



Article

“We Just Take Care of Each Other”: Navigating ‘Chosen Family’ in the Context of Health, Illness, and the Mutual Provision of Care amongst Queer and Transgender Young Adults

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Abstract: “Chosen family”—families formed outside of biological or legal (bio-legal) bonds—is a signature of the queer experience. Therefore, we address the stakes of “chosen family” for queer and transgender (Q/T) young adults in terms of health, illness and the mutual provision of care. “Chosen family” is a refuge specifically generated by and for the queer experience, so we draw upon anthropological theory to explore questions of queer kinship in terms of care. We employ a phenomenological approach to semi-structured interviews ($n = 11$), open coding, and thematic analysis of transcriptions to meet our aims: (1) Develop an understanding of the beliefs and values that form the definition of “chosen family” for Q/T young adults; and (2) Understand the ways in which “chosen family” functions in terms of care for health and illness. Several themes emerged, allowing us to better understand the experiences of this population in navigating the concept of “chosen family” within and beyond health care settings. Emergent themes include: (1) navigating medical systems; (2) leaning on each other; and (3) mutual aid. These findings are explored, as are the implications of findings for how health care professionals can better engage Q/T individuals and their support networks.

Keywords: chosen family; queer family; queer health; transgender health; care; mutual aid; Q/T

1. Introduction

“Chosen family” is a term employed within queer and transgender (Q/T) communities to describe family groups constructed by choice rather than by biological or legal (bio-legal) ties. Chosen family implies an alternative formulation that subverts, rejects, or overrides bio-legal classifications assumed to be definitive within an American paradigm of kinship [1]. The provenance of the term “chosen family” in social science discourse derives from anthropologist Kath Weston’s *Families We Choose: Lesbians, Gays, Kinship* [2]. In this watershed project, Weston describes the central role that close friends played in the lives of sexual minorities who often experienced distance or rejection from their families of origin [3]. Using ethnographic and autoethnographic methodologies, Weston takes up kinship as the lens through which to understand “*how lesbians and gay men experience otherness and negotiate their relationship to the outside world*” ([4], p. 976). In her efforts to investigate what “family” means and has meant to lesbians and gay men in the United States, Weston deliberately treats family “*not so much as an institution, but as a contested concept, implicated in relations of power that permeate*

societies” ([4], p. 3). Weston’s argument about families of choice is undergirded by a contentious relationship with Schneider’s classic anthropological study on “American kinship” [1]. Schneider proposed that symbolics grounded in the division between the order of nature (i.e., shared biogenetic substances) and the order of law (i.e., code for conduct) define family relations in a United States (US) based context. Queer relationships—which are neither grounded in biology nor procreation, and often operate outside the legal domain—cut across these categories, complicating Schneider’s fundamental claim that family ties are reckoned between poles of blood and law. As such, queering kinship obligates critical engagement with “the family’s” traditionally ascribed organization and authority across the social landscape ([5], p. 3).

[Abridged for Chaos group reading and discussion]

3. Results

Six major themes emerged from the data: (1) navigating medical systems; (2) leaning on each other; (3) mutual aid; (4) chosen family enactment; (5) chosen family embodiment; and (6) key components of chosen family. The first three relate to health and care giving, and therefore will be discussed in this article. The latter three relate to broader conceptual dimensions of chosen family as a sociocultural object and will be discussed at length in a separate manuscript.

[Abridged for Chaos group reading and discussion]

3.2. *Leaning on Each Other*

Leaning on each other emerged as a dominant theme throughout each interview in the sample. Leaning on each other is an *in vivo* code used to describe informal, reciprocal care giving amongst chosen family members. Discussions of informal care emerged organically and unprompted throughout the interviews, compared with discussions of formal medical care which only emerged in direct response to probes. Providing and receiving care was discussed in the form of organizing around health needs, emotional support, and eating together. In deciphering the vectors of care, we used codes that distinguished between receiving from and giving to chosen family members, as well as providing care for the self.

3.2.1. Organizing around Health Needs

Organizing around health needs was a recurrent topic that emerged throughout the sample. This item represents the ways in which participants’ chosen family members proactively coordinate the provision of care amongst each other generally, and specifically when a member encounters an acute physical or mental health challenge. All participants described using group messaging tools across various online platforms to coordinate their care efforts. Minnie discussed establishing a group message which she titled “Team Minnie.” She requested consent from members included in that group to serve as a reliable resource for when she was struggling with her mental health: “We figured out how to create an easy way for me to reach out because I live alone.” Several participants who anticipated undergoing top surgery around the time of the interview spoke about the ways in which their chosen families have already developed schedules for feeding, transportation, and bedside aftercare. Grey described this intentional distribution of care across his chosen family network as a “shared burden of care.” Lydia discussed “sharing the burden of care” for a chosen family member who was grieving the loss of his mother and struggled through his depression to consistently arrive at work on time. Chase discussed the support they received during and after leg surgery as a pivotal experience that laid bare the distinction between friends and chosen family:

I had friends that created a spreadsheet with all the different things that I needed so I could send it to other chosen family members, so that I could get my needs met. And it was interesting to see who showed up. I think sometimes in those moments it becomes clear where that chosen family is. I do think it's hard to find what the difference is between chosen family and good friends when you're out dancing at a club, right? You know, those can look the same. But I don't think they look the same when [it comes to . . .] dealing with the messy, icky stuff about living sometimes—when people [are] willing to step up without even having to necessarily ask.

Concerted and highly organized efforts to coordinate care among chosen family networks using online and digital communication tools emerged as a prevailing theme throughout the interviews. Care for physical and mental health was the primary focus of “organizing around health care” while organizing around emotional and social support fell under the headings discussed below.

3.2.2. Emotional Support

Emotional support emerged from the interviews as the preeminent mode of care that chosen family members give to and receive from one another. In many cases, emotional support directly related to identity-based needs, especially regarding queer and transgender identity. Chase discussed relying on their chosen family for emotional support as opposed to their family of origin, because the shared queer identities between them and their family of choice facilitated unmediated understanding:

I think that I don't lean on my [biological] family very much for emotional support and part of that is with my chosen family, I don't I need to go to through all the explaining of queerness, transness, all the other shit [sic] that is exhausting to try to define, right? Whereas that's just already known that we can build off of [that].

Chrissy discussed emotional support being “of course mutually given, reciprocally from all [my chosen family members] in different ways,” especially through break ups. Support through breakups was especially important for Chrissy who, like her chosen family members, identifies as bisexual. Having chosen family members who are also bisexual was supportive for Chrissy who found that the liminality of bisexuality often felt isolating even within the Q/T community, and the specific empathy and emotional support of her bisexual chosen family members was significant to their bond. Elle contended that the resource most commonly and significantly shared amongst her chosen family “comes down to emotional labor,” especially during acute episodes of depression and anxiety. In addition to queer identity and mental health needs, multiple participants also described providing ongoing emotional support to their chosen family members who had suffered great loss. Elle and Andres each shared an account of supporting chosen family members through the loss of a parent. Maria, a bisexual cisgender woman who identifies as having epilepsy, autism, and chronic anxiety, discussed helping a chosen family member clear out their biological parent's house following that parent's death. Jasper described persistently supporting a chosen family member as they suffered through withdrawal from drug use:

I remember one person [in our chosen family] was struggling with withdrawal and we were trying to be there to support, and that was very emotionally taxing but we knew that it was going to be worth it so we just stuck on it anyway. There was a lot of blood, sweat and tears . . . But we didn't give up on each other.

The intersection of mental and physical health, and queer identity was significant in terms of the specific quality of emotional support that participants expressed needing from and providing for their chosen family members. In a poignant statement, Grey exclaimed that, “I don't think I know a single queer person that's not chronically ill in some way.” Grey's statement, and the prevailing presence of disability(ies) and/or illness identities in our sample, reinforces the fundamental notion that the type and quality of support at the specific intersection of health and queer identity is one of the essential components for establishing and maintaining chosen family.

3.2.3. Eating Together

Eating together was a pervasive practice raised in every single interview. For many participants, their chosen families formed around shared meals. Tish spoke about their first encounter with “found family” when, as a teenager, they spearheaded a Gay Straight Alliance group but was banned by the principal of her conservative high school. As an alternative, they and their queer classmates started having “little gay picnics” in the nearby public park. Tish described these picnics as the provenance of their chosen family; as their first and “most significant instance of queer community really being there for each other.” Clive noted that following each weekly drag show event at the local queer night club, he and anyone else who stayed out late enough would find themselves together at a diner for a “family dinner” in the dawn hours of the morning. Clive described the ritual as gratifying because: “We’re all feeding each other. We’ve all paid for each other’s meals at some point.” Chrissy’s chosen family consolidated around weekly Sunday night potluck dinners which rotated between members’ households. Consistent dinners together served as the foundation for establishing family rituals which developed into annual holiday traditions.

Chrissy described a particular Thanksgiving during which one of her chosen family members’ biological mother was visiting the city and attended the holiday meal. Chrissy noted a distinct discomfort with the juxtaposition between the closeness of her chosen family and the detachment of family of origin:

It was a little awkward because here we were having this great family dinner, but it wasn’t biological family [Laughs], but it looked like a family dinner and [the mom] was the outsider. There was definitely something that I think was jarring to her to see all of these LGBT [lesbian, gay, bisexual, transgender] women—these queer women—acting like a family and having that closeness and connection, but her being the only one related by blood and not having that connection at all.

Elle said that her chosen family came together around making homemade dumplings, a food that is tied to her heritage within her family of origin. The event of dumpling-making feels to Elle like a celebration akin to “Friendsgiving,” such that anytime they decide to make dumplings together, shared food becomes the site of enacting and venerating chosen family. Jasper lived with their parents during college but described a nearby house where several of their chosen family members lived as roommates. Weekends frequently occasioned sleepovers which consistently resulted in homemade waffles and pancakes the following morning. Maria noted that cooking for others serves as the ultimate litmus test that distinguishes whether a person is her friend or chosen family member:

To me there’s a difference between [chosen family] and friends because friends are people that you enjoy being around, but chosen family is more . . . who comes to my house and eats with me? Who do I cook for, you know? I think ‘who do I cook for’ is a good easy way to tell if somebody’s part of my chosen family or just a friend.

In each of these cases, gathering around food served as a foundation for establishing consistent, nourishing rituals. While meals were often discussed as practices for celebrating chosen family, feeding each other was also described as a form of mental and physical health care. Minnie described receiving nutritional support from chosen family members when severe bouts of depression prevent her from eating:

When I’m really quite unwell, I do need people to step in to remind me to eat. Lots of people feed me because I do not feed myself very well when I’m not well. When I’m well I love cooking. But when I’m not well, I definitely don’t eat . . . so people bringing me food or—just being with me while we cook [is helpful].

Elle echoed the experience of having a partner cook for her when depression becomes so debilitating that she “can’t get out of bed.” Tish also discussed the ways in which their mental health significantly improved since forming a chosen family with their partner:

The fact that every day that I come home from work, he’s cooking dinner—that’s incredible, because like, mental health and making sure you stay fed and that you have a good meal and home cooked meals every night, that is such a huge thing. If he wasn’t around, I’d probably be eating, you know, spaghetti every night—again. My mental health has definitely changed [as a result].

For some participants, feeding others as opposed to being fed was more salient. Lydia described their practice of ensuring that their chosen family members are well-fed during challenging mental health episodes. In reference to an occasion when they were out to dinner at a restaurant, they ordered food to-go to bring to their chosen family member’s house because they knew he was having a hard time. “We all kinda take care of each other in that way,” she said. Andres echoed the sentiment that “We just take care of each other” when discussing his routine of bringing food to his chosen family member’s home when he sleeps there on weeknights following late nights at work which preclude a long drive back to his rurally located apartment. The theme of caring for one another through food emerged in both the register of celebration, bonding, and community building as well as in the mode of intervention to depression and other mental health challenges for which providing food was supportive.

3.3. Mutual Aid

Mutual aid emerged as a dominant theme throughout the transcripts. As discussed in the introduction, mutual aid has been defined as an ethically charged act of sharing and exchanging material resources. Our use of mutual aid emphasizes the sharing and exchanging of material resources between chosen family members. Material resources encompasses co-habitation, cars and transportation, short-term cost sharing as well as the sharing of structural access to wealth, sharing skills, and sharing time.

Sharing Material Resources

The topic of co-habitation emerged frequently across all interviews. All participants either currently or have previously co-habitated with some permutation of their chosen family members. Minnie discussed the fact that many of her chosen family members have access to generational wealth and own property. Those who own houses share living space with her at no cost. Rather, in exchange she cares for pets, cooks, and cleans, or performs other helpful tasks to buttress the exchange. As Minnie is a naturalized US citizen, she uses one of her chosen family member’s homes as her permanent US mailing address for immigration purposes. Minnie is low income earning and chooses to live a nomadic life. For the majority, she feels safe in doing so and trusts that were she ever to meet her “worst case scenario” of experiencing homelessness, someone would offer her a safety net:

I still feel insecure sometimes . . . [but] I can probably name between five and ten people who would look after me, who would not see me go onto the street if I was sick or broken, you know? I do know that there would be people who would provide in those sorts of ways.

Like Minnie, other participants spoke about an open barter system between themselves and those who had access to generational wealth and were able to own property as a result. Clive also spoke about renting space at a low cost from their chosen family member who owns a home. In exchange, Clive takes care of the house and pets. Clive's chosen family member also helped him purchase a truck from a biological family member at a low cost, and in exchange Clive performs errands as needed. Grey described the long-ranging, collaborative process by which his chosen family is slowly pooling funds oriented toward a down payment on a shared homestead. However, his upcoming top surgery is a more pressing financial priority, and his chosen family is foregrounding that expense before actively pursuing their down payment on a house.

Skills exchanges, for housing or other resources, were discussed in the form of providing specific talents or abilities to chosen family members. Jasper discussed providing regular childcare for his chosen family member who has young children. Childcare included driving the children to and from school, providing after-school supervision, and packing their lunches in the mornings. Lydia, whose profession is in queer student services at a nearby university, described their efforts to create an employment opportunity in their office for their chosen family member who has expertise in sexual assault prevention and education, but who was experiencing temporary unemployment. Chrissy elaborated upon the occasion when her chosen family member experienced an undiagnosed chronic illness, describing in detail the supportive actions her chosen family members took based upon their professional expertise in the legal and medical fields. Tish noted that starting from as soon as they were able to drive, they leveraged their ability to offer transportation to queer community members who needed transportation support for accessing safe spaces: *"If someone needs a ride somewhere, like, yeah sure I'll take you. Your parents aren't gonna do it, so I'll do it."* Grey narrated a significant event when he helped his girlfriend and her wife unload an oversized generator from their car following an emergency power outage:

I ended up going over [to their house] and pulling the 200-pound thing into their basement and setting it all up for them. And then I think I ended up making them dinner afterwards and then just making sure that everything was set and good. That's a particular way that I lend my help in the poly-fam. I'm a 'fixit' and a strong person, and that gets to be my area.

Many participants discussed a willingness amongst all chosen family members to *"throw out a little extra money for people,"* especially those who make *"more money than most of the queer kids we know,"* as Grey said. About a couple members of his chosen family who are gainfully employed, Grey said, *"they are often the ones that not only I but other people in the community lean on if they need something."* These exchanges are rarely kept as a tally and are often repaid through alternative means, like providing skills, time, and care. *"Our relationships aren't zero-sum transactions,"* Grey concluded. Andres echoed this sentiment: *"As somebody in the queer community a lot of us end up having to rely on these very interconnected, interdependent support systems of close friends."* Lydia agreed, indicating that while her chosen family members are a close group of people, she recognizes a sense of family that pervades the queer community at large: *"I think [chosen family] is just really important because a lot of times, especially the queer community—[we don't] get that kind of support a lot, and so we have to make our own family"*.

Participants discussed mutual aid practices of sharing property and housing, financial resources, skills-based, and other material resources within their chosen family networks specifically. Additionally, participants referenced an implicit orientation to the principles of mutual aid as a pervasive practice throughout the queer communities in which they participate.