"My queer identity and my family identity are two very separate things": A mixed-methods study investigating the psychological implications of family identity and support for trans and gender diverse youth during the COVID-19 pandemic

Abstract

Gender-affirming support from one's family is psychologically protective for trans and gender diverse (TGD) youth. However, the psychological processes through which family-based support is associated with mental health and wellbeing within this population are not yet understood. The *Social Identity Approach to Health*, which highlights the important role of social group membership for people's health and wellbeing, was used to address this gap within a sequential explanatory mixed-methods design. Study 1 utilised an online survey (N=140) to demonstrate that family identification is associated with reduced symptoms of anxiety and depression and increased wellbeing, which was mediated by increased social support and reduced loneliness. Using semi-structured interviews (N=27), Study 2 built on the findings from Study 1 by understanding the nature of young TGD people's experiences of their family groups, family support, loneliness, and mental health. Four main themes were found: 1. I Can't Be Me When I Am Around You; 2. The Psychological Costs of Authenticity; 3. Increasing the Likelihood of Receiving Familial Support; 4. The Missing Part of the Jigsaw. Together, these studies provide a theoretical framework to understand why family support (from both bio-legal and non-bio-legal families) can be protective and/or harmful for young TGD people's mental health and wellbeing.

Keywords: Trans and Gender Diverse, Family Identification, Family Support, Loneliness, Mental Health, COVID-19, Sequential Explanatory Mixed-methods

Public Significance Statement

These studies identified how vital sources of family support can be hard to come by for trans and gender diverse (TGD) youth. Our interview findings also showed that TGD youth can feel a sense of loss linked with minimised or problematised family support but that they can be resilient and seek out alternative forms of non-biological 'family' to meet their connection and support needs. This is critical as our survey findings demonstrated that feeling a sense of family belonging can be protective of mental health, as family belonging is associated with perceived social support and reduced feelings of loneliness. We suggest that family-based interventions should be focused on providing the conditions necessary for increasing a sense of belonging among family members, thereby protecting the psychological wellbeing of TGD youth.

Introduction

Living with poor mental health is increasingly common (World Health Organisation, 2019) particularly among young people with minority status (e.g., based on ethnicity, socioeconomic status, sexual, or gender identity; Fancourt et al., 2021; Kessler et al., 2007; Patel et al., 2007; Proto & Quintana-Domeque, 2021). One of these minority populations is trans and gender diverse (TGD) people (i.e., people who experience incongruence with the gender they were raised as and their gender identity, in comparison to cisgender people, who experience congruence between these two aspects; Cava, 2016). TGD is used in the current studies as umbrella terminology to describe people who experience gender incongruence (Thorne et al., 2019). Census data from England and Wales has reported their to be 262,000 (0.5% of survey respondents) adults aged 16 and over who experience gender incongruence (Office for National Statistics, 2023), although numbers are likely to be underestimated due to gender identity concealment resulting from stigma and discrimination (Arcelus et al., 2015). Recent evidence suggests that mental ill-health is a growing concern within the TGD population, creating an urgent need to develop greater understandings of their psychological distress to allow for more effective and nuanced psychological support interventions to be developed (Drabish & Theeke, 2021).

Mental Health and the Covid-19 Pandemic

Anxiety and depression have been found to be particularly prevalent among young TGD people, even when compared to cisgender sexual minoritized youth (Drabish & Theeke, 2021; Price-Feeney et al., 2020). Depression has also been identified as a risk factor for suicidality in this population (Marshall et al., 2016). Given these existing mental health inequalities, TGD youth around the world were found to be a particularly vulnerable population during the COVID-19 pandemic (e.g., Hawke et al., 2021; Koehler et al., 2021). Indeed, one

longitudinal study in the United States of America (USA) found that the mental health of TGD participants worsened substantially during the pandemic, with many individuals reaching clinical levels of distress (Kidd et al., 2021). This increased incidence of mental distress was found to be coupled with an increased sense of social disconnection. For example, when compared to cisgender youth, TGD young people in Canada reported poorer mental health and, importantly, perceived themselves as receiving less social support from their families (Hawke et al., 2021). The COVID-19 pandemic also imposed further challenges for accessing crucial emotional support (with many TGD youth having to conceal their gender among unaware or unsupportive families; Tüzün et al., 2022), and instrumental support (due to barriers in accessing gender-affirming care and mental health support; Jones et al., 2023; Radusky et al., 2021; Tami et al., 2022).

Social Psychological Approaches to Understanding TGD Mental Health

Social psychological approaches have been useful in developing an understanding of the mental health challenges experienced by minoritized groups such as the TGD population. Minority Stress (MS) Theory, for example, has consistently been used to explain mental health vulnerabilities within the TGD population (e.g., Frost & Meyer, 2023; Pellicane & Ciesla, 2022). MS Theory explains how experiences of discrimination, stigma, and prejudice (e.g., transphobia) account for poor health outcomes. Stressors associated with minority group status can be both interpersonal (e.g., peer rejection, bullying) and structural (e.g., inability to obtain legal recognition of gender identity; Testa et al., 2015). While there is a lack of longitudinal data supporting MS Theory (Hendricks & Testa, 2012), research shows that when experiences of victimisation and discrimination are controlled for, disparities in mental health outcomes between non-heterosexual cisgender youth and TGD youth are significantly reduced, suggesting that these experiences have significant impact on the mental wellbeing of young TGD people (Price-Feeney et al., 2020). These findings are even more concerning given the

high levels of prejudice, discrimination, and bias experienced by many TGD people (Drabish & Theeke, 2021).

As well as being linked with experiences of victimisation and discrimination, minority status can be linked with exclusion and disconnection, which has consequences in terms of the denial of social resources. A recent systematic review illustrated the wide-ranging implications of occupying a minority group identity for mental health, finding, for example, that stigma and marginalisation are associated with reduced help-seeking (Drabish & Theeke, 2021) which is likely to impede acquisition of much-needed social support. Emerging research is beginning to explore the implications of MS for loneliness with recent findings demonstrating that peer exclusion and discrimination increase susceptibility to loneliness for TGD youth to a greater extent than for cisgender youth (Garro et al., 2022; Wilson & Liss, 2023). For example, in a student sample of TGD people from the USA, discrimination was found to be associated with poor mental health indirectly through a reduced sense of belonging and increased loneliness (Wilson & Liss, 2023).

The Role of Family Support

Positive social relationships have been shown to be particularly powerful in alleviating poor mental health by buffering the negative effects associated with social stigma (Hendricks & Testa, 2012; Jones et al., 2023; Lewis et al., 2021). The family is a significant social resource that can play a key role here: family support that is perceived to affirm a young person's gender identity (e.g., using correct pronouns) is associated with increased likelihood of living as one's affirmed gender, fewer mental health symptoms, reduction of suicidal ideation, higher levels of wellbeing, and increased help-seeking in young TGD people (Barras & Jones, 2024; Price & Green, 2023; Russell et al., 2018; Samrock et al., 2021; Tan et al., 2020; Weinhardt et al., 2019). Indeed, research has shown that when family support is perceived as being available,

TGD youth are no more likely than their cisgender peers to experience anxiety and depression (Olson et al., 2016).

However, it is important to recognise that when a young person expresses their authentic gender identity, the family unit is required to undergo transition, often involving the family being asked to adapt to rejection of a familiar identity and introduction to a new identity, including use of a different name and/or pronouns when referring to the young person. This can create a sense of loss, grief, confusion, worry, and fear among family members (Kuvalanka et al., 2014). Other barriers have been identified among parents and carers of TGD youth such as essentialist gender beliefs, perceiving a lack of available social support (e.g., not knowing other families with TGD youth or anticipating negative evaluations from wider family) and a lack of knowledge about gender identity and TGD challenges (e.g., Matsuno et al., 2022; Morgan et al., 2022a; 2022b; Pullen Sansfaçon et al., 2020; Wagner & Armstrong, 2020). Thus, for some family members, the young person's gender transition can be extremely difficult to comprehend, leaving some unable to support or only partially support their child or sibling (Fuller & Riggs, 2018; Pullen Sansfacon et al., 2020). Consequently, young TGD people have been found to described parental support as complex, contradictory and conditional (Barras & Jones, 2024). In Barras & Jones's (2024) study, young TGD people described how parents would often place constraints on their ability to live authentically by preventing them presenting in their gender identity outside the family home and placing conditions on access to gender affirming care.

In sum, while there are clear mental health benefits for young TGD people who perceive their family to be supportive of their gender, when this support is not available, the effects on the mental health and wellbeing (e.g., anxiety, depression, and loneliness) of young TGD people is significant (e.g., Barras & Jones, 2024; Price & Green, 2023) and an important buffer against the impact of MS is lost (Barras & Jones 2024; Jones et al., 2023). Thus, the importance

of connection and support is acknowledged in literature underpinned by MS Theory (Hendricks & Testa, 2012). However, what is not clear within this specific social psychological approach is the social conditions that allow for social support to occur or the precise pathways and experiences that lead to support and better mental health. A clear theoretical framework that facilitates an exploration of these experiences and processes is offered by the Social Identity Approach to Health.

The Social Identity Approach to Health

The Social Identity Approach to Health (SIAH; e.g., Haslam et al., 2018) highlights the important role that social group memberships play in determining people's health and wellbeing. The SIAH rests on the assertation that being a member of a specific social group means that one shares that group membership with fellow ingroup members (e.g., the other members of one's family), and that this shared group membership has the potential to unlock health-promoting resources, including social support. In turn, these resources allow people to cope better with the stresses of everyday life, thereby enhancing their health and wellbeing (known as the 'Social Cure'). However, the SIAH argues that such resources (e.g., social support) are only unlocked if the person *identifies* with (i.e., feels a subjective sense of belonging to) the group in question (e.g., Sani et al., 2012).

Numerous studies which have drawn their rationale from the SIAH have shown that people's strength of identification with their families positively predicts mental health and wellbeing, and negatively predicts loneliness. For instance, Wakefield et al. (2020) showed that family identification buffered the negative relationships between loneliness, depression, and sleep quality overtime. The relevance of family identification for enhanced health and reduced loneliness has also been examined during the COVID-19 pandemic: for instance, McNamara

et al. (2022) showed loneliness mediates the relationship between family identification and mental health in people with eating disorders.

The SIAH has also been used to understand the processes involved in life transitions. The Social Identity Model of Identity Change (SIMIC; Jetten et al., 2009) explains that life transitions are stressful as they involve identity change (e.g., moving from being a school pupil to a university student, or an employee to a retiree). The SIMIC postulates that life transitions will be less stressful if the person is able to: i) maintain important group memberships they had before the life transition (e.g., their family), and ii) join new groups after the life transition (e.g., a TGD support group), especially if these new group memberships are compatible with each other and with the person's pre-existing group memberships (Haslam et al., 2021). However, stress may be increased if the person perceives these group memberships as being incompatible (e.g., if it is psychologically difficult to be a member of one's family and TGD simultaneously).

Relatedly, the SIAH also describes how group memberships can – under some circumstances - harm health or impede access to social resources, such as social support: this is known as the 'Social Curse' (Kellezi & Reicher, 2012). The Social Curse can occur when fellow ingroup members withhold support from a person who is perceived as having violated ingroup norms (which, for some families, could include gender transition). As mentioned previously, the family can be a source of psychological distress for young TGD people and it can be a context within which support is inaccessible for group members (e.g., Barras & Jones, 2024). The SIAH's predictions regarding the Social Curse may shed light on the complex experiences and relationships predicting these negative outcomes, just as the SIAH's predictions regarding the Social Cure may shed light on TGD young people's positive family experiences.

Current Studies

The COVID-19 pandemic was a particularly difficult period for young TGD people (e.g., Koehler et al., 2021) as they experienced reduced access to resources, interventions, and emotional support (e.g., Jones et al., 2023). MS Theory (Hendricks & Testa, 2012) describes how positive social support buffers the negative effects of relationships perceived as non-supportive (e.g., family). There is also evidence to suggest that loneliness mediates the relationship between discrimination and mental ill-health in sexual minority participants (Wilson & Liss, 2023), although this prediction has not yet been tested in the important context of the family (Tan et al., 2019), something that the current study addresses.

While MS Theory (Hendricks & Testa, 2012) has been used to explain the benefits of social support for health outcomes, evidence has also shown young TGD people to perceive family support as confusing and complex (Barras & Jones, 2024). MS Theory is unable to explain the social conditions that allow for social support to occur or the precise pathways and experiences that lead to support and better mental health. However, the SIAH offers a promising framework from which to understand and explore the connections between family relationships, the social experiences within them, and the wellbeing (and distress) of TGD youth.

The aim of this research was therefore to investigate the existence of family-related SIAH processes in young TGD people during the COVID-19 pandemic, as well as the implications of these processes for their social dis/connection experiences and their mental wellbeing. To do this, an explanatory sequential mixed-methods approach was used (Creswell, 2014). Following Creswell's approach, the sequential explanatory model was adopted to allow for the quantification and mapping of relationships between established variables in the MS and SIAH literatures (e.g., family identification, social support, anxiety, depression, loneliness) but also to acknowledge its limits (i.e., that this approach is limited to a cross-sectional quantitative

model which relies on the self-report of pre-established, researcher-selected measures). A sequential mixed-methods approach is particularly useful for exploring trends and relationships found in quantitative data in more depth, thus allowing us to elucidate and probe the pathways revealed in the quantitative study using subsequent qualitative methods (Creswell & Stick, 2006; Creswell & Piano, 2011). Methods like the semi-structured interviews employed here are more equipped to evidence the complexity of family relationships and mental health whilst giving primacy to their own accounts, definitions, and sense-making.

Study 1

To best address the research aim of exploring the connections between family support and mental health in the context of young TGD people's family groups, a quantitative survey study (Study 1) was first conducted to test predictions aligned with a Social Cure aspects of the SIAH (i.e., that family identification positively predicts wellbeing outcomes via increased social support and reduced loneliness). Based on SIAH theorising (e.g., Haslam et al., 2018), the hypotheses for Study 1 were:

H1: Family identification will correlate positively with social support and wellbeing, and negatively with loneliness, anxiety, and depression.

H2: The relationship between family identification and anxiety/depression/wellbeing will be serially mediated by social support and loneliness, as suggested by MS Theory and research by Wilson and Liss (2023) and McNamara et al. (2022). Specifically, family identification will be positively associated with the extent to which participants perceive themselves as receiving social support, which in turn will be associated with less loneliness, which consequently will attenuate the positive relationship between loneliness and mental ill-health (i.e., higher anxiety and depression, and lower wellbeing).

Method

Design, Participants, and Procedure

Young TGD people (16-25 years) residing within the UK were invited to take part in the online cross-sectional survey through a weblink shared on social media and disseminated by UK-based support organisations for LGBTQ+ people in May-June 2020. From March 26th 2020, due to the COVID-19 pandemic, individuals in the UK were only allowed to leave their home if they were a keyworker, or for exercise, essential shopping, or collecting medicine. In mid-May, the UK governments announced a roadmap to ease restrictions that would initially allow people to mix with others outside their household (GOV.UK, 2020).

The age restriction (16-25 years) was implemented in Study 1 as this is when most young people are likely to experience poor mental health for the first time (Kessler et al., 2005) and are likely to still be living within the family home at this age (Office for National Statistics, 2019). Developmentally, these years tend to be when young people look towards achieving key markers of transition to adulthood whilst negotiating the process of individuating from family (Arnett, 2000), a journey that is likely to have been severely affected by COVID-19.

Two hundred and forty-three people took part in Study 1. From this dataset, 100 (41.15%) participants were removed as they had only completed the demographic section, two (.82%) participants were removed as they reported that they were under the age of 16 years, and one (.41%) participant was removed as a duplicate response. The final analysed dataset consisted of 140 (57.67%) participants. An a priori power analysis in G*Power (Faul et al., 2009) revealed that 109 participants were needed (assuming a medium effect size, 80% power, and eight predictors: one predictor, two mediators, and five covariates).

Measures

Family identification was measured with Postmes et al.'s (2013) single-item social identification (SISI) measure. Postmes et al. (2013) established convergent, divergent, and test-retest reliability of the SISI measure across three studies to support the appropriate operationalisation of social identification with this one-item measure. This measure has subsequently been widely used in contemporary peer-reviewed studies (e.g., RCTs; Haslam et al., 2023) to assess group identification across a variety of contexts (e.g., workplaces; Gillman et al., 2023) and has been shown to possess convergent, divergent, predictive, and external validity, as well as reliability (Reysen et al., 2013). Participants rated their agreement with the item ("I identify with members of my family") on a scale ranging from 1 ("Strongly disagree") to 7 ("Strongly agree"). A higher score represented more identification with family.

Social support was measured using a 4-item social support scale developed by Haslam et al. (2005; e.g., "*Do you get the advice you need from other people*?). The items were rated on a 7-point Likert scale from 1 ("Not at all") to 7 ("Definitely"). The mean was calculated (α = .90) and a higher score represented more perceived social support.

Loneliness was measured using the Three-Item Loneliness Scale (Hughes et al., 2004). Participants were asked to rate their agreement with each statement (e.g., *"How often do you feel that you lack companionship?")* on a scale ranging from 1 ("Hardly ever") to 3 ("Often"). The sum was calculated (α = .75) and a higher score indicated more loneliness.

Anxiety was measured using the GAD-7 (Spitzer et al., 2006). Seven items (e.g., *how often have you been bothered by* Feeling nervous, anxious or on edge") assess anxiety during the preceding two weeks on a 4-point Likert scale from 0 ("Not at all") to 3 ("Nearly every day"). The sum was calculated (α= .90) and a higher score indicated higher levels of anxiety. The measure was found to previously be reliable with a sample of TGD youth (e.g., Moyer et al., 2019).

Depression was measured using the PHQ-9 (Kroenke & Spitzer, 2002). Participants rated nine statements based on their feelings over the previous 2 weeks (e.g., " *How often have you been bothered by having little interest or pleasure in doing things*") on a 4-point Likert scale ranging from 0 ("Not at all") to 3 ("Nearly every day"). The sum was calculated (α =.88) and a higher score was indicative of higher levels of depression. The measure has been used previously with young TGD people and been found to be reliable (e.g., Moyer et al., 2019).

Wellbeing was measured using the Short Warwick Edinburgh Mental Wellbeing Scale (Tennant et al., 2007). The measure includes 7-items (e.g., "I've been feeling optimistic about the future" on a 5-point Likert scale from 1 ("None of the time") to 5 ("All of the time"). The sum was calculated (α=.84) and a higher score was representative of greater perceived wellbeing. The measure has been used previously with young TGD people and been found to be reliable (e.g., Black et al., 2023).

Data were also collected on participant age, gender, and social and medical transition, including satisfaction with their current state of transition (yes/no/unsure).

Analytical Procedure

IBM SPSS v28 (IBM Corp, 2021) was used. Descriptive statistics were calculated for all variables. Normality testing demonstrated that the data were non-normally distributed and therefore, where available, non-parametric (e.g., Spearman's rho) tests were conducted.

Serial mediation analysis was conducted using the PROCESS macro (Version 4.1; Hayes, 2017). The analyses involved 5,000 bootstrapping samples with 95% confidence intervals (LLCI/ULCI), using the percentile method. This method is particularly suitable for small sample sizes and non-normally distributed data. Three models were tested, with anxiety, depression, and wellbeing as the outcome variables. Age, gender, and satisfaction with transition stage were controlled for. Age was controlled for as there is a known and complex

relationship between age and mental health (Lorem et al., 2017) and gender was controlled for as differences in mental health and wellbeing have been observed dependant on gender identity (e.g., Drabish & Theeke, 2021). Satisfaction with transition stage was controlled for as it is well-established that gender-affirming medical interventions are associated with alleviation of mental health symptoms (Davis & Meier, 2014; Lindqvist et al., 2017; Ruppin & Pfäfflin 2015). Gender and transition satisfaction were included as dummy variables (two dummy variables per variable, to distinguish between women/men/gender diverse (with women as the reference category) and satisfied/dissatisfied/unsure with transition stage (with satisfied as the reference category)). This led to a total of five covariates. For completeness, we added living situation (with family vs. not with family) and medical transition (currently having hormones or had surgery/hormones in past vs. never had surgery or hormones) as additional control variables. This did not change the results' patterning, so they were not included in the reported analysis for reasons of parsimony.

Results

Demographics

Participants' mean age was 20.28 years (*SD* = 2.70). Demographic statistics relating to participants' ethnicity, self-defined gender, extent of medical transition, and living situation can be seen in Supplementary Table A.

Descriptive Statistics and Intercorrelations

Descriptive statistics and intercorrelations are presented in Table 1. As expected, strength of family identification correlated positively with social support and wellbeing, and negatively with loneliness, anxiety, and depression. Social support correlated positively with wellbeing and negatively with loneliness, anxiety, and depression. Finally, loneliness correlated negatively with wellbeing, and positively with anxiety and depression.

[Table 1]

Mediation Analyses

These analyses were conducted with participants who had no missing data for each variable in the models (n=107). Effects and paths can be seen in Table 2. Supporting the hypotheses, family identification had a significant indirect effect on each outcome through social support and loneliness. Moreover, family identification had a significant positive association with social support, and social support had a significant negative association with loneliness. Loneliness had a significant positive association with anxiety and depression, and a significant negative association with wellbeing. The total effect of family identification on each outcome was significant, and these total effects became non-significant when social support and loneliness were accounted for (direct effect), indicating full mediation in each model. We also tested an alternative model with social support as the predictor (social support > family identification > loneliness > mental health) in case it was social support that predicted family identification, rather than vice versa. This alternative model was non-significant (p > .05) for all three outcome variables.

[Table 2]

Discussion

Supporting our hypotheses, participants' strength of identification with their family was associated with lower levels of anxiety and depression, and higher levels of wellbeing. Moreover, these relationships were found to be serially mediated by perceived social support and loneliness, such that family identification was associated with more social support, which in turn was associated with less loneliness, which consequently attenuated the positive relationship between loneliness and mental ill-health. These findings are consistent with the Social Cure approach (e.g., Haslam et al., 2018), but this is the first study to show that these relationships hold for young TGD participants, for whom family relationships and family

support can be particularly complex. Indeed, research has suggested TGD youth can experience difficult family relations (e.g., Barras & Jones, 2024; Pullen Sansfacon et al., 2020), which suggests that there is the potential for both Social Cure *and* Social Curse processes to occur (e.g., Wakefield et al., 2019).

Study 2

To explore the complexities of the Social Cure and Social Curse processes among young TGD people, we conducted semi-structured interviews. Study 2 thus addressed the following research question: How do TGD youth experience family belonging and support, and what are the perceived psychosocial experiences (e.g., loneliness, isolation, mental health) associated with this?). The findings from Study 1 were used to inform the questions asked in a semi-structured interview study, designed to further explore and understand the nature of young TGD people's experiences of their family groups, family support, loneliness, and mental health. This mixed-methods design therefore enabled initial exploration of the hypothesised relationships between the variables, and then an in-depth examination of the complex and variable ways that young TGD people experience these relationships with their family.

Method

Design

Young TGD (16-25 years) people in the UK were invited to take part in semi-structured interviews in 2021 (May-September). The semi-structured format was felt to be most appropriate as it enabled topics of interest identified from Study 1 to be explored while also enabling participants freedom to share experiences they felt were important. Online interviews enabled us to navigate geographical barriers and access participants concerned about the spread of COVID-19 in a safe way. During the first few months of this data collection period, the UK was still experiencing social distancing restrictions that prevented people from mixing with

more than five others in an indoor setting. From July, all social distancing regulations were removed (Institute for Government, n.d.) but some people were still understandably anxious and maintained social distancing practices. However, we acknowledge that potential participants who had no internet access at home or were residing in unsupportive or unaware environment, may not have been able to take part in the research.

Participants and Procedure

The study invite was shared on social media and disseminated by UK-based support organisations for LGBTQ+ people during May-September 2021. Included participants self-identified as TGD and there were no restrictions on gender identity or stage of transition.

Twenty-seven young TGD people took part in audio-recorded online interviews that lasted between 34–114 minutes (M = 63 minutes). Our maximum target for recruitment was 30 participants, however after the 27th interview initial familiarisation with the data corpus led us to feel we had enough data to answer our research question and therefore recruitment was stopped to prevent unnecessary data collection (following recommendations by Braun and Clarke, 2021). Participants were offered a £10 shopping voucher after taking part. In this sample, people identified across the gender spectrum, sometimes identifying with more than one gender. In contrast to previous research with TGD people, there was a range of ethnic backgrounds represented in this study (Supplementary Table B details demographic characteristics of the sample). All participants were given pseudonyms.

Before the interviews, participants read the information sheet and informed consent was gained. The interviews were conducted on Microsoft Teams and participants were encouraged to have their webcams on to support rapport-building between the researcher and participant.

Interview Schedule

Interviews were guided by a semi-structured schedule. Topics included gender-related experiences, family relationships and experiences, loneliness, mental health and wellbeing, and accessing support outside the family. We also asked participants to reflect on their experiences of family support during the COVID-19 pandemic, and their mental health. The interview schedule (See supplementary material C) was developed by the research team and in consultation with people with relevant lived experience (facilitated through the researchers' connection with external partner organisations), as well as engagement with the relevant literature (especially research exploring family relationships and mental ill-health during the pandemic, e.g., McNamara et al., 2022). In line with the sequential design of the overarching study, the findings of Study 1 were also used to inform the interview schedule creation with the aim of exploring the precise and varied conditions under which support was and was not experienced, how it was experienced in relation to mental health and wellbeing, and what the barriers and facilitators of social connections and support were in specific contextual and group conditions.

Analytical Approach

After the interviews were transcribed verbatim, the first author led the analysis process. She is an experienced qualitative researcher and has previously published using this methodology. Analysis of the interview transcripts was conducted using a theoretically-informed approach with a realist perspective as we were interested in exploring SIAH processes that reflected the realities experienced by the participants. The six steps of Braun and Clarke's (2022) for Reflexive Thematic Analysis (TA) were followed: 1) the interviewer transcribed the dataset, and the first author familiarised themselves with the data by listening to the audio files, reading the transcripts, and making initial notes about ideas and insights; 2) NVivo software was used for data coding. Analysis was both inductive and deductive as the TA was

theoretically-guided by the SIAH (leading to an initial 'top-down' coding of the data corpus) but it was also open to new 'bottom-up' insights gained through subsequent coding of the entire data corpus. Deductive coding utilising the SIAH theoretical framework (Haslam et al., 2018) was used to interpret from participants' accounts and understand these experiences with insights from the theory (e.g., when and how family can be protective, or experienced as harmful, the role of social support, and their links with wellbeing). For example, participants discussed how they experienced a lack of support from their family, and the social identity literature helped us theorise that in some cases this was because young TGD people felt they were perceived to violate family gender norms. Inductive coding, which was bottom up and led by the data only, led to unanticipated insights such as the role of friends as alternative families. Once all transcripts were coded, they were reviewed to ensure meaning was accurately represented and differentiated meanings. In order to contribute to a rigorous analysis, the coding process was then performed again; 3) initial themes were developed by writing codes on 'Post-It' notes and those with a shared meaning were collated to form a central organising concept for each theme. Once the first author had generated an initial list of themes and subthemes, an thematic map was developed. This facilitated identifying connections (and overlaps) between themes, and enabled reflection on the overall narrative; 4) themes were then reviewed to ensure they made sense in the context of all identified relevant coded data for the theme, and redeveloped where necessary, for example, some themes were collapsed while others were split into subthemes; 5) the themes were refined and named. Throughout this process, the researchers constantly reviewed themes in relation to their central organising concept and the research question. To facilitate with this, a brief description of each theme and subtheme was generated; 6) extracts to support and evidence each of the identified themes and subthemes were selected, and the analysis was written up by the first author revised by the rest of the research team.

Positionality Statement

The purpose of the study was formulated through knowledge exchange with a charity for TGD youth in the UK and TGD colleagues who worked for this organisation. This process highlighted the increase in requests for support regarding poor family relations during the initial phase of the COVID-19 pandemic. The research was therefore felt to be of importance for TGD youth and stakeholders supporting this community. The study was designed by the research team, who are all cisgender; our identities are likely to have shaped the questions asked during the interviews (Galupo, 2017; Patterson, 2018).

The interviewer (cisgender man, 3rd author) kept a reflexive diary throughout the interview process which was shared and discussed with the research team after each interview. Across the dataset, responses were rich, open, and in-depth although we acknowledge that participants may have been more reserved in their responses or felt they needed to explain aspect of their experience in more detail given the cisgender identity of the interviewer (Galupo, 2017).

The first author, a cisgender women, led on the analysis. She has substantial research experience concerned with the health and wellbeing of TGD people. The interaction of her gender identity and knowledge of TGD literature will have shaped her interpretation of the data and formulation of themes. On a personal level, she has friends who are part of the community and regularly interacts with TGD students in her academic role. To maintain transparency and self-awareness during the data analysis phase, the first author maintained a reflexive journal which allowed her to reflect on how her own values, positions and privileges influenced her understanding and interpretation of the research findings.

The analysis was discussed with the rest of the research team. The second and final authors, both cisgender women, are experts in the SIAH and have used this theory to guide the

analysis of qualitative datasets previously (Wakefield et al., 2022). The final author also has personal experience with the TGD community through a close family member. The fourth author is a cisgender man and practicing mental health practitioner with experience of working with cis-gender and TGD clients and colleagues. When discussing findings, we reflected upon how our experiences and identities may inform both our understandings and our interpretations, and approached the drawing of conclusions in a way that respected the data and accounts of interviewees.

Results and Discussion

Four themes were developed to answer the research question (i.e., How do TGD youth experience family belonging and support, and what are the perceived psychosocial experiences (e.g., loneliness, isolation, mental health) associated with this?). These are summarised in Table 3.

[Table 3]

Theme 1: I Can't Be Me When I'm Around You

Many of the interviewees' families were perceived as not being fully supportive of their gender identity, which had wellbeing-related implications. As mentioned previously, the SIMIC posits that during a life transition (such as gender transitioning), mental distress is likely to increase when one's groups (e.g., family and gender identity) are perceived as incompatible (Haslam et al., 2021). Theme 1 explores a common strategy that was employed among young TGD people in this study to help them manage their incompatible gender identity and family identity: concealment.

Many interviewees explained that concealing their gender identities from their family was a mechanism which allowed them to avoid negative evaluation and risk damage to their family relationships, as explained by Tate:

> I wish I could be open and, you know, yeah open with my family about it [gender identity]. Um, I think at the moment it would be, it's not the right time because, it's not the right time for me because I know the reaction is going to be negative and it's going to be difficult and I'm not in the right space or frame of mind to deal with that at the moment. I think that it would be detrimental to me. I think it would be detrimental to our relationship. I think like it would make my Mum's and I relationship worse even though it isn't great. (Tate, 24, nonbinary)

Like Tate, many interviewees described feeling psychologically vulnerable during their process of gender identity exploration, and that having to manage the additional emotional implications of disclosing their gender identity to their family was too much to cope with. They thus resorted to keeping their gender a secret from their family to protect their own psychological health. However, Tate notes that they also decided not to disclose to protect their familial relationship: to stop a relationship that "isn't great" becoming "worse". While this may be in part due to Tate's desire to avoid the additional stress of a strained familial relationship, it could also be due to Tate wanting to protect the (albeit potentially limited) social support that they receive from their mother, which may be withheld altogether if Tate is honest about their gender identity, as seen in previous literature when group norm are violated (e.g., Kellezi & Reicher, 2012).

While participants described the importance of maintaining family relationships by conforming to family gender norms (thereby minimising the risk of the loss of social support or potential family exclusion), they also noted how living an inauthentic life through concealment of their gender identity from their family can be damaging to their mental health. For example, Oakley said:

> Um, it sort of made me feel like very isolated [concealing gender identity] and sort of kind of like a child again where like I'm having to hide stuff from my parents, I'm having to like

hide little bits of myself just to make it easier and I got upset quite often. (Oakley, 21, trans man)

Thus, although participants described concealment from family as a protective mechanism, it was evident that this strategy was also harmful. This sort of identity concealment has previously been found to further compound stress among TGD people and have a detrimental effect on mental health (Brennan et al., 2021; Rood et al., 2017; Livingston et al., 2020).

This theme demonstrates that while TGD youth may value the support they receive within the family, maintaining this may have to come at the cost of concealing their gender identity from family members to avoid exclusion. However, the accounts also show that the act of concealing their gender identity is also distressing, presenting a double-edged sword. Thus, this theme supports previous MS Theory findings (e.g., Hendricks & Testa, 2012), and reveal the psychological costs of gender identity concealment, but through the lens of family identity.

Theme 2: The Psychological Costs of Authenticity

Although Theme 1 highlighted the psychological distress that concealment may promote, choosing or being able to reveal one's gender identity to one's family also had costs.

Subtheme 2.1: Lack of Felt Understanding

It was common for participants to feel misunderstood by their family. This tended to affect the quality of their familial relations. Felt understanding has recently been conceptualised as a belief that others understand and accept our perspectives non-judgementally, even when it does not align with their own beliefs (Livingstone et al., 2020). In the current study, interviewees discussed how their conceptualisation of gender was often different to that of their family, and that this (combined with the family's lack of lived experience regarding gender issues) meant that family members were not able to fully comprehend the young person's gender. This lack of understanding was often experienced as being isolating, as Sam explains:

> Okay, the loneliest I have ever been is when my parents didn't understand. That was the worst experience. They want me to be a lady in one gender, and they didn't understand I am a transgender. I wanted them to understand but they didn't understand, that was the most lonely time, I felt like I am an exemption. (Sam, 22, transgender)

However, for some participants, such as Kai, below, understanding was labelled slightly differently such that understanding of the concept of gender identity may have been present but that deeper felt understanding and acceptance was lacking. Kai explains how their experience of this led to feelings of loneliness within their family:

> K: They [family] are, they are understanding, rather they understand what it is, but they're not happy to accept, well, the difference.
>
> I: Uh, so you say perhaps they're not happy to accept that, why do you think that might be?
>
> K: Well, they think I'm not their normal child they expected, what they class as the norm.
>
> I: And how does that make you feel?
>
> K: Very isolated, lonely, pushed to one side, not wanted. (Kai, 16, transgender)

Several participants, like Kai, explained how lonely they felt due to their sense of familial marginalisation (or even ostracization). These observations are consistent with literature describing how the withholding of ingroup social support when a group member is seen to have violated ingroup norms is a key Social Curse process (e.g., Kellezi & Reicher, 2012). One potential way to ameliorate this situation would be to engage family members in discussion about gender with a view to challenging their norms and preconceptions. However, most participants were denied such opportunities, as evidenced in Subtheme 2.2.

Subtheme 2.2: Limited Opportunity for Identity Talk

Across nearly all the interviews, participants discussed the importance of being able to talk to their family about gender. However, most felt that their 'difference' denied them the

opportunity to have these meaningful and supportive conversations. Frankie explains this below:

> Sometimes I can't talk to her [mother] about things because she just won't understand, it's one of those you won't experience this, so you don't know how to feel about that. I mean I'm very, in the case of my entire family are very cis, so I'm lonely in that case. (Frankie, 19, trans masculine and nonbinary)

For many, it seemed that the opportunity to talk about gender with their family was a potential process though which they could increase felt understanding and have their gender affirmed. The barriers to communication which might engender connection for support was variable across participants. In Frankie's case, the barriers resulted from an anticipation of a lack of understanding, for others, they had actively tried to discuss their gender identity with family members. For example, Oakley explains how he attempted to have a conversation about gender with his family:

> Every week something different would trend on Twitter, something would be in the media about trans people and sort of my parents talked about it but got mad if I tried to talk about it and I was shot down. That sort of definitely made me feel a lot like lonelier because it was sort of like I can't talk about this horrible thing that's affecting me. (Oakley, 21, trans man)

Some participants expressed that when attempting to talk about their gender (and associated issues) the seriousness of the challenges they were facing were minimised by their family members, and space to voice their experiences authentically was not provided. This meant that they were not only misunderstood by their family, but that their experiences and feelings felt devalued.

This second theme has highlighted the potential psychological costs of revealing one's gender identity to one's family: specifically lack of felt understanding and barriers to accessing meaningful conversation where the young person's views and experiences are valued. This

fosters an environment of loneliness and social isolation for the young person: they are being their authentic self, but this authenticity is not understood, or responded to appropriately, and much needed social support is rendered unavailable. This reveals how this communication and understanding difficulties may act as a barrier to maintaining a strong sense of group identification thereby limiting social identity resources, e.g., social support. Additionally, the active denial of support in some cases again illustrates how, for some within this population, family identity can be a Social Curse. However, participants also recognised that there were strategies they could use to increase the likelihood of family members providing them with effective social support. Theme 3 explores these strategies.

Theme 3: Increasing the Likelihood of Receiving Familial Support

Participants who had come out to their family about their gender identity discussed various behaviours they used to manage family relationships and to increase the likelihood of receiving familial social support. Subtheme 3.1 explores participants' strategy for maintaining familial bonds by accepting that familial support may sometimes be imperfect or not fully effective.

Subtheme 3.1: Acceptance of Imperfect Family Support

Although participants highlighted the value they placed on familial support, they also described complexities in the ways that support can be delivered. For instance, when speaking with family members, many young people experienced misgendering, commonly termed 'deadnaming' (i.e., being referred to by their old name), and incorrect pronoun use. While this was distressing, several of the interviewees described how they had come to accept these as part of 'imperfect support', which Jett explains this below:

> I think for most trans people their parents are like, in this country, are like broadly accepting of it but it probably will like struggle with like calling them by the right thing or gendering

them the right thing or like always talking to them in the right way and I think people aren't necessarily very prepared for like the complexity of how parents will be supportive in some regards and unsupportive in others and how to deal with that. (Jett, 25, trans feminine)

It was thus clear from the interviewees' accounts that familial support was not 'all-or-nothing': family members often displayed supportive behaviour but did not always get it right. This affirms contemporary understanding surrounding the interplay between the 'Social Cure' and 'Social Curse' processes within groups such as the family, where the group can be both protective and harmful to health (e.g., Wakefield et al., 2019). Lois also evidences this when they describe their experience of imperfect support from their family:

My parents try their best to like respect my pronouns and so on, but um they forget sometimes just like out of force of habit, especially if they're say busy or kind of distracted with something else. I don't think there's any maliciousness in it, it's simply just habits are hard to break and when you have twenty one years of habit, um it's not necessarily something you can shift just because someone asks you to and you immediately get it right, you know, they definitely try very hard and often correct themselves if they do get it wrong, but they do get it wrong sometimes. (Lois, 21, nonbinary)

This provides a good example of the ways that pathways between groups bonds and social support can be more complex than can be captured with quantitative approaches. Here it is evident that, although support is not perfect, Lois does not perceive their parents as holding a negative attitude towards their gender identity, even if they sometimes misgender Lois. Indeed, Lois gives their parents the benefit of the doubt ("*try their best*", "*I don't think there's any maliciousness in it*"), and acknowledges that certain supportive behaviours (e.g., using Lois' preferred name and pronouns) can take time to adopt. In this way, Lois appears sympathetic to the journey their parents are going through. Being open-minded and understanding about instances of misgendering, deadnaming, and incorrect pronoun use from their family members

thus enabled some interviewees to maintain positive family relations, thereby allowing them to experience the psychological benefits from support and social connection and increasing the likelihood of mutually supportive familiar interactions continuing in the future.

Subtheme 3.2: Capitalising on the Shared Experience of COVID-19

While the COVID-19 pandemic increased social isolation for many, some participants reflected on how it was a unique opportunity to improve their family relations, especially if they were residing in the family home. The significant changes brought about by the pandemic facilitated this. For example, the initial restrictions the UK experienced to combat the spread of COVID-19 from March 2020 meant families were spending more time at home together, and usual daily routines and distractions were no longer obstacles for conversations about gender:

> Definitely over [the] pandemic I've managed to kind of um speak to her [Jo's mother] more about like issues regarding my gender identity especially, um and because she's like more know-knowledgeable about it now, uh I am able to open up about more things to her, which impacts me more positively. (Jo, 17, trans man)

Increased opportunities for effective discussion aided the building of understanding enabling young people to feel their family was a safe space for disclosure about their gender thus facilitating social support from the people who were physically closest to them during this period of isolation, and ultimately benefitting their mental health. Others reflected on how the shared experience of the pandemic (and associated stressors) strengthened family bonds and identification. As mentioned by Jo, the extra time spent with family increased the opportunity for gender 'identity talk', but it also meant their gender identity expression became more visible to family members, thereby decreasing instances of misgendering. This is also evident in Casey's experiences:

> I think overall we have gotten closer even with the stress [of the COVID-19 pandemic] because there's not really anyone else to hang out with. Like I think my brother would still be getting it wrong a lot more if this year had been normal because physically seeing me more sort of serves as a reminder as I guess it's hard to hold onto your previous idea of a little sister when you're passing a man with a beard on the stairs. (Casey, 22, trans man)

Literature has consistently documented the effectiveness of social contact interventions in being able to increase positive attitudes towards TGD people (e.g., Amsalem et al., 2022). However, these interventions are generally targeted at the outgroup (e.g., cisgender people) at the societal level. The current study suggests that such interventions would also be effective at the level of the family, since the increased intra-family interactions during the pandemic appear to have increased mutual understanding and support between young TGD people and their families.

Although the contexts explored in Theme 3 highlight how young TGD people can take active steps to facilitate more supportive family interactions, participants frequently discussed how family support was not sufficient. To counter this, young TGD people often looked to other groups for additional support.

Theme 4: The Missing Part of the Jigsaw

In support of the SIMIC's prediction that joining new groups can enhance psychological wellbeing during identity transitions (Jetten et al., 2009), all interviewees discussed how they had sought connection with similar people as a source of practical and emotional support during their gender transition. This support was often felt to be more meaningful than the support provided by family and cisgender friends as it was underpinned by shared lived experiences (often absent in families; see Theme 2). Accessing support from these sources helped normalise their experiences, which in turn alleviated loneliness and increased a sense of belonging.

Subtheme 4.1 explores how interviewees' definition of family extended to fellow TGD individuals (to whom they were not blood related).

Subtheme 4.1: Family Can Be More Than Blood

Several participants described how their 'family' comprised of members that were not biologically or legally related to them (referred to as bio-legal family from here on) describing how they have built their own alternative families, for example, Ruben said:

> I would say [family] is very important, uh not only in in blood but also in what I would consider as my own family as well, uh which includes some, some really close friends of mine.…um as you get older uh learning to learning about who you would consider as your own family is important more than who is legally, and um relationship-wise your family. (Ruben, 22, trans-femme women)

The act of the building "your own" family beyond bio-legal ties emphasises the importance that interviewees placed on possessing a familial relationship that is imbued with feelings of belongingness and mutual support. Below Frankie illustrates how their family of choice supported them when dealing with challenging bio-legal family relationships:

> My [bio-legal] family is not accepting so like whenever some, some family drama happens, I'm just like ah, and they're [family of choice] like "do, do we…" obviously joking, "do we need to go kill, kill a man, like we got the pitchforks and everything ready", but yeah, it's good. (Frankie, 19, trans masculine and nonbinary)

Family conflict and rejection can be common for young TGD people (Fuller & Riggs, 2018; Pullen Sansfacon et al., 2020) but here Frankie explains how the support they access from their family of choice is a buffer against negative interactions with their bio-legal family; a finding also found within the LGBTQ+ population (Hull & Ortyl, 2019). This finding is in keeping with the Rejection-Identification Model (Branscombe et al., 1999) that explains how experiences of discrimination (from the bio-legal family in this context) can enhance ingroup

identification because people will unify around their minoritized identity to enhance collective efficacy (facilitated by the family of choice in this context), which consequently has a positive effect on wellbeing. Interviewees' family of choice was also seen to benefit wellbeing due to them sharing the interviewees' experiences in a way that the bio-legal family often could not.

Subtheme 4.2: Shared Experience Increases Felt Understanding

All the interviewees expressed the importance of finding and connecting authentically with other people who have similar lived experiences, as it created a sense of felt understanding. Having a shared lived experience with their family of choice acted as a foundation upon which young people could authentically express their gender identity without fear of negative evaluation. For example, Cleo said:

> The feeling that like I can speak to them without worrying about what they will think about like what I'll say whenever, um just feeling casual with them, and yeah being able to talk about anything without worrying. (Cleo, 17, demi-girl)

Being able to express themselves authentically provided them with opportunity to engage in meaningful and easier 'identity talk' (which Subtheme 2.2 highlighted as often being missing or challenging in bio-legal familiar interactions). Young people described these conversations as enabling them to feel understood and validated. For example, Skyler said:

> Um, and the positive aspect of the connection [with others who have a similar lived experience] was that it really helped me to feel understood and it helped to realise I am not alone in what I'm experiencing or the things I'm feeling or, you know, the fact that I'm worried-I'm wondering am I trans enough, you know, it's very validating to connect with people and then they say oh I went through a similar thing or, you know, or even if I haven't quite experienced that but I can see where you're coming from is enough. (Skyler, 20, trans man)

Connecting with others who were perceived to be similar enabled young people to normalise their experiences and feel connected, which alleviated feelings of loneliness that had often evolved from a feeling of being misunderstood in other social groups, most commonly their bio-legal family (see Theme 2). This supports quantitative literature that has found that increased social support and reduced loneliness mediate the positive relationship between group identification and wellbeing (e.g., McNamara et al., 2022), and complements the mediation results in Study 1 whilst also extending those findings by illustrating that the significant group leading to beneficial support, reduced loneliness, and better health is not always the bio-legal family as defined in the survey measures. These findings provide a more nuanced understanding of how family is conceptualised by TGD youth and may provide an explanation of why family support has been found to be good for mental wellbeing but often variable or hard to come by (e.g., Barras & Jones, 2024).

Forming relationships with others who have shared experience also enabled young people to feel that they had access to mutual support to help them manage challenges across their transition. For example, River said:

> I had one friend who also came out as trans the same year as me and uh we kind of start-started talk-talking together, but she was the person I really um, she really helped me get through it and I guess I helped her in turn because she also has a very transphobic family and we just kind of, you know, talked about the things and uh yeah we just kind of we traded clothes and all kinds of things, it it was really an excellent experience I'd say. (River, 18, trans masculine and nonbinary)

It was evident that this type of support enabled young people to feel more resilient in response to challenges they may face in everyday life, especially those associated with their gender. SIAH research has previously found that collective efficacy (i.e., coping together) mediates the relationship between group identification and wellbeing (e.g., McNamara et al.,

2013; Stevenson et al., 2022). However, in the current study, the COVID-19 pandemic interrupted some interviewees' ability to access support from their family of choice, and thus denied them its protective properties. Mechanisms to maintain connectedness are explored in Subtheme 4.3.

Subtheme 4.3: Staying Connected to One's Chosen Family During COVID-19

Some interviewees discussed the challenges of connecting with their chosen family during the COVID-19 pandemic, and how the national lockdown denied them of this much needed support, as described by Kris:

> I actually wanted to meet more, more trans people um to combat loneliness, um I, you know, I wanted to be able to talk about the kind of things that um, you know, that I wasn't getting the chance to talk about in in daily life. Not being able to go to like LGBT specific support groups in person has really affected me. (Kris, 19, nonbinary man)

The negative wellbeing-related effects caused by participants' inability to access these support networks during the COVID-19 pandemic thus emphasise how important and valuable it is to be able to connect with others who share one's experiences. One way this could be done during the COVID-19 pandemic was via online communities. Many interviewees reflected on how these communities were a lifeline during the pandemic as they enabled them to continue receiving effective support and to have their gender identity affirmed. In addition, by having a well-established online family of choice, many interviewees expressed how they were able to maintain important relationships during a time of physical isolation:

> I was quite surprised with myself that I wasn't feeling uh as alone as as I expected, however I think that's due to being more connected online with people, I was making more friends through online mediums than I was physical at the time…I've been able to find, to easily find, a community of people like myself. (Ruben, 22, trans-femme women)

Ruben describes how seeking out online relationships with fellow TGD individuals acted as a safety mechanism to protect their wellbeing during a time of acute uncertainty and vulnerability. Connecting online during the pandemic helped reduce both general feelings of loneliness associated with physical distancing rules and specific feelings of loneliness associated with the inability to have their gender identity affirmed through interaction with others at face-to-face support group meetings.

These findings add to a growing corpus of evidence supporting how connecting with other TGD people can be protective (e.g., Kia et al., 2021; Sherman et al., 2020) and is in accordance with Social Cure theorising. These findings also reveal that groups can be defined in many ways, for example, here we extend the literature on family identity's curative potential by revealing the benefits of marginalised individuals' '*chosen* family' groups.

Integration of Findings from Studies 1 & 2

Study 1 showed that identifying with one's family is important for experiencing positive outcomes because it predicts increased feelings of support and reduced feeling of loneliness, while Study 2 suggested that the nature of young TGD people's identification with their family is largely dependent on whether they are describing their bio-legal family or their family of choice. While the bio-legal family was often felt to be less supportive and therefore less psychologically protective than the family of choice, many young TGD people felt it to be important to maintain bio-legal family harmony, and the qualitative findings demonstrated how that, together, these two groups can meet young TGD people's support needs effectively. Table 4 integrates the findings from both Study 1 and 2. Findings are classified as either convergent, divergent, and/or explanatory, so as to align with the explanatory sequential mixed-methods approach (Creswell, 2014).

[Table 4]

General Discussion

Existing social psychological approaches to understanding the mental health challenges experienced by TGD people, for example MS Theory (Hendricks & Testa, 2012), fall short of being able to explain the mechanisms responsible for the relationship between family support (or lack of) and mental health (Tan et al., 2019). This research therefore set out to investigate the existence of family-related SIAH processes among young TGD people during an especially challenging period for TGD people and their families: The COVID-19 pandemic. As predicted, quantitative data gathered during Study 1 revealed that stronger identification with family was associated with lower levels of anxiety, depression, and higher levels of wellbeing. This relationship was found to be mediated by greater reported social support and lower loneliness; thus, strong identification with family was associated with more positive social support, which was associated with lower levels of loneliness, and in turn, reduced symptoms of anxiety, depression, and increased wellbeing.

Whilst Study 1 findings were in line with the SIAH and add to the growing evidence regarding the protective nature of family identification in vulnerable groups (e.g., McNamara et al., 2022), evidence has shown that there are large variations in experiences of family relationships among TGD youth and family support can be perceived as complex, contradictory and conditional (Barras & Jones, 2024). Moreover, due to the questionnaire-based and correlational nature of the data these quantitative findings could have potentially masked the complexity of these often pressured, dynamic, and complex family relationships. Study 2 therefore aimed to explore the complex and varied nature of family groups and TGD people's experiences within them.

By utilising SIAH, Study 2 provide a novel explanation as to *why* family can be perceived as complex by many TGD youth (Barras & Jones, 2024). In this study, whether or not participants felt able to reveal their gender identity to family had implications for the

support experienced. Concealment of gender has previously been found to compound stress among TGD people and have a detrimental effect on mental health (Brennan et al., 2021; Rood et al., 2017; Livingston et al., 2020). However, participants in this study also perceived concealment to be protective as they anticipated that their gender identity would not align with family-based gender norms and therefore experience rejection (in line with Social Curse processes observed in previous literature on norms and social acceptance, e.g., Kellezi and Reicher, 2012) or were concerned about damaging fragile but valued relationships which enabled access to important social support. Thus, in support of SIAH theorising and findings from Study 1, TGD youth in these circumstances concealed their gender identity (despite the costs associated with this) to maintain a sense of belonginess to this important social group, in turn increasing perceptions of social support from their family as this, at least in part, was protective of their mental health and wellbeing.

Living authentically within the context of family, although perceived as highly important and psychologically protective, was also not without its costs. TGD youth described feeling like 'outsiders' and this led to experiences of disconnection, barriers to accessing vital emotional support and a diminished sense of 'felt understanding'. In Social Cure research, felt understanding has been found to mediate the relationship between social group identification and wellbeing (Du et al., 2023). In both cases (concealment or authenticity), it was evident that both Social Cure and Curse process where at play simultaneously (Wakefield et al., 2019) and therefore, family was a double-edged sword. Thus, the interplay between Social Cure and Curse process can explain why TGD youth perceive family support to be complex and contradictory (Barras & Jones, 2019).

Nonetheless, in Study 2, it was apparent that the acceptance of 'imperfect support' and conditions that enabled families spending time together (e.g., as a consequence of the COVID-19 pandemic) can facilitate with better connection and communication within families,

increasing feelings of emotional and instrumental support. However, where support from bio-legal families was not possible or sufficient, participants also benefitted from being able to connect with 'families of choice'. Forming family-like bonds beyond the bio-legal family enabled young people in Study 2 to find a sense of belonginess, understanding, and support which was protective of their psychological wellbeing. This finding again highlights the importance of felt understanding for enhancing wellbeing (Du et al., 2023), extends our understanding of the concept of family within social identity theorising and adds to evidence regarding the importance of multiple group memberships during challenging periods and transitions (e.g., Iyer et al., 2009; Jetten et al., 2015). Findings also support the emotional benefits of accessing social support remotely for TGD youth to increase a sense of felt understanding (Selkie et al., 2020).

Findings from both studies also extend SIAH theorising by demonstrating how social support alleviates loneliness, which is in turn responsible for protecting mental health in this particularly vulnerable group. To date there has been limited SIAH research that has considered loneliness outside of research exploring health interventions such a social prescribing (e.g., Wakefield et al., 2020), and none to our knowledge in the context of TGD populations.

Implications

Family support-based interventions have consistently been recommended for TGD young people (e.g., Malpas et al., 2022; Spivey & Edwards-Leeper, 2019). Several strategies are employed within these interventions, including psychoeducation, providing space to allow parents to express their reactions, emphasising the protective power of family, encouraging utilisation of several forms of social support, and connecting families to wider LGBTQ+ support organisation. However, there is no consistent evidence of their success in improving the mental health of TGD people (Malpas et al., 2021). One reason for this may be that these

interventions are not typically underpinned by a theoretical framework, and therefore their 'active ingredients' (i.e., how they work, for whom, and under what conditions) are unknown. By utilising the SIAH, the findings from the current studies suggest that the 'active ingredients' required for successful family-based interventions centre on shared social identification characterised by belonging, understanding, and social support. Previous research has characterised social identification as the 'social glue' required for effective health interventions citing benefits across a range of health outcomes including reduced anxiety and depression and increased quality of life (Steffens et al., 2021). Furthermore, interventions that incorporate group-relevant decision making and therapy programmes to strengthen social identification have been found to be particularly beneficial (e.g., Cruwys et al., 2023; Steffens et al., 2021; Tarrant et al., 2016). Healthcare professionals and social workers working with families should incorporate these 'ingredients' into their initiatives they offer to maximise effectiveness.

The findings from Study 2 also suggest that interventions that focus on increasing positive social contact (i.e., families spending more time together communicating) could be beneficial in strengthening family identification through increased mutual understanding and support-giving. Organisations supporting TGD people and their families should look to hold family session focused on mediating positive social connection and communication. The current findings from this research suggest that social identification should be incorporated into family-based interventions for TGD youth, and that predictors of social identity maintenance might include building communication (particularly where this supports open identity talk and knowledge sharing), felt understanding, and acceptance that support may not yet be 'perfect'. Future research should aim to establish the predictors of family identification within the context of interventions and support programmes to refine family-based intervention informed by the SIAH.

As an additional source of social support for the TGD community or when interventions that involve bio-legal members are not possible (e.g., due to estrangements), encouraging young TGD people to connect with those with shared lived experiences is recommended. Organisations supporting young TGD people could work to ensure peer support is more readily available. Furthermore, Study 2 demonstrated how support from other TGD people can be accessed online during a period of physical isolation and be perceived as psychologically protective in some cases. This supports previous quantitative research conducted during the early stages of the COVID-19 pandemic which found stroke survivors that continued to make virtual connection with their support group throughout the initial 'lockdown' reported reduced loneliness, perceived a greater sense of social support, and higher self-esteem when a strong sense of social identity was felt (Lamont et al., 2022). These findings provide further evidence that delivering peer-support interventions online for TGD people may be an acceptable alternative (Selkie et al., 2020) and may go some way in addressing the barrier of social anxiety often experienced among TGD people (e.g., Millet et al., 2017). Organisations supporting TGD youth may also find online interventions are more cost-effective, scalable and geographically accessible.

Strengths, Limitations & Future Research

There are some limitations to consider. First, the quantitative research presented here is cross-sectional and therefore cause and effect cannot be determined. It is possible that mental health may affect the strength of family connection and therefore, longitudinal research with TGD people would strengthen the conclusions drawn regarding Social Cure/Curse processes among family dynamics of TGD youth. However, the qualitative findings add additional insight and support for the nature of processes and pathways of experience whilst also extending and deepening our understanding of how these processes are represented in people's sense-making and their social and psychological experiences. In should be noted however that

these interpretations were formed from a cisgender research team. Future research should ensure to include members from the TGD community to ensure data are not purely being interpreted through a cisnormative lens (Galupo, 2017). Second, quantitative findings should be generalised with caution considering the UK context of the data. Restrictions to reduce the spread of COVID-19 differed significantly around the globe during the time-period that data were collected.

The social climate and therefore tolerance of TGD people differs cross-culturally which will have implications for the degree of family support available to young TGD people (Elischberger et al., 2018; Worthen et al., 2017). We also see differences in family support available to young TGD people in the UK (as demonstrated by the current research). Therefore those who were not accepted by families or felt they could not safety partake in the research may have been excluded from this research. Additionally the research findings presented here are unlikely to capture the experiences of TGD youth who are very early on in their transition given our recruitment strategies (e.g., via support organisations and social media).

Finally, a single-item measure was used to assess family identification. While this measure is widely and effectively used (see the methods section for discussion), future research may gain useful additional insights into the most significant/impactful dimensions of family identification by using a multi-component measure of social identification (e.g., Leach et al., 2008).

Conclusion

For the first time, the two studies presented in this paper demonstrate the potentially protective role of family identification among TGD youth and, are suggestive of how family identification may be increased. In the context of these findings, shared understanding and

acceptance appear to be the gateway to social identification. Sometimes this was possible in the context of the bio-legal family, and the shared experience and stress of the COVID-19 pandemic facilitated this in some families. In others, support was found within 'families of choice' which often comprised of other TGD individuals, demonstrating a novel pathway to family SIAH processes in those experiencing family marginalisation. Family-based interventions should work to increase social identification to ensure effectiveness and future research should continue to determine predictors of family identification to enhance the quality of such interventions.

Conflict of Interest

The authors report no conflict of interest.

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Table 1

Means, standard deviations and Spearman's one-tailed correlations for study variables

Variable	1	2	3	4	5	6
1. Family Identification (1-7) *M*=3.36, S*D*=1.90, *n*=133	-					
2. Social support (1-7) *M*=3.60, *SD*=1.37, *n*=111	.53***	-				
3. Loneliness (1-9) *M*=7.04, *SD*=1.84, *n*=112	-.28**	-.50***	-			
4. Anxiety (0-21) *M*=12.85, *SD*=5.93, *n*=120	-.23**	-.48***	.51***	-		
5. Depression (0-27) *M*=15.88, *SD* =6.77, *n*=120	-.33***	-.49***	.55***	.76***	-	
6. Wellbeing (7-35) *M*=17.45, *SD*=3.64, *n*=120	.37***	.56***	-.59**	-.68***	-.72***	-

Note: *** $p < .001$; ** $p < .01$.

Table 2

Summary of serial mediation analyses

	Effects			Paths		
Outcome	Total effect of family id. on outcome	Direct effect of family id. on outcome	Indirect effect of family id. on outcome	Family id. to social support	Social support to loneliness	Loneliness to outcome
Anxiety	*Effect* = -.76, *SE* = .31, *t* = -2.47, *p*=.02, *LLCI* = -1.37, *ULCI* = -.16	*Effect* = -.09, *SE*= .32, *t*= -.27, *p*=.79, *LLCI* = -.73, *ULCI* = .55	*Effect* = -.24, *Boot SE* = .12, *Boot LLCI*= -.52 *Boot ULCI*= -.06	*Coeff* =.39, *SE* =.06, *t* =6.26, *p*<.001, *LLCI* =.27, *ULCI* =.51	*Coeff* = -.51, *SE* =.13, *t* = -3.89, *p*=.0002, *LLCI* = -.77, *ULCI* = -.25	*Coeff* = 1.19, *SE* =.34, *t* = 3.53, *p*=.001, *LLCI* = .52, *ULCI* = 1.86
Depression	*Effect* = -1.04, *SE* = .34, *t*= -3.07, *p*=.003, *LLCI* = -1.71, *ULCI* = -.37	*Effect* = -.39, *SE*= .36, *t*=-1.10, *p*=.28, *LLCI* = -1.10, *ULCI* = .32	*Effect* = -.27, *Boot SE* = .14, *Boot LLCI*= -.61, *Boot ULCI*= -.07	*Coeff* =.39 *SE* =.06, *t* = 6.26, *p*<.001, *LLCI* = .27 *ULCI* = .51	*Coeff* = -.51, *SE* = .13, *t*= -43.89, *p* = .0002, *LLCI* = -.77, *ULCI* = -.25	*Coeff* = 1.37, *SE* = .37, *t* = 3.65, *p* = .0004, *LLCI* = .63, *ULCI* = 2.11
Wellbeing	*Effect* = .62, *SE* = .17, *t*= 3.61, *p*= .001, *LLCI* = .28, *ULCI* = .96	*Effect* = .16, *SE*= .18, *t*= .89, *p*=.38 *LLCI* = -.19, *ULCI* = .51	*Effect* = .10, *Boot SE* = .08, *Boot LLCI*= .0001, *Boot ULCI*= .29	*Coeff* =.39, *SE* =.06, *t* = 6.26, *p*<.001, *LLCI* = .27, *ULCI* = .51	*Coeff* = -.51, *SE* = .143 *t*=-3.89, *p*=.0002, *LLCI* =-.77, *ULCI* = -.25	*Coeff* =-.50, *SE* =.19 *t* = -2.70, *p*=.01, *LLCI* = -.87, *ULCI* = -.13

Table 3

Themes and subthemes identified within the qualitative analysis with N=27 young TGD people

Theme	Subtheme
1. I Can't Be Me When I Am Around You	
2. The Psychological Costs of Authenticity	2.1: Lack of Felt Understanding
	2.2: Limited Opportunity for Identity Talk
3. Increasing the Likelihood of Receiving Familial Support	3.1: Acceptance of Imperfect Family Support
	3.2: Capitalising on the Shared Experience of COVID-19
4. The Missing Part of the Jigsaw	4.1: Family Can Be More Than Blood
	4.2: Shared Experience Increases Felt Understanding
	4.3: Staying Connected to One's Chosen Family During COVID-19

Table 4

Integration of Study 1 and 2 findings

Quantitative findings (Study 1)	Qualitative findings (Study 2)	Integration outcome
Family identification was positively associated with mental health and negatively associated with wellbeing	Family was described as an important group membership that was protective of health and wellbeing. Family was described as bio-legal family and family of choice.	Convergent
	Covid-19 strengthened bio-legal family bonds and enhanced wellbeing	Convergent & explanatory
	Bio-legal rejection enhanced identification with family of choice and through collective efficacy (e.g., coping together) this was projective of mental health and wellbeing.	Convergent & explanatory
Family identification was significantly and positively associated with social support	Some young TGD people concealed their gender identity from their family due to fear of negative evaluation. Concealing their identity enabled young TGD people to adhere to family gender norms and increased feelings of identification which enabled them to access support from their bio-legal family.	Convergent & explanatory
	Family of choice was perceived to be more supportive as these family bonds were entrenched with felt understanding and hence increased in-group identification. This support was accessed off and online from others who had similar lived experience.	Convergent & explanatory
Social support had a significant negative association with loneliness	When family were aware of their young person's gender, young TGD people often felt like a non-prototypical member of family as they deviated from family gender norms. Young TGD people therefore felt that emotional support was withheld, which increased feelings of loneliness.	Divergent & explanatory
	Acceptance of imperfect support from the bio-legal family increased the young peoples perceived sense of social support. Some also capitalised on the	Convergent & Explanatory

	shared experience of COVID-19 which enhanced family bonds and consequently increase perceived understanding of their family. Increased understanding meant families were better able to support their young person which reduced feelings of loneliness.	
	Family of choice were felt to be better equipped to provide social support as they had a similar lived experience. This meant they could provide emotional and practical support about transition and normalise feelings and experiences related to this process. This type of support was seen to reduce loneliness through felt understanding and collective efficacy.	Convergent & explanatory
Loneliness had a significant positive association with anxiety and depression, and a significant negative association with wellbeing	During COVID-19, many TGD people were accessing online spaces for the LGBTQ+ people. They were making more friends online, and the more people they were connecting with, the better they were feeling psychologically as they did not feel as lonely as anticipated.	Convergent & Explanatory
	COVID-19 interpreted the social support (e.g., at school) some people were accessing and therefore the benefits could not be accessed which had a negative impact on health and wellbeing.	Divergent & Explanatory