*Corresponding Author's Email: rea.goga@yahoo.it
Proceedings of The International Conference on Future of Social Sciences and Humanities
Vol. 4 Issue. 1, 2026, pp. 01- 19
DOI: https://doi.org/10.33422/fshconf.v4i1.1782

ISSN: 3030-0193 online

Diamond Scientific Publishing

Minority Stress, Family Dynamics, and Wellbeing Among Transgender Men in Albania: A Qualitative Study

Briseida Andoni[1], Rea Goga[2*]

[1] PhD, European University of Tirana, Faculty of Humanities and Sports (Albania)
[2] MSc in Clinical Psychology, European University of Tirana, Faculty of Humanities and Sports (Albania)

Abstract

Transgender men in Albania navigate minority stress within a sociocultural context marked by stigma, social surveillance, and limited access to gender-affirming healthcare. This qualitative study explored how distal stressors (prejudice, discrimination, misrecognition) and proximal stressors (anticipation of rejection, concealment, internal conflict) intersect with family dynamics to shape identity narratives and psychological wellbeing, understood here as an experiential and relational construct indexed through participants' accounts of recognition, self-continuity, and freedom from chronic vigilance rather than as a standardized outcome measure. Five in-depth semi-structured interviews were conducted with transgender men (ages 18–28) living in urban Albania and recruited through community referral networks. Data were analyzed using Interpretative Phenomenological Analysis, complemented by a narrative lens to examine meaning-making and self-positioning across relationships and time. Analysis identified four superordinate themes: (1) chronic social monitoring and institutional misrecognition, including barriers linked to documentation and healthcare; (2) family control, moral language of "normality," and psychological or physical intimidation; (3) a recurrent relational climate marked by emotionally intense maternal involvement alongside paternal emotional absence; and (4) coping through chosen support networks, strategic concealment, and efforts toward self-authorship. Findings underscore the need for culturally attuned, minority-stress-informed mental health services and community-based pathways that reduce isolation while addressing family-mediated pressures.

Keywords: Albania; family dynamics; interpretative phenomenological analysis; minority stress; transgender men

1. Introduction

Transgender men's mental health outcomes are shaped less by identity itself than by the social, institutional, and relational conditions in which identity must be lived. A substantial body of research shows that the elevated burden of psychological distress observed in transgender and gender-diverse populations is not attributable to gender diversity per se, but to chronic exposure to stigma, discrimination, violence, invalidation, and barriers to appropriate care (Bockting et al., 2013; Coleman et al., 2022; Reisner et al., 2016). Minority Stress Theory provides a useful

framework for understanding this pattern by distinguishing between distal stressors, such as overt prejudice events, discrimination, and structural exclusion, and proximal stressors, such as internalized stigma, rejection anticipation, concealment, and identity-related conflict (Hendricks & Testa, 2012; Meyer, 2003; Testa et al., 2015). When distal stressors are repeated and proximal stress processes become habitual, individuals may enter a chronic state of vigilance and strain that affects affect regulation, self-esteem, interpersonal trust, and overall wellbeing.

For transgender men in particular, minority stress may take forms that are both highly visible and psychologically cumulative. Experiences of being misread, scrutinized, administratively invalidated, or repeatedly required to explain oneself across public and institutional settings can create a persistent sense that the self is socially contestable rather than simply lived. Research has linked transgender stigma to depression, anxiety, suicidality, and broader psychological distress, while also showing that peer support, parental support, and community connectedness can operate as protective factors (Bockting et al., 2013; Simons et al., 2013; Testa et al., 2015). Healthcare systems are especially important in this regard, because barriers to access do not merely delay treatment. They can also reproduce symbolic invalidation through provider ignorance, administrative erasure, and anticipated discrimination, thereby intensifying both practical vulnerability and psychological strain (Safer et al., 2016).

Albania provides a particularly instructive setting for examining these dynamics because gender diversity is often negotiated within a social field marked by moral language, family obligation, public visibility, and limited institutional trust. In such a context, disclosure is rarely a simple interpersonal event. It becomes a cultural risk-management decision shaped by dependency, anticipated rejection, and the need to calculate safety in advance. Qualitative research on LGBT individuals in Tirana has documented workplace stigma, social exclusion, and concealment strategies as pervasive features of daily life, with institutional actors including employers and colleagues frequently reproducing discriminatory attitudes even where legal protections nominally exist (Teliti, 2023). Legal analysis of Albanian anti-discrimination frameworks has similarly highlighted persistent gaps between formal protections and their enforcement, particularly for transgender individuals navigating documentation and public services (Çuri, 2018). Recent community-based data point to significant structural and relational constraints. The Aleanca LGBTI annual questionnaire report (2024-2025) found that among respondents who identified as transgender or non-binary, only 2 out of 24 had been able to consult a local doctor regarding hormone therapy or other gender-affirming medical interventions during the previous year, while the remainder reported no such access (Nini, 2025). The same report found that 90% of respondents had never reported discrimination or violence to formal institutions, and that among those living with parents or relatives, 59% did so solely for economic reasons, underscoring the extent to which survival may depend on remaining within potentially constraining family systems (Nini, 2025). These conditions matter not only because they restrict access to support, but because they push coping, concealment, and identity negotiation into private relational spaces rather than public systems of protection. Emerging evidence from Albanian and Albanian-speaking contexts similarly indicates that mental health help-seeking is constrained by a combination of cultural stigma, family-based norms of emotional containment, and limited trust in formal institutions. Qualitative findings highlight the role of familial expectations and social judgment in discouraging open discussion of psychological distress, while broader societal patterns reflect skepticism toward mental health services and low perceived accessibility of care (Hyseni Duraku et al., 2024; Demiraj & Elezi, 2025). Together, these dynamics suggest that the barriers observed among transgender individuals are not isolated, but rather embedded within wider structural and cultural

constraints that shape how distress is managed, often relocating it from public systems of care into the privacy of interpersonal relationships.

Comparative evidence from neighboring Balkan and post-socialist contexts further contextualizes these dynamics. Research conducted in Serbia found that LGBT individuals face elevated rates of depression and anxiety, with family rejection identified as a primary risk factor, while the social expectation of concealment within households was strongly associated with compromised wellbeing (Švab & Kuhar, 2014). A historical overview of LGBT life across the Western Balkans, including Albania, documents how post-socialist re-traditionalisation of gender roles and the reassertion of religious conservatism in the 1990s created lasting conditions of invisibility and institutional exclusion for LGBT communities throughout the region (Gavrić & Čaušević, 2021). Within the Albanian context specifically, structural conditions of stigma and limited institutional support have produced documented patterns of concealment, family rejection, and barriers to formal help-seeking that parallel those identified in neighboring post-socialist societies (Veizi, 2022). Studies from Croatia similarly document that heteronormative family structures and religious conservatism create conditions in which non-normative gender expression is met with silence, moral pressure, or active correction, paralleling the dynamics observed in the Albanian context (Hodžić & Bijelić, 2014). In Bosnia and Herzegovina, qualitative work with LGBTQ+ young adults has highlighted how the intersection of patriarchal family structures and limited civil society support reproduces isolation and complicates help-seeking in ways structurally similar to those reported in Albania (ILGA-Europe, 2023). Across the region, a recurring finding is that family embeddedness functions ambivalently: as both a source of material survival and a site of gender policing, such that individuals must navigate belonging and self-expression as competing rather than compatible goals. These regional patterns suggest that the experiences documented in the present study are not idiosyncratic to Albania but reflect broader structural conditions characteristic of post-socialist and patriarchal sociocultural contexts in which LGBTQ+ visibility remains constrained and formal support systems remain underdeveloped. At the same time, minority stress cannot be understood solely as an external social phenomenon. One limitation of purely sociological accounts is that they can leave underdeveloped the question of how repeated social invalidation becomes part of inner life. From an intersubjective and psychodynamic perspective, the self is formed through recognition by significant others, and misrecognition can alter not only how one is treated, but how one comes to experience oneself. Benjamin (1998) conceptualized this as living in the shadow of the other, where the self becomes organized around anticipated judgment rather than spontaneous self-expression. Developmental and psychoanalytic traditions have similarly emphasized the importance of early relational contexts for identity coherence, boundary formation, differentiation, and the capacity to tolerate difference without collapse (Fonagy et al., 2002; Minuchin, 1974; Winnicott, 1965). Family systems theory additionally conceptualizes family relationships as structured by rules, hierarchies, and boundary patterns that shape individuation and emotional regulation across generations (Bowen, 1978; Minuchin, 1974). From this perspective, the family emotional climate is not merely a backdrop to individual stress but an active organizing context through which vulnerability and resilience are patterned and transmitted. These perspectives should not be read as supporting a simplistic etiological claim that parenting causes transgender identity. Rather, they offer a language for understanding how family emotional climates may intensify or buffer minority stress, shape defensive organization, and influence trajectories of wellbeing.

This point is especially important in contexts where the family remains the primary site of attachment, dependence, moral regulation, and material survival. If stigma operates publicly through surveillance and exclusion, it may become intimate through family processes of

correction, silence, pressure, guilt, or conditional acceptance. In such circumstances, wellbeing cannot be reduced to the absence of symptoms alone. It must also be understood in relation to recognition, belonging, psychic safety, and the degree to which the self can be lived without chronic self-monitoring or defensive editing. Family support has been shown to function as a significant protective factor for transgender youth and young adults, whereas rejection or conditional acceptance may compound already existing minority stress burdens (Malpas et al., 2022; Simons et al., 2013).

The present study is concerned with lived experience as it is narrated, interpreted, and psychologically organized. More specifically, it examines how transgender men in Albania describe minority stress and wellbeing, how cultural pressures emerge within their accounts of family relationships, community belonging, and access to healthcare and documentation, and how such experiences may be understood not only as external stressors but also as relationally mediated pressures that enter and shape inner life. Within this framework, family dynamics are treated not as etiological explanations of gender identity, but as culturally embedded contexts through which stress, recognition, invalidation, and psychic vulnerability may be intensified or negotiated. Participants' narratives were therefore explored through Interpretative Phenomenological Analysis, informed by psychodynamic and intersubjective perspectives.

2. Methodology

2.1 Design

We conducted a qualitative study using Interpretative Phenomenological Analysis (IPA) with an additional narrative lens. IPA was selected to examine lived experience and participants' meaning-making in relation to stress, wellbeing, and family relationships (Smith, Flowers, & Larkin, 2009). A narrative lens was used to track identity positioning across time and context, including how participants framed turning points such as disclosure, leaving home, or initiating help-seeking (Riessman, 2008). Specifically, narrative attention was directed toward three analytic features: the temporal structure of accounts (how participants ordered and connected events across time); the positioning of the self in relation to significant others and institutions (who was cast as agent, obstacle, or witness); and the rhetorical function of particular narrative moves, such as the use of contrast, reported speech, or irony to establish evaluative distance from past experience. This design was considered particularly appropriate because the study was concerned not only with what participants experienced, but with how they interpreted, organized, and gave psychological meaning to those experiences across time. It also allowed attention to both idiographic depth and the temporal arc of identity development within specific relational and cultural contexts. Within this framework, wellbeing was not operationalized as a discrete outcome variable or measured against a standardized criterion. Instead, it was treated as an experiential and relational construct, indexed analytically through participants' own accounts of psychological safety, recognition, self-continuity, and freedom from chronic vigilance or shame. Analytic inferences about wellbeing were accordingly bounded by what participants narrated and by the interpretive process applied to those narratives; no claims are made about wellbeing beyond what the dataset itself supports.

2.2 Participants and Recruitment

Five transgender men (assigned female at birth) aged 18-28, living in urban Albania, participated in in-depth interviews. Detailed participant characteristics are presented in Table 1. Participants were recruited through community referral networks connected to LGBTI+ support workers in Tirana. Recruitment was not facilitated institutionally by the community organization itself, but through individuals working in the field. This recruitment pathway likely favored participants with some degree of community contact, while still including

participants who described significant isolation. Given the exploratory and interpretative aims of the study, a small purposive sample was considered suitable for generating rich, case-centered accounts rather than broad generalization. Although limited in size, the sample offered sufficient variation in family dynamics, help-seeking pathways, and social support to permit meaningful cross-case analysis.

Table 1: Participant Demographic Characteristics (N = 5)

Participant	Age	Education	Living Situation	Religiosity	Social Transition
P1	24	University (ongoing)	Living independently	Non-religious	Full social transition
P2	21	University (ongoing)	With family of origin	Nominally religious	Partial (within community)
P3	26	Secondary complete	With family of origin	Moderately religious	No formal transition
P4	28	University graduate	Living independently	Non-religious	Full social transition
P5	18	Secondary (ongoing)	With family of origin	Moderately religious	No formal transition

Note. All participants resided in urban Albania. Religiosity was self-reported on a three-point scale (non-religious, nominally religious, moderately religious). Social transition status reflects self-report at time of interview.

2.3 Data Collection

Semi-structured interviews (approximately 60-90 minutes) were conducted in Albanian. The guide explored family climate, peer contexts, school experiences, stigma and safety, identity development, wellbeing, coping strategies, and barriers to services. Example questions included: “Can you tell me about what your relationship with your family is like, and how they have responded to your identity?”; “How do you feel about yourself and your wellbeing in your day-to-day life?”; and “What has it been like navigating healthcare, documentation, or other institutions as a transgender person in Albania?” Questions were open-ended and deliberately broad to allow participants to define the terms and emphasis of their own responses, consistent with IPA’s commitment to following the participant’s meaning-making rather than imposing analytic categories. Family dynamics were not directly prompted in the opening questions; where participants raised them spontaneously, follow-up probes were used to deepen rather than redirect the account. Interviews ranged in duration from approximately 62 to 88 minutes, with the variation reflecting differences in participants’ narrative style and the depth of elaboration they chose to offer on particular topics rather than differences in the scope of questioning. Interviews were audio-recorded with consent, transcribed verbatim, and de-identified (P1-P5). Quotes included in the paper were translated into English with attention to meaning rather than literal wording. To support translation fidelity, each translated excerpt was reviewed independently by both researchers, both of whom are fluent in Albanian and English, with discrepancies resolved through discussion until consensus was reached. Where idiomatic expressions or culturally specific phrasing resisted direct translation, interpretive notes were added to the analytic record to ensure that contextual meaning was preserved across the transition from source to target language. The semi-structured format allowed consistency across interviews while preserving enough flexibility for participants to elaborate on experiences that were especially emotionally or biographically significant. This was important for capturing not only events themselves, but also the language, emphasis, and personal interpretations through which those events were narrated.

2.4 Ethics and Reflexivity

Ethical approval was granted by the Ethics Committee of the European University of Tirana, Faculty of Humanities and Sports (Approval ID: EUT-HUM-2024-017). The study was conducted in accordance with the ethical standards of the Declaration of Helsinki. Inclusion criteria required participants to self-identify as transgender men (assigned female at birth), be aged 18 or over, reside in urban Albania at the time of the interview, and have sufficient Albanian language proficiency to participate in a semi-structured interview without an interpreter. Participants were excluded if they were currently experiencing an acute mental health crisis that, in the judgment of the referring support worker, would render participation harmful. Participation was voluntary; participants could skip questions or stop the interview at any time without consequence. Transport costs to the interview location were reimbursed where applicable, but no monetary compensation was provided. Data were de-identified and stored securely on password-protected institutional servers accessible only to the research team. Given the sensitivity of the topic, the protocol emphasized participant control over disclosure and included a plan for pausing or ending the interview in case of distress. Researchers maintained reflexive notes regarding their assumptions about gender, family, and culture, and used these notes to support interpretation and prevent over-pathologizing narratives. Reflexivity was treated as an ongoing analytic practice rather than a procedural formality, particularly given the interpretative depth required by the study. Special care was taken to distinguish between participants' descriptions of suffering under minority stress and any pathologizing assumptions about gender identity itself.

Researcher positionality is relevant to the interpretive process and warrants explicit acknowledgment. Both researchers are cisgender women working within the Albanian academic and clinical context, trained in psychology and familiar with psychodynamic and qualitative frameworks. Neither identifies as transgender, which positions us as external to the experiences described, with the attendant risk of interpretive distance or inadvertent imposition of theoretical categories onto participants' own meaning-making. At the same time, shared cultural familiarity with the Albanian social context including family dynamics, norms around gender, and the specific contours of institutional life, provided an analytic resource that informed contextualized interpretation. Awareness of these positionalities was maintained throughout the analytic process: reflexive memos were used to surface assumptions introduced by our professional and cultural locations, and interpretations were consistently tested against the particularity of participants' own language and self-positioning. This is especially important in relation to the psychodynamic constructs applied to Theme 3.3, where the risk of over-interpreting family relational patterns as pathological required ongoing critical vigilance.

2.5 Analytic Procedure

Analysis followed IPA steps: repeated reading, initial noting (descriptive, linguistic, conceptual), development of emergent themes, clustering into superordinate themes, and cross-case comparison (Smith et al., 2009). Narrative attention was used to examine how participants constructed self-continuity and how they positioned the self in relation to family and society. To enhance trustworthiness, preliminary theme structures were cross-checked across cases, contradictory material was retained as analytically informative, and interpretations were grounded in verbatim excerpts. To support audit trail transparency, analytic memos were maintained throughout the process, recording the progression from initial descriptive notes to emergent theme labels and final superordinate theme structures. An example coding snapshot illustrating the movement from a selected interview extract through initial noting, personal experiential themes, and superordinate theme labeling is provided in Appendix B to support auditability. A condensed version of the final theme table, including representative subtheme

labels and corresponding participant sources, is presented in Appendix A. Dependability and credibility were supported through four interlocking procedures. First, a decision trail was established: the analytic process was documented in a series of dated memos recording the rationale for initial theme labels, decisions made at the clustering stage, revisions made in response to cross-case comparison, and the reasoning behind retained versus discarded interpretations. This trail allows an external auditor to reconstruct the progression from raw data to final thematic structure. Second, to strengthen dependability beyond primary-analyst judgment, a random subset of five interview extracts (one per participant, selected from across the range of themes) was independently coded by the second author prior to finalization of the theme structure. Areas of convergence and divergence between the two readers were discussed until consensus was reached, or the disagreement was documented and its implications addressed. Third, peer debriefing was conducted: following initial theme development, the emerging analysis was reviewed by a qualitative researcher with expertise in gender and mental health who was independent of the research team, had no affiliation with the recruiting organization, and had not been involved in any stage of data collection or initial analysis. Their critical reflections were used to challenge interpretive assumptions and sharpen conceptual distinctions. Where the peer reviewer raised substantive interpretive disagreements, particularly regarding the application of psychodynamic constructs to relational patterns described in Theme 3.3, these were documented in the analytic memo and resolved through discussion between the two researchers, with final interpretations remaining anchored in participants' own language rather than imposed theoretical categories. Fourth, member checking was considered as part of the original design; however, given the sensitivity of the topic and the potential for re-exposure to distressing material, participants were not invited to review the thematic analysis directly. This decision is acknowledged as a limitation in relation to communicative validity, though it reflects an ethical judgment about participant protection in a vulnerable population. Analytic sufficiency in the context of IPA was understood not in terms of statistical saturation but in terms of interpretive depth and within-case richness. With n=5, consistent with IPA's idiographic orientation and established guidelines recommending three to six participants for doctoral-level IPA work (Smith et al., 2009), the dataset yielded dense, layered accounts across all four superordinate themes. New superordinate themes did not emerge upon completion of the fifth case, and the cross-case analysis supported the stability of the thematic structure. It should be noted, however, that claims of saturation are not fully appropriate within an idiographic IPA framework; rather, interpretive sufficiency here is understood in terms of the depth and density of meaning generated within each case, not as a claim that the thematic structure would necessarily replicate across different samples or contexts. The findings are accordingly delimited to the specific interpretative aims of this study and are not intended as a basis for generalization to the broader population of transgender men in Albania. Particular attention was given to moments of tension, contradiction, and shifts in self-description, as these were often especially revealing of underlying relational pressures and defensive processes. The final thematic structure was therefore shaped not only by recurrent content, but also by the psychological function that particular narrative patterns appeared to serve.

3. Results

We identified four superordinate themes that illuminate the ways in which minority stress, cultural pressure, and family dynamics shape wellbeing and identity narratives.

3.1 Social Surveillance and Institutional Misrecognition

Participants described everyday life as unfolding under conditions of persistent social surveillance, in which they felt watched, interpreted, categorized, and informally evaluated by

strangers, peers, and institutional actors. Even settings that might initially appear affirming or merely curious were often experienced as exposing rather than recognizing the self. As one participant stated, "I was treated like… a curiosity. 'Wow, look what that is?'" (P3). What emerged from these accounts was not simply discomfort in social settings, but a more chronic experience of hypervisibility, in which the body and personal history were felt to be perpetually open to scrutiny, interpretation, and debate.

This social gaze was experienced as psychologically burdensome. Participants' narratives suggested not only fear of discrimination, but an enduring state of anticipatory vigilance, as though the possibility of scrutiny had to be managed in advance. In this sense, surveillance appeared to extend beyond discrete social encounters and to shape participants' emotional lives more broadly, contributing to hypervigilance, self-monitoring, and a diminished sense of ease in ordinary public space.

Institutional contexts were described as especially constraining, particularly in relation to documentation procedures and bureaucratic encounters that repeatedly required involuntary disclosure. These barriers were experienced not merely as practical inconveniences, but as forms of symbolic invalidation that rendered the self administratively unstable and socially contestable. As one participant explained, "The documents part is the hardest for me… even when I apply, I feel deeply misunderstood" (P3). What made such encounters distressing was not only the obstacle itself, but the repeated staging of identity as questionable, mismatched, or illegible within official systems.

Healthcare settings were also described as sites in which misrecognition could become clinically consequential. For some participants, disclosure appeared to alter the interpretive frame through which their distress was understood, inviting pathologizing assumptions rather than careful listening. One participant reflected, "They called me 'antisocial,' 'narcissistic,' 'borderline' specifically after I said I'm trans" (P1). Such experiences suggest that institutions did not merely fail to support wellbeing; in some cases, they actively reproduced stigma by recoding identity through diagnostic suspicion. As a result, institutional contact could become not only disappointing or alienating, but psychologically intrusive, shaping how participants felt seen, interpreted, and ultimately understood by others. The experience of institutional misrecognition also extended beyond formal healthcare settings and into the texture of everyday administrative life. P1 described the structural impossibility created by the absence of legal recognition: "I cannot exist legally because there is no longer a passport that reflects who I am." The same participant noted that identity documents were a source of forced exposure in professional and educational contexts: "At school and in professional environments where they ask for my legal name or passport, I feel my existence is under threat." P4, reflecting on the broader legal and institutional landscape, captured the cumulative weight of these barriers: "Family and the laws in Albania. We have no possibilities for anything. We cannot get hormones. We have to leave the country and spend a huge amount of money just to access them." These accounts illustrate how institutional misrecognition operates not only through overtly discriminatory encounters but through the structural repetition of legal erasure and involuntary exposure in otherwise routine administrative contexts.

This theme therefore captures more than public stigma in a general sense. It reflects a broader structure of social and institutional misrecognition in which external surveillance repeatedly positioned the self as visible yet unreadable, exposed yet not recognized. Across accounts, the consequence was not only exclusion, but the erosion of psychological safety in environments that were ostensibly routine.

3.2 Family Control, Moral Language, and Coercive "Normality"

Family relationships were frequently described as the primary site in which broader cultural norms were enforced and made emotionally consequential. Rather than functioning merely as a source of interpersonal strain, the family often appeared as the mechanism through which social expectations around gender, respectability, and "normality" were transmitted into everyday life. Participants described restrictive control, psychological intimidation, and repeated use of moral language that positioned gender nonconformity not simply as difference, but as deviation. As one participant stated, "They literally tell me to be 'normal'… they tell me I'm 'abnormal'" (P5). Embedded within such language was an implicit but powerful message: belonging remained possible only to the extent that conformity could be restored.

Across accounts, this pressure took multiple forms. In some cases, participants described overt punishment or physical intimidation, often framed within the family as ordinary discipline rather than abuse. In others, coercion operated more psychologically, through surveillance of friendships, restrictions on mobility, repeated questioning, guilt induction, and persistent attempts to redirect gender expression into culturally acceptable forms. These practices did not simply regulate behavior. They also shaped the emotional atmosphere of the home, transforming attachment relationships into sites of correction, fear, and conditional recognition. The language of normalization pressure was particularly striking in several accounts. P3, who had not undergone any formal transition, described how the family's scrutiny extended to the most embodied details of self-presentation: "After puberty they forced me to change. They wanted me to grow my hair, to wear dresses. They went so deep as to scrutinize the way I walked and the way I spoke." P4 described a more overtly controlling dynamic in which parental demands were inseparable from continuous surveillance: "My mother would tell me to remove the hairs, to act like a girl, to dress more femininely. She would force you to do things you have no reason to do. When I did not listen, she would shout constantly." Not all participants described family responses in uniformly controlling terms. P2, for example, described a relationship with their mother that, while sometimes overwhelming in its emotional intensity, was also marked by genuine understanding and closeness; a reminder that family responses are not uniformly controlling and may shift considerably across individual cases.

For some participants, religious and gender-segregated contexts further intensified these pressures by attaching embodiment to shame, moral scrutiny, and heightened expectations of compliance. In such settings, family control was not experienced as separate from social stigma, but as one of its most intimate expressions. What emerged, therefore, was not merely family conflict in a generic sense, but a relational environment in which cultural norms were enforced through attachment bonds themselves. This is clinically significant because once recognition becomes conditional, authenticity may no longer feel safe to inhabit. Within this theme, the family functioned as the medium through which minority stress was not only communicated, but internalized.

3.3 Relational Climate: Intense Maternal Involvement and Paternal Absence

Across most interviews, participants described a recurring relational climate marked by emotionally intense maternal involvement, diffuse or fragile boundaries, and, in contrast, paternal emotional distance or unavailability. These patterns are not interpreted here as etiological explanations of transgender identity. Rather, they are considered part of the relational environment within which stress was mediated, attachment was negotiated, and psychological survival took shape. It should be noted at the outset that this relational pattern was most prominent in the accounts of P1, P2, P3, and P4; P5's narrative, while including descriptions of parental surveillance and gender-related pressure, did not foreground the same quality of emotional enmeshment or parentification, and this variation is analytically

significant rather than incidental. P5 was the youngest participant (18), still living at home and at an earlier stage of identity development, which may account in part for the different relational texture of their account — or may reflect genuine inter-family variation. This is retained as an open interpretive question rather than resolved by the thematic structure. One participant captured this polarity succinctly: "My mother tends to be overly attached, whereas my father appears emotionally absent, almost like a ghost." (P4). In several accounts, paternal absence was experienced not only at the emotional level but also at the functional one, with fathers described as physically present yet affectively inaccessible, leaving the mother as the dominant emotional presence within the household. P2 articulated a similar dynamic, describing their father as someone who "was always there at the dinner table, but never really present, like he had already left without actually leaving". For P5, the emotional asymmetry between parents was explicitly linked to a heightened sense of surveillance: "My mother noticed everything. Every detail about how I dressed, how I moved, who I talked to. My father just… didn't notice anything. Two very different types of absence."

Within this climate, several narratives suggested forms of parentification, role confusion, or excessive emotional burden placed upon the child. As one participant stated, "I became my mother's confidant" (P2). P2 elaborated further: "She would call me three, four times a day when I started university. Not to ask how *I* was, but to tell me how *she* was. I was managing her emotions from childhood." Another participant (P3) described a similar blurring of generational roles: "I was the one who calmed her down during fights with my father. I learned to disappear inside myself so I could hold space for everyone else." Another account introduced a more interpretive observation, not as diagnosis but as part of the participant's own effort to make sense of family life, describing a mother experienced as emotionally intense, attention-seeking, and psychologically dominant within the home: "My mother was the loud one… I think she has a histrionic personality style. Not diagnosed, but it fits what I read" (P1). Taken together, these accounts can be read as suggesting a relational ecology in which autonomy was often experienced as difficult to establish, boundaries were often unstable, and emotional regulation appeared to depend on adapting to a caregiver experienced as intrusive, volatile, or overwhelming. In such contexts, broader cultural stigma may not simply remain external, but may acquire greater force within an already precarious emotional environment. It is important to note, however, that this pattern did not characterize all participants' accounts with equal intensity, and the interpretations offered here should be read with appropriate caution. P2, for example, described a maternal relationship that, despite its emotional demands, also contained genuine attunement: "My mother knew me better than anyone, perhaps even better than I know myself." This account stands in contrast to those dominated by control and correction, and points to the importance of holding individual variation alongside the broader relational pattern. P4, by contrast, described the current relationship with their mother in notably more ambivalent terms, noting that it felt "fake", as though the mother's gestures of contact reflected a hope that the transition was "just a phase" that would eventually pass. Similarly, P1's characterization of their mother as having a "histrionic personality style" was offered as a participant's own lay interpretive framework, not a clinical observation, and is included as analytically interesting precisely because of what it reveals about how participants made sense of their relational environments — not as diagnostic evidence. The recurrent pattern of intense maternal involvement and paternal absence documented across accounts reflects a relational climate shaped in part by broader Albanian family structures and gender role expectations, in which emotional labor has historically been assigned to mothers and external-facing roles to fathers. This structural dimension should be held alongside the individual accounts: these patterns do not reflect stable maternal psychopathology but rather culturally normative role configurations that may, in combination with the added stress of a child's non-normative gender expression, give rise to the intensified dynamics described. The aim of this theme is not to pathologize

Albanian family life or to assign causal weight to particular parental styles, but to map the relational terrain within which minority stress was amplified or buffered. It is equally important to foreground alternative explanations for the relational patterns described. The emotional asymmetry between maternal over-involvement and paternal absence can be understood structurally as a product of gendered labor divisions and socioeconomic constraints prevalent in Albanian households, where fathers' emotional unavailability may reflect occupational demands, migration, or culturally scripted masculine reserve rather than any individual disposition toward disengagement. Similarly, mothers' intense involvement may reflect the circumscribed social roles available to women within the domestic sphere, amplified by material conditions in which the household is the primary site of women's agency and recognition. The psychodynamic constructs applied here — enmeshment, parentification, boundary diffusion — are offered as one analytic lens among several possible framings, not as causal accounts or diagnostic conclusions. Readers are invited to hold these interpretations alongside the structural and socioeconomic explanations that are equally capable of accounting for the relational dynamics participants described.

A recurring experiential pattern described by participants alongside this relational climate was the emergence of dissociation, detachment, or emotional distancing as protective strategies. One participant initially described childhood as "relatively normal," only later adding: "Looking back, it wasn't as normal as I thought… I lived in a kind of permanent dissociative state, watching my life from a third perspective" (P1). These accounts may suggest that experiences of wellbeing are influenced not only by overt social prejudice, but also by enduring strategies of psychological survival developed within environments experienced as emotionally intrusive, unstable, or unsafe. An important interpretive caveat is warranted here: dissociative responses in transgender populations are well-documented as sequelae of chronic minority stress itself — including the social surveillance, institutional misrecognition, and concealment demands described in Themes 3.1 and 3.2 (Reisner et al., 2016). It is therefore not possible, on the basis of retrospective narrative data, to assign causal priority to family relational dynamics over social stressors in accounting for the dissociative experiences participants described. The interpretation offered here — that family climate may have provided an additional precondition or amplifying context — is offered as one plausible reading of the data, not as an established causal claim. What emerges, therefore, is not a simple account of family difficulty, but a more complex picture in which minority stress and relational vulnerability may be mutually intensifying, without either being reducible to the other.

3.4 Defensive Survival, Chosen Support, and Narrative Reorganization

Despite significant adversity, participants described a range of strategies through which psychological survival was made possible, including selective disclosure, concealment, humor, intellectualization, engagement in therapy, withdrawal from controlling environments, and reliance on chosen-family support. These responses are better understood not simply as coping techniques, but as defensive and relationally mediated efforts to preserve safety, continuity, and self-cohesion under conditions of chronic invalidation. Their use was neither fixed nor purely individual; rather, it depended on the degree of available safety, material resources, and access to affirming relationships. Narratively, this theme was distinguished by a characteristic temporal structure: accounts within it tended to be organized around a before/after logic, in which an identifiable turning point — leaving home, encountering community, beginning therapy, or simply naming oneself — functioned as a pivot between a period of isolated endurance and a period of more agentic self-positioning. Participants positioned themselves in these accounts not as passive recipients of circumstance but as agents who had made difficult choices under constraint, a self-positioning that was itself part of the psychic work of survival.

Chosen support emerged as especially important in this regard. Peer understanding and community contact were described not only as sources of comfort, but as corrective relational experiences through which participants could feel recognized without needing to justify or dilute themselves. As one participant reflected, "Society was accepting me, no longer prejudging me. I was simply a person" (P2). Such relationships appeared to reduce isolation, mitigate shame, and create conditions in which aspects of the self that had previously required concealment could be expressed more freely. In this sense, support functioned not merely as assistance, but as a counterweight to environments structured by surveillance, coercion, and conditional recognition. P4 described how encountering others with shared experiences online had interrupted a sense of profound isolation: "It seems like you are alone, but when you see that there are other people like you [it changes things]." This contact with a broader community was not a passive source of comfort but an active resource: the same participant described watching videos of trans people as a way of learning, observing mannerisms and ways of being that felt congruent with their own sense of self. P3, for their part, described a turn toward creative expression — art, music, drawing, solitude — as the primary means of self-preservation in the absence of relational safety: "I engaged with art from a young age. I would shut myself in my room. I found a form through which to express myself. I enjoyed everything I did when I was alone." Taken together, these accounts suggest that the resources participants drew on were highly individual and context-dependent — shaped by what was available — but in each case served the function of preserving a sense of self that the surrounding environment was actively working to suppress or correct.

At the narrative level, survival often involved a gradual reorganization of self-authorship. Participants described movement away from identities imposed by family, institutions, or social stigma, and toward accounts of the self-grounded more firmly in lived experience, chosen relationships, and personal truth. One participant described this shift in terms of self-acceptance and agency: "When I left home, I had the freedom to do what I wanted. I had begun my social transition at home, the moment I accepted myself" (P4). This process, however, remained fragile rather than complete. Structural barriers related to documentation and healthcare repeatedly reinstated exposure and illegibility, while fear of violence within the broader social environment sustained vigilance and, at times, the need for continued concealment. As one participant put it starkly, "The moment you are trans, you have to make a choice. Either you have yourself without your family, or your family without yourself" (P1). Participants' awareness of violence directed at trans women and other community members further intensified this sense of precarity, reminding them that even hard-won self-definition remained vulnerable to external threat.

4. Discussion

The findings are broadly consistent with minority stress frameworks, illustrating how external stigma and structural barriers may be transformed into chronic psychological burdens that shape wellbeing over time. Participants' accounts of social surveillance and institutional misrecognition reflected distal stressors — overt, externally originating experiences of prejudice, administrative exclusion, and structural barrier — while the anticipatory vigilance, concealment, and chronic self-monitoring these encounters generated are better understood as proximal stress processes: the internalized, identity-related responses that Meyer (2003) identifies as the psychological mediators through which distal stressors translate into sustained wellbeing burden. Barriers related to healthcare and documentation operated at both levels simultaneously: as distal stressors in their structural form, and as proximal stressors insofar as they generated anticipatory fear and identity concealment that extended well beyond the encounters themselves. Community-level data from Albania similarly indicate limited access to gender-affirming medical consultation and low rates of formal reporting of discrimination

(Nini, 2025), suggesting that help-seeking may be constrained not only by practical barriers, but also by fear of institutional invalidation or harm.

A central contribution of this study lies in showing how cultural pressure is transmitted through family dynamics. Participants did not merely describe family rejection in a general sense; rather, they narrated what Swidler (2001) and others in the moral psychology tradition would recognize as a moral ecology — a shared normative environment in which certain ways of being are rendered intelligible and others are cast as deviant or shameful — one in which "normality" was demanded and autonomy was negotiated through control, guilt, correction, and threat. In this sense, the family often appeared to function as a culturally mediated relational space through which broader social norms were negotiated and enforced in the texture of daily life. This is consistent with the view that minority stress may be especially damaging when it is relationally embedded, that is, when survival depends on managing the responses of those who provide shelter, economic support, and a basic sense of belonging.

Psychodynamic and intersubjective perspectives further clarify why family dynamics may exert such profound psychological influence without being treated as causal explanations of gender identity. The theoretical concepts used here are intended as heuristic frameworks for interpreting relational meaning within participants' narratives rather than as causal explanations of gender identity, family functioning, or psychopathology. Benjamin's (1998) concept of recognition helps illuminate how the self may become organized around anticipated judgment when recognition is unstable or conditional. Under such conditions, strategies such as concealment, dissociation, or defensive self-reliance may emerge not simply as coping responses, but as ways of preserving psychic continuity. Fonagy et al.'s (2002) work on mentalization and affect regulation is also relevant here: when early caregiving environments are experienced as intrusive, unpredictable, or insufficiently attuned, the development of robust reflective functioning may be compromised, leaving the individual with fewer internal resources for managing the chronic stress of social invalidation. This pattern is echoed in participants' accounts of emotional burden, boundary diffusion, and the dissociative strategies that several described as their primary mode of psychological survival. More recent developmental models similarly emphasize that gendered self-experience unfolds over time in dynamic interaction with relational and cultural contexts, rather than being fixed at any single developmental moment (Lama, 2021). It should be noted that earlier developmental frameworks, including Stoller's (1984), have been substantially criticized within transgender scholarship for pathologizing gender nonconformity and for etiological assumptions that contemporary research has not supported; these writings are referenced here only insofar as they articulate the general principle that early relational environments shape self-cohesion, a claim that does not depend on their contested etiological claims. Winnicott's (1965) concepts of the holding environment and the capacity to be alone in the presence of another offer a less fraught developmental language for understanding how relational safety — or its absence — shapes the conditions under which a stable sense of self can emerge and be sustained. The present findings therefore do not support a simplistic claim that parenting "produces" transgender identity. Rather, they suggest that family climates characterized by emotionally intense maternal involvement and paternal emotional absence may, in cases where such climates are experienced as constraining rather than protective, intensify minority stress by limiting safe differentiation, increasing dependency, and amplifying shame — while acknowledging that, as P2's account illustrates, the same relational intensity may in other cases coexist with genuine attunement and serve a partially buffering function. These relational dynamics should also be understood within the broader context of gendered labor divisions, economic dependency, migration-related absence, and culturally normative parenting structures prevalent in Albania, rather than as isolated family-level phenomena. It is important

to note that these dynamics were not uniform across accounts, and some participants described relational climates that shifted over time, with initial intensity giving way to greater acceptance. At the same time, the degree and emotional meaning of these dynamics varied considerably across participants, with some accounts reflecting greater ambivalence, partial acceptance, or relational warmth alongside experiences of pressure and surveillance. The pattern is best understood as a culturally normative configuration shaped by the gender role expectations prevalent in Albanian family life that may become amplified under the specific pressure of non-normative gender expression, rather than as a pathological family structure characteristic of the sample as a whole. The fourth theme — defensive survival, chosen support, and narrative reorganization — speaks to a dimension of minority stress research that is too often underdeveloped: the active, meaning-making work through which individuals sustain selfhood under conditions of sustained invalidation. Participants' accounts did not simply catalog adversity; they also traced trajectories of psychic survival, from concealment and dissociation as early protective strategies, toward chosen-family contact, creative expression, and deliberate narrative reorganization as later resources. This movement is theoretically significant because it illustrates what Meyer (2003) identified as the resilience-generating potential of community connectedness, but gives it relational and narrative texture that survey-based research cannot capture. Participants' chosen support networks functioned not merely as social capital but as what Benjamin (1998) would call spaces of mutual recognition — relational contexts in which the self could be met without requiring prior justification or self-erasure. In this sense they operated as what Alexander and French (1946) originally termed corrective emotional experiences, though here the corrective force was not therapeutic in origin but interpersonal and community-based: a form of recognition that partially counteracted the conditional belonging that family and institutional environments had established as the norm. That such spaces had to be actively constructed, often in explicit opposition to family and institutional environments, underscores both the psychological cost of minority stress and the remarkable generativity of the responses participants developed. These findings suggest that clinical and community interventions should attend not only to symptom reduction but to the conditions that make recognition and self-authorship possible.

4.1 Clinical Implications

Culturally attuned clinical work with transgender men in Albania should integrate minority-stress-informed care with careful attention to family-mediated pressures. Key areas of intervention may include: **(a)** safety planning around disclosure and documentation-related encounters; **(b)** treatment of anxiety, trauma-related symptoms, and dissociative experiences; **(c)** support for boundary setting and differentiation from coercive or intrusive caregivers; and **(d)** facilitation of access to community resources that reduce isolation and strengthen affirming social support. In this context, clinicians may need to sustain a dual focus, attending both to the external realities of stigma and exclusion and to the internal consequences of chronic misrecognition for self-experience, affect regulation, and psychological safety.

4.2 Policy and Service Implications

While the present findings are qualitative and not intended as policy evaluation data, they nonetheless highlight several recurring structural barriers that suggest practical areas for institutional intervention. At the systems level, improving access to affirming healthcare and reducing bureaucratic forms of misrecognition may have direct mental health benefits by decreasing repeated exposure to invalidating encounters. Findings from the Albanian community report point to an urgent need for clinician training, clearer referral pathways, and more accessible opportunities for gender-affirming consultation (Nini, 2025). At the same time, family-focused psychoeducation and broader community-based interventions may help reduce

harm by shifting the discourse away from moralized notions of "normality" and toward psychological safety, dignity, and relational respect. Several more granular policy recommendations emerge directly from the findings. First, with respect to documentation reform: the current requirement for transgender individuals in Albania to present identity documents that do not match their gender expression creates repeated, involuntary disclosure in routine administrative contexts, as documented in the first theme above. A concrete short-term measure would be the introduction of a streamlined administrative process within the Civil Registry Office (Zyra e Gjendjes Civile) allowing gender marker amendment without prerequisite surgical requirements, aligned with Council of Europe Recommendation CM/Rec(2010)5. In the interim, guidance to public-sector employees on handling document discrepancies respectfully and confidentially could substantially reduce the psychological burden participants described. Second, regarding primary care training: only 2 of 24 transgender or non-binary respondents in the 2024–2025 Aleanca LGBTI questionnaire had been able to consult a local doctor about gender-affirming medical interventions (Nini, 2025). A targeted training module on gender-affirming care developed collaboratively with Aleanca LGBTI and piloted within primary care centers (Qendra Shëndetesore) in Tirana would represent a low-cost, high-impact intervention. This module should address basic endocrinological literacy, respectful communication practices, and awareness of existing legal protections. Third, with respect to referral pathways: the absence of clearly mapped referral routes from general practitioners to mental health services, endocrinology, or community support organizations means that access currently depends on informal networks and individual initiative, reproducing the inequalities documented in this study. The Ministry of Health should issue guidance specifying referral pathways for gender-affirming care, with Aleanca LGBTI and the National Chamber of Psychologists identified as key coordination partners. Fourth, at the community and family level: psychoeducation programs targeting parents of transgender young adults — potentially modeled on the PFLAG intervention model and adapted for the Albanian cultural context — could help shift the discourse within families from moral correction toward psychological safety. Such programs should be framed in terms of family wellbeing and relational health rather than LGBT advocacy per se, in order to increase accessibility for families who may be ambivalent or resistant.

4.3 Limitations and Future Directions

This study has several limitations. The small sample size and urban recruitment strategy constrain the transferability of the findings and warrant careful qualification. Recruitment through community referral networks connected to LGBTI+ support workers in Tirana introduces a probable selection bias: participants were, by definition, individuals who had sufficient community contact to be reachable through these channels, and who were willing and psychologically able to participate in an interview about sensitive personal experiences. Those experiencing the most severe isolation, family coercion, or institutional marginalization — and therefore potentially bearing the greatest minority stress burden — may have been systematically unreachable through this pathway. A related limitation concerns the exclusion criterion applied by referring support workers: participants were excluded if judged to be experiencing an acute mental health crisis, but no standardized criteria or formal guidance were provided to support workers to operationalize this judgment. This introduces a further layer of potential systematic exclusion, as the threshold for exclusion may have varied across referrers and may have disproportionately filtered out participants with the most severe profiles of distress. The urban focus similarly limits transferability: transgender men in rural Albania may face qualitatively different and more severe structural constraints, including greater social visibility, fewer community resources, and stronger informal surveillance, none of which are represented in the present sample. These factors should be borne in mind when reading the

findings, which reflect the experiences of a partially self-selected, urban, community-connected group rather than the broader population of transgender men in Albania. In addition, the study is limited by the interpretative nature of qualitative inquiry, meaning that the themes reflect both participants' narratives and the analytic frameworks through which those narratives were examined. The absence of member checking, while a deliberate ethical decision given the vulnerability of the participant group, represents a constraint on communicative validity: interpretations remain anchored in researcher reading rather than participants' own confirmation. Relatedly, researcher positionality — both researchers being cisgender women external to the transgender experience — introduces the risk of interpretive distance, however carefully managed through reflexive memo-writing and peer debriefing. The psychodynamic framework applied to Theme 3.3 in particular carries interpretive assumptions that may not map onto all participants' own sense of their family experience; these constructs are offered as analytic lenses, not explanatory verdicts. The interpretive nature of IPA means that themes reflect both participants' accounts and the analytic frameworks brought to bear on them; different theoretical lenses would yield different interpretations. Psychodynamic constructs applied in Theme 3.3 and the Discussion are used heuristically to illuminate possible relational meanings within the data, not as diagnostic frameworks or causal explanations. No causal inferences are drawn from the findings. Future research could expand recruitment beyond urban settings, examine the role of intersectional factors such as religion and socioeconomic status, and explore how changes in documentation procedures and healthcare access may shape wellbeing over time. Longitudinal or participatory designs that enable greater communicative input from participants into the interpretive process would strengthen both the rigor and the ethical standing of future work in this area.

5. Conclusion

This qualitative study highlights that transgender men in Albania experience minority stress not merely as societal stigma, but as a sustained relational and institutional reality embedded in everyday life. Family dynamics, particularly forms of control organized around ideals of 'normality,' together with recurring relational patterns involving maternal over-involvement and paternal emotional distance as described by several participants, emerged as culturally situated contexts through which wellbeing and identity narratives were shaped. These relational climates were associated with psychological strategies of survival, including concealment, hypervigilance, dissociation, and defensive self-monitoring, while resilience was more often supported through chosen relationships, community contact, and affirming forms of recognition. The findings suggest that effective intervention must address not only psychological symptoms, but also the social and relational conditions through which distress is maintained, including family-mediated shame, isolation, and barriers to affirming care. Within this context, culturally attuned, community-linked mental health services, together with improved access to gender-affirming consultation, represent important and practical pathways for strengthening wellbeing and reducing chronic stress exposure.

Declarations:

Conflict of Interest: The authors declare that there are no conflicts of interest regarding the publication of this paper.

Funding: This research received no external funding.

Acknowledgments: The authors are deeply grateful to the participants for their trust, honesty, and willingness to share personal and often difficult experiences. The authors also thank the community-based referral contacts and LGBTI+ support workers in Tirana whose support made recruitment possible.

Author Contributions: Briseida Andoni and Rea Goga contributed to the conceptualization and design of the study, the interpretation of findings, and the writing and revision of the manuscript. Briseida Andoni was primarily involved in data collection. Both authors contributed to the analytic process, approved the final manuscript, and agree to be accountable for the content of the work.

References

Alexander, F., & French, T. M. (1946). *Psychoanalytic therapy: Principles and application.* Ronald Press.

Benjamin, J. (1998). *Shadow of the other: Intersubjectivity and gender in psychoanalysis*. Routledge.

Bockting, W. O., Miner, M. H., Swinburne Romine, R. E., Hamilton, A., & Coleman, E. (2013). Stigma, mental health, and resilience in an online sample of the US transgender population. *American Journal of Public Health, 103*(5), 943–951. https://doi.org/10.2105/AJPH.2013.301241

Bowen, M. (1978). *Family therapy in clinical practice*. Jason Aronson.

Coleman, E., Radix, A. E., Bouman, W. P., Brown, G. R., de Vries, A. L. C., Deutsch, M. B., Ettner, R., Fraser, L., Goodman, M., Green, J., Hancock, A. B., Johnson, T. W., Karasic, D. H., Knudson, G. A., Leibowitz, S. F., Meyer-Bahlburg, H. F. L., Monstrey, S. J., Motmans, J., Nahata, L., . . . Arcelus, J. (2022). Standards of care for the health of transgender and gender diverse people, version 8. *International Journal of Transgender Health, 23*(Suppl. 1), S1–S259. https://doi.org/10.1080/26895269.2022.2100644

Çuri, U. (2018). Legal provisions, discrimination and uncertainty on LGBT community in Albania: Laws on human rights vs exerted rights of LGBT persons. *Academicus — International Scientific Journal, 17*, 111–121. https://doi.org/10.7336/academicus.2018.17.08

Demiraj, L., & Elezi, F. (2025). Exploring societal attitudes and acceptance of mental illness in Albania: A study on stigma and treatment preferences. *European Psychiatry, 68*(Suppl. 1), S722. https://doi.org/10.1192/j.eurpsy.2025.1465

Fonagy, P., Gergely, G., Jurist, E. L., & Target, M. (2002). *Affect regulation, mentalization, and the development of the self.* Other Press.

Gavrić, S., & Čaušević, J. (2021). *From demedicalisation to same-sex marriage: A contemporary LGBT history of the Western Balkans*. Belgrade Pride/Pride Society.

Hendricks, M. L., & Testa, R. J. (2012). A conceptual framework for clinical work with transgender and gender nonconforming clients: An adaptation of the minority stress model. *Professional Psychology: Research and Practice, 43*(5), 460–467. https://doi.org/10.1037/a0029597

Hodžić, A., & Bijelić, N. (2014). *Neželjeni: Istraživanje iskustva i stavova LGBTQ osoba u Hrvatskoj* [Unwanted: Research on the experiences and attitudes of LGBTQ persons in Croatia]. CESI.

Hyseni Duraku, Z., Davis, H., Blakaj, A., Ahmedi Seferi, A., Mullaj, K., & Greiçevci, V. (2024). Mental health awareness, stigma, and help-seeking attitudes among Albanian university students in the Western Balkans: A qualitative study. *Frontiers in Public Health, 12*, Article 1434389. https://doi.org/10.3389/fpubh.2024.1434389

ILGA-Europe. (2023). *Annual review of the human rights situation of lesbian, gay, bisexual, trans, and intersex people in Europe and Central Asia*. ILGA-Europe.

Lama, V. (2021). A developmental model of gender identity course based on Hamburg sample of children with gender dysphoria. *Medicus, 5*(2), 23–34. https://doi.org/10.58944/wyad5244

Malpas, J., Pellicane, M. J., & Glaeser, E. (2022). Family-based interventions with transgender and gender expansive youth: Systematic review and best practice recommendations. *Transgender Health, 7*(1), 7–29. https://doi.org/10.1089/trgh.2020.0165

Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin, 129*(5), 674–697. https://doi.org/10.1037/0033-2909.129.5.674

Minuchin, S. (1974). *Families and family therapy*. Harvard University Press. https://doi.org/10.4159/9780674041127

Nini, D. (2025). *Situata e komunitetit LGBTI+ në Shqipëri: Një analizë e të dhënave të pyetësorit vjetor 2024–2025 në vështrim krahasues me periudhën 2020–2024* [The situation of the LGBTI+ community in Albania: An analysis of the 2024–2025 annual questionnaire data in comparative perspective with the period 2020–2024]. Aleanca LGBTI.

Reisner, S. L., Poteat, T., Keatley, J., Cabral, M., Mothopeng, T., Dunham, E., Holland, C. E., Max, R., & Baral, S. D. (2016). Global health burden and needs of transgender populations: A review. *The Lancet, 388*(10042), 412–436. https://doi.org/10.1016/S0140-6736(16)00684-X

Riessman, C. K. (2008). *Narrative methods for the human sciences*. SAGE.

Safer, J. D., Coleman, E., Feldman, J., & Garofalo, R. (2016). Barriers to health care for transgender individuals. *Current Opinion in Endocrinology, Diabetes and Obesity, 23*(2), 168–171. https://doi.org/10.1097/MED.0000000000000227

Simons, L., Schrager, S. M., Clark, L. F., Belzer, M., & Olson, J. (2013). Parental support and mental health among transgender adolescents. *Journal of Adolescent Health, 53*(6), 791–793. https://doi.org/10.1016/j.jadohealth.2013.07.019

Smith, J. A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research*. SAGE.

Stoller, R. J. (1984). *Sex and gender: The development of masculinity and femininity* (Reprint ed.). Karnac Books.

Swidler, A. (2001). *Talk of love: How culture matters.* University of Chicago Press. https://doi.org/10.7208/chicago/9780226230665.001.0001

Švab, A., & Kuhar, R. (2014). The transparent and family closets: Gay men and lesbians and their families of origin. *Journal of GLBT Family Studies, 10*(1–2), 15–35. https://doi.org/10.1080/1550428X.2014.857553

Teliti, A. (2023). The employment process of LGBT in the Albanian society. *European Journal of Social Law, 61*(4), 147–158. https://doi.org/10.53373/REDS.2023.61.4.0139

Testa, R. J., Habarth, J., Peta, J., Balsam, K., & Bockting, W. (2015). Development of the Gender Minority Stress and Resilience Measure. *Psychology of Sexual Orientation and Gender Diversity, 2*(1), 65–77. https://doi.org/10.1037/sgd0000081

Veizi, D. (2022). The development of LGBTQ+ rights in the Balkan region: What went wrong. *DV Mundi, 2*, 139–157.

Winnicott, D. W. (1965). *The maturational processes and the facilitating environment: Studies in the theory of emotional development.* Hogarth Press.

Appendix A

Condensed Superordinate Theme Table

Superordinate Theme	Representative Subtheme Labels	Participant Sources
1. Social Surveillance and Institutional Misrecognition	Hypervisibility and anticipatory vigilance; Administrative erasure and involuntary disclosure; Institutional diagnostic suspicion	P1, P3, P4 (primary); P2, P5 (secondary)
2. Family Control, Moral Language, and Coercive "Normality"	Normalization pressure and embodied correction; Surveillance of presentation and mobility; Conditional belonging and guilt induction	P3, P4, P5 (primary); P1, P2 (secondary)
3. Relational Climate: Intense Maternal Involvement and Paternal Absence	Emotional asymmetry between parents; Role reversal and parentification; Dissociation as protective withdrawal	P1, P2, P3, P4 (primary); P5 (partial)
4. Defensive Survival, Chosen Support, and Narrative Reorganization	Strategic concealment and selective disclosure; Chosen-family as corrective relational experience; Self-authorship and narrative reorganization	P1, P2, P4 (primary); P3, P5 (secondary)

Note. "Primary" indicates the superordinate theme was a dominant feature of the participant's account; "secondary" indicates presence with less centrality. Subtheme labels reflect IPA emergent and personal experiential themes prior to final clustering.

Appendix B

Condensed Coding Snapshot: Illustrative Example of Analytic Movement from Extract to Superordinate Theme

Interview Extract (P2)	Initial Noting	Personal Experiential Theme	Superordinate Theme
"She would call me three, four times a day when I started university. Not to ask how I was, but to tell me how she was. I was managing her emotions from childhood."	Frequency of contact framed as demand not care; emotional labor flows upward from child to parent; university as failed separation; self subordinated to maternal need	Becoming the mother's emotional container; parentification as relational survival strategy	3. Relational Climate: Intense Maternal Involvement and Paternal Absence

Note. This snapshot illustrates one path through the analytic process. Initial noting includes descriptive, linguistic, and conceptual observations. Personal experiential themes (PETs) represent within-case interpretive summaries before cross-case clustering. The superordinate theme label reflects the final grouped structure shared across cases.