

# What About Our Chosen Kin? Determining Who Counts as Family Within Family Therapy

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## ABSTRACT:

*The purpose of this article is to expand the scope of individuals who come to mind when CFTs think of family. It begins by presenting the concept of “chosen family”, a term popularly used in LGBTQ+ communities to describe a composite of loved ones who may not share blood or legal bonds, but who function as family. It will then consider how Quebec’s social distancing measures, which had been focused on the “bulle familiale” for an extended period of time, may have impacted systems that might not have been living under the same roof. The article then presents a literature review from family studies and family therapy writings that demonstrates how family is now being defined, whether chosen families are present or absent in these writings, and how these findings seem to reveal important gaps within existing literature. The final section of this article offers examples of concrete actions that CFTs can take to ensure they are ready to work with people’s relationships, regardless of their form.*

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## KEYWORDS:

*Chosen family, fictive kin, COVID-19, LGBTQ+, diverse family systems*

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## INTRODUCTION

As we look back on 20 years of couple and family therapy in Quebec, we can reflect on the way the profession has changed over time and whom it has grown to serve. With a professional title designating two types of relationship systems, “couple” and “family”, we might wonder to whom do these terms refer and which relationships might not be included. While Couple and Family Therapists (CFTs) in Quebec and elsewhere have served diverse family systems over the years, little attention has been given to chosen families or chosen kin, or family-like relationship systems that can form between people who are not connected by blood, marriage or adoption. Yet these alternative family systems have historically been, and continue to be, a significant source of material support and nurturance for many. More recently, restrictive social distancing measures designed to stop the spread of the COVID-19 virus have raised questions about how to maintain closeness with loved ones while respecting distancing requirements. The findings with regard to these measures would indicate that many of us rely heavily on people who do not live in our household, i.e. the *bulle familiale* (or family bubble). The confluence of the 20-year anniversary of the CFT as a recognized profession in Quebec and the recent pandemic-related challenges will be used in this article as an opportunity to look forward towards greater inclusiveness.

This article begins with a brief explanation of the term “chosen family” before analyzing how some of these relationship systems had been strained by COVID-19 social distancing measures. It will then review family studies and family therapy literature in order to highlight how families are being defined, how chosen families are portrayed in empirical and clinical writings, as well as biases and trends in this literature. To conclude, we will explain how CFTs can rise to meet the challenge of preparing to work with chosen family and other non-conventional family systems in the next 20 years and beyond.

## What is “Chosen Family”?

The term “chosen family” gained popularity in the 1980s in some American urban centres and has since been used across North American LGBTQ+ communities to describe a composite network of friends, lovers, ex-lovers, co-parents and children who share emotional intimacy, time, comfort, safety and social support (Beaudry, 2018; Gates, 2017; Wardecker & Mastick, 2020; Weston, 1991; Weeks & al., 2001). These alternative family units have been a critical survival strategy for so many who experienced harm within their families of origin and/or who needed to be close to others who viscerally understood the weight of being pathologized, marginalized and targeted by widespread hostility, violence and stigma (Gates, 2017; Weeks & al., 2001; Weston, 1991). The term asserts that people can choose to create kinship networks with people outside of their families of origin and of biological and legal bonds (Beaudry, 2018; Lavoie & Richard, 2021). Chosen families can vastly differ from one another, with some referring to a broader community-type of group as their chosen family and others, to their inner circle of best and closest friends. Yet, they tend to take on supportive roles and perform functions normally associated with biological families of origin, including caregiving, resource sharing and offering a sense of identity and belonging (Blair & Pukall, 2015; Hull & Ortyl, 2018; Weeks & al., 2001).

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While the term “chosen family” has most been used in relation to LGBTQ+ communities, the act of identifying people outside of biological and legal ties as chosen kin has a long and varied history in many places. Across many parts of the world, godparenthood, adoption and milk kinship have long been recorded as common forms of chosen kinship (Alvarado Leyton, 2018; Tait, 2020). Fictive kin, voluntary kin, honorary kin or extended kin are among the terms that have been used to refer to these communities and they involve privileges, roles and intimacies normally reserved for biological family relationships (Allen, 2016; Alvarado Leyton, 2018; Ibsen & Klobus, 1978). Transforming non-biologically-related people into voluntary kin has been a powerful social strategy that has historically enabled many groups to flexibly adapt to adversity and increase the number of people on whom they can rely for support (Allen, 2016; Alvarado Leyton, 2018).

While no demographic data exists regarding chosen families in Quebec or elsewhere, we can assume that many Quebeckers do have voluntary kin relationships that are important to them and that have been strained by the recent pandemic measures.

## Staying Within Our *bulle familiale*

Since the outset of the COVID-19 pandemic, many countries have relied heavily on measures that restricted social contact. During the first year of the pandemic in Quebec, the government encouraged residents to limit close contact with anyone outside of their *bulle familiale*, or their shared household (Gouvernement du Québec, 2021). Normative ideas of a nuclear family come to mind with the repeated invocation of the *bulle familiale* and this discourse has raised many questions about who gets to be included in or shut out of these bubbles.

Relationships not bound by blood or legal rights where the players do not live under one roof have been challenged (or impacted?) by these kinds of measures. In public and in private, many have tried to find ways to create their own alternative “bubbles”, “germ pods”, “quaranteam”, “*bulle sociale*” or a group of people who do not live under one roof, but who negotiate boundaries and safety measures to limit the spread of the virus (Hamedy, 2020; Hawkins, 2020; Smith & Winters, 2020; Tremblay, 2020)<sup>1</sup>. Some decided to temporarily move in together while others painstakingly sought to maintain contact while keeping everyone safe. For many, this has been essential in preserving relationships that are vital to well-being and that might be considered chosen family.

Since the start of the pandemic, numerous studies have sounded the alarm on the negative mental health impacts of social distancing measures, social isolation, complicated loss, anti-Asian racism, other minority stressors, financial strain and more (Banerjee & Rai, 2020; Bareket-Bojmel & al., 2021; Dong & al., 2021; Dubey & al., 2020; Philpot & al., 2021; Torales & al., 2020). At the same time, many have underlined the protective quality that maintaining social connections can have on our mental health during this time (Burke-Garcia, 2021; Brown & Greenfield, 2020; Nitschke & al., 2021). Mental health and relationship challenges are likely to continue for some time as we all face the uncertainties of what lies ahead in terms of this pandemic. This time of stress makes the health of our social relationships all the more important. Like fictive kin networks throughout history, this may be a time when we most need to expand and strengthen the networks of people we can rely on for support as a way of protecting ourselves and others. We need each other, especially in times of stress, to soften the impact and help us adapt.

## Chosen Family Within Family Studies and Family Therapy Literature

If we look to family studies and family therapy literature for guidance, we can see movement towards a broader definition of family. The ideal family form and the idea that self-sufficient, traditional, monogamous two-parent nuclear family units is normal have been critiqued by many family therapists who pointed out how this family form has always been problematic (relying on unequal gender dynamics between a presumably middle class, heterosexual couple) and not representative of many people’s realities (Harvey & Murphy, 2022; McGoldrick & Hardy, 2019; Mundy & Wofsy, 2017). Some family researchers have proposed broader definitions in order to capture the commonalities between family forms while making space for their differences. For instance, the Vanier Institute of the Family has defined family as any grouping of two or more people who are tied together through “mutual consent, birth and/or adoption or placement” and who share responsibilities including a mix of physical and logistical care, nurturance and love, raising children and social control of its members (Mirabelli, 2018). It seems that family is commonly understood as a combination of form and function, the state or status of a relationship as well as something that is performed and continually re-created through our actions (Milhausen & Neustifter, 2014; Pain, 2020).

Yet, while we broaden our concept of family, biases and gaps persist. In their scoping review of empirical studies on family structure and its associations with well-being, health, adjustment and child outcomes, Jensen and Sanner (2021) found that the ideology that “nuclear is best” continues to be pervasive in research on family wellness (p. 477). They noted that this ideology tended to be implicitly assumed in the 317 studies they reviewed while structural, contextual factors that affect wellness were not given much consideration.

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1. Although these strategies may provoke concern about public health, it should be noted that social-network-based social distancing strategies that facilitate some social contact can actually be effective in limiting the spread of the virus (Block & al., 2020).

Looking more closely at LGBTQ+ family literature, even though chosen family is a common feature of many people's lives, it does not often feature in clinical material. For the most part, sexual and gender minorities have been underrepresented in CFT research and literature until the late 1990s. A review of 17 influential CFT journals between 1975-1995 found that less than 1% of articles pertained to gay, lesbian and bisexual relationships (Clarke & Serovich, 1997). Subsequent reviews of CFT literature have found that the quantity of articles on sexual minority relationships has substantially increased, however samples continue to be homogeneous and mostly include white, monosexual (i.e. heterosexual, gay or lesbian), middle class relationships and that gender diverse people are still underrepresented (Hartwell & al., 2012; Hartwell & al., 2017; Reczek, 2020; Spengler & al., 2020). Regarding the diversity of family forms, an extensive review of literature published between 2010 and 2020 on sexual- and gender-minority (SGM) families found limited research on "diverse family ties" and concludes that these gaps "neglect the full range of SGM minority families, especially those who offer the most robust challenges to paradigms of monogamy, the gender binary and heteronormativity" (Reczek, 2020, p. 313). While the increase in attention to LGBTQ+ relationships overall allows us to understand more about these systems, these findings highlight the need for further work to fill in these gaps.

When chosen family does appear in CFT literature, it tends not to be the focal point of the article or clinical examples. Chosen family comes out, for instance, as a social buffer against the stress of stigma and discrimination, a place of belonging and mutual identification, a source of guidance for parents and more (Addison & Clason, 2022; Carter Cox & al., 2022; Harper & Singh, 2022; Mather & al. 2022; McEachern & al., 2022; Papernow, 2022; Twist & al., 2022). Yet, close examination reveals that chosen family is generally assumed to be a feature of life that is left outside of the therapy room, while couples and co-parenting units are included in the therapy room.

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It is impossible to know with certainty what factors create and maintain these gaps in the literature, but some hypotheses can be offered. Excluding chosen families and diverse relationship forms might be the expression of multiple internalized biases and ideologies, such as a belief that nuclear is best or that voluntary kinship relationships are not worth investing in. It could be that legal frameworks that bestow legal rights on certain relationships only for things like medical visitation, end-of-life decision-making, inheritance, tax benefits and more, influence research as well as practice.

Finally, it could also be that many clinician-researchers do not receive therapy requests from chosen families and therefore do not believe this is an issue. A perceived lack of demand may result from many factors, such as the communities in which these clinicians practice, the financial accessibility of their practices, the demographics of clients who seek them out, as well as public perceptions regarding which relationships are welcome in the therapy room. While it is not possible to know the reasons that led to this gap, it is important to take the steps that can now bridge it.

## **Sustaining Relationships That Support Us: Looking to The Future**

CFTs are well placed to advocate for the need to tend to relationships beyond our households and provide services that include chosen family members. As relationship experts, CFTs can help make sense of the communication patterns, power dynamics, roles, rituals, and attachment patterns that structure kinship relationships. While little clinical literature exists about how best to work with chosen family relationships in therapy, this author is aware that many best friends, collective members and chosen families have already been seeking ways to include voluntary kin in therapy processes and offer therapy to chosen families directly.

In order for CFTs to be better prepared to work with these relationship systems, there are some concrete actions to be taken. For one, CFTs can request to be trained in this field to ensure that it is included in their initial therapeutic training or within continuing education opportunities. Training can help expand who we think of as family, what we imagine binds families together, and see family as a set of actions that include supporting, connecting with and showing up for one another. Training also needs to include the environmental and structural features that help create a need for chosen kin as well as the constraints put on relationships that do not have legal protections. It can also be a time for us to acquaint ourselves with updated versions of tried and tested family therapy tools, such as the genogram, by reading about the experiences of clients who have used them and learning ways to adapt them to alternative realities (Lavoie & Richard, 2021; Mosgaard & Sesma-Vazquez, 2017; Swainson & Tasker, 2005).

The learned and life-long practices of cultural humility and self-reflexivity are important to any training that seeks to address diversity. Ample writings exist in both of these areas, so rather than try to summarize them here, a few key ideas can be instructive for CFTs wanting to work with chosen families. We can try to learn as much as possible about these relationship systems outside of the therapy room to help us develop informed curiosity while actively practicing the cultural humility of knowing that there is so much we cannot know ahead of time about the identities, relationship structures, meanings and beliefs, entire ways of life, etc. that clients bring into the therapy room (Mirkin & Geib, 2013). We need to consciously practice humility by handling our hypotheses loosely and holding ourselves in a way that allows us to feel ready to be wrong. In terms of self-reflexivity, the notion that therapists need to pay attention to and be curious about their reactions to clients has a long history (i.e. writings on counter-transference). Yet, to add the element that would be helpful for chosen families would be to develop an awareness of our own particularities, biases and worldviews regarding what “health” and “proper functioning” look like in families and whether or not this fits in with chosen family systems.

CFTs are perhaps most likely to find immediate guidance in this matter by seeking out supervision from therapists who have already worked with these systems or have managed to receive training in this area. We can consult with our peers, training sites and professional networks to gain a better sense of where advice can be found.

For CFTs and other therapists who have worked with chosen families, a significant contribution to the field would be if they published case studies and reflection pieces on the therapy models they used. Clinical examples as well as more empirical research would help stimulate professional discussions and result in further clinical guidance.

## CONCLUSION

As with any crisis, there is opportunity. The COVID-19 social distancing measures have given us many opportunities, not the least of which is clearly recognizing the importance of the deep bonds that extend beyond the household and beyond the normative nuclear family system. They have brought attention to the challenges of protecting relationships that go beyond the normative family “bubble” and they require support professionals, like CFTs, to examine how prepared we are to offer support. We can now begin to work on learning more about diverse relationship systems, becoming more aware of our biases, learning to practice with cultural humility, modifying or learning new clinical tools, seeking out supervision and guidance, and contributing to the advancement of the field by sharing what we know about working with voluntary kin. As we look forward to this next chapter in the profession of CFTs in Quebec we can imagine how meaningful and transformative it would be to be ready to support any and all significant relationships, regardless of their form.

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## RÉSUMÉ :

L'objectif de cet article consiste à élargir le champ des personnes qui viennent à l'esprit des T.C.F. à l'évocation de la famille. Il présente tout d'abord le concept de famille choisie, un terme populaire au sein des communautés LGBTQ+ pour décrire un ensemble d'êtres chers qui, même en l'absence de liens de sang ou juridiques, fonctionnent comme une famille. L'article examine ensuite comment les mesures de distanciation sociale du Québec, axées sur la bulle familiale pendant une longue période, ont pu avoir une incidence sur des systèmes familiaux ne vivant parfois pas sous le même toit. Une revue de la littérature sur les études relatives à la famille et les écrits portant sur la thérapie familiale sera ensuite présentée pour démontrer comment la famille se définit actuellement, quelle est l'importance accordée à la famille choisie dans ces écrits, et comment ces résultats semblent révéler des lacunes importantes dans la littérature existante. La dernière partie de l'article propose des exemples d'actions concrètes que les T.C.F. peuvent entreprendre pour s'outiller adéquatement dans leur travail relié aux relations humaines, quelle que soit la forme que prennent celles-ci.

## MOTS-CLÉS :

Famille choisie, parenté fictive, COVID-19, LGBTQ+, diversité dans les systèmes familiaux

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