taylor, V., & Shapiro, E. I. (2010). Drag queens and drag kings: The difference gender makes. *Sexualities, 13*(3), 275-294.
- Rupp, L. J., & Taylor, V. A. (2003). *Drag queens at the 801 Cabaret*. Chicago, IL: University of Chicago Press.
- Ryan, H. (2014, November 29). What does trans* mean, and where did it come from? [Web log post.] Retrieved from http://www.slate.com/blogs/outward/2014/01/10/trans_what_does_it_mean_and_where_did_it_come_from.html
- Ryle, R. (2011). *Questioning gender: A sociological exploration*. Thousand Oaks, CA: Sage Publications.
- Schacht, S. (1998). The multiple genders of the court: Issues of identity and performance in a drag setting. In S. P. Schacht & D. W. Ewing (Eds.), *Feminism and men: Reconstructing gender relations* (pp. 203-224). New York, NY: New York University Press.
- Schacht, S. (2000). Gay Female Impersonators and the masculine construction of "other". In P. Nardi (Ed.), *Gay masculinities* (pp. 247-268). Thousand Oaks, CA: Sage Publications.

- Schacht, S. (2002a). *Four renditions of doing female drag: Feminine appearing conceptual variations of a masculine theme*. Paper presented at the Annual American Sociological Association Meetings, Washington, DC.
- Schacht, S. (2002b). Turnabout: Gay drag queens and the masculine embodiment of the feminine. In N. Tuana, W. Cowling, M. Hamington, G. Johnson & T. MacMullan (Eds.), *Revealing male bodies* (pp. 155-170). Bloomington, IN: Indiana University Press.
- Schacht, S., & Underwood, L. (2004). The absolutely fabulous but flawlessly customary world of female impersonators. *Journal of Homosexuality*, *46*, 1-17.
- Schilt, K., & Westbrook, L. (2009). Doing gender, doing heteronormativity: "Gender normals," transgender people, and the social maintenance of heterosexuality. *Gender & Society*, *23*(4), 440-464.
- Senelick, L. (2000). *The changing room: Sex, drag and theatre*. London, UK: Routledge.
- Shrive, F. M., Stuart, H., Quan, H., & Ghali, W. (2006). Dealing with missing data in a multi-question depression scale: A comparison of imputation methods. *BMC Medical Research Methodology*, *6*(57), 1-10.
- Smith, Y., van Goozen, S., Kuiper, A., & Cohen-Kettenis, P. (2005a). Sex reassignment: Outcomes and predictors of treatment for adolescent and adult transsexuals. *Psychological Medicine*, *35*, 89-99.
- Smith, Y., van Goozen, S., Kuiper, A., & Cohen-Kettenis, P. (2005b). Transsexual subtypes: Clinical and theoretical significance. *Psychiatry Research*, *137*, 151-160.

- Stevens, R., Loudon, D., Wrenn, B., & Cole, H. (2013). *Concise encyclopedia of church and religious organization marketing*. New York, NY: Routledge.
- Taywaditep, K. J. (2002). Marginalization among the marginalized: Gay men's anti-effeminacy attitudes. *Journal of Homosexuality*, 42, 1-28.
- Taylor, V., & Rupp, L. J. (2004). Chicks with dicks, men in dresses: What it means to be a drag queen. *Journal of Homosexuality*, 46, 113-133.
- Tewksbury, R. (1993). Men performing as women: Explorations in the world of female impersonators. *Sociological Spectrum*, 13(4), 465-486.
- Tewksbury, R. (1994). Gender construction and the female impersonator: The process of transforming "he" to "she". *Deviant Behavior*, 15(1), 27-43.
- Trumbach, R. (1990). The birth of the queen: Sodomy and the emergence of gender equality in modern culture, 1660-1750. In M. B. Duberman, M. Vicinus & G. Chauncey (Eds.), *Hidden from history: Reclaiming the gay and lesbian past* (Vol. 1, pp. 129-140). New York, NY: Meridian.
- Ullman, S. R. (1995). "The twentieth century way": Female impersonation and sexual practice in turn-of-the-century America. *Journal of the History of Sexuality*, 5(4), 573-600.
- Ward, J. (2000). Queer sexism: Rethinking gay men and masculinity. In P. Nardi (Ed.), *Gay masculinities* (pp. 152 - 175). Thousand Oaks, CA: Sage Publications.
- Warner, M. (2000). *The trouble with normal: Sex, politics and the ethics of queer life*. Cambridge, MA: Harvard University Press.
- Williams, C. L. (Ed.). (1993). *Doing "women's work": Men in nontraditional occupations* (Vol. 3). Newbury Park, CA: Sage Publications.

World Professional Association for Transgender Health (2012). Standards of care for the health of transsexual, transgender, and gender-nonconforming people.

International Journal of Transgenderism, 13(4), 165-232.

APPENDICES

Appendix A: Tables and Figures

Table 1: Participant Demographic Characteristics (N = 170)

Variable		Variable		Variable	
	<i>n</i>	%		<i>n</i>	%
Sex:			Age:		
	Male	170	100.0	(Median = 30.00, Range = 18-90)	
				18-29	82 48.2
Gender Identity:				30-39	46 27.1
	Male	169	99.4	40-49	28 16.5
	Man	1	0.6	50+	14 8.3
Sexual Orientation:			Race:		
	Gay	148	87.1	White	113 66.5
	Bisexual	8	4.7	Black/African American	11 6.5
	Homosexual	6	3.5	American Indian/Alaskan Native	5 2.9
	Queer	7	4.1	Asian	2 1.2
	Pansexual	1	0.6	Multi-Racial	29 17.1
				Other	9 5.3
Performance Duration in Months:				Missing	1 0.6
(Median =64.00, Range = 0-603)			Ethnicity:		
	0-12	29	17.1	Not Hispanic/Latino	144 84.7
	13-60	53	31.2	Hispanic/Latino	26 15.3
	61-120	33	19.4	Primary Income Source:	
	121-180	13	7.6	Drag Performance	10 5.9
	181-240	16	9.4	Full-Time Job	114 67.1
	241-300	14	8.2	Part-Time Job	34 20.0
	301+	12	7.1	Unemployed	11 6.5

Table 2: Descriptive Statistics and t-Test Results for Dysphoria (n=160)

	<i>n</i>	Drag		Trans*		Mean Difference		<i>t</i>	<i>df</i>	<i>p</i>	<i>CI</i>
		<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>	<i>M</i>	<i>SD</i>				
		GID	170	4.49	0.56	2.56	0.51				

Table 3: Descriptive Statistics and Proportion Difference for Depression (n=160)

Variable	<i>M</i>	<i>SD</i>	<i>z</i>	<i>P</i>	<i>CI</i>
Depression	0.19	0.05	4.132	.000	0.10 - 0.28

Table 4: Correlations of Depression and Dysphoria with Involvement (n = 156)

Variable	Pearson R	Standardized Coefficients	T	P
Depression	0.17	0.17	2.09	.038
Dysphoria	0.39	-0.39	-5.26	.000

Appendix B: Extended Review of Literature

To date, no quantitative research has been conducted in the field of counseling psychology investigating the social and mental health characteristics of men who impersonate women as performance art (colloquially referred to as drag queens and/or female impersonators). Members of this population are generally included in samples of transgender (trans*) individuals by researchers and theorists who generally assess all gender nonconforming individuals as a homogenous group (Ekins & King, 2006, 1996; Horowitz, 2013). While a growing number of qualitative researchers have begun to explore differences between drag queens, trans* individuals, and gay men (Berkowitz et al., 2007; Bishop et al., 2014), these studies are subject to the limitations of qualitative studies such as limited generalizability and localized context (Stevens, Loudon, Wrenn, & Cole, 2013).

Of the qualitative literature that has been published, most studies are ethnographic and contain each author's personal reflections and opinions about the phenomena observed (Rupp & Taylor, 2003; Schacht, 1998, 2000). These opinions are supported by existing theory, but the majority of theoretical analyses of drag have been hotly debated for decades (Baker, Burton, & Smith, 1994; Herdt, 1994; Ward, 2000). Most importantly, the collective self-reported thoughts and feelings of female impersonators is largely absent from the studies which are, instead, about drag queens as subjects of observation (Brubach, 1999; Goldie, 2002; Schacht, 2002b).

With little empirical evidence to identify characteristics of drag queens and to distinguish them from other trans* individuals, both populations are subject to a variety of assumptions in the literature produced by a variety of disciplines including sociology

(Brubach, 1999; Rupp et al., 2010), psychology (Berg et al., 2008; Meyer, 2003), and the medical field (King, 1996; Lombardi, 2001). This is to say that two potentially very different populations are examined as if they are indistinguishable from one another. Thus, current literature may overlook a host of unique challenges and gender related differences that accompany identification as a drag queen (Berkowitz & Belgrave, 2010; Mayer et al., 2008). Quantitative assessments could assist with defining drag queens as a unique population and could provide a clear delineation between drag queens and trans* populations.

Terminology

Gender, Sex, and Sexual Orientation. In any study of gender identity and/or expression, it may be beneficial to briefly establish differences between terminology such as gender, sex, and sexual orientation, among other identifiers. First, in gender studies, a difference exists between designated gender (the gender one is assumed to be at birth) and gender identity (the gender one understands oneself to be) (Cohen-Kettenis & Pfäfflin, 2003a). One's birth gender is designated based on primary sex characteristics (e.g. presence or absence of a penis or vagina) and this assignment determines the use of pronouns (e.g. he or she) and even the colors used to dress an individual (e.g. pink or blue) (Ryle, 2011). However, as one matures, this assignment may not match one's unique gender identity.

A definition of gender identity must be forwarded since no universal or uncontested, standard definition yet exists (Cohen-Kettenis & Pfäfflin, 2003b). In their book on transgenderism and intersexuality, Cohen-Kettenis and Pfäfflin (2003) define gender as "one's personal and social status as male or female" (p. 1). This effectively

separates gender from biological sex and frames it in terms of social phenomena and personal identity. Both the cognitive developmental theory of Kohlberg (1966) and the social cognitive developmental theory of Bandura (1986) provide a basis for this approach.

However, if gender identity is socially constructed, and arguably negotiable, one is left with questions about how gender actually becomes fused with identity and/or social status. In response, Kohlberg (1966) formulated theory surrounding gender consistency. According to Kohlberg, children progress through gender identity and gender stability before reaching the final consistency stage around 6 years old. Since the theory was originally forwarded, a variety of researchers have debated the exact age at which absolute allegiance to and inflexible adoption of one's gender identity takes place (Cohen-Kettenis & Pfäfflin, 2003b). Even Bussey and Bandura (1999), who hotly challenge the rigidity of cognitive developmental theory, seem to eventually loosely adopt the concept of gender permanence before tying it to identity through performance, modeling, and social reinforcement. In light of the literature about the performance aspect of drag, it is important to emphasize that performance of gender in society is tied to identity whereas stage performance is an entirely different area of study (Baker, Burton, & Smith, 1994; Kumbier, 2003).

For the purposes of this study, the age at which gender consistency is reached is not as important as the idea that role permanency may hold. Likewise, the exact methods by which role permanence becomes a part of one's social identity are not under scrutiny here. It is enough to say that permanence and identity may be central to one's identity and

that, for some individuals, the disjunction between gender and biological sex creates a variety of problems. This disjunction between designated gender and gender identity is discussed later as gender dysphoria (GD) (Deogracias et al., 2007).

Finally, sexual orientation is related to gender, but is determined by a comparison between one's gender identity and one's affectional orientation (Gagné et al., 1997). Thus, regardless of one's designated sex, if one identifies (for example) as male and expresses an affectional orientation toward males, one is considered to be gay (Clements-Nolle et al., 2006). A variety of gender characteristics and attributes have been associated with identification as a sexual orientation minority (e.g. lesbian, gay, bisexual) that are, in many ways, fundamentally different than those experienced by trans* individuals (Gonsiorek & Rudolph, 1991). For example, gay men have been viewed as feminine in U.S. culture (Schacht, 2002). This femaling of men may have occurred in tandem with the move to equalize women and men under the law in Western countries (Nardi, 1999). The fear among gay men of being viewed as feminine may lead to a variety of behaviors and hypermasculine identification that may distance gay men from drag queens as a subset of the gay population (Bishop et al., 2014). This sort of stigmatization of gay men in society has been related to a variety of negative outcomes among gays in the U.S. and elsewhere (Meyer, 1995; Nadal, 2003).

The majority of drag queens also identify as gay (Berkowitz et al., 2007). Drag is unique to gay culture and is performed primarily in gay bars and gay social spaces (Baker et al. 1994). Therefore, drag queens may be subject to stigma and to the many social disadvantages that gay men and other sexual minorities face (Meyer, 2003). Since drag

queens are, for the most part, a subset of the gay population, they may face additional discrimination and social isolation (Berkowitz et al. 2007).

It is important to note that a variety of designations for sexual orientation have arisen in popular culture and in the research literature (Jagose, 1996). The idea that sexuality and affection can be fluid and vary widely is central to queer theory and contemporary approaches to sexual/affectual orientation (Warner, 2000). As of yet, it is unclear what impact identification as, for example, queer may have on one's social relationships and subsequently on one's health. Therefore, studies of LGBT issues tend to focus on only these established categories. Theories of sexual orientation fluidity may have a great deal to contribute to studies of gender which may tend to be more rigid and category-based.

Drag queen. A definitive, unitary definition for the term drag queen is lacking, though a variety of descriptions exist. In an ethnographic analysis of drag, Rupp et al. (2010) state that drag queens are gay men who perform in women's clothing. This is a rather limited definition since heterosexual men and trans* individuals may also perform in drag (Berkowitz et al., 2007). Schacht and Underwood (2004) offer a more broad characterization that highlights awareness among drag audiences that the performers on stage are men. These authors and others also recognize that the terms *drag queen* and *female impersonator* are interchangeable (Tewksbury, 1993). This is especially important since some individuals may be offended when they are called drag queens since this term may denote a low-brow form of performance marked by sensationalistic language and course humor (Berkowitz et al., 2007). Female illusionists may recreate the styling and

appearance of a particular celebrity figure (e.g. Madonna, Dolly Parton), but the distinction between drag queens and female illusionists is more a matter of style and the two forms of performance may be produced on the same stage in front of the same audience with the same general effect. The literature does not differentiate between the two styles when addressing drag performance and solid definitions of either term have not been established in popular use or in research literature (Baker et al., 1994; Goldie, 2002).

While these more comprehensive definitions (e.g. drag queen, female impersonator) point to the broad range of individuals who participate in drag (e.g. heterosexual men, female-to-male trans* people, and gay men) they place the researcher in danger of overlooking a variety of differences between these sub-populations (Meyer, 2003; Smith et al., 2005b). Schacht (2002a) was aware of this possibility and offered the following, more limited definition of drag queens/female impersonators as:

...individuals with an acknowledged penis, who have no desire to have it removed and replaced with female genitalia (such as transsexuals), that perform being women in front of an audience that all knows they are self-identified men, regardless of how compellingly female – “real” – they might otherwise appear.(Schacht, 2002a, p. 159)

Schacht (2002a) includes all the major components in other definitions, but limits drag to biological males who identify as male. This is an important distinction since researchers tend to blur the line between drag queens and transgender individuals. Note that he does not exclude individuals who may undergo other body modifications which drag queens

may undergo in order to hone their craft such as breast augmentation and even hormone replacement therapy most often sought by trans* individuals (Baker et al., 1994).

Using his definition as a basis, one additional limitation may be introduced. Gay drag queens/female impersonators are likely different from heterosexual men who cross-dress referred to in older literature with the now unpopular term *transvestite(s)* (Tewksbury, 1993). Because overgeneralization in regard to gender nonconforming behaviors and individuals may lead to a variety of oversights and misconceptions in the literature, future research should include homogenous samples. Therefore, research that limits samples to sexual minority men who identify as gay, homosexual, queer, or bisexual could produce more unified results.

Finally, self-identification as a drag queen and/or female impersonator is important as drag performers are distinguished (from others who cross-dress) by the public, professional, and obvious nature of their engagement with gender parody (Hopkins, 2004; Rupp et al., 2010). Future studies of drag queens could create greater homogeneity in their samples by limiting recruitment to individuals who: were designated male at birth (biological sex); identify as male (gender identity); engage or wish to engage in intimacy with men; do not wish to remove and/or replace their penis; and who self-identify as drag queens and/or female impersonators. So far, this has not been deliberately done in the qualitative literature that is available (Berkowitz & Belgrave, 2010; Berkowitz et al. 2007; Hopkins, 2004). While gender is independent of sexual orientation, limiting the sample in this way in future studies will help to differentiate the sample under examination from other gender diverse populations by

reducing the broad variance of experience between each of these populations (Herdt, 1994).

Trans*. Several ethnographers and groups of social scientists who have outlined the history and development of the concept or category *transgender* (or *trans**) in the Western world, point out that this term has expanded to encompass more and more gender nonconforming populations over time (Ekins & King, 1996; Herdt, 1994; Meyerowitz, 2009). Authors like Herdt (1994) explore how culture gave rise to a gender binary that identifies trans* people as outsiders while writers like King (1996) trace identification and medicalization of trans* individuals by the medical field. Combining both of these dimensions to some degree, Cohen-Kettenis and Gooren (1999) highlight the past, now unpopular, use of the term *transsexual* to refer to individuals whose gender identity, or basic sense of self as male or female, differs from the biological sex they were designated at birth and who intend to alter their bodies through medical treatments in order to align their sex and gender identity.

What is not clear is at what point the term *transgender* (or *trans**) was broadened to encompass all individuals who cross-dress in some sense. Though there is no exact date for this shift, present researchers and theorists generally use *transgender* to stand for a variety of other more specific and descriptive gender related terms (e.g. transsexual, transfeminine, gender queer, and transmasculine) as well as a variety of historical gender diverse categories (e.g. intersex, asexual) (Ekins & King, 2006, 1996; Meyerowitz, 2009). More recently this comprehensive term has been abbreviated to trans* in popular usage and may reference gender nonconforming individuals or any individuals whose gender identity does not match their designated gender, also referred to as biological sex

(Ryan, 2014). Alongside the term *trans**, Schilt and Westbrook (2009) define *cisgender* as a term that references individuals whose gender identity is the same as the gender they were designated at birth.

Theoretical differences between *trans** populations and drag queens are increasingly becoming clarified in the literature. For example, *trans** individuals are born *trans**. In other words, gender is a biological component of who they are. Additionally, gendered behaviors and/or dress are intended to resolve a difference between gender identity and biological sex and *trans** people generally do not seek to be identified as other than their self-identified gender. These differences have a myriad of repercussions when *trans** people and drag queens are combined in research studies or in the literature.

Gender Related Differences

Dysphoria. One major area of difference between *trans** individuals and drag queens arises from the way gender is accessed and presented by each population. As indicated by nearly all theorists, drag queens creatively expose the gender binary in Western culture by playfully femaling their physical appearances and behaviors (Ekins, 1996; Schacht & Underwood, 2004; Senelick, 2000; Tewksbury, 1994; Trumbach, 1990). This is done with the assistance of costuming, in full view of an audience, whether on stage or otherwise, and apart from any desire to be perceived as a woman. These behaviors are not expressions of the person's gender identity (Baker et al., 1994; Goldie, 2002). Kumbier (2003) argues that this is possible since gender is socially constructed and designated through external representations.

On the other hand, some trans* individuals desire to be perceived as the gender with which they internally identify (Bockting & Coleman, 2007). Alterations to physical appearance and to one's attire generally are a part of one's attempt to be associated with one's self-identified gender (Goldie, 2002). As outlined by the World Professional Association for Transgender Health (WPATH, 2012) this presentation of gender characteristics that are not widely associated with the gender one was designated at birth is a common phenomenon that arises from the diversity of human culture. The WPATH Standards of Care suggest a variety of ways to facilitate transition from designated sex to identified sex that include surgical procedures and hormone treatments (WPATH, 2012). Being perceived and treated in line with one's gender identity is sometimes termed *passing* (Ekins & King, 2006; Meyerowitz, 2009). When trans* individuals are unable to pass, negative emotions and behaviors such as gender dysphoria, depression, and suicide may result (Grant et al., 2010).

In other words, Trans* individuals may experience psychological and physiological challenges stemming from these differences between their gender identities and their biological sex (Smith et al., 2005a). Gender dysphoria is listed in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM 5) as "the distress that may accompany the incongruence between one's experienced or expressed gender and one's designated gender" where designated gender refers to the gender one was designated at birth based on physiological sex characteristics (American Psychiatric Association, 2013, p. 451). It is important to note that gender dysphoria relates to one's response to incongruence and not the incongruence itself. This indicates that trans* people are not pathologized in the DSM 5 (American Psychiatric Association, 2013), but rather a variety

of factors such as interpersonal relationships, individual expression, presence or absence of biological characteristics need to be taken into account when assessing and treating gender related distress. The WPATH (2012) standards also call for the depathologization of gender variance and argue that gender nonconformity is a typical phenomenon in global human cultures. As stated directly in the WPATH Standards of Care:

Thus...individuals are not inherently disordered. Rather, the distress of gender dysphoria, when present, is the concern that might be diagnosable and for which various treatment options are available. The existence of a diagnosis for such dysphoria often facilitates access to health care and can guide further research into effective treatments. (WPATH, 2012, p. 6)

Gender dysphoria may be assessed in adults as both a cognitive and affective phenomenon that increases as one reports a gender identity that is further from one's gender designated at birth (Deogracias et al., 2007). A variety of mental and behavioral health concerns are associated with gender dysphoria including depression, anxiety disorders, self-harm behaviors, and suicide (American Psychiatric Association, 2013a; Clements-Nolle et al., 2006; Hughes & Eliason, 2002; Smith et al., 2005a). These challenges may be inescapable for many transgender people since attempts to reduce gender dysphoria by altering physical appearance and physiological characteristics to match gender identity may result in societal rejection, unemployment, and a variety of other difficulties (Grant et al., 2011a). In order to address this incongruence, these individuals may utilize a variety of interventions with a goal to shape their external appearance to match their gender identities. Such interventions include, but are not

limited to: hormone therapy (either testosterone or estrogen), gender reaffirming surgeries (such as breast removal or breast augmentation), and/or electrolysis for hair removal (Cohen-Kettenis & Pfäfflin, 2003b). Researchers have demonstrated that actions taken to match gender identity to biological sex by altering physiological and biological attributes generally reduces gender dysphoria and negative emotions such as depression (Smith et al., 2005a).

Suicidality and Depression. Suicide rates among trans* individuals are higher than those of any other population in the U.S. (Grant et al., 2010). Grant et al. (2011b) conducted a national survey of trans* people and found that 41% of trans* individuals reported attempting suicide compared to 1.6% of the general U.S. population (Clements-Nolle et al., 2006). Researchers have demonstrated a positive correlation between elevated rates of suicide and depression among trans* individuals with Clements-Nolle et al. (2006) reporting a 60% depression rate among a sample of trans* participants (Clements-Nolle et al., 2001). Suicidality and depression may result from a variety of challenges such as homelessness, unemployment, and alienation from family, all of which are elevated among trans* individuals in comparison to the general population (Grant et al., 2010).

However, research on depression rates among drag queens as a separate population is lacking. Depression among national, representative samples of gay men is not well documented either for a variety of reasons including: omission of sexual orientation items from large studies; fear of disclosing sexual orientation among respondents; and small sample sizes utilized by current research studies of gay and bisexual men (Berg et al., 2008). Still, a variety of individual studies indicate that gay

men face a variety of issues such as higher loneliness and lower self-esteem when compared to heterosexuals and may, therefore, experience higher levels of negative emotions when compared to the sexual majority population (Feinstein et al., 2014). Though it is unclear whether or not depression in general is elevated among gay men nationwide, it is likely that a variety of challenges faced by gay men such as HIV infection and lack of social support may lead to increased depression (Hays et al., 1992). Research also indicates that experiences of minority stress among gay men have been related to increased suicidality, depression, and other emotional issues (Meyer, 1995, 2003). More epidemiological studies utilizing representative samples of sexual minority members and sub-populations such as drag queens are needed to further illustrate the psychological issues faced by these groups.

Depression rates among drag queens must be theorized since studies outlining frequency of depression among this population are absent from the research literature. If drag queens are viewed as gay men, they may experience rates of depression that are elevated relative to the general population (Meyer, 1995, 2003). This may be exacerbated when a gay drag queen's behavior further distances him from what is considered to be the typical behavior of the members of the gay male population (Feinstein, Meuwly, Davila, Eaton, & Yoneda, 2014). The possibility that cross-dressing may create associations between drag queens and trans* people within and outside of the gay community may also have an impact on the sorts of stigma and stress that may lead to depression in sexual minorities (WPATH, 2012). However, research related to depression among gay men and trans* people does not take into account the possibility that drag could produce positive emotions and stronger social connectivity. Actually,

rates of depression and suicidality among drag queens may be lower relative to both trans* people and gay men who do not perform drag.

Population Related Benefits

As already stated, existing studies have not addressed rates of gender dysphoria and depression among drag queens as a separate and distinct population from trans* individuals. While some scholars have explored the theoretical implications of drag for social constructions of gender, researchers have yet to address gender identity among this population (Rupp et al., 2010; Taylor & Rupp, 2004). As Tewksbury (1993) indicated, a variety of theories have been offered about drag queens, but little work has been done with drag queens to assess their own perceptions of and responses to gender. Drag queens may share the same experiences as trans* individuals even though the two populations are often combined in the literature. A variety of protective factors available to Drag queens may actually decrease negative emotions and dysphoria among members of this population.

Choice. Drag queens are able to choose when to present as women and when to present as men. For this population, presentation as female is generally limited to performance venues and LGBT friendly public spaces (Berkowitz et al., 2007). Furthermore, the goal among drag queens is to perform rather than to pass as a female. Drag queens make use of costume makeup, dress, and exaggerated features that would make “passing” impossible (Berkowitz & Belgrave, 2010). In short, passing is not a goal for drag queens. In fact, performing in drag may create a freer and more liberal environment in which drag queens and their audiences may be more comfortable with

themselves (Chermayeff, David, & Richardson, 1995; Drexel, 2013). Brevard (2001) points out that drag may be used to manage discrimination in LGBT communities.

On the other hand, trans* individuals often wish to only be perceived as their identified gender and their (in)ability to pass has a variety of repercussions including discrimination, depression, and suicidality (Deogracias et al., 2007; Grant et al., 2010). While trans* individuals may choose to switch between presentation as male or female in order to avoid discrimination and interpersonal conflict, the result is often an increase in dysphoria especially when one's physical presentation does not match one's gender identity (Clements-Nolle et al., 2006). This decision to present in line with one's biological or socially recognized sex represents an external change only since gender identity remains intact. Switching physical presentation may have dire consequences for transgender individuals related to increases in dysphoria and depression (WPATH, 2012). According to current literature, gender identity is not based on individual choice (Deogracias et al., 2007; WPATH, 2012).

Celebrity status. Drag queens may enjoy a sort of celebrity status among their peers (Berkowitz et al., 2007). This status may include a degree of social power and a variety of monetary and social benefits (Schacht, 2002a; Schacht & Underwood, 2004). Additionally, the performance aspect, the staged nature, of drag performance is essential (Senelick, 2000; Ullman, 1995). The impact of celebrity status and performance on emotions among drag queens has not been studied. The possibility exists that increased celebrity status and greater success at drag performance may relate to positive emotions and may buffer minority stress. More research is needed to explore this dimension of drag performance.

Emotional benefits. Drag performances are playful, highly stylized, and sometimes sexualized for comedic effect, to generate a fan-base, or to produce revenue (Berkowitz & Belgrave, 2010). Drag performance and involvement may function as a coping skill or protective factor for gay men. This may be especially true when it is accessed as a way to release negative emotions and when it provides connection to a supportive community of fellow performers. Additionally, dressing in drag may allow men to step outside of restricting gender norms, to challenge prejudice, or even to vent negative emotions in a safe environment (Markwell & Waitt, 2009).

Drag Involvement

In light of the myriad benefits available to drag queens, some research indicates that the more one participates in drag, the more he benefits from this involvement (Berkowitz & Belgrave, 2010; Schacht & Underwood, 2004). While it seems logical that increased involvement in drag would result in increased enjoyment of the benefits of doing drag, this has not been demonstrated in the literature. In fact, the possibility exists that very high levels of participation in drag could have a negative effect on gender identity (measured as dysphoria) and on mood. Measuring job involvement in traditionally adult, performance-related vocations (e.g. stripping, drag performance, sex work) is rare since researchers tend to measure employee attitudes in larger, more structured, traditional businesses in order to increase productivity (Diefendorff et al., 2002; Hirschfeld & Feild, 2000).

Paullay et al. (1994) define job involvement as “the degree to which one is cognitively preoccupied with, engaged in, and concerned with one’s present job” (p. 225). Though these authors offer their own measure of job involvement, they recognize

that a brief, 10-item measure created by Kanungo (1982) is effective at measuring commitment to a present job. Kanungo (1982) states that his brief measure is different from others in that it does not assess additional work-related constructs and it focuses purely on involvement in a present vocation.

Drag involvement lends itself to measurement when viewed from this standpoint since drag queens receive monetary incentives for participation in drag, devote resources and time to drag performance, and engage in drag performance with varying degrees of regularity at businesses throughout the U.S. (Berkowitz & Belgrave, 2010; Rupp & Taylor, 2003; Taylor & Rupp, 2004). Measurement of drag involvement among drag queens may facilitate a better understanding of the impact (if any) of female impersonation on identity and mood.

Sampling Considerations

Problematic differences. Not only are trans* people and drag queens generally addressed as members of the same population, the two are usually included in research samples with lesbian, gay, and bisexual individuals (Mayer et al., 2008). Aside from the theoretical implications already addressed, this may create problems since the gender related issues faced by each of these unique populations may be significantly different (Berkowitz et al., 2007). Researchers are beginning to identify the need for a clearer understanding of the characteristics unique to each of these populations in order to guide future treatment and interventions (The GenIUSS Group, 2014).

One place to start is to focus on the differences between individuals included in the trans* population which in its broadest, contemporary sense sometimes includes drag queens. Little is known about the potential impact of including drag queens with trans*

populations in research literature, though researchers have identified significant differences between trans* women who identify as heterosexual and those who identify as non-heterosexual (Smith et al., 2005b). Dissimilarities between the two populations are both physiological and psychological and may have an impact on partner relations among other factors (Lawrence, 2008). If clear differences exist between these individuals who have transitioned or are transitioning, even greater distinctions may exist between trans*-identified people and drag queens who do not wish to transition at all. More precision and awareness is needed in sampling procedures to reduce the many sources of variance that exist between populations historically identified as trans*.

Problematic similarities. Despite differences between drag queens and trans* people, several key commonalities exist. For one thing, drag queens and trans* people are subject to a variety of stigma and judgments from their families and from broader society based on their gender presentation (Brevard, 2001; Ullman, 1995). A tendency to associate the two populations based on assumptions about cross-dressing may subject them to similar prejudices and negative assumptions that have long been experienced by gay men as well (e.g. associations with deviance) (Tewksbury, 1994; Williams, 1993). These common assumptions may encourage the two populations to distance themselves from each other in order to avoid negative associations (Berkowitz et al., 2007; Newton, 1979).

Berkowitz et al. (2007) indicate that drag queens and transgender individuals may be viewed as similar or the same in LGBT social circles and public spaces (Berkowitz et al., 2007). These researchers report that drag queens may attempt to distance themselves from identification with trans* individuals since being seen as trans* may further alienate

them from gay men. Common negative treatment of both trans* people and drag queens within society by family, friends, and by gays and lesbians could lead to similar symptomology (e.g. depression, anxiety) among both populations due to this marginalization. Researchers have demonstrated that social and interpersonal rejection can lead to minority stress (Hatzenbuehler, 2009). This stress among sexual minorities may increase with increased gender nonconforming behavior (Feinstein, 2014) and may result in a variety of mental and behavioral health issues such as depression and suicidality (Haas & Drescher, 2014).

Trans* people, drag queens, and gay men may all experience a need to conceal their identity from family, coworkers, and/or friends and may also be faced with the necessity of coming out or disclosing their identity to others (Corrigan & Matthews, 2003). Many researchers and theorists have explored this process among LGB people (Gonsiorek & Rudolph, 1991; Griffith & Hebl, 2002; Rosario et al., 2004), and some have focused on the experience of trans* people (Bockting & Coleman, 2007; Gagné et al., 1997). Literature exploring the coming out process for drag queens as gay men who cross dress is absent though the necessity of disclosure is noted in qualitative literature (Berkowitz & Belgrave, 2010). This coming out process may be twofold since drag queens may have to disclose both their sexual orientation and their gender performance to family members.

For trans* individuals, disclosing gender identity is distinctly different from disclosing sexual/affectional orientation and, therefore, involves a separate experience from that of LGB people (Bockting & Coleman, 2007; Gagné et al., 1997). Though drag queens may also come out about their gender performance, similarities in regard to

disclosure of gender presentation between drag queens and trans* people are limited if not altogether superficial. Although trans* individuals may be forced to come out to family and friends in regard to dressing and presenting as different than their birth sex, they differ from drag queens in that their goal may be to pass in society (Baker, 1994).

As indicated by Senelick (2000), for trans* individuals, anything short of passing can be dangerous and can carry both physical and emotional repercussions. This may not be the case for drag queens, though disclosure of gender performance to family, friends, and peers may result in stress for this population.

Statement of the Problem

A variety of gaps exist in the literature related to drag queens and trans* populations. First, the overall absence of quantitative literature exploring the experiences of drag queens needs to be addressed. No baseline of mental health factors such as depression and gender dysphoria have been established for drag queens. This means that most information we have about this population is hypothetical and based on untested theories.

Second, the tendency to combine drag queens with trans* individuals in population samples may lead to a variety of oversights in the literature that need further clarification. Drag queens may not suffer from gender dysphoria and/or depression at the same rates as trans* people. This may be particularly true among cisgender, gay drag queens who seek the sort of visibility and gender-conspicuousness that trans* people seek to avoid.

Furthermore, trans* people and drag queens, viewed from outside their respective communities, may be associated with one another based on the perspective that they are, in some way, people who cross the gender line (through dress and behaviors that differ from their designated birth gender). However, while this may be seen as a disadvantage for trans* people, crossing the gender boundary imposed by society may place drag queens at an advantage. This is to say that, while dressing in a way that is incongruent with their core gender identity may be a source of dysphoria for trans* individuals, it may serve as a sort of therapeutic catharsis, liberation, and/or source of celebrity status for drag queens.

Thus, as a challenge to present assumptions, the establishment of rates of gender dysphoria among drag queens could guide mental health practitioners and organizations such as the American Psychological Association as they work to improve the mental health of LGB populations by establishing that drag may be a form of resilience and may provide a variety of benefits. Seen from this perspective, drag could be utilized as a tool to encourage, rather than negatively evaluate, mental health. On a broader level, this research could be used to challenge societal biases and stigma in regard to drag performance and drag queens.

If depression and gender dysphoria are found to be lower among drag queens (relative to trans* people), more positive approaches to drag may be in order. Future exploration of ways that drag performance may reduce dysphoria, depression, and other challenges among gay and bisexual men could yield new therapeutic approaches and insight. A better understanding of gender construction and identity maintenance could aid treatment of both drag queens and trans* people.

For researchers, clearly delineating the potential differences between drag queens and trans* people would assist in clarifying theories and hypotheses that guide current sampling procedures and analyses. Furthermore, an ability to more clearly define samples could lead to more reliable statistics on depression and suicidality within sexual minority and gender diverse populations. Lower rates of depression among drag queens who are included in trans* and/or LGB samples could significantly skew results.

Finally, trans* populations often form the theoretical backdrop against which gender is complexity is explored (Rupp et al., 2010; Taylor & Rupp, 2004). Combining drag queens and trans* people may cause researchers to overlook the possibility of a different gender or a variety of gender identities not yet identified. This has major implications for counseling psychologists who are interested in better understanding gender in order to provide the most effective treatment possible to a variety of populations within sexual minority and/or gender diverse communities.

Appendix C: Informed Consent Agreement

PROJECT TITLE:

An Exploration of Self-Perceptions and Feelings among Drag Queens in the United States

INVESTIGATORS:

Principal Investigator: Douglas Knutson, M.Ed.

Co-Investigator: Julie Koch, PhD

PURPOSE:

The purpose of this study is to explore the self-perceptions and feelings of drag performers.

PROCEDURES

If you agree to participate in this study, to complete a brief online or hardcopy survey. The survey should take no more than 15 minutes to complete.

RISKS OF PARTICIPATION:

There are no known risks associated with this project which are greater than those ordinarily encountered in daily life. If you experience discomfort at any time, you may discontinue participation without penalty.

BENEFITS OF PARTICIPATION:

There is no expected benefit to you directly as a result of this research. However, it is possible that your interview will contribute to a greater understanding of drag performance.

CONFIDENTIALITY:

Hardcopies of this survey will be stored in a double locked briefcase and/or in a locked office at Oklahoma State University. Electronic copies of this survey will be stored on the secure computer network at Oklahoma State University. Access to the data will be limited to the primary investigator and co-primary investigators of this study. Data will be de-identified and presented as a group.

The records of this study will be kept private. Any written results will discuss group findings and will not include information that will directly identify you. It is possible that the consent process and data collection will be observed by research oversight staff responsible for safeguarding the rights and wellbeing of people who participate in research.

COMPENSATION:

At the bottom of this consent form, you will have the opportunity to be entered in a drawing for a pair of original, hand-crafted ear rings designed by Maria Isabel by submitting your email address. Your email address will only be used to enter you in the drawing and to contact you if you are randomly selected as the winner.

CONTACTS :

If you have questions about this research, please contact Douglas Knutson, M.Ed. at 405-459-0241 or douglas.knutson@okstate.edu.

If you have questions about your rights as a research volunteer, you may contact Dr. Hugh Crethar, IRB Chair, 219 Cordell North, Stillwater, OK 74978, 405-459-0241 or irb@okstate.edu.

PARTICIPANT RIGHTS:

I understand that my participation is voluntary, that there is no penalty for refusal to participate, and that I am free to withdraw my consent and participation in this project at any time, without penalty.

CONSENT DOCUMENTATION:

I have been fully informed about the procedures listed here. I am aware of what I will be asked to do and of the benefits of my participation. I also understand the following statements:

- I affirm that I am 18 years of age or older.
- I have read and fully understand this consent form. I sign it freely and voluntarily. A copy of this form will be given to me. I hereby give permission for my participation in this study.

I understand that by clicking next (>>) or turning the page and answering the questions that follow, I am agreeing to the statements above and am indicating my consent to participate.

If you would like to enter the drawing, please enter your email address in the box below.

By clicking next (>>) or turning the page you are indicating your consent to participate in this study.

Appendix D: Questionnaires

Demographic Questionnaire

Please select the appropriate answer by placing a check mark next to the appropriate answer or by typing/writing the appropriate answer in the box provided.

1. What is your age?
2. Please identify your sexual or affectional orientation:
 - Gay
 - Bisexual
 - Homosexual
 - Queer
 - Heterosexual
 - Straight
 - Other, please specify _____
3. Please identify your biological sex:
 - Male
 - Female
 - Other, please specify _____
4. Please identify your gender identity:
 - Male
 - Female
 - Transgender (FtoM)
 - Transgender (MtoF)

Other, please specify _____

5. What is your race? (You may select more than one answer.)

American Indian or Alaskan Native

Asian

Black or African American

Native Hawaiian or Other Pacific Islander

White

Multi-Racial

6. What is your ethnicity?

Hispanic or Latino

Not Hispanic or Latino

7. What is your most current level of education completed?

Some High School

High School Diploma or GED

Some College

2-year College Degree

4-year College Degree

Graduate Degree

8. What is your primary source of income?

Drag Performance

Other Full-Time Employment

Other Part-Time Employment

Unemployed

9. For how many years and months have you performed in drag?

Years Months

Gender Identity/Gender Dysphoria Questionnaire for Adolescents and Adults

Please select the most accurate response for each question.	Never	Rarely	Some- times	Often	Always
1. In the past 12 months, have you felt satisfied being a man?					
2. In the past 12 months, have you felt uncertain about your gender, that is, feeling somewhere in between a man and a woman?					
3. In the past 12 months, have you felt pressured by others to be a man, although you don't really feel like one?					
4. In the past 12 months, have you felt, unlike most men, that you have to work on being a man?					
5. In the past 12 months, have you felt that you were not a real man?					
6. In the past 12 months, have you felt, given who you really are (e.g., what you like to do, how you act with other people), that it would be better for you to live as a woman rather than as a man?					
<p>7. In the past 12 months, have you had dreams?</p> <p style="padding-left: 40px;">If NO, skip to Question 8.</p> <p style="padding-left: 40px;">If YES, Have <i>you</i> been in your dreams?</p> <p style="padding-left: 40px;">If NO, skip to Question 8.</p> <p style="padding-left: 40px;">If YES, In the past 12 months, have you had dreams in which you were a woman?</p>					
8. In the past 12 months, have you felt unhappy about being a man?					
9. In the past 12 months, have you felt uncertain about yourself, at times feeling more like a woman and at times feeling more like a man?					
10. In the past 12 months, have you felt more like a woman than a man?					
11. In the past 12 months, have you felt that you					

did not have anything in common with either women or men?					
12. In the past 12 months, have you been bothered by seeing yourself identified as male or having to check the box “M” for male on official forms (e.g., employment applications, driver’s license, passport)?					
13. In the past 12 months, have you felt comfortable when using men’s restrooms in public places?					
14. In the past 12 months, have strangers treated you as a woman?					
15. In the past 12 months, have people you know, such as friends or relatives, treated you as a woman?					
16. In the past 12 months, have you had the wish or desire to be a woman?					
17. In the past 12 months, at home, have you dressed and acted as a woman?					
18. In the past 12 months, at parties or at other social gatherings, have you presented yourself as a woman?					
19. In the past 12 months, at work or at school, have you presented yourself as a woman?					
20. In the past 12 months, have you disliked your body because it is male (e.g., having a penis or having hair on your chest, arms, and legs)?					
21. In the past 12 months, have you wished to have hormone treatment to change your body into a woman’s?					
22. In the past 12 months, have you wished to have an operation to change your body into a woman’s (e.g., to have your penis removed or to have a vagina made)?					
23. In the past 12 months, have you made an effort to change your legal sex (e.g., on a driver’s license or credit card)?					
24. In the past 12 months, have you thought of yourself as a “hermaphrodite” or an “intersex” rather than as a man or a woman?					
25. In the past 12 months, have you thought of yourself as a “transgendered person?”					
26. In the past 12 months, have you thought of yourself as a woman?					

27. In the past 12 months, have you thought of yourself as a man?					
---	--	--	--	--	--

Center for Epidemiologic Studies Depression Scale

Below is a list of the ways you might have felt or behaved. Please tell me how often you have felt this way during the past week.	Last Week			
	Rarely or None of the Time (Less than 1 day)	Some or a Little of the Time (1 – 2 days)	Occasionally or a Moderate Amount of Time (3 – 4 days)	Most or All of the Time (5 – 7 days)
I was bothered by things that usually don't bother me.				
I did not feel like eating; my appetite was poor.				
I felt that I could not shake off the blues even with help from my family or friends.				
I felt that I was just as good as other people.				
I had trouble keeping my mind on what I was doing.				
I felt depressed.				
I felt that everything I did was an effort.				
I felt hopeful about the future.				
I thought my life had been a failure.				
I felt fearful.				
My sleep was restless.				
I was happy.				
I talked less than usual.				
I felt lonely.				
People were unfriendly.				
I enjoyed life.				
I had crying spells.				
I felt sad.				
I felt that people dislike me.				
I could not get "going."				

Job Involvement Scale

Please select the most accurate response for each question.	Disagree					Agree
The most important things that happen to me involve drag performance.						
To me, drag performance is only a small part of who I am.						
I am very much involved personally in drag performance.						
I live, eat, and breathe drag performance.						
Most of my interests are centered around drag performance.						
I have very strong ties with drag performance which would be very difficult to break.						
Usually I feel detached from drag performance.						
Most of my personal life goals are drag performance oriented.						
I consider drag performance to be very central to my existence.						
I like to be absorbed in my drag performance most of the time.						

Appendix E: Debriefing Statement

Thank you for your participation in this survey. We appreciate your time. Please feel free to share additional thoughts and reflections in the box provided below or you may respond to the question in bold. Once you have shared your thoughts and reflections, please do the following. 1. If you are using a computer to complete this survey, please close the browser window. 2. If you are completing a paper-copy, please return this packet to the researcher.

Please share your thoughts and/or reflections about drag performance and/or female impersonation:

Appendix F: Advertisements



Study of Identity-Related Factors Among Drag Queens
Be a part of an important Study of Drag Culture

Do you perform in drag? Do you identify as gay or bisexual?

If you answered YES to these questions, you may be eligible to participate in a study of drag performers. The purpose of this confidential, secure, online research study is to explore identity related characteristics among drag queens. Participants will be asked to complete 4 questionnaires and to provide additional thoughts and ideas. The process is expected to take 15 minutes or less.

Benefits include the opportunity to participate in a drawing with a chance to win 1 of 5 pieces of jewelry designed by Maria Isabel, a custom jeweler in Oklahoma City, OK.

Only drag performers older than 18 years old who identify as non-heterosexual and were assigned male at birth are eligible to participate. Only unique entries will be considered for the drawing.

For more information and a link to participate, please visit www.dragstudy.com

Please contact Douglas Knutson at 405-459-0241 or douglas.knutson@gmail.com for more information.

**DO YOU PERFORM IN DRAG?
DO YOU IDENTIFY AS GAY OR BISEXUAL?**

If you answered yes to these questions, you may be eligible to participate in a study of drag performers. The purpose of this confidential, secure, online research study is to explore identity related characteristics among drag queens. Participants will be asked to complete 4 questionnaires and to provide additional thoughts and ideas. The process is expected to take 15 minutes or less.

Benefits include the opportunity to participate in a drawing with a chance to win 1 of 5 pieces of jewelry designed by Maria Isabel, a custom jeweler in Oklahoma City, OK.

Only drag performers older than 18 years old who identify as non-heterosexual and were assigned male at birth are eligible to participate. Only unique entries will be considered for the drawing. To participate, please paste the following link in the internet browser of your choice
https://okstatecoe.az1.qualtrics.com/SE/?SID=SV_3lOrEjv2fYjf3WR

For more information, please contact Douglas Knutson at 405-459-0241 or douglas.knutson@gmail.com

Appendix G: Oklahoma State University IRB Approval

Oklahoma State University Institutional Review Board

Date: Monday, March 23, 2015
IRB Application No ED1544
Proposal Title: Study of Identity-Related Factors among Drag Queens and Female Personators

Reviewed and Processed as: Exempt

Status Recommended by Reviewer(s): Approved Protocol Expires: 3/22/2018

Principal Investigator(s):

Douglas Knutson	Julie Koch
434 Willard Hall	418 Willard
Stillwater, OK 74078	Stillwater, OK 74078

The IRB application referenced above has been approved. It is the judgment of the reviewers that the rights and welfare of individuals who may be asked to participate in this study will be respected, and that the research will be conducted in a manner consistent with the IRB requirements as outlined in section 45 CFR 46.

The final versions of any printed recruitment, consent and assent documents bearing the IRB approval stamp are attached to this letter. These are the versions that must be used during the study.

As Principal Investigator, it is your responsibility to do the following:

1. Conduct this study exactly as it has been approved. Any modifications to the research protocol must be submitted with the appropriate signatures for IRB approval. Protocol modifications requiring approval may include changes to the title, PI advisor, funding status or sponsor, subject population composition or size, recruitment, inclusion/exclusion criteria, research site, research procedures and consent/assent process or forms
2. Submit a request for continuation if the study extends beyond the approval period. This continuation must receive IRB review and approval before the research can continue.
3. Report any adverse events to the IRB Chair promptly. Adverse events are those which are unanticipated and impact the subjects during the course of the research; and
4. Notify the IRB office in writing when your research project is complete.

Please note that approved protocols are subject to monitoring by the IRB and that the IRB office has the authority to inspect research records associated with this protocol at any time. If you have questions about the IRB procedures or need any assistance from the Board, please contact Dawnett Watkins 219 Cordell North (phone: 405-744-5700, dawnett.watkins@okstate.edu).

Sincerely,



Hugh Crethar, Chair
Institutional Review Board

VITA

Douglas Ray Knutson

Candidate for the Degree of

Doctor of Philosophy

Thesis: GENDER DYSPHORIA, DEPRESSION, AND PERFORMANCE
INVOLVEMENT AMONG GAY AND BISEXUAL MALE DRAG QUEENS

Major Field: Educational Psychology

Biographical:

Education:

Completed the requirements for the Doctor of Philosophy in Educational Psychology at Oklahoma State University, Stillwater, Oklahoma in July, 2017

Completed the requirements for the Master of Education in Applied Behavioral Studies with Professional Counseling at Oklahoma City University, Oklahoma City, Oklahoma in 2012.

Completed the requirements for the Master of Theological Studies in Philosophy, Theology and Ethics at Boston University School of Theology, Boston, Massachusetts in 2008.

Completed the Requirements for the Bachelor of Arts in Theology and Ministry and English Literature at Southern Nazarene University, Bethany, Oklahoma in 2006.

Experience:

Doctoral Practicum at OSU-Tulsa Counseling Center 2015 to 2016

Doctoral Practicum at OSU-Stillwater Student Counseling Services 2014-2015

Doctoral Practicum at Payne County Youth Services 2013-2014

Professional Memberships: