UNDERSTANDINGS OF PSYCHOLOGICAL DISTRESS AMONG QUEER AND GENDER DIVERSE YOUNG PEOPLE

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Abstract

The psychological wellbeing of queer and gender diverse young people has received increased attention of late. The research evidences higher rates of psychological distress experienced by queer and gender diverse young people. For example, one large representative survey of Aotearoa New Zealand teenagers found that queer and gender diverse young people were over three and five times more likely, respectively, to report significant depressive symptoms than their straight, cisgender counterparts. Significantly less research has explored young people's own perspectives on these issues. Such information is necessary to help us understand *why* such statistics exist, and indeed how queer and gender diverse young people's psychological wellbeing might be supported in ways that could contribute to a change in these statistics. The present study draws on data from 21 semi-structured interviews with queer and gender diverse 16- to 18-year-olds to explore understandings of psychological distress among queer and gender diverse young people. Using thematic analysis, I developed four themes across two chapters. In the first analysis chapter, I focus on answering the question "How do queer and gender diverse young people describe their social worlds in making sense of psychological distress?" The first theme of this chapter, *Cisheterosexism "Didn't Really Affect Me": Evading Victimhood*, outlines the way that participants positioned themselves as unaffected by cisheterosexism, through evoking those who "have it worse", through prioritising intentions in evaluating cisheterosexism, and through positioning themselves as able to cope with cisheterosexism. In the second theme of this chapter, I discuss the ways that participants framed cisheterosexism as alienating and harmful, a theme I titled "*Not Hate, Generalised... Alienation": Safety, Discomfort, and Difference*. In the second analysis chapter, I shift my focus to answer the question "How do queer and gender diverse young people make use of biomedical understandings of psychological distress?" In the third theme, *"The World Doesn't Take You Seriously": Dismissal of Distress and*

Identity, I explore how participants described feeling invalidated by those around them on the grounds of their age, with both their distress and identities being positioned as passing phases and therefore not valid. In the fourth theme, *"It Gave Validity To My Feelings": Making Sense of Psychological Distress Using The Biomedical Model*, I outline how participants accessed recognition of their distress through use of the biomedical model, and the limitations of this. I situate these themes within wider societal frameworks, and explore the implications of participants' talk on supporting queer and gender diverse young people's experiences of psychological distress and wellbeing more widely.

Pepeha

Ko Mauao te maunga

Ko Awanui te moana

Ko Tākitimu te waka

Ko Tamatea Ārikinui te tangata

Ko Ngāti Ranginui te iwi

Ko Ngāi Te Ahi te hapū

Ko Hairini te marae

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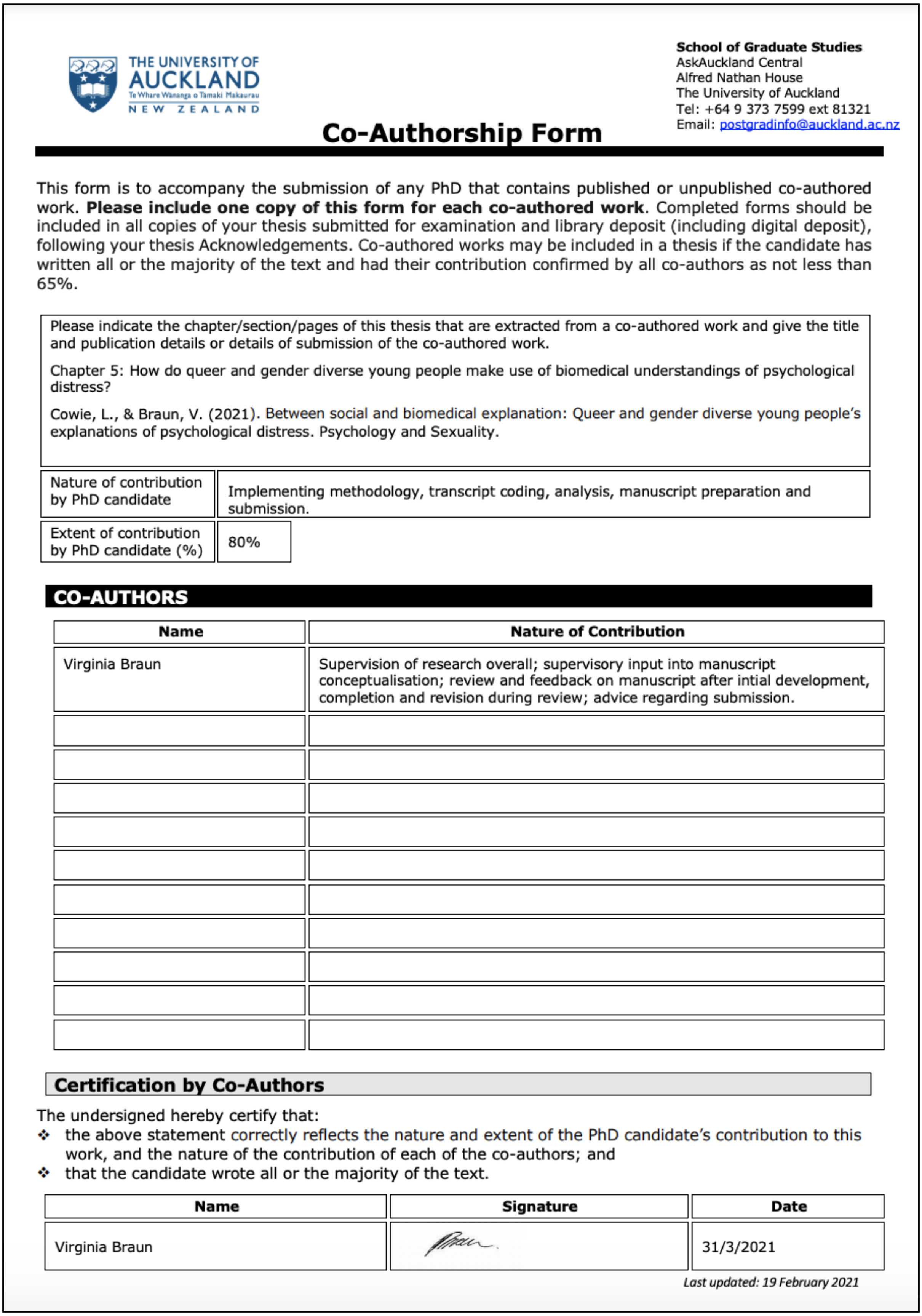
Co-Authorship



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Chapter 5: How do queer and gender diverse young people make use of biomedical understandings of psychological distress?

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Name	Nature of Contribution
Virginia Braun	Supervision of research overall; supervisory input into manuscript conceptualisation; review and feedback on manuscript after intial development, completion and revision during review; advice regarding submission.

Certification by Co-Authors

The undersigned hereby certify that:

- the above statement correctly reflects the nature and extent of the PhD candidate's contribution to this work, and the nature of the contribution of each of the co-authors; and
- that the candidate wrote all or the majority of the text.

Name	Signature	Date
Virginia Braun		31/3/2021

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My Journey to This Project

I was 16 when I first told someone that I was queer (although I didn’t use that language at the time, preferring to reject labels altogether). I quickly found a large number of queer and gender diverse friends, many of whom experienced considerable distress and found myself often in the role of supporting them through difficult periods. Much of this support functioned outside of the formal mental health system, and I regularly heard complaints about the mental health system and mental health practitioners from those friends who did venture into it.

Psychology has been a part of my life for much longer, with my mother being a clinical psychologist. I was thus raised frequently hearing potential reasons why someone’s distress might make sense, considering the family or context that friend was in. Psychology has provided a background to my life, shaping my own conceptions of emotions, systems, and my subjectivity in the process. As such, I took interest in the ways that my peers made sense of their distress, with biomedical, social, and psychological models often combined in complex ways. Looking back, it is unsurprising that I stumbled into studying psychology at university, considering these interests.

I started university somewhat ambivalent about clinical psychology, and my ambivalence rapidly grew as I learnt about critical theory, poststructuralism, and critical psychology approaches to power and society. I had been raised by a father who had been a key organiser in the Springbok Tour[1] protests, and a mother who was completing a doctorate in critical psychology herself. Alongside my own experiences of not fitting dominant understandings of normative sexuality and gender, these theoretical approaches

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[1] Anti-Apartheid protests occurring in response to an all-White South African rugby team touring New Zealand in 1981.

felt like a natural progression for me, with critical qualitative psychology appealing to me in its interrogation of power.

Distrust of both mental health professionals and the mental health system were pervasive within critical psychology and the queer circles I increasingly moved in. Despite considering this path when I first started at university, I pushed away from being a clinical psychologist, rejecting the power held by psychologists and their perceived tendency to individualise distress. I decided I would try to become an academic, so as to disrupt power and marginalisation in my work. I quickly became disillusioned by the limited potential to shift such power structures, and the academic drive to publish or perish, struggling to see a life where I would be fulfilled. At the same time, I found talking to the participants of my Master's project particularly rewarding, and thought I would try my hand at applying for the clinical psychology programme, pessimistic about the likelihood of getting into such a competitive programme.

To my surprise, I was offered a place, and I entered somewhat cautiously, feeling like it was an incongruent move considering my critical politics and queer identity. With the programme came the opportunity to choose a project, and I took the chance to consider what might be useful to my (queer) community. My involvement in the queer community (having been a phone counsellor at a helpline for queer and gender diverse people for three years, and being the co-chair of the board of a large community organisation for queer and gender diverse young people at the time) influenced me to pick something which was related to queer and gender diverse young people. This ambition, alongside my critical lens and clinical training, contributed to me deciding to explore how queer and gender diverse young people make sense of psychological distress. As such, I entered the project wanting to understand what was speakable and what was unspeakable in making sense of distress, and the ways that people *like me* might navigate competing discourses in talking about distress.

What Words Should I Use? Decisions and the Difficulties of Language

Language is a key vehicle for constructing meaning and conveying power, and often functions to marginalise minority groups (Foucault, 1979). Queer theory posits that language is productive, and that the ways that we talk about something both shape and reflect how we act towards it. As opposed to viewing language as a neutral vehicle for ideas, language is seen to carry assumptions and produce meaning, and thus to be a product of social power. This theory of language as value-laden and contextual suggests that how we talk about something offers certain ways of interacting with and thinking about this thing. For example, while "homosexual" behaviour existed long before the term, it was not until the word "homosexual" was coined that it began to be seen as an identity rather than simply a behaviour (Namaste, 1994). Psychiatry, in particular, gave traction to the term in order to categorise (and subsequently marginalise) a group of behaviours (Namaste, 1994). As such, it is important to carefully examine the language that I will use to discuss marginalised groups of people, so as to avoid reflecting dominant power structures that may be implied. So what language will I be using, and why?

Language for The "Rainbow" Community

It is particularly useful to define the language I am using in talking about the sexuality and gender identities of my participants, as language has been argued to move particularly quickly with regards to these identity labels (Diamond, 2008; Greaves et al., 2017). Throughout the thesis, I have chosen to use "queer" and "gender diverse" to describe my participants. I outline my reasons for this here.

Queer

Queer is a term which was originally used as a derogatory slur to describe effeminate men or men who had sex with men (Kunzel, 2018). In the late 1980s, queer was reclaimed as a neutral or positive term for people living outside of dominant or normative sexual and gender modes (Halperin, 2003; Jagose, 1996). As an umbrella term, queer is deliberately ambiguous, and allows for flexibility of gender and sexual expression (Butler, 1990; Green, 2010; Halperin, 2003; Jagose, 1996). Queer theorists argue that this ambiguity allows for the rejection of specific identity labels, and undermines the idea that sex, sexuality, and gender are inherent or determined (Butler, 1990; Green, 2010; Jagose, 1996; Stein & Plummer, 1994). Reflecting the use of queer by the majority of the by-youth, for-youth rainbow organisations in Aotearoa (New Zealand; e.g. RainbowYOUTH, Waikato Queer Youth, QTopia), queer is an identity label which is relatively well-accepted and adopted by rainbow young people. As queer is purposefully inclusive, openly political, disruptive to cisheterosexist societal norms, and often adopted by groups run by and for rainbow young people in Aotearoa, I have chosen to use it throughout this thesis.

However, like many reclaimed words, some people continue to associate the word queer with its offensive origins and argue that it continues to be a slur (Brontsema, 2004). Thus, I chose not to use queer as the *sole* descriptor of "rainbow" identities in my research (e.g. in advertising; see Appendix A), so as to not alienate young people who identify queer as a slur. Instead, I used the most common words people might use to identify their sexuality (e.g. gay, lesbian, bisexual, pansexual) alongside queer in my advertisements, and asked participants about the language they use so as to adopt this in the interview. I also use authors' own language and identity terms, such as LGBT, when reporting studies (where relevant).

Although some people use queer as an umbrella term for gender-nonconformity, this term is more commonly understood just to refer to non-heterosexual sexuality. I have thus opted to use gender diverse to explicitly include people who are not cisgender[2] in the research.

Gender Diverse

I will use the term gender diverse as an umbrella term to refer to people who do not identify with the sex they were assigned at birth. This includes agender[3], bigender[4], genderfluid[5], genderqueer[6], nonbinary[7], pangender[8], takatāpui[9], tangata ira tāne[10], trans[11], transgender[12], whakawahine[13], and Indigenous Pasifika gender diverse identities (such as akava'ine, fa'afafine, fa'atama, fakafifine, fakaleiti, māhū, palopa, and vakasalewalewa).

As with non-heterosexual people, there are many labels that get used to describe non-cisgender people both within society and within the previous literature. Trans is sometimes used as an umbrella term for people who do not identify with the sex they were assigned at birth (Bauer et al., 2009; Davidson, 2007). However, some people have argued that the trans prefix implies a shift from one binary gender to another[14], and therefore does not include gender identities that reject binary gender (e.g., see Darwin,

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[2] Someone whose gender identity is consistent with the sex they were assigned at birth.

[3] A person with no particular gender.

[4] A person who has two genders, which can include nonbinary genders.

[5] A person with no fixed gender.

[6] A person who both falls outside and rejects conventional gender distinctions.

[7] A person whose gender falls outside the binary of man and woman.

[8] A person not limited to one gender, or who is all genders.

[9] A person who is queer or gender diverse *and* Māori, used to emphasise the connections between cultural identity and sexuality or gender identity. The term takatāpui can often be used to reject the colonialism inherent in norms of gender and sexuality.

[10] A Māori term for a man that is born female.

[11] Used both as an umbrella term for gender diverse people more broadly, and as a shorthand for 'transgender'.

[12] A person whose gender identity does not correspond to their sex assigned at birth.

[13] A Māori term for a woman that is born male.

[14] It's important to note that such language has also been criticised by transgender people who argue that they have not *changed* gender, but have always been a certain gender and their gender performance has changed (see Schilt & Lagos, 2017).

2020; Johnson, 2016; Schilt & Lagos, 2017). People who identify as genderqueer, bigender, pangender, or nonbinary, for example, typically do not subscribe to conventional gender roles and may identify with being neither a man or a woman, and may express some combination of femininity and masculinity (Galupo, Pulice-Farrow, & Ramirez, 2017). For example, people who identify as agender may identify with no gender, a gender which is undefinable, or a neutral gender (Galupo et al., 2017). Similarly, people who use genderfluid often experience shifts in their gender over time, sometimes over a short period of time, and sometimes more gradually (Galupo et al., 2017). Some people may identify with the terms genderfuck or gender bender to describe conscious efforts to disrupt conventional ideas of binary gender and gender expectations (Wilkinson & Kitzinger, 1996). While some use trans to include identities like these, other definitions of trans exclude this nuance (Darwin, 2020; Schilt & Lagos, 2017). Furthermore, some Indigenous groups may also have gender categories beyond the Western gender binary, and some people who identify with these categories are sometimes referred to as “third gender,” or an indigenous term that captures that concept (Te Awekotuku, 2003). As such, the term “gender diverse” offers an umbrella term which includes each of these varied identities, without assuming whether someone’s gender is changing or excluding those who do experience changes in their gender.

My use of gender diverse also includes transgender people. Transgender people do not identify with the sex they were assigned at birth (Serano, 2007). People who are transgender may use the term as an umbrella term to represent that they are not cisgender (Bauer et al., 2009; Davidson, 2007). Some transgender people may identify as the alternative normative gender category (e.g. a transgender man is a man who was assigned female at birth, and a transgender woman is a woman who was assigned male at birth). However, the term transgender can also include those who have not yet, or choose not to, access gender affirmative healthcare.

Therefore, I will use the terms queer and gender diverse throughout the thesis. I have carefully selected these terms to indicate as broad a spectrum of identities as possible, within and across both sexuality and gender. Furthermore, I use the two terms concurrently to explicitly signal the inclusion of gender diversity, which can be unclear under the term “queer” alone.

Languaging Psychological Distress

There is a plethora of potential words to describe emotional suffering, including emotional or mental distress, poor mental health, mental health difficulties, mental disorder, madness, and mental illness. Some of these words, such as mental health, mental disorder, or mental illness, are common within a biomedical approach, borrowing language from physical health (Horwitz & Wakefield, 2012). Other words, such as madness, have been used by advocacy groups such as Mad Pride in reclaiming terms that have previously been used to marginalise people who have used mental health services (LeFrançois, Menzies, & Reaume, 2013). As such, language around emotional suffering can evoke various understandings and approaches.

As a concept, psychological distress has had considerable uptake within research to describe emotional suffering (Ridner, 2004). Psychological distress and “people experiencing psychological distress” offer non-pathologising ways of describing experiences and groups of people who have often been highly stigmatised (as will be discussed in Chapter One). However, it has also been criticised for not being well-defined, and particularly for not being well aligned with clear diagnoses (Drapeau, Marchand, & Beaulieu-Prévost, 2012; Ridner, 2004). This lack of equivalence to the biomedical model is part of what appeals to me in using it; psychological distress is descriptive, but does not evoke a particular understanding (biomedical, or social) too strongly. Although it may be criticised for evoking a psychological understanding (holding the word psychological within it), the term "distress" alone is often used to describe physical pain, and so is in need of a descriptive qualifier (Ridner, 2004).

Throughout the thesis, I use psychological distress as an umbrella term, encompassing suffering (whether significant or not), "mental health difficulties" (whether diagnosable or not), "mental illness", "madness", "lunacy", "depression", "anxiety", and others[15]. Where it is important to the meaning of the section, I use authors' own language (for example, if a study is about young people's understandings of depression, I report it as such).

Naming Young People

I have opted to use "young people" to refer to my participants (aged 16 to 18). I have chosen to use this over "children", which would be infantilising, and over "youth" or "adolescents", as these assume a developmental stage which young people move through (which will be discussed as a culturally-bound discourse in Chapter Two; Wyn & White, 1997). "Young people" offers a less value-laden term, and is a more appealing term to young people themselves (Duncan, Drew, Hodgson, & Sawyer, 2009; White & Wyn, 2004). Research referenced throughout this thesis use varying age ranges in defining young people, and so I report the age ranges of each project in discussing their findings where possible.

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[15] Of note, understandings of what counts as "mental health" or "madness", for example, have changed drastically over time. I have opted not to discuss this in detail, as this could fill a thesis worth of information by itself, and was not directly relevant to my research question and analysis.

As such, in this thesis, I conceptualise my main research question using the following language: how do queer and gender diverse young people make sense of psychological distress?

Chapter One: Making Sense of Psychological Distress

The psychological wellbeing of queer and gender diverse young people has received increased attention of late within scholarship and wider society, and the data are grim (e.g. Fenaughty et al., 2021a, 2021b). The research evidences higher rates of psychological distress experienced by queer and gender diverse young people (Mustanski, Garofalo, & Emerson, 2010; Veale, Watson, Peter, & Saewyc, 2017). Substantially less research has explored young people's own perspectives on these issues. Such information is necessary to help us understand *why* such starkly different mental health outcomes exist, and indeed how queer and gender diverse young people's psychological wellbeing might be supported in ways that will hopefully change these statistics. In this thesis, I seek to respond to this gap in the literature, by exploring the ways that young people make sense of psychological distress, and the societal understandings that they utilise in doing so.

My introduction to the research spans across two chapters. In Chapter One, I will look at how psychological distress is currently understood across time and context. I then outline how these understandings are adopted by relevant groups. In Chapter Two, I will contextualise these understandings within the wider socio-political context that queer and gender diverse young people exist within.

Thus, in this chapter I will argue for why it is important to study understandings of psychological distress. I will then provide a brief overview of the ways that understandings of psychological distress have shifted (and remained similar) across time, so as to contextualise understandings of psychological distress that are available and dominant in the present day. I then shift my focus to how these understandings are taken up by people generally, by young people, by queer and gender diverse people, and finally by queer and gender diverse young people.

Why Study Understandings of Psychological Distress?

Understandings of psychological distress shift and change across contexts (Davidson, Campbell, Shannon, & Mulholland, 2015). How people make sense of psychological distress has many implications for the experience of psychological distress more widely (Kvaale, Gottdiener, and Haslam, 2013). Understandings of distress shape how those experiencing distress are treated by those around them and wider systems, functioning to delineate between experiences which are deserving of support and change, and those which are not (Biddle, Donovan, Sharp, & Gunnell, 2007). As such, how people make sense of psychological distress facilitates and constrains the sorts of help available to them, and influences the forms of help they choose to (or not to) seek (Lebowitz, 2014). Thus, how people understand psychological distress has a large impact on people's lives, particularly those experiencing distress.

Understandings of Psychological Distress Across Time and Culture

In making sense of how queer and gender diverse young people might understand psychological distress, it is essential to consider the dominant frameworks which are available to them. In understanding these dominant frameworks, it is useful to contextualise them with a brief history of how these understandings have developed and shifted over time. In this section, I provide a brief history of the ways that dominant understandings of psychological distress have shifted (and remained similar) across recent history. Looking to a history of how understandings shift over time disrupts ideas that current understandings are objective and value-free, and allows dominant understandings within the present day to be contextualised as socially bound and existing within wider socio-political systems (Gavey, 1997; Burr, 1995).

Within Western societies, pre-Enlightenment understandings of psychological distress typically emphasised spiritual causes, such as deities, curses, or sin (Millon, 2004). Those experiencing psychological distress were often treated as if they were possessed by the devil, and blamed for this possession on the grounds that they were too weak to withstand evil (Hinshaw, 2009). Psychologically distressed women, for example, were targeted as part of the witch hunts that occurred across the 13th to 18th centuries (Schoeneman, 1977). Those experiencing psychological distress were at risk of social exclusion, stigma, and considerable violence (Hinshaw, 2009).

Over the 17th and 18th centuries, with the Age of Enlightenment, the focus shifted from spiritual understandings to secular ones (Millon, 2004). Those experiencing psychological distress were increasingly framed as having lost their rationality and, therefore, as no better than animals (Hinshaw, 2009). Psychologically distressed people were positioned as not experiencing pain or subjugation in the same way as the general public (Laffey, 2003). Facilities to house people experiencing significant distress, often known as “lunatic asylums” became increasingly popular (Wright, 1997). Residents often experienced inhumane conditions in these early asylums, with many being physically chained, beaten, starved, and purposefully frightened as a way to scare their “animalistic” tendencies out of them (Wright, 1997). Within some asylums, members of the public could also pay a fee to view residents as entertainment (Hinshaw, 2009). As such, even with this shift away from spiritual and supernatural accounts of distress, the treatment of those experiencing distress did not greatly improve.

By the mid-18th century, dominant understandings of distress positioned it as a physical disorder in need of treatment, or as a deficit in rationality (and therefore morality; Laffey, 2003). Those who were constructed as experiencing a physical disorder were framed as guiltless for their actions. In comparison, those who were framed as experiencing a deficit in morality or rationality were blamed for their distress (Hinshaw, 2009; Laffey, 2003). Asylums experienced reform in the mid- to late-18th century, shifting focus to the “management” of residents through enforcing a strict diet, exercise regime, and visiting schedule as a way to manage “bad” behaviour (Laffey, 2003). Medical interventions, including blood-letting, induced vomiting, and restraints as a way to shift blood flow, were also used as part of treatment during this period (Porter, 1987). These moralistic and physical accounts of psychological distress were sometimes mutually exclusive, with somatically-caused distress positioned as “real” compared to distress caused by deficits in morals or rationality. At other times, these accounts were framed as complementary, with physical interventions allowing for moralistic shifts (Hunter & Macalpine, 1963; Laffey, 2003). As such, both physical and psychological accounts of psychological distress were apparent as early the 18th century.

Understandings of psychological distress are often informed by powerful people and powerful institutions (Kelly, 2006). Psychiatry rapidly grew in influence into the 19th century, solidifying physicians as a key group in influencing dominant understandings of psychological distress (Hinshaw, 2009). The proliferation of public and private institutions (such as asylums, hospitals, and workhouses) for containing the psychologically distressed gave physicians power over a great number of people (and considerable wealth; Bynum, Porter & Shephard, 2004). Psychiatry’s approach developed in order to be able to hold these people within the institutions, shifting from physical restraints to psychological oppression and restraint (Foucault, 1976; Scull, 1993; Suzuki, 1999). These institutions grew rapidly across the 19th and into the 20th century, from 34 people in asylums for every 100,000 French citizens in 1835, for example, to 278 per 100,000 by the Second World War (Raoult & Harcourt, 2017). The United States followed a similar trend, with 65 per 100,000 in 1870 to over 200 per 100,000 in 1910 (Geloso & March, 2020). As such, the number of people in psychiatric institutions rapidly grew across this period, and psychiatry's influence grew alongside this.

The growth of psychiatric institutions can be attributed to the socio-political context in which they were in. Psychiatric facilities provided convenient means for solving domestic problems and controlling deviant family members, increasing demand for psychiatry (Lunbeck, 1996; Prestwich, 1994). Asylums provided an avenue for families (particularly patriarchs) to regulate defiance and supress social and political protest of family members through voluntarily committing family members who did not conform (Ripa, 1990). In being admitted to asylums, people (often women) would lose civil and property rights, with a guardian (typically a family member) being appointed to manage their property (Suzuki, 1999). Asylums were therefore also used in some cases to assert power over people and control over their assets. Thus, asylums continued to grow in number and physicians grew in influence.

Dominant understandings of psychological distress made it difficult for families to care for their family member outside of asylums. When distressed family members did go into public and disrupt the "normal" order of things, families often experienced stigma and marginalisation (Hinshaw, 2009). Moreover, crowds would often form around people acting strangely, and the public was more likely (compared to the customs of the present day) to intervene when a distressed person made an appeal to public members about their treatment (and stop family members from doing what they planned;

Suzuki, 1999). Families who opted to care for their distressed family member in the home thus often restricted the psychologically distressed family member to the home and limited their contact with the wider community. The public (both individuals and magistrates) also sometimes intervened when families cared for distressed family members at home, on the grounds that the "lunatic" would be better served in an asylum (Suzuki, 1999). As such, even those who resisted asylums often experienced great social and legal pressure to hide or send away their distressed family member. Throughout this period, understandings of psychological distress as something which made people "mad" and different from "normal" people contributed to psychologically distressed people being removed from the public domain, through families restricting their movement, or sending them to live in asylums (Unsworth, 1993).

Understandings of psychological distress as a medical disorder grew alongside the growth of asylums. Psychiatrists (often holding roles of Asylum Superintendents at the time; Dobbing & Tomkins, 2020) made attempts to professionalise and medicalise the treatment of psychologically distressed people across the late 19th and 20th century (Reaume, 2002). Medical authorities began dropping the term "lunatic" on the grounds of its astrological connotations and use as a derogatory term (Riva et al., 2011). In the early 1900s, asylums were renamed to "Hospitals for the Insane", and by the 1930s, "Hospitals for the Mentally Ill" (Shorter, 1997). Inhabitants moved from being referred to as "inmates" to "patients" (Reaume, 2002). Psychiatrists also developed classification systems for distress partially as a way to improve the image of their profession (Reaume, 2002). Mental illness was broadened to include mood disorders alongside what is now understood as psychosis (Borch-Jacobsen, 2010). Psychological distress increasingly fell into the realm of doctors and psychiatrists.

Across the early to mid- 20th century, a "mental hygiene" movement developed. Coined in the late 19th century, this movement focused on public health solutions to treating psychological distress (Allen, 1943). This movement typically focussed on epidemiological factors and stressful events as causing physical (neurological) issues (Bridges, 1928; Lemkau, Pasamanick, & Cooper, 1953). Proponents of the movement suggested that these physical issues then presented as mental health disorders (Lemkau, et al., 1953). Advocates for this approach thus argued that community-based mental health services were key to preventing mental health disorders, rather than asylum-based interventions (Crossley, 2006). The term "mental health" evolved from this movement, and eventually overtook framings of "mental hygiene" (Bertolote, 2008).

The early 20th century also saw the development of psychoanalysis, popularised by Freud (Hinshaw, 2009). This approach framed distress as stemming from conflicts between the conscious and unconscious mind (as sexual and aggressive drives of the unconscious clashed with the desire to act in line with society's expectations) and repressed sexual memories and fantasies from childhood (Spector-Person & Klar, 1994). Talking therapy became a form of treatment for psychological distress, allowing psychiatrists to move from the asylum to private practices (Shorter, 1997). This appealed to psychiatrists, who worked to gate-keep this expertise. Psychiatrists attempted to block other professions from training in psychoanalysis, with training institutions only accepting psychiatrists into psychoanalytic training programmes (Shorter, 1997). The uptake of psychoanalysis placed difficult experiences and psychological features as central to understanding psychological distress.

Understandings that centred the psychological grew as the field of clinical psychology evolved over the 20th century, gaining influence after the World Wars. During World War I, early psychologists applied clinical assessment tools to assess recruits' intelligence (Benjamin, 2005). This expanded in World War II, in which clinical psychologists began administering psychological treatment (particularly for "shell shock"). Psychologists filled a gap left by psychiatrists, who were largely expected to act as general physicians and treat the physical injuries of war instead (Routh, 2000). At this time, clinical psychology began to move towards the "scientist-practitioner model", which prioritised the application of scientific methods to psychological treatment, and moved the discipline towards treatments with measurable successful outcomes (Long & Hollin, 1997). Over time, clinical psychology developed a range of ways of understanding psychological distress, many of which posit that early life experiences shape people to learn ineffective ways of behaving or unhelpful understandings of themselves, others, and the wider world, which then cause distress (Hinshaw, 2009). As such, this was the beginning of clinical psychology's increasing influence on understandings of psychological distress.

World War II had further impact on understandings of mental health. During the war, approximately 12% of potential recruits in the United States were judged unsuitable on the grounds of psychiatric or neurological concerns. Moreover, of soldiers discharged from duty due to disability, approximately 37% were due to neuropsychological concerns (Rochefort, 1984). Not only did this provide considerable evidence of the extent of psychological distress, but people returning from war with "shell-shock" also shifted understandings of distress as potentially caused by life experiences (Pols, 2006). Experiments in treatments for these people led to advances in psychological treatment, such as a recognition that those who received early intervention often experienced improved outcomes (Brand, 1965). The sympathetic framings of returning soldiers also served to soften public understandings of psychological distress, moving psychological distress from the domain of "others" and "deviants" to affecting anyone (Marx, Rieker,

& Ellison, 1974; Rochefort, 1984). Rather than purely being the domain of medical professionals, mental health was increasingly framed as part of the social domain (Rochefort, 1984).

However, understandings of psychological distress as caused by physiology also continued throughout the 20th century. Convulsive therapy was introduced in 1934 by neuropsychiatrist Ladislas Meduna, who believed that triggering convulsions could alleviate schizophrenia (Fink, 2001). This was adapted to electro-convulsive therapy in 1938, and became widespread throughout the Western world in the 1940s and 1950s (Shorter, 1997). Lobotomies, whereby connections to and from the prefrontal cortex are severed, were used throughout the 1940s and 1950s as a treatment for distress and behavioural problems, despite significant side effects (Johnson, 2014). At least 20,000 people had received lobotomies in American hospitals by 1952, most of whom were women (Johnson, 2014). This invasive medical procedure received significant recognition, with the creator, Portuguese neurologist Egaz Moniz, winning a Nobel Prize for Physiology or Medicine for his work on the lobotomy in 1949 (Tierney, 2000). Insulin-induced comas were also common in the 1940s and 1950s as a treatment for “schizophrenia”, but were largely replaced by antipsychotic drugs (Jones, 2000; Shorter, 1997). Physical accounts for psychological distress thus had particular power across the mid-20th century.

These practices were heavily criticised and led to scrutiny towards psychiatry, with the anti-psychiatry movement growing throughout the 1960s (Middleton & Moncrieff, 2019). As a diverse and contested movement, antipsychiatry criticisms included that psychiatry was hegemonic and oppressive, and was a tool of social control used to regulate deviance (Kendall, 2004; Reaume, 2002). Psychiatry was criticised for holding too much authority, and for mystifying and medicalising problems of living

(Horwitz & Wakefield, 2012). Some antipsychiatry proponents challenged the disease model of psychological distress altogether, arguing against the existence of “mental illnesses” on the grounds that they could not be objectively assessed in a valid way, and that physical pathology could not be identified in diagnosing “mental illnesses” (Szasz, 1976). Psychiatry was labelled a pseudoscience, and mental health diagnoses were critiqued as arbitrary categories, not grounded in any “real” illnesses, but instead a tool by psychiatrists to extend their power and authority (Middleton & Moncrieff, 2019). Psychiatry was also challenged for removing the rights and autonomy of those experiencing psychological distress, and practices such as involuntary hospitalisation, electroconvulsive therapy, risky medical procedures, punitive practices within institutions, and involuntary drugging were also criticised (Reaume, 2002). Within this movement, psychological distress was typically presented as socially-bound. For some within the anti-psychiatry movement, psychological distress was indicative of a struggle between individuals and society, as society attempted to force the individual to conform and the individual (subconsciously) resisted (Nasser, 1995). Understandings of psychological distress as caused by physical factors were thus challenged within areas of the antipsychiatry movement.

Across the 1950s and 1960s, research also contributed to understandings of psychological distress as caused by environmental factors. Epidemiological studies identified those from low socio-economic positions as disproportionately likely to experience “emotional problems”, but that those from high social classes were most likely to receive treatment for “emotional problems” (e.g., Hollingshead & Redlich, 1958; Srole et al., 1962). Sociological research and exposés on hospitals for those experiencing psychological distress also contributed to understandings of mental health as socially produced (for example, Goffman, 1961; Joint Commission on Mental Illness and Health, 1961). These studies and exposés demonstrated the ways that institutions exacerbated the psychological distress of those in them (Hinshaw, 2009). In this way, these studies and exposés contributed to an increasing awareness of environmental and social causes of distress (Rochefort, 1984). Surveys across the 1950s and 1960s documented an increase in acceptance towards those experiencing psychological distress, and growing impressions that distress could be treated (Rabkin, 1974). Social understandings of psychological distress thus grew in explanatory power across the 1950s and 1960s.

The central position of asylums in the management and treatment of psychological distress was also diminishing. Deinstitutionalisation occurred across the 1960s to 1990s, in the context of high levels of criticism of psychiatry and institutions, along with more effective medication, cost-saving schemes, and pushes towards community treatment (Shorter, 1997; Mayes & Horwitz, 2005; Rochefort, 1984). Residential institutions closed across the Western world, moving those experiencing psychological distress to community-based treatments (Hess & Majerus, 2011). Thus, understandings of psychological distress increasingly posited that psychologically distressed people would benefit from being supported within the community (Rochefort, 1984).

Physical understandings experienced a resurgence among psychiatry in the 1970s. Around this time, psychiatrists increasingly distanced themselves from psychoanalysis, shifting to primarily focus on physiological understandings and treatments of psychological distress (Shorter, 1997). Psychoanalysis was often ineffective in treating significant distress and groups other than those from high social classes (Shorter, 1997). Physical accounts, in comparison, offered some strengths. The efficacy of psychoactive medications such as reserpine and chlorpromazine in treating psychological distress across the 1950s had allowed for decreased use of restraints, and had solidified psychiatrists' position as physicians (Roberts, 1967). As such, physical understandings increasingly dominated within psychiatry across this period. The use of medication also reinforced biomedical understandings of distress as caused by physical deficiencies (Rochefort, 1984).

We can therefore begin to understand the fluid, socially constructed nature of psychological distress. Psychological distress has gone through an upheaval in understanding across many different contexts, taking on influences from religion, patriarchal gender relations, property law, war, the rise of psychiatry, and subsequent backlashes against psychiatry. We can also begin to see how social understandings of distress (environmental causes and community care) and medical understandings (medications and diagnoses) have largely shaped the way we understand psychological distress today, as I will discuss in the next section.

Towards Today's Understandings of Psychological Distress

With a brief history of how understandings of psychological distress have shifted across history now complete, we can now shift our focus to the dominant understandings of psychological distress in the current day. I begin by outlining dominant models of understanding psychological distress, and then move to summarise research on how these are drawn on among the general population, young people, queer and gender diverse young people, and finally, queer and gender diverse young people

Over the last 50 years, biological and genetic explanations for psychological distress have become increasingly popular (Kokanovic et al., 2013). One dominant position posits that the brain is a complex organ with a series of interrelated systems which must maintain balance to function properly (Lovallo, 2015). From this model, mental health problems represent an imbalance in one of these systems. For instance, psychological distress might be theorised as an imbalance of neurotransmitters, including dopamine, serotonin, or norepinephrine, thought to be typically caused by genetic “vulnerabilities” (Seo, Patrick & Kennealy, 2008).

Treatment within this biological framework thus focusses on rebalancing the neurotransmitters of the brain through medication. As is consistent with this position, general uptake in psychoactive medication has skyrocketed in the recent times. For instance, from 1986 to 2004, the sales of psychoactive drugs in the United States alone increased from US$500 million to at least US$20 billion (an increase of fortyfold; Whitaker, 2005), which makes them the best-selling drugs in the United States (Horwitz, 2010). Similarly, medication use increased considerably since the 1990s, with a rise in prescription rate of more than 400% for adults in the U.K. and U.S. (Lockhart & Guthrie, 2011; Mojtabai, 2008). For young people under the age of 24, rates of antidepressant dispensing increased by 68% in Aotearoa between 2007 and 2016 alone (Bowden et al., 2019). It is now common practice for general practitioners (GPs) in Aotearoa (and elsewhere) to prescribe antidepressants, with more than 1.6 million scripts of antidepressants being filled in Aotearoa in 2016 (Pharmac, 2017). By 2018, approximately 9% of New Zealanders over the age of 18 were taking selective serotonin reuptake inhibitors (a type of antidepressant medication; Best Practice Advocacy Centre, 2019). As such, biological understandings of psychological distress and subsequent medication-based treatment have become widely adopted.

A classification system based in this biomedical framework has also gained considerable power as an explanatory model of distress (LaFrance & McKenzie-Mohr, 2013). The Diagnostic and Statistical Manual of Mental Disorders (DSM) was first published in 1952, and aimed to standardise other diagnostic documents (Kawa &

Giordano, 2012). It outlined 106 mental disorders, including homosexuality, and tended towards very brief descriptions (typically only a few lines long) infused with (often psychodynamic or psychosocial) theory about how they arose (Horwitz, 2014; Kawa & Giordano, 2012). The DSM-I contained two categories of disorders: those framed as organic or physiological, and those deemed functional "reactions" caused by the environment, such as a "schizophrenic reaction" or a "depressive reaction". By the publication of the DSM-II in 1968, the framing of "reactions" was removed or changed to "neuroses" (e.g., phobic reaction became phobic neurosis), but the psychodynamic references remained.

With the rise of biomedical understandings of psychological distress in the 1960s and 1970s, psychodynamic understandings became increasingly marginalised (Horwitz, 2010, 2014). Biomedically-oriented psychiatrists argued for increased specificity and a greater focus on symptomology in the diagnosis of mental disorders, so that different drugs could be targeted towards different disorders (Mayes & Horwitz, 2005). Governments and North American private insurers were increasingly funding the treatment of psychological distress, and demanded greater precision in which "illnesses" were being treated, and accountability in outcomes related to these treatments (Horwitz, 2014). Alongside these pressures, the U.S. Food and Drug Administration only approved medication for use with well-recognised mental illness, and not general distress, creating more pressure for a biomedical diagnostic system (Horwitz, 2010). The publication of the DSM-III in 1980 represented a shift within psychiatry towards a biomedical approach to diagnosis, with greater focus on precise, symptom-based criteria for mental disorders (Greene, 2007; Mayes & Horwitz, 2005; Wilson, 1993).

This biomedical approach has remained consistent across later iterations of the DSM (the most recent of which was the DSM-5 in 2013; American Psychiatric

Association, 2013; Greene, 2007). The publication of the DSM-III firmly cemented the dominance of this classification system amongst both mental health professionals and the public (Kirk & Kutchins, 1992; La France & McKenzie-Mohr, 2013). For instance, the DSM-III, when published, became a bestseller, indicating its uptake by non-professionals (Kirk & Kutchins, 1992). Since then, rates of diagnosis have surged, and in 2019, more than 20% of people aged 15 years or older in Aotearoa New Zealand reported a diagnosis of a mood and/or anxiety disorder (Ministry of Health, 2019). The biomedically-informed DSM-5 is now used in government, insurance, law, and media, and form the dominant "taken for granted" understandings of psychological distress (LaFrance & McKenzie-Mohr, 2013).

The dominance of the DSM has been heavily criticised both from within psychiatry and outside of it (Pickersgill, 2014). The British Psychological Society, for example, argued that the DSM-5 (and previous DSMs) pathologises normal responses to difficult experiences, positioning a large portion of normal individual variation as indicative of "illness" (Kamens, Elkins & Robbins, 2017). For instance, a "normative" grief response can now be diagnosed as part of "major depressive disorder" (Benedict, 2012). The DSM's focus on symptoms has also been criticised as being highly subjective, with judgements based on societal expectations of normative behaviour (Horwitz & Wakefield, 2012). The reliability, validity, and value of mental health diagnoses have been challenged, particularly with regards to personality disorders, which are argued to be highly stigmatising categories (Kamens, Elkins & Robbins, 2017; Kirk & Kutchins, 1992). The potential influence of the pharmaceutical industry on the development of the DSM-5 has also been highlighted, with over 65% of the taskforce reporting direct ties to the pharmaceutical industry (Cosgrove, Krimsky, Vijayaraghavan, & Schneider, 2006). Mental health diagnoses (typically adopted from the DSM) are therefore not value-free, objective frameworks, but are ways of understanding psychological distress that are specific to the socio-political context they were developed and adopted within (Horwitz, 2014). In their most recent form, they can certainly be considered under the umbrella of the biomedical model.

Alongside the biomedical model of understanding psychological distress, other ways of understanding distress are also dominant. Psychology has had considerable influence on the types of frameworks available to people in making sense of their distress. The psychological model encompasses various models of psychological distress which focus on individuals' internal processes and behaviour (Scheid & Brown, 1999). For example, a cognitive-behavioural model is a relatively dominant psychological understanding, and emphasises people's early learning experiences and dysfunctional cognitive and behavioural patterns as causing distress (Peterson, 2010). In general, psychological approaches such as this emphasise the individual and individualised treatments (Peterson, 2010). As such, psychological approaches have been criticised for overlooking the socio-political and material contexts that people exist within and often have little power to change (Scheid & Brown, 1999).

Another dominant account is the social model of psychological distress. This model centres societal structures as producing psychological distress (Beresford, 2005; Davidson et al., 2015). Social structures are positioned as the primary cause of psychological distress, through creating difficult environments for people. These difficulties are often distributed unequally across groups within society, falling along lines of social and material advantage (Davidson et al., 2015). For example, the related minority stress hypothesis (dominant within the literature on queer and gender diverse people's experiences of psychological distress; for example, Tan et al., 2019) posits that members of minority groups experience more stress-inducing events because they hold a minority status in society (Meyer, 2003). This stress then contributes to the development of psychological distress. Within this model, cisheterosexism[16] (described below) is therefore positioned as a potential cause of psychological distress.

Some sociological understandings of mental health take this focus on the socio-political structures in a different direction. They posit that socio-political structures produce "mental illness" by labelling and treating some people as mentally ill (Thoits, 2010). Behaviours related to "mental illness", so-called "symptoms", are violations of normative rules and taken-for-granted ways of being. Labelling and treating some as "mentally ill" functions to distinguish between normal and abnormal behaviour, thereby serving a regulatory function within society (Davidson et al., 2015). As such, socio-political structures are centred within some understandings of psychological distress.

Understandings of psychological distress are also specific to the cultural context in which they are formed. Different socio-political groups and cultures may hold varied understandings of psychological distress. For instance, some cultures frame hallucinations as a symptom of distress, while many others view this "symptom" as a gift or higher power (Taitimu, Read, & McIntosh, 2018). For example, within the Aotearoa context, it is important to acknowledge Māori understandings of psychological distress. Within traditional Te Ao Māori (the Māori world), wellbeing can be conceptualised holistically, with health consisting of whānau (family, close relationships), tinana (body), hinengaro (mind), mātauranga (knowledge), and wairua (spirit; Durie, 2001; Jones, 2000; Mark & Lyons, 2010; Pere, 1995). Tōhunga (Māori healers) also emphasise the importance of whenua (land) to Māori health (Mark & Lyons, 2010). Psychological

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[16] Cisheterosexism is a merging cissexism and heterosexism, referring to the ways in which the gender binary and heterosexuality respectively are privileged in society, to the detriment of people who do not fit normative ideas of sexuality or gender (Asquith, Ferfolia, Brady, & Hanckel, 2019; Clarke, 2019).

distress is therefore positioned as one interrelated part of the wider system, with problems in each domain affecting every other domain, and the overall health of the person (Durie, 2001). Consequently, it is important to problematize (Western) assumptions that psychological distress exists within individuals, as there are many ways of understanding psychological distress which do not centre the individual.

Although I have outlined each of these models as distinct from one another, it is important to recognise that these frameworks for understanding distress are sometimes merged and treated as complementary (Williams, 2000). The stress-diathesis model, for example, has had significant uptake by professionals, and argues that psychological distress is caused by an interaction between genetic vulnerabilities and negative life experiences (Zuckerman, 1999). In this model, psychological distress is positioned as caused by both internal predisposition and external (socio-culturally bound) experiences (Zuckerman, 1999). Similarly, the biopsychosocial model posits that biological, psychological, and social factors interconnect to cause psychological distress, although it has been criticised for prioritising the *bio* within the biopsychosocial (Read, 2005). As such, the understandings I have described in this chapter are sometimes integrated. At other points, these understandings come into a great deal of conflict, through holding contradictory positions or foci (Read, 2005).

In sum, there is a plethora of ways to make sense of psychological distress. A biological model emphasises physiological changes in the brain as the cause of mental health problems. In comparison, a more psychological approach focuses on the individual’s own behaviour and cognitions, learnt from their (particularly early) life experiences. A social approach positions social conditions as causing psychological distress, often by referencing the stressful life experiences that are unevenly distributed across groups. Māori models posit that psychological distress is holistic, and represents a breakdown in the wider system. Further models integrate many parts of the previously mentioned models. There are therefore a number of possible ways to understand psychological distress and it's causes.

Making Sense of Psychological Distress in the Present Day

In this section, I synthesise the research available on how people adopt these models of psychological distress in the present day. I start with the ways that different accounts are used in general, and what this means for those using these accounts. From there, I focus on how young people, queer and gender diverse people, and finally queer and gender diverse young people utilise these understandings in making sense of psychological distress.

Considerable research has sought to answer how "lay" people make sense of psychological distress (Kvaale, et al., 2013). Much of this research has used a positivist quantitative methodology and epistemological position[17]. For example, there is a plethora of research which explores "mental health literacy", in which participants' endorsement of mental health-related "facts" is compared against those of "experts" (Jorm, 2000). There is also considerable research which focuses on the attributions that people make in assessing psychological distress, exploring the ways that people assess how controllable and stable people's experiences of distress and related behaviours are (Corrigan, Markowitz, Watson, Rowan, & Kubiak, 2003). In a similar vein of research, researchers have used the folk psychiatry model in exploring how people make attributions across themes of "moralising", "pathologising", "medicalising", and "psychologising" in understanding mental health (Haslam, Ban, & Kaufman, 2007).

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[17] Positivism refers to a dominant epistemological view in which unbiased reality can be observed and demonstrated through scientific methods. Positivism suggests that the truth exists 'out there' and occurs independently of our ways of knowing it.

Positivist research has also explored accounts of psychological distress through surveys in which they investigate whether people from various groups endorse particular statements about the causes of distress (Addis, Truax, & Jacobsen, 1995; Budd, James, & Hughes, 2008). Environmental factors, such as upbringing, experiences of poverty, grief, experiences of trauma, and stress, are commonly endorsed as causes of mental health problems (Nakane et al., 2005; Nathan, Wylie, & Marsella, 2001; Read & Harré, 2001; Schnittker, Freese, & Powell, 2000). Biogenetic explanations of distress have also been reported to be commonly endorsed, with one study reporting that approximately 67% of North American adults endorsed neurobiology as causing major depression in 2006, compared to 54% in 1996 (Pescosolido et al., 2010). As such, positivist research has focussed on the commonness with which statements related to the causes of distress are endorsed.

Positivist approaches have also explored whether endorsing particular causal statements are predictive of expressions of stigma towards those experiencing psychological distress (e.g., Corrigan et al., 2003; Levi & Haslam, 2005). They have generally reported that endorsing biogenetic explanations for psychological distress (particularly schizophrenia) is related to more predictions of unpredictability and dangerousness, a greater desire for social distance, and to increased pessimism about the likelihood that psychologically distressed people will recover (Kvaale, et al., 2013; Kvaale, Haslam, & Gottdiener, 2013; Read & Harré, 2001; Walker & Read, 2002). Similarly, people who experience distress and endorse biomedical understandings of distress are more likely to express pessimism about their prospects of recovery, express less confidence in being able to regulate negative emotion, to expect a higher duration of distress, and to report a preference for medication over psychological interventions (Dar-Nimrod, Zuckerman, & Duberstein, 2012; Lebowitz, 2014). Considerable positivist research has thus explored understandings of psychological distress and the potential implications of endorsing particular causal beliefs. Although there is a considerable body of positivist literature exploring how people make sense of psychological distress, these studies often provide a relatively broad impression and do not necessarily challenge or unpack taken for granted systems of power that may be tied to these understandings.

Some qualitative and poststructuralist[18] research has considered how people make sense of psychological distress. Social accounts appear to be readily available and often taken up in making sense of psychological distress within qualitative research (Buus, Johannessen, & Stage, 2012). Within narratives of depression, people often contextualise their psychological distress within their wider life stories, relating their distress to difficult experiences across the life span (Kangas, 2001). Psychological distress is often positioned as an understandable response to a significant period of strain and stress (Buus et al., 2012). Various historical stressors, such as problems within families of origin, and current or recent stressors, such as excessive professional and personal demands, isolation, and deprivation are typically evoked as causes of psychological distress (Hansson, Chotai, & Bodlund, 2010; Kangas, 2001; Vidler, 2005). Evocations of environmental stressors are often used in legitimising help-seeking behaviour, and social accounts can allow people to position themselves as agentic in changing their distress (Buus, et al., 2012). Thus, socio-environmental accounts are readily taken up in explaining psychological distress.

Psychological understandings of psychological distress have also been considered as a dominant way that people make sense of psychological distress. Social theorists

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[18] Poststructuralism refers to theoretical and analytical positions in which the truth does not exist ‘out there’ but is constructed through language. The ways in which something is talked about produce the ways of acting that are available in relation to it, including the individual identities and subjectivities, and the organisation of society (Braun & Clarke, 2013)

have posited that psychology (along with other “psy” professions) has become a powerful force within modern society, encouraging people to take up their psychological distress as a project of self-improvement and self-management (Rose & Miller, 1992; Brijnath & Antoniades, 2016). Psy-professions have thus allowed governments to hold less responsibility for the mental health of citizens, as those experiencing distress are positioned as responsible for their distress, both with regards to its formation, and its alleviation (Rose & Miller, 1992; Brijnath & Antoniades, 2016). As such, sociological research has posited that psychological frameworks hold considerable power as understandings of psychological distress.

In line with this account, empirical research has demonstrated that people often use psychological accounts in making sense of psychological distress (Cornford, Hill, & Reilly, 2007). Internal psychological predispositions, such as personality factors or internal sensitivities, are also commonly identified as causes of psychological distress (Cornford et al., 2007; Hansson et al., 2010; Kangas, 2001). Sometimes, psychological accounts (such as psychological distress being caused by and consisting of a lack of control) are adopted with little reference to the socio-political context (Brijnath & Antoniades, 2016), but typically they are used in conjunction with a focus on the social structures and difficult life experiences (e.g., Buss et al., 2012; Hansson et al., 2010; Kangas, 2001; Vidler, 2005). Using psychological accounts can allow people to position themselves as responsible, agentic, and self-improving (Brijnath & Antoniades, 2016). It therefore appears that psychological and social accounts are easily available in making sense of psychological distress.

The dominance of biomedical understandings of psychological distress has also been considered (O’Connor & Joffe, 2013). Much of this research has focussed on the ways that subjectivity has shifted to a biomedical conception of the self (Vidal, 2009;

Vrecko, 2006). Rose, for example, posits that conceptualisations of distress as caused by chemical imbalances have become a form of common-sense, reshaping personhood to “neurochemical selves” whereby the brain is positioned as the central component of the self (Rose, 2003). Pitts-Taylor similarly describes a “neuronal self”, in which the brain is assumed to control behaviour, and the plasticity of the brain allows for the constant self-enhancement and self-modification (as is valued within neoliberalism) through regulation of the brain (Joldersma, 2016; Pitts-Taylor, 2010). Discourses of plasticity may therefore position psychological distress as within the purview of individuals to shift, even within a biomedical understanding of distress. Sociological research thus posits that the biomedical model has had far-reaching impacts on not just understandings of distress, but subjecthood and what it means to be a person more generally.

The ways that people use the biomedical model in making sense of distress have also been empirically explored through qualitative research. In a study of the way that men seek help on men’s online depression boards, men were able to access greater recognition from others for their distress if they stated that they had a psychiatric disorder that had been diagnosed by a doctor (Gough, 2016). Those who did not have a diagnosis from a doctor were treated with high levels of doubt and were often only able to gain validation through listing the DSM criteria that they met, referencing extenuating circumstances, or positioning themselves as highly proactive. Moreover, medication was regularly positioned as an undesirable but necessary part of recovery (a position which is consistent with other research; Buus, et al., 2012) and men were often encouraged to seek out a doctor (Gough, 2016). In interviews exploring recovery from depression, Australian women also adopted a biomedical (particularly neurochemical) conception of the self (Fullagar, 2009). Within their accounts, these participants evoked a “failing”, (neuro-chemically) deficient self, which they actively managed with antidepressants in order to return to normality. Being diagnosed with a mental health condition was described, by these participants and others, as validating, bringing legitimacy to their distress and opportunities to change distress through biochemical management (Fullagar, 2009; LaFrance, 2007). The biomedical model functioned to remove blame and a sense that these women were “failing to cope”, and offered women a path of being able to control their distress and subjecthood (Fullagar, 2009). In interviews on neuroimaging technologies, people diagnosed with depression or bipolar disorder positioned chemical imbalances as the cause of their psychological distress. They advocated for increased use of the biomedical model as holding the potential of access to hypothetical recognition from others, and of functioning as a defence against potential blame (Buchman, Borgelt, Whiteley, & Illes, 2013). Research has thus outlined some of the ways that people adopt biomedical understandings of psychological distress, and the benefits that this may bring.

The ways that the biomedical model constrains those who use it has also been explored. The biomedical model arguably removes blame for people experiencing psychological distress. However, it also positions *the individual* as responsible for their own distress by attributing distress to individual brain chemistry (LeFrance & McKenzie-Mohr, 2013; Marecek and Hare-Mustin, 2009). In this way, the impacts of structural and relational forces (such as marginalisation, maltreatment, and deprivation) are obscured, and opportunities for advocating for changes to these forces are limited (LeFrance & McKenzie-Mohr, 2013). When people adopt an understanding of psychological distress as primarily due to genes, this can also limit hope for this distress to change (Baart, & Widdershoven, 2013). As such, the limitations of biomedical model in making sense of psychological distress have also been explored in some depth.

Just how dominant the biomedical model is in how people make sense of psychological distress has also been challenged (O’Connor & Joffe, 2013). Considerable research has posited that people use psychological and social understandings of distress more frequently than biomedical understandings (Hansson, Chotai, & Bodlund, 2010; Prins, Verhaak, Bensing, & van der Meer, 2008). Even in focus groups of participants who reported that they were interested in the brain (both professionals in the area and people with neuropsychological concerns like epilepsy or brain aneurisms), biomedical understandings of behaviour were rarely dominant (Pickersgill, Cunningham-Burley, & Martin, 2011). Instead, participants integrated psychological, socio-political, and somatic understandings of selfhood and distress, sometimes resisting biomedical understandings and sometimes disregarding biomedical understandings as simply irrelevant to their conception of selfhood (Pickersgill et al., 2011). Moreover, when psychiatric medication is positioned as "failing", neurochemical selfhood can also be resisted and replaced with understandings of psychological distress that centre relational and psychological understandings (Fullagar & O'Brien, 2013). As such, understandings of psychological distress that drawn on the biomedical model may not be as dominant as other research suggests.

The dominance of biomedical *diagnosis* has also been problematized. Biomedical labels, such as depression, have been criticised by members of the public for not indicating "real" illness, but rather being a modern phenomenon that describes normal "problems of living" (Cornford, et al., 2007). In a similar vein, although mental health diagnoses can offer legitimisation, this legitimacy can often be limited in its reach and strength (LaFrance, 2007; LaFrance, 2009; LaFrance & McKenzie-Mohr, 2013). The inability to visibly see psychological distress or to diagnose it with objective markers (such as brain scans) leaves people somewhat unable to have their distress recognised as real, even with biomedical markers of distress such as a diagnosis (LaFrance & McKenzie-Mohr, 2013). For example, in one Canadian interview study exploring women's accounts of their depressive experiences, participants evoked comparisons between mental and physical health. They described the lack of power of mental illness, compared to physical illness, whereby the legitimacy of psychological distress was regularly challenged when they attempted to access support, where physical illness was not (LaFrance, 2007). As such, research has also problematized an account that the biomedical model is consistently dominant as an understanding of psychological distress.

In sum, social, psychological, and biomedical accounts appear to be available and accessible in making sense of psychological distress, although the dominance of each account, particularly the biomedical model, is highly contested within the literature (O'Connor & Joffe, 2013; Pickersgill et al., 2011). People make use of these sometimes competing, sometimes complementary accounts in complex ways, and ways that are often consistent with wider subjectivities and societal understandings of "good" personhood.

How do Young People Make Sense of Psychological Distress?

Research has considered the ways that young people in particular make sense of psychological distress. Some research has reported that young people describe struggling to make sense of their distress, expressing confusion around the causes of their distress (McCann, Lubman, & Clarke, 2012; Midgley et al., 2017). Some young people may thus have difficulty making sense of their own psychological distress. However, many more studies have outlined different positions that young people take in making sense of psychological distress.

With regards to research looking at understandings of what distress looks like, most research has explored young people's experiences and understandings of *depression*. One study of six 15- to 19-year-olds entering psychotherapy reported that participants framed depression as an experience of overwhelming suffering that contributed to loneliness and isolation from others (Weitkamp, Klein, & Midgley, 2016). Young people commonly describe depression as consisting of and causing difficulties in social relationships (Hetherington & Stoppard, 2002; McCann et al., 2012; Weitkamp et al., 2016). One Canadian interview study with 14- to 17-year-old girls reported that girls emphasised relational concerns in describing depression. They positioned depression as something which was caused by problems in social, romantic, and familial relationships. In their accounts, depression was defined by disconnection from others, and close relationships were framed as necessary in identifying depression and in alleviating it, through reaching out and talking to others (Hetherington & Stoppard, 2002). Young people often describe variations of the DSM-IV criteria in their accounts of depression (such as impaired sleep and self-harm). However, they also emphasise a disconnection from themselves and their experiences, unrelenting anger, and a sense of powerlessness as part of their experience of depression (Farmer, 2002; Dundon, 2006). As such, even in describing biomedical terms, young people often make use of social and psychological frameworks.

Young people often utilise social and psychological understandings in making sense of distress. In accounting for the causes of their distress, young people describe pressure to live up to expectations (from parents, friends, school, and wider society through the media), difficulties in social, romantic, and particularly familial relationships, loss, and abuse as causes of psychological distress (Dundon, 2006; Hetherington & Stoppard, 2002; Issakainen, & Hänninen, 2016; Ross, Ali, & Toner, 2009). Similarly, young people sometimes present depression as a personal failing, consistent with a psychological understanding. For example, an Aotearoa-based study with under 26-year-olds who had been to hospital following a suicide attempt reported that young people presented a dichotomy in making sense of their suicide attempt. Participants presented an “authentic” self who was not distressed, and a flawed “depressed” self, which took control away from them and caused their subsequent suicide attempts (Bennett, Coggan, & Adams, 2003). This presentation of the flawed, out-of-control self allowed young people to position themselves as lacking in agency and responsibility. Social and psychological accounts (such as a flawed self) therefore appear to be regularly taken up by young people in making sense of psychological distress.

Young people also use biomedical understandings in making sense of the causes of distress, attributing depression to chemical imbalances, hormones, or genetics (Bennett et al., 2003; Bluhm, Covin, Chow, Wrath, & Osuch, 2014; Dardas et al., 2018; Midgley et al., 2017; Ross, Ali, & Toner, 2009; Vanheusden et al., 2009). A recent Aotearoa-based focus group study found that 15-to-22-year-olds reported that alongside social and psychological accounts, participants also posited that “mental illness” - described as biological flaws in brain chemistry - caused people to commit suicide (Stubbing & Gibson, 2019). Similarly, one U.S.-based project explored the ways that 14- to 19-year-olds understood being diagnosed with a mental health disorder, and reported that participants tended to fall into one of three categories. One category, “*labellers”*, framed diagnosis as a useful label that communicated that their experiences were shared by others and able to be shifted. A second group, “*medicalizers”,* saw being diagnosed as proof that they have a mental illness and needed medication to treat this. Finally, “*identity infusers”* adopted the diagnosis as a part of their enduring identity (Wisdom & Green, 2004). Of note, this study did not identify a category of young people who rejected their diagnosis, but rather each category had a different way of utilising this label in their understandings. In this way, the biomedical model appears to be a powerful sense-making device for young people in understanding psychological distress.

However, the dominance of the biomedical model in young people's understandings has been challenged. A recent metasynthesis of research on children and adolescents' conceptualizations of depression further reported that biological and genetic causes are less frequently offered in young people's accounts of the causes of psychological distress compared to social and psychological accounts (Georgakakou-Koutsonikou & Williams, 2017). Similarly, in a survey and focus group study with 13- and 14-year-old girls in the United Kingdom, participants rarely used biomedical understandings of the self, positioning brain-focussed understandings as irrelevant or boring (Choudhury, McKinney, & Merten, 2012). Instead, behaviour and distress were typically contextualised within social relationships with adults and teachers. Within focus groups and interviews, discussions of biological and genetic causes of distress (as is consistent with the biomedical model) were often contentious and polarising (Stubbing & Gibson, 2019), or only described in a cursory way, barely mentioned beyond a passing comment (Ross, et al., 2009). Similarly, a Canadian study with 15- to 24-year-olds who were diagnosed with a DSM-IV mental health disorder found that many participants were critical of receiving a diagnosis; reporting that being diagnosed was alienating and difficult to accept on the grounds that they were no longer "normal" (Leavey, 2009). A United States-based study of 12- to 18-year-olds reported that those who identified with their diagnosis made up approximately 20% of their sample, while approximately 43% expressed uncertainty about whether labels applied to them, and 37% rejected psychiatric labels, instead being more descriptive about their difficulties or positioning their experiences as "normal" (Moses, 2009). As such, it is unclear how powerful the biomedical model is in making sense of psychological distress.

Questions of what counts as normal are often raised in young people's accounts of psychological distress (Dundon, 2006). One U.K.-based interview study with "mentally-distressed" 16- to 24-year-olds found that participants often categorised distress into two forms. "Normal" distress was framed as transient, common, able to be coped with, and an understandable response to stressful life events. "Real" distress, in comparison, was described as extreme, visible, debilitating, and permanent (Biddle et al., 2006). In this study, young people often positioned their own distress as "normal", and framed medicalisation of their distress as negative, avoiding formal help in case this shifted them from the category of "normal" distress to "real" distress. In a Canadian interview study, 16- to 25-year-olds often negotiated what counts as "normal" in assessing their distress, and reported feeling unsure of the line between "normal" bad times, and significant mental health problems (Bluhm et al., 2014). 16- to 25-year-olds in the U.K. framed self-harm as either private, and therefore indicative of significant and real distress, or as public, and therefore inauthentic and "attention-seeking" (Scourfield, Roen, & McDermott, 2011). As such, young people often make distinctions between what counts as "real" distress in making sense of psychological distress.

In sum, research has explored young people's understandings of psychological distress, and reported that they commonly use social and psychological understandings of psychological distress. Similarly to research with adults, there is mixed evidence as to the extent that young people make use of biomedical understandings of psychological distress. Of particular note, young people often distinguish between what is "normal" distress, what is "attention-seeking", and what is "real" in making sense of psychological distress.

How do Queer and Gender Diverse People Make Sense of Psychological Distress?

In this section, I explore the different ways that queer and gender diverse people understand psychological distress. In particular, I analyse the limited research on queer and gender diverse adults, and then young people specifically. In doing so, I clarify some of the ways that queer and gender diverse young people may have different framings and contexts for their psychological distress.

There is limited understanding of how queer and gender diverse adults make sense of psychological distress. In a study of U.S. lesbians, participants described problems in familial and romantic relationship difficulties, difficulties with religion, experiences of neglect and abandonment, and trauma, as causing their depression (Barnard, 2009), drawing on social and psychological narratives for their distress. However, many participants positioned these difficulties in combination with problems of brain chemistry that caused their depression, thus also adopting a biomedical conception of distress. Gay men in Australia similarly drew on both social and biomedical explanations for their depression, but did not accept the biomedical model outright (Körner et al., 2011). Their hesitation to integrate the biomedical model into their individual narratives was linked to a historic distrust of the medical system due to the AIDS crisis. As such, queer and gender diverse people's explanations for distress were interlinked to contexts and "ways of being" that were specific to queer and gender diverse communities. In this way, queer and gender diverse people may make sense of their distress in different ways to their straight, cisgender peers.

Some research has focussed specifically on queer and gender diverse *young people's* understandings of psychological distress. Across the research, queer and gender diverse young people accounted for their distress using various social explanations. For instance, North American lesbian, gay, and bisexual 15- to 19-year-olds attributed conflict with family members around their identity, and experiences of discrimination, as causing their depression (Diamond et al., 2011). LGBTQ+ 16- to 25-year-olds in the U.K. also reported that their family environments were crucial to their mental health, with “hostile” environments, not living up to cisheteronormative[19] family expectations, and a lack of autonomy all seen to contribute to distress (McDermott, Gabb, Eastham, & Hanbury, 2021; Scourfield, Roen, & McDermott, 2008). As such, queer and gender diverse young people’s specific contexts of marginalisation (such as cisheteronormative expectations) may influence the ways that they use social explanations to account for their distress.

However, social explanations were taken up in complex (and sometimes contradictory) ways (McDermott & Roen, 2016). Some research participants credited hostile environments with helping LGBT young people develop greater “resilience” (Scourfield, et al., 2008). Others described a clear link between discrimination and distress, but commonly positioned themselves as personally unaffected, emphasising their own responsibility and ability to cope with difficulties (McDermott, Roen, & Scourfield, 2008). Furthermore, in accounting for causes of self-harm in online forums, LGBT youth took multiple and sometimes contradictory positions, such as that self-harm occurred as a result of homophobia and transphobia, was due to self-hatred, fear, and shame related to their gender and sexuality, and that gender and sexuality was in by no means related to self-harm (McDermott, Roen, & Piela, 2015). Thus, as with adults, queer and gender diverse young people’s specific contexts may contribute to the ways that they make sense of their distress.

Exploring queer and gender diverse young people’s sense-making related to distress is important to their context, and yet little research has explored how queer and gender diverse young people’s understandings of psychological distress may differ and

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[19] Cisheteronormativity refers to assumptions that being cisgender and heterosexual are the most “normal” ways of being, often leading to the marginalisation of other subjectivities (see LeMaster et al., 2019).

remain similar in the Aotearoa context. Moreover, limited research has paid particular attention to how queer and gender diverse young people make use of the biomedical model in making sense of psychological distress, as social explanations for distress made up the vast majority of previous explanations. Such research, which explores the perspectives of young people themselves, has the potential to offer important insight to people who wish to support the wellbeing of queer and gender diverse young people. As has been outlined, the ways in which people make sense of psychological distress affects the sorts of support they seek, and the sorts of responses they receive. As such, it is important to ask the question “How do queer and gender diverse young people make sense of psychological distress?”

In understanding how queer and gender diverse young people make sense of psychological distress, it is important to be aware of the context within which this sense-making occurs. In the next chapter, I will contextualise queer and gender diverse young people’s understandings of psychological distress within the wider socio-political context.

Chapter Two: Exploring the Social Worlds of Queer and Gender Diverse Young People

In Chapter One, I summarised the body of literature on understandings of psychological distress. I provided a broad overview of how these understandings have developed across the past four centuries in order to highlight how these understandings are socially-bound and not value-free. I then explored dominant contemporary understandings of psychological distress, and their uptake both generally and among young people. I finished by outlining the limited research available on queer and gender diverse young people's understandings of psychological distress.

In the present chapter, I describe the socio-political context that queer and gender diverse young people navigate when making sense of psychological distress. I begin by outlining the psychological distress of queer and gender diverse people and then explore the Aotearoa context for queer and gender diverse young people. Following this, I summarise the types of marginalisation that queer and gender diverse people, and specifically young people, face in contemporary (neoliberal) society.

Psychological Distress of Queer and Gender Diverse People

Firstly, it is important to note that psychological distress is not the only story of queer and gender diverse existence; many queer and gender diverse people live rich, full lives (whether those lives include experiences of significant distress or not; Harper, Brodsky, & Bruce, 2012; Watson & Veale, 2018). Queer and gender diverse people commonly report a sense of increased freedom due to their ability to challenge gender roles and expectations (Riggle et al., 2011; Riggle, Whitman, Olson, Rostosky, & Strong, 2008; Rostosky, Riggle, Pascal-Hague, & McCants, 2010). This is seen to bring a sense of authenticity, fulfilment, and insight, as well as healthy relationships and communication styles, which all contribute positively to wellbeing (Gottman et al., 2003; Riggle et al., 2011; Riggle et al., 2008; Rostosky et al., 2010; Rostosky & Riggle, 2017). Similarly, queer and gender diverse people report feeling connected to a community and are more likely to be engaged in volunteering or activism than their straight, cisgender peers (Clark et al., 2014; Cochran, Mays, Corliss, Smith, & Turner, 2009; Riggle et al., 2011; Riggle et al., 2008; Rostosky et al., 2010), which can also support wellbeing (Flanders, Tarasoff, Legge, Robinson, & Gos, 2017; Formby, 2017; Zervoulis, Smith, Reed & Dinos, 2020). In line with these understandings, a recent Australian study with gay and lesbian adults assessed 47.1% as "flourishing" in their mental health (Bariola, Lyons, and Lucke, 2017), and a recent Canadian study identified 58.7% of their sample of lesbian, gay, and bisexual adults' mental health as "flourishing" (although this was significantly lower than heterosexual participants; Peter, 2018). In these ways, it is important not to understand queer and gender diverse identities as inherently distressing or negative.

However, it is well-documented in the literature that queer and gender diverse people are more likely than heterosexual and cisgender people to experience psychological distress (Budge, Adelson, & Howard, 2013; Clark et al., 2014; Fredriksen-Goldsen et al., 2013; Leonard, Lyons, & Bariola, 2016; Lucassen, Stasiak, Samra, Frampton, & Merry, 2017). Internationally, research with a range of different participant groups has indicated that queer and gender diverse people are – in general – more likely than straight, cisgender people to be diagnosed with depression (Marshal et al., 2011), anxiety (Bostwick, Boyd, Hughes, & McCabe, 2010), disordered eating (Austin et al., 2009), and psychosis (Bolton & Sareen, 2011). Moreover, queer and gender diverse people are more likely to be identified as having substance abuse problems (Roxburgh, Lea, de Wit, & Degenhardt, 2016), to self-harm (Batejan, Jarvi, & Swenson, 2015), and to attempt or complete suicide (Bolton & Sareen, 2011).

Gender diverse people in particular experience higher levels of psychological distress than both queer and straight cisgender people (Budge et al., 2013; Fredriksen-Goldsen et al., 2013; Su et al., 2016, Steele et al., 2017). For example, trans participants were 1.6 times more likely than cisgender heterosexual women to report untreated depression, and 2.4 times more likely to report an unmet need for mental healthcare in one Canadian survey (Steele et al., 2017). As such, although queer and gender diverse people experience greater psychological distress compared to straight, cisgender people, those under the rainbow umbrella are not homogenous: people from specific communities tend to experience greater mental health difficulties than others.

Similarly, queer and gender diverse *young* people, specifically, experience high levels of psychological distress (Fergusson, Horwood, & Beautrais, 1999; Russell & Fish, 2016). It is documented that queer and gender diverse young people experience high levels of depression and anxiety, self-harm, and suicide, especially when compared to their cisheterosexual peers (Fenaughty et al., 2021a; 2021b). For example, a structured diagnostic interview study of mental health disorders, psychological distress, and suicidality with 246 LGBT 16- to 20-year-olds found that one third of participants met criteria for *at least* one DSM-IV diagnosis (Mustanski, et al., 2010). Queer young people are not only more likely to report suicidality compared to heterosexual youth, but their reported suicidality is more severe, including greater suicidal ideation, intent or plans, suicide attempts, and suicide attempts requiring medical attention (Marshal et al., 2011).

Previous research demonstrates that distress for gender diverse young people is also high. For instance, three-quarters of transgender 14- to 18-year-olds reported self-harming within a 12-month period (Veale, et al., 2017). Moreover, almost half of transgender young people reported being diagnosed with depression (47%) or an anxiety disorder (45%) by a mental health professional (Smith et al., 2014). Transgender young people were also five times more likely than their cisgender peers to seriously consider suicide (Veale, et al., 2017). International research thus outlines clear disparities between gender diverse young people and their cisgender peers.

Disparities in psychological distress between queer young people and straight young people are also evident in Aotearoa's birth-based cohort studies. The Christchurch Health and Development Study reported that gay, lesbian, and bisexual 14- to 21-year-olds were more likely than straight participants to meet criteria for major depression, conduct disorder, and generalised anxiety disorder, and to have experienced substance abuse, suicidal ideation, and attempted suicide (Fergusson, et al., 1999). The Dunedin Multidisciplinary Study reported that at age 26, those who reported "same-sex attraction" were more likely to have deliberately harmed themselves, with those reporting greater same-sex attraction being more likely to have self-harmed than those with lower levels of same-sex attraction. Young men who reported same-sex attraction were more likely than straight men to report that they had attempted suicide (Skegg, Nada-Raja, Dickson, Paul, & Williams, 2003). These studies present compelling evidence of mental health disparities between queer and straight young people. However, these studies were also completed more than two decades ago, raising the question of whether this has changed alongside cultural shifts (which are described in detail later in this chapter).

More recently, the Youth'12 study of 12,500 Aotearoa secondary school students found that queer and trans young people were more than three and five times more likely respectively to report significant depressive symptoms than their straight and cisgender counterparts (Clark et al., 2014). The Youth'19 study was similarly concerning; 50% of queer young people and 57% of gender diverse young people reported self-harming in the previous 12 months (Fenaughty et al., 2021a; 2021b). Queer and gender diverse young people were also significantly more likely to have attempted suicide (13% and

26% respectively) than their cisgender peers (5%; Fenaughty et al., 2021a; 2021b). The Wellington-based Youth Wellbeing Study also identified lesbian, gay, and bisexual secondary-school students as five times more likely to report self-harm compared to straight peers (Fraser et al., 2018). The 2018 Counting Ourselves Survey of 1,178 gender diverse people in Aotearoa found that transgender 15- to 18-year-olds expressed the highest psychological distress of any age group in the sample. They were almost seven times more likely than a population-based sample to have been diagnosed with depression by a medical professional, and 10 times more likely to have a diagnosis of an anxiety disorder (Tan, Ellis, Schmidt, Byrne, & Veale, 2020).

In sum, it appears that queer and gender diverse people are particularly likely to experience psychological distress, compared to their straight, cisgender peers. Furthermore, queer and gender diverse *young* people are more likely to experience psychological distress than those from older cohorts of queer and gender diverse people, making it important to further understand how queer and gender diverse young people make sense of psychological distress.

Contexts for Understanding Psychological Distress of Queer and Gender Diverse Young People

As I have argued across this thesis, it is important to contextualise any sense-making within the wider socio-political context that it is made. As such, it is important to understand the social worlds of queer and gender diverse young people in Aotearoa. In this section, I will describe the history of queer and gender diverse people in Aotearoa, including pre-colonial history, and later legal reforms that challenged colonial ideas. I will then unpack the ways that these changes were taken up (or not) in wider society, and the ways that marginalisation continues to function in the present day. Finally, I will explore the specific social worlds of queer and gender diverse young people.

A History of Queer and Gender Diverse People's Rights in Aotearoa

An awareness of the history of queer and gender diverse people in Aotearoa is essential background for understanding the social worlds of queer and gender diverse young people in Aotearoa today. In particular, it is important to understand how restrictive ideas of sexuality and gender arrived in Aotearoa, and how these impacted the legal rights of queer and gender diverse people.

Many Māori researchers argue that same-gender relationships were acknowledged within Te Ao Māori (the Māori world) pre-colonisation (Aspin & Hutchings, 2007; Kerekere, 2017; Te Awekotuku, 2003). There is various evidence of diverse sexuality in waiata (songs), wakahuia and papahou (carved boxes), and pūrākau (traditional stories) which pre-date colonisation (Kerekere, 2017; Te Awekotuku, 2003). Similarly, the word takatāpui itself - which originally meant "intimate companion of the same-sex" but is now used now to describe people who are queer or gender diverse - predates the arrival of tauiwi (non-Māori) in Aotearoa (Kerekere, 2017; Te Awekotuku, 2003). Diverse sexuality and gender expression appears to have existed prior to colonisation. However, some scholars argue that such diversity was celebrated, while others posit that they held marginal positions, and so the place of takatāpui within pre-colonial society remains contested (Aspin & Hutchings, 2007; McBreen, 2012; Mead, 2003).

Colonisation has impacted heavily on our ability to understand how takatāpui were treated prior to the contact period (Te Awekotuku, 2003). The arrival of missionaries in the early 1800s resulted in the spread of Christianity around Aotearoa, with less-than-accepting views towards queer and gender diverse people (Haami, 2012).

Many taonga (treasured items) which were not consistent with the missionaries’ values were destroyed or altered, including taonga that depicted queer and gender diverse people (Te Awekotuku, 2003).

British Law was imposed on Aotearoa following the signing of Te Tiriti o Waitangi[20] in 1840 (Orange, 2010). Sexual acts between men (but not women) were thus made illegal in Aotearoa, with a maximum penalty of death (Aspin & Hutchings, 2007; Brickell, 2005). Moreover, many colonisers arrived with Victorian ideas about gender and sexuality that emphasised a “natural” gender order, in which gender and sexuality was tied to procreation (Aspin & Hutchings, 2007; Brickell, 2008). Queer and gender diverse people who subverted these gender and sexuality expectations were viewed as sinful and mentally feeble (Aspin & Hutchings, 2007; Brickell, 2008). As such, queer and gender diverse people throughout Aotearoa have historically experienced high levels of persecution, potentially enduring blackmail, violence, imprisonment, or confinement to asylums on the grounds of their “deviant” sexuality or gender, as well as a general denial of rights (Brickell, 2008).

This persecution eventually led to a movement for greater rights for queer and gender diverse people. In 1972, Māori academic and activist Ngahuia Te Awekotuku had her visitor’s visa to the United States denied on the grounds of her sexual orientation. Outcry around this incident led to the formation of gay liberation groups in many of the main centres of Aotearoa, inspired by a growing international movement (Brickell, 2008; Guy, 2002). These groups took a more activist stance when fighting for legal rights and social acceptance of queer people in Aotearoa than that of an already established Homosexual Law Reform Society, which had taken a more conservative approach to

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[20] Te Tiriti o Waitangi (The Treaty of Waitangi) was a document signed by some Māori chiefs and a representative of the British Crown, of which the meaning has been highly contested.

seeking reform (Guy, 2002). After substantial debate, and in the face of fierce opposition from Christian conservatives, the Homosexual Law Reform Bill passed in 1985, thereby legalising consensual sex between men (Brickell, 2008). Almost a decade later, the Human Rights Act of 1993 made it unlawful to discriminate on the basis of sexual orientation. Civil unions were introduced in 2004 which allowed "same-sex" couples to have their relationship recognised by the state, and in 2013, the Marriage Act of 1955 was amended to allow marriage regardless of sex, sexual orientation, or gender identity (New Zealand Human Rights Commission, 2020).

Legislative reforms allowed for legal recognition for queer and gender diverse people and their relationships, which is associated with improvements in well-being and psychological distress (Riggle, et al., 2010). Furthermore, in 2012, policy was amended to allow people to declare their sex (including "X" or "indeterminate" options) on legal documents such as passports and driver's licences without needing to provide medical proof, and in 2017 the Government officially apologised for the harms caused by historical convictions of homosexual offences (New Zealand Human Rights Commission, 2020). As such, there has been progress towards legal equality for queer and gender diverse people in Aotearoa, and the current legal climate is less marginalising than it has previously been.

However, there are still areas of legal reform which do not offer recognition for queer, and particularly for gender diverse people. For example, gender identity, gender expression, and sex characteristics are not included as prohibited grounds of discrimination in the Human Rights Act. Legal identity documents that affirm identity and ensure equal recognition under the law remain difficult and costly to alter, particularly in the case of birth certificates, which can only be amended to male or female (therefore excluding people who do not identify with a binary gender; New Zealand Human Rights Commission, 2020).

Furthermore, existing laws are not always enacted to protect queer and gender diverse people. For instance, hate crimes are not a specific offence in Aotearoa, but are charged under the crime that was committed (such as assault; New Zealand Human Rights Commission, 2020). Motivation for the crime can be considered in sentencing, but requires the victim's sexuality or gender identity to be accurately recorded across a range of documents, thus limiting opportunities for hate crimes to be accurately prosecuted or recorded for sentencing statistics (New Zealand Human Rights Commission, 2020). As such, while recognition of diversity appears to be growing in many areas, it is important to recognise that many legal systems do not ensure equal treatment and outcomes for all queer and gender diverse people.

It is within this milieu that we can contextualise queer and gender diverse young people's lives in Aotearoa. My 16- to 18-year-old participants (born 2000 to 2003) are not old enough to remember a time when civil union was not legal, and were mostly pre-pubescent when marriage equality was enacted. However, legal equality has not been fully achieved, and colonial understandings of sexuality and gender are still present in many areas, as I will discuss in the next section.

Liberal Society and Ongoing Marginalisation

Despite significant shifts in the socio-political context, queer and gender diverse people in Aotearoa still encounter difficulties in a number of life domains (Cormack, Stanley, & Harris, 2018). In this section I will discuss how the rise and dominance of liberalism (since the 18th century) has produced a shift in how the marginalisation of queer and gender diverse people occurs, with a general shift away from explicit prejudice towards more ambiguous and implicit forms (Augoustinos & Every, 2007). I make use of the concept *cisheterosexism* in understanding this marginalisation, and explore the ways that cisheterosexism is present in the present day.

Liberalism refers to a socio-political system that prioritises individualism, tolerance, autonomy, equality, rationality, and private freedoms (Brickell, 2001; Kitzinger, 1987). Emerging originally as a challenge to monarchy and class systems, liberalism asserts the importance of personal freedoms and a separation of public and private life (Brickell, 2001). Liberal ideology places high value on allowing individuals to make free choices on the grounds that their actions do not impact on others' freedoms (Brickell, 2001; Siraj, 2009). It frames people as rational individuals capable of making autonomous choices, and expects others to tolerate these choices within reason (Wetherell & Potter, 1992). For example, the phrase "each to their own" reflects liberalist sentiment, in which one tolerates, and does not criticise, the individual choices made by others, despite one's own feelings about these choices. Liberalism holds a widespread and often taken-for-granted place in the social fabric of Aotearoa (Brickell. 2001).

Liberalism impacts the framing and enactment of prejudice. Explicit prejudice is commonly positioned as indicative of internal bias and irrationality, in which an individual is unable to tolerate others and is therefore incorrect (Augoustinos & Every, 2007; Billig, 1988, 1991). For instance, a person may be understood to be racist not due to benefiting from power structures, but due to an internal hatred or prejudice towards a certain group. Expressions of explicit prejudice (such as racist statements) conflict with others' rights of autonomy and non-interference and are therefore frowned upon under a liberal framework (Wetherell & Potter, 1992; Peel, 2001). As such, liberalism frames explicit prejudice as a result of an individual's poor character and irrationality (Tuffin, 2008; Augoustinos, Tuffin, & Every, 2005).

Notions of both homophobia and transphobia fit this liberal model of prejudice. Homophobia and transphobia are typically understood as a range of feelings, negative attitudes, or prejudicial attacks that target queer or gender diverse people respectively (Kitzinger, 1987). With the –phobia suffix, homophobia and transphobia position prejudice as an irrational fear (Kitzinger, 1987). These framings limit understandings of harm to explicit, targeted, and often interpersonal "discrimination", as opposed to structural, institutionalised, or implicit oppression (Peel, 2001). Therefore, liberalism would suggest the solution to discrimination is simply to "fix" individuals' intolerances and internal biases (Wright & Baray, 2012). However, as the dominance of liberal ideology continues to grow, prejudice is still not "solved" (Augoustinos & Every, 2007). Although direct and explicit prejudice is inconsistent with liberal personhood, and thus discouraged, harm continues to be enacted through implicit and structural avenues (Augoustinos, Tuffin, & Every, 2005; Tuffin, 2008).

The concept of cisheterosexism can provide a framework for understanding the way that liberal ideology has changed how prejudice is "done" with regards to queerness and gender diversity. Cisheterosexism is a merging of the terms cissexism and heterosexism, referring to the ways in which the gender binary and heterosexuality respectively are privileged in society, to the detriment of people who do not fit normative ideas of sexuality or gender (Asquith, Ferfolia, Brady, & Hanckel, 2019; Clarke, 2019). Heterosexism highlights how heterosexuality is often positioned as the default, "normal" sexuality, and the ways that dominant ideas about marriage, family, relationships, sexual practice, health, and friendship are all influenced by this assumption (Kauer & Krane, 2013; Kitzinger, 2005; Lenskyj, 2013; McNeill, 2013). For instance, women are often asked if they have a "boyfriend" instead of a partner, and queer people must "come out" while heterosexual people do not. Similarly, cissexism highlights the ways that cisgender ways of being, and of "doing" gender, are positioned as the most "normal" (Asquith et al., 2019). For example, womanhood and female genitalia are often equated, and binary phrases such as "ladies and gentlemen" are still widely used (Eliason, 2017). In this way, cisheterosexism refers to all the ways that cisgender and heterosexual identities are presumed as the default gender and sexuality.

Unlike homophobia and transphobia, which focus on actions of individuals, cisheterosexism shifts the focus to societal-level norms and taken-for-granted notions that marginalise queer and gender diverse people (Clarke, 2019). Cisheterosexism is a particularly useful concept in the present day, in which explicit and intentional prejudice is increasingly frowned upon as intolerance and bigotry (indicative of "bad" liberal personhood), and the everyday prejudice faced by queer and gender diverse people is increasingly implicit, ambiguous, and unintentional (Clarke, 2019). Thus, the term cisheterosexism is more useful, as it is able to encompass both explicit and implicit forms of prejudice.

The term "mundane heterosexism" has been coined to refer to the ways that heterosexism occurs in the everyday (Braun, 2000; Clarke, 2019; Peel, 2001). Within liberal understandings of rationality and tolerance, differences between queer and heterosexual people are obscured, and similarities are emphasised (Brickell, 2005; Peel, 2001). This constructs a false equivalence between queer and straight people which serves to reinforce the heterosexist norm, and derogate queerness as a deficit or unnatural as it is only accepted in being as close to the right way of being (heterosexual) as possible. For example, queer people are seen as *just the same as everyone else*, with only a small difference in who they love that should be overlooked (Clarke, 2019; Marzullo, 2011).

In line with this theory, cisgender, heterosexual people often enact discursive strategies when expressing potentially heterosexist statements, in order to protect themselves from criticism that they might be prejudiced (Speer & Potter, 2001). For example, positioning queerness as problematic through stating a lack of understanding ("I just don't know about how someone could act like that…") can be used to position queerness and gender diversity as abnormal without expressly stating that it is abnormal. Invoking rhetorical "others" who are prejudiced can also function to position the speaker as not prejudiced, by contrast, and conceding some points can be used as a way to strengthen an initial (heterosexist) statement. In this way, talk may not appear particularly derogatory, and the person may not appear biased or unreasonable, but the speech can position queerness as inferior, deviant, or abnormal nonetheless (Speer & Potter, 2000).

Limited research has explored how cissexism is enacted. Sometimes termed "cisgenderism" or "mundane transphobia", cissexism functions to position transgender people as unintelligible, unnatural, and poor approximations of men or women, even as the speaker holds a position of inclusivity (Riggs, 2014). For example, transgender or nonbinary people are often treated as "really" their sex assigned at birth, in both institutional exclusions (such as sport; McClearan, 2015), and in the language used to describe them (Riggs, 2014). Cissexism is also enacted through everyday assumptions of gender, such as gendered clothing and toys (Giles & Heyman, 2005), addressing students using gendered language in schools (Howell & Allen, 2020), or limited gender (or sex) options on forms (McGeorge, Coburn & Walsdorf, 2021). In this way, while the harm caused might be unintentional, these “taken for granted” systems of gender in society work to position cisgender people as the most “normal” (Jones, 2020).

Cisheterosexism presents across many contexts. When interacting with institutions, queer people often have to navigate being positioned as heterosexual and must disrupt taken-for-granted assumptions to be recognised (Land & Kitzinger, 2005). Queer people are frequently assumed to be straight and gender diverse people are regularly misgendered[21], which can be invalidating and distressing (McLemore, 2015). Moreover, queer and gender diverse people regularly encounter situations in which they must assess whether they would like to correct inaccurate assumptions and the likely interaction that might occur if they do (Neville & Henrickson, 2006). Such an assessment can be stressful, and can mean that contexts such as health services, workplaces, sport, education, and mental health services are more difficult or stressful for queer and gender diverse people to navigate than their straight and cisgender counterparts (Asquith et al., 2019; Fraser, 2020; Neville & Henrickson, 2006; Sills, 2016; Smith & Ingram, 2004).

Although mundane cisheterosexism is the most common form of marginalisation (Clarke, 2019), queer and gender diverse people continue to experience obvious, direct forms of cisheterosexism (Griner, et al., 2020). People who are visibly gender diverse, and especially transgender women, are especially likely to be targets of violence (Ussher, et al., 2020). Queer and (particularly) gender diverse people are more likely than their straight, cisgender peers to experience sexual assault and other sexual violence (Coulter et al., 2017; Griner et al., 2020). Queer and gender diverse people also report being verbally harassed, bullied, and overhearing derogatory statements about queerness and gender diversity (Ellis, 2009; James, Herman, Rankin, Keisling, & Anafi, 2016). Finally,

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[21] Misgendering describes the use of pronouns or gendered language that does not align with the identity of the person (Ansara & Hegarty, 2014).

queer and gender diverse people report particular concerns about safety in highly gendered spaces such as bathrooms (Dau & Strauss, 2016). As such, despite a general shift towards more implicit and subtle forms of cisheterosexism, obvious forms still exist, and cause harm to queer and gender diverse people.

In understanding how people experience cisheterosexism, it is also important to identify dominant frameworks that may influence how people experience and speak of marginalisation. Neoliberalism is a socio-political system that holds significant power in society, and has shaped dominant ideas of subjectivity in the modern day. Neoliberalism extends liberal ideas of rationality, freedom, and autonomy, placing high value on entrepreneurial values and personal agency (Brown, 2006). Within neoliberal rationality, people are expected to carry out self-improvement, working towards personal goals in self-determining, strategic ways (Layton, 2014). In this way, neoliberal rationality is highly individualising, with those who succeed and those who fail doing so as a result of their own merit (or lack thereof; Rottenberg, 2014).

Neoliberalism shapes the experience and speakability of naming marginalisation. Within neoliberal logic, disadvantage occurs due to individuals making the “wrong” decisions (Baker, 2010). The impact of structural or systemic marginalisation is therefore obscured within neoliberal conceptions (Rottenberg, 2014). To name the self as affected by racism, sexism, or cisheteronormativity is to take the role of powerless victim, a position which lacks agency and is therefore devalued within neoliberalism (Baker, 2010). In an interview study with young Australian women, Baker (2008, 2010) argued that young women actively avoided the subject position of a victim. For these women, naming the influence of systemic factors, such as gendered power relations, economic disadvantage, or adversity, was to position the self as weak, passive, and unable to cope. Such a position is inconsistent with neoliberal rationality in which self-responsibility and self-improvement is valorised (Baker, 2010). Similarly, in talking about sexism, young New Zealand women positioned sexism as “no big deal”, thereby allowing them to present themselves as resilient and agentic (Calder-Dawe & Gavey, 2016). As such, neoliberal subjectivities may restrict the speakability of marginalisation.

In this section, I have outlined the ways that liberalism has shifted the enactment of marginalisation towards more implicit forms (although more explicit forms do still exist). I have argued for the use of *cisheterosexism* as a term which is able to encompass both implicit and explicit marginalisation, and have outlined some of the ways it plays out. Moreover, I have contextualised the experience of cisheterosexism within neoliberal subjectivities, which may limit possibilities for speaking of the personal impact of cisheterosexism. From here, I shift my focus to the particular ways that cisheterosexism may present in queer and gender diverse *young people’s* lives.

What Is It Like for Queer and Gender Diverse Young People Specifically?

Alongside experiencing many of the forms of marginalisation described above, queer and gender diverse young people also experience marginalisation in ways that are specific to their age. In this section, I will discuss the intersections of age, family, and school that can further marginalise queer and gender diverse young people.

Adolescence can be particularly stressful for many queer and gender diverse young people. Adolescence is often conceptualised as a period of “storm and stress” in which young people are expected to come into conflict with adults and family members, prioritise peer relationships, tolerate a higher level of risk, and experience greater distress (Bucholtz, 2002; Hollenstein & Lougheed, 2013). Teenagers are framed as cognitively immature, hormonally labile, irrational, and unreasonable (Choudhury, McKinney, & Merten, 2012; Kehily, 2007; McDermott & Roen, 2016). Teenagers are also conceptualised to be exploring their identity and expected to begin pursuing romantic and sexual relationships (Arnett, 2000; Furman & Shaffer, 2003).

For queer and gender diverse young people, cultural ideas of adolescence may be particularly complex (McDermott & Roen, 2016). In making sense of their identities, queer and gender diverse young people are expected to discover and inform others of their sexuality and gender identity (where cisgender, heterosexual young people are not; Brumbaugh-Johnson & Hull, 2019). Many young people describe difficulties in doing so, and report concealing their identities for fear of others' responses (Lucassen et al., 2014). Similarly, social markers of adulthood sought out by adolescents, such as completing school or beginning a (often part-time) job, can be less accessible to queer and gender diverse young people, particularly those who are "out" (Renold, 2002; Robinson et al., 2014). Sociocultural messages related to teenage years of identity exploration, sex and relationships, and emerging adulthood are thus typically bound up in cisheterosexist rhetoric.

Families can also be a source of marginalisation for queer and gender diverse young people. Assumptions of cisheteronormativity are present in family life, with family members often both unconsciously and consciously enforcing gendered norms and stereotypes (Gabb, McDermott, Eastham, & Hanbury, 2020). Queer and gender diverse young people are more likely than their straight, cisgender counterparts to report that they found it difficult to talk to their parents about problems or worries, and less likely to report that they had a parent or guardian who cared about them a lot (Lucassen et al., 2014). Queer and gender diverse young people are thus more likely to be alienated from family support. This can also reduce access to support in the community, as many institutions require parental consent or participation in therapies and interventions (Tsang et al., 2020). Moreover, queer and gender diverse young people are more likely to be ejected from home by their parents (Clark et al., 2014) and are consequently overrepresented in youth homelessness statistics (Hillier & Harrison, 2004). As such, queer and gender diverse young people experience harm that is specific to their age and their reliance on family.

Schools are also well-understood to be a major site of cisheterosexism (Elliott, 2016; Renold, 2002; Toomey, McGuire & Russell, 2012). Queer and gender diverse people are marginalised and excluded in institutionalised ways, through practices such as gendered bathrooms, gendered uniforms, and a lack of visibility (or active exclusion) within the curriculum (Schieble, 2012; Smith, Nairn, & Sandretto, 2016). Teachers and school staff also enact cisheteronormativity towards queer and gender diverse students, and fail to respond to heterosexist and cissexist bullying (Toomey, Ryan, Diaz, Card, & Russell, 2010). Gender diverse students are nearly five times as likely to experience either weekly or more frequent bullying at school than their cisgender peers (Clark et al., 2014), and gender and sexuality is regularly and overtly policed by peers (even among students who are not queer or gender diverse; Renold, 2002). Those who “come out” often experience social isolation, bullying, and disrupted education from the need to change schools (Robinson et al., 2014). Moreover, sex education, whether formal curriculum or informal learning from peers and family members, typically centres experiences of cisgender, heterosexual intercourse (Robinson et al., 2014). Schools can therefore be a location of harm for queer and gender diverse young people.

Consequently, cisheterosexism is a part of queer and gender diverse young people’s social worlds in ways that are distinct to adults. Dominant understandings of adolescence, reliance on family for material and emotional support, and the dominance of schools can increase exposure to cisheterosexism. As such, it is important to recognise the unique social worlds that queer and gender diverse young people occupy as *young* queer and gender diverse people specifically.

In this section, I have examined relevant contexts that help us to make sense of queer and gender diverse young people's psychological distress. Rigid norms for gender and sexuality are linked to the value systems of colonial settlers and missionaries, with (contested) British law providing the foundation for understanding the marginalisation of queer and gender diverse people in Aotearoa. Some significant legal reforms have been achieved, with some exceptions still present. Expressions of marginalisation have also been shifted through an uptake in liberal ideology, in which homophobia and transphobia are indicative of bias and irrationality. The concept of cisheterosexism helps us to move past this understanding, exploring the ways that normative concepts of gender and sexuality marginalise queer and gender diverse people. To finish, I have outlined specific instances of marginalisation that young queer and gender diverse people experience based on dominant understandings of adolescence and cisheterosexist ideals. As such, this section helps to unpack some of the complex factors that may play into the psychological distress of queer and gender diverse young people, and contextualise the unique social intersections of being queer or gender diverse and young in Aotearoa.

What Does This All Mean and Why Does It Matter?

In Chapter One, I outlined my rationale for focusing on understandings of psychological distress. I provided a brief history of understandings of psychological distress in order to contextualise current understandings as socially-bound and textual. I focussed on social, psychological, and biomedical understandings as three dominant models that people use in making sense of psychological distress. I summarised research on how these understandings are used by people generally, and more specifically, young people, and queer and gender diverse young people.

In Chapter Two, I shifted my focus to the contexts that exist around queer and gender diverse young people’s understandings of psychological distress in Aotearoa. I summarised research on the psychological distress of queer and gender diverse young people, which evidences higher rates of psychological distress than for their straight, cisgender peers. I then provided an overview of how queer and gender diverse have been treated in Aotearoa across history. I theorised various ways of making sense of marginalisation, and argued for the use of cisheterosexism as a concept for understanding the marginalisation that queer and gender diverse people experience in the present liberal and neoliberal context. I then outlined some of the particular intersections that queer and gender diverse young people experience, with reference to cultural understandings of adolescence, families, and schools in particular.

In doing so, I have provided a foundation for asking my research question: How do queer and gender diverse young people make sense of psychological distress? In answering this question, I focus on two further research questions. In Chapter Four I answer: How do queer and gender diverse young people describe their social worlds in making sense of psychological distress? In Chapter Five I shift my focus to answer: How do queer and gender diverse young people make use of biomedical understandings of psychological distress? Such questions are important in understanding how queer and gender diverse young people make sense of psychological distress, which is useful for understanding the types of support available (and not available) to them, and what can be done to support queer and gender diverse young people further. In the next chapter, I outline how I went about gathering and analysing data in order to answer these questions.

Chapter Three: Methodology

My research explored understandings of psychological distress among queer and gender diverse young people. The research used a qualitative interview design to gather information from 21 queer and gender diverse people between the ages of 16 and 18 from Aotearoa. Ethical approval for the project was granted by the University of Auckland Human Participants Ethics Committee on 18th of September, 2018 (reference 021556).

Ethical Considerations and Community Engagement

In working with a population who have been extensively researched and have experienced significant marginalisation (as outlined in Chapter Two), it is essential to pay close attention to ethical considerations in planning and carrying out the research (Liamputtong, 2007; Yip, 2008). As such, there were a number of considerations to keep in mind in researching psychological distress with queer and gender diverse young people.

Considerable research has explored the ethics of doing qualitative research with young people (Kirk, 2007; Mishna, Antle, & Regehr, 2004). Young people are often conceptualised as having less knowledge or experience of the research process, and may not anticipate the sorts of questions that they might be asked (Mishna et al., 2004). Moreover, their lack of experience of participating in research (and potentially of sitting with an adult stranger who asks them questions about their experiences and perspectives) may mean that they lack the confidence or experience to initiate withdrawing from the research or not answering particular questions (Duncan, Drew, Hodgson, & Sawyer, 2009). Consequently, I emphasised how to do this at the start of every interview, and attempted to be sensitive to non-verbal cues of discomfort in the interview.

Moreover, power imbalances between the researcher and participant may be accentuated when the participant is young (Kirk, 2007). This made it particularly pertinent that I work to share power with participants as much as possible. For example, when students of one school requested to have focus groups instead of interviews, I opted to make an amendment to my ethics application to allow this (although it did not eventuate). Similarly, I allowed a participant to have a straight, cisgender peer as part of their interview at their request.

Qualitative research always has a degree of unpredictability (Richards & Schwartz, 2002). This was a particular consideration in discussing psychological distress with young people, as it was possible that young people could report significant psychological distress and issues related to safety (Mishna et al., 2004). As such, I spent time at the start of each interview outlining what would happen if I had concerns for their or someone else's safety, so that participants could make informed choices about their participation and what they shared.

As queer and gender diverse people, it was also particularly important to protect and ensure participants' confidentiality. While confidentiality is important in all research, queer and gender diverse people can face significant consequences if their sexuality or gender identity is revealed, such as being ejected from their family home or losing their job (Clark et al., 2014; French, 2002). Thus, I made sure that identifiable materials were kept securely locked or passworded, and participants were given a range of options of locations for undertaking the interview, in order to keep their identities safe.

Similarly, some research with queer and gender diverse people has historically been harmful or unethical, and thus preserving the dignity and self-determination of research participants is crucial (Martin & Meezan, 2003). Thus, I was particularly careful to ensure participants had control over their data, emphasising their ability to edit or delete data, allowing them to choose locations and pseudonyms for themselves, altering the ethics application to allow friends to participate together, and honouring a participant’s request to change their gender and pronouns as they shifted. I was also particularly sensitive to participants potentially reading this thesis and associated papers, ensuring the thesis upheld their dignity in its findings, rather than criticising or challenging their accounts. As such, these steps facilitated participants’ dignity and self-determination across the research process.

Participants have chosen or been assigned a pseudonym to protect their identity. Given the small population size of queer and gender diverse young people in Aotearoa, confidentiality is a key concern in providing information about the participants (Tolich & Davidson, 2003). All potentially identifying information, such as schools, friends, extracurricular activities, has been altered (sometimes through the use of square brackets, sometimes as a way to obscure the participant’s identity), or omitted. This process of anonymization has not affected meaning in relation to any quotes used. In addition, where demographic information of participants presented a risk that it might help identify the participant, it has been excluded from direct association.

Furthermore, I consulted a wide range of people who worked with queer and gender diverse young people during the design of the study. These people included school counsellors, mental health clinicians, rainbow mental health educators, rainbow health advocates, staff members from organisations who work with rainbow young people, academics, and teachers. This wide consultation allowed a range of relevant experts to discuss and feedback about the research, thus limiting risks that harm would be done inadvertently. Similarly, consultation ensured that the research had a wider relevance to the community working with queer and gender diverse young people, and thus was not taking participants' time and energy for granted.

Taking a Queer Theory Informed Approach to the Research

Research cannot be value-neutral or objective (Kuhn, 1962; Zyphur & Pierides, 2019). It is therefore important to acknowledge and be informed by theory and theoretical frameworks. In working with a population who have been extensively researched and experienced considerable harm through research, it is particularly important to be informed by theory which challenges marginalisation and cisheteronorms (Martin & Meezan, 2003). A key aim of queer theory is to disrupt such norms and marginalisation through deconstructing sex and gender (Butler, 1990; Stein & Plummer, 1994). As such, it is a useful framework for informing the current project.

Queer theory was developed in the 1980s and 1990s, with a focus on challenging hegemony and disrupting power (Halperin, 2003; Jagose, 1996). Heavily influenced by Michel Foucault and poststructuralism, queer theorists conceptualise language as fundamental to understanding the social world, and posits that language does not objectively label the world and describe truth, but is contextually created and understood (Epstein, 1994; Green, 2010; Namaste, 1994). Queer theory interrogates binary understandings of sex, gender, and sexuality in order to challenge dominant understandings which frame cisgender, heterosexual ways of being as the norm (Green, 2010; Jagose, 1996). Queer theorists often aim to disrupt such categories, focusing on the ways that gender is created through performance of gender, in contrast to essentialising understandings of sex and gender (Butler, 1990; Jagose, 1996; Semp, 2011). Within queer theory, norms are challenged, and assimilatory approaches to challenging marginalisation are rejected as marginalising in themselves (Epstein, 1994; Halperin, 2003).

Queer theorists often reject attempts to define queer theory, positing that this undermines its ability to disrupt. The label “queer” has been taken up in this approach, as a label which is a purposefully vague way of identifying non-normative gender and sexuality (Spargo, 1999). This label has been reclaimed from being a slur, although there is contention within the queer community about whether this term is still offensive[22] (Collins, 2019; Rocheleau, 2019). Queer is taken up as an identity to reject ideas that there is anything wrong with being queer, as the label has been used to communicate in the past. Queer therefore communicates anti-assimilatory politics and challenges liberal ideas that queer and gender diverse people should be tolerated as no different to straight, cisgender people (Jagose, 1996; Spargo, 1999).

In this way, queer theory acts as a useful lens for framing this thesis. It allows hegemonic or “taken for granted” status of framings to be challenged and unpacked. Queer theory requires us to question dominant ideas of both psychological distress and sexuality and gender, and to analyse the power structures inherent within these hegemonic understandings. I use queer theory to reject notions that assimilation into cisheteronormative or biomedical discourses should be sought, instead preferring to understand alternative ways of being and doing as valid, rather than lesser parts of a binary model.

Therefore, in taking up queer theory in this thesis, I have chosen to use explicitly non-pathologising language, such as ‘psychological distress’ (see preface: *“What Words Should I Use: Decisions and Difficulties of Language”* for discussion). I use the umbrella terms of queer and gender diverse to indicate a group of experiences that sits

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[22] Some of my participants agreed with this stance, and rejected the use of the term ‘queer’.

alongside, but not lesser than, cisheterosexist experiences; both labels reject liberal ideas that queer and gender diverse people are fully assimilated (or tolerated) under an ‘each to their own’ framework. Queer theory allows a deconstructive approach in which hegemonic ideas are interrogated, rather than taken for granted. Thus, in this thesis, I aim to deconstruct notions of sexuality and gender, as well as notions of mental health and psychological distress, rather than take them up.

Conceptualising the Sample

I aimed to interview a wide range of 16- to 18-year-old queer and gender diverse young people from Aotearoa. In considering who to include in the study (and therefore who would be excluded), I made a number of important decisions.

For one, I chose to recruit both queer and gender diverse young people[23]. Queer theory problematizes distinctions between queerness and gender diversity, highlighting the ways that these groups experience similar marginalisation due to (Victorian) assumptions about gender and sexuality (Jagose, 1996; Semp, 2011). As such, these groups can be included within the same study without distorting the focus too significantly. Moreover, there is considerable overlap between queer and gender diverse young people, with many gender diverse people also identifying as queer, and significant fluidity in conceptualisations of gender and sexuality. Furthermore, many community groups in Aotearoa advocate for both queer and gender diverse young people, suggesting that inclusion of both groups is standard within the wider community. To only recruit one of these groups would be needlessly exclusionary. It therefore made sense for me to recruit queer *and* gender diverse young people.

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[23] Of note, I included intersex people as part of my recruitment. However, I have not described the scope of the research as queer, gender diverse, and sex diverse young people as no people volunteered who reported that they were sex diverse.

Secondly, I chose to specifically focus on 16- to 18-year-olds. Research with young people often takes a wider age range, typically going up to age 25. I decided to interview 16- to 18-year-olds, as I was interested in hearing about the particular contexts that 16- to 18-year-olds are in. This allowed me to explore what it was like for queer and gender diverse young people while they still have relatively little power over their social worlds with regards to schooling and being reliant on family, or had only recently left this phase. The difficulty of gaining ethical approval for recruiting those under the age of 16 without their parents' consent (which would have required parents to be aware of their young person's sexuality or gender) was too great, and so I opted to recruit those aged 16 and over.

Thirdly, participants were not required to have experienced severe mental health difficulties or to have utilised mental health services to participate. This allowed me to gather a wide range of perspectives and experiences beyond service provision, and meant that I did not inadvertently endorse notions (consisted with biomedical understandings) that psychological distress was most "real" when it is significant, diagnosed, and formally treated.

Recruiting the Sample

Recruitment used a number of different strategies. A number of the people I consulted offered to circulate the recruitment information to the young people they worked with. For example, a number of school teachers gained sign off from their principals to circulate the recruitment information to their students (see Appendices B and C). Staff members of rainbow organisations put flyers up in their centres, and sent the information out via social media. An Aotearoa-based survey of queer and gender diverse people's experiences of accessing mental health support sent my recruitment information to 566 participants (of all ages) who had answered yes to the following question: "I would like to hear about future research studies I might be eligible for." Finally, snowballing and word-of-mouth were useful recruitment tools.

Recruitment materials described the study and encouraged potential participants to email my university email address for more information (see Appendix A). In total, 57 people expressed initial interest or wanted more information about the project. Of these, eight were ineligible, either to falling outside of the age range, or were not queer or gender diverse. All potential participants who made contact and met the study criteria were emailed the Participant Information Sheet (PIS, see Appendix D). The PIS outlined the relevant information relating to participation. Researchers sharing their identities as an "insider" can be useful for recruitment and data collection, especially with marginalised or vulnerable groups (Kanuha, 2000; Le Gallais, 2008), and so the PIS clearly stated my identity as a queer woman. Research has indicated that having an interviewer and research who is an "insider" can make participants feel "safe", particularly when discussing sensitive topics (Le Gallais, 2008). Moreover, disclosing the researcher's identity can be more ethical when working with groups (such as queer and gender diverse people) who experience marginalisation in research and larger society (Hayfield & Huxley, 2015; Le Gallais, 2008).

Ten people stopped replying following being sent the PIS. Another 10 participants expressed interest in scheduling an interview, but stopped replying or stated that they were no longer available in the course of scheduling the interview. 11 potential participants contacted me from the same school. Due to the potential for this to make the sample too heavily weighted to one particular context, only four of these volunteers were offered an interview[24], prioritising those from cultural backgrounds which were not

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[24] People who were not offered an interview or where people expressed an interest in scheduling an interview and this did not eventuate were offered the opportunity to participate through filling out an open-ended online survey about their experiences. Two people completed this survey. Due to the low response to this survey, I have not included it in the analysis.

currently represented so as to increase the diversity of the sample. All participants signed a consent form (see Appendix E) before undertaking their interview. I concluded recruitment after the 21st interview, which is in line with guidelines for qualitative research suggesting that data collection should be stopped when a good range of views seem to have been completely represented, and when interviews appear not to produce anything substantially new to analyse (Braun & Clarke, 2013; Gough & Conner, 2006; Terry & Braun, 2011). The final interview was a dyadic interview, as the participant wished to have a (straight, cisgender) peer present (see Appendices F and G for dyadic interview PIS and consent form respectively). This peer was not included as part of the sample.

Participants filled out an open-ended demographic form, which allowed them to choose the terms which felt most appropriate for them (see Appendix H). With regards to sexual orientation, nine participants identified as bisexual or pansexual, three as lesbian, two as queer, one as gay, one as “exclusive same-sex attraction”, one as “all over the place”, one as “straight/bicurious?/confused”, one as “bisexual/lesbian (still questioning)” and one as “AvoAce/ Grey rom/ greysexual”. With regards to gender, seven identified as female (with two of also specifying that they are cisgender), four as nonbinary, and one of each of the following identities; “nonbinary/genderqueer”, “Ftm nonbinary”, “boy/nonbinary”, “FTM (+ genderflux)”, “Gender questioning”, “Male (trans)”, “Transgender demiboy”, “bi”, “Male”, and “queer; not on the gender spectrum”.

Participants identified with the following ethnicities: New Zealand European, Pākehā, or White NZ (14), Māori (3), Asian (1), British (1), Australian (1), Filipino (1), Samoan (1), Niuean (1), South East Asian (1), European (1), Chinese (1), Indian (1), and Vietnamese (1). Four participants identified with more than one of these ethnicities, but specific identities have not been reported together in order to increase anonymity.

Participants came from the following areas around Aotearoa: Auckland (11), Canterbury (7), Wellington (2), and Palmerston North (1). The majority of participants (18) were currently studying: seven at tertiary level, and 11 at high school. Eleven participants reported part-time employment. One participant was neither working nor studying. Five participants identified as having a disability, across a range that included deafness and auditory processing disorders, blindness, gastrointestinal conditions, heart conditions, connective tissue disorders, chronic fatigue, and learning disabilities.

Data Collection

I used a semi-structured individual interview design for data collection. Interviews were chosen as the most appropriate method for the topics and context of the research for a number of reasons. For one, interviews offer the ability to probe in-depth for individual accounts and perspectives (Braun & Clarke, 2013); interviews enable participants to discuss personal experiences which they may be less inclined to do in other data collection methods (Rubin & Rubin, 1995). Interviews thus also allow for greater depth in the data, which was a focus of the present study (Liamputtong, 2011). Finally, although focus groups and dyadic interviews can be useful for decreasing the power of the researcher that is present in interviews, the risk that confidentiality being broken by other participants made them less appropriate than interviews (Braun & Clarke, 2021; Farnsworth & Boon, 2010; Wilkinson, 1998). I expected participants may want to share their personal experiences of psychological distress and wellbeing, and thus it was important that the data collection did not leave participants at risk of their confidentiality being broken (Braun & Clarke, 2013; DiCicco-Bloom & Crabtree, 2006). For these reasons, interviews provided an opportunity to explore detailed personal narratives in an environment that was as confidential and welcoming as researchers can provide.

Interviews were carried out face-to-face (*N* = 10) and via online video-calling (Skype or Zoom depending on participant preference; *N* = 11) between January 2019 and August 2019; telephone interviews were also offered but not taken up by any participants. By offering each version of the one-on-one interview method, I pragmatically and politically aimed to increase the accessibility of the study. Video-calling methods were particularly useful in recruiting participants who lived some distance from the researcher, or when participants had busy schedules (Deakin & Wakefield, 2013; Hanna, 2012; Opdenakker, 2006). Contactless methods can also decrease a sense of intimidation related to being interviewed by a researcher and that can accompany interviews which take place at a university setting (Hanna & Mwale, 2017). These were particularly pertinent considerations in recruiting young queer and gender diverse people, as I did not want to exclude participants who might find these situations anxiety-provoking. As such, offering non-contact interview methods aimed to increase accessibility of the study, by decreasing the power of the researcher, decreasing the time commitment of the study, and allowing people who were geographically distant to participant.

I chose to offer a range of interview modes so that participants could choose what would be most suitable to their needs, thereby increasing their power in the research process. There are various strengths and weaknesses to each medium. Face-to-face interviews can facilitate rapport, allow for non-verbal cues, and increase clarity, making it a desirable method of data collection (Sturges & Hanrahan, 2004; Sullivan, 2012). Telephone interviews, in comparison, presents different challenges to rapport as visual encouragement and non-verbal cues are not possible (Novick, 2008). However, not being able to see the participant can also be beneficial for people from marginalised groups, such as queer and gender diverse people, who might wish to keep their identity more private (Liamputtong, 2007; Novick, 2008; Sturges & Hanrahan, 2004). People who live in rural areas or in poverty may also have greater access to telephone networks than a strong internet connection (Hanna & Mwale, 2017). Internet-based video calling, such as Skype or Zoom, can be a preferable for those who have access to a fast, consistent internet connection, but are geographically distant from the researcher, highly time-pressured, or find it difficult to travel. Video calling allows for visual cues and non-verbal encouragement, which can facilitate rapport (Sullivan, 2012). Online-based methods may also be more attractive to young people, who are often more comfortable with being online than older people (Sullivan, 2012). However, one drawback of video-calling and telephone interviews with young people is that there is increased likelihood that the interview may be interrupted by other people, which is not as common with face-to-face interviews (King et al., 2006).

Face-to-face interviews were held at locations which were convenient for the participant, such as the University of Auckland, RainbowYOUTH[25] facilities, or private rooms at schools. The discussions lasted between 55 and 133 minutes (average: 84 minutes). At the start of each interview, I checked with participants whether there was anything that I could do to make the interview process more accessible or comfortable to them, and responded to participants requests when they made them. I also provided a brief description of my background and identity, and the project. Participants were given an opportunity to introduce themselves however they felt was pertinent. These introductions aimed to facilitate comfort and rapport through communicating my "insider" status, in that I am part of the queer and gender diverse community (Reinharz, 1993). This process also served the purpose of whakawhanaungatanga (the process of

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[25] A local organisation for queer and gender diverse young people with a centre in central Auckland.

establishing and identifying relationships, typically by sharing whakapapa), whereby I discussed my whakapapa (connections to my iwi (kinship group) and Māori geneology) with Māori participants, helping to ensure the research was also culturally responsive (Walker et al., 2004). Whakawhanaungatanga supports engagement and affirms Māori culture, which is crucial in working with Māori (Bishop, 1999; Walsh-Tapiata, 2003).

A semi-structured interview design allows for both consistency and flexibility in discussing participants' understandings and experiences. I used an interview schedule (see Appendix I) to guide the flow of conversation around pre-determined topics of interests, while also allowing for unplanned, spontaneous questions to be incorporated according to the particular understandings or experiences the participant raises (Deakin & Wakefield, 2013; DiCiccio-Bloom & Crabtree, 2006). The research is thus able to explore topics based on participant experiences and perspectives that researchers might not have anticipated (Kallio, Pietilä, Johnson, & Kangasniemi, 2016; Rubin & Rubin, 2011).

I developed the interview guide following a review of relevant literature, and following discussions with people who work with queer and gender diverse young people, such as school counsellors, rainbow youth organisation staff members, and mental health practitioners (as described in the Ethics and Community Engagement section above). Following these discussions and a review of the literature, I constructed a draft interview guide with a number of key question areas. This draft was reviewed to alter the sequence and wording of questions, to increase flow, remove assumptions in questions where possible, and develop prompts to encourage participants to expand on their answers (Braun & Clarke, 2013; Fielding & Thomas, 2008; Kvale & Brinkmann, 2009). Before interviewing a participant, I tested the interview guide by piloting it with a peer, and reviewed and developed the schedule following the first few interviews, to ensure that I included topics that I did not anticipate participants would discuss (Smith, 1995).

I began by asking general questions about participants' views on a number of topics, and progressed to more personal questions about their experiences. This was designed to facilitate rapport building before personal topics were discussed (Braun & Clarke, 2013; DiCicco-Bloom & Crabtree, 2006; Rubin & Rubin, 2011). My interview guide covered four related areas, including their background, contexts they found welcoming and unwelcoming, their views on and experiences of psychological distress and wellbeing, and their perspectives on ways to support the wellbeing of queer and gender diverse young people. The questions were designed to offer opportunities to talk about both their own experiences, and their perspectives on psychological distress and wellbeing of queer and gender diverse young people more generally.

Interviews were audio-recorded on two devices (in case one stopped working, which did eventuate in two of the interviews, due to flat batteries and full storage). Discussions were transcribed by myself, or a professional transcriber who was bound by confidentiality (see Appendix J). An orthographic style of transcription was used, in which repetitions, hesitations, overlapping speech, and pauses were included (Braun & Clarke, 2013; Wilkinson, 2004). In this thesis, quotations have been edited to remove hesitations and repetition to improve readability in places where doing so does not change the meaning. Ungrammatical speech has not been altered, but ellipses (…) have been included where short sections of data have been omitted for ease of readability. Clarifying information has been included in square brackets where meaning is unclear. Parentheses followed by the letter L (L:…) indicate brief comments I have made while the participant was speaking. Emphasis is shown in *italics* and is participants' own unless stated otherwise. Reported speech is shown using speech marks. My speech is indicated by L in data quotations throughout the thesis.

Data Analysis

I used reflexive thematic analysis to analyse the data (Braun & Clarke, 2019; 2020). Thematic analysis allows researchers to identify key patterns across the dataset that provide meaningful insight with regards to the research question (Boyatzis, 1998; Braun & Clarke, 2006, 2012; Joffe, 2011; Joffe & Yardley, 2004). I used Braun and Clarke's (2006) approach to investigate both the surface level meaning and underlying assumptions present in participants' talk. This approach is applicable across different epistemological positions (e.g., Kirkwood & Price, 2004; Newcombe, McCarthy, Cronin, & McCarthy, 2012; Pouli, Das Nair, Lincoln, & Walsh, 2014) and allows for the researcher's epistemological position to remain consistent across varying levels of analytical interrogation of the data (Braun & Clarke, 2006).

Reflexive thematic analysis fit well with the epistemological base of the project. Queer theory is heavily influenced by poststructuralism, with language being positioned as socially-bound and textual (Epstein, 1994; Green, 2010; Namaste, 1994; Weedon, 1997). Thematic analysis allows for this queer, poststructuralist framework to be taken up and applied to identify meanings and assumptions in the data, thus identifying the concepts and "taken for granted" ideas underlying participants' accounts and "queering" hegemonic understandings. Similarly, this qualitative approach allows for the researcher's subjectivities to be utilised (rather than obscured or hidden), and takes all meaning as contextual rather than "truth" (Clarke & Braun, 2018), consistent with a queer approach (Semp, 2011).

Following the transcription of the data, participants were given an opportunity to review their transcript. Some participants responded offering reflections on their interview, reporting that it was interesting to read back and reflect on what had changed since the interview. One participant stated that they now understood their identity to be nonbinary, where they had previously identified as cisgender, and requested that this be changed, along with their pronouns. Although we might see the data as a snapshot of sense-making within a moment, and specific to the particular ways of making sense of at the time of the interview, I opted to change the participant's pronouns and identity, on the grounds that to do otherwise would take away from the participant's power, and would be misgendering them.

The dataset was checked for errors and then read and re-read to build familiarisation and develop a critical, in-depth engagement with the data (Braun & Clarke, 2006). I carried out coding by identifying all aspects in the data which were pertinent to my research question: How do queer and gender diverse young people understand psychological distress? These codes were at both semantic (surface; for example, “My generation are accepting”) and latent (implicit; for example “Personal experience is central to understanding”) levels to develop a stronger understanding of the data (Boyatzis, 1998; Braun & Clarke, 2006, 2013).). I annotated physical transcripts with these codes and then transferred these codes to post-it notes. I then placed the post-it codes around the walls of my bedroom[26], slowly moving them into general clusters of meaning. These clusters of meaning formed nine candidate themes, covering a wide range of topics, such as “my distress is invalidated” and “I found recognition for my distress in the medical model”. On review, some of the clusters of meaning appeared to

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[26] Many thanks to my patient partner in living with a constant visual reminder of the thesis for many months.

be outside the reach of the current thesis, and were discarded. Other themes had significant overlap, and were integrated into one theme with three subthemes. These themes were then developed over the writing of the analysis, which consists of four themes.

In carrying out the analysis, I developed two further research questions that together, answer the over-arching research question "How do Queer and Gender Diverse Young People Make Sense of Psychological Distress?" The first of these questions, "How do Queer and Gender Diverse Young People Describe Their Social Worlds in Making Sense of Psychological Distress?" is answered in the first analysis chapter, encompassing two themes. The first of which, "Cisheterosexism 'Didn't Really Affect Me': Evading Victimhood" consists of three-subthemes ("'Not Like One of Those Terrible Stories': Other People Have It Worse", "'You Tried and That's What Matters': Prioritising Intentions in Evaluating Cisheterosexism" and "'Fine For Me Personally': Taking Up Agentic Personhood". This theme, along with the second theme "'Not Hate, Generalised... Alienation': Safety, Discomfort, and Difference" make up the first analysis chapter, which focuses on the ways participants constructed what it is like to be a queer or gender diverse young person today. In exploring these two themes together, I use the notion of ideological dilemmas (Billig et al., 1988) as an analytic concept to make sense of the ways that these two themes, which appear contradictory in their framing of the harms of cisheterosexism, work together to shape understandings and possibilities for queer and gender diverse young people.

The second analysis chapter focuses on answering the question "How Do Queer and Gender Diverse Young People Make Use of Biomedical Understandings of Psychological Distress?", and encompasses two themes; The first,"'The World Doesn't Take You Seriously': Dismissal of Distress and Identity", has two subthemes; "'They're

Young, They Can’t Possibly Have These Sorts Of Issues’: Dismissals of Distress” and “‘How Am I Going To Prove It’s Not A Phase?’: Invalidation of Identity”. The final theme is named “‘It Gave Validity To My Feelings’: Making Sense of Psychological Distress Using The Biomedical Model”. Together, these two chapters answer the research question “How do Queer and Gender Diverse Young People Make Sense of Psychological Distress?”

Managing Identity, Decisions and Tensions in the Research Process: A Reflexive Account

Reflexivity involves interrogating the ways that one contributes to knowledge production throughout the research (Bott, 2010; Mauthner & Doucet, 2003; Thorpe, 2004). Reflexivity allows the researcher to gain insight into the ways in which the research is situated in a specific context, and can help the researcher to attend to the assumptions that they have which inform the research (Mauthner & Doucet, 2003; Cunliffe, 2004). As such, reflexivity recognises that researchers implicitly (and explicitly) shape the research through their own experiences, assumptions, and values (Wilkinson, 1988).

As I discussed at the start of the thesis, I entered this research question holding multiple roles: that of queer person, that of being a trainee clinical psychologist, and that of being a critical qualitative researcher. These different subject positions affected the research in a myriad of ways.

I hoped that my queer identity would position me as someone who was “safe” to talk to about difficulties related to cisheterosexism and the experience of being queer or gender diverse. At times, I did feel that participants positioned me as an insider, but this was only to a limited point. I am cisgender, and informed my participants of this in the interviews, and I believe this affected the types of questions I asked and the sorts of meaning that was co-produced between me and my participants. One clear example of this was when I asked a trans participant if they had anything further they would like to add at the end of an interview (as I did at the end of every interview), and they asked if we could talk about gender dysphoria, and reported that this was something that had considerable impact on their mental health. Although there were opportunities where gender dysphoria could be raised (and it often was), I did not usually explicitly ask participants about this, when perhaps I would have if I had a lived experience of gender dysphoria. The data I co-produced with participants was thus influenced by my identity as partly insider, partly outsider.

Across the project, I worked to be non-pathologising of participants, and did extensive community consultation to try to ensure I was not harming participants. One of the ways that I attempted to be non-pathologising was through including "wellbeing" as part of the focus of the project, framing the project as being about "mental health and wellbeing". I hoped this would allow me to include a strengths-based perspective alongside exploring the difficulties, thereby avoiding inadvertently promoting a deficit framing of queerness and gender diversity. However, despite asking about wellbeing, responses were typically considerably less detailed and rich, and so this positive focus took a less prominent role in analysis, and was eventually positioned outside the scope of this thesis.

Moreover, I fell in an ambiguous place with regards to age; I was 25 years old when I carried out most of the interviews, and was relatively involved in queer youth spaces. From my perspective, young adulthood felt close. From participant's perspective, particularly my younger participants who were still in school, I was potentially the age of some of their teachers, and thus, I wonder if I was often perceived as *not* young. This somewhat ambiguous space was clear to me in my interview with Carrot, who considered whether I was in their generation: "I think I mentioned it a little bit before when I was talking about my, our generation, well, yeah, I think you're part of my generation [laughs] [L: yeah] I mean you're still at school, so." Here, my continued studying positioned me as young like the participant. Mostly, however, I was positioned as not young. This potentially led to me being able to take a naïve inquirer role in asking about what it was like being a young person, and hearing more about age-related invalidation than if I was in the position of a peer.

At times, I found myself positioned in the role of expert *psy*-professional. A few young people asked me questions about antidepressants and their efficacy, and I wondered if sometimes, my position may have encouraged responses which prioritised brain chemistry. Although this may have been the case, the availability of the biomedical model in being the imagined *correct* expert understanding is analytically useful in itself.

One of the most difficult positions to hold was that of critical researcher. In interrogating the meaning behind participants' talk, I run the risk of presenting participants in ways which might be experienced as invalidating (Fletcher, 2017; Gill, 1995). I was aware of the potential of participants reading the thesis or outputs and being dismayed due to the interrogation (rather than realist presentation) of their talk (Fletcher, 2017; Parr, 2015). In writing the thesis, I have worked to present participants in as respectful a way as possible, recognising the difficulties that they encounter in accessing recognition and validation, while also linking these to wider socio-political understandings of adolescence and good personhood. I hope that I have found a balance point in this tension, and that this systemic focus would not be experienced as invalidating to participants.

Chapter Four: How Do Queer and Gender Diverse Young People Describe Their Social Worlds in Making Sense of Psychological Distress?

In describing what it is like to be a queer or gender diverse young person in the present day, participants painted a complicated picture. In Chapter Four, I answer the research question: How do queer and gender diverse young people describe their social worlds in making sense of psychological distress? I focus on the ways that participants utilised socio-political explanations for distress, such as their understandings of queer and gender diverse people as marginalised (what I have conceptualised as cisheterosexism), and the ways that they engaged with these narratives. Then, in Chapter Five, I focus on biomedical models of distress and the ways that these models were taken up by participants to validate and legitimise their distress to others.

As discussed in Chapter One, socio-political explanations for distress are well accepted within the literature, and posit that psychological distress can be attributed to social and political factors in an individual's life (for example, see Meyer, 2003; Riggs & Treharne, 2017). For queer and gender diverse young people, marginalisation in their daily environments is typically framed within research as a key factor in their distress (Clarke, 2019; Igartua, Gill & Montoro, 2009; McDermott, et al., 2008). Although cisheterosexism is well accepted in the literature as a cause of psychological distress among queer and gender diverse young people (Igartua et al., 2009; Walch, Ngamake, Bovornusvakool & Walker, 2016), participants were less definitive about the effects of cisheterosexism on their lives. They often appeared to be navigating competing and sometimes contradictory positions, framing cisheterosexism as "barely an issue" alongside positioning themselves as "lucky" in escaping cisheterosexism.

In making sense of these thematic patterns, I draw on various discursive concepts, such as Billig and colleagues' (1988) concept of ideological dilemmas. This concept posits that people are embedded within social and political contexts, and that people make sense of and choose to act according to socially-held understandings and common-sense notions (Billig et al., 1988). These understandings can be contradictory, and analysing how competing ideologies are navigated can provide ways of understanding the conditions of possibility available to people (Billig et al., 1988; Gavey, 2018; Towns & Adams, 2009).

As such, the present chapter outlines two competing socio-political explanations for distress and the ways that participants navigated the associated ideological dilemmas of holding these two apparently contradictory positions. The first theme of this chapter outlines the ways that participants emphasised how cisheterosexism did not affect them, with subthemes related to their talk about how they how "lucky" they are compared to hypothetical others, how minor cisheterosexism is when it does arise, and how easy it is for them to deal with cisheterosexism. The second theme explores the ways that participants positioned cisheterosexism as harmful nonetheless. Together, these themes show the complexities that queer and gender diverse young people face in using social explanations to make sense of distress.

Cisheterosexism "Didn't Really Affect Me": Evading Victimhood

The first theme, *Cisheterosexism "Didn't Really Affect Me": Evading Victimhood,* explores the ways that participants presented the effects of cisheterosexism on themselves as minimal. Participants emphasised the lack of cisheterosexism in their lives, describing their "luck" in avoiding cisheterosexism, positioning cisheterosexism as minor when encountered, or highlighting their strength in not being affected by the cisheterosexism that they experienced. A surface reading of these comments might indicate that cisheterosexism no longer exists and that “the kids are alright”. However, in this theme I will contextualise participants’ talk within the current social, political, and economic context in order to provide insight into the potential subject positions and conditions of possibility that are available to queer and gender diverse young people (Dreyfus & Rabinow, 1982; Foucault, 2002; Gavey, 2018), and what it might mean to position oneself as affected by cisheterosexism.

In describing what it is like to be a queer or gender diverse young person, participants often emphasised that they were not personally affected by cisheterosexism. Participants highlighted that they were not affected by cisheterosexism through two contradictory positions: positioning cisheterosexism as “barely an issue”, and framing themselves as “lucky” in escaping cisheterosexism. With the exception of a few participants who had experienced more “obvious” or “severe” forms of cisheterosexism – such as physical assault or parental alienation and homelessness (as will be discussed in Theme Two: *“Not Hate, Generalised... Alienation”: Safety, Discomfort, and Difference*) – participants commonly presented cisheterosexism as unproblematic in their lives. For example, Manaia stated:

Manaia: But spending all that time by myself did give me a lot of time to discover myself and my identity and stuff, and I’m now a lot more like assured in it, to the point where being, identifying as nonbinary doesn’t really, I don’t really think about it that much, just because it feels so like innate now. And I often don’t tell people when first meeting them.

L: And why’s that?

Manaia: Well most people who I do meet and then tell them about it later seem to be fine with it, it doesn't seem to change much. Like occasionally they'll have trouble adjusting to the they/them pronouns, but that's about the only difference it makes.

L: Bit of a non-issue or?

Manaia: Uh, I don't really mind it that much, because I can understand that people have had a whole life of conditioning to call people he and she and it's difficult to adjust at first. And pretty much everyone, even if they do mess up, they like correct themselves immediately afterwards, and it's fine as long as they're doing that.

In this excerpt, Manaia frames their gender identity as a now-mundane aspect of their life, to the extent that they barely consider it; it is just "*innate*". Manaia's account of not disclosing their gender identity when they first meet someone here serves to frame their gender identity as something which is not significant enough to disclose, rather than the alternative narrative of it being something they might be concerned about disclosing. Framing queerness and gender diversity as an "insignificant" feature of identity is sometimes used by queer and gender diverse people in positioning their identities as similar to being straight and cisgender, and therefore "normal" (Clarke, Ellis, Peel, & Riggs, 2010). This normalising approach frames cisheterosexism as an over-emphasis of the differences between straight, cisgender people, and queer or gender diverse people (Peel, 2001).

One reading of Manaia's report that their gender identity does not significantly affect their life is that this functions as a normalising statement, positioning gender diversity as no different from, and unchallenging to, a gender-binarized cisheteronormative world. However, normalising approaches have also been challenged for implicitly positioning straight, cisgender ways of being as the *most* normal, and therefore most preferred way of doing things (Clark et al., 2010; Peel, 2001). This normalising position also functions to obscure any significant differences between being gender diverse and being cisgender, which can implicitly position potential differences as problematic or undesirable (Peel, 2001). In this way, participants' talk of cisheterosexism as unproblematic in their lives is already a complicated narrative, and is important to interrogate further.

The following three subthemes explore this complexity, focusing on how participants positioned themselves as unaffected by cisheterosexism, through positioning others as "having it worse" (*"Not Like One of Those Terrible Stories": Other People Have It Worse*), framing cisheterosexism as minor ("*You Tried and That's What Matters": Prioritising Intentions in Evaluating Cisheterosexism*), and reporting that they are unbothered by cisheterosexism when they do see or experience it *("Fine For Me Personally": Taking Up Agentic* Person*hood*).

"Not Like One of Those Terrible Stories": Other People Have It Worse

A common framing amongst participants when discussing cisheterosexism was to provide disclaimers or caveats that other people "had it worse" than them. They distinguished between their own experiences and more severe possibilities for cisheterosexism, positioned themselves as "lucky" to escape worse treatment, and compared their experiences to groups of people who were framed as more likely than them to experience cisheterosexism. The comparison "others" who "had it worse" in these accounts included people from religious backgrounds, people from non-Pākehā cultures (within Aotearoa), people in regular contact with boys, and people from other times, places, or generations. In this sub-theme, I will begin to unpack the ways that understandings of privilege and marginality link to these accounts, and may serve to limit space available to position the self as affected by cisheterosexism.

Firstly, participants' framing of cisheterosexism attended to different "severities" of cisheterosexism, distinguishing between their own experiences and others who "had it worse". In discussing whether they had experienced any difficulties related to people's responses to their gender or sexuality, participants would commonly make a distinction between more aggressive forms of cisheterosexism and more inconspicuous forms of cisheterosexism. Many participants stated that they had few, if any, experiences of "outright" or "severe" cisheterosexism, for example stating that "*it wasn't a violent backlash*" (Ariel) before describing other experiences of cisheterosexism (which were typically not named as such). For example:

Jordan: I mean I haven't encountered much like bullying or someone actively coming up to me and being aggressive with me for being trans or being like openly myself. So I've kind of had it quite easy I would say with being trans.

Here, Jordan reports that they have largely escaped "active" aggression or bullying, and frames themselves as *lucky* to have escaped discrimination. Notably, Jordan followed this statement by discussing a number of difficult experiences related to other people's hurtful treatment of them and their gender, such as being regularly misgendered, being "outed" to their class by a teacher, having a maths teacher initiate a class debate on whether trans people should have rights, experiencing a significant period of suicidality as a result of not being able to live in a way that affirmed their gender, and regularly feeling unsafe. However, these experiences were prefaced with the above statement that they have not experienced much "active" persecution and have therefore "had it quite easy". This evokes the question of what it would mean for them to position themselves as having had a "typical" experience of being trans, or indeed a "hard time".

Jordan's account must be heard alongside a context where common representations of gender diverse people typically position them as "vulnerable" and "at-risk" of regular and considerable harm (MacKinnon, 2018). Gender diverse people, and particularly trans people, are often depicted within wider society as "at-risk" of victimisation, such as physical, emotional, and sexual abuse, homelessness, mental health difficulties, and suicide (Dwyer, 2011; Savin-Williams, 1994; Shelton, 2016), with gender diverse people of colour[27] reported as even more at-risk (Jefferson, Neilands & Sevelius, 2013; Williams, 2016). Although these statistics are often used to advocate for gender diverse people, they can also paint a harsh and dangerous view of what it is like to be gender diverse. In this context, where being gender diverse is regularly represented in terms of risk and harm, it is unsurprising that Jordan frames themselves as "having it easy" in comparison to such harrowing accounts. This speaks to the difficulty of holding the subject position of being affected by cisheterosexism, as to do so without these "severe" experiences (or worse) risks being positioned as illegitimate because "it could be worse". Therefore, space for queer and gender diverse young people to claim that cisheterosexism has harmed them appears limited, in part, by the dominance of societal narratives of how much worse it could be.

In a similar way to Jordan above, participants often made comparisons between their experiences and hypothetical others' experiences in presenting themselves as "lucky" to have largely escaped cisheterosexism. Many participants began stories of their own experiences of disclosing their gender or sexuality to family members by reporting

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[27] I use "people of colour" here to indicate the U.S. and U.K. context of much of this research.

that "*there are people who have definitely had it a lot worse*" (Bella) before describing difficult or potentially hurtful responses they had experienced. When I asked Austin, for example, what it had been like telling his mother of his gender identity, he replied:

> Not that well, I can say that. It wasn't like terrible, you know, not like one of those terrible stories. It was more like... something that we ignore. We kind of put aside.

Austin begins by stating that telling his mother of his gender identity did not go "that well", before providing the caveat that he does not have it as bad as other people. This positioning of his mother's response as "not so bad" serves to position Austin as not entitled to be too affected by his mother's response, as other people have it much worse. Disclaimers (e.g., "*it wasn't like terrible*") are often used when people are navigating ideological dilemmas, and function to pre-empt contradictory evidence (Hewitt & Stokes, 1975; Goodman, 2017). Disclaimers can also protect from criticism, for example, being used before expressions of prejudice like "I'm not a sexist but…" (Harris, Palazzolo, & Savage, 2012).

Participants' use of disclaimers that emphasised their luck is consistent with understandings of privilege that dominate within feminist and identity-politics influenced spaces, such as queer and gender diverse youth spaces (Mann & Huffman, 2005; Munro, 2013; Venegas, 2021). With the rise of intersectionality, privilege has become an increasingly popular framework for understanding experiences of marginalisation and advantage (Evans, & Lépinard, 2020; Moradi, 2016; Munro, 2013). Intersectional feminism posits that to understand power, we must recognise the influence of social and political facets of identity, such as ethnicity, gender, sexual orientation, disability, and class and the ways that they interact to create discrimination and privilege (Mann &

Huffman, 2005; Munro, 2013). White privilege, for example, has been conceptualised as offering White people “an invisible package of unearned assets” (McIntosh, 1995). However, ways that intersectional feminism has been enacted have been criticised for creating a sort of “oppression Olympics” whereby people compete to be the more oppressed in order to gain validation and recognition (Hancock, 2011), and only those with the “most” oppression are encouraged to speak about their struggles (Yuval-Davis, 2012). Those who speak about their oppression without being the most marginalised identity in a group can risk being accused of oppressing others themselves, through not “checking their privilege” (recognising their privilege and thus holding back from “complaining” when they have it easier than others, so as to leave space for more marginalised people to speak; Munro, 2013).

Participants emphasised how lucky they are in a way that is consistent with the ways good subjecthood has become understandable within progressive queer and gender diverse youth spaces (Venegas, 2021). To identify as a victim of cisheterosexism in a way that is consistent with intersectionality, participants would need to communicate their recognition of the privilege that they hold before identifying the ways that they are marginalised (Munro, 2013). To not do so would leave them vulnerable to being sanctioned for not being a good “woke[28]” subject, as they have not recognised their privilege and how it is worse for people who are at the intersection of more axes of oppression than they are (Caldera, 2018). Framing their own experiences of cisheterosexism in the context of how lucky they are and the privilege that they hold is thus consistent with intersectional feminism and identity politics, and potentially offers opportunities to discuss cisheterosexism following this discursive identity work (as will

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[28] “Woke” is a term which resurfaced and grew as part of Black Lives Matter movement in 2014. It is used to indicate that someone is aware of social and racial justice issues; see Caldera, 2018.

be discussed in Theme Two: *"Not Hate, Generalised... Alienation": Safety, Discomfort, and Difference)*. As such, it is important to understand participants' talk of cisheterosexism within this context, where they are potentially constrained by an inability to claim victimhood without positioning themselves as insensitive to the concerns of more marginalised people. These accounts highlight that the (limited) speakability of naming the self as harmed appeared contingent on a recognition that they do not have it "as bad" as (hypothetical) others.

The others in participants' accounts were not just generic "others", but certain "types" of people who they framed as "having it worse" in terms of cisheterosexist impacts. Young people from religious backgrounds, for instance, were regularly described as being the most likely to experience cisheterosexism. For example, when I asked Ava what sorts of things contributed to mental health difficulties for queer and gender diverse young people, she replied:

> I think, especially in kind of other areas other than like these sort of high socioeconomic ones and everything, I think that there's still a lot of bullying and... you know, maybe in like religious families, pressure. And so to feel like you don't fit what your family wanted you to be or you don't fit what the people around you will accept that you can be, but it's, you know, impossible to just drop part of yourself.

Participants commonly presented queerness and gender diversity as at odds with religion, as Ava does here in referring to the lack of "fit" between queer and gender diverse young people and their religious families. In Ava's account, this pressure on queer and gender diverse young people is positioned as also stemming from (religious) family members' lack of "acceptance" of what "*you can be*". This framing essentialises gender and sexuality, thereby positioning family members' attempts to limit them as ineffective. One logic of this account is that identities are a part of people and unchangeable, as it is "*impossible to just drop part of yourself*". Essentialising discourses have historically been used to argue against conservative Christian ideas that frame queerness as sinful behaviour (as opposed to a stable identity) that can be controlled and converted, and have become an easily-available framework for understanding non-normative sexuality and gender (Bennett, 2014; Grzanka, Zeiders, & Miles, 2016). As such, essentialising discourses (that have been critiqued above for implicitly derogating queerness and gender diversity) were used as a defence against the evoked cisheterosexism of Christianity.

In this way, religiosity – usually Christian in the Aotearoa context – was often presented by participants as antithetical to queerness and gender diversity in a way that was taken-for-granted and mundane. Although there is significant diversity within Christianity with regards to approaches to queerness and gender diversity, it is common for Christian people to be framed by non-religious people as cisheterosexist (Kinnaman, & Lyons, 2007). Many participants spoke of religious contexts, such as religious schools, churches, and Christian youth groups, as places that where they felt that they would not be accepted, and some participants described surprise that their school was supportive of queer and gender diverse students, despite its religious foundations. A few participants told stories of hearing cisheterosexist comments at church or of being alienated from their religious communities on the grounds of their sexuality. Religious communities were commonly framed as intolerant of queer and gender diverse people, and this was invoked in describing a category of people who "had it worse".

In describing who "has it worse", participants often referred to queer and gender diverse people from non-White cultures as being more likely to experience challenges related to their family or community's response to their gender or sexuality. Jordan, for example, stated that it is likely that they have had "*an easy time being trans*" as a result of their "*White privilege*". When I asked participants what caused distress among queer and gender diverse young people, they frequently reported that people from "other" cultures often experienced marginalisation or a lack of understanding from their parents and families. Kiara, for example, stated "*Like one of my friends came out to me, and he talked about how if he told his friend, uh, told his parents, they would disown him. Or they would just, they would send him off to Samoa. And he was afraid to tell anyone else*." When I asked Austin whether there was anything he wanted to add, he stated:

> Well I know one thing is that in terms of coming out for people, now I think teenagers fear their family more than their friends. Before it might have been split, or it might have been more come out to your family but you keep it from people at school. But more people now, more teenagers are happy to come out to all their friends and they don't want to tell their families. And it's horrible that those are the only people that they fear, those are the only people that they're worried about. Maybe, most people think it's that they're scared of losing them, which I think is true, but for a lot of kids that's their lifeline. They only have their family, they need money, they're not independent yet, and they don't want their dependence cut off. They have nothing else to kind of get going from there. With the so many cultures in New Zealand it's difficult as well. We can't put everyone in a box, we can't put how their family's going to react, because the cultures that come into play, the religions that come into play, everything affects teenagers.

In this account, Austin begins by presenting families as a potential source of fear and worry for queer and gender diverse young people. This fear is presented as partially stemming from the material reliance of queer and gender diverse young people on their families and their lack of independence from potentially unaccepting parents. Family members from ambiguous "cultures" are then offered as more likely to react badly to their young person coming out, thus framing culture and religion as an area where young people are especially vulnerable, and where "others" have it worse. This account serves to frame the harm of an unaccepting family (more common in "cultures") as a significant harm. This highlights the ways that environmental accounts (what I have described as socio-political understandings) related to marginalisation and privilege provided a structure for making sense of *others'* psychological distress, presenting harm to others (within particular cultures) as speakable. Such framings were used discursively to emphasise their own relative fortune in escaping cisheterosexism.

Another group that participants would describe as "having it worse" were queer and gender diverse young people who have considerable contact with (cisgender) "boys". Queer and gender diverse young people at boys' schools, for example, were often invoked as examples of people who experienced more cisheterosexism, with Chloe stating that at her girls' school "*we got it much better than the boys one*" where it was "*terrible, absolutely terrible… just so bad*". Boys were often presented as inconsiderate and unkind, a group that has "*not exactly got a lot of empathy for people at large*" (Manaia). When I asked Sam about how they had found being lesbian and nonbinary at school, they reported:

> There were like the couple of guys who would be like "lesbians, ew". Like it doesn't involve you, I don't really care what *you* think, but okay. And it was, I can recognise that it was a really safe space for queer women. Because if you came out to a group of girls, you're like "I like girls", they're like chill, whatever. But then if you were a boy and you came out to a group of boys, they'd be like "ha, gaaaay" and you'd just get the constant teasing and bullying and stuff, like it

> was a whole other thing. And there were people where like you knew that they were gay, but they weren't going to come out, not to like large group of people, because you knew the reaction they would get, and it would be all from the boys, not from any of the girls.

Sam's account begins by describing some of the cisheterosexism they had experienced at school in the form of boys saying "*lesbians, ew*". They then distance themselves from the harm of this by stating that they do not care what those "guys" think anyway, and that they have it easy really, as someone who associates with women. Sam uses a gender binary to emphasise their own luck in not being affected by cisheterosexism; girls are portrayed as "*chill*" and accepting, whereas boys are positioned as unkind and bullying. This bullying is framed as particularly likely for boys coming out to other boys, and especially if those boys are in a group. This portrayal of groups of boys as particularly likely to enact cisheterosexism was common among participants (with a couple of participants naming this as toxic masculinity), and was typically used to evoke another as "having it worse" or as a reason not to take boys' cisheterosexism seriously, as they do not know any better. The harm of cisheterosexism was thus discussed, but only in relation to others who had it worse, in this case, those spending time with "boys".

The role of sexuality in young men's performance and production of masculinity has been explored in great depth. It is common for young men to position themselves as masculine through signalling heterosexual desire for women, often in ways that objectify women (Allen, 2005). Signalling heterosexual desire can fulfil a number of functions within groups of young men, such as bolstering masculinity, distancing from a position of potential vulnerability, or connecting to others in the group through humour (Allen, 2005; Nayak & Kehily, 1997). Similarly, enacting cisheterosexism can fulfil these functions for young men and boys within groups, along with providing a disciplinary mechanism for policing boys' behaviour. This mechanism can serve to marginalise boys who do not perform dominant or valued forms of masculinity, often referred to as hegemonic masculinities (Connell & Messerschmidt, 2005) or toxic masculinity (Haider, 2016), whether or not they are queer or gender diverse (Nayak & Kehily, 1997; Pascoe, 2011). Participants therefore utilised an easily available understanding of boys in highlighting the cisheterosexism they enacted, and the particular impact this had on boys, especially within groups of boys. In this way, participants' talk of cisheterosexism seemed to draw on common ideas of masculinity, serving to both position participants as "lucky" that they don't "have it so bad", but also allowing a space to discuss and acknowledge some distress related to cisheterosexism (although not one's own distress).

Positioning themselves as "lucky" was also apparent in participant's use of comparison to previous times and places. Participants often reported that they had found acceptance in their environments, and tended to highlight the progress that had been made in Aotearoa that made them feel more accepted. Paige, for example, stated "*I feel like there's been more acceptance like all over New Zealand for younger people these days, so as I went through school it got a bit better.*" In discussing a family member's decrease in cisheterosexist expressions, Anna referred to "*the changing social situation too, where like things are becoming more accepted and more openly talked about as well.*" In describing the changes that her school had made towards supporting diverse gender expression, Ava stated:

Ava: Yeah it's been a big, I think it's been a big period of change just even in like New Zealand society over the past few years.

L: Yeah, totally. Can you kind of elaborate on that?

Ava: I think just a lot of the conservative views are slowly being broken down. And like I know it was 2011, but marriage equality was quite like a big one for New

> Zealand. And then it's kind of stemmed through to there being more women in different roles and you know queer women in politics.

Ava situates the changes at her school in a wider context of socio-political change within Aotearoa in the time recently preceding the interview. She depicts a society that has become increasingly progressive over the last decade, and causally links this to increased representation of women and queer women in politics. She applies commonly held discourse in doing so. Aotearoa has a long history of being positioned as a utopia of progressive values, with some arguing that this has been adopted as part of the national identity (Sargent, 2001; Sibley, Hoverd, & Liu, 2011). This construction of Aotearoa as a progressive haven is part of a widely available, international as well as national discourse, with current Prime Minster Jacinda Ardern commonly framed as a hero of progressive ideas compared to other world leaders (Curtin & Greaves, 2020). In evoking this framing of Aotearoa as particularly progressive, or of earlier times being less accepting, participants framed themselves as "lucky" to escape more serious forms of cisheterosexism. But, this also potentially limited space for participants to claim that they might have been affected by cisheterosexism.

In describing how accepting their wider contexts are of queerness and gender diversity, participants also regularly emphasised how accepting their generation (those born in the mid- to late-1990s to early 2000s, often called Gen Z; Schwieger & Ladwig, 2018) is. Chloe, for example, in giving advice to a figurative queer and gender diverse young person who is growing up, stated "*We're in, I think, the best time that we've been in yet, even though there's still progress to be made, it's still like way better than it was, so you're gonna be fine and you're gonna find your people*." Ariel reported "*I mean I was born in 2000, I think my generation – although I feel a lot older than I am – I'm actually very lucky that just the period in time that I was kind of in that explorative point* *was... fine."* Young people in their current context were often presented as unphased by non-traditional gender expression or queerness, while older people were often framed as more likely to express cisheterosexism. For instance, Taylor commented "'*I don't let [older teachers' cisheterosexism] affect me as much, because they're all gonna be dead in 20 years… time's a tickin'*". When I asked Austin how he found cutting his hair short to fit his preferred gender expression, he reported:

> I'm lucky that my friends at school and our school's pretty... I think to be honest, I think kids, people underestimate kids our age, they don't care. They would rather hype people up than tear them down most of the time, if you're lucky enough. So I did get "why [did] I cut [my hair] short" and "if I was growing it out", but to be honest most of those questions actually came from adults, which you know, says something I think.

L: Classic, yeah. And what do you think that says?

Austin: Yeah, well, they definitely seem to think there's a lot more division with [teenagers]... I think New Zealand's a pretty decent place to grow up in as a teenager.

Here, Austin emphasises the supportive nature of his peers, constructing them as people who would rather "*hype people up than tear them down".* He contrasts this with adults, who are positioned as naively overestimating the amount of division among teenagers, and as the source of the majority of cisheterosexist questions. His account echoes research which has reported that older people typically express more cisheterosexism than younger people (Avery et al., 2007), and that general levels of cisheterosexism in society have been decreasing since at least 1990, as older, less tolerant people die and are replaced by more accepting cohorts (Keleher & Smith, 2012). But this construction of the accepting youth is not seamless and universal – adolescent boys may express *more* homophobia on average than those in their 20s, 30s, and 40s (Flood & Hamilton, 2005) – and as noted above, participants reported that boys were more likely to express cisheterosexism. However, we can consider a generational demarcation in accepting gender diversity (or queerness) as a discursive construct in the context of an account of the self as "lucky" and mostly unaffected by cisheterosexism. In this way, participants drew on common narratives of generational differences to position themselves as "lucky" in comparison to (past) others.

In sum, participants' talk about cisheterosexist experiences was shaped by wider discourses and social understandings. Socio-political narratives of the marginality of certain groups, especially worst-case scenario accounts for gender diverse people, seemed to limit space for participants to claim their own experiences or distress as legitimate. Instead, participants framed themselves as "lucky" to escape such harrowing experiences, particularly when other groups of people were positioned as more likely to be exposed to more harmful events than the participants themselves. Participants drew on social narratives in evoking these "worse-off others", such as religiosity being at odds with queerness and gender diversity, non-White cultures being less accepting, ideas of boys (and toxic masculinity) as less empathetic, and a general sense of Aotearoa as a socially progressive country that moves forward out of more ignorant and hateful times. As such, easily accessible narratives of those who experience greater marginality were evoked in ways which limited the speakability of the harm of cisheterosexism towards oneself.

“You Tried and That’s What Matters”: Prioritising Intentions in Evaluating Cisheterosexism

In this sub-theme, I analyse the way in which participants raised examples of cisheterosexism in their own lives, but positioned these as inadvertent and therefore relatively harmless. In their accounts, participants highlighted the intentions of the person doing the harm, rather than the outcome of the actions. In this way, others who were positioned as having good intentions when being cisheterosexist were praised for “trying”. I relate this to the way that individualised narratives of blame and harm may limit space to discuss cisheterosexism.

In positioning cisheterosexism as not a problem in their lives, participants emphasised the good intentions of others. Participants often framed others as not intending harm, and “trying” to support queer and gender diverse young people. Ash, for example, emphasised intentions, rather than outcomes, in describing an interaction they had with their principal:

> And then [we] had just the most awkward conversation of, [people on a radio episode the principal had heard] said basically that it was better to ask people their preferred pronouns or how they identify, because the majority of people will just say “Oh, this, thanks for asking”. Most people won’t think someone is trying their best to make someone uncomfortable. Which then proceeded with [the principal] going “Ah, so, what are you?” I was kind of like, like you tried so hard. I’m like “a more correct way of saying that would be ‘how do you identify?’”. But like I actually said like “you tried, and that’s what matters”, so I said “I’m nonbinary and prefer they/them pronouns, gender neutral pronouns”. He said “oh,

> that's cool" and then really awkwardly walked away. But it was like, he was trying and that's what matters. He tried.

Ash presents this conversation with their principal as uncomfortable and "awkward", and culminating in a question that is framed as problematic and potentially offensive. Ash frames themselves as nonetheless unaffected by the statement itself, instead focusing on their principal's *intentions*.

This focus on intentions (common in participants' talk) in assessing whether something is prejudiced privileges an individualised notion of prejudice and harm (a common framework both in society, and in psychology; Wetherell & Potter, 1992; Peel, 2001). The privileging of the individual can serve as a mechanism for minimising, disclaiming, or indeed avoiding "harm" from everyday encounters like this one (McDermott, et al., 2008). Within this framework, for prejudice to be recognised or framed as significant, harm must be targeted and purposeful (Brickell, 2001). This is consistent with liberal understandings of prejudice, in which prejudice is framed as an individual flaw of internal bias or poor rationality (Augoustinos & Every, 2007; Brickell, 2001). In discussing cisheterosexism, participants appeared to use a very narrow definition of cisheterosexism, which focuses on individual prejudice, as is consistent with a liberal understanding of personhood. Using this understanding of prejudice functions to set a high bar for naming cisheterosexism and its impact, not least because it subverts focus from the harm of societal level cisheterosexism which can sometimes be accidental or stemming from normative, "common-sense" understandings of gender and sexuality.

As Ash's (and previously Manaia's) excerpts above illustrate, participants often framed other people as *understandably* having trouble adjusting to using new pronouns or words. This "generous" framing of other people provides a stark contrast to some of the common tensions that play out within spaces which are influenced by "identity politics" (as many queer and gender diverse spaces are; Venegas, 2021). As discussed above, Ash and Manaia's accounts, in which they represent themselves as understanding and tolerant of others lack of understanding, deviates greatly from an identity politics approach. Through the lens of identity politics, we might understand this as other (assumedly cisgender) people not enacting the *correct* subjectivity of a good privileged person, as they are enforcing their gender expectations on a marginalised person through not using their preferred pronouns, and are therefore liable to be "called out" (Venegas, 2021). Ava, for example, stated "*even though the teacher's didn't fully grasp every concept, or every identity, or every term they tried to use, they really did try. And they said, you know, 'if you have any questions, if I need to go and research it before I give you a correct answer, then I will.' So it really is a 'trying to grow' situation."* Chloe similarly described school staff as "trying":

> I think for the most part [school staff members] were really trying to be progressive and stuff like that. And you know, they didn't get everything right, but I think they were trying to make it, there were definitely lots of staff members that really were trying to make it feel inclusive. And we definitely felt that, or I did at least. And you know, they definitely didn't do everything right, but I felt like there was a supportive environment, that I could go to people if I needed to.

On an individual level, this is a compassionate position in that it recognises the influence of societal structures and discourses and does not blame individuals for enacting dominant (cisheteronormative) socio-political subjectivities. At the same time, this framing also shifts focus to the individual's (good) intentions and away from the effects of their actions or the injustice they may be inadvertently maintaining (Gill, 2008). As I outlined in Chapter Two, cisheterosexism is largely enacted in ways which *implicitly* position queerness and gender diversity as abnormal, inferior, or deviant (Clarke, 2019; Speer & Potter, 2000). Cisheterosexism (along with other forms of marginalisation) has largely shifted away from direct, targeted forms of discrimination, as these are framed as indicative of irrationality and bias within liberal rationality (Wetherell & Potter, 1992; Peel, 2001). Adopting a liberal understanding of marginalisation therefore risks obscuring large swathes of cisheterosexism.

In this way, participants again drew on wider liberal understandings of intentions as important in assessing the harms of "discrimination". By framing this cisheterosexism as mundane, trivial, and inadvertent, participants took an individualised approach and focussed on intentions. Within this account, cisheterosexism exists, but is harmless as it is not direct and targeted. As such, space for speaking about cisheterosexism as harmful to oneself appeared to be limited due to the high bar for naming something as cisheterosexism. The following subtheme explores how cisheterosexism was framed as not affecting participants, even in cases when these criteria were met.

"Fine For Me Personally": Taking Up Agentic Personhood

Participants' accounts positioned them as able to cope with cisheterosexism that did occur. Firstly, the participants drew on ideas of privilege and neoliberal "good" personhood to frame themselves as agentic in avoiding cisheterosexism, employing their privilege, social capital, or skills and strength. Secondly, participants positioned themselves as "used to it" or discussed cisheterosexism as a minor inconvenience in their lives that did not make a significant impact, emphasising their own skills in minimising its impact on their lives.

Participants offered a number of explanations for how they had *personally* avoided the harms of cisheterosexism. Some participants, such as Ariel, identified their ability to fit traditional ideas of femininity as allowing them to avoid or tolerate cisheterosexism:

> And yeah, I never really had any backlash at school. Oh, there were people who didn't kind of understand or didn't necessarily like it or they thought it was weird, but I didn't care enough about their opinions so it didn't really affect me. But yeah, and I think because I was, I was academically very successful, I was conventionally attractive, and I was kind of socially middle ground, so it was fine.

Ariel– like others – begins by positing that their being queer and gender diverse is a "non-issue" among their generation, stating that they had barely experienced "backlash" on the grounds of their sexuality. They then construct themselves as potentially having experienced some cisheterosexism, but position themselves as unaffected by this, as they "didn't care enough about their opinions" anyway. Ariel then posits that they may have escaped cisheterosexism on the grounds that they hold privilege and social power, thereby evoking a "woke" good personhood in which they are acknowledging their privilege (Hancock, 2011; Yuval-Davis, 2012). On being asked whether it would have been different if they were not "*socially middle ground*" and "*conventionally attractive*", Ariel went on to state:

> Yeah, I think there was always like the weird kids at school. It was always like, oh they're... I mean the words dyke and faggot were thrown around a lot, even though I think the majority of them kind of dated within their social circle and predominantly heterosexual relationships. It was still very much like an "oh,

> faggot and gay" as a negative term, although I think a lot of us, even outside of like identifying with them ourself were kind of like, "don't do that, kind of that's wrong, not an insult". Yeah, yeah, I think school would have been quite difficult... I don't know, like I can't really imagine any other way and I don't see myself in a position where I would have had to have it any other way.

Ariel's account of cisheterosexism at school therefore shifts from cisheterosexism being a "non-issue", to being a threat that is escaped by Ariel's privilege which allows them to disregard any cisheterosexism they do face, and then moving back to being "fine". Within this account, Ariel retains a powerful, agentic position where they are above being affected by cisheterosexism, partly because of their ability to navigate the social hierarchy, and due to their socially-valued personhood. Part of Ariel's social power thus comes from being able to align themselves with a dominant (heterosexual, cisgender) culture (Clarke, 2019; Peel, 2001) Ariel's agentic position gains further credibility as Ariel frames themselves as aware of cisheterosexism, but able to escape its reach through their performance of a valued personhood. However, this good and skilful self-portrayal (and self-regulation) appears to require speakers to give up their rights to speaking harm, which can still be framed as impactful, but only to other, less-skilled or less well-positioned people. In this way, participants' talk of themselves as able to "put up with" cisheterosexism may also limit their ability to name or address cisheterosexist incidents in their own lives.

Distancing from victimhood is unsurprising considering neoliberal renderings of what it means to be a good person. Neoliberalism refers to the dominant socio-economic framework which has risen to dominance within contemporary Western societies from the 1980s (Baker, 2008). When applied to subjecthood, neoliberalism prioritises a conceptualisation of people as individual, rational agents who make efficient choices according to their personal utility (Layton, 2014). A good neoliberal subject is the master of their own fates, taking personal responsibility for their outcomes, and self-improving to overcome any barrier (Gill, 2008). As a dominant discourse, this good neoliberal subject position offers social power to those seen to act rationally and make positive steps towards personal growth, while acting against these entrepreneurial values brings a loss of social power and potential interpersonal sanctions (Baker, 2010).

Neoliberal subjectivity can function to make naming cisheterosexism more difficult. A neoliberal formulation of how to resist cisheterosexism prioritises individualised approaches (Peterson, 2010). Neoliberal rationality positions being affected by cisheterosexism as a personal failing to self-improve enough to overcome this challenge, particularly when that cisheterosexism does not meet a certain requisite severity in order to be recognised as “bad” (Kulick, 2009). Naming cisheterosexism as present and causing harm therefore risks being positioned as a powerless victim, which is inconsistent with a good neoliberal subject and leaves participants at risk of interpersonal sanctions, such as being seen as blaming their situation or avoiding taking responsibility for their own outcomes (Baker, 2010). Within a neoliberal framework, individuals would be expected to self-improve so as to avoid or overcome cisheterosexism (Kulick, 2009). It is therefore unsurprising that participants appeared to emphasise the insignificance of cisheterosexism in their lives, as any viable claiming of cisheterosexist experience and impact would need to meet a high criteria of targeted, intentional prejudice. Anything else may be perceived as violating the principles of being a good neoliberal subject (as well as a good “woke” one).

Considering the influence of neoliberal discourse, it is unsurprising that in describing experiences of cisheteronormativity, participants often emphasised their own strength in not being affected by these experiences. Some participants reported that their ‘confidence’ protected them from being affected by any prejudice. For instance, Austin commented that “*if you’re just unapologetic about it people don’t really find [non-normative gender expression] a problem*”. In describing experiences of hearing slurs and having people “*not take [their bisexuality] seriously*”, Chloe stated:

> Um... I’m confident enough in my own identity to known that [my sexuality] is not... that it is real. But I could definitely understand that, you know, to someone who’s maybe not as confident that it would really suck, and they would doubt themselves.

Here, Chloe frames herself as too “confident” and knowledgeable about her identity to be affected by cisheterosexism. At the same time, Chloe does not discount the potential harm of cisheterosexism by emphasising that someone who is less confident in themselves would be likely to be affected by cisheterosexism and that this could contribute to them being less confident in themselves. This constructed dichotomy of someone who is confident, and therefore unaffected by cisheterosexism, versus someone who lacks confidence and is therefore harmed by cisheterosexism, serves to present confidence as the key gauge of whether someone is affected by cisheterosexism, rather than a continuum of more or less harm. The harm of cisheterosexism is therefore positioned as something dangerous which can be overcome by internal strength or a confident, unapologetic way of interacting with the world. Individuals can thereby avoid the harms of cisheterosexism, if only they make the correct decisions, or have the internal strength to overcome this “challenge”. Although this subject position of being “strong” and “confident” allows participants to maintain a sense of agency and power in a situation where they may otherwise be positioned as a passive victim, this individualised framing also serves to make the personal harm of cisheterosexism less speakable. Instead harm is relegated to others who may not have developed strong self-confidence (Baker, 2008; 2010). A potential unintended consequence of this distancing is that it serves to individualise the solution to cisheterosexism, as people must just find an internal self-confidence to overcome cisheterosexism, rather than emphasising the need to target those enacting cisheterosexism, or the ways that cisheterosexism is maintained at a societal level (McDermott, et al., 2008).

Participants would also present themselves as "used to it" when they described experiencing cisheterosexism or cisheteronormativity. For example, when Sebastian was describing his experience of what he described as gender dysphoria, he stated:

> And then also people when they call you the wrong name and wrong pronouns and stuff like that. Or refer to you in the wrong way. It's kind of just like, not like, kind of like someone's like poking you with a pin or something like that, it's like an "ugh". And also it's kind of like, kind of just like white noise in the background I guess. It's kind of like annoying but you've kind of gotten used to it if that makes sense.

Cisheterosexism is identified as unpleasant and affecting Sebastian, but this is only a minor effect (a pin prick instead of a knife wound) which is then followed up by naming cisheterosexism as so everyday that it has become a type of "*white noise in the background*". Within this account, cisheterosexism is presented as merely "annoying" and as something that Sebastian has just "gotten used to". As such, cisheterosexism and cisheteronormativity are positioned as unpleasant and affecting, but able, with familiarity, to be relegated to the everyday; or as an annoyance, but something that can be overcome by getting used to it (McDermott et al., 2008). The solution to cisheterosexism, for Sebastian, has been in learning to endure the "sting" of cisheterosexism so as not to be too affected. In this way, participants raised cisheterosexism in their talk, but only while positioning themselves as able to cope, or as resilient in the face of this adversity (Scourfield et al., 2008).

As a concept, resilience has experienced considerable attention of late. This focus stemmed from psychological research which found that some children appeared to thrive despite significant environmental challenges (Masten, 2001). These children were posited to have particular traits or qualities which allowed them to avoid the potential harms of adversity (Young, Green, & Rogers, 2008). Psychology has thus aimed to build these traits so as to make people more resilient to difficult life events (Runswick-Cole & Goodley, 2013). In this way, resilience has been framed as a way of being that allows people to thrive in harsh or challenging environments, and has become a desired quality of contemporary neoliberal personhood (Masten, 2001).

This conceptualisation of resilience has also been critiqued as highly individualising and depoliticised, as it focusses on people's character as a way to overcome their – unjust – context (Runswick-Cole & Goodley, 2013). The consequence of this framing is that people who are not considered to be resilient become potentially blameworthy, for not having the character to prevail against the unfair and difficult circumstances they have been given (Unger, 2005). As such, this concept is consistent with a neoliberal conceptualisation of a person, whereby individuals are personally responsible for their fate, and any inability to thrive is due to a personal failing to overcome any challenges. Emphasising their own ability to "put up with" cisheterosexism is therefore congruent with a neoliberal, individualised conception of what it means to experience difficult environments. The power of these resilient, neoliberal narratives thus seemed to limit the ways that cisheterosexism could be spoken about.

In positioning themselves as unharmed by cisheterosexism, participants would often state that they did not care when people expressed cisheterosexism towards them. Statements such as "*I don't care what anyone thinks*" (Sam) often followed descriptions of experiences of cisheterosexism as a way to distance participants from being affected by cisheterosexism. For example, when Ava described hearing someone state "why would you be proud of that?" with regards to wearing a rainbow ribbon, she immediately followed the description of the incident by stating "*But I just kind of found that humorous"* before describing another incident of cisheteronormativity as *"just kind of funny*". When I asked Ava how hearing someone express criticism of queer pride made her feel, she stated:

> I mean I personally, I just found it very funny. Because it kind of like... I think if someone was maybe like a less strongly opinionated person and like, maybe like a bit younger, they would have had a bit of trouble with that. I'm not very confrontational. I think if someone's going to say that, if someone's going to have that viewpoint, then turning around to them isn't going to make any better change and it's better to just kind of ignore it and walk away. And I found it funny that someone could be so like insecure like in themselves that they felt the need to make that comment right behind me, like in earshot. Like they were trying to provoke and so I didn't want to give them the satisfaction of like having a reaction out of me. And it didn't affect how like I felt about myself in any way.

In the above response, Ava reports that she "*just found it very funny*" when she heard a comment that derogated queerness. She identified being "*strongly-opinionated*" as allowing her to avoid being affected by cisheterosexism. As with the excerpt from Chloe above, Ava positions this experience of cisheterosexism as potentially dangerous for people who are not as strongly opinionated, thereby framing cisheterosexism as potentially threatening, but something that can be avoided if people have certain characteristics or a resilient approach. As Ava's account highlights, in discussing a detailed account of a cisheterosexist incident, participants navigated competing positions: that of identifying cisheterosexism, and of positioning oneself as resilient and capable, or as a "good" neoliberal subject.

In Ava's account, cisheterosexism is framed as potentially malicious and targeted, which means that it fits some of the aforementioned criteria which allow room for identifying the harms of cisheterosexism (as opposed to not naming it because the perpetrator had good intentions). However, Ava posits that the targeted nature of the comment, whereby the commenter was looking for a reaction, meant that the best way to resist this cisheterosexism (and the person enacting it) was by being unaffected. This positions Ava as tough and resilient, whereby she was unaffected and able to not care about cisheterosexism even when someone else attempted to hurt her with cisheterosexist comments. However, this positioning of herself as unaffected also serves to limit the potential to challenge this cisheterosexism, as to do so would require acknowledging the harm of cisheterosexism (McDermott et al., 2008). The framing of "not caring" about cisheterosexism and *just* finding it "funny" therefore limits opportunities for positioning cisheterosexism as an important and potentially affecting feature of their lives and therefore for challenging cisheterosexism.

Positioning cisheterosexism as not harmful to themselves may have some benefits to individual queer and gender diverse young people, in allowing them to escape some of the potential impacts of cisheterosexism (McDermott et al., 2008). Avoiding the position of being a victim may allow queer and gender diverse young people to avoid shame and retain a "proud" identity, which may be more empowering than a passive role (McDermott et al., 2008). Moreover, people from marginalised groups can experience high interpersonal costs if they are perceived as "complaining" about discrimination, such as being perceived as "hypersensitive" or "difficult" (Edwards, Philip, & Gerrard, 2019; Kaiser & Miller, 2003). This appears to be the case regardless of whether others might evaluate that the individual has strong evidence that they have experienced discrimination (Kaiser & Miller, 2001). Highlighting their fortune in not experiencing anything like "one of those terrible stories", emphasising their luck in escaping cisheterosexism, and positioning themselves as strong enough to not be affected by cisheterosexism therefore offers protection from being positioned as "complaining", "too sensitive" or "too political" (de Gruchy & Lewin, 2001). To be "too sensitive" is to be a "bad [queer or gender diverse] citizen" who is difficult, or as Austin later puts it, someone who "*forces it down [people's] throats*" and is not patient enough with people's missteps (Bassichis & Spade, 2014). Such a position is not only inconsistent with a good neoliberal subject, but also in tension with a good intersectional feminist subject.

At the same time, distancing from this subject position of being "too political" or "too sensitive" may have some limitations. For one, this position may limit space for identifying potential hurt or being affected by cisheterosexism such as their gender identity being "something that we ignore", and for seeking support for this hurt. This also raises the question of whether holding a subject position of being barely affected by cisheterosexism limits possibilities for challenging cisheterosexism; does minimizing the personal effects of cisheterosexism remove space for then challenging cisheterosexism or cisheteronormativity as real and problematic?

In conclusion, this theme has outlined a striking pattern in the data from young queer and gender diverse people talking about their social worlds: the ways they distanced themselves from being affected by cisheterosexism. This is especially notable in a context where the setting of the interviews invited accounts which discussed harm and impacts of cisheterosexism. With this theme, I have outlined the near-impossible (liberal) criteria that were needed to identify the personal harm of cisheterosexism, in that cisheterosexism must be targeted and intentional to be identified as harmful, and when it does not meet these criteria, participants often stated they were *lucky* to have escaped cisheterosexism as they have not experienced “severe” discrimination like “*one of those terrible stories*”. Participants’ explanations for why they were lucky tended to be patterned, including because their contexts were more welcoming than in previous generations or other countries, or that they were privileged in some way (for example due to their gender identity, gender performance, ethnicity, popularity, intelligence, or attractiveness). In this way, participants’ talk was shaped by ideas of good personhood which are dominant within intersectionality.

Participants also emphasised their own internal characteristics that allowed them to be unaffected when they did experience cisheterosexism or cisheteronormativity, such as their confidence, internal strength, and their ability to put up with cisheterosexism, or not care about it. In doing so, participants positioned themselves in a way that was consistent with neoliberal subjectivity, whereby personal strength, confidence, and self-responsibility are valued (Brown, 2006). By locating victimhood within others, participants acted in line with a neoliberal logic, whereby they could retain a strong, self-determining position while still positioning cisheterosexism as harmful (Baker, 2010). These accounts suggest queer and gender diverse young people face limited space for claiming psychological distress from the cisheterosexism they encounter, and must navigate a complicated set of available narratives in order to speak of it.

However, participants did not discount the existence and harm of cisheterosexism entirely. As is common within ideological dilemmas (Billig et al., 1988), in some instances, participants were able to speak of cisheterosexist incidents and identify the harm of them. The following theme explores the ways by which participants framed cisheterosexism as present and harmful in their (and others') lives.

"Not Hate, Generalised... Alienation": Safety, Discomfort, and Difference

In the previous theme, I analysed ways that participants had limited space for discussing the personal impact of cisheterosexism, and the ways that this was linked to wider social narratives. In this theme, I will unpack the ways in which cisheterosexism *was* able to be spoken about. Alongside a pervasive positioning of themselves as unaffected by cisheterosexism (as outlined in Theme One), participants often framed the world as dangerous and uncomfortable for queer and gender diverse young people. In doing so, participants framed cisheterosexism (although often without naming it as such) as constant, ubiquitous, and stressful. Furthermore, I look at some of the situations that allowed cisheterosexism to be named, including when cisheterosexism was present in institutions or specific sites, when directly targeting them, or when spoken about in terms of fear, worry, or safety. Finally, this theme explores the ways that some young people linked cisheterosexism to psychological distress. Together with the first theme *Cisheterosexism "Didn't Really Affect Me": Evading Victimhood*, this theme provides an answer to the question "How do queer and gender diverse young people describe their social worlds in making sense of psychological distress?"

A few participants were able to name themselves as directly affected by cisheterosexism. As has been previously noted, these participants had often experienced more blatant forms of cisheterosexism, such as physical assault or parental alienation and homelessness. Emma, for example, described the following situation:

Emma: My dean was very homophobic. These stupid, popular girls in my year went to him like "Emma looks at us sideways, like we think she likes, we think she likes us". And I was like "no, I don't like shallow bitches, unlikely." "We think she always walks past us and looks at us and it's so weird" And he made me stay 100 metres away from them at all times.

L: Oh my god! Wow.

Emma: Yep. When in actual fact, they were getting one of their guy friends to come and yeah, give me a bit of a bash around. And the minute I said that, he was like "don't be stupid, [boy's name] would never do that. You have to stay away from them". I'm not interested! I'm glad to stay away from them.

L: Like "please, keep them away". Oh my god, wow, that's shocking.

Emma: And they used to absolutely take the piss out of that, like I'd be like walking somewhere and they'd run up and be like "oh my god, you went in 100 metres of me" and I'd be like "like clearly this is a you problem".

L: Oh my god, wow. It sounds like there were a lot of kind of stressors going on. How did that affect you? What did that mean for your kind of, your wellbeing, I guess.

Emma: Yeah, I developed quite severe depression, which was I guess one of the reasons why my parents moved me [to a new school].

As we can see in Emma's account, cisheterosexism that fit traditional understandings of prejudice as overt, aggressive attacks was (after couching) able to be named and discussed as such. The overt, targeted discrimination is made clear, and the links to Emma's psychological distress are also speakable. This suggests that the disclaimers and minimisation of the previous theme may not be *as* necessary if the listener is likely to believe the account is unfair or overtly cisheterosexist.

Although most participants did not describe themselves as harmed by overt cisheterosexism, many participants framed a world that inherently held more risks for queer and gender diverse young people than their straight, cisgender peers. Chloe, for example, suggested that feeling unsafe was common, even if you were confident in your identity, stating *"Even if you are fully accepting, it's still like, it's just something that you don't feel as safe in as if you were just straight"*. She continued on to state that she was concerned that she would always feel unsafe, saying:

> I'm still young as, but like you have those thoughts about the future. Like is my family, is my extended family going to be affected? Like are we gonna have more troubles if we get married, if we have kids? That sort of thing. Is it gonna be harder? Like are we just gonna feel less safe all the time?

The logic of this account is that the world continues as things are, and thus will likely always remain more risky for queer and gender diverse people; and that the possibility of cisheterosexism will always hang over Chloe and her family. Even though these are framed as not pressing concerns for Chloe right now, anticipation of cisheterosexism is described as a concern that she carries. In this way, participants seemed to anticipate that cisheterosexism *could* happen to them, even if it was not affecting them now. Thus, their talk of others having it worse or being able to "take it" did not entirely exclude the possibility of it affecting them at some point; some space to discuss their concerns was available.

Cisheterosexism that caused feelings of worry or a lack of safety was also commonly discussed. Participants often spoke to a (sometimes) blurred line between feeling uncomfortable and feeling unsafe when describing spaces and contexts where they felt unwelcome. For example, when I asked Emma to elaborate on why she is the only one among her friend group (which includes others who are queer/gender diverse) to say something if someone expresses cisheterosexism, she replied:

> Fear. Like yeah, absolute fear. And I think they just know that I can stand up for myself and if things turn bad I can like sort them out. Yeah, I do think it's, yeah, very much fear-based. But it's also just not wanting to have to be out about their sexualities, necessarily. Like you know, a lot of people are fine with their close friends and stuff, but people who they don't know as well, they tend to like... because yeah, the more people that know and like safety and stuff. We were talking about this the other day, like yeah, when does the line between safety and being comfortable in yourself like end, yeah, start and end.

Evoking the "strong person" discussed earlier in the chapter, Emma reports that although she is not afraid of challenging people, others are afraid of doing so, potentially because they are not wanting to disclose their sexuality. Emma suggests that people may also be concerned for their safety, and then raises the rhetorical question "*when does the line between safety and being comfortable in yourself... start and end?*" In this account, safety and comfort are on a sort of continuum, whereby there is a point where feeling uncomfortable becomes feeling unsafe, but it is unclear where that point falls. Safety and comfort were often presented as two ends of the same spectrum, and participants would commonly describe these concerns and distinguish between them. As such, attention to a dichotomy of safety versus discomfort may limit space for naming instances of "discomfort" as cisheterosexism when less privileged people may be experiencing a lack of safety.

In Emma's account, Emma's friends' discomfort is framed as underpinned by fear. This fear restricts their ability to challenge cisheterosexism, and means that they must carefully assess whether it will be safe or adequately comfortable if they tell people of their sexuality, something which is framed as usually only happening with close friends. This account speaks to Ahmed’s (2003) conceptualisation of fear as not within individuals, but largely relational, existing between people. In applying this conceptualisation, we can understand fear as a sociocultural practice and indicative of *power,* such as the power to move and act without restriction (Stengel, 2010). Emma’s account, therefore, evokes a context in which queer and gender diverse young people are afraid, and this limits their ability to live in ways that could potentially “out” them as queer or gender diverse, and therefore restricts power and space for responding to cisheterosexism.

Participants often described a number of fears that they related to distress for queer and gender diverse young people. Participants often described worrying about how others would respond if they knew of their sexuality or gender, with these worries ranging from a fear of being rejected, a fear of being beaten, or a fear of losing close loved ones. For example, in explaining the causes of disparities in mental health between queer and gender diverse young people and straight, cisgender counterparts, Austin stated *“you have that section of society who closes you off. You have that thought in your mind of you’re going to lose your family.”* Some participants suggested that queer and gender diverse young people do not tell many people of their identity as a result of this fear of how they might respond, and that this contributes to mental health difficulties. When I asked Tui why she thought people might not disclose their identity to many people, she responded:

> It is better now than I imagine it used to be, but I think there’s still that fear that people are gonna give you, you’re still going to get homophobia or transphobia from different people. So I think it’s more that just underlying fear, that wherever

> you're going to go, there will be some people willing to like be homophobic about that. So I think there's just the fears about that that probably stop people from wanting to go fully out, I guess.

Tui begins by positing that "*it's better than I imagine it used to be*" before reporting that despite this progress, people are still afraid of encountering cisheterosexism. She utilises understandings, as in the first theme, of society becoming more progressive over time, but provides caveats to this "progression". This again illustrates that competing narratives both gave and took away space to discuss cisheterosexism. Here, cisheterosexism is framed as something that could potentially come up in any context, "*wherever you're going to go*" due to the "willingness" of people everywhere to be homophobic, and therefore as constraining people's ability to be "*fully out*". In this way, participants framed cisheterosexism as affecting their conceptions of what might happen in their and other people's lives in a negative way, despite typically positioning cisheterosexism as not affecting them. This positioning of cisheterosexism as not necessarily seen, but as nonetheless real and to be *feared*, was common among my participants.

Participants also described safety concerns with regards to specific contexts. Gender diverse participants were particularly likely to talk about physical and emotional safety concerns. For Jordan, it was taken-for-granted that being gender diverse in public came with risks. In describing their mother's fears for them, they stated "*Like, obviously she knows with me being trans and me being out about my identity, obviously it already brings a bit of a risk about my safety in public.*" Although the risks are minimised (*"a bit of a risk"*) in Jordan's quote here, it is also taken-for-granted that being trans comes with risks. Feeling of being less safe than cisgender and heterosexual people was often described in relation to going to highly gendered spaces like bathrooms. Jordan described their concerns when they first started presenting in a less traditionally gendered way:

> Then I just started kind of... well, yeah, I stopped kind of going to the bathroom at school altogether, because there was just like, there weren't kind of any gender neutral bathrooms. And it was like I can't go to the girls because, you know, I have short hair and it's kinda just like people will be like "what are you doing in here?" and also I don't belong in there. But also if I went to the boys' bathroom it was like, I also don't look like I belong in there and also *could* get attacked, so. It was, yeah, stopped doing that because it was just fear of, you know... kind of, fear of my safety at school.

Here, Jordan presents bathrooms as a place of increased danger, both to their physical wellbeing in the boys' bathroom where they may be attacked, and to their emotional wellbeing in the girls' bathroom where they may be challenged on the grounds that they do not belong. Across Aotearoa and the wider world, bathrooms in public spaces tend to be highly gendered according to a rigid gender binary (Enoka, 2016; Robbins & Helfenbein, 2018). A body of U.S.-based research has posited that traditionally-gendered bathrooms are sites of cisheterosexism for gender diverse people (e.g., Crissman, Czuhajewski, Moniz, Plegue, & Chang, 2020; Seelman, 2014). For example, one survey of transgender and gender-non-conforming people in Washington DC found that 70% had been denied access, verbally harassed, or physically assaulted in public bathrooms (Herman, 2013). Jordan presents themselves as particularly vulnerable to this cisheterosexism in the girls' bathroom, as they have "*short hair*". Some research has also reported that cisgender people express less acceptance of transgender people who do not present in traditionally gendered ways (i.e. as very masculine if they are a transman, or very feminine if they are a transwoman) in gendered spaces, with this being particularly pronounced for transwomen (White & Jenkins, 2017).

By positioning of bathrooms as a place where they are likely to experience emotional and physical harm, Jordan frames cisheterosexism as a threat they are concerned about, so much so that they go on to state that they would often restrict their food and water intake to avoid having to go to the bathroom. It is possible that bathrooms, as a more widely discussed and researched site of harm for gender diverse people, may present a socially acceptable site for naming cisheterosexism. It is also possible that bathrooms are sites of such high risk that the cisheterosexism occurring is more easily named as harmful. In either case, gender diverse people seemed more able to name harm (in certain sites), perhaps speaking to the ways that their lesser amount of privilege (when compared to cisgender queer people) in these spaces and dominance of depictions of bathrooms as sites of harm provides them more of a platform from which to name and discuss cisheterosexism.

The “continuum” of feeling unsafe to uncomfortable was also evident within certain contexts. For example, the likelihood of being attacked in bathrooms was presented differently by different gender diverse participants. For example, Jamie described this distinction between safety and discomfort when I asked them if there are any places where they do not feel welcome:

Jamie: Uh, bathrooms. Whenever I... I flew to Auckland recently, and because it was a plane I didn’t wear a binder[29] because I don’t need it sitting on a plane. So I went and used the women’s room because I was... I don’t think anything bad would actually happen in New Zealand, but I’m like hmm, it’s just sort of

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[29] A binder is an item of clothing which compresses breast tissue to give the appearance of a ‘flat’ chest.

uncomfortable. That’s quite an environment I would feel uncomfortable in, yeah even if it was like ‘safe’.

L: And what were you kind of worried about might happen if you didn’t use the women’s?

Jamie: I don’t really know, I don’t think I would be assaulted or anything. It just sort of feels uncomfortable, and you just sort of feel on guard like someone’s going to call you out.

In contrast to Jordan, Jamie frames the likelihood of being physically assaulted in Aotearoa for going to the men’s bathroom as low. However, they echo Jordan’s concerns about being “*called out*” and challenged for their right to use the men’s bathroom. They present this as leaving them feeling “*on guard*” and uncomfortable, to the extent that they do not use the men’s bathroom without their binder. It is notable that Jamie’s account presents them as unaffected and unconcerned at first, but quickly leads into statements about them avoiding bathrooms or being sure to only use the bathroom in their binder. Cisheterosexism and cisheterosexism are therefore presented as harmful, despite not being *physically* threatening, providing a good example of how fear and discomfort in certain spaces can potentially be minimised by the disclaimers that seem required first.

Jamie’s account also problematizes the use of “safe”, whereby they point out that even if they feel physically “safe”, this does not mean bathrooms are comfortable or cisheterosexism-free. As a concept, safety has experienced high levels of attention within popular culture, with “safe spaces” for women existing since the late 20th century (Stengel, 2010). These spaces have been hotly contested, both within feminism (e.g., for including or excluding straight women, transwomen, or people of colour; Gieseking, 2013; Jan-Wilson, 1996; Weber, 2016) and from outside feminism (typically for being unnecessary, or discriminatory towards men; Jefferys, 2014). Safety has been conceptualised in many different ways. In some uses, “safe” is used as an absence of “unsafety” or danger, particularly physical danger (Stengel, 2010). Within “safe space” discourse, “safety” talk and iconography is used to communicate that certain spaces are (or desire to be) free from harassment, discrimination and violence. Moreover, “safety talk” is used to communicate that these places are sites where people from marginalised identities (particularly queer and gender diverse people) are free to flourish and feel comfortable to express themselves without fear (Lewis, Sharp, Remnant, & Redpath, 2015; Roestone Collective, 2014). As such, safety can be both safety *from* and safety *to* (Lewis et al., 2015).

Freedom from fear often underpins discussions of safety within “safe spaces”, with fear being positioned as an antithesis of safety. Fear has been theorised as functioning to empower some bodies to occupy and act in public spaces by limiting the ability of other bodies to inhabit these spaces without concern or anxiety (Ahmed, 2003; Stengel, 2010; Roestone Collective, 2014). As in Jordan and Jamie’s accounts above, their fears of being “called out” or challenged (alongside a fear of assault for Jordan) led to them avoiding going to the bathrooms which fit with their gender (or bathrooms at all for Jordan). Jamie’s presentation of bathrooms as technically “safe” (their emphasis) utilises an understanding of safety as free from assault, while also evoking an account of this space as uncomfortable and therefore a site of cisheterosexism nonetheless. In this way, participants described some of the effects of (potential) cisheterosexism, particularly in terms of fear and of behaviour changes they made as a result. Physical safety, whether experiencing harmful, unsafe events or simply anticipating them, provided a discursive entry into talking about cisheterosexism.

Further sites were sometimes framed as unsafe. Participants offered many examples of (overt) cisheterosexism they had noticed in their schools. Some participants offered accounts where they or their friends were encouraged by staff members to change their behaviour (such as not disclosing their gender or sexuality or finding another school) on the proviso that the school would not be able to provide a safe space for them. Ariel, for example, described the treatment of a gender diverse friend:

> But the school counsellor had told her, I think she had come out to him, which itself was a massive deal, and I think he had said to her "it's not really safe for you to present as at school. I don't think living in your affirmed gender, it's not safe for you".

Cisheterosexism that occurred at schools seemed more speakable. Many participants described hearing "that's so gay" used in a derogatory sense regularly at school, with participants stating that teachers typically did not challenge this. Many participants offered stories of cisheterosexism that they experienced from staff members at school, including having the principal tell them that it is not normal to be gay, or being outed by teachers. Some participants described knowing that certain teachers did not support queerness or gender diversity, either because a teacher explicitly stated this, or expressed traditional views or discomfort around any mention of non-normative sexuality or gender expression. Participants also described their peers as sometimes being a source of harm, such as being called "disgusting" by other students. As such, some sites potentially provided more space for cisheterosexist incidents to be raised, even as participants navigated complex ideological dilemmas around speaking cisheterosexism and being a "good" person. One possibility is that by blaming tradition and institutions (such as school systems), participants could avoid placing blame, and thus navigate the ideological dilemma more easily without inadvertently framing themselves as a "bad" person.

Participants also offered a number of examples for the ways that schools in particular communicated their difference to them. For example, they discussed situations such as their school expecting students to get explicit permission or attend a counselling session if they would like to bring a partner of the same gender to the ball, or banning partners of the same-gender from being brought as a date to the ball if they attended the same school[30]. Taylor described feeling frustrated when the principal would not allow them to inform students under year nine (age 13) of the rainbow club they were starting on the grounds that they were "too young" and that it might "normalise" queerness and gender diversity. Kiara discussed how queer relationships were brushed over as "just a phase" by school management. Many participants described rigid uniform rules which did not allow for people to wear the uniform that fit with their gender identity if they did not begin school identifying as that gender. Manaia reported that most of their teachers immediately forgot about their preferred pronouns after they informed them, and some participants described structural barriers to having their gender recognised by the school. As such, participants offered numerous examples of the ways that schools positioned them as uncomfortably different and deficient.

Descriptions of discomfort were common. In participants' accounts of feeling uncomfortable, they would often depict this discomfort as stemming from a sense that they were "different" as a queer or gender diverse young person, and that this difference was implicitly (and sometimes explicitly) derogated. Ash stated *"I mean personally, it's not as much homophobic bullying, it's just because of the closeminded culture, it's just*

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[30] Balls are formal dances which most New Zealand schools host at the end of every year for senior students (typically those in the final or penultimate year).

very... you're different. Which is just not a comfortable feeling in a school when you're meant to be comfortable to be able to learn." When I asked Taylor whether there was much bullying at their school, they described: *"Not bullying, but generalised... um, generalised hate. Not hate, generalised... alienation."* As Taylor's talk highlights, participants seemed constrained by the language of overt or targeted cisheterosexism. Conceptualisations of "*hate*" or "*bullying*" were perhaps too strong, as a label of "cisheterosexism" might be adding blame and intent, and thus a discriminator-versus-victim framework. Instead, Taylor chooses "*alienation*", framing a blameless, mundane cisheterosexism as the cause of their distress. As such, one of the acceptable conditions for speaking cisheterosexism appeared to be talking about general feelings and exclusions without placing blame or attributing this to more explicit "discrimination".

Similarly, towards the end of my interview with Ariel, who like many had emphasised how fortunate they had been to avoid cisheterosexism, they reported:

> And just like heterosexuality and cisgender identity, and *not* conforming to that, everywhere. You are never not reminded that you are different. Like it's *always* in the back of your mind. Absolutely always. I think the majority of my time in high school, or like kind of early high school, was spent worrying about being depressed or being queer, or at that point gay for me. It's just, it's mentally exhausting because it's all you can think about.

In this account, Ariel frames a world always at odds with their own identity – a discrepancy between themselves and the world that is so pervasive and visible that they are *constantly* reminded of their difference. This feeling of difference is presented as something that is inescapable and concerning. It is always taking up headspace in a way that is "*exhausting"*. That this account coexisted with a narrative that had de-emphasised any personal impacts of cisheterosexism, speaks not to the realist question of "which account is right?" so much as highlighting the complexity of navigating different identities where resilience and neoliberal agency are valorised, but vulnerability, risk and marginalisation are (also) very real possibilities.

The commonness with which participants described feeling different and concerned by this difference, even while emphasising how lucky they had been to escape the effects of cisheterosexism, echoes the concept of (cis)heteronormativity, which highlights the difficulty of not fitting with the (cisheterosexist) norm. This concept emphasises the ways that non-heterosexual people are excluded and marginalised not just by obvious cisheterosexism, but by routine and mundane exclusion of anything that does not fit with hetero-norms (Clarke, 2019; Kitzinger, 2005: Peel, 2001). This messaging around what is normal and what is "different" and strange has been identified across a vast range of contexts that young people encounter, including primary health care (Kitzinger, 2005; Neville & Henrickson, 2006), children's films (Martin & Kazyak, 2009), early childhood centres (Robinson, 2005), primary schools (DePalma & Atkinson, 2010), sport (Norman, 2012; Sills, 2014), and therapy (Fraser, 2020). As such, co-existing with their talk that cisheterosexism was not so bad, able to be handled, and worse for other people, were narratives of general alienation and feelings of difference that could be understood as participants naming cisheterosexism. While couched in disclaimers, as described in the first theme, there was some space to raise cisheterosexism in this way.

Finally, participants made some brief links to cisheterosexism and wider areas of distress in their lives. Participants regularly presented feelings of being different as something which was concerning to them. Some participants directly related feelings of being different to their own mental health, or the mental health of other queer and gender diverse people. When I asked Paige, for example, what it is like being LGBT (her preference of umbrella term) and experiencing psychological distress, she replied *"It was kind of like a double-whammy [laughs], like I've already got these mental health issues and then I figure out I'm not "the norm".* Many participants described this "double jeopardy" of experiencing stressors that were not necessarily related to their identity as queer of gender diverse - such as a general pressure to achieve well, childhood trauma, or an inherent sensitivity - and then experiencing cisheteronormativity on top of that. For example, Chloe stated:

> I think I've always been a very anxious person… And I don't know, there's just a lot of things that cause anxiety. Just like social stuff, like with friends. Workload, like school, outside of school and family stuff and just all sorts of things cause it. And then, you know, having an identity like this is definitely just another thing that's on your mind. Even if you are fully accepting, it's still like, it's just something that you don't feel as safe in as if you were just straight.

Here, Chloe lists a number of different stressors that cause anxiety for her, including a personal susceptibility to anxiety, and social, academic, and familial pressures. As I will explore more in the next chapter, Chloe's account begins to describe the complicated interplay between speaking cisheterosexism-related distress and psychological distress more generally. Here, Chloe positions cisheterosexism and her identity as "*just another thing on your mind*", suggesting both the ubiquitous and minimised nature of cisheterosexism at once. In this way, participants' accounts of psychological distress (such as anxiety) allowed some space to add cisheterosexism into the discussion, but only in relation to distress that already existed.

In conclusion, discussions of cisheterosexism were wrought with difficulties. Cisheteronormativity provided a key framework for understanding participants' talk of cisheterosexism, in which they were unlikely to name specific, overt instances of cisheterosexism, but often felt alienated and uncomfortable. They named key sites, such as school and bathrooms, where cisheterosexism seemed to culminate, and this appeared more speakable for gender diverse participants. Participants used language of fear, safety, and worry to legitimise accounts of cisheterosexism, and made brief links to mental health and psychological distress. Most, if not all of these instances were also tied up with disclaimers and statements from the first theme. However, as this theme has shown, this was not to say talk of cisheterosexism was entirely silenced.

As such, despite considerable research suggesting that the distress of marginalised groups can be linked to minority stress and marginalisation in their environment (Hermann, 2013; Meyer, 2003; Tan et al., 2019), participants were not freely able to draw on these understandings to frame their experiences. Instead, they framed themselves as lucky to escape such statistics. Ideas of privilege, and the neoliberal understanding of "good" personhood as someone who gets by on their merits, not by complaining, shaped participants' accounts in complex ways. At the same time, participants were able to discuss cisheterosexist events, including alienation by cisheteronormativity. Certain sites of cisheterosexism, or identities of participants, provided further space to discuss harm, and participants discussed fear and discomfort in a range of settings.

Thus, this theme speaks to the complex positions that were available to participants when discussing the socio-political causes of their distress. Statistics that described the enormity of harm for queer and gender diverse people were potentially a source of silencing, as few seemed to have a story "bad enough" to warrant “complaining” about, in comparison to the hypothetical marginalised person. When participants discussed Aotearoa as a safe space where physical safety in bathrooms would not be an issue, they simultaneously described a sense of fear in bathrooms and taking steps to mitigate risks. Cisheterosexism, which is understood by research to be a key factor in queer and gender diverse people’s psychological distress (fear, worry, discomfort, and anxiety, for example), was claimable and speakable in such a limited set of circumstances, rife with ideological dilemmas, and risked several different ways of doing the “wrong” thing. With such complicated territory surrounding socio-political explanations for distress, it is therefore unsurprising that participants turned to biomedical models of distress, as I will discuss in the next chapter.

Chapter Five: How Do Queer and Gender Diverse Young People Make Use of Biomedical Understandings of Psychological Distress?

In Chapter Four, I outlined two themes related to the ways that participants navigated cisheterosexism in making sense of distress, answering the research question “How do queer and gender diverse young people describe their social worlds in making sense of psychological distress?” The first theme explored the ways that participants would position themselves as unaffected by cisheterosexism through emphasising their luck in avoiding cisheterosexism compared to others, positioning it as minor, and framing themselves as able to deal with it when it arose. The second theme explored the ways in which participants described the harm of cisheterosexism, and how they related this to psychological distress.

In the current chapter, I answer the second research question: “How do queer and gender diverse young people make use of biomedical understandings of psychological distress?" I shift my focus to the ways that participants used the biomedical model in making sense of distress. In Theme Three, “‘*The world doesn’t take you seriously’: Dismissing Distress and Identity*”, I contextualise their use of the biomedical model by exploring participants’ descriptions of the ways that their psychological distress and identity were commonly discounted and dismissed, often through use of dominant understandings of adolescence. Theme Four, *“It Gave Validity To My Feelings: Making Sense of Psychological Distress Using The Biomedical Model*”, then explores the ways that the biomedical model offered validation, reassurance, and legitimacy to queer and gender diverse young people, and the ways this validation was constrained and limited.

“The World Doesn’t Take You Seriously”: Dismissal of Distress and Identity

Participants often presented others as dismissing their psychological distress, and identity. This chapter explores the ways that dominant understandings of adolescence structured participants’ experiences of being dismissed. I explore the ways that participants navigated constructions of themselves as unable to accurately know themselves and their experiences, through using essentialising discourses, drawing on discourses of authenticity, and highlighting cisheterosexism.

“They’re Young, They Can’t Possibly Have These Sorts of Issues”: Dismissal of Distress

Participants often described their psychological distress being dismissed by others, particularly adults. One type of dismissal took the form of having participants’ psychological distress discounted by others on the basis of their age. Previous research has argued that emphasising young people’s age can serve to rationalise their distress as simply age-related, and dismiss it (Biddle et al., 2007; Dundon, 2006). Manaia, for example, reported *“as a teenager, you sort of feel to some extent that the world isn’t really taking you seriously, specifically your problems.*” Participants reported that this dismissing often took the form of framing their distress as *“just a phase”*. When I asked Sebastian whether he felt like young people are listened to, he stated:

> I guess, it’s probably like a mixed bag but maybe not so much because they’re like seen as young and “oh, you don’t know what you’re talking about” or “you’re young, you’re going through a phase” or whatever, yeah. Or like “oh yeah, that’s normal, you’re a teenager”.

Dominant understandings of adolescent development frame the teenage years as ones of high stress, with an increased focus on social relationships, increased risk behaviours, and increased conflict with family members due to changing hormone levels, and developing cognitive maturity (Bucholtz, 2002; Hollenstein & Lougheed, 2013; Choudhury, McKinney, & Merten, 2012; Kehily, 2007). This “storm and stress” hypothesis posits that these experiences are normative and ubiquitous, and typically time-limited (Hollenstein & Lougheed, 2013). This understanding holds significant power as the “common-sense” understanding of adolescence. Critical theorists, however, argue that adolescence is not purely a biological developmental phase, but is culturally bound (Burman, 2008; Lesko, 2001; McDermott & Roen, 2016).

Adolescence as a conceptual framework gained power in the late 19th and early 20th century in the West alongside large-scale socio-economic changes such as industrialism, child labour laws, union organising, and burgeoning mass education in which childhood was increasingly separated from adulthood (Kehily, 2007; Lesko, 2001). As such, dominant understandings of adolescence are highly classed and gendered (Lesko, 2001). Similarly, adolescents are understood by their antithesis to adulthood: irrational, irresponsible, overly emotional, and peer-focussed. Adolescence is not a purely “natural” phase, but a common-sense shared understanding that frames experiences, both of young people themselves, and the people around them (Kehily, 2007; McDermott & Roen, 2016).

On the surface, comments like “oh yeah, that’s normal, you’re a teenager” could be seen as normalising, and therefore reassuring statements. Normalising discourses are often promoted as ways to depathologise experiences of distress, and therefore remove stigma (Walker & Read, 2002). Such normalising discourses are often utilised as a challenge to medicalised understandings of distress (Horwitz & Wakefield, 2012).

Within this framework, distress is positioned as stemming from "problems of living" rather than internal disorder (Wakefield, 2005). Thus, normalising discourses offer an opportunity to recognise the humanity, rather than the disorder within people (Horwitz & Wakefield, 2012; Read, Bentall, Mosher, & Dillon, 2013). However, many participants described experiencing such normalising discourse as invalidating, often paired with dismissal of their distress as insignificant and thus a dismissal of their need for support.

Participants posited that this dismissal was often age-related. Many participants reported that they felt particularly dismissed by their parents and those of their parents' age. For instance, Austin stated "*Teenagers know that anything they tell their parents, most of the time their parents don't believe them*" and in talking about how families could support their queer or gender diverse young person, Paige stated:

> I feel like from people sort of like my parents age, like 40-50, mid-50s, there's a lot of like "oh, don't be silly, you're not depressed, you don't have anxiety, you're just shy". Stuff like that, yeah, not taking them seriously, thinking because they're young they can't possibly have these sort of issues.

Within participants' accounts, older people were presented as likely to dismiss their distress and perspectives. Dismissing distress can function to create a hierarchy between young people and older people, whereby young people are presented as irrational, emotional, and unable to accurately assess their own distress, and adults are presented as rational and knowing (Lesko, 2001; Burman, 2008; McDermott & Roen, 2016; Wyn, Lantz, & Harris, 2012). Such presentations can reinforce adults' authority over young people, and leaves young people at risk of being marginalised if they seek help for their distress, as they risk being positioned as "attention-seeking" and "dramatic" if the adult does not position their distress as authentic or meaningful (McDermott & Roen, 2016).

Research echoes this framing; general practitioners are considerably more likely to identify young people's distress as significant and refer young people for support when parents express concern, and are unlikely to otherwise (Sayal & Taylor, 2004). In participants' accounts, young people held a position of little authority or relational power to have their distress acknowledged by those older than them.

Participants often described this framing of their distress (as normative or a passing phase) as limiting possibilities for seeking or receiving support. For Ash, for example, this concern about being invalidated became a barrier to seeking professional help:

> "I'd kind of been avoiding seeing a doctor about it for a while because I was worried that it would either be, "no, it's not depression, you just overthink things a lot or are just an angsty teenager…".

Here, a construction of distress as a normative experience – "just an angsty teenager" – by the participant themselves serves to frame distress as potentially undeserving of support. Queer and gender diverse young people navigate normalising discourses in deciding whether to seek help, and commonly report not seeking help due to fears that they may be dismissed, judged, or not taken seriously (Biddle et al., 2007; McDermott, Hughes & Rawlings, 2018). There is some evidence queer and gender diverse young people commonly wait until they are no longer able to cope with their distress, and are at a crisis point, before seeking help (McDermott et al., 2018). This normalising discourse can therefore limit opportunities for queer and gender diverse young people to receive support.

Similarly, mental health professionals, such as psychologists, psychiatrists, and counsellors, were sometimes depicted as not listening to or invalidating queer and gender diverse young people. For example, when I asked Carrot what advice they would give to people who work with queer and gender diverse young people, they replied "*Fucking listen to them. Just listen to them…"* and went on to state:

> Just listen to their needs and everything. Don't try to take away that power to do things. Like I feel like a lot of times with mental health and stuff like that, you aren't really given the option to pick the next step… Don't try and take their brain apart, you know what I mean? Like sometimes I feel like psychiatrists, psychologists, they'll just take your brain apart, be like "oh the reason you're like this is because of this, and this and this and that and whatever. Because oh, there's been studies saying that this and that, whatever" you know? And it's like we're more than just cases, you know? We're people. And I feel like a lot of doctors forget about that.

Here, Carrot presents mental health professionals as naïve to the realities of people's experiences, and too focussed on academic, impersonal understandings of psychological distress. One logic of Carrot's account suggests that for queer and gender diverse young people, seeking help is a disempowering and dehumanising experience (Draucker, 2005). In this way, talk of the dismissal of participants' distress and identity can be understood as a critique of the power that adults and mental health professionals hold to gatekeep their access not only to healthcare but to (neoliberal) processes of actualising and naming their identities. In this way, it is unsurprising that participants' spoke of dismissals (such as "it's just a phase") as a key feature of their experiences with mental health.

In the above quote, Carrot also positions an excessive focus on the "brain" as dehumanising, and taking away from understanding clients as primarily *people*. In this they echo critiques of the biomedical model for framing what are effectively "problems-in-living” as “brain diseases” and therefore pathologising normal experiences (Horwitz & Wakefield, 2012). This focus on the brain has been posited to facilitate the mistreatment and coercion of clients in the name of helping them, such as through limiting their agency and removing their ability to make decisions, on the grounds that their distress makes them incapable of choosing for themselves (Szasz, 2007). Not being “given the option for the next step” may be particularly disempowering for young people, who are often not granted agency (Rikala, 2020), and for gender diverse people, who often have to persuade other people of their appropriateness and deservingness for gender-affirming healthcare (Haire, Brook, Stoddart & Simpson, 2021). In this way, queer and gender diverse young people’s ability to claim an experience, or be supported in making decisions about their treatment, was positioned as difficult within a mental health system which prioritises expert opinions. Participants’ claims as experts over their own lives were routinely dismissed, supported by many different types of “common-sense” logic in wider society.

This subtheme has explored the ways by which participants described their distress being dismissed and invalidated on the grounds of their age. While dismissal of the grounds of being “*just an angsty teenager”* may not be limited to queer and gender diverse young people specifically, it is important to acknowledge that this discourse may be especially important for queer and gender diverse young people. As outlined in the first theme, cisheterosexism appears particularly difficult to name as harmful to oneself, despite being well-accepted as a cause of queer and gender diverse young people’s psychological distress within the literature.

Discussing the impact of cisheterosexism on oneself leaves young people at risk of not meeting “good” neoliberal personhood and therefore being sanctioned. Here, we can see that claiming distress in itself is fraught. Young people presented themselves as holding little authority in naming their experience. When paired with neoliberal logic, it appears that queer and gender diverse young people would have limited space for naming themselves as distressed, let alone naming themselves as distressed as a result of cisheterosexism. Furthermore, it is less likely that the adults involved, such as family or doctors, will be queer and gender diverse themselves. As such, recognition for distress related to being queer or gender diverse within a cisheteronormative world may be particularly difficult to access. The following subtheme will focus on unpacking the ways that dismissal and invalidation were echoed in participants' accounts of their identity being dismissed, and the ways that they presented both dismissal of distress and dismissal of identity as causing and exacerbating psychological distress.

"How Am I Going To Prove It's Not a Phase?": Invalidation of Identity

In this subtheme, I look more specifically at how participants' identities were dismissed in cisheterosexist ways. In particular, sexualities and gender identities were similarly dismissed with notions of being a "phase", which I link to mundane cisheterosexism. Participants were also dismissed on the grounds that their brains were underdeveloped. I explore how they drew upon wider discourses of the "true" (essentialised) self, authenticity discourses, and neoliberal ideas of "self-actualisation" (and thus deflected some of the cisheterosexism inherent in the dismissals). Finally, participants linked their sense of invalidation to greater harm for them and their friends. They described the dismissal of their psychological distress and identity as compounding and contributing to significant psychological distress.

Participants described problematic responses to their sexuality or gender identity with similar examples to how their distress was invalidated. Some participants described being told their identity was transient or "just a phase", and therefore illegitimate. Remi described this in relation to their mother:

> At first it was really, I felt like I had such a big weight on my shoulders, because I was like "well even my mum doesn't believe me, I don't know how I'm ever going to prove to her that it's not a phase". Yeah, first thing she said to me when I came out to her, she hugged me and goes, "oh, it's just a phase, you'll be alright".

In this account, Remi's mother's response is positioned as hurtful and invalidating. Much research has explored the ways that family members of queer and gender diverse young people disregard their identities, positioning their identities as a result of confusion or a form of experimentation or teenage rebellion (LaSala, 2010; Savin-Williams, 2001; van Bergen et al., 2020). Within Remi's account, the cisheterosexist assumptions of Remi's mother are clear; the evoked transience of Remi's identity is what means that Remi will be "*alright".* Following this logic, if Remi's identity was not temporary, Remi would not be okay. As such, dominant ideas of adolescence as a time of transience and change were also used in positioning queerness and gender diversity as deviant and abnormal.

Participants described encountering such presentations regularly. Bella (who identified as bisexual), in discussing what it is like to be unsure of their sexuality, presented dismissing statements as common and normative:

> You kind of hear like adults, or like people who aren't entirely like supportive, be like "oh it's like a phase maybe" or like something, like "oh this isn't, you're just a teenager now", and just all that like generic stuff I guess. So I guess that kind of like influences me in some ways because like even though I feel like I know who I am, it's still like hard to hear, like you know sometimes… having to like explain

> myself in some ways or actually like argue about who I am just makes me in some ways question myself as well. Because I kind of have to fight for this to be understood when I like came out to my mum.

Here, Bella identifies adults' positioning of her sexuality as a transient phase as something which makes her question herself. Presentations of "just a phase" being invalidating rely on a logic of identity as an internal truth, which people must discover about themselves and subsequently reveal as a "true self" to other people. This narrative of identity sits in opposition to other possible "ways of being", such as positioning sexuality as a decision that is made or an identity that is likely to shift over time. This essentialising approach to identity (also discussed in Theme One), presumes a "real" and "true" identity, which is relatively fixed (Bennett, 2014; Grzanka, Zeiders, & Miles, 2016). Thus, we may read Bella's account through this lens, in that suggestions that her (revealed) identity may be temporary are dismissing based on the logic that she is trying to present her real, long-term, authentic self to others.

Moreover, Bella's autonomy in being able to know herself is being challenged. Queer and gender diverse young people were given limited space for naming their own identities. In this way, queer and gender diverse young people were given limited space to meet the culturally-valued imperative to live authentically. Authenticity discourse, which prioritises knowing and acting in line with an internal authentic "self", has taken hold as common-sense within the modern era (Taylor, 1994; Calder-Dawe & Gavey, 2017). This discourse is intimately linked with neoliberalism, in which working on the self in order to self-improve (in authenticity discourse's case, through living in line with the authentic self) is a highly valued project (Brown, 2006; Rose, 1999). To be dismissed and positioned as unable to truly know themselves may thus challenge young people's ability to take up the self-actualising, autonomous (adult) role that is valued under neoliberal social rules (Brown, 2006). For queer and gender diverse young people's identities to be dismissed in this way can be understood as not only dismissing their distress but, under commonly-held understandings, dismissing their claims to be "seen" in their (long-term) identity. Moreover, it restricts their claims to good personhood under authenticity discourses and wider neoliberalism. It is thus hardly surprising that the dismissals were widely spoken of as a site of distress.

It is important to identify some of the reported effects of these framings. Some participants spoke to the effect of their own parents' dismissal of their identity on themselves. For Anna, their mother's rationalisation of their identity as just a phase had led to their own rejection of their identity:

> Um, well, my mum found out that... Well I thought I was bisexual, and I was, I think, in Year 10, and my mum kinda just told me that it was a phase and that I'd grow out of it and my brain wasn't fully developed until early 20s-ish, so I wasn't going to know my sexuality until then. And so I believed her. And that's when I started to try and pray and ask God for help. And obviously that didn't work.

Here, bisexuality is framed by Anna's mother as effectively an immature phase, which can and will be grown out of as the brain develops. One logic of this account is that young people are therefore *unable* to genuinely or accurately define their sexuality until their early 20s. This framing is reminiscent of understandings that were dominant within psychiatry and psychoanalysis within the 20th century which understood same-gender attraction as a normal, passing step in a young child's development (Drescher, 2015). Christianity (which Anna's family identified with), similarly has a history of treating any same-gender attraction as something which can be changed through religious intervention (Haldeman, 2002). For Anna, this positioning served to encourage them to seek out ways to change their sexuality, through praying to their God, which is here framed as “obviously” unsuccessful (as a participant in a study on queer and gender diverse young people).

Anna’s mother’s positioning of Anna as incapable of accurately knowing their identity on the grounds that their brain is undeveloped also echoes dominant understandings of adolescents as incapable of making responsible decisions more generally (Steinberg, 2014; van Bergen, 2020). Age-requirements for decision-making vary widely and inconsistently both across societies and within societies, with vastly different ages for being able to make decisions such as having sex, getting married, drinking alcohol, joining the military, voting in government elections, and being tried in adult court (Steinberg, 2014). Adolescents’ decision-making abilities have also come into considerable contention with regards to their legal rights, such as whether teenagers are capable of choosing to receive an abortion without parental involvement, and whether it is reasonable to consider a teenager to be as blame-worthy as an adult (and therefore eligible to be sentenced to life without parole or capital punishment in the United States; Steinberg, 2013). Anna’s mother’s framing of Anna as incapable of making decisions therefore draws on wider understandings of young people’s limited decision-making abilities.

In rationalising and dismissing Anna’s identity on the grounds of Anna’s brain development, Anna’s agency and autonomy is undermined. One reading of this is that Anna’s mother is drawing on understandings of sexuality in which heterosexuality is the default, and all other identities are actively chosen or abnormal (Thorne, Hegarty & Hepper, 2021). Anna spoke to this later on in the interview:

> I definitely am more confident than I was, and I know like when I went back over summer and I was talking to mum, she again brought up the "you won't know your actual sexuality until your brain is fully developed" and stuff and I managed to actually stand up to her, and I was like "well how come people don't say that to straight people"

Here, Anna highlights the cisheterosexism implicit in their mother's account, whereby queerness is questioned where heterosexuality is not (Land & Kitzinger, 2005). As I have explored in the previous subtheme, a potential function of dismissing young people's experiences as "just a phase" is to position young people as irrational and unable to know themselves or accurately define their experiences (Lesko, 2001; Burman, 2008; McDermott & Roen, 2016; Wyn et al., 2012). In doing so, (straight, cisgender) adults are elevated into a role of rationally knowing, and their authority is reinforced (McDermott & Roen, 2016). Such an account of queer and gender diverse young people as unable to label their own experiences and identities serves to position queerness and gender diversity as inferior to heterosexual, cisgender ways of being and acting. As such, it is not necessarily the transience of identity which is experienced as dismissing (as Anna presents, their identity has shifted from bisexual when they first came out, to lesbian at the time of the interview), but that queerness (and gender diversity) is positioned as transient and unlikely to persist where heterosexuality is not. In this way, drawing on dominant ideas of adolescence in presenting queerness and gender diversity as transient serves to frame queerness and gender diversity as inferior to heterosexual and cisgender ways of being.

Anna's assertion that "obviously that didn't work" in the previous excerpt echoes an alternative discourse often used by gay rights activists that being gay is not a choice (Bennett, 2014; Grzanka, Zeiders, & Miles, 2016). This discourse is often used to advocate for the rights of queer people, but has been problematized on the grounds that it positions queerness as something that should be tolerated (as people cannot help what their sexuality is), and therefore devalues queerness (Peel, 2001; Pickhardt, 1998). Anna's use of this essentialising discourses serves to position challenges to their sense of identity as ineffective and irrational, thereby allowing them to take a position of now knowing themselves. We can see this as one defence against being positioned as unable to know themselves and therefore unable to hold an autonomous (adult) role which is valued within neoliberalism and wider understandings of selfhood.

In line with this, participants emphasised the significance of people, particularly loved ones, dismissing their identity on the grounds that it is "*just a phase".* For example, when I asked Kiara what would be useful in supporting her friends who are queer and gender diverse, she responded with:

> Well I think it would be education for parents. Because all my friends' parents, at first they were just like "it's a phase". And that really hurt my friends, because they began to think there was something completely wrong with them. And some of them even thought it was better that they were gone, because they were causing so many problems, their parents would have to waste money and take them to therapy, when it would just be easier if they weren't here. And I think parents should be informed that kids will think like this and they do when they're in such a state. And they shouldn't just throw it to the side and be like "oh, you'll grow up, it's just hormones".

Kiara directly links parental dismissal with poor mental health outcomes, with invalidation of their identity leading to suicidality. In doing so, Kiara draws on wider understandings of parents as having significant impact on young people's mental health, with considerable research reporting that supportive parents can buffer young people from some of the negative effects of living in a cisheterosexist world (Fenaughty & Harré, 2003; Katz-Wise, Rosario & Tsappis, 2016; McConnell, Birkett & Mustanski, 2016). This account seems to support the theory that something additional may be happening for queer and gender diverse young people outside of a typical adult versus teen "just a phase" negotiation that might happen over dyed hair or a new hobby, for example. Adult sense-making and related behaviour was thus presented as powerful and able to cause considerable harm.

Participants also posited that being dismissed with regards to their identity and their psychological distress was linked. Manaia, for example, reported "*But I imagine that feeling of not being understood would be compounded if you're LGBT, where you're not being taken seriously because you're a teenager and your friends and family might not be making the effort to understand what it's like when you're LGBT and kind of othered from the world. Yeah, so imagine that would be pretty tolling on your mental health."* When I asked Paige "what was it like being like LGBT and having these kind of difficulties or experiencing depression and anxiety?", she replied:

> It was kind of like a double-whammy [laughs], like I've already got these mental health issues and then I figure out I'm not "the norm". Yeah, and my family doesn't really talk about either, so I was on my own a lot of the time, trying to deal with stuff… I think they're like okay with LGBT people in theory or if it's like someone else's kid, as long as they're not being too like "we want equal rights". But when it was their own kid, they were like "what? No you're not. No you're not. You're straight or whatever, it's just a phase". And then, yeah, they never really took any of my mental health issues seriously either, because in Year 11 I went to... somebody in my school was really concerned about me, so they

> talked to the counsellor who referred me to [child and adolescent mental health service]. And then they told my parents, “you know, she’s suicidal so like hide bleach or knives or that sort of thing”. And they didn’t even talk to me about it really, just pretending like it doesn’t exist.

Within these accounts, the dismissal of both identity and psychological distress was connected, and heightened distress. This speaks to how distressing it was to have such limited space to be seen and accepted as one wishes to be.

In sum, participants described both their psychological distress and their identities being dismissed through normative ideas of adolescence and cisheterosexist conceptions of identity. This invalidation of their distress and identity as “just a phase” was both a routinely adolescent dismissal, and specific for queer and gender diverse young people. Participants presented accounts in which they had limited authority to claim their experiences and identities, and sometimes evoked an essentialised conception of identity in advocating for their ability to know themselves and therefore hold a valued subject position of living authentically. Participants also reported that these dismissals sometimes led them to doubt their own conceptions of themselves and their experiences, and at other times, could cause significant psychological distress. It is thus unsurprising that they framed dismissal by adults as an important feature in making sense of psychological distress. In the next theme, I focus on alternative ways that participants accessed validation, through use of the biomedical model.

“It Gave Validity To My Feelings”: Making Sense of Psychological Distress Using The Biomedical Model

In this context of invalidation of their distress and identities, participants utilised the biomedical model in accessing recognition of their distress. They used biomedical language and frameworks in describing distress, and presented medication and psychiatric diagnosis as useful tools in making sense of and "fixing" psychological distress. However, there were also limitations to the biomedical model in accessing validation. For one, the biomedical model was framed as harmful when it impaired people's ability to self-improve. Within participants' accounts, the biomedical model was presented as having limited success at accessing validation, never quite attaining the same level of recognition as physical illness.

Participants often utilised the biomedical model in making sense of psychological distress. Some participants explicitly drew on biomedical language and neurophysiological frameworks in describing distress: *"I think recognising that it's a neurochemical con job, it's not my inherent personality, was very comforting. It's like, you are not depressed, you are a person who experiences this illness"* (Ariel). Here, Ariel described this understanding as somewhat revelatory and comforting, framing them as having a broken brain, or an "illness", not a broken *person*. The biomedical model can remove a sense of blame that people are at fault for experiencing psychological distress (Fullagar, 2009; Penn, Chamberlin, & Mueser, 2003). Utilising the biomedical model therefore offers a potentially appealing position, in which participants are struggling with an illness that they are blameless in experiencing. Experiencing an *illness* also protects from potential criticism that psychological distress is insignificant and not worthy of treatment (Fullagar, 2009).

Others evoked biology through the term "neurotypical": "*I've just sort of noticed that it is less likely for like my queer friends to be neurotypical than for my straight-identifying, you know, cis-het friends*" (Ava). Neurotypical, most often used in contrast to autism-spectrum or "neurodiverse"/"neurodivergent" individuals (Ortega, 2009), evoked a chemically "normal" brain for Ava:

> You know most studies have shown links to mental health and how typical your brain is with chemical compositions and everything. So I guess when I say neurotypical, I just mean someone who has never experienced, you know, strong mental health issues. Like they've obviously had, you know, an anxious day or like a period of depression following like loss or grief or whatever, but it's snapped back. Whereas if you're not neurotypical then that snapback might not be as immediate or might not happen on its own.

Drawing on a discourse of science and brain chemistry, Ava evokes a “broken brain” to distinguish between (and validate or invalidate) different types of distress. Distinctions between different forms of distress were common within the dataset, and serve to distinguish between what counts as significant distress, and what counts as “normal” problems of living (Biddle et al., 2007). While everyday distress is positioned as something to be endured and coped with, real distress is serious and deserving of treatment (Biddle et al., 2007). For Ava, people’s biochemistry is a key factor in whether their distress is normal (and therefore will “*snap back*”), or significant and therefore potentially unable to recover without support. Ava draws on ideas that some brains are pre-disposed to mental health difficulties, and therefore are positioned as unable to snap back, or neurodivergent. This biomedical understanding of distress provides authority to experiences of distress which meet this criteria; challenging the distress of those who are not neurotypical becomes more difficult than a general teenager experiencing “teenage angst” because it is not their fault, it is simply their genetics. In this way, biomedical understandings provided a legitimising framework for participants’ distress.

Biomedical language was often used to distinguish between people who would not “need” medication (typically understood as antidepressants), and those who would. Many participants endorsed the use of medication for the treatment of psychological distress, with many framing it as a useful or vital tool for “normalising” brain chemistry. For example, Remi stated “*I personally think that [medications] are good, because I understand that they just kind of boost your serotonin levels to a normal point, and I think that for most people that is helpful.”* Some framed medication as *necessary* for some people, as Sam did:

> I guess medication is like a direct way to kind of change the way your brain is working rather than trying to jumpstart it yourself… to have something like chemically changing how it’s working is I think a really useful way, because some people genuinely can’t function without that kind of alteration. And I know people who if they go off their medication: really, really bad effects. So they need to stay on it, and it keeps them normal.

Through analogy of the actions needed to restart a dead car battery, the distressed person’s brain was positioned as effectively non-functional. Debilitating distress was positioned as caused by brain chemical imbalances, and Sam’s distinction situates medication as vital, the difference between “normal” and not being able to “function”. In this way, many participants took up biomedical language in a strong way, where distressed brains were positioned as having stopped functioning “normally”. Medication was thus necessary for some people to function “normally”, placing them squarely into the domain of “real”, significant, abnormal distress, deserving of support (Biddle et al., 2007).

Taking medication was often framed positively by participants: “*if my mental health ever did get worse I suppose I wouldn’t mind being on medication because I don’t really see the problem behind it. Because if it’s just stabilising like just stabilising your moods, I don’t really see what the big thing about it is”* (Tui). Medication was thus presented as a positive, relatively small intervention that allowed people to return to their "authentic" selves, instead of being stuck in an inauthentic, stagnant subjecthood. Paige reported being unsuccessful in seeking medication:

> I would go on anti-depressants if I could. I tried to get them from my GP and she said she's not sure about giving them to younger people because they might not be as effective or they haven't been proven. But I think medication can be a really helpful tool for some people… I think it helps people function.

Medication was often positioned as something which *normalised* people's brain chemistry, therefore taking people closer to their true or authentic self and offering a form of (neoliberal) self-work (Fullagar, 2009). Positioning medication as a "helpful tool" frames people who use medication as actively working on their psychological distress and using the tools available to them to self-improve, a subject position which is valued within neoliberalism (Fullagar, 2009). Such self-work is also considerably less energy and resource intensive, compared alternatives such as escaping chronic mistreatment or other distressing conditions, engaging in therapy, or living with high levels of distress (Fullagar, 2009; Rose, 2003). This account presents an individualised conceptualisation of treating distress, whereby distress is implicitly and explicitly framed as a brain disorder or chemical imbalance. In this way, contextual causes such as difficult experiences and responses to these stressors are not important, and those experiencing psychological distress avoid judgement that they may be failing to cope (Fullagar, 2009). As such, medication was commonly presented as a useful path to self-improvement, allowing a return to a "normal" subjectivity in a way that avoided potential stigma and was relatively resource and energy effective.

Similarly, participants who *were* taking medication often described feeling pleased and relieved to be given antidepressants: "*Thank Christ. Honestly, it was relief. Of course medication has that stigma of "no, it's bad, you shouldn't need this" or "no, you should be independent enough". No, none of that went through my head when I was about to take it, I was like "oh [claps], finally!"* Although Taylor here evokes a stigma to taking medication, the overall construction of (taking) medication by participants was positive and hopeful. Ariel also reported being pleased to be given antidepressants:

> Stoked, because I was like 'something's going to help me'. And for me it was a recognition from an adult, and from my parents that you actually do need some help, and we're actually going to get you this help because counselling just hadn't worked… Yeah, I mean I know that a lot of people experience pill, like, stigma. But... I... have, I haven't, I haven't really experienced stigma. I mean, like when I was at school, like at uni, bloody all of my friends are on anti-depressants, we can share them. Like "oh, I forgot my pills, can I have one of yours, we take the same thing". But it was quite validating, I think at school to say "I'm on antidepressants", "Oh, shit, you're actually having problems, you have pills for it". But I think at university, it's very much the norm. It's very much the norm. Like, yeah, it's... everyone's on pills of some kind.

Beyond simple alignment with a biomedical model, taking medication may offer legitimacy to experiences of psychological distress. As Ariel here notes, receiving medication can serve to validate distress as real and important, and can provide evidence of this to parents and others (see Wills, Gibson, Cartwright, & Read, 2020). By evoking a scientific account of their distress, and implicating medical sense-making, young people were able to access validation which was previously difficult to find (as outlined in the first theme of this chapter; "*The World Doesn't Take You Seriously": Dismissal of*

Distress and Identity). This illustrates the ways that the biomedical model offered authority to queer and gender diverse young people, in that they could point towards medication as a concrete indicator of their distress.

Within Ariel and Taylor's accounts, they construct a "stigma" to taking medication for psychological distress. Most research has posited that antidepressant medication carries a stigma as it communicates that the person is experiencing depression, which is itself stigmatised (Castaldelli-Maia et al., 2011; Smardon, 2008). For Taylor, however, this stigma comes from an idea that they should be independent, and not rely on anything. We can understand this conceptualisation as based in the aforementioned neoliberal good agent, who is strong and able to cope with any adversity without relying on anyone or anything beyond themselves (Brown, 2006). As such, neoliberal ideas of good personhood may limit the amount of validation that people are able to access. Within their accounts, Ariel and Taylor appear to pre-empt ideas of stigma, immediately discounting it as not affecting them. Presenting opposition towards medication use as a stigma further works to position this opposition as irrational (a bias) and therefore discount it. In this way, participants discursively pre-empted ideas that medication use might be stigmatised, thereby reinforcing the idea that medication is useful, both in providing hope, and accessing validation from others.

Participants described further limitations to the usefulness of medication. In describing antidepressants, participants sometimes presented caveats and exceptions to the helpfulness of using medication. Some participants presented medication as problematic when it interfered with people's self-responsibility. Jordan, for example, stated:

Jordan: I think medication’s good but it’s just like also at the same time it shouldn’t be like a crutch for you, like you should also work on talking to people, and talking about how you feel, and also having coping mechanisms so that if you do go off it, you’re not going to struggle as much without it… yeah, like when you’re on the medication like you don’t have [depression] at all or like you don’t have it as serious as you do without it. So it’s kinda like a break, so like it’s clearing your head to like give to time to like do like normal things and being able to do things that you usually couldn’t. Which makes it pretty easy to like go straight back on the medication if you’ve gone off it without making you know, like a risk assessment sheet for like what to do if things get bad, or coping mechanisms and people to talk to when you need them.

Here, medication is framed as only helpful if it supports people to work on themselves in order to reach a point where they no longer use it. As such, medication was a tool for (neoliberal) self-work, and was problematic if it impaired a person’s self-improvement or self-responsibility. For Ava, taking medication was something they (personally) resisted:

L: And how did you feel about kind of going on medication?

Ava: I think it was kind of a last step, like everything else isn't really working. Like I had really, really, really bad anxiety like *really* bad panic attacks. And it was... like I know there's a lot of self-diagnosing and everything but it was before I even knew those terms, you know, and I was in the state mental health system which I think is kind of crap. And you know, seeing you know like a therapist who would say you know download this app and do some breathing. “It'll help!” And it like wasn't really helping and it was really disrupting my like education and just my socialisation and you know, so many areas of my life because I wasn't good with people. And these panic attacks would come out of nowhere, you know. And so it kind of got to a last kind of point where it was like "I need to do *something*".

L: So you were kind of pretty resistant to it

Ava: Yeah.

L: Before that kind of reached rock bottom sort of?

Ava: Yeah. And I think it was a helpful tool at the time until like it wasn't necessary.

L: Yeah, gotcha. And what made it kinda not necessary?

Ava: I think I just kind of, I don't really know, I think I just got myself out of situations that weren't like the best for me and I just managed to, I guess, grow as a person

Here, Ava presents herself as reluctant to take medication, but frames it as necessary when she was unable to cope otherwise. This logic presents medication as a drastic, yet successful solution. Coming off medication is presented as indicative of personal growth. One logic of Ava's account is that the person still has to do some of the work, but that medication will also work to solve most distress in almost all cases, as long as the person is doing the "right" things alongside it. People often present their own use of antidepressants in a way that positions them as an active consumer, who works to improve their mental health (Fullagar, 2009). As such, we can see connections to the self-actualising discourses of neoliberalism, as discussed in Chapter Four. Needing to use medication also provides legitimisation in these accounts, in which trying to improve and not being able to presents the self as a "good" neoliberal subject, and frames distress as too significant for "just" therapy, and thus legitimate.

Almost all participants who reported taking medication stated that they would like to come off medication at some point, and referred to working towards this as a goal on the grounds that they did not want to rely on medication, although some were not convinced that this would be possible for them (a position shared by others in considering taking antidepressants; Gibson, Cartwright, & Read, 2016). When I asked Emma “do you think you’ll always be on medication, or will come off it eventually or...?” she replied:

> Hopefully not. But I mean I’ve had periods of trying to come off it, but it’s just like ended up not as well, or stuff has happened. But it’s definitely like a goal of course [to come off medication], and definitely, like I talk about it with my psychologist and my doctor, and they’re like “yeah, it’s definitely a reasonable goal to have” Like it’s well within reach, yeah.

In Emma’s account, coming off medication is presented as a common-sense goal, although it is not taken-for-granted that it is an attainable goal. Emma uses reported speech to evoke her psychologist and doctor’s voices, bringing authority to the attainability of this goal (see LaFrance, 2007). This highlights the potential difficulty of self-improving enough to no longer *need* to take medication, even if this is a taken-for-granted goal. As such, use of the biomedical model was constrained by neoliberal rationality, in which independence and self-improvement are valued.

Alongside positioning medication as often necessary and useful in accessing recognition for their psychological distress, *diagnoses* were framed as a useful way to making sense of distress. Most participants had experienced significant mental health difficulties; many had been diagnosed with a mental health *condition*. Diagnosis was often framed as an expected and common-sense response to distress and seeking help for it. It was expected by most, and not of concern:

Sam: I was kinda like “oh, well, that makes sense”. It’s not like... I don’t want to use the word like “normal people” but normal people don’t usually feel like this constantly. They don’t deal with these kind of things. They might have

> it occasionally, like oh I feel a bit sad, and oh I feel a bit nervous about doing that, but not to the same like level. Yeah, so when the doctor was like "basically, you struggle with this", I was like "yeah, that's pretty much what I thought. That's pretty much what everyone thought". So it wasn't a surprise. And I wasn't upset by it, because it was like I already knew this was happening.

Here, that Sam's suffering evidences a mental health condition is positioned as obvious, and unsurprising. A diagnosis effectively validates Sam's experience of distress as real and important, but also as abnormal, and in need of changing. Distress is individualised within this account, evidencing a faulty internal product (Stoppard & McMullen, 2003). This individualising focus has been argued to be pathologising, in that it positions the individual as faulty, instead of contextualising distress as a problem of living or reasonable responses to difficult circumstances (Horwitz & Wakefield, 2012). However, framing of distress as (biomedical) abnormality was not necessarily understood as *pathologising*. Participants described diagnosis as *normalising* their distress, because they had not (agentically) done anything wrong to bring it about (see Fullagar, 2009; Stoppard & McMullen, 2003).

Some participants reported that being diagnosed with a mental health condition was validating and helped them to make sense of their distress. Bella reported that an unexpected diagnosis "*made everything feel a little more real[...] it actually was something and like talking to someone and them like telling me that it actually was something and not just like myself like overthinking was... it was something more solid*". Diagnosis seemed to offer participants a framework for making sense of their own distress, with Anna describing being diagnosed as "*like a lightbulb switching on, like this makes sense*". For many, it shifted their distress from the unseen or invalidated (perhaps just “*overthinking*”) into something “real” and “solid”. Being given a diagnosis therefore provided an alternative position to the “angsty teenager” position (outlined in Theme Three; *The World Doesn’t Take You Seriously: Dismissal of Distress and Identity*) in which their distress was invalidated.

For some participants, diagnoses were comforting to them, communicating that their experience was understandable and shared by others. Emma stated that diagnosis can be reassuring: “*Yeah, I think sometimes, but sometimes it’s really helpful for people, because then they can be like “oh, I’m not crazy” like you know, by putting a name to it. (L: So kind of validating at the same time?) Mm, uhuh, very validating, and it’s not like “I’m just going mad”.* When I asked Elise what she thought of mental health diagnoses, she replied:

> It’s kind of good to know, good to know that there’s a name like for it. Yes. Because having not a name for it is very stressful, because you don’t know what you’re going through and you don’t know if other people are going through the same thing and... Yeah, it could just add into your, help to your, it could intensify your, what you’re feeling if you’re, if you’re doing it alone or you’re the only one that’s going through it, and finding that mental, or having that diagnosis that “oh yeah, you’re just normal”.

Elise evokes a shift from a “stressful” space of uncertainty and aloneness to normalcy, that diagnosis offers, and thus by implication making it an experience shared by others, suggesting “you’re just normal” (see also Dinos, Stevens, Serafaty, Weich, & King, 2004; LaFrance, 2007; Proudfoot et al., 2009). Within participants’ accounts, diagnosis appeared to function *primarily* as validation that their distress was both understandable *and* significant enough to warrant support. In this way, the participants framed diagnosis far more strongly as depathologising distress, rather than as pathologising. Diagnosis appeared to operate in an affirming, rather than stigmatising way. These accounts stand in marked contrast to other critiques of diagnosis and biomedical models as stigmatising (e.g., Corrigan, 2007), and as reflecting or reinforcing societal stigmatisation of those with mental health conditions (Ahmedani, 2011). Participants' positive accounts of diagnosis (and medications) may reflect the particular situatedness of participants, in holding little authority to name their own experiences, or a wider societal shift.

Another positive claim about diagnosis is that it can bring hope for *change* (Proudfoot et al., 2009). Some participants stated that it was easier to see path out of their distress once it had been diagnosed, because they were more able to understand it. Paige stated: "*I think [diagnoses] are really helpful if you can put a name to what is going on or what you're struggling with, then you can find specific help for it and you know it's not just like something wrong with you or something like that."* A key argument for diagnosis within the literature is that they allow professionals to be able to appropriately target treatments to difficulties (LaFrance & McKenzie-Mohr, 2013). Participants argued that diagnoses allowed them to make decisions, and gave them greater options for working on their distress: "*then you can start looking at steps to help yourself or help others and things as well"*(Anna). Mental health diagnoses were therefore positioned as facilitating their autonomy, allowing them to hold a position of actively working on themselves, as is consistent with a good neoliberal subject (Fullagar, 2009). Diagnosis allowed participants more tools for understanding, and thus improving, the self.

The validation of diagnosis was not just personal; many participants described increased recognition of their suffering from others. Ariel responded to my question about how having a diagnosis had affected their life by stating:

> It’s been really good to have a name to it […] it gave validity to my feelings and it meant that other people would be like “oh yes, you are valid”. And I think, because especially at that time in my life, as a high schooler, it sucked. And *so* often it was “oh you’re just stressed”, “oh you’re just tired”. No, I’m always stressed and tired, this is more than that.

Ariel articulated a context in which her distress is dismissed as “teenage angst” – which I discussed in the first theme of this chapter. In the context of adolescent invalidation, diagnosis provided legitimacy in the eyes of *others* that the suffering experienced is not just “normal teen suffering”. By receiving a diagnosis, participants were able to hold a subject position of experiencing “real” psychological distress, instead of the subject position described in Chapter Four of an overly dramatic, overly sensitive teenager. Diagnoses can allow people to inoculate themselves against criticism that they are at fault for their distress or being overly dramatic (LaFrance, 2007), and here serves to reinforce the importance of Ariel’s distress through positioning it as rare and uncommon, and not like normal stress or exhaustion. Diagnoses were therefore powerful ways to access recognition from others, and escape potential invalidation.

However, diagnoses were only powerful when they were given by someone with authority. To access this legitimacy, diagnoses needed to come from an expert; to diagnose yourself was illegitimate. Bella, for example, discussed the relative expertise of professionals which made them better able to make sense of her distress, compared to herself:

Bella: I think it felt more real in a good way, in that... I... that someone else was like telling me that how I was feeling was like, is this thing and that it isn’t just me like self-diagnosing or me overthinking about things or me just like looking for attention or everything, like I think. But it also told me that, that like all these years were, they weren’t like normal and it’s not how I was meant to feel and that they... yeah.

L: Mmm, yeah. And so can you tell me a bit about like what self-diagnosis, what you mean by that?

Bella: Because I had, because I hadn’t talked to anyone obviously, I’d just, I think like not necessarily self-diagnosis, but just thinking about what it is that I’m going through, and not actually talking to anyone, just me thinking about it. And like, as like a teenager who has no degrees in anything, just like, obviously your mind goes to a lot of places so I could, so yeah, just mainly me thinking that there was nothing wrong with me and it was just me overthinking or like just being like a teenager, or like looking for attention or that kind of stuff. Yeah.

In Bella’s account, she holds little authority to be able to identify or label her own experiences, as she lacks the necessary expertise. This contrasts with experience discourses, in which personal experience of a phenomenon is framed as necessary to authoritatively speak to that phenomenon (McCann, 2011). Instead, a scientific (biomedical) discourse is used to frame medical practitioners as the only ones to hold legitimate authority in identifying which distress is significant and authentic, and what is “attention-seeking” or “overthinking”. As such, the expertise and authority of biomedical experts is needed in accessing legitimacy and recognition of distress, otherwise young people are at risk of falling into a devalued subject position of illegitimately seeking recognition of their distress.

In this vein, diagnosing the self was framed as harmful and unethical. Austin, for example, depicted self-diagnosis as harmful to the self, and others:

> There’s definitely plenty of people that kind of self-diagnose themselves with what they have which is understandable but terrible for two reasons. One, if they need help they haven’t got the correct diagnosis. Two, they change the perception of people who actually have that and that’s really unfortunate.

Here, self-diagnosis is conflated with misdiagnosis, whereby young people are unable to accurately diagnose their distress, to their own detriment and others. Self-diagnosis therefore represents an illegitimate attempt to access validation and support, which takes away from others’ “real” distress. Sam similarly positioned self-diagnosis as a delegitimised practice:

> [My distress] was something more serious than “oh, I’m self-diagnosing and this is the wrong thing, and I’m just like one of those Tumblr girls who are like [*putting on a voice*] ‘I think I’m depressed’ and they’re like fine. It’s like I actually have this, I can actually point to this when people go “oh, you’re just faking this, it’s not a real thing”.

The trope of the Tumblr[31] girl here positions self-diagnosis as a flippant and even attention-seeking activity; not evidence of “*real*” (diagnosable) distress. Previous research has reported that young people make distinctions between real distress and illegitimate attention-seeking; private self-harm is indicative of authentic psychological distress, while public self-harm is indicative of inauthentic attempts to gain attention (Scourfield et al., 2011). Sam evokes this understanding in presenting psychological distress as contested domain, with the legitimacy of distress challengeable unless authenticated by a *real* diagnosis from a psy-professional. Diagnosis brings truth and

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[31] A micro-blogging and social media website.

validity, but the usefulness in understanding and recognition of distress through diagnosis was mediated by professional expertise.

Those who self-diagnosed were often positioned as attention-seeking and potentially dangerous. In discussing the benefits of diagnoses, Anna stated:

Anna: And I also think that, I think particularly young teenagers tend to diagnose themselves as well, and it's also quite dangerous.

L: What is it about that that is dangerous?

Anna: They could just get the wrong ideas in their head about what those mental illnesses are, and also use them for the wrong reasons, like use it for attention or a way to manipulate someone as well.

Here, Anna evokes an untrustworthy teenager who is overly dramatic and uses their distress to illegitimately gain attention and validation from others. As such, the figure of the dramatic, attention-seeking teenager that participants extensively described (in the first theme of this chapter) as an unreasonable representation that led to the dismissal of authentic distress, was also present in talk of illegitimate diagnosis. The biomedical dominance of the expert, and the validation of the psy-professionals as knowing and revealing the truth of our experience (Rose, 1998) – and us as not knowing it – was thus clearly evident in young people's talk. In this way, it is possible that the "realness" of diagnosis as provided by a mental health professional was more important than the "explanation" or understanding about the self that was also framed as positive, as otherwise self-diagnosis would be seen as a useful and legitimate tool. In this way, we can understand that the logic of participants' accounts hinges on the idea that if diagnosis is provided by an expert, distress becomes inarguable, legitimised, and "true" for other people to recognise.

So, although overall diagnosis brought legitimacy and comfort in (de)normalisation, not all diagnosis was valid. What one *did* with diagnosis also mattered. In a similar way to how medication use was policed, people who used their mental health diagnosis to escape taking personal responsibility for improving their mental health were positioned as incorrectly responding to diagnosis. For instance, in talking about why queer and gender diverse young people like diagnoses, Ava and I shared the following exchange:

L: And why do you think they are so keen on like the diagnoses?

Ava: Just, yeah, validation, that this is an actual illness, this is actually something someone has recognised that this is an issue, someone has recognised that you were in a situation where you're eligible to get help. And also I guess you can kind of blame things on it. You can be like "this happens to me all the time, but it's because of my this, it isn't me, it's because of this".

L: Yeah. And do you think that's a good thing, a bad thing?

Ava: I think it can... it's a good thing if people take being diagnosed with something as "okay, now I can take these steps to help either suppress it or cure it". But when people just kinda use it just to blame things on it and don't take active steps to get better or to try, then it feels like it was maybe more unhelpful.

Here, diagnosis is positive and validating, but only when accompanied by active self-improvement. Such framing was one of the ways pervasive neoliberal discourses of personal responsibility for health and wellbeing (outlined extensively in Chapter Four) also appeared within the dataset in relation to the biomedical model. Diagnosis in general was framed as validating, but was also potentially "at-risk" if one was seen to use it in a way that was not taking responsibility for the self.

Some participants also criticised those who identified too strongly with mental health diagnoses and warned against "romanticising" a diagnosis as part of identity. When I asked Taylor what he would like to see changed to support the mental health of queer and gender diverse young people, he said *"So we're doing a good job right now, with not making it taboo. But what we're doing wrong is we're like romanticising it… This is to my sort of perception of it, is that we're making it seem not as the cool thing to do, but as kind of the way to be quirky".* As such, finding an identity in psychological distress was frowned upon. When I asked Remi what they thought of mental health diagnoses, they stated:

Remi: I think it's good in order to know what help you need, but it's not good to identify with your diagnosis, and be like "yes I am [name], I am depressed with anxiety". It's just like, it's good to know that about you and be like "okay, this is what I have but I'm not defined by it".

L: And have you seen people kind of identify with their diagnosis?

Remi: Yes, a lot of people on Instagram, their bios will be like "17, [their name], depressed, New Zealand" and like it's just a part... I mean it is a part of who we all are, but some people choose to amplify it and romanticise it, while others choose to like quietly be like, "yes this is what my diagnosis is but I'm still happy sometimes and I can still do this".

The concern that people will identify too intensely with a diagnosis has been documented more widely, with general practitioners reporting reluctance at giving a diagnosis in case people identify with them too strongly (Archer, Kessler, Wiles, & Turner, 2021). In

Remi’s account, diagnoses can be unhelpful when they are too central to people’s identities or too public, as this risks falling into an “attention-seeking”, “unreasonable” teenager, whose distress is no longer legitimate (see Scourfield et al., 2011). Diagnosis, therefore, did not necessarily bring validation and recognition of distress. Participants also needed to avoid being positioned as too engaged with their diagnosis, or have their diagnosis get in the way of their self-improvement.

Finally, the biomedical model, although presented as offering validation and recognition, was also presented as limited in influence. Psychological distress was described as not taken as seriously as physical health. Participants argued that mental health *should* be given greater recognition as “real” and treated as important. One way that participants argued for increased recognition of queer and gender diverse young people’s psychological distress was through emphasising the similarities between mental and physical health, and suggesting any differentiation is problematic: “*so many people for some reason differentiate physical illness from mental illness but it's all illness and it all affects people in the same ways”* (Ava). Jordan, who initially responded with “*I don’t think it’s an illness*” when asked about depression-as-illness, concluded their response with “*I think I would say like it is an illness and it should be treated as such I think*”. In reaching that conclusion, they argued:

> I think it should be treated like an illness, like if your body has the flu then obviously you’ll take medication for it and you’ll take care of it, and even like at school, schools are like workplaces don’t take mental health, like mental wellbeing as seriously as physical wellbeing, which they shouldn’t, they should take it just as seriously because it’s just as serious.

Evoking similarities between mental and physical health is a way to emphasise how "real" and "tangible" mental health is (LaFrance, 2007; Kendall-Taylor & Mikulak, 2009; Nunstedt, Nilsson, Skärsäter, Kylén, 2012), and serves to elevate the importance of mental health concerns, which were described by participants as under-recognised. With the rise of the biomedical model (outlined in Chapter One), understandings of mental health as like any other illness have become a form of common-sense (Malla, Joober, & Garcia, 2015; Read et al., 2006). This discourse of mental health as like physical health increased in popularity in the late 1990s and early 2000s and was promoted by mental health organisations in the United States and internationally as a strategy for increasing recognition of mental health difficulties and challenging mental health stigma (Pescosolido et al., 2010; Sartorius, 1997). This approach has had limited success, with researchers positing that the lack of external and objective indicators of psychological distress mean that it must rely on subjective indicators which hold less power (LaFrance, 2007). Participants' use of this discourse, 30 years since it was taken up as a way to advocate for the recognition of psychological distress, demonstrates the potential limited reach of the biomedical model in accessing validation and recognition.

In sum, participants presented a world in which they were regularly dismissed with regards to their psychological distress and identity. Their authority in claiming an experience was presented as limited, often by societal constructions of adolescence and cisheterosexist ideas of normative identity. In this context, participants utilised the medical model in accessing recognition and validation. Participants evoked a common discourse in which brains become neurochemically "broken", some brains are more pre-disposed to "break", and thus the individual is not at fault. Medical interventions were framed as necessary (and incredibly helpful) for legitimate, "bad" distress, which is not able to be fixed with environmental or therapeutic solutions. Diagnoses were framed as increasing understanding, building hope, and accessing validation from others. However, there were limits to these benefits. Participants depicted many “wrong”, illegitimate ways of accessing validation through the biomedical model, such as through using these tools in a way that impaired one’s self-improvement or self-responsibility, attempting to use diagnosis without the biomedical “expertise”, and romanticising diagnoses. As such, although the biomedical model allowed participants to avoid the subject position of the “attention-seeking”, irrational teenager in seeking validation and recognition, they were also at risk of falling into this position if they did not follow restrictive social rules in how they went about accessing and using the biomedical model.

Chapter Six: Conclusion

In this thesis, I sought to understand and theorise how queer and gender diverse young people in Aotearoa make sense of psychological distress. The context for this project is one in which statistics demonstrate significant disparities between queer and gender diverse young people and their straight, cisgender counterparts with regards to experiences of psychological distress (Fenaughty et al, 2021a; 2021b). Substantially less research has explored young people's own perspectives on these issues.

Throughout this thesis, I have argued that understandings of psychological distress shift and change across contexts. Focussing on how people make sense of psychological distress can therefore provide important information into their social worlds, and can demonstrate the (limited) space currently available to them in accessing recognition and support. Such research has the potential to inform ways of supporting queer and gender diverse young people.

In this concluding chapter, I summarise and reflect on the analytic insights derived from this research and presented within this thesis and situate these within the wider fields of scholarship and practice. Specifically, I consider the implications of young people's meaning-making around mental health and wellbeing, for mental health promotion and service provision for queer and gender diverse young people, and support more generally. This chapter concludes by critically engaging with the project, and looks to possible extensions and future directions.

Contested Space, Contested Authority: Finding Recognition of Psychological Distress

In Chapter Four, I focussed on the ways that participants talked about marginalisation and the impact of marginalisation on their own and others’ psychological distress, answering the question “How do queer and gender diverse young people describe their social worlds in making sense of psychological distress?” With the exception of those who had experienced obvious and violent forms of cisheterosexism, participants tended to position themselves as unaffected by marginalisation and discrimination. Participants emphasised the ways that marginalisation did not affect their lives, framing their gender or sexuality as barely an issue for them. Participants positioned themselves as *lucky* to not experience discrimination, framing their experiences as “*not like one of those terrible stories*”. They presented certain groups as more likely to experience marginalisation, such as those from religious backgrounds, non-White cultures, those who spend a lot of time with boys, those not in Aotearoa, and those in previous times and generations. Participants also described privileges that they held, which they formulated likely allowed them to escape cisheterosexism, such as White privilege, being conventionally attractive, and being academically and socially successful.

Participants also framed themselves as able to cope with cisheterosexism when they did encounter it. Participants utilised a liberal understanding of prejudice in which intentions are framed as important in assessing whether problematic encounters are significant, and positioned others as either not understanding, or *trying* to support queer and gender diverse young people even as they act in ways which position queerness and gender diversity as abnormal. In accounts of encountering cisheterosexism, participants also emphasised their own ability to withstand cisheterosexism, on the grounds that they are “used to it” or confident enough in their identity to be unaffected, thereby “evading victimhood” (a term borrowed from Baker, 2010, who explored postfeminist obligations among young Australian women). I theorised that this allowed participants to retain a subject position that is valued within neoliberalism, that of the agentic, self-actualising, responsible, and confident neoliberal agent (Baker, 2010; Türken, Nafstad, Blakar, & Roen, 2016).

Alongside emphasising the ways that they are not affected by marginalisation, participants also framed the world as uncomfortable and sometimes as unsafe for queer and (particularly) gender diverse young people. They described feeling different on account of their gender and sexuality, and that this difference was devalued and treated as abnormal. They reasoned that this alienation likely led to distress among queer and gender diverse young people generally. Participants navigated competing ideologies in positioning cisheterosexism as both unproblematic and barely having an impact on them, while also being harmful more generally, and leaving them feeling alienated and devalued in their difference. A socio-political understanding of psychological distress was therefore present within participants’ talk, but was contested, and only speakable once their relative privilege and strength to face it was acknowledged.

The biomedical model also holds considerable power as a sense-making framework within the Western world (Frank, 1995; LaFrance & McKenzie-Mohr, 2013). In Chapter Five I engaged with the question “How do queer and gender diverse young people make use of biomedical understandings of psychological distress?” In order to make sense of how participants embraced (or not) biomedical frameworks, I first focussed on a pervasive pattern in how they described their worlds and distress in those worlds: that of being dismissed and invalidated. Participants described feelings and experiences that regularly invalidated in their distress, through distress being framed as “just a phase” and therefore undeserving of support. Common understandings of adolescence, which position teenagers as “dramatic” and emotionally labile, and participants reported that this understanding made it difficult for them to have their distress recognised as meaningful. Some participants also reported that this invalidation was repeated in treatment of their sexuality as transient and therefore inauthentic. Queer and gender diverse young people therefore hold little epistemological authority, with limited space for accessing recognition of their distress or identities.

In this context of invalidation, participants often adopted biomedical understandings of distress. They reported that the biomedical model provided a way of understanding their distress which made them feel like their distress was understandable and shared by others. The biomedical model also offered access to validation and support, with receiving a diagnosis and antidepressants moving distress from normal, expected and transient (and therefore unimportant) to abnormal and deserving of support. However, there were limitations to accessing this support. Participants posited that mental health had limitations in accessing recognition, and advocated for it to be treated more like physical health. Participants further warned of self-diagnosing, identifying with diagnoses too much, and of using antidepressants and diagnoses in a way which impaired their ability to self-improve. Validation was therefore available, although only *if* queer and gender diverse young people also enacted the biomedical model in a way which did not undermine “good” neoliberal subjectivity. As validation was almost entirely unavailable to name distress through a socio-psychological lens, except in very specific, highly-managed narratives, it is no wonder that participants turned to the biomedical model, even as it presented challenges.

Implications

Previous research looking at understandings of psychological distress among the general population indicates downsides to adopting a biomedical account of distress. Although in adopting a biomedical model, people may feel less blamed for their distress, this discourse often comes with more pessimism about distress lifting, as biology and genetics are often positioned as relatively permanent (Dar-Nimrod, Zuckerman, & Duberstein, 2012; Lebowitz, 2014). The biomedical model may have further secondary costs; in positioning the brain as neuro-chemically deficient, it may be more difficult to advocate for changes in conditions or situations that might contribute to distress (Fullagar, 2009).

Most participants made use of both individualising understandings (positioning distress as caused by biochemical or personal flaws), while also speaking to stressful situations and wider marginalisation (social understandings of psychological distress). However, it appeared very difficult to name wider marginalisation or cisheterosexism as causing their own distress, and participants did a significant amount of discursive work in describing how fortunate they were not to "have it worse" and how unaffected they were when they spoke of their own experiences of cisheterosexism. As such, participants navigated many competing discourses in making sense of psychological distress.

The difficulty of holding a position of "victim" is particularly notable considering the wider socio-political context. Many cultural theorists have outlined the ways that victimhood is heavily contested. On one hand, conservatives have criticised talk of power relations and attempts to create more equitable arrangements (for example, through equity programmes or greater representation in media) as incorrectly moving blame to others and illegitimately positioning oneself as the victim, and therefore shirking self-responsibility (Horwitz, 2018). Intersectionality has also been criticised for prioritising the voices of those who are marginalised, on the grounds that this has led to legitimacy being offered to only those deemed most oppressed; what has been deemed the “oppression Olympics” (Hancock, 2011). At the same time, those holding socio-political power have been criticised for positioning themselves as victims, for example, Donald Trump claiming persecution by the media (“fake news”), or when a “White Genocide” hashtag became popular on Twitter following a Star Wars movie being released which did not have any White men in leading roles (Horwitz, 2018; Young & Sullivan, 2016). In my analysis, I argued that dominant (intersectional) understandings of privilege and marginality limited space for queer and gender diverse young people to position themselves as negatively affected by marginalisation. As such, it appears that positioning the self as a victim is unpalatable, except potentially for those who hold significant social power within society. Identifying the impact of cisheterosexism on the self thus appears fraught for queer and gender diverse young people.

The difficulty of claiming the position of being affected by cisheterosexism, and the relative ease of claiming a position of being biomedically deficient raises questions for whether this makes it more difficult to challenge cisheterosexism on the grounds that it causes distress. Experiential authority discourses hold significant power, and position those who have personal experience of an issue as best placed to speak to the topic (McCann, 2011). With participants emphasising their lack of experience in being affected by cisheterosexism (unless they had experienced considerable, obvious harm), does this undermine avenues for challenging cisheterosexism on the grounds that it causes psychological distress for queer and gender diverse young people? Considering the extensive research outlining the ways that cisheterosexism negatively impacts queer and gender diverse young people's psychological wellbeing (e.g. Fenaughty et al., 2021a; 2021b; Mongelli, et al, 2019), this is a particularly pressing question.

Participants described significant invalidation from their environments, and the biomedical model offered some reprieve and defence from this. Although previous research has outlined the ways that queer and gender diverse young people experience distress (e.g. McDermott & Roen, 2016; Scourfield, Roen, & McDermott, 2011), and some of the work that they do to access support (e.g. McDermott et al., 2021), my focus on how participants used the biomedical model to access legitimacy and recognition is novel. Dominant cultural understandings of adolescence appeared to restrict queer and gender diverse young people's ability to access support, unless they gain external recognition from a medical professional that their distress is abnormal and therefore significant. This speaks to the cultural idea that distress is not important unless it is abnormal and intransient (Biddle et al., 2007); it does not necessarily follow that something being a *phase* means that it is no longer worthy of recognition and support from others. It also speaks to the ways that support and recognition are gate-kept by adults and psy-professionals (Rose, 1998), and the challenges that queer and gender diverse young people encounter in having authority over their own experiences. It is significant that queer and gender diverse young people are not given the space to have their own understandings of their identity and distress recognised without this external validation. This message provides an important reminder to family members and those who interact with queer and gender diverse young people (and young people more widely). Such (dominant) iscourses of adolescence make it difficult for queer and gender diverse young people to be validated and recognised in their identity and distress (McDermott & Roen, 2016).

The reasons *why* participants were so unwilling to claim victim positions remains unclear, whether it is a reaction to criticisms that marginalised groups too often “play the victim”, to avoid bad subjecthood in intersectional feminist spaces, or that space for anyone but the most privileged to claim victimhood is always restricted and policed by those in power. However, avoiding victimhood appeared to be a discursive goal of participants talk and a main feature across both social and biological explanations for distress, even despite the welcoming interview environment that invited discussion of cisheterosexism. That participants would be more likely to discursively avoid victimhood than to name cisheterosexism in their lives as harmful, even in this research context, suggests that dominant ideologies of liberalism and neoliberalism (and the associated power of these subjectivities) monopolise the ways of being and acting available to queer and gender diverse young people. In this way, recognition of queer and gender diverse young people’s psychological distress appears both contingent upon and entirely framed by hegemonic ideas. That the biomedical model, which is highly critiqued within the literature for the limited ways that it understands the complexities of human distress, offers the only glimmer of hope for claiming power and agency over one’s life and validation in one’s distress (distress that is very widely understood to be caused by social systems, not biological factors, and is known to be harmful) is ultimately a cause for alarm. How, for instance, could queer and gender diverse people go about overcoming systemic, implicit harms that they insist do not affect them?

These findings also have implications for clinical practice. It is important for those working with queer and gender diverse young people, for example, to understand the detailed ways that their clients may downplay incidents of cisheterosexism and position themselves as unaffected by such events. Those working with queer and gender diverse young people may find it more effective to target the wider system of the queer or gender diverse young person, supporting family members to validate their young person's distress and identity, as validation in both their distress and their identity were (discursively) highly sought after. Moreover, strengths-based work, which provides clients with a sense of agency and power, may be more appealing to queer and gender diverse young people, considering the restricted space they find to enact a valued subjectivity within wider society. As such, it is important to allow queer and gender diverse young people to claim agentic and powerful narratives over their own circumstances in a discursive milieu that allows little, if any, avenue for such power.

Critical Engagement and Future Directions

In critically evaluating the study, I look to some of the limitations of the project and future directions. I took a queer theory informed critical qualitative approach, which allowed me to build a rich, complex, and non-pathologising analysis of the social worlds of queer and gender diverse young people in Aotearoa, and to problematise dominant understandings of these topics. I chose to do interviews in order to provide a "safe", welcoming space for participants to talk about difficult experiences if they chose to. This likely impacted on the sorts of sense-making that were made. For example, my positioning as a trainee clinical psychologist may have made biomedical understandings of distress more speakable, as participants may have assumed that I hold a (expert) biomedical understanding of distress.

Carrying out focus groups with queer and gender diverse young people on understandings of psychological distress would be a useful extension of the current research. Participants would potentially have less space for discussing personal experiences of distress, as making distress public runs the risk of being positioned as an "attention-seeker" (Scourfield et al., 2011). On the other hand, people can feel more comfortable discussing sensitive topics in a group, and so focus groups may have facilitated greater discussion on the effects of cisheterosexism, particularly if a sense of community was shared by participants (Braun & Clarke, 2013; Formby, 2017). As such, focus groups with queer and gender diverse young people may provide a useful extension of the current project.

A valuable extension to the current project could also be to look at how effective the biomedical model is in accessing validation and support for queer and gender diverse young people. Participants touched on some of the utility in gaining external validation, but also the risks of being seen to be too strongly identifying with diagnoses and therefore attention seeking, or being positioned as having diagnoses or medication get in the way of their self-improvement. Investigating the limits and how these are policed by peers and adults could be useful for exploring the limitations of the biomedical model in providing validation. For example, group interviews with families about diagnoses and medication could be useful for seeing the transactions that play out in using the biomedical model in accessing recognition.

This thesis, however, provided new insight into the complex ways in which and gender diverse young people in Aotearoa make sense of psychological distress. I analysed the ways that queer and gender diverse young people applied socio-cultural and biomedical understandings of distress, and contextualised these within wider discourses of liberalism, neoliberalism, and essentialism. Such research demonstrates the importance of unpacking surface level descriptions and provides a foundation for building on ways that understandings of psychological distress constrain and enable certain ways of being.

A Personal Note: A Reflexive Conclusion

As I finish my doctorate, I have been reflecting on the different position I find myself compared to where I began thinking about this question. I am now working as a psychologist at the same service many of my friends attended (and often criticised) back in high school. This shift to being a psy-professional has felt both uncomfortable at times, and surprisingly comfortable at others.

My research has certainly affected my approach to being a psychologist, and my clinical psychology training has influenced this research as well (for discussion of this, see *Managing Identity, Decisions, and Tensions in the Research Process: A Reflexive Account* in Chapter Three). In working with numerous queer and gender diverse young people in my clinical work, I have paid particular attention to the ways that their experiences are invalidated, and have aimed to use the power I hold in the expert role as ethically as possible while attempting to navigate a highly biomedical (and particularly under-resourced) organisation.

It is my hope that this thesis can provide a similar consciousness to other psy-professionals, and challenge them to take on a fuller awareness of just how much is at stake for queer and gender diverse young people when talking about (often seemingly mundane) instances of cisheterosexism. Similarly, it is my hope that psychology as a profession can continue to examine its own authority and place in the limited subjecthood of distressed queer and gender diverse young people, just as my friends critically examined the power of psychology when we were teenagers.

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Appendix A: Recruitment Flyer

How do LGBTQIA+ young people understand mental health and wellbeing?

Do you identify as LGBTQIA+, genderqueer, non-binary, takatāpui, MVPFAFF, or any other diverse sex, sexuality or gender?
Are you 16 to 18 years old?

I’d like to invite you to participate in a 1-1.5 hour interview exploring what you think about mental health and wellbeing. You do not need to have experienced mental health difficulties to participate.

For more information get in touch with Lucy at
lcow342@aucklanduni.ac.nz

There will be a $30 voucher as a koha (token of appreciation) for those who participate.

Approved by the University of Auckland Human Participants Ethics Committee on DATE for three years. Reference Number xxxxx.

LGBTQIA+ understandings of
mental health and wellbeing
Email Lucy:
Lcow342@aucklanduni.ac.nz

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Appendix B: Information Sheet for School Principals and Staff

THE UNIVERSITY OF AUCKLAND
Te Whare Wānanga o Tāmaki Makaurau
NEW ZEALAND

SCIENCE
SCHOOL OF PSYCHOLOGY

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Science Center
The University of Auckland
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Auckland 1142, New Zealand
Lucy.Cowie@aucklanduni.ac.nz

PARTICIPANT INFORMATION SHEET
School Principal

Project title: Understandings of Mental Health and Wellbeing among LGBTQIA+ students
Names of Researchers: Lucy Cowie, Virginia Braun, and Kerry Gibson

My name is Lucy Cowie. I am a Doctorate of Clinical Psychology student at the University of Auckland. I am being supervised by Prof Virginia Braun and Assoc Prof Kerry Gibsono on a project looking at Lesbian, Gay, Bisexual, Trans, Queer, Intersex, Asexual and other queer and gender diverse identified (LGBTQIA+) young people's understandings of mental health and wellbeing.

We would like to request your permission to share information about this project with young people in your school and to request their participation in the research.

What is this research about?

Previous research has shown that LGBTQIA+ young people are more likely to experience mental health problems, and barriers to positive wellbeing. However, little research has explored young people's understandings of what causes these negative life outcomes. We are hoping to recruit LGBTQI+ young people to explore how they conceptualise mental health, and how they think the mental health of LGBTQIA+ young people can be improved. We would like to use this information to form recommendations for how we can best support the mental health and wellbeing of LGBTQIA+ young people.

Who gets to decide?

It is up to you as the manager/school principal to decide if you want your organization to be involved in advertising this project or not. You are also able to remove consent to advertise the study at any point. I seek your assurance that participation or non-participation will have no effect on the students' grades or relationship with the school.
Each participant will also get to decide themselves whether or not they want to take part and they should not experience any pressure to do so. Even if they do agree to be in the interview, they can change their mind at any time.

What will taking part in the research involve?

If any of the young people in your school agree to be part of this research they will be asked to participate in one interview that will last 1-1.5 hours, and will cover questions such as "Wellbeing is being talked about increasingly often, what does wellbeing mean to you? What do you think wellbeing means in the context of being LGBTQIA+? What does mental health mean to you? What does distress mean for LGBTQIA+ people? Who is good at supporting your psychological wellbeing? Who is good at supporting the psychological wellbeing of your LGBTQIA+ friends? What do they do that's helpful? If you met a young LGBTQIA+ person, what advice would you give them? What would you like to see changed to support the mental health of LGBTQIA+ young people?" This discussion will be recorded.

In terms of how you can contribute to the research, we seek your permission to provide posters to staff to advertise the study how they feel fit. Moreover, it would be useful if you allowed the researcher to attend LGBTQIA+ group meetings if she is invited by the students or teachers in charge of those groups.
We are happy to discuss the ways that you would like to support the study, and are happy to be flexible around this.

Will it be confidential?

The researchers will not tell anyone which participants, which schools, or which organisations have taken part in the research or give out any information about them. Participants can decide how much or how little they are prepared to say in the interview. We also prefer that in the interview that participants do not speak about very personal information and if they talk about other people that they do not say anything that would identify them to others. School names will not be reported in any outputs. We will use a professional to transcribe the recorded discussions. This person will also be asked to sign a confidentiality form.

Who gets to decide?

It is up to you as the manager/school principal/CEO to decide if you want your organization to be involved in advertising this project or not. Each participant will also get to decide him or herself whether or not they want to take part and they should not experience any pressure to do so. Even if they do agree to be in the interview they can change their mind at any time. You are also able to remove consent to advertise the study at any point. I seek your assurance that participation or non-participation will have no effect on the students grades or relationship with the school.

What will happen to the research?

We would like to write up the research findings so that people can learn more what LGBTQIA+ young people think about mental health and wellbeing. When we write this up we will use quotes and examples from the interviews but we will make sure that nobody can identify the school or any particular participant.

What will happen to the interview material after the research is completed?

All researchers are obliged to keep the transcribed interviews as well as the forms in which you have given your consent to take part in this research. We will keep your consent forms in a locked cabinet in the School of Psychology for 6 years and will then destroy them. The interview transcripts will be kept for 6 years also in a locked cabinet, consent forms so that nobody can identify participants from transcripts.

Benefits of participation

The school will have an opportunity to contribute to the development of knowledge in an area which is important to young people's well-being. This knowledge may also be directly helpful to school counsellors, project leaders or others in your school who are specifically concerned with these issues.

Individual participants will have an opportunity to share their knowledge about an issue which is very important for LGBTQIA+ young people. We hope that this will be useful and interesting for them. They will be contributing to professionals' getting a better understanding of how to help other young people and improve the wellbeing of LGBTQIA+ young people.

We will send the organization and individual participants a copy of the findings of the research once we are finished if you would like this.

Are there any risks involved in taking part in this research?

We know that mental health can be a very sensitive issue to talk about. If any participant were to become upset while talking or thinking about this we can give provide information about where to get support. If we are concerned any participant being at risk of hurting themselves we will need to take steps to make sure that they are safe even if this means breaking our confidentially agreement.

So what do you need to do next?

If you are prepared to allow students at your school to be involved in this research please complete the Consent Form attached.

Lucy Cowie can be contacted by text or phone at 02102588438 or email her at
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The researchers are:
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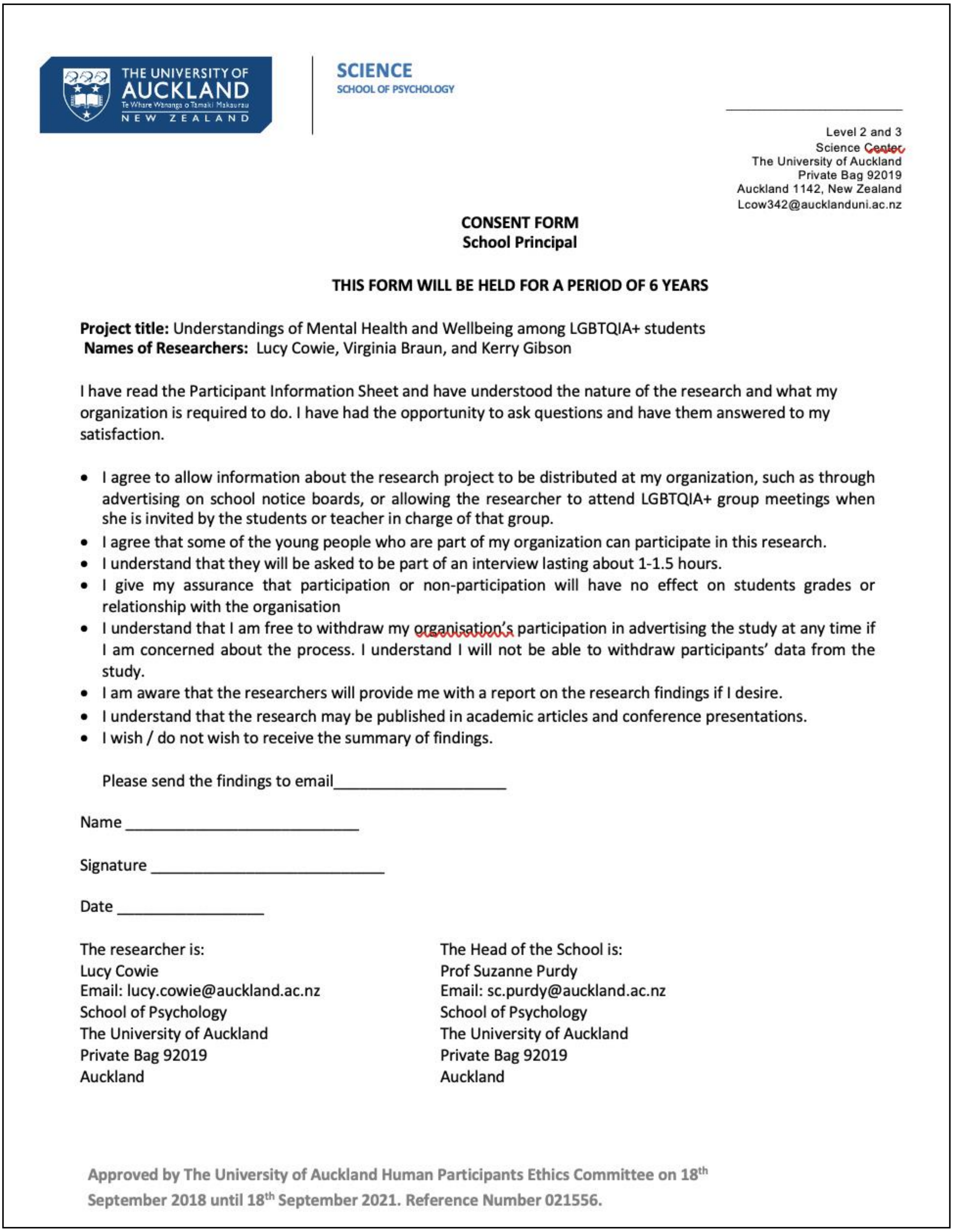
Auckland

For any queries regarding ethical concerns you may contact the Chair, The University of Auckland Human Participants Ethics Committee, The University of Auckland Office of the Vice Chancellor, Private Bag 92019, Auckland 1142. Telephone 09 373-7599 extn. 83711.

Approved by The University Of Auckland Human Participants Ethics Committee on 18th September 2018 until 18th September 2021. Reference Number 021556.

Appendix C: Consent Form for School Principals and Staff



THE UNIVERSITY OF
AUCKLAND
Te Whare Wānanga o Tāmaki Makaurau
NEW ZEALAND

SCIENCE
SCHOOL OF PSYCHOLOGY

Level 2 and 3
Science Center
The University of Auckland
Private Bag 92019
Auckland 1142, New Zealand
Lcow342@aucklanduni.ac.nz

CONSENT FORM
School Principal

THIS FORM WILL BE HELD FOR A PERIOD OF 6 YEARS

Project title: Understandings of Mental Health and Wellbeing among LGBTQIA+ students
Names of Researchers: Lucy Cowie, Virginia Braun, and Kerry Gibson

I have read the Participant Information Sheet and have understood the nature of the research and what my organization is required to do. I have had the opportunity to ask questions and have them answered to my satisfaction.

- I agree to allow information about the research project to be distributed at my organization, such as through advertising on school notice boards, or allowing the researcher to attend LGBTQIA+ group meetings when she is invited by the students or teacher in charge of that group.
- I agree that some of the young people who are part of my organization can participate in this research.
- I understand that they will be asked to be part of an interview lasting about 1-1.5 hours.
- I give my assurance that participation or non-participation will have no effect on students grades or relationship with the organisation
- I understand that I am free to withdraw my organisation's participation in advertising the study at any time if I am concerned about the process. I understand I will not be able to withdraw participants' data from the study.
- I am aware that the researchers will provide me with a report on the research findings if I desire.
- I understand that the research may be published in academic articles and conference presentations.
- I wish / do not wish to receive the summary of findings.

Please send the findings to email____________________

Name ____________________________

Signature ____________________________

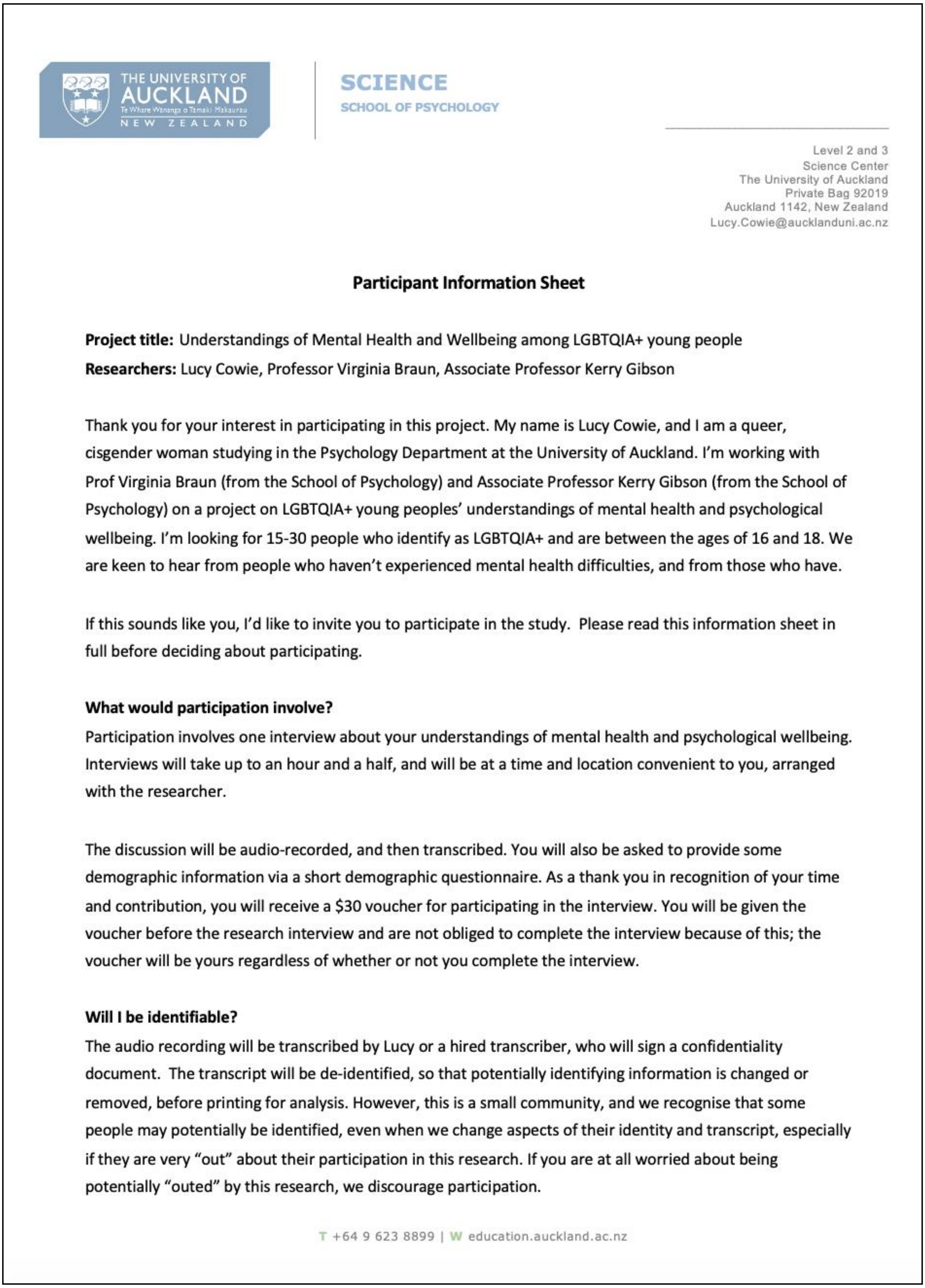
Date _________________

The researcher is:
Lucy Cowie
Email: lucy.cowie@auckland.ac.nz
School of Psychology
The University of Auckland
Private Bag 92019
Auckland

The Head of the School is:
Prof Suzanne Purdy
Email: sc.purdy@auckland.ac.nz
School of Psychology
The University of Auckland
Private Bag 92019
Auckland

Approved by The University of Auckland Human Participants Ethics Committee on 18th September 2018 until 18th September 2021. Reference Number 021556.

Appendix D: Participant Information Sheet



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SCIENCE
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Level 2 and 3
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The University of Auckland
Private Bag 92019
Auckland 1142, New Zealand
Lucy.Cowie@aucklanduni.ac.nz

Participant Information Sheet

Project title: Understandings of Mental Health and Wellbeing among LGBTQIA+ young people

Researchers: Lucy Cowie, Professor Virginia Braun, Associate Professor Kerry Gibson

Thank you for your interest in participating in this project. My name is Lucy Cowie, and I am a queer, cisgender woman studying in the Psychology Department at the University of Auckland. I'm working with Prof Virginia Braun (from the School of Psychology) and Associate Professor Kerry Gibson (from the School of Psychology) on a project on LGBTQIA+ young peoples' understandings of mental health and psychological wellbeing. I'm looking for 15-30 people who identify as LGBTQIA+ and are between the ages of 16 and 18. We are keen to hear from people who haven't experienced mental health difficulties, and from those who have.

If this sounds like you, I'd like to invite you to participate in the study. Please read this information sheet in full before deciding about participating.

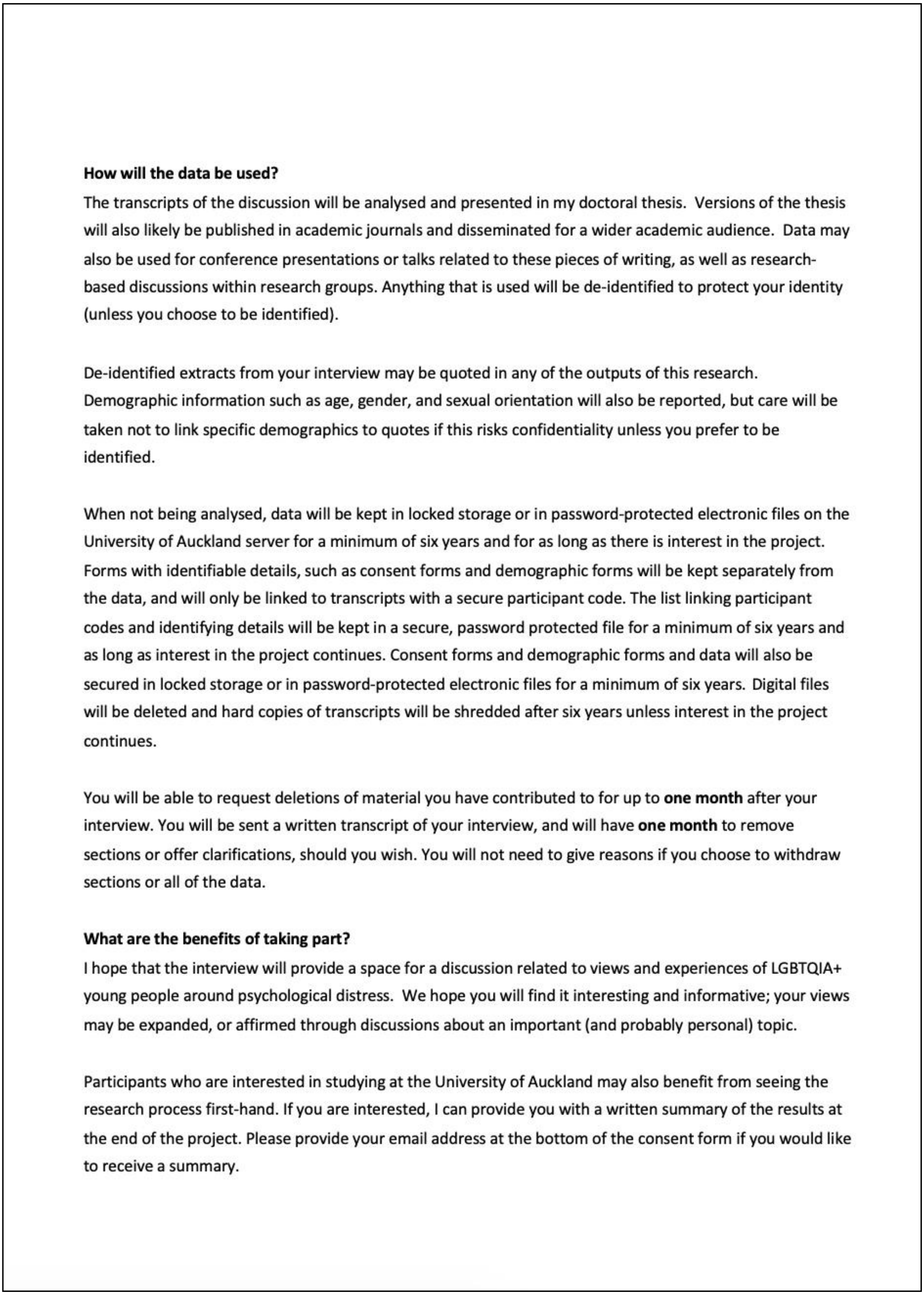
What would participation involve?

Participation involves one interview about your understandings of mental health and psychological wellbeing. Interviews will take up to an hour and a half, and will be at a time and location convenient to you, arranged with the researcher.

The discussion will be audio-recorded, and then transcribed. You will also be asked to provide some demographic information via a short demographic questionnaire. As a thank you in recognition of your time and contribution, you will receive a $30 voucher for participating in the interview. You will be given the voucher before the research interview and are not obliged to complete the interview because of this; the voucher will be yours regardless of whether or not you complete the interview.

Will I be identifiable?

The audio recording will be transcribed by Lucy or a hired transcriber, who will sign a confidentiality document. The transcript will be de-identified, so that potentially identifying information is changed or removed, before printing for analysis. However, this is a small community, and we recognise that some people may potentially be identified, even when we change aspects of their identity and transcript, especially if they are very "out" about their participation in this research. If you are at all worried about being potentially "outed" by this research, we discourage participation.



How will the data be used?

The transcripts of the discussion will be analysed and presented in my doctoral thesis. Versions of the thesis will also likely be published in academic journals and disseminated for a wider academic audience. Data may also be used for conference presentations or talks related to these pieces of writing, as well as research-based discussions within research groups. Anything that is used will be de-identified to protect your identity (unless you choose to be identified).

De-identified extracts from your interview may be quoted in any of the outputs of this research. Demographic information such as age, gender, and sexual orientation will also be reported, but care will be taken not to link specific demographics to quotes if this risks confidentiality unless you prefer to be identified.

When not being analysed, data will be kept in locked storage or in password-protected electronic files on the University of Auckland server for a minimum of six years and for as long as there is interest in the project. Forms with identifiable details, such as consent forms and demographic forms will be kept separately from the data, and will only be linked to transcripts with a secure participant code. The list linking participant codes and identifying details will be kept in a secure, password protected file for a minimum of six years and as long as interest in the project continues. Consent forms and demographic forms and data will also be secured in locked storage or in password-protected electronic files for a minimum of six years. Digital files will be deleted and hard copies of transcripts will be shredded after six years unless interest in the project continues.

You will be able to request deletions of material you have contributed to for up to **one month** after your interview. You will be sent a written transcript of your interview, and will have **one month** to remove sections or offer clarifications, should you wish. You will not need to give reasons if you choose to withdraw sections or all of the data.

What are the benefits of taking part?

I hope that the interview will provide a space for a discussion related to views and experiences of LGBTQIA+ young people around psychological distress. We hope you will find it interesting and informative; your views may be expanded, or affirmed through discussions about an important (and probably personal) topic.

Participants who are interested in studying at the University of Auckland may also benefit from seeing the research process first-hand. If you are interested, I can provide you with a written summary of the results at the end of the project. Please provide your email address at the bottom of the consent form if you would like to receive a summary.

Are there any risks involved?

There are no particular risks involved in participation, and there is no deception involved in this study. The main risk as noted above is that you potentially be identified as gender and/or sexuality diverse if someone who knows you well is able to recognise your experiences in the confidential, de-identified data. Although I will change identifiable details, I recognise that this risk exists in a small community, and if this is a concern for you then I discourage your participation.

Your participation in the project will be confidential to the research team, and your name and identifying details will be kept confidential and separate from the data. However, in the New Zealand context, there are legal instances where such confidentiality may be breached – such as legal subpoena of data by the police. Such instances are highly unlikely to occur, but we do believe it is best practice to notify potential participants of this (unlikely) possibility. Similarly, if a participant discloses an intention to harm self or others, our professional ethics may require disclosure of that information/intention. In these instances, we will endeavour to discuss potential breaches of confidentiality with you wherever possible.

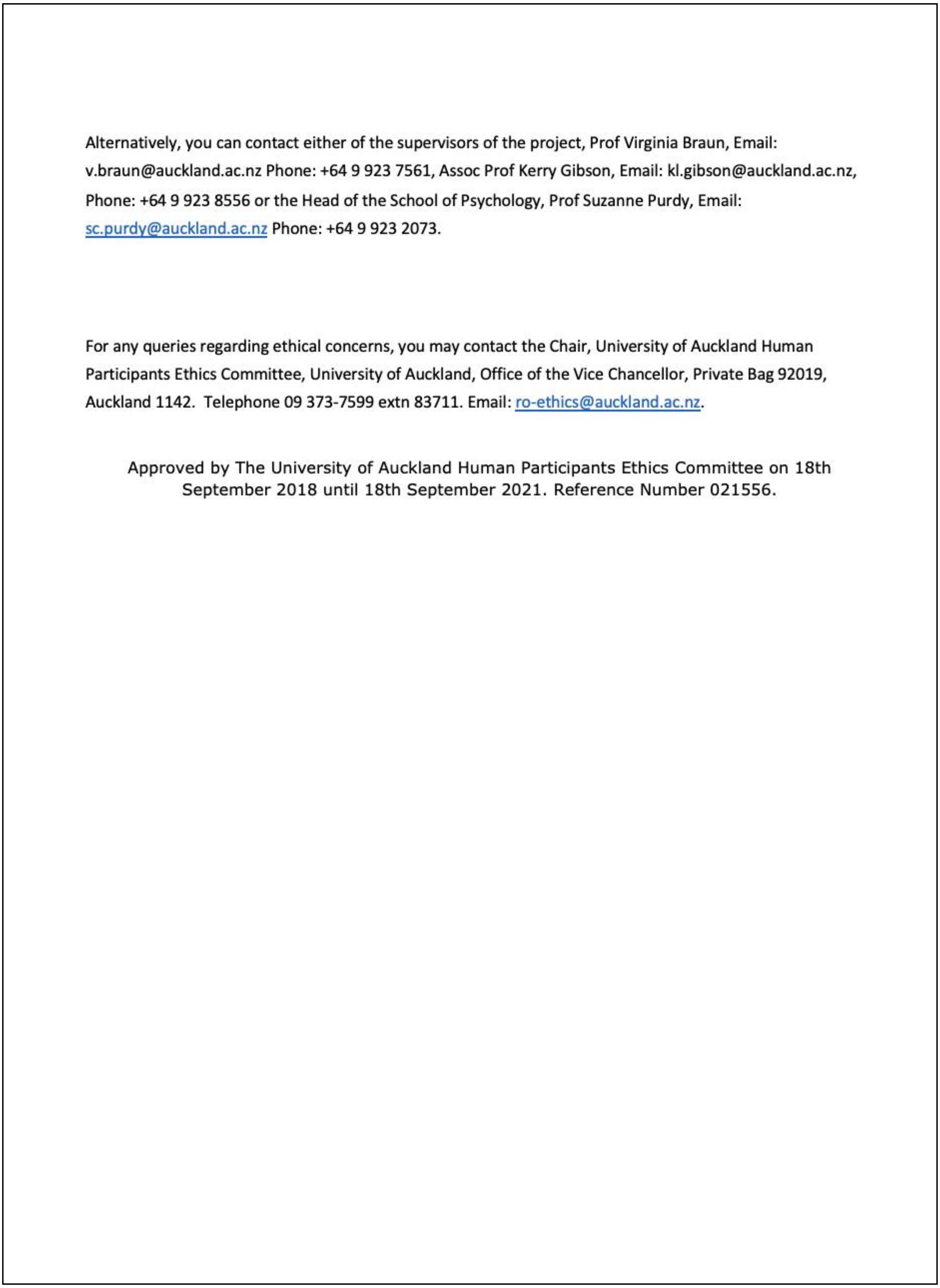
The other main risk is that particular questions or topics *may* have the potential to be upsetting. While no material in the discussion guide is designed to be upsetting or challenging, it may remind you of a past distressing experience. If topics around mental health and homophobia/transphobia are distressing for you to discuss, we discourage your participation. We provide all participants with a resource sheet of organisations who offer information, resources, and support. This support sheet can assist if later feelings of distress occur and you would like some support.

Current, past or future students of either myself, Virginia, and John are welcome to participate, or choose not to participate or withdraw at any time. We (Lucy Cowie, Virginia Braun, and Kerry Gibson) guarantee that this will not have any impact on the ongoing student-teacher relationship, or to future coursework or marks. No student will be advantaged or disadvantaged by any staff for participating in this research. You may contact my Head of Department (details below) should you feel that this assurance has not been met.

Can I withdraw from the research?

Participation in this research is voluntary. You can withdraw at any time without giving a reason, including *after* agreeing to participate, up to any point *during* your participation. If you participate in an interview, you may also withdraw any or all of your data, or offer clarifications of the data, for up to **one month** after participation without giving a reason.

Thank you taking the time to read this information, and for your interest in this study! If you would like to volunteer to participate, to find out more, or ask any questions about this study, please contact:
Lucy Cowie, Lucy.Cowie@aucklanduni.ac.nz.

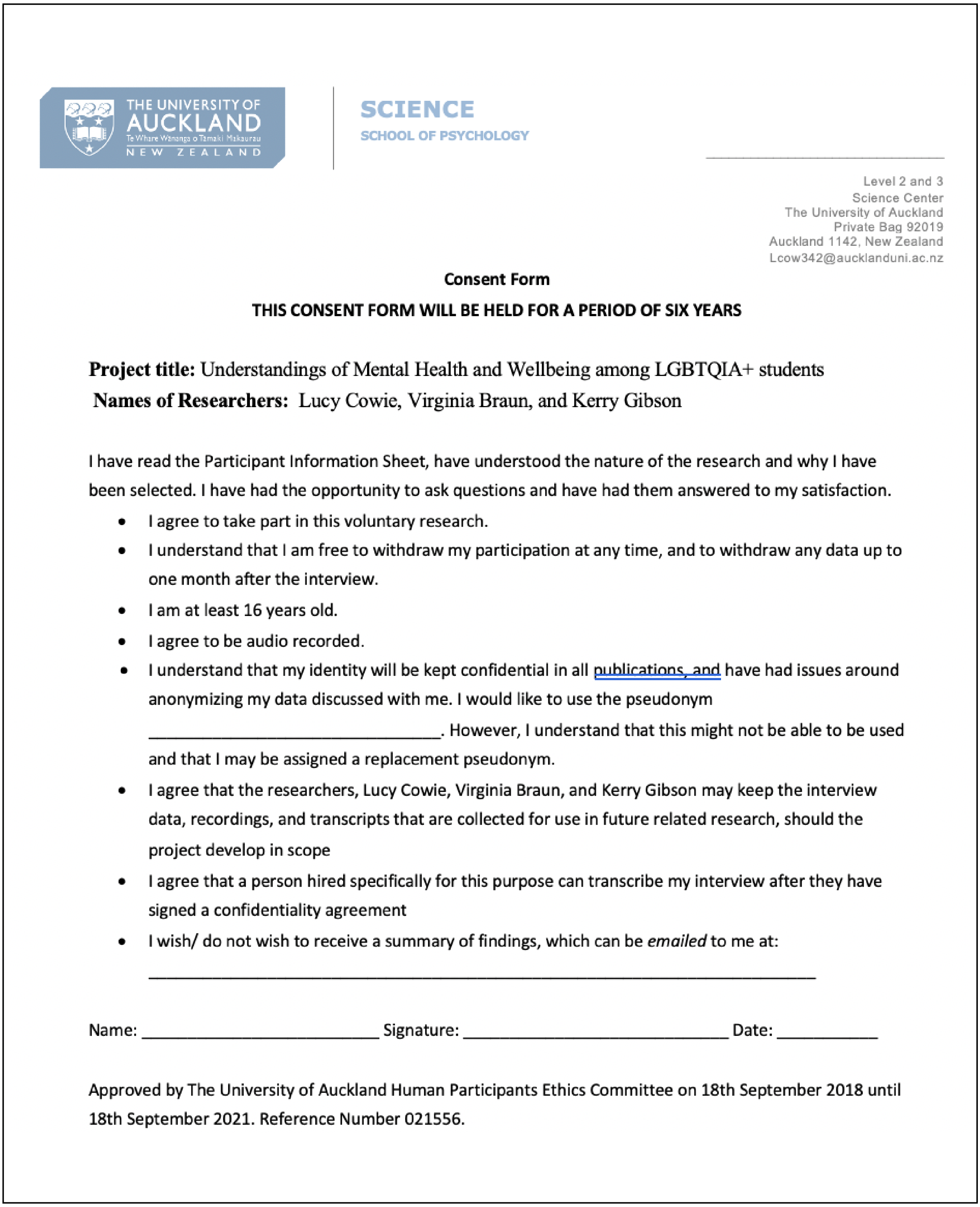


Alternatively, you can contact either of the supervisors of the project, Prof Virginia Braun, Email: v.braun@auckland.ac.nz Phone: +64 9 923 7561, Assoc Prof Kerry Gibson, Email: kl.gibson@auckland.ac.nz, Phone: +64 9 923 8556 or the Head of the School of Psychology, Prof Suzanne Purdy, Email: sc.purdy@auckland.ac.nz Phone: +64 9 923 2073.

For any queries regarding ethical concerns, you may contact the Chair, University of Auckland Human Participants Ethics Committee, University of Auckland, Office of the Vice Chancellor, Private Bag 92019, Auckland 1142. Telephone 09 373-7599 extn 83711. Email: ro-ethics@auckland.ac.nz.

Approved by The University of Auckland Human Participants Ethics Committee on 18th September 2018 until 18th September 2021. Reference Number 021556.

Appendix E: Consent Form



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Private Bag 92019
Auckland 1142, New Zealand
Lcow342@aucklanduni.ac.nz

Consent Form

THIS CONSENT FORM WILL BE HELD FOR A PERIOD OF SIX YEARS

Project title: Understandings of Mental Health and Wellbeing among LGBTQIA+ students

Names of Researchers: Lucy Cowie, Virginia Braun, and Kerry Gibson

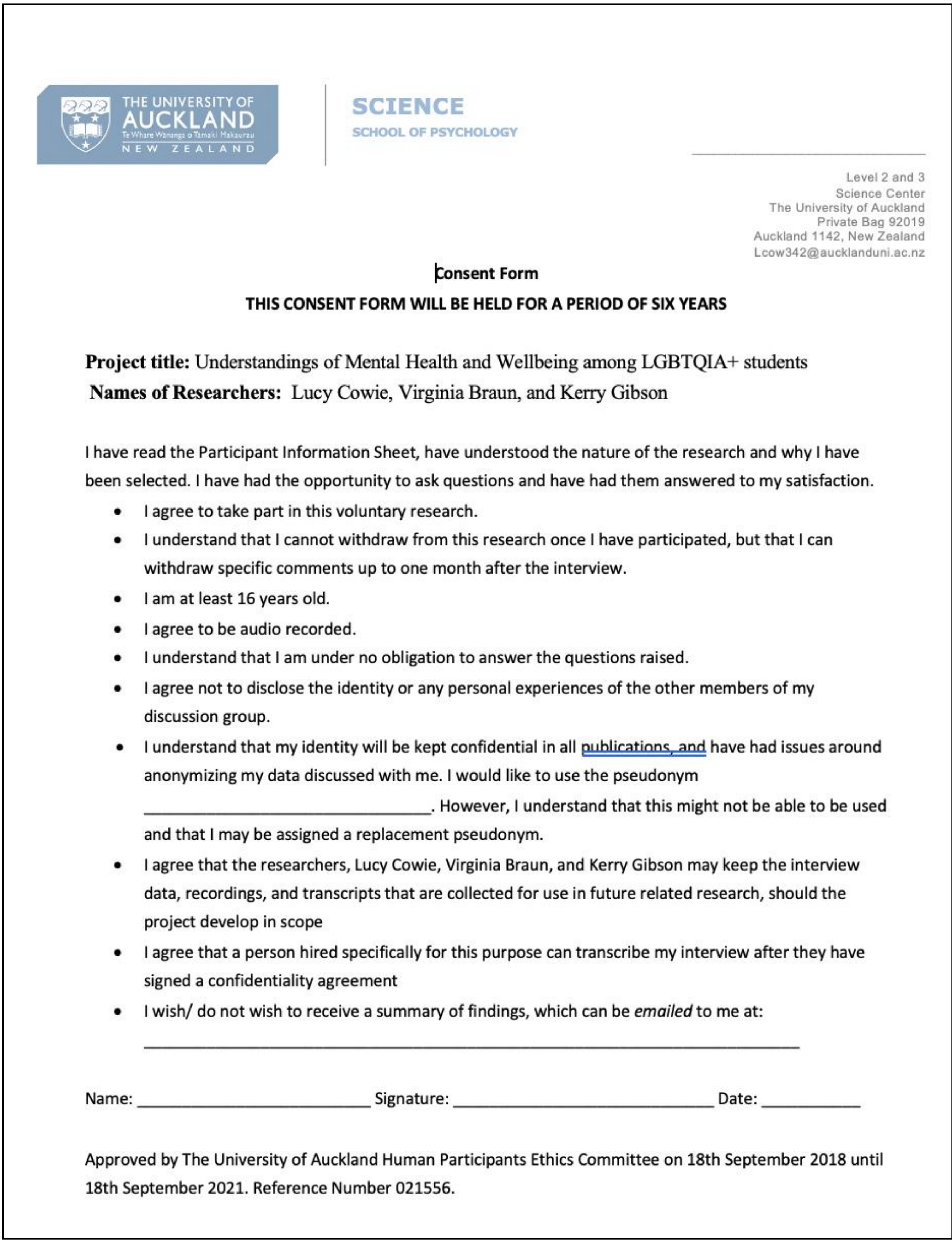
I have read the Participant Information Sheet, have understood the nature of the research and why I have been selected. I have had the opportunity to ask questions and have had them answered to my satisfaction.

- I agree to take part in this voluntary research.
- I understand that I am free to withdraw my participation at any time, and to withdraw any data up to one month after the interview.
- I am at least 16 years old.
- I agree to be audio recorded.
- I understand that my identity will be kept confidential in all publications, and have had issues around anonymizing my data discussed with me. I would like to use the pseudonym ___________________________________. However, I understand that this might not be able to be used and that I may be assigned a replacement pseudonym.
- I agree that the researchers, Lucy Cowie, Virginia Braun, and Kerry Gibson may keep the interview data, recordings, and transcripts that are collected for use in future related research, should the project develop in scope
- I agree that a person hired specifically for this purpose can transcribe my interview after they have signed a confidentiality agreement
- I wish/ do not wish to receive a summary of findings, which can be *emailed* to me at: ____

Name: ____________________________ Signature: _______________________________ Date: ____________

Approved by The University of Auckland Human Participants Ethics Committee on 18th September 2018 until 18th September 2021. Reference Number 021556.

Appendix F: Dyadic Interview Consent Form



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Lcow342@aucklanduni.ac.nz

Consent Form

THIS CONSENT FORM WILL BE HELD FOR A PERIOD OF SIX YEARS

Project title: Understandings of Mental Health and Wellbeing among LGBTQIA+ students
Names of Researchers: Lucy Cowie, Virginia Braun, and Kerry Gibson

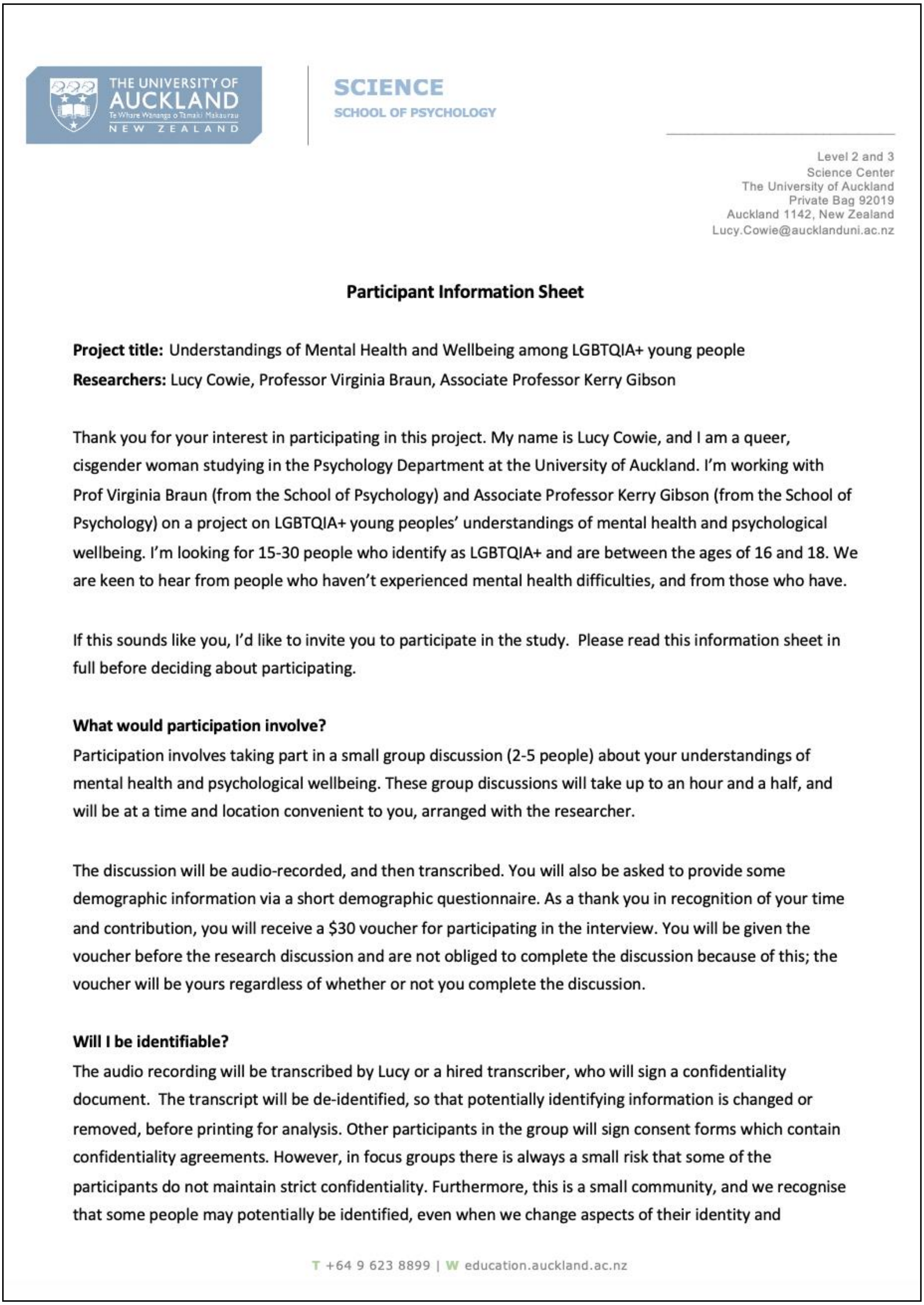
I have read the Participant Information Sheet, have understood the nature of the research and why I have been selected. I have had the opportunity to ask questions and have had them answered to my satisfaction.

- I agree to take part in this voluntary research.
- I understand that I cannot withdraw from this research once I have participated, but that I can withdraw specific comments up to one month after the interview.
- I am at least 16 years old.
- I agree to be audio recorded.
- I understand that I am under no obligation to answer the questions raised.
- I agree not to disclose the identity or any personal experiences of the other members of my discussion group.
- I understand that my identity will be kept confidential in all publications, and have had issues around anonymizing my data discussed with me. I would like to use the pseudonym ________________________________. However, I understand that this might not be able to be used and that I may be assigned a replacement pseudonym.
- I agree that the researchers, Lucy Cowie, Virginia Braun, and Kerry Gibson may keep the interview data, recordings, and transcripts that are collected for use in future related research, should the project develop in scope
- I agree that a person hired specifically for this purpose can transcribe my interview after they have signed a confidentiality agreement
- I wish/ do not wish to receive a summary of findings, which can be *emailed* to me at: ____

Name: ___________________________ Signature: ______________________________ Date: ___________

Approved by The University of Auckland Human Participants Ethics Committee on 18th September 2018 until 18th September 2021. Reference Number 021556.

Appendix G: Dyadic Interview Information Sheet



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Science Center
The University of Auckland
Private Bag 92019
Auckland 1142, New Zealand
Lucy.Cowie@aucklanduni.ac.nz

Participant Information Sheet

Project title: Understandings of Mental Health and Wellbeing among LGBTQIA+ young people
Researchers: Lucy Cowie, Professor Virginia Braun, Associate Professor Kerry Gibson

Thank you for your interest in participating in this project. My name is Lucy Cowie, and I am a queer, cisgender woman studying in the Psychology Department at the University of Auckland. I'm working with Prof Virginia Braun (from the School of Psychology) and Associate Professor Kerry Gibson (from the School of Psychology) on a project on LGBTQIA+ young peoples' understandings of mental health and psychological wellbeing. I'm looking for 15-30 people who identify as LGBTQIA+ and are between the ages of 16 and 18. We are keen to hear from people who haven't experienced mental health difficulties, and from those who have.

If this sounds like you, I'd like to invite you to participate in the study. Please read this information sheet in full before deciding about participating.

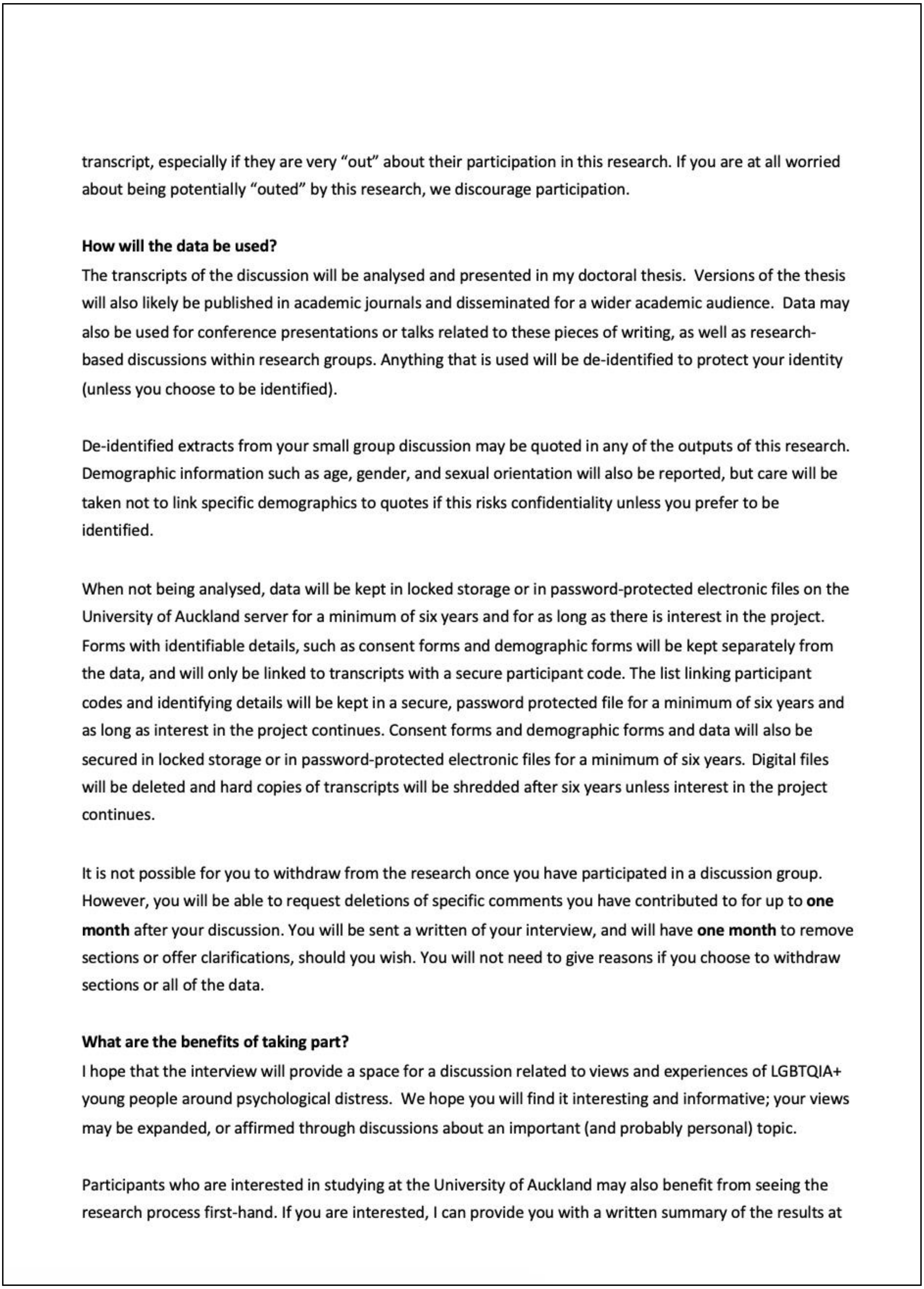
What would participation involve?

Participation involves taking part in a small group discussion (2-5 people) about your understandings of mental health and psychological wellbeing. These group discussions will take up to an hour and a half, and will be at a time and location convenient to you, arranged with the researcher.

The discussion will be audio-recorded, and then transcribed. You will also be asked to provide some demographic information via a short demographic questionnaire. As a thank you in recognition of your time and contribution, you will receive a $30 voucher for participating in the interview. You will be given the voucher before the research discussion and are not obliged to complete the discussion because of this; the voucher will be yours regardless of whether or not you complete the discussion.

Will I be identifiable?

The audio recording will be transcribed by Lucy or a hired transcriber, who will sign a confidentiality document. The transcript will be de-identified, so that potentially identifying information is changed or removed, before printing for analysis. Other participants in the group will sign consent forms which contain confidentiality agreements. However, in focus groups there is always a small risk that some of the participants do not maintain strict confidentiality. Furthermore, this is a small community, and we recognise that some people may potentially be identified, even when we change aspects of their identity and



transcript, especially if they are very "out" about their participation in this research. If you are at all worried about being potentially "outed" by this research, we discourage participation.

How will the data be used?

The transcripts of the discussion will be analysed and presented in my doctoral thesis. Versions of the thesis will also likely be published in academic journals and disseminated for a wider academic audience. Data may also be used for conference presentations or talks related to these pieces of writing, as well as research-based discussions within research groups. Anything that is used will be de-identified to protect your identity (unless you choose to be identified).

De-identified extracts from your small group discussion may be quoted in any of the outputs of this research. Demographic information such as age, gender, and sexual orientation will also be reported, but care will be taken not to link specific demographics to quotes if this risks confidentiality unless you prefer to be identified.

When not being analysed, data will be kept in locked storage or in password-protected electronic files on the University of Auckland server for a minimum of six years and for as long as there is interest in the project. Forms with identifiable details, such as consent forms and demographic forms will be kept separately from the data, and will only be linked to transcripts with a secure participant code. The list linking participant codes and identifying details will be kept in a secure, password protected file for a minimum of six years and as long as interest in the project continues. Consent forms and demographic forms and data will also be secured in locked storage or in password-protected electronic files for a minimum of six years. Digital files will be deleted and hard copies of transcripts will be shredded after six years unless interest in the project continues.

It is not possible for you to withdraw from the research once you have participated in a discussion group. However, you will be able to request deletions of specific comments you have contributed to for up to **one month** after your discussion. You will be sent a written of your interview, and will have **one month** to remove sections or offer clarifications, should you wish. You will not need to give reasons if you choose to withdraw sections or all of the data.

What are the benefits of taking part?

I hope that the interview will provide a space for a discussion related to views and experiences of LGBTQIA+ young people around psychological distress. We hope you will find it interesting and informative; your views may be expanded, or affirmed through discussions about an important (and probably personal) topic.

Participants who are interested in studying at the University of Auckland may also benefit from seeing the research process first-hand. If you are interested, I can provide you with a written summary of the results at the end of the project. Please provide your email address at the bottom of the consent form if you would like to receive a summary.

Are there any risks involved?

There are no particular risks involved in participation, and there is no deception involved in this study. The main risk as noted above is that you potentially be identified as gender and/or sexuality diverse if someone who knows you well is able to recognise your experiences in the confidential, de-identified data. Although I will change identifiable details, I recognise that this risk exists in a small community, and if this is a concern for you then I discourage your participation.

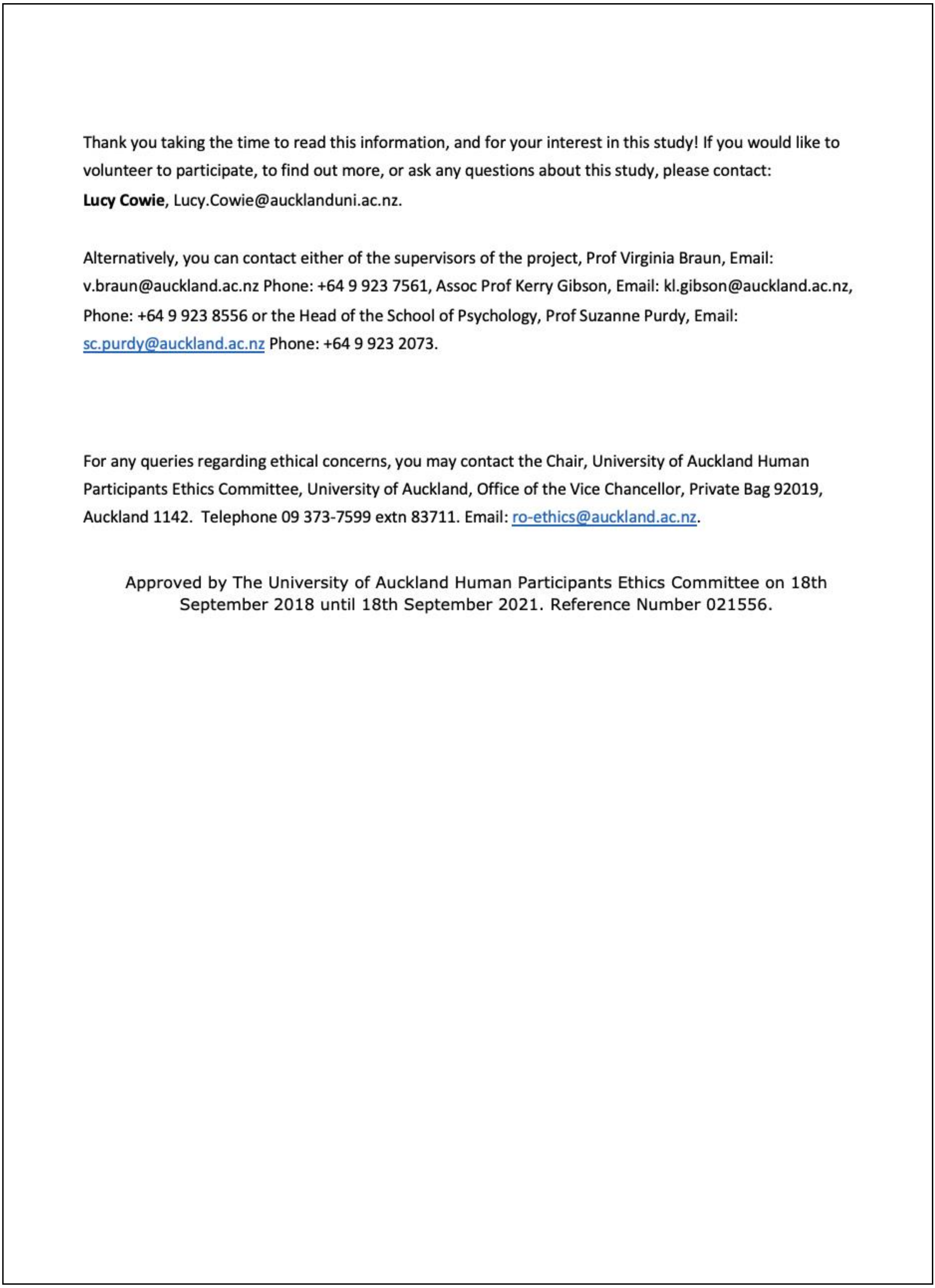
Your participation in the project will be confidential to the research team, and your name and identifying details will be kept confidential and separate from the data. However, in the New Zealand context, there are legal instances where such confidentiality may be breached – such as legal subpoena of data by the police. Such instances are highly unlikely to occur, but we do believe it is best practice to notify potential participants of this possibility. Similarly, if a participant discloses an intention to harm self or others, our professional ethics may require disclosure of that information/intention. In these instances, we will endeavour to discuss potential breaches of confidentiality with you wherever possible.

The other main risk is that particular questions or topics *may* have the potential to be upsetting. While no material in the discussion guide is designed to be upsetting or challenging, it may remind you of a past distressing experience. If topics around mental health and homophobia/transphobia are distressing for you to discuss, we discourage your participation. We provide all participants with a resource sheet of organisations who offer information, resources, and support. This support sheet can assist if later feelings of distress occur and you would like some support.

Current, past or future students of either myself, Virginia, and Kerry are welcome to participate, or choose not to participate or withdraw at any time. We (Lucy Cowie, Virginia Braun, and Kerry Gibson) guarantee that this will not have any impact on the ongoing student-teacher relationship, or to future coursework or marks. No student will be advantaged or disadvantaged by any staff for participating in this research. You may contact my Head of Department (details below) should you feel that this assurance has not been met.

Can I withdraw from the research?

Participation in this research is voluntary. You can withdraw at any time without giving a reason, including *after* agreeing to participate, up to any point *during* your participation. If you participate in an interview, you may also withdraw any or all of your data, or offer clarifications of the data, for up to **one month** after participation without giving a reason.



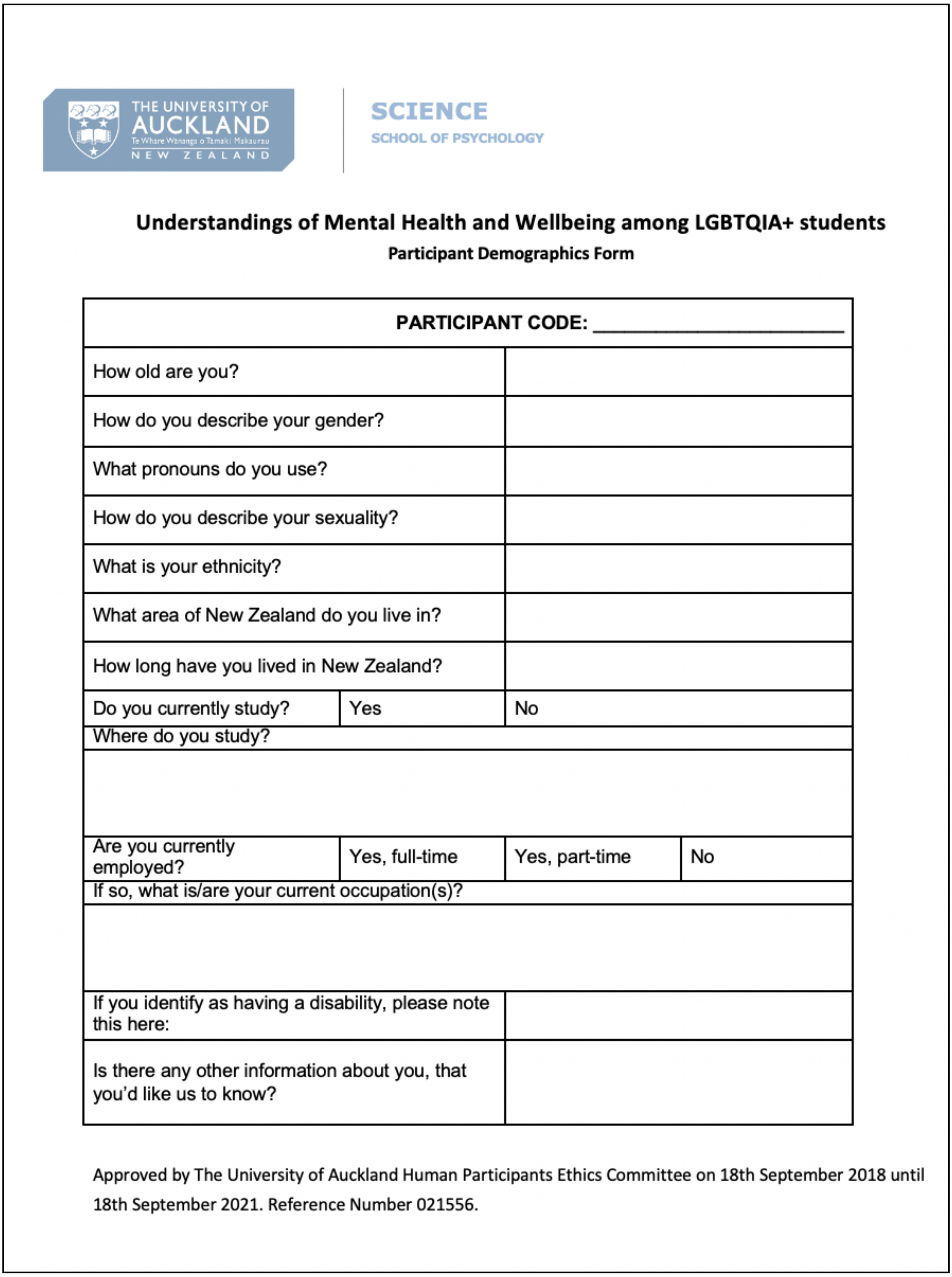
Thank you taking the time to read this information, and for your interest in this study! If you would like to volunteer to participate, to find out more, or ask any questions about this study, please contact:
Lucy Cowie, Lucy.Cowie@aucklanduni.ac.nz.

Alternatively, you can contact either of the supervisors of the project, Prof Virginia Braun, Email: v.braun@auckland.ac.nz Phone: +64 9 923 7561, Assoc Prof Kerry Gibson, Email: kl.gibson@auckland.ac.nz, Phone: +64 9 923 8556 or the Head of the School of Psychology, Prof Suzanne Purdy, Email: sc.purdy@auckland.ac.nz Phone: +64 9 923 2073.

For any queries regarding ethical concerns, you may contact the Chair, University of Auckland Human Participants Ethics Committee, University of Auckland, Office of the Vice Chancellor, Private Bag 92019, Auckland 1142. Telephone 09 373-7599 extn 83711. Email: ro-ethics@auckland.ac.nz.

Approved by The University of Auckland Human Participants Ethics Committee on 18th September 2018 until 18th September 2021. Reference Number 021556.

Appendix H: Demographic Form



THE UNIVERSITY OF AUCKLAND
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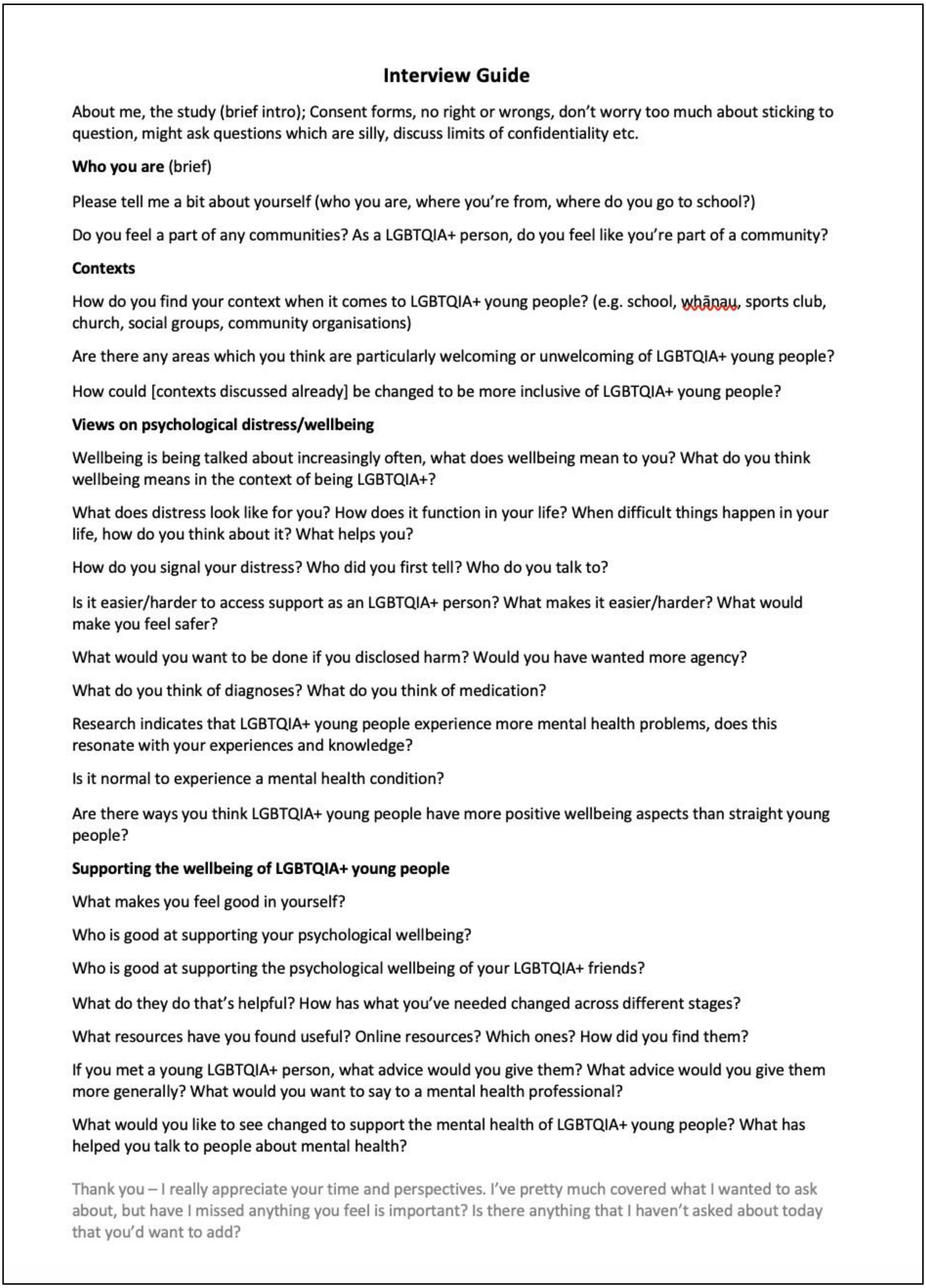
Understandings of Mental Health and Wellbeing among LGBTQIA+ students

Participant Demographics Form

PARTICIPANT CODE: ______________________			
How old are you?			
How do you describe your gender?			
What pronouns do you use?			
How do you describe your sexuality?			
What is your ethnicity?			
What area of New Zealand do you live in?			
How long have you lived in New Zealand?			
Do you currently study?	Yes	No	
Where do you study?			
Are you currently employed?	Yes, full-time	Yes, part-time	No
If so, what is/are your current occupation(s)?			
If you identify as having a disability, please note this here:			
Is there any other information about you, that you'd like us to know?			

Approved by The University of Auckland Human Participants Ethics Committee on 18th September 2018 until 18th September 2021. Reference Number 021556.

Appendix I: Interview Guide



Interview Guide

About me, the study (brief intro); Consent forms, no right or wrongs, don't worry too much about sticking to question, might ask questions which are silly, discuss limits of confidentiality etc.

Who you are (brief)

Please tell me a bit about yourself (who you are, where you're from, where do you go to school?)

Do you feel a part of any communities? As a LGBTQIA+ person, do you feel like you're part of a community?

Contexts

How do you find your context when it comes to LGBTQIA+ young people? (e.g. school, whānau, sports club, church, social groups, community organisations)

Are there any areas which you think are particularly welcoming or unwelcoming of LGBTQIA+ young people?

How could [contexts discussed already] be changed to be more inclusive of LGBTQIA+ young people?

Views on psychological distress/wellbeing

Wellbeing is being talked about increasingly often, what does wellbeing mean to you? What do you think wellbeing means in the context of being LGBTQIA+?

What does distress look like for you? How does it function in your life? When difficult things happen in your life, how do you think about it? What helps you?

How do you signal your distress? Who did you first tell? Who do you talk to?

Is it easier/harder to access support as an LGBTQIA+ person? What makes it easier/harder? What would make you feel safer?

What would you want to be done if you disclosed harm? Would you have wanted more agency?

What do you think of diagnoses? What do you think of medication?

Research indicates that LGBTQIA+ young people experience more mental health problems, does this resonate with your experiences and knowledge?

Is it normal to experience a mental health condition?

Are there ways you think LGBTQIA+ young people have more positive wellbeing aspects than straight young people?

Supporting the wellbeing of LGBTQIA+ young people

What makes you feel good in yourself?

Who is good at supporting your psychological wellbeing?

Who is good at supporting the psychological wellbeing of your LGBTQIA+ friends?

What do they do that's helpful? How has what you've needed changed across different stages?

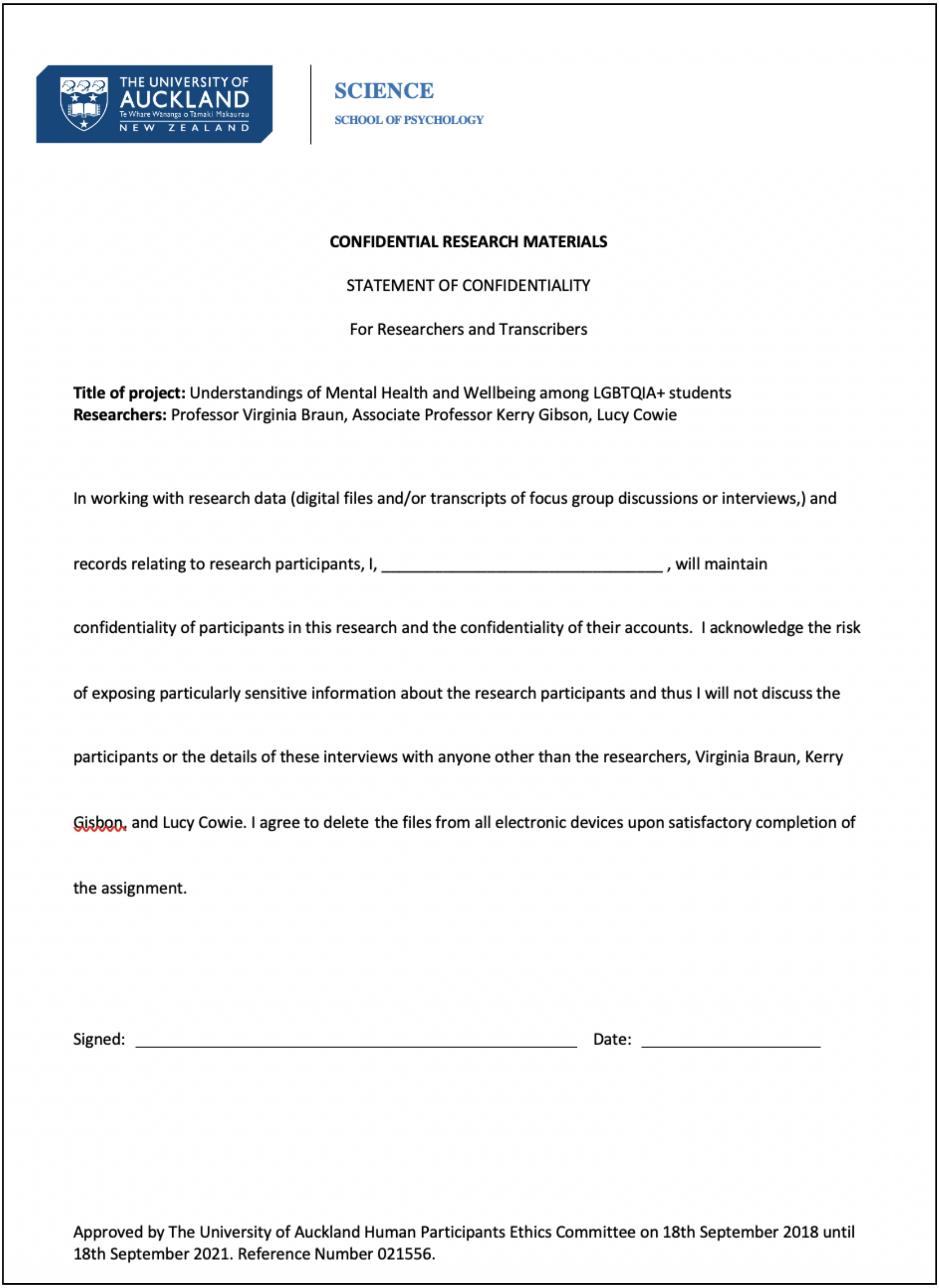
What resources have you found useful? Online resources? Which ones? How did you find them?

If you met a young LGBTQIA+ person, what advice would you give them? What advice would you give them more generally? What would you want to say to a mental health professional?

What would you like to see changed to support the mental health of LGBTQIA+ young people? What has helped you talk to people about mental health?

Thank you – I really appreciate your time and perspectives. I've pretty much covered what I wanted to ask about, but have I missed anything you feel is important? Is there anything that I haven't asked about today that you'd want to add?

Appendix J: Transcriber Confidentiality Form



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NEW ZEALAND

SCIENCE
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CONFIDENTIAL RESEARCH MATERIALS

STATEMENT OF CONFIDENTIALITY

For Researchers and Transcribers

Title of project: Understandings of Mental Health and Wellbeing among LGBTQIA+ students
Researchers: Professor Virginia Braun, Associate Professor Kerry Gibson, Lucy Cowie

In working with research data (digital files and/or transcripts of focus group discussions or interviews,) and records relating to research participants, I, ________________________________ , will maintain confidentiality of participants in this research and the confidentiality of their accounts. I acknowledge the risk of exposing particularly sensitive information about the research participants and thus I will not discuss the participants or the details of these interviews with anyone other than the researchers, Virginia Braun, Kerry Gisbon, and Lucy Cowie. I agree to delete the files from all electronic devices upon satisfactory completion of the assignment.

Signed: ____ Date: ____________________

Approved by The University of Auckland Human Participants Ethics Committee on 18th September 2018 until 18th September 2021. Reference Number 021556.