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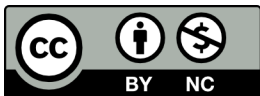
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Special Issue – Experiences of and responses to disempowerment, violence and injustice within the relational lives of Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) people



Paradoxical family practices: LGBTQ+ young people, mental health and wellbeing

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Abstract

This article will explore how LGBTQ+ young people sustain, and in some cases survive, family relationships. We develop the concept of ‘paradoxical family practices’ and use this to demonstrate the ways in which LGBTQ+ young people manage family life through everyday emotion work. This highlights: (1) how families ordinarily navigate heteronormativity and ‘issues’ of gender/sexuality; (2) the efficacy of ‘paradoxical family practices’ as a conceptual tool; (3) the value of emotion-centred multiple qualitative methods to explore the lives of LGBTQ+ young people and mental health. Findings derive from a small-scale UK study funded by the Wellcome Trust (UNS39780) and were generated through a two-stage methodology comprising digital/paper emotion maps and qualitative interviews with LGBTQ+ young people aged 16–25 ($n = 12$) followed by diary methods and follow-up interviews ($n = 9$). Interviews were also completed with ‘family members’ ($n = 7$).

Keywords

emotion work, everyday family life, LGBTQ+ young people, mental health, paradoxical family practices

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Advances in equality rights have extended the possibilities and capacity of queer kinship, alongside an increase in social integration which has embraced sexual diversity and concomitant sexual identities. The reach and potentialities of social media have forged and sustained global solidarity sexual networks. Sexual minorities and young queers have arguably never had it so good! However global research shows that, compared to heterosexual and cis-gender young people, those who identify as LGBTQ+¹ have a much higher incidence of poor mental health (see Bouris et al., 2010). Conflict with families of origin is a compounding risk factor (McConnell et al., 2016; Needham and Austin, 2010) and parental positive/negative reactions to 'coming out' have lasting impact (Bouris et al., 2010).

Empirical studies of the impact of families on the experience of LGBTQ+ young people and mental health typically adhere to an individualized model that focuses on families of origin and family function. In our study we utilized a 'practices approach' to explore the ways in which LGBTQ+ young people ordinarily manage the precarity and complexity of everyday family life. The concept of 'family practices' (Morgan, 1996) remains critical to UK studies of family life. It starts from the premise that families are constituted through everyday interactions rather than functional purpose and/or any unitary social form: families are what families do (Silva and Smart, 1999). Habitual practices shift over time in accordance with, and shaping, social attitudes (Phoenix and Brannen, 2013); quotidian ordinary family life nevertheless still instantiates heteronormative myths and 'sexual scripts' (Plummer, 1995).

Recent enrichments to the concept of family practices resist false dichotomies between good versus poor parenthood, functioning versus maladaptive households, suggesting that 'troubled families' are the norm (Ribbens McCarthy et al., 2013). Our findings support this thesis. LGBTQ+ young people have to complete multi-layered emotion work to manage, make sense of and make safe family relationships that ordinarily adhere to and reinforce cultural norms and expectations such as opposite-sex desire, parental futures, and heterogender conformity. This emotion work frequently involves them walking a fine line that navigates distress/ disempowerment through to acceptance/ recognition and embodiment/ assertion of sexual and gender selfhood (McDermott et al., forthcoming). The 'troubled families' paradigm was therefore used as the scaffolding for our investigation, while the novel conceptual tool of 'paradoxical family practices' emerged through our analysis of findings. Heteronormativity structures family relations at both micro and macro levels, with household struggles and tensions being routinely played out in some shape or form. Paradoxical family practices call attention to the contrarities that characterize everyday family life, perhaps especially so for LGBTQ+ young people whose experience may be at odds with family norms and parental expectations. Our deployment of a paradoxical paradigm does not aim to reify practices into good/ bad or positive/ negative; instead it highlights the duality of experience. The term signals how the same experience may be perceived differently depending on the particularity of biographical, socio-cultural and relationship histories.

Context

LGBTQ+ young people mental health research is overwhelmingly conducted within a biomedical psychiatric paradigm that tends to pathologize young people's emotions (for

a critique, see McDermott et al., 2017). Research that examines social contexts has shown how LGBTQ+ young people remain subject to stigmatization and routine bullying at school (Bradlow et al., 2017), although ‘gay–straight alliances’ (GSAs) can become an important form of support, and in some instances a lifeline (Poteat et al., 2013). The majority of family research on LGBTQ+ young people focuses on the experience and aftermath of ‘coming out’ and also on the family dynamic more widely (for example D’Amico et al., 2015). Few studies engage with the processes and outcomes of longer-term family adjustment (Schneider et al., 2016). Work in this vein tends to polarize families (most usually parental) into positive (acceptance) versus negative (crisis/rejection) responses to children’s coming out (Baiocco et al., 2015; Savin-Williams, 1998), and fear of negative parental reactions is identified as the major reason that LGBTQ+ young people do not disclose sexual orientation to their families (D’Augelli et al., 1998). Sexual and gender identities are typically framed as fixed.

Outside the psychiatric paradigm there is an evident shift in emphasis and inflection. For example, geographies of sexualities have drawn attention to the ways that families and households intersect with and inform the biographically situated experiences of LGBTQ+ young people (Valentine et al., 2003). Research in this field highlights how coming out can instigate a period of familial self-reflection which may queer the family more widely, with parents and children joining forces within gay-affirming organizations and/or campaigning for LGBTQ+ rights (Gorman-Murray, 2008). Moving beyond the positive/negative binary logic, coming out has been characterized as a process of dynamic socio-spatial navigation and the families of LGBTQ+ young people as ‘elastic geographies of relatedness’ (Schroeder, 2015: 787) which are formed through interactions within and around the home and household (Harker and Martin, 2012; Nash, 2005).

In our study we have utilized sociological and cultural theorizations that critique pathologizing notions of mental health (McDermott and Roen, 2016). Rather than seeing emotional distress/ human misery as a sign of pathology, we reframe emotion as meaningful human sensations that guide interactions. We demonstrate how emotions and relationships are intertwined in the experience and management of young people’s non-normative sexualities and genders within families. Our findings are read through theoretical understandings of intergenerational and heteronormative regimes of power that inform the production of developmental norms of gendered identity and sexuality. Peer-orientated characteristics of young people are typically situated in direct opposition to the individualism, rationalism and responsibility of ideal (adult) neoliberal subjects (McDermott and Roen, 2016). This leaves limited scope to approach young people from a generative and compassionate perspective. In contradistinction to the deficit model, our focus on lived experience and our emotion-centred conceptual approach shifts attention onto capacity and capability, that is to say, to acknowledge what is accomplished.

Methodology

Sample

Our study sample comprised young people ($n = 12$) who variously self-identified as LGBTQ+. Most young people in our sample had experienced or were struggling with

mental health problems and a significant proportion had self-harmed and been suicidal. The sample was diverse in terms of ethnicity: White, $n = 9$; BAME (black, Asian, minority ethnic) $n = 4$. Family participants in our sample include parents ($n = 5$) and those defined by young people as ‘family-like’ ($n = 2$). This latter group of youth and community support workers is often defined by their professional status or job title, but this does not take account of their embeddedness within the relational networks of LGBTQ+ young people. They were all too often the shoulder to cry on and the listening ear that helped young people to feel valued and/or enabled them to sustain their family-of-origin relationships. For this reason we use the term ‘family-like’ to refer to these participants.

We originally hoped to recruit parents and young people from the same household to facilitate family case study analysis, but it quickly became clear that it was inappropriate to ask young people to be the conduit for family member recruitment after they had shared their emotionally fraught tales of family life. We therefore decided to recruit LGBTQ+ young people and family members separately. Several family ($n = 3$) and family-like ($n = 2$) participants also identified as queer people. The high incidence of LGBTQ+ participants in the ‘family-like’ sample is due to their greater numbers within LGBTQ+ support roles. In families, LGBTQ+ parents were probably more inclined to take part in sexuality/gender diversity-focused research than heterosexual counterparts. Heterosexual parents ($n = 2$) who participated were correspondingly inclined to be sympathetic and/or provide positive family contexts.

Methods

Interviews remain the default method in qualitative studies of family life, but they can be experienced by young people as top-down and adult-centred (Drew et al., 2010: 1677); they also provide limited access to the emotional worlds of young people (Bragg and Buckingham, 2008). We therefore employed multiple qualitative methods to facilitate inclusivity and value young people’s ‘ways of knowing’. Visual and creative methods were deployed to engage young people in the co-construction of stories and to further generate emotion-centred data (Heath et al., 2009). Visual emotion mapping (Gabb, 2009) was developed to probe relationship networks and to open up conversations. Diary methods generated information on young people’s everyday routines and the emotion work involved in maintaining family relationships.

There were two phases of research. Phase one included semi-structured interviews and emotion maps with LGBTQ+ young people. To complete their emotion maps, young people were encouraged to denote who they considered as their ‘family’, the relationship between different people and the significance of those relationships through scenario and emoji stickers. Scenario stickers included questions and/or statements such as ‘Who would you go to if you broke your phone or wanted to borrow money for the bus?’ or ‘Who would you speak to if you felt low?’ Emoji stickers featured a range of emotional expressions, including happy, sad, angry, and crying, and were designed to foreground how relationships felt rather than their structural social character. Semi-structured interviews were then completed with ‘family members’ (as defined above). In phase two, young people completed a diary over the period of one week following a series of research prompts. These aimed to focus attention on the research topic. Diaries

were either paper or digital in format and also included a daily Likert scale (0–10) mental health self-report that was adapted from the ONS Personal Wellbeing Domain for Children and Young People.² Young people were encouraged to use emojis in their diaries to both focus their individual attention on how they were feeling and also fulfil our emotion-centred research objective. Participants then took part in a follow-up semi-structured interview focused on the content of their diaries.

Ethics

Sexual orientation, gender non-conformity and mental health status disclosures make young people vulnerable. Recruitment and all face-to-face meetings were therefore conducted in LGBTQ+ organizations' premises so that participants had access to support services via telephone, internet or face to face. Written informed consent was gained from all participants and verbal consent was established and confirmed at intervals throughout the study (McDermott et al., 2016). As expected and discussed in the section discussing the sample, participants were concerned about anonymity and confidentiality. Data were transcribed, anonymized and held on a password-protected server. All participants were ascribed pseudonyms and the original un-anonymized data were deleted. Ethical approval was received from Lancaster University ethics committee.

Analysis

First stage 'case study' analysis was completed for each young person. This involved the research team individually reading and summarising all associated data and producing a pen portrait (summary sketch) of that young person. A case analysis question template (Miles and Huberman, 1994) was used to standardize the process across the research team; this focused on family relations, sexuality, gender and sexual orientation, emotions, wellbeing and mental health. We also generated I-feel poems (Edwards and Weller, 2012) by looking for statements where the participant directly and indirectly talked through and about their feelings. Our focus on everyday experience, however, meant that the emotional-social worlds of young people were often deeply buried and/or obscured by ordinariness and daily routines. As such, while the I-feel poems were a useful sensitising tool, which made us more attentive to the 'feeling worlds' of young people, they did not structure our analysis. From this first-stage analysis, we developed a coding framework for the dataset.

Second-stage analysis focused on a thematic analysis of the dataset. Our coding framework was developed by the three members of the research team to improve inter-coder validity and reliability (Braun and Clark, 2006). It included descriptive, interpretative, and theoretical codes, and these were applied across the dataset of young people and 'family members'. We then conducted a cross-sectional analysis to develop themes (Mason, 2002). Third-stage analysis involved a meta-interpretation that enabled us to explore the relationships between the cross-sectional coded data; for example, how emotion work and family practices of communication intersect. Our core theoretical framework, that brings together critical mental health and family

practices, was then used to guide our analysis as we drilled down into data to answer our guiding research question: ‘How do family relationships impact of LGBTQ+ young people mental health and wellbeing?’ Supplementary questions then focused on the impact of different kinds of family practices, the management of homo/bi/trans-phobia, and how families help to foster and maintain young people’s sexual identity and sense of belonging.

Findings

Families are ordinarily seen as the bedrock of young people’s experience, representing a place of safety from the outside world and a space in which to develop autonomy and self-belief (Holland et al., 1998). For many LGBTQ+ young people, though, families may be fragile and febrile environments:

Jamie (bisexual, trans-male, white-British): it is finally very, very stressful to function in a family unit because there is a lot of responsibility on you to please your parents.

Our analysis suggests that there were nevertheless family practices that were particularly influential for the mental health and wellbeing of the young people and these are clustered around family practices of communication, belonging and care. We use these analytical foci to structure our argument; the impact of heteronormativity cuts across these three sections. We demonstrate how the lines which ordinarily separate good/ bad parenting, functioning/ failing families, wellbeing/ mental ill-health, for example, are seldom categorical. What works in one context disassembles in another: deep knowing and miscommunication intersect. The concept of paradoxical family practices thus helps us to interrogate how LGBTQ+ young people experience and navigate the contrarities of everyday family lives and the impact these can have on their sense of self and personal wellbeing and mental health.

Family practices of communication

Attentive listening

Family members in our study acknowledged the value of listening and hearing the LGBTQ+ young people person/s in their care. For example, one mother, Naomi (bisexual, cis-female, White-British) spoke about how she makes sure to thank her daughter; another mother, Lisa (lesbian, cis-female, White-British) expressed a respectful concern when ‘talking about’ her daughter, while Mark (gay, cis-male, White-British, father) spoke about making an effort to carefully communicate with his daughter and apologize when this is due. These family practices of communication aimed to level imbalances in power that are instantiated through intergenerational social positions, in society and at home. Listening and reciprocity were, therefore, actively deployed to level structural hierarchies:

Jo (queer, cis-female, BAME, family-like): Open communication and trusting are two ways as well [. . .] It's about walking alongside them, doing things together.

Every single family participant identified their relational communication culture as 'open' and many frequently repeated this word in their interviews. Openness in this context meant both providing a rapt and ready ear for when young people were able or needed to talk and loving them unconditionally: Helen (heterosexual, cis-female, White-British, mother): 'We love each other for the people we are not labels attached to us.' Such openness required avoiding heteronormative assumptions and being respectful of where the young person may position themselves, at that point in time, in their own self-identity:

Jill (lesbian, cis-female, White-Other, family-like): Some people are on different aspects of their journeys about name and pronouns; just check where they are at and don't make the assumption.

While the majority of family members identified as queer people and thus it was perhaps easier for them to grasp the significance and sensitivity of sexual and gender identities, heterosexual and cis-gender family counterparts similarly grasped the importance of inclusive language and the need to 'be there' and 'be seen to be there' for the young person. Helen (heterosexual, cis-female, White-British, mother), for example, called out unacceptable wider family responses to her daughter as 'homophobia', and a sister, Katie (heterosexual, cis-female, White-British), talked about regularly challenging homophobic references and heteronormative assumptions in her life at work.

Indications of the potential value and impact of this kind of sympathetic emotion work for the mental health and wellbeing of LGBTQ+ young people was evident in the accounts of young people and the extent to which they felt supported or respected in their families. Such openness of communication and unfettered respect was nevertheless uncommon. Several young people felt that family relations were all but ruptured and that family communication was destructive to their wellbeing. They felt overwhelmingly unheard and misunderstood and this resulted in the breakdown of any functioning family dynamic.

Jamie (bisexual, trans-male, White-British): Living in my house, we are all like ghosts around each other.

Bailey (bisexual, trans-female, White-British): She did dead name me [. . .] after I started transitioning and I was basically screaming at her to not do that. [. . .] She's trying to adjust pronouns and gender marker but after she gets it wrong she doesn't correct herself [. . .] She might say sorry sometimes, but she won't correct herself. It's like 'Correct yourself; just do it. It's not that difficult.'

For Jamie, his emotional distress was exacerbated by his mother's apparent inability to hear what he was saying; while for others, like Bailey, her mother's inconsistent and incorrect use of chosen gender pronouns was experienced as a sign of disrespect. For both of these young people, there was a lack of investment in them and their lived experience.

Intimate knowledge and family (mis)communication

Even when there are open channels of family communication, young people are frequently required to complete emotion work to manage and make sense of family (McDermott et al., forthcoming). They must draw on shared 'family knowledge' and trust in these relationships that have been developed over time and then complete emotional work to manage familial idiosyncrasies. For example, exchanges like the one between Hannah and her Dad, below, are shrouded in familiarity. Drawing upon their 'deep (family) knowing' (Jamieson, 1998), young people are compelled to decode what is said and *know what it means*, within *their* family context and trust in the emotional robustness of their long-standing attachment (Gabb, 2008).

Hannah (lesbian, gender-unsure,
White-British):

he [Dad] came into my bedroom and he was like 'Goodnight', and I was like 'Dad, dad, is it ok?' 'Yeh of course it's ok.' And we both knew what we were talking about. Then he sat down on my bed and had a chat about it and he went, 'Yeh of course it's ok. What you want to do, excuse my language, is get some girls and start shagging them.' I was like brilliant; that's the end of this conversation. So my mum cried and my dad said that to me.

Josh (gay, cis-male, White-British):

My mum doesn't want anything to do with me because of me being gay. So she told me like wiped her hands clean. My dad still talks to me. [. . .] he called me 'his little girl' and he loves everything about that. He said that I've got a heart of gold. You know he is a proper dad.

The exchange between Josh and his Dad could be identified as at best clumsy if not disparaging. Out of context, it articulates disrespect for Josh's gay sexuality and is – on face value – homophobic. For Josh, though, this father and son dialogue represents an expression of their closeness and exemplifies their intimate knowledge of each other. Making sense of this exchange requires Josh to complete significant emotion work to consolidate its positive meaning, but its cryptic form is perhaps one of the reasons that Josh cherishes the exchange so dearly. He alone knows what his father means and this is precious in otherwise volatile family circumstances.

Another form of *knowing* family communication is thoughtful gestures. Many young people spoke about the ways that parents ‘talk’ through gestures and these operate as unspoken family attachments.

Hannah (lesbian, gender-unsure,
White-British):

My mum sometimes, she used to leave little notes in my lunchbox [. . .] she stays up to meet me home from work [. . .] So that’s how I know she loves me; she’s not very . . . when I hug her she doesn’t really hug back sometimes. But I know that she loves me and it doesn’t offend me. Sometimes I wish it was more affectionate but . . .

For Hannah, then, she has learnt to *read* the mother–child relationship. Depth of feeling is expressed through doing ‘affective gestures’ (Gabb, 2008). The routine family practice of making up a lunchbox provides an opportunity for the mother to connect with the daughter: to remind her that she is there for her. While Hannah regrets the lack of physical and verbal affection in the relationship, she does not read this as an absence of feeling. Through familiar transactions she can recuperate a positive sense of family, as measured against the cultural ideal. This emotion work enables her to reconcile the family she lives with (experience) and the family that she lives by (ideal) (Gillis, 1996).

For other young people, though, the use of gifts as substitution for language is experienced as a lack of respect. Melissa, for example, feels dissatisfied with her mother’s tokens of affection. The absence of respectful communication and her mother’s reluctance to vocalize an apology is identified as a failing in their relationship:

Melissa (bisexual, cis-female, BAME): When my mum knows I’m upset or she knows she’s upset she buys me things [laugh] and I’m like I don’t want you to buy me things. I just want you to say you’re sorry or something. That’s how my mum does it. [. . .] I don’t like it.

Another form of *knowing* family communication was the deployment of shared humour. Banter, light-hearted jokes and moments of frivolity were noted as positive interventions that provided respite from the pressures and often helped to open up otherwise fraught channels of channels of communication and/or diffuse conflict. For example, Emma (bisexual, cis-female, White-Other) says that while both she and her father struggle to express emotions they ‘make jokes and laugh together constantly’, something that she reinforces with an emoji 😊. The value of ‘taking the Michael’ (Naomi, heterosexual, cis-female, White-British, mother) was recognized by young people and family members alike, with the creation and maintenance of a discursive space for play being seen as crucial. Nevertheless, mistimed jokes or not hearing the young person’s point of view or distress remained commonplace.

The data in this section have shown that it is almost impossible to categorise sets of family practices because the meaning of words and gestures are unique to each individual and family context. For some families, gifts operate as an accepted and often cherished form of emotional ‘knowing’ currency, while in others explicit communication and dialogue is most prized. Words and/or gestures may be good enough or inadequate, depending on their context. Interactions are rarely straightforward and interactions seldom fall neatly into good/ bad, positive/ negative binaries. There is no single script. The paradox of family practices of communication is grounded in this specificity of biographical and socio-cultural contexts.

Family practices of belonging

Quality family time

Communication was not simply a matter of expressive gestures, talking and attentive listening or deliberate strategies of not-talking for that matter; it was also about making time and space for the young person to *be* themselves. Quality time was crucial in this process of self-actualization. It was often unstructured by design and typically involved simply being together, ‘hanging out’, having fun and being frivolous, playing board games or watching television, for example. The popularity of board games is increasing globally (Boycott-Owen, 2018) and such activities were fondly mentioned by many young people and family members alike: ‘Playing games feature alongside Sunday dinner’ (Helen, heterosexual, cis-female, White-British, mother). Such occasions have the capacity to facilitate ‘time out’ which may be otherwise unavailable to LGBTQ+ young people.

Kellie (bisexual, cis-female,

BAME):

My sister and I usually go skateboarding in the summer. We have fun together. [. . .] we normally just go out and find something to do.

Emma (cis-female bisexual,

White-Other):

I felt really happy with my family. We ordered takeaway and played some games and everyone was just genuinely happy to be around each other and we laughed a lot which made it a wonderful evening.

For many, like Emma, playing board games were times that were fondly remembered and cherished; these occasions represented time spent together, as family. They ordinarily – and perhaps because of their ordinariness – displaced otherwise tense interpersonal dynamics and in so doing engendered a sense of family belonging. Watching television also featured as one of the family activities that were valued by young people. Time spent in front of the TV has been traditionally identified as downtime or wasted time, however recent research has pointed to its positive contribution in sustaining relationships through habituated practices and time to be together (Gabb and Fink, 2015). The positive impact of watching television together was clearly identified by LGBTQ+ young people. This seemingly benign activity provided a distracting and stress-free occasion which indirectly fostered family relations.

Skye (gay, cis-female, White-British): we like sit in front of the TV [. . .] in the living room and all the dogs lying on the floor, I feel a bit like ‘Oh yeh this is my family, and this is quite nice’, kind of thing.

Conversely, for others, such quality family time remained bitter-sweet because underlying tensions were prone to resurface at any time:

Bailey (bisexual, trans-female, White-British): We’ve always played a game at like birth-days or whatever or just talked for ages or anything. It’s been Uno for a while now and used to be Monopoly and Cluedo and Scrabble. [. . .] [It] can be fun; can be boring, stressful and angry.

For young people like Bailey, then, quality family time was stressful because the volatility of her family relationships could not be put to one side. Engaging with these family occasions thus required another tier of emotion work to make them safe: taking part for others while taking care of themselves.

Family practices of food

Another paradoxical family practice that facilitated family cohesion and/or symbolized emotional distress was mealtimes and the consumption of food. The value of food as an intergenerational connector within families is well established, helping to sustain cultural traditions and operate as emotional currency within families (O’Connell and Brannen, 2016). It can demonstrate ‘good parenting’ and shared mealtimes can further facilitate quality family time (Simmons and Chapman, 2012). The emotional value of food and its function as family currency was clearly evident in our study. Several young people talked about how they cherished the way that it provided a sense of connectedness to past and present cultural heritage. Being cooked for was often appreciated as a form of family care, and young people generally spoke fondly about time spent cooking and eating together.

Melissa [diary] (bisexual, cis-female, BAME): I saw my sister and nephew when I came back from work. I made them rice and soup. It always makes me feel happy when I see people eating my food ☺

Rowan (gay, cis-male, White-British): My mum taught me to cook so I think there is a special bond in there, but I also enjoy baking which my Grandma is renowned for. Meals are often where we catch up with our weeks and plan out our weeks ahead.

Food can thus literally and metaphorically nourish a sense of wellbeing. Operating as a 'gift exchange' (Hochschild, 2003) the reciprocity of giving/ receiving food can foster feelings of family belonging and togetherness that may help to support the mental health of young people. Family food practices did, however, equally represent a source of discomfort and/or stress point for some of the young people in our study. What in other circumstances may be caring gestures (cooking) or a form of emotional and physical nourishment (eating), represented recurring niggles and power struggles between parents, siblings and children, and in some cases within the young person themselves.

Aisha (lesbian, cis-female,
BAME) [diary]:

Make a sandwich, grab a doughnut and breakfast biscuit and go upstairs. I eat. Start working. Ugh food ☹

Jamie (bisexual, trans-male,
White-British) [diary]:

came home around 7 and I got shouted at for not eating proper meals. [. . .] Mum was in a bad mood when I got in, she kept shouting at me for eating. I wasn't eating any different from how I usually do but she seemed to have an issue with it.

The distress and ongoing battles that surround food are palpable here and it is interesting to note that this visceral account of troubled relationships with food was presented in diaries more than in interviews, a methodological point that we explore elsewhere (Eastham et al., forthcoming). Here, we focus on the multiple values and conflicted experiences that are associated with food. The meanings of family food practices were often a matter of interpretation and misconstrual. They could be an example of reciprocal relationships and a knowing family dynamic; alternatively, they were the focal point for distress and fraught family relationships that failed to provide the support required by a young person.

As researchers we cannot know the truth of all scenarios presented to us, if indeed there is one truth to be told. In many ways such experiences remain a sociological 'black box' (Latour, 1999) that defy interpretation, something that is unsurprising given the uncertainty that characterizes family life in all its multidimensionality, perhaps especially so for young people during adolescence and early adulthood. The concept of paradoxical family practices has nevertheless helped us to make sense of this multiplicity in our analysis.

Family practices of caring

Communicating care

Trust and depth of knowledge is crucial in sustaining a positive family dynamic. They can help LGBTQ+ young people to steer a course through the rocky terrain of (cultural) hegemony, heteronormativity and LGBTQ identity-making/ selfhood. Intimate practices of family care can sustain adult-child attachments in otherwise ruptured channels of

family communication or exacerbate the precarity of already fragile family bonds. Jamie, for example, perceives his mother to be oblivious to the extent of his mental health issues and her attempt to placate his suicidal feelings characterizes the gulf of understanding between them.

Jamie (bisexual, trans-male,
White-British):

Once I told my mum that I was genuinely scared I was going to kill myself and she was like don't be daft, go have a bath. The bath helped though, to be fair. [. . .] I feel like sometimes my mum thinks I'm lying, looking for attention or she just doesn't care enough. She probably thinks I'm lying to be fair but she can't see inside my head.

There is, however, also an acknowledgment here by Jamie that his mother is attempting to support and care for him *in her own way*. On the surface, telling her son to go and have a bath is dismissive – as if bathing had the capacity to wash away mental health issues. If we look at this directive through the lens of paradoxical family practices, though, the comment can be seen to conversely convey her depth of knowledge and desire to care for her son. Jamie's mother is advocating bathing as a self-care practice that may provide time out from the pressures and stresses that surround her son, including those that derive from being within the family environment. Family research has shown how bathing can foster embodied closeness between younger children and parents (Gabb, 2013; Lupton and Barclay, 1997) and facilitate autonomy for young people through ownership of privacy and personal space (Gabb, 2008). Bathing can also practically and symbolically 'suspend' the bather; it can function as a distancing technique that removes the individual from immediate external pressures and provides a neutral space that allows them to simply be themselves.

The exchange here, then, between mother and son is an exemplar of paradoxical family practices. It is an illustration of the knowing family dynamic which is designed to manage the situation and Jamie's emotional distress. Alternatively, the interaction epitomizes insensitivity and a fraught family relationship that fails to provide the necessary support required by a young person struggling with poor mental health. Both readings may be correct and as such intention, meaning and reception uneasily coexist.

Curating and caring for the self

Concerns surrounding haircare are another example where care and autonomy can collide. Haircare may enable family members and young people to hold on to a sense of each other before sexuality/gender 'issues' and/or mental ill-health put strains on the relationship; it is also one of the ways that young people assert bodily integrity and presentations of self-identity, and thus a potential source of contestation. How family practices around haircare are managed in households can, then, shed light on the family dynamic more widely. Assisting young people in taking care of themselves and become who they want to be in the social world, provided serendipitous opportunities for supportive parents to demonstrate compassion:

Naomi (bisexual, cis-female, White-British, mother): I brought her down to a hairdresser in the [gay area] that could do a really nice androgynous cut for her where she would feel comfortable going and asking.

Naomi's thoughtful maternal gesture was designed to confirm legitimacy to her daughter's sexual orientation and gender identity and in turn she hoped that this sense of ease would encourage her to turn to her for support, as needed. This mother is thus completing the emotion work required to sustain the young person's emerging sexual/gender identity and sustain the parent-child bond rather than place this burden upon the young person. For others, though, like Aisha, disputes at home often stemmed from family judgements arising from her non-conformity, such as her refusal to present herself to the extended family and outside world in culturally appropriate ways. Her recent haircare decision is a particular bone of contention because it represents a personal statement of selfhood.

Aisha (lesbian, cis-female, BAME): I had this weird impulsive thing of shaving my head, I was like I hate this long hair; it needs to go. [. . .] [Mum] walked in and she saw it and she was just like, she might have screamed]. She said 'What are you doing?' And I'm like 'I don't know, just leave me alone.' Then I started panicking like 'What have I actually done?' I don't know, like eventually a few weeks or a month later I think she got used to it.

Aisha's shaven head is both a defiant act of queer cultural-familial resistance and also, perhaps, a gesture of deep distress. Again, we cannot be sure of her intent or meaning. It is clear, though, that the gesture deliberately situates her at odds with her family, cultural-religious expectations, and social norms of femininity. It positions her in line with queer counterculture: her transgression is embodied and cannot be hidden. Aisha's body does not fit within the heteronormative parameters of the family household and especially so this cultural-religious context. She is contained by the intersections of race, religion, sexuality and gender. Her act of resistance means she that she has crossed a line through her embodied refusal to conform. She is thus subjected to family practices of disapproval that adversely impact on her already poor mental health, such as increased levels of (disciplining) surveillance that aim to police her every movement, gesture and thought.

There are moments of redemption in Aisha's story, though, and it is these which, in part, help her to navigate the emotional precarity and sense of family dissonance. Her father does not admonish her for cutting her hair but instead acts to dispel tensions surrounding her action. He often initiates moments of good humour, singing and dancing, and Aisha speaks of joining in with him during these occasions – both to keep him company and as light relief. It is unclear what motivates this father's conciliatory gestures, whether they are empathic or simply a desire to lighten the household mood. This is another sociological 'black box'. Whatever his motivation though, these redemptive acts

are greatly appreciated by Aisha and perhaps the household more widely. They may not have any lasting impact on family relations and there are no indications that either the mother's policing behaviour has lessened or that Aisha's poor mental health has improved; however, the father's interventions do provide fleeting respite. In these moments of frivolity, life becomes more bearable and this positively impacts upon Aisha and the underpinning family dynamic during these times. Without such deviations from the troubles that otherwise structure Aisha's life, the relentless emotion work and burden of oppression may become simply overwhelming.

Conclusions

In this article we have shown how LGBTQ+ young people manage everyday family life and the impact this has upon their mental health and wellbeing. We have demonstrated how the conceptual tool of paradoxical family practices accommodates the complexities and research unknowns of family life. The data focus on emotionality and everyday experience demonstrates the efficacy of multiple qualitative methods in researching the mental health and wellbeing of LGBTQ+ young people.

The impact of families on LGBTQ+ young people

Families' management of the socio-cultural stigma that is attached to queer sexualities/genders is seldom straightforward. It can challenge and in some instances rupture the family dynamic, and in such instances the prevalence of heteronormativity and the invidious ways this manifested in households, even in the most supportive of family contexts, should not be understated. Overall though, parents were endeavouring to maintain family relationships and support young people to the best of their abilities. Here, family practices that fostered good relations and supported LGBTQ+ young people shared the following characteristics. Open and honest communication, especially when this used and respected LGBTQ+ language, was valued most highly. Young people wanted acknowledgement of their feelings and respect for the family emotion work which they may be doing. Young people and family members alike cherished moments of fun and many sought to structure quality family time into the weekly routine. 'Time out' from the family dynamic and/or ensuing tensions that may occur was also greatly appreciated by LGBTQ+ young people. Respect, trust, and 'unconditional' acceptance of life choices and sexualities and genders was identified as fundamental to positive family relationships, and this included proactive and considerate investment in the LGBTQ+ young person as an individual. These characteristics and the ways in which they are manifested in everyday family life, through attentive communication, a sense of belonging and caring family practices, should inform interventions that aim to support family relationships and the mental health and wellbeing of LGBTQ+ young people.

Paradoxical family practices

We advanced our study under the rubric of 'troubled families', which acknowledges that ups and downs, issues, pressure points and failings are part of ordinary family life.

Findings demonstrate that family practices were often double-edged in nature and defied straightforward demarcations between good/bad behaviours. In everyday family life it is not uncommon for experiences to have multiple and simultaneous meanings – care and control, attentiveness and surveillance, playfulness and parody, for example. Paradoxical family practices that typically emerged in our data clustered around communication, belonging and care. Families and LGBTQ+ young people managed the complexities and contrarities of family practices through a range of strategies, often developed over time and in response to the internal family dynamic. What worked in one family, then, could be potentially meaningless or misconstrued in another.

Paradoxical family practices were sometimes a source of stress for LGBTQ+ young people and at other times there was resignation; this was just the way things were. In other instances the *external* paradox of family practices was experienced positively because this demonstrated depth of knowledge and trust *within* the family. Family practices were, in this sense, only paradoxical because they are being regarded from an external viewpoint. We – unfamiliar outsiders – are unable to make sense of knowing interactions and the private emotional worlds of families, while internally, to those involved, these are fondly cherished and affirming experiences. While there is some truth in this latter assertion, the emotion work required by queer young people to navigate the pervasive lens of heteronormativity and the attendant intra-family dynamic suggests that making sense of and managing paradoxical family practices often exacted a heavy toll on the mental health and wellbeing of LGBTQ+ young people. Paradoxical family practices thus reflected the often bitter-sweet experience of many LGBTQ+ young people.

Emotion-centred methodology

Findings also call attention to several methodological points. Our emotion-centred methodology generates a relational account of lived experience that demonstrates how young people manage their everyday lives, emerging sexual identities and extended kin networks. It is grounded in everyday lived experience and the emotion worlds of young people. Paradoxical family practices are steeped in feeling rather than detached from emotions. Multiple methods generate insight on events that are typically mundane in character but hugely significant in their meaning and how they maintain or stress family relations. They bring to light the ways in which families simultaneously connect and disconnect, and the forms of emotion work that are required to sustain a sense of belonging for LGBTQ+ young people in what are often precarious and volatile contexts. Diary data illustrate everyday practices and also highlight differences in what young people present in their narratives of self (through interviews) and experience in everyday life (as described in their diaries). Activities such as watching TV fostered a sense of family belonging and the value of such ordinary activities for young people should not be underestimated. The experience, meanings and management of food and eating is another key example here.


Our study was small scale and more research is needed to better understand the ways in which family practices impact of the young people mental health and wellbeing of LGBTQ+ young people. We have demonstrated the efficacy of ‘paradoxical family practices’ as an important conceptual tool in the study of LGBTQ+ young people mental

health and wellbeing, and the emotion work that comes to the surface through different qualitative methods. We contend that the concept of paradoxical family practices also has great potential in family studies more widely because it focuses on the multidimensionality of everyday interactions and helps to break down unhelpful dichotomies that categorise forms of behaviour. It can enhance understandings of family conflict and family resilience, and of the ways in which emotion work is deployed as a strategy to manage complex and contradictory family dynamics.

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Notes

1. We use LGBTQ+ to refer to lesbian, gay, bisexual, trans and queer sexual and gender identities; + denotes the inclusion of other sexual minorities under this umbrella term.
2. See: <https://www.corc.uk.net/outcome-experience-measures/office-of-national-statistics-personal-wellbeing-domain-for-children-young-people/>

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