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Social support networks within transgender Facebook groups: facing a “therapeutic shield” in France.

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Abstract.

This article aims to analyze the sociabilities, information-sharing behaviors, and types of social support among users of French non-mixed trans Facebook groups. First, our national survey ($N = 405$) reveals that the different uses of these groups (information retrieval, emotional support, etc.) vary according to the age and education levels of their trans users, or according to their progress on the transition pathways. Secondly, we perform a lexical analysis of the messages ($N = 70,488$) posted, since 2013, in a sample of 24 groups, in order to identify the main topics of discussion. This analysis leads us to emphasize the diversity of social support provided by trans people to one another, via posts and comments. These findings deemphasize the benefits of institutional support because they suggest, alternatively, that trans people are organizing themselves to avoid challenges associated with medical institutions and the French “therapeutic shield”. Such individuals use Facebook to this end, sharing information or support in order to create a safe space managed with a transfeminist ethic, and allowing themselves to make gender-related choices more autonomously, far away from normative judgements (in particular those expressed by the medical profession).

Keywords (6): Transgender; Medical Discrimination; Social Media; Social Support; Information-Sharing Behavior; Safe Space.

1. Introduction

Since Émile Durkheim's work on social solidarity (Durkheim, 1893), scholars have continued to address the issues raised therein, working to distinguish the main types of social support afforded by liberal democracies; in particular, these include informational, emotional, esteem-related, networking, and tangible support (Cutrona and Suhr, 1992). The internet and social media have more recently provided new resources to diverse online communities, which allow for the provision of specific forms of social support, especially for the most marginalized people (e.g. HIV-positive people, people with disabilities), for those requiring hitherto-scarce resources (such as people with eating disorders (Tubaro and Mounier, 2014)), or for women victims of domestic violence. Trans people represent another such marginalized population, using digital platforms to access limited resources, and to organize and manage online communities with an ethic of care free of the types of medical discrimination to which they are often subject (Malatino, 2020). Many scholars have studied the diversity of resources and support available for trans people (Johnson and Rogers, 2020; Cipolletta et al., 2017; Selkie et al., 2020; Austin et al., 2020), but they often identify health care professionals as the main providers of social support, thus promoting a pathologic representation of the trans experience which requires first and foremost medical assistance.

In this article, we wish to counter this scientific perspective by focusing on sources of social solidarity and mutual aid provided *by* and *for* trans people. We investigate trans Facebook groups in France in order to describe the main types of social support to be found in these digital spaces, and to observe which have become more important over time. This article is based on two complementary methods: (1) a national survey ($N = 405$) studying the uses of Facebook and social media by trans people, and (2) a lexical analysis of message topics ($N = 70,488$) published within a sample of 24 Facebook groups. Drawing from the survey, the first results section highlights the diversity and the complementarity of the types of social support requested or provided by the Facebook users according to their profiles. Secondly, the lexical analysis describes in greater detail these diversities of social support, and reveals the centrality of medical protocols in the patterns of information-sharing and discussion observed within these groups. Trans people provide each other information and advice in order to overcome or bypass challenges related to doctors, psychiatrists and medical institutions. Faced with the French health care system's "therapeutic shield" (Espineira, 2011), the Facebook groups allow trans people to provide each other with social support and to share otherwise difficult-to-find information, allowing this marginalized community to create an online safe space and to engage collectively in a process of autonomization based on a transfeminist ethic.

1.1 Trans people facing the strengthening of the French therapeutic shield

In 1978, the first French program to manage transgender pathways was introduced. The "Conseil national de l'Ordre des médecins" recommended that three "experts" be involved in trans cases: a psychiatrist, an endocrinologist and a surgeon. Two years later, the "Diagnostic and Statistical Manual of Mental Disorders" (DSM III) codified the psychiatricization of trans pathways by introducing the term "transsexualism". Specialized teams were established in the largest French cities to apply a program that ostensibly distinguished "true" and "false" "transsexuals" according to Robert Stoller (1968). Such distinctions led hospitals to restrict access to care to those who were considered "truly transsexuals". This protocol continues to define the different phases of contemporary trans medical pathways, including psychiatric evaluation, psychological and endocrinological assessment, "real-life" tests, and "Long Term Affection" designation (allowing reimbursement of care expenses). Together, they progressively constitute a real "therapeutic shield:(...) a high wall that prevents, refutes and

discredits in advance any progress and dialogue” (Espineira, 2011). Since July 2010, the protocol has been managed by the SoFECT (French Society for the Study and Management of Transsexualism). This association of non-trans doctors has been heavily criticized, especially following the remarks of a previous president who evoked “the epidemic of transsexualism” (Bonierbale et al., 2005) in France, as well as those of an affiliated psychiatrist who likened “transsexualism” to a “delirium of omnipotence” (Chiland, 2011). Established protocols led the SoFECT to manage trans pathways by taking a psychiatric approach, requiring the psychiatric supervision of trans people for at least two years before allowing access to Hormone Replacement Therapy (HRT). Furthermore, the association still requests the real-life test in spite of its proven dangerousness. In addition to these issues, self-support associations also denounce the gender stereotypes inherent to such protocol, for which it is necessary to correspond to binary gender norms, to be heterosexual and seronegative, to refrain from sex work, etc.

Faced with the severity of this program, trans people have organized themselves by creating alternative and “individualized” pathways; particularly, those which allow them to choose medical institutions and doctors who will provide care while also bypassing those standards imposed by the medical protocol and reimbursed by the French health care system. Such alternative pathways allow, for example, some trans people to access hormonal therapy without also completing psychiatric follow-up. However, this approach can prevent them from benefiting from free care provided by the French medical system, which is granted by the SoFECT if trans people provide a certificate confirming their adherence to psychiatric follow-up measures for two years.

Faced with these difficulties related to the French program, trans people have created various information-sharing networks and social support communities to assist themselves. Many associations explain the different options available to trans people during the different phases of their transition pathways, and provide assistance to victims of medical violence or transphobic attacks. Over the last ten years, trans people have also used social media to help each other and to exchange information about the transition program itself. Facebook is now central in France because it enables users to create “safe” groups with restricted access. This article examines the sociabilities between members of these non-mixed Facebook groups in order to describe the different forms of social support within such online communities, in particular that of enabling self-organization in the face of various forms of institutional violence perpetuated by the French therapeutic shield.

1.2. Social media into the forms of social support between trans people

Many scholars have shown how the internet and social media promote new forms of social support, for example within anorexic communities (Casilli, Paillet & Tubaro, 2013). These online communities provide two main forms of social support, informational and emotional (Coursaris & Liu, 2009; Coulson, 2005; Preece, 2000). These digital spaces also promote complementary types of social support, such as those for people with disabilities (Braithwaite et al., 1999) or with HIV/AIDS (Coursaris and Liu, 2009), allowing users to exchange messages which help to improve their own image and self-confidence. Following the model proposed by Cutrona and Suhr (1992), we consider that these online communities have provided over time five types of social support: informational, emotional, esteem-related, networking-related, and tangible support. This model could be combined with other findings within Trans Studies that have highlighted how social media renews the practices of trans people (Stryker et. al., 2006, 2013; Schilt & Lagos, 2017), showing for example how trans vloggers (Raun, 2016), who often present themselves as experts, share their experiences, difficulties and advice (Dame, 2013;

Horak, 2014; Raun, 2016, 2012). In this article, we extend this research by focusing on the social solidarity among trans people using Facebook.

This research perspective extends previous work on the social support available to trans people in accessing to limited resources require by trans pathways (medical information, specific material, etc.), avoiding social isolation and discrimination, and helping to combat the high suicide rate related to the trans population (Hendricks and Testa, 2012; James et al., 2016). But these studies often depict health care professionals as the main providers of social support. For example, Evans & al. (2017) identify the online resources used by trans youth and their parents. They distinguish two different patterns of use: parents tend to consult websites they perceive as “secure” because they are managed by health professionals while, on the other hand, trans youth often seek information from “profane” websites managed by trans people. This distinction led the study to warn about the dangers presented to trans youth, who might presumably be exposed to unreliable and inaccurate information. As these online spaces, created by and for trans people, are considered as potentially dangerous, the scholars advocate the creation of institutional and informational websites designed according to the codes of the trans spaces favored by young people. The medical literature on trans online spaces addresses this topic for obvious reasons, primarily because such spaces allow trans youth to attain expert knowledge on transition pathways, while challenging gatekeepers’ paternalistic patient-physician model by reversing the status quo.

Like many scholars and transfeminist researchers, we would like to emphasize the importance of safe spaces managed by and for trans people, including, for example, specific events such as trans summer camps (Johnson and Rogers, 2020). Recently, many studies have highlighted how online communities have become more and more important in the management of trans pathways, due to their ability to enable empowerment, fight social isolation, and improve well-being and hope (Johnson and Rogers, 2020; Cipolletta et al., 2017; Selkie et al., 2020; Austin et al., 2020). Finally, these online spaces contribute to trans well-being; they are necessary to prevent the high suicide rates that mark trans experiences. However, even if scholars have provided interesting data on trans communities, their findings have little to do with the content of such community members’ online interaction; this is especially so in France, where the subject is very little discussed (Pastinelli and Déry, 2016; Lallet and Delias, 2018). We thus augment previous research by analyzing the main sources of social support on Facebook (as well as their diversity), and finally by identifying those which have grown in size and influence over time as a result of representing an indispensable and situated perspective.

2. A mixed research method for situated knowledge

For the purpose of studying the types of social support provided by trans people on Facebook, this research used two complementary methods: a national survey and a lexical analysis of the messages published in a sample of trans Facebook groups.

2.1 National survey on social support in social media

We used a self-administered online questionnaire between March and August 2020. It included 405 prompts. The survey was distributed on Twitter and within Facebook groups. French LGBTQI+ associations also helped us to share the survey within their networks; in exchange, we are providing them with the study’s main findings in order to assist them in their mission. (For example, accounts or evidence of trans-related medical discrimination, which may be used to justify an increase in government subsidies.) The questionnaire allowed us to collect data on patterns of social support, both on and offline, that trans people have experienced along their pathways. It was built upon a foundation of situated knowledge, combining both our transactivist expertise and our academic knowledge, and thus covered broad elements that may

be encountered during trans pathways (loss of social relations, discrimination, problems with the care system, etc.). In this article, we will only study the questionnaire data related to social support within Facebook.

In order to identify the different types of social support we used Cutrona and Suhr's (1992) typology, presented earlier. However, we have adapted it to the specificities of the transgender communities and the French context. For example, we have included the “desire to communicate and engage in activist networks” within the “network” field. In the end, the questionnaire allowed us to analyze 8 different types of Facebook usage: Communicating with other trans/inter/queer people; finding new people to talk to; confiding in others, and finding sources of emotional support; sharing experiences; seeking feedback on surgery; searching for caregivers or physicians; finding legal information; sharing information on transgender and transition pathways; and advocating for the rights of transgender people.

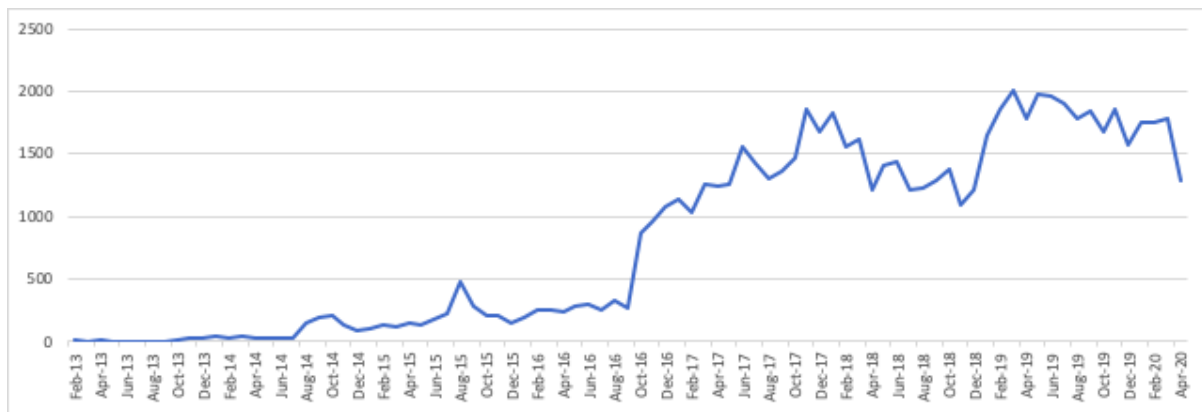
More specifically, this survey aimed to analyze the profiles of these users while characterizing their uses and the types of social support those uses provide. Our analysis also takes into consideration three important dimensions: First of all, we seek to identify the manner in which people find these groups. Then, we identify the sociodemographic profiles of the most active users and of those who, on the contrary, use these spaces infrequently. In a third step, we include the phases of respondents' transition pathways, which influence the types of social support sought by trans people. For example, younger people who have not yet changed their civil status to reflect their gender are logically more likely to seek legal information on this issue, compared to an older person who has already done so.

2.3 Lexical analysis of the messages of the Facebook publications

To complete our study on the sociabilities and the types of social support in trans groups, we collected and analyzed, using computer-assisted methods, the contents of the messages within. Because these groups are non-mixed spaces reserved for people who self-identify as trans, it is necessary to have been accepted as a member in order to access them. To validate our membership request by the moderators, we used our status as concerned persons; we were already members of some groups, for private use, which facilitated this step. However, being a trans person is not the only pertinent qualification: some groups also make a distinction between gender identity. In order to access the Facebook groups for trans women, we needed the help of a concerned person who was a member of these groups.

We selected a sub-corpus of 24 groups. First, the sampling method was based on the two most active French-speaking ft* groups. Then, following a non-probability “snowball” sampling method (Baltar and Brunet, 2012), we identified the 24 main trans-related groups within the French-speaking communities. These groups are mostly non-mixed trans, dedicated to different trans identities (trans women, trans men, non-binary people, mixed); we have excluded from this corpus the groups dedicated to sexual and/or romantic encounters. Our selection includes 3 groups for men, 4 for women, and 17 mixed spaces. The size of these groups varies from 79 to 4,035 members. We collected the messages of 70,488 postings shared in this sample between February 2013 and April 2020. As Figure 1 shows, the volume of postings increased over the period, reaching approximately 1,800 per month in 2019 and 2020.

Figure 1: Monthly volume of publication in Facebook groups



We have used an open-source software (IRaMuTeQ; Smyrnaiois and Ratinaud, 2017), in order to analyze the messages of these postings and to identify the topics of discussion. This allowed us to make a lexical analysis that groups together the most co-occurring terms of the dataset under different lexical classes. These classes are represented by the software in the form of a dendrogram. In section 3.2, we interpret the data qualitatively by describing the main topic that emerges from each lexical class. Therefore, our interpretation of the results of the lexical analysis allows us to analyse the main topics of discussion in the trans Facebook groups.

3. Results

3.1 Trans Facebook groups are organized according to the type of social support provided, and to the phases of transition pathways

First, we present the results of the survey in order to analyze the uses of trans Facebook groups. The objective is to identify the main types of social support provided by them, as well as their usefulness with respect to user profiles and transition pathway phases. Among the participants in the survey ($N = 405$), 62% of them use trans Facebook groups. They are most often trans men (70.5%; cf. Table 2) between the ages of 18 and 25 (57%). Due to the size of this age group, we find a high proportion of students (41%). As some have not yet finished their studies, a significant number of respondents hold a bachelor's degree (35.5%) or a level higher than baccalaureate +2 (46.2%).

Table 2: Profiles of participants using trans Facebook group

		Number of participants	Share of participants
Gender	Women, trans women, mtf	50	19,9%
	Men, trans men, ftm	177	70,5%
	Non-binary	24	9,6%
Age	< 18	7	2,8%
	18-21	73	29,1%
	22-25	70	27,9%
	26-30	44	17,5%
	31-35	17	6,8%
	36-40	10	4,0%
	41 and more	30	12,0%

Profession	Managerial and professional occupations	38	15,1%
	Intermediate professions	24	9,6%
	Employees	34	13,5%
	Students	103	41,0%
	Without employment	30	12,0%
	Other	22	8,8%
	Education	No diploma	12
	CAP, BEP	13	5,2%
	Bac	89	35,5%
	Bac +2	21	8,4%
	> Bac +2	116	46,2%
	<i>N</i>	251	100%

Participants often discovered trans Facebook groups by themselves using the Facebook search engine (43.7%). Others joined following the advice of their trans friends and acquaintances (34.33%), or trans associations (12.59%). It appears that the frequency of use of these groups varies according to the different stages of the trans pathways. Use is very frequent at the beginning of a user's transition (54.2%), to self-inform on trans pathways and to socialize with other members of these online spaces. Other important moments motivate frequent use, such as preparation for surgery (10.4%) or periods of coming out (12.4%). These steps also correspond to searches for informational support to which people are referred by posts in these groups. Many users also publish content (83.7%), most often at the beginning of their transition pathways (29.5%). It appears more generally that users most often request social support in relation to medical care, whether for information, caregiver referrals, or emotional support.

Table 3 highlights the main types of uses and social support in these groups. It appears that the search for information related to surgical operations is central (76.89%). Such searches are much more frequent among men (82.5%) due to the large number of transmasculine people who are engaging or wishing to engage in a mastectomy. At the same time, many people, especially younger people, seek instrumental support in finding safe caregivers (66.53%).

Table 3: Types of usage of Facebook groups

Types of usage	Share of users
Seek advice on surgical operations	76.89 %
Seek legal information	74.10 %
Share personal experiences	73.31 %
Share information	67.33 %
Communicate with other trans/inter/queer people	66.93 %
Search for caregivers	66.53 %
Seek people to talk to	48.21 %
Seek emotional support	46.61 %
Advocate for the rights of trans people	37.45 %

Many users also seek information about legal procedures (74.1%). All gender identities are concerned here, with an over-representation among younger respondents, resulting from the fact that many older trans individuals have certainly already completed the administrative procedures related to their transitions. These two types of uses, medical and legal, involve the search for informational support obtained in particular by consulting content.

Among the predominant forms of social support, we find those which are provided through the publication of messages. Indeed, many users share their experiences (73.31%) by relating informational examples that can later help others. Along with these messages, users share information on trans-related topics (67.33%). In such cases, users do not have any particular profile; these practices evolve according to the transition pathway itself, especially during the most critical phases when people feel the need to share their experiences.

Social support supplied in the form of networking (Cutrona and Suhr, 1992) is slightly secondary, as 66.93% of users report engaging in these groups to communicate with other trans/inter/queer people. It even appears that only 48.21% of users frequent these online groups in order to find others to talk with. Even fewer (46.61%) come to seek emotional support. It appears, quite logically enough, that these types of networking-related social support generally concern the youngest. However, as the lexical analysis will reveal, it should be noted that older users may indeed provide support and help to younger ones, even if they do not claim here to use these groups to find such support for themselves. It also appears that education level influences behavior: people with higher levels of education (from Baccalaureate +2) use the groups less frequently for the purpose of finding others to talk to. Finally, it appears that just over a third of respondents use the groups to (37.45%) advocate for transgender rights, in a more politically engaged manner of networking. Even if this use is the least frequent, it nevertheless testifies to an important level of commitment of these actors to trans struggles around questions of rights, discrimination or even empowering reform of the pathways (depsychiatrization and self-determination).

3.2. Textual analysis of the forms of social support in trans Facebook groups

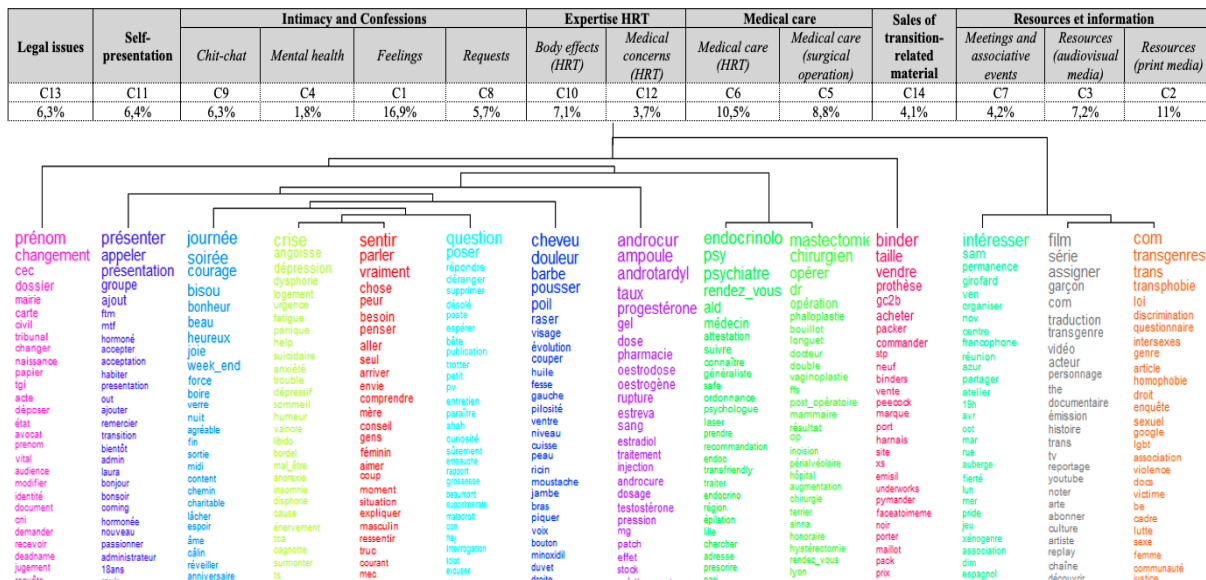
The questionnaire allowed us to analyze the main types of Facebook group use, before specifying the group's user profiles. This first part was based on an *a priori* definition of these uses, as well as the forms of social support found in these online communities. To these ends, we found it productive to engage in a more inductive analysis of user practices by studying the messages of user-shared posts. We therefore perform a statistical analysis of the lexical contents of the postings ($N = 70,488$) within our corpus, presented in the methodological section, and collected from 24 French-speaking trans Facebook groups between February 2013 and April 2020. In order to characterize the main topics of discussion, we have identified 14 lexical classes using IRaMuTeQ. Figure 2 is a dendrogram that shows a hierarchical representation of these classes according to both their thematic proximity and their weight in the corpus. It shows which terms have the most frequent co-occurrence, and how they have been arranged within the different classes. To facilitate the understanding of this data, we have also named each of these classes.

The lexical analysis first reveals an important theme related to Legal Issues (Class 13). This class represents 6.3% of the lexical contents of the corpus. It refers to specific postings focusing on the legal and administrative aspects of trans pathways, following the research on legal advice analyzed in the previous section. This theme is characterized by terms belonging to the legal sphere ("lawyer", "civil status", "hearing", "judgment") and judicial institutions ("court", "TGI" (*tribunal de grande instance*), "town council"). These posts also include requests for

procedural assistance in changing a first name or gender with respect to civil status. Such procedures were reformed in 2016, with the adoption of the “21st century law on the renovation of the justice system”, which allowed the re-designation of an individual’s sex without first requiring surgery (which had until that point been mandatory), in particular sterilization. Such individuals must, in both cases, provide documents proving the validity of his or her request while waiting for their case to be assessed during a hearing. The various steps required to create case files can be complicated: what documents to attach, what types of testimony to provide, whether or not to include medical certificates, etc. Thus, given that trans people are usually financially unable to acquire the assistance of lawyers, this lexical class refers to the circulation of limited, dynamic resources related to legal knowledge, including the recent changes in the French law. These types of legal support are plural: informational (advice on procedures, for example) or emotional (encouragement for a person whose case file has been rejected, or who is under great stress on their hearing day). There is also instrumental support, as for example the case when a user, who has no support in their own personal network, asks a member of a group to provide them with a certificate as “a close relative” in order to substantiate their application.

Class 11 (6.4%) directly concerns the rules of use of the Facebook groups themselves; it thus reveals a central use within these groups that we were not able to identify using the questionnaire. Indeed, new members are asked to introduce themselves, at the risk of being expelled from the groups, using standardized informal codes by providing their first name(s), their gender (“ftm/mtf”), their progress in the transition pathway (“hormonal”, “out”, “transition”), their age and place of residence. These self-presentations therefore refer to a specific type of networking performed by trans communities.

Figure 2. The main lexical classes included in the messages shared in the trans Facebook groups



Classes 9, 4, 1 and 8 refer to the repertory of intimacy. Per the findings of the questionnaire, these classes reflect the centrality of care and social solidarity within these groups. Their over-representation within the corpus (30.7% of lexical content) reveals the safe nature of the groups, facilitating confessions and exposure of private life. Class 9 (6.3%) reports more accurately on the sharing of experiences related to positive events. The objective of these testimonies is to provide others with encouragement (“courage”; “strength”; “path”; “don’t give up”, “hope”).

Class 4 refers to critical situations related to mental health. It contains terms from the lexical repertoire of psychiatry (“depression”, “dysphoria”, “anxiety”, “disorder”, “anorexia”, “TCA” (eating disorder)) and addresses the urgency of the request for assistance (“emergency”, “help”, “panic”, “suicide”). It reveals the collective trust between members of these groups and the intimate nature of the support provided. Class 1 (16.9%) includes a large number of verbs referring to feelings (“to feel”, “to suffer”, “to express yourself”, “to think”, “to understand”). The prevalence of this class testifies to the strong presence of intimate stories, feelings and sentiments, expressed especially for the purpose of sharing experiences and helping each other. Class 8 (5.7%) includes requests addressed to other members (“ask”, “question”, “questioning”). This class also demonstrates the importance of maintaining safe spaces by using polite or apologetic formulas (“sorry”; “disturb”; “delete”; “silly”; “awkward”). These topics reveal these individuals’ need for online support, while highlighting at the same time a break with medical institutions. Indeed, health professionals do not appear in this lexical class, despite the fact that mental health is a main topic. Here again, trans people are primarily seeking help among themselves. This class, which generates a high level of participation, also testifies to a specific ethic of care, in which mental health is a central issue. In other words, these trans online spaces promote a depathologization of trans pathways. Here, mental health is not perceived as an inherent trans issue, nor a characteristic of trans nosography. To the contrary, these group members address mental health as a result of their own marginalization, and the fact that medical institutions still perceive their choices as related to mental disorder. In order to bypass these obstacles, such users manage these groups with a collective ethic of care, aimed at supporting and listening to one another, and at creating safe spaces.

Classes 10 and 12 refer to the development of a collective expertise and social support network regarding hormonal therapy; they concern the two uses, identified with the questionnaire, relating to the sharing of experience and information. Class 10 (7.1%) focuses on the effects of HRT with words related to the body (“face”, “skin”, “thigh”, “leg”, “belly”) and its evolution (“beard”, “hair”, “voice”). Class 12 (3.7%) refers to a more medical expertise (“rate”, “dosage”, “mg”, “pressure”, “injection”) based on the different hormonal substitutes available in France (“androcure”, “androtardyl”, “progesterone”, “oestrodose”). This collective expertise allows the community to have knowledgeable exchanges, *contra* the monopoly of doctors involved in trans pathways (self-medication, blood test reading, rate adjustment). As noted above, some healthcare professionals, following hospital protocols, feel threatened by the expertise that trans people accumulate in online spaces. These lexical classes testify to the autonomization of trans people in face of gatekeepers, and the ways in which social media provides new resources for empowerment.

Classes 6 and 5 are also related to the sharing of information and advice on medical issues, focusing directly on the medical management of trans pathways in France. Class 6 (10.5%) refers mainly to the search for trusted caregivers, as well as strategies for obtaining reimbursements for care and/or access to surgery. Class 5 (8.8%) focuses precisely on surgical operations (“mastectomy”, “phalloplasty”, “vaginoplasty”, “hysterectomy”) and their annexed lexicons (“results”, “incision”, “hospital”, “overcharge”). This class also contains many surnames of surgeons who perform these operations. Like the previous classes, classes 6 and 5 promote the empowerment of those on trans pathways. However, they work differently. Whereas the previous classes focus on the accumulation of expert knowledge related to hormone therapy, these classes have two objectives: the creation of networks of trusted health professionals, and the shaping of strategies related to different surgical procedures (medical cost reimbursement, choice of surgeon and methods of surgery, etc.). We would like to draw particular attention to the creation of trusted caregiver networks, and the practice allowing users to identify both healthcare “allies” as well as those professionals to be avoided. Indeed, users

can seek information about safe trusted health professionals using keywords referring to location and medical specialty (e.g.: endocrinologist Paris), as well as specifics about what they are seeking (e.g.: a prescription at the first appointment). This leads users to testimonials containing the names of doctors who may assist in bypassing the prerogatives of the official protocols. Such networking allows users to avoid healthcare professionals taking a pathologizing and psychiatric approach, particularly those associated with SoFECT. Other types of alliances are being created in response to these professionals, too, especially among feminist health professionals. These alternative pathways and care networks publicly undermine the therapeutic shield, as well as its legitimacy. Their preventive measures are shared among the groups in order to provide the most accurate directory of information to trans people at all stages of their pathways, constantly updated and available at all times.

Class 14 (4.1%) includes information on materials related to the transition (“binder”, “prosthesis”, “packer”, “STP”). This class accounts for merchant exchanges, donations, and critical product returns, according to brand, within the groups. It concerns more particularly transmasculine or ft* individuals who use this type of equipment. This instrumental support was invisible in the questionnaire but is nevertheless very important. This type of material is difficult to find in France, and trans people are often obliged to order it on English-speaking sites; this requires the payment of significant custom fees, as well as the ability to transact in English, which may be a problem for less educated users.

Classes C7, C3 and C2 refer to the sharing of resources and information, in social media terms. Class 7 (4.2%) concerns the sharing of information about offline events, usually organized by trans associations. Class 3 (7.2%) represents the sharing of audiovisual resources (“movie”, “series”, “documentary”, “broadcast”, “reportage”) related to transgender people. Class 2 (11%) refers the sharing of articles (“press”, “blogs”, “academics”) about important transgender issues (“transphobia”, “law”, “discrimination”, “intersex”, “law”, “violence”).

This lexical analysis of the messages contained in Facebook posts therefore allows us to identify the main types of social support among the users of the groups. It highlights the sharing of information and advice on Legal Issues (C13), the codes of self-presentation in these safe spaces (C11) or on medical transition pathways (C6, C5), the centrality of intimacy and care (C8, C9), social support in relation to HRT (C10, C12) and, more generally, the sharing of media resources or information (C7, C3 and C2). The analysis finally reinforces the findings of the survey by highlighting the types of social support in these online groups according to an inductive approach. This leads us to counter the many scholarly findings which emphasize the centrality of health professionals in the providing of support for trans individuals. Conversely, our research shows how online communities managed *by* and *for* trans people constitute safe spaces which tend to promote autonomization and empowerment by providing a wide diversity of social support.

Conclusion

Over the years, the transgender pathways managed by French medical institutions have been characterized by restrictive measures, and particularly strict psychiatric follow-up protocols. This medical program now constitutes a “therapeutic shield” (Espineira, 2011) which discourages many trans people; especially the youngest, who have the least capacity for financial action. This “shield” leads such individuals to organize themselves within online communities, and to create safe spaces in order to negotiate or bypass such institutional obstacles. Trans people have therefore, gradually, created such groups on Facebook, perceiving the platform to be safe, in order to share their experiences and expertise. In this way, these Facebook groups extend the informational and emotional support provided by transgender

associations, while promoting networking across many users, especially those who live far from large cities. Our research analyzes the online sociabilities in these groups by showing the centrality, the diversity and the complementarity of the types of social support provided by the users to each other. We have described different types of social support, which are similar to those identified by Cutrona and Suhr (1992): informational, emotional, esteem-related, networking, and tangible support. First, our national survey extends previous works by revealing how these types of support vary depending on the sociodemographic characteristics of the users: the youngest generate more demand for support, especially on legal issues, and the least qualified seek more emotional support. Our findings also highlight the multiple dimensions of these solidarities; for example, the networking support category includes not only “looking for people to talk to” and “putting you in touch with safe doctors,” but also trading in difficult-to-find trans-related equipment, gaining access to HRT, negotiating health expense reimbursement, and becoming involved in activist networks.

More generally, our analysis of the main topics of discussion within these Facebook groups leads us to emphasize the centrality of the social support provided by other trans people or close friends. This finding extends previous work on the diversity of the resources available for trans people (Johnson and Rogers, 2020; Cipolletta et al., 2017; Selkie et al., 2020; Austin et al., 2020) by highlighting the secondary role of the healthcare professionals. We have deemphasized the benefits and the value of this institutional support because it appears that, alternatively, French trans people are organizing themselves to avoid challenges associated with medical institutions, and the ostensible “help” of doctors or psychiatrists. We therefore emphasize the growing importance of these online social support networks, provided *by* and *for* trans people using Facebook in particular. In a context where the French protocols for managing trans pathways continue to subject individuals to psychiatrization and even dehumanization, trans people gradually took to digital media in order to define safe spaces for sharing information, discussing related matters, and confiding in each other without fear. In these safe spaces, these users create a transfeminist ethic of care, characterized by a collective approach that places great importance on mental health. In contrast to the traditional pathways managed by medical institutions and psychiatrists, these digital platforms provide a tool for knowledge and expertise, allowing greater autonomous management of gender-related choices, while also focusing careful attention on the most marginalized (e.g. sex workers, people with mental illnesses or who have not sufficiently incorporated binary gender expectations, etc.).

Finally, we promote here a transfeminist analysis of social support. We show how these online communities free themselves from institutional protocols (medical and legal in particular) and improve a new trans ethic of care (Marvin, 2018; Malatino, 2019) facing social isolation, transphobia, cissexism and, more broadly, social norms. By providing social support to each other and sharing expert knowledge, trans people challenge norms and institutions, while engaging in strategies and forms of resistance that promote the empowerment of more “individualized” trans pathways (Hilário, 2017).

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