Chosen Family in LGBTQ+ Community: Creating Feeling of Safety Through Collage in Art Therapy

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https://doi.org/10.33015/dominican.edu/2024.AT.04

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This thesis, written under the direction of the candidate's thesis advisor and approved by the program chair, has been presented to and accepted by the Department of Art Therapy, at Dominican University of California, in partial fulfillment of the requirements for the degree of Master of Arts in Marriage and Family Therapy.

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Chosen Family in LGBTQ+ Community:
Creating Feeling of Safety Through Collage in Art Therapy

By
Zaina Berger

A culminating thesis submitted to the faculty of Dominican University of California in partial fulfillment of the requirements for the degree of Master of Arts in Marriage and Family Therapy

Dominican University of California
San Rafael, CA
2023
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Abstract

This student research study investigates how collage demonstrates feelings of safety with chosen family within the LGBTQ+ community as a minority group who has undergone much discrimination and exclusion from their biological family and society at large. Currently, within the field of art therapy, there is minimal research on LGBTQ+ community, especially in regards to kinship and family. The only research about chosen family was conducted by anthropologist, Kath Weston, in the 1990’s. The student researcher defines chosen family and discusses different alternative kinship theories and practices in the last three decades. The review discusses how queer people have created meaningful networks of kin and families within organized queer collectives, friendships, lovers, adoption, insemination, and biological family. The research also discusses acceptance and commitment therapy and incorporates a body scan in the study to add a mindfulness component. Research collected was qualitative using open-ended questions and dialogue, a body scan, and a twenty-minute collage. The research was conducted on a one-on-one basis with four queer adults ages 28 to 43. The sample method was from voluntary response from queer adults affiliated with Dominican University. The results of the study supported how chosen family creates feelings of safety in the LGBTQ+ community through themes of safety, support, and food. Recommendations for future research would be to find a larger sample size and a more diverse range of participants in terms of race, culture, and gender expression.
Acknowledgements

I am grateful for my beautiful queer community and chosen family who inspired me to write this thesis. I am thankful for my thesis professor, Victoria Dobbins, who was super supportive, accommodating, and encouraging throughout the thesis process. I am forever appreciative to my parents who have always supportive my journey with unconditional love.
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Chapter I Introduction

LGBTQ+ & Mental Health

LGBTQ+ is an abbreviation for lesbian, gay, bisexual, transgender, queer or questioning, and more; these terms are used to describe a person’s sexual orientation or gender identity (The Center, 2022). The LGBTQ+ community has undergone much discrimination such as legal and social challenges, including being ostracized by society, peers, and family based on who they love. In fact, queer youth are four times more likely than their heterosexual peers to commit suicide (Trevor Project, 2021). Furthermore, 4.2 million youth experience homelessness each year; queer youth are 120% more likely to experience homelessness than their heterosexual peers (Trevor Project, 2021). LGBTQ+ foster children and adolescence are overrepresented in the foster care system where they often struggle with feelings of safety and not having their gender and sexual orientation validated within their living spaces (Pourciau, 2017).

Chosen family becomes vital for many queer youth and adults who are rejected and abandoned by their biological family and other social connections when they reveal their true identity (Miller, 2016). Other LGBTQ+ people may keep their identity a secret from their biological family for their own safety (Levine, 2008). Safety in this context is related to emotional safety, social safety, and financial safety. LGBTQ+ people experience mental health challenges that are related to higher rates of psychological diagnoses, as well as difficulty in finding effective treatment due to emotional distress, stigmatization, discrimination, victimization and social exclusion (Moagi et al., 2021). Alternative family becomes a vital necessity for community, safety, and togetherness (Miller, 2016).
**Purpose of Study**

The purpose of this study was to investigate how collage demonstrates feelings of safety with chosen family within the LGBTQ+ community as a minority group who has undergone much discrimination and exclusion from their biological family and society at large. Currently, within the field of art therapy, there is minimal research on LGBTQ+ community, especially in regards to kinship and family. Choosing this population addressed the need for more creative expression through art therapy as a way to promote resilience, understanding, and connection in LGBTQ+ research studies. The study produced results of qualitative phenomenological data.

**Safety**

In the context of this study, the student researcher defined safety as being protected from danger and free from injury and/or other types of risk that may cause damage; when people feel safe they are able to access feelings of joy, connection, belonging, and the ability to function. People who feel unsafe may experience more hypervigilance, mental health issues, relationship issues, and a lack of presence. LGBTQ+ individuals face many experiences of unsafety such as bullying in school, abuse at home, being thrown out of the house and living on the streets or in foster care; being rejected from jobs, friends, family, and homophobic spaces at large (Miller, 2016).

In the context of this study, the student researcher defined emotional safety as: when an individual feels accepted, seen, loved, heard, and held. Emotional safety is considered a defining component of a positive learning environment and homelife and is related to psychological well-being, and positive academic and social outcomes (Mander & Shean, 2020). In work, school, and personal relationships, emotional safety is developed through supportive relationships such as being valued and treated with respect by having clear boundaries and support (Mander & Shean,
Social safety is when individuals feel safe by belonging in social spaces amongst peers, friends, family, and colleagues. The feeling of belongingness is necessary because it has been linked to higher educational outcomes, more positive social behavior in schools and better self-worth in adolescence (Linville, 2011). Financial safety is important for individuals to stay alive and afloat and to not face financial stress and loss in their future. Loss of finances can lead to homelessness and finding other avenues of surviving that may be dangerous and scary (McCormick et al, 2018). Financial safety may not be feasible for adolescence who are in school and not working. Queer youth may be living under their parents’ roof and may not have any income of their own, so their financial safety is dependent on their parents who may not be accepting of their sexuality (McCormick et al, 2018).

**Chosen Family**

The student researcher identified LGBTQ+ chosen family as a supportive and loving community of fluid networks of individuals made up of nonbiological: friends, lovers, adopted children, etc. based upon personal choice of alternative kinship. Kinship is defined as being in relationship with others. Many LBGTQ+ individuals lose their biological families when they come out as queer, so chosen family becomes their new adopted family (Weston, 1991). Creating the sense of safety, love, and security is part of basic human needs and chosen family serves as a family that individuals can create themselves vs. families we are born into based on genetics (Weston, 1991). Anthropologist, Kath Weston, is the pioneer of introducing the theory of chosen family to the western world by writing, *Families We Choose*, in 1991: a book about queer community in regards to raising children and creating families of choice, and the incorporation of biological families. She interviews a range of LGBTQ+ individuals who speak about their sexual identities and of their subsequent relations with straight families they were born into.
Weston speaks about changes in queer communities that have helped to shape contemporary discourse about gay families. Weston (1991) moves away from David Schneider’s Kinship theory in the 1960’s, which studies, “the contrast between what he calls the order of nature, which invokes the shared substance of blood, and the order of law, based upon a customary code of conduct” (p. 3). Weston argues that queer relationships cut across both of these categories of law and nature.

Weston wrote *Families We Choose* during the late 1980’s and early 1990’s during the HIV/AIDS crisis in San Francisco. Many queer individuals during the late 1980’s and early 1990’s were getting sick and dying from aids, while also being rejected from their families of origin for being gay and having a terminal illness that was seen as “gay cancer” (Levin et al., 2020). Queer people came together for mutual aid and community care to help friends, lovers, and community members while they were ill and dying from AIDS. Family members often would refuse to take on the responsibility of end of life care, and this is where chosen family would become a necessity. Levin et al. (2020) says, “Such an act of custodianship elevated the relationship from friendship to something more; an iteration of family” (p. 2).

**Art Therapy**

Art therapy combines art making and psychotherapy as a creative avenue of expression through art assessments and psychological theory and treatment. Art therapy supports both individual treatment goals and community concerns and plays an essential role in the treatment process (American Art Therapy Association, 2017). Art therapy can be used to enhance cognitive and sensorimotor functioning, develop self-esteem, and self-awareness, foster emotional resilience, promote insight, enhance social skills, reduce and resolve conflicts and distress, and promote social and ecological change (American Art Therapy Association, 2017).
The healing modalities of art therapy and its creative methods have been shown to expand certain functions of the brain including an individual’s visual and sensory information as well as the ability to process information and formulate memories (American Art Therapy Association, 2017). Art therapy has the ability to help a person’s emotional health and well-being.

Art Therapy correlates with family because in a family art therapy session, the art therapist is able to observe the interaction between family members through the feelings and responses of the artwork (Levick & Herring, 1973). Creating art in family art therapy can be a valuable assessment tool of communication that can extend beyond solely words (Riley, 1993). Families can tell their stories and create a new narrative through the artwork and the art therapist can find windows into their world (Riley, 1993). The art making process offers families a lens to observe themselves as though they were outside their family system and create new language (Levick & Herring, 1973). There is a better chance to find new outcomes by creating an alternate view and reality of the problem the family is facing in therapy, which can lead to change (Riley, 1993).

Acceptance and Commitment Therapy

Acceptance and commitment therapy or ACT is a mindfulness based existential humanistic cognitive behavioral therapy created by psychologist, Steven C. Hayes in the 1980’s (Harris, 2006). He says acceptance, mindfulness, and values are key psychological tools needed for transformative shift and that we should not run away from ourselves, but accept our emotions for what they are without judgment (Harris, 2006). ACT focuses on the act of forgiveness, compassion towards self and others, being in the present moment with awareness, and being able to access the transcendent sense of self. This modern therapy utilizes an eclectic mix of metaphor, paradox, and mindfulness skills, along with a wide range of experiential exercises and
values guided interventions (Harris, 2006). ACT has shown to improve mental health conditions such as depression, anxiety, OCD, stress, chronic pain, PSTD, eating disorders, substance abuse, and schizophrenia (Harris, 2006).

ACT is an action oriented psychotherapy that encourages individuals in therapy to find meaning and value in their lives, while also accepting the inevitable experience of pain being a human being. This type of therapy focuses on making all decisions with mindfulness and presence by utilizing mindfulness skills. The official ACT definition of mindfulness is: “the defused, accepting, open contact with the present moment and the private events it contains, as a conscious human being, experientially distinct from the content being noticed” (Harris, 2006).

Mindfulness allow individuals to observe their private experiences with less judgment and weight to their internal thoughts and dialogues; which in return allows the experience of transforming negative and painful thoughts with practice and patience. ACT does not focus on symptom reduction as a goal, but as a byproduct of doing mindfulness based therapy. ACT correlates with family by showing data that ACT can help avoidance in parents by using the parental acceptance and action questionnaire (PAAQ) that evaluates parents’ experimental acceptance, and action tendencies in the context of their relationship with their children; this has shown to improve the relationship between parents and their children (Coyne et al., 2011).
ACT & Chosen Family Collage

ACT allows LGBTQ+ individuals to accept their queerness, their queer experience, and bring mindfulness around the beauty and hardships of being a part of a discriminated group of people. This modality combined with collage art making allowed the participants to express their queer experience visually and verbally from a mindful and psychological flexible place by using a mindfulness body scan and intentional dialogue led by the researcher. Collage is the putting together of images with glue on paper from magazines, newspapers, articles, etc. Chilton and Scotti (2014) say, “Collage may jar us into new insights, tear apart and reconfigure ideas, and rework old patterns of thought” (p.165). The collage making process had the hopes for the participant to experience their observing self through the use of chosen images and the support of the researcher’s presence. The art piece depicted values of the participant, and the researcher was able to see patterns and visual cues into what was meaningful for the participant and their queer experience. The entire process had the hopes of gaining understanding about one’s queer experience, and if chosen family played an important role in regards to feelings of safety. The collage making process was a portal into the participant’s experience about chosen family and queerness. The data showed how chosen family creates feelings of safety in the LGBTQ+ community.

Barriers to Treatment

LGBTQ+ individuals who may not have access to chosen family are those who do not have safe home lives and may experience abuse if they were to create community with other LGBTQ+ people; individuals who may not have the financial resources to leave an unsafe situation and too afraid to seek outside queer community and help in fear of being abused or to
becoming homeless; and an individual who has not come to terms with their own queer identity and chooses to live a life of inauthenticity due to fear and non-acceptance of self.

Finding chosen family can lead to the rejection of biological family. Many queer youth of all ages and background experience sexual and/or physical abuse after coming out to their caregivers (McCormick et al, 2018). The role of family rejection can lead to increased vulnerability for queer youth and lead to more types of abuse moving forward in their lives (McCormick et al, 2018). LGBTQ+ youth are more likely to experience physical abuse, sexual abuse, dating and peer violence, and sexual assault, which can lead to higher rates of depression, anxiety, post-traumatic stress disorder, substance abuse, homelessness, and suicide ((McCormick et al, 2018). McCormick et al (2018), say, “… nearly 45% of LGBTQ women and 28% of LGBTQ men reported experiencing some form of violence or abuse at some point during their childhood” (p. 2). The high rates of rejection and abuse from caregivers can create an unsafe platform for queer individuals, especially LGBTQ+ youth without financial means to leave the house and find chosen family that accepts and values them for their authentic selves.

Research Question

The research question the student researcher proposed was: how does collage demonstrate feelings of safety with chosen family within the LGBTQ+ community. Some exploratory questions were; how do LGBTQ+ community define safety, how does chosen family show up through the art making process? What themes emerge in the process? The student research’s hypothesis was that chosen family within LGBTQ+ community would create feelings of safety shown through the lens of collage art making. This research provided acceptance and commitment therapy tools such as mindfulness body scan and dialogue that was used with
LGBTQ+ individuals, while also explored the role of chosen family in LGBTQ+ community as a means to safety through collage art making.

Conclusion

The role of chosen family for LGBTQ+ individuals is an avenue of healing, joy, community, and connection for individuals who may have experienced rejection from family, friends, and societal groups. Chosen family can also be for LGBTQ+ individuals who have accepting biological family and friends, but want to be in community with people who understand their sexual and gender expression on a personal level; who can share similar experiences, strengths, and hopes. It is important for LGBTQ+ individuals to be in spaces that are affirmative and honor gender pronouns and a variety of gender and sexual identities. The promotion of chosen family for this student research study was in hopes for LGBTQ+ individuals to access feelings of safety in a rather unsafe world to be queer.
Chapter II: Literature Review

LGBTQ+ History

The student researcher defines LGBTQ+ as lesbian, gay, bisexual, transgender, and queer, plus other gender and sexual expansive identities. Western LGBTQ+ history developed as a field within the historical discipline of the modern LGBTQ+ movement that was born as a result of the Stonewall riots of the late 1960’s. In the last few decades, film and television has highlighted LGBTQ+ content in mainstream discourse due to the inclusion of LGBTQ+ characters and storylines, the coming out of prominent public figures in the media, and the rapid change in public opinion on the issue of same-sex marriage and other rights for the LGBTQ+ community (Rupp, 2021). Rupp (2021) says, “struggles over civil liberties and the role of government in the lives of individuals are central to LGBTQ history, and the collective resistance of sexual minorities is as much a part of US history as the struggles of other marginalized groups, whose histories intersect and overlap with queer history” (p.2). Queer history is important for people of all racial, gender, and sexual backgrounds to understand the discrimination, abuse, and violence of a vulnerable population of people who are still facing much injustice in modern times (McCormick et.al., 2018).

The Stonewall riots of the late 1960’s began between LGBTQ+ individuals and police officers in Greenwich Village New York at gay bars such as the Stonewall Inn, which were considered safe havens for queer people to be themselves (Matzner, 2015). Nevertheless, police officers would continue to arrest LGBTQ+ people, especially queer people of color, gender non-conforming people, and transgender people (Matzner, 2015). The gay community started to physically fight back starting on June 28, 1969 for four straight days (GLSEN, 2016). The physical fights sparked activism and awareness that began the western modern LGBTQ+
movement and revolution. Groups like the Gay Liberation Front and the Gay Activists Alliance were formed after the stonewall riots, and began to bring the queer community together through social and political action and activism. In 1970, the following year after the stonewall riots, the first Gay Pride Parade was held in New York City in memory of the Stonewall riots; New York City continues to be the mecca for Gay Pride Parade each year (Matzner, 2015). The years that followed marked significant achievement for modern western society such as Harvey Milk becoming the first openly gay person to be elected to public office in California on the San Francisco Board of Supervisors, and the board of the American Psychiatric Association votes 13-0 to remove homosexuality from its official list of psychiatric disorders, which was finally removed in 1987 (GLSEN, 2016).

The AIDS Epidemic of the 1980’s killed many LGBTQ+ individuals, especially queer men, and created more discrimination within the queer community at large such as stigma related violence, rejection of HIV-infected individuals, and misconceptions that people can contract aids from casual contact with a LGBTQ+ individual; AIDS was known as “gay cancer” (Wright, 2006). HIV is a disease that causes aids through sexual intercourse and infected blood, which can lead to death like flu symptoms; it does not have a cure, but can be prevented with safe sex and education (Wright, 2006). Capazzola (2002) says, in a culture of stigma, fear, and discrimination, people with AIDS often chose to be silent about their illness, contributing to difficulties in both personal and collective commemoration; many early victims of AIDS refused to be identified as such in their obituaries, and gay friends and lovers were often excluded by the deceased’s families from funeral services and burials” (p.93).

Psychotherapist, Claire Costello (2020), recounts her time working with AIDS patients of the 1980’s in San Francisco as a time when her, “patients struggled to survive the overwhelming
grief of losing many friends from death or fear, attending multiple funerals, going numb, becoming spiritually confused. There was no hope in those early days. We prepared how to tell their families that they were gay, sick, dying, may need their help, their fear of being rejected by them” (p. 70). There were 8,406 new victims in 1985, bringing the total of reported cases in the America to 16,458; the 1985 figures showed an 89 percent increase in new AIDS cases compared with 1984 (Wright, 2006). Aids statistics have decreased with time and prevention awareness, but there are many social, economic, and structural barriers that continue to prevent some people from accessing the care they need due to continued discrimination and shame.

In 2013, The US federally recognized same-sex marriages, extending federal benefits to couples in states that allow same-sex marriage, and the Supreme Court also ruled that California’s Proposition 8 ban on same-sex marriage is unconstitutional, allowing California to become the 13th state where same-sex couples can marry (GLSEN, 2016). Full marriage equality became a reality on June 26, 2015, in the United States after the Supreme Court decision in Obergefell vs. Hodge (GLSEN, 2016). However, in 2022, Congress is considering codifying same-sex marriage after the lack of attention from former American president, Donald Trump, paid to same-sex marriage, which contributed to same-sex marriage becoming a less divisive issue; also the overturn of Roe. Vs. Wade in June, 2022 increasing the number of states where abortion is illegal (Lindberg, 2022).

**Alternative Kinship**

Alternative Kinship is defined by the student researcher as a group of chosen social connections that are neither created by blood or marriage; this is vastly different than the traditional family. The traditional family or nuclear family is defined by the researcher as a mother and father who have one or more children as a social unit based on blood ties. The
alternative family challenges and evolves the heteronormative viewpoint of traditional family. Alternative kinship was foundational for the ethnographic study of social structures and cultural practices throughout much of the 20th century in America. David Schneider, a cultural anthropologist of the 1960’s, critique of kinship is widely recognized as having played an influential role not only in the demise of bio-essentialist kinship studies but also in this subsequent reworking of kinship (Wilson, 2016). Schneider studied how middle class families in the United States responded to their kinship relations in his cultural study called the Kinship Project (Wilson, 2016). His results from the cultural study confronted and disputed the well-known and established assumption that kinship in American culture is predominantly about recognizing biological relatedness (Wilson, 2016). Schneider argued that cultural and social considerations are more important than blood ties, which caused a lot of controversy amongst anthropologists. Levine (2008) says in regards to Schneider that, “for the Americans he surveyed, kinship was based on ideas about “shared bio-genetic substance” and “enduring diffuse solidarity.” These elements provided the basis for three categories of kin—relatives by blood, in law, and in nature—which derived from the master symbol of sexual intercourse and linked parents to their children and husbands to their wives. Not surprisingly, as subsequent research has shown, these broad generalizations do not fit Americans of all classes, ethnicities, and sexual identities equally well” (p. 376). His findings were documented in his book series called American Kinship: a cultural account; these books changed and evolved the future studies of kinship within anthropology (Wilson, 2016).

Family groups were evolving and expanding with the social evolution of legal divorce and legal remarriage by the end of the 20th century. Furthermore, the increase of nonmarital domestic partnership and nonmarital childbearing started becoming alternative kinship units
circumventing formal marriage, divorce, and remarriage among a large demographic of young couples in many Western nations (Furstenberg et al., 2020). The “remarriage chain” and the “divorce chain” of the 1960’s altered kinship bonds with former partners, children, and extended family, which provided additional support systems because children now had multiple grandparents, aunts, uncles, cousins, etc. (Furstenberg et al., 2020). Step families had the opportunity to start forming a standard family role, such as providing direct caregiving, and in return increase the likelihood of being seen as kin. For example, when a biological father is uninvolved, a stepfather is more likely to fill that role and claim the stepchild as kin (Furstenberg et al., 2020).

The role of adoption allows individuals and couples to legally take another’s child and raise the child as their own (Levine, 2008). Furstenberg et al. (2020) say, “adoption can be regarded as a form of fictive or voluntary kinship that permits parents to have a child through means other than sexual reproduction. About four percent of the US population is adopted with half of those adopted by non-kin (p. 24). Furthermore, foster care is another form of voluntary kinship, but is less stable than adoption. Foster parents are individuals who temporarily serve as a parent for a child who has lost their parent or been removed from a parent’s care, and who is not the person’s own biological child (Levine, 2008). The strength of the foster family kinship has been proven to be more vital than the strength of the biological family, and peer group in the mental health of foster children (Furstenberg et al., 2020).

Most recently, in the 1980’s, assistive reproductive technologies were invented, which are treatments that handle both eggs and sperm by removing eggs from the ovaries, which are then mixed with sperm to make embryos (Levine, 2008). This was created for people to make their own families who may experience infertility, women who want to be single mothers, and
for same-sex couples; this creates “donor sibling networks on kinship” and continued the expansive development and remaking of alternative family (Furstenberg et al., 2020).

**Chosen Family**

Chosen family in LGBTQ+ community is a hallmark of the queer experience and becomes a necessity for queer individuals who experience rejection and distance from their families of origin (Weston, 1991). Gay Anthropologist, Kath Weston, (1991) moves away from David Schneider’s Kinship theory in the 1960’s, which studies, “the contrast between what he calls the order of nature, which invokes the shared substance of blood, and the order of law, based upon a customary code of conduct” (p. 3). Weston argues that queer relationships cut across both of these categories of law and nature. She wrote the book, *Families We Choose*, which speaks about chosen family in the LGBTQ+ community in the late 1980’s and early 1990’s during the HIV/AIDS crisis in San Francisco. She says that queer Americans have contested assumptions that families must be defined on the basis of genetics and procreative sexuality and have created an alternative kinship paradigm and a distinctive family type, that is, chosen families, which are based on friendship, love, and individual choice and a variety of sexual, social, and economic relationships (Weston 1991).

There is a chance that when a queer individual comes out to their biological family that they will then have no more biological family; the shift from “family” to “no family” (Weston, 1991). The abandonment of kinship because of queerness by going against the heteronormative paradigm, creates space and emotional need for voluntary kinship. Kath Weston (1991) says, “individuals who accepted the possibility of gay families after coming out could experience themselves making a transition from the biological or blood families in which they had grown up to the establishment of their own chosen families” (p.29). Queer individuals experience
“otherness” after coming out as a sexual minority, and having a queer support system who understands their experience, and loves them for who they are creates feelings of safety and community (Weston, 1991). Contemporary media portrays chosen family in queer black television show, Pose, which depicts LGBTQ+ ballroom subculture in the 1980’s and 1990’s. Transgender and queer chosen family would live together in a house, and call the mother of the house “mother”; they would perform drag shows together at balls in New York City, and take care of one another when one of their chosen family members contracted AIDS (Aditomo, 2022).

However, not all queer individuals experience rejection and abandonment from their biological families when they come out; some families can be accepting and loving towards a LGBTQ+ individual (Weston, 1991). In fact, Weston (1991) says, “when a celebration brought chosen relatives into contact with biological or adoptive kin, family occasions sometimes became a bridge to greater integration of straight families and gay families” (p. 33). Families amongst queer individuals can involve both biological families and chosen family, which neither one of them being more important than the other; this expands the notion of family or kinship to fall into only one category of people (Weston, 1991).

Other LGBTQ+ individuals from other cultures also turn to chosen family when they may not have many other supportive social connections in their life, and a way to be rooted in community and safety. Miller (2016) states in her research article about queer kinship in China that, “doing work for the queer community is also doing work for yourself, so for all sorts of reasons the work is very happy” (p.51). Finding queer community that can lead to chosen family often begins with community care in LGBTQ+ setting involving common interests, and health and rights. Many people are dedicated to creating stronger, happier, and healthier LGBTQ+ communities by providing HIV/Aids prevention; kinship and care go hand in hand, and are the
building blocks of chosen family (Miller, 2016). Many people in China choose to not come out to their families because coming out is seen as a spiritual attack, so chosen family is whole hearted spiritual necessity (Miller, 2016). Chosen family becomes a life saver for refugees who flee their country due to the disownment of their biological families (Kim & Feyissa, 2021). The role of chosen family for a refugee is vital for an individual who is newly establishing their life in a new country; it creates safekeeping the wellbeing and settlement process for a queer refugee (Kim & Feyissa, 2021). The organized principle of gay families is the choice of selectivity to ensure feelings of safety, love, and belonging (Weston, 1991).

When it comes to children in queer families, there are different options on how to create a household family unit. It is common for many lesbian relationships to ask a family member or a close friend to be a donor, so the child will resemble one of the moms or a trusted friend (Levine, 2008). Additionally, queer women may use the same donor for insemination if they want to have more than one kid, or if each mother in the relationship has the desire to carry their own child with a closer biological connection (Levine, 2008). Queer women often stay in touch with the fathers of their children, if they were in previous heterosexual relationships for financial support, loosing custody battles, and for coparenting (Levine, 2008). However, queer men have less options than queer women because adoption and surrogacy is complicated and a high financial cost (Levine, 2008). It is also not uncommon for queer men and queer women and/or gender non-conforming friends to choose to coparent and have a baby together, which increases the likelihood of dual-mother or dual-father families (Levine, 2008). This builds upon the concept of chosen family, while also incorporating bio genetics and emphasis the freedom of choice of queer kinship.
Stinchcombe et al. (2017), says, “many LGBTQ+ individuals are presented with heteronormative and cis-normative assumptions when interfacing with healthcare and social service providers, and these assumptions in turn may contribute to a lack of trust towards the healthcare system” (p. 6). LGBTQ+ individuals experience higher levels of medical trauma vs. heterosexual individuals due to homophobia and other types of discrimination, so bringing a chosen family member with them to health care consultations, appointments, and procedures to serve as support and an advocate will allow queer individuals to feel safe in rather unsafe places (Stinchcombe et al., 2017). Queer individuals can also ask their chosen family’s network about what providers are LGBTQ+ affirmative and safe to find healthcare that makes them feel seen, heard, and supportive; allowing them to get the care they need vs. giving up on their health care needs because of fear of discrimination (Levin et al., 2020).

LGBTQ+ older adults who are fifty years old and up predominately care for one another, and lovers and friends provide almost 90 percent of the care received by older LGBTQ+ adults, while adult children provide only 3 percent of the care (Knauer, 2016). Healthcare providers do not always acknowledge and respect chosen family members. Chosen family members will be considered mere legal strangers without legal standing to consent to or refuse medical treatment; they will have no power in decisions making on behalf of their chosen family member even though they are of equal importance as a biological family members (Knauer, 2016). Divorce and remarriages, polyamorous families, families who choose to not be legally married, and other types of blended families are creating new types of non-traditional families made up of multiple in-laws, stepparents, stepsiblings, ex-lovers, and friends (Knauer, 2016). These modern western models of emerging alternative kinship units will expand both the concept and the importance of chosen family beyond the LGBTQ+ community. As non-traditional family patterns continue to
grow and evolve overtime, so will the number of chosen family caregivers, along with the associated legal shortcomings for adequate healthcare and quality of life (Knauer, 2016).

**Safety**

In the context of this study, the student researcher defines safety as being safe-guarded from any type of emotional, physical, or financial danger. LGBTQ+ individuals are at higher risk for suicide, bullying, sexual and physical abuse, homelessness, substance abuse, depression, anxiety and PTSD (Maogi, 2021). When LGBTQ+ individuals do not feel safe their health is in danger, and are more likely to not access the healthcare and resources that can aid in creating increased feelings of safety and a reduction of distress in their lives (Maogi, 2021).

Many LGBTQ+ resources in educational institutions for youths focus on anti-bullying and discrimination, inclusivity information, and HIV/AIDS resources, but fail to challenge the constitutive hierarchical binaries and sexism at the root of much harassment (Linville, 2011). Linville (2011) says LGBTQ+ youth in schools ask, “for a consideration of safety that includes their need for accurate and comprehensive information about sex, sexuality and gender; not just for themselves but also for their peers, teachers and school authorities. They request that discourses of sexuality and gender that rely on biological arguments about natural desires or the universality of gender roles be called into question by curricular materials in favor of a fuller history of sexual and gendered identities” (p.416). The implementation of these changes may improve LGBTQ+ students level of belonging in their schools, which is a vital factor in their physical and mental health and safety during adolescence. Many school environments in America are unsafe and unsupportive, which results in poor academic outcomes, higher school drop-out rates, and increased negative well-being of LGBTQ+ individuals (Craig et al., 2018).
The role of Gay Straight Alliance (GSA) in schools and other LGBTQ+ centers, queer support groups and networks can provide safe spaces for queer people to gain supportive community, and get access to mental health resources and a sense of belonging (Craig et al., 2018). The first high school queer support group was founded in 1984 to support queer youth find safety, by providing education, reducing verbal and physical abuse, preventing suicide, and disseminating accurate AIDS information (Valenti & Campbell, 2009). These safe queer spaces allow queer people and allies to gather, and engage in safe and supportive dialogue. There are LGBTQ+ centers all over America, which provide affordable mental health services, support groups such as older and out groups, grief groups, HIV positive groups, 12-step meetings, legal services, drug assistance programing, HIV clinics and testing, safe sex educational support groups, employment services, shelters, and many other resources to support the safety of the queer community (SFLGBTCENTER, 2022).

The role of safe social workers, teachers, and other counseling professionals is crucial to provide an inclusive, culturally sensitive, and sexual and gender affirming spaces to make LGBTQ+ individuals feel safe and protected. These people can help bridge the gap between queer students and their heterosexual peers, as well as other school staff and families of the queer individuals to enhance emotional and physical safety (Craig et al., 2018). The advocacy for LGBTQ+ inclusive policies and practices can lead to a safer environment and mental wellness for queer people (Valenti & Campbell, 2009).

The role of queer: social workers, therapists, and foster parents could be very healing for a LGBTQ+ youth who may feel totally alone and ashamed of their queer identity after being rejected from their caregivers. School life could also be very challenging for queer youth who may experience bullying, violence, and other discrimination. It is so important for queer foster
youth to have a safe place where they can go to be themselves, and to be truly witnessed. For example, McCormick et al (2018), says, “a trauma-informed approach that seeks to heighten an LGBTQ+ youth’s sense of safety might include displaying signs, banners, books, or other markers that convey to youth that they are safe to discuss issues related to SOGIE” (p. 164). Normalizing queerness is validating for all LGBTQ+ people who may feel like an outcast in heteronormative settings. The exposure to queer media and content reassures LGBTQ+ youth that they are safe to be themselves and to be confident in who they are.

**Foster Care and LGBTQ+ Youth**

LGBTQ+ foster children and adolescence are overrepresented in the foster care system where they often struggle with feelings of safety and not having their gender and sexual orientation validated within their living spaces. Pourciau (2017) says, “in a study conducted in 2015, findings suggested that the relationship of foster family acceptance in the lives of LGBTQ+ foster youth is instrumental to creating an inclusive home environment” (p.2). LGBTQ+ youth most likely have experienced rejection from their caregivers because of their queer identity, which has led them to be removed from their household and put into the welfare system. Unfortunately, the removal of one unaccepting homelife does not ensure a safer environment for LGBTQ+ foster youth. In fact, queer youth, especially transgender and non-binary youth are subjected to being pushed out of the home and/or choose to run away from their home for being abused and neglected (Pourciau, 2017). Many LGBTQ+ youth view the streets as less hostile and dangerous compared to their foster placements; it is assumed that many of these homeless youth have some history of foster care placement during their childhood (McCormick et al, 2018). Furthermore, a large percentage of LGBTQ+ foster youth are youths of color. Grooms (2020), says, “Black youth account for 23% of the foster youth nationwide, Hispanics
21%, and Asian, Pacific Islander, Native American, unknown, or two or more races account for 12% of the youth who spent time in out-of-home care in 2017” (p.180). It is important for there to be more research about LGBTQ+ foster youth as there is little research on the topic; especially the implications of different minority groups of youths in foster care to better support their needs.

There is a high need for LGBTQ+ foster youth to have the resources to be successful once they phase out of foster care and into young adulthood. People who are working in the foster care system need to have the education and understanding of the stigma that comes with being LGBTQ+. The hardships that come with a young person being in foster care, while also coming to terms with their sexual and gender identity creates higher levels of stressors, trauma, and exposure to discrimination. It is important for people working in the system to not focus on LGBTQ+ youth’s identity as the problem, but rather helpful tools to address the emotional and mental stress that comes with living a variety of marginalized identities. It is also vital to give these LGBTQ+ foster youth tools to have access to a good education that can lead to future jobs and independence and stability as they grow into their own. If LGBTQ+ youth are not getting the supported from their teachers, mentors, peers, etc. they have a higher chance of dropping out of school and turning to drugs, alcohol, and sex work in exchange for housing and food (McCormick et al, 2018).

The role of safe: social workers, role models, foster parents, chosen family, teachers, mentors, etc. are important for LGBTQ+ foster youth to feel accepted and resourced. Baams et al (2019) did a statewide youth sample of underrepresented LGBTQ+ foster youth in unstable housing and foster care, which illuminated results of, “the need for care that is affirming and respectful of youth’s sexual orientation and gender identity” (p.8). It is so important for social workers, foster parents, and therapists to have an education around gender affirming language
and a clear understanding of queer community and queer culture. For example, asking someone’s pronouns before making an assumption about one’s gender shines light on an individual’s unique identity. Misgendering could make an individual feel invisible and immediately create a container of unsafety and mistrust. The role of queer role models and elders are important for queer youth to have a sense of community and belonging.

The queer foster youth is filled with racially marginalized groups of people, especially black youth. Grooms (2020) says, “it is paramount to think of this not only as an LGBTQ+ foster youth issue but as one with particular implications on the Black LGBTQ+ community, as Black foster youth are one of two frequently overrepresented racial/ethnic identities in the foster care system” (p.177). Black LGBTQ+ foster youth have more negative outcomes in comparison to other ethnicities of youths in foster care, which makes them more vulnerable to higher levels of homelessness, substance abuse, mental health issues, physical health issues, criminalization, and reckless and dangerous sexual behaviors (Grooms, 2020). In fact, black families often have less resources and more discrimination than other racial groups (McCormick et al, 2018). Black LGBTQ+ foster care youths are more likely to experience being removed from their home leading to further levels of trauma and neglect (Morton et al., 2018).

The role of intergeneration trauma will continue to repeat itself and create disparities in the black LGBTQ+ foster youth community. Living with multiple minority identities while also living in the welfare system increases the level of stressors for one individual who must navigate racial bias, cultural bias, homophobia, maltreatment, and being in a system that has proven to not support the livelihood of queer foster youths at large. Furthermore, black queer youths are one of the largest group of people getting diagnosed with HIV in the United States (Grooms, 2020). The
experience of family rejection and welfare injustice can make black queer youth in foster care a highly vulnerable group that need more research, support, and community care.

LGBTQ+ foster youth are at risk for poor adult functioning, and art therapy has proven to be a helping tool for trauma survivors to explore their life narrative through art, while containing their anxiety to a manageable level (Coholic et al., 2009). There has been very little research on how LGBTQ+ foster youth go out into the world once they turn eighteen and place out of the foster care system. The role of art as a form of expression for LGBTQ+ foster youth can be a means to explore issues around being queer, being taken away from their home and put in the welfare system, surviving different forms of abuse and neglect, and the emotional impact of having traumatic experiences. Art is a healing form of expressing oneself without being emotionally flooded in the same way talk therapy alone can be experienced. Queer foster youths who experience being a part of many marginalized identities often have lower self-esteem and a higher chance of having post-traumatic stress disorder (Sweet & Sherry, 2008). However, many foster youths also showcase a lot of resilience and do not exhibit long term trauma symptoms. Coholic et. al (2009) say, “in fact, a variety of factors such as temperament, resilience, developmental level, and external sources of support shape children’s responses to traumatic events” (p. 64). LGBTQ+ foster youth make up a large percentage of foster youth in the welfare system, and yet, there is not much current research about LGBTQ+ foster youth. Future research is needed on LGBTQ+ foster youth, especially LGBTQ+ youths of color. More research will provide more insight into helping such a vulnerable population.

Capous-Desyllas & Sarah Mountz (2019) created a qualitative study using photovoice methodology of former LGBTQ+ foster youths between the ages of 18 to 26 to share their visual narratives of growing up in foster care and being queer. They use a combination of
intersectionality theory and queer theory to give an authentic viewpoint of queer former foster youths' experiences. Capous-Desyllas & Sarah Mountz (2019) study investigates, “the participants’ photos and how their words give voice to some of the distinct experiences of life in foster care and beyond from the voices of LGBTQ+ youth; specifically, these images provide insight into the added layer of isolation and stigma that being queer and transgender bestows upon the already marginalizing and silencing experiencing of being in foster care, and its impact upon participants’ mental health and wellbeing” (p.33). LGBTQ+ foster youth do not have much of a voice in society and these tangible visual images of artwork are living proof of their experience, hope, resilience, and strength.

LGBTQ+ foster youth are high risk and an often overlooked group of people who are overrepresented in the foster care system. It is also important to note that foster care has changed during the Pandemic in the last two plus years. This is due to the fear of spreading Covid-19, having visitations being suspended, taking longer to process things such as adoption paperwork, and limitations in court (Vuddagiri & Carolan, 2021). Queer foster youth need more resources to support and intervene in their healing process to prevent further negative outcomes as they enter young adulthood and leave the system. There are more LGBTQ+ foster parents in the recent few years who are adopting and showcasing the beauty of what an affirming and safe homelife can be for LGBTQ+ youth (Kaasbøll, 2021). The highest population of queer foster parents are in Norway, United States, UK, Norway, and Australia (Kaasbøll, 2021).

Art Therapy

American Art Therapy Association defines art therapy as, “an integrative mental health and human services profession that enriches the lives of individuals, families, and communities through active art-making, creative process, applied psychological theory, and human experience
within a psychotherapeutic relationship” (American Art Therapy Association, 2017). The American Art Therapy Association (AATA) is a not-for-profit, professional educational organization dedicated to the growth and development of the art therapy profession. The American Art Therapy Association was founded in 1969; it is known to be one of the leading art therapy membership organizations in the world. Art therapy has made major contributions to the mental health field, and continues to grow and evolve with time.

Art therapy is a creative mental health approach to healing that is facilitated by a professional art therapist in a variety of setting such as: private practice, schools, hospitals, psychiatric centers, outpatient mental health agencies, day treatment facilities, residential treatment centers, senior communities, forensic institutions, crisis centers, veteran’s clinics, etc. (American Art Therapy Association, 2017). Art Therapy uses kinesthetic, sensory, perceptual, and symbolic modalities that help enhance the analytic experience of insight (Rubin, 2001). Art therapy activates the right side of the brain, which is associated with creativity, imagination, movement, the five senses, sensuality, and passion (Lusebrink, 2004). The left side of the brain is what modern western society predominately uses: the analytical and mathematical mind for everyday work. King et al. (2019) say, “an understanding of the neural basis for the effects of emotion on art making can be used as a basis for identification of simplified explanations, diagrams, and metaphors that can be used at different levels of complexity to help inform practice and provide clients with information about the physiological basis of vision, art making, and emotional processing” (p. 154). In fact, accessing the right brain in art therapy integrates both parts of the brain to have optimal brain functioning (Lusebrink, 2004). The Art Therapy Association says, “Art Therapy is used to improve cognitive and sensory-motor functions, foster self-esteem and self-awareness, cultivate emotional resilience, promote insight, enhance social
skills, reduce and resolve conflicts and distress, and advance societal and ecological change” (American Art Therapy Association, 2017).

Art therapy has the power to facilitate alternative means of expression that bypass the limitations of language by facilitating a creative vehicle for self-discovery, self-awareness, self-acceptance, connection, and understanding of one’s life (Rubin, 2001). Art Therapy also utilizes the act of mindfulness, which allows the client to focus on the art making process and self-expression, while turning off the left brain of daily stressors (Williams, 2018). These acts of mindfulness and self-expression empirically correlate to reduced anxiety, depression, and a higher satisfaction of life and social connection to others (Williams, 2018).

**Digital Art Therapy in times of Covid-19**

Digital art therapy and facilitating art therapy on telehealth and zoom has become a popular addition and alternative to in-person art therapy practices since the Covid-19 Pandemic in 2020 (Miller & McDonald, 2020). The pandemic has affected the entire world and has increased stress, isolation, depression, anxiety, and individual and collective trauma; digital art therapy allows for people to stay in touch safely, while creating feelings of connection and reduction of stress (Dover, 2021). Group digital art therapy allows people to come together through shared experience and strengthen relationships, especially during strict times of social distancing and shelter in place (Perkins et al., 2022). The role of

Miller and McDonald (2020) speak about how digital art therapy on zoom for veterans with PTSD, “provided an opportunity for not only creating accessible and inclusive spaces for veterans managing isolation during this time, but technology’s role in strengthening resilience and forming a sense of belonging through shared art experiences online” (p. 160). Art is a therapeutic and creative way of coping during times of uncertainty and disconnection from the
world and loved ones. Many people cope with their boredom and loneliness during the Pandemic through creative arts and writing (Perkins et al., 2022). The arts can be a catalyst for conversation, strengthening relationships, and collective understanding. In fact, people were creating art as a way to connect to others in simple manners such as utilizing sidewalk chalk, making signs outside of their homes to thank essential workers and to say hello to their neighbors, create live streams of musical performances, sell art online as way to connect with others, and learn a new artistic hobby (Braus et al., 2020). Art helps individuals express their inner world through external materials, while being expressive and introspective.

**Art Therapy and Family**

The integrative approach of family systems and art therapy has impacted the way family therapy can be taught and practiced. Family systems is a theory of human behavior that defines the family unit as a complex social system. In this social system, members interact and relate to one another, which in turn influence each other's behavior. Family members interconnect, allowing to view the social system as a whole rather than as individual elements (Brown, 1999). Psychologist, Murray Bowen developed family system theory in the 1950’s, which defined the field of family therapy (Brown, 1999). Bowen’s focus within family systems was on patterns that develop in families in order to defuse anxiety. The notion of either too much closeness or too great a distance in a relationship is a main initiator of anxiety amongst family members. The degree of anxiety amongst family members will be determined by the current levels of external stress and generational trauma, which has created themes throughout the family lineage. If family members do not have the emotional intelligence or awareness to think through their responses to familial relationship issues, but rather react anxiously to perceived emotional demands, a state of chronic anxiety may come into fruition (Brown, 1999).
The goal of family system therapy is to reduce the chronic anxiety amongst family members by the help of the therapist educating the clients of how the emotional system functions, and increase the levels of differentiation (Brown, 1999). This will allow the family members to focus making changes for themselves rather than on trying to change one another (Brown, 1999). Family therapists are more interested in what is presently occurring within the family system than with why a problem developed in the first place (Kerr et al., 2008).

The development of family art therapy was pioneered by psychologist and artist, Hanna Kwiatkowa in the 1960’s. Her work at the National Institute of Mental Health was the catalyst for art therapy to be researched with families (Kerr et al., 2008). The research help facilitate the development of art assessments and clinical proficiency, so families could be helped through art therapy processes (Kerr et al., 2008). Janice Hoshino (2008) says, “art therapy transcends verbal barriers and provides a fresh lens into the family system. Individuals cannot disregard the tangible qualities of art as readily as they might dismiss words, which may conveniently dissipate into thin air (p. 40). According to art therapist, Janice Hoshino, Families have the tendencies to repeat the same stories continuously without finding a resolution, so art therapy can provide a solution for families to get out of recursive patterns and well defended verbal dialogue (Kerr et al., 2008).

A great example of a family art therapy assessment is Kwiatkowa creation of the family art evaluation. This art directive took time and consisted of six separate pictures: a free picture, a picture of the family, and an abstract family portrait, a picture started with the help of a scribble, a joint family scribble, and a free picture. The free picture is a starting point for the art process, the picture of the family directive provides insight and new information for families, the abstract family portrait was the hardest to explain and many family ask questions, a picture started with
the help of a scribble gave accurate information on the participant’s capacity for organized abstract thinking, a joint family scribble demonstrates the family’s ability to tolerate closeness and the degree of to which the family has a need for boundaries, and the free picture at the end evaluates the family’s tolerance for stress and how the family has stayed stable throughout the entire art assessment (Kerr et al., 2008).

The art process within the family dynamics reveals meta messages of how the family has constructed their social unit and ways of communication, which gives the art therapist insight about how they should approach treatment (Kerr et al., 2008). It is important for the art therapist to learn the family’s story to alternate the family script to help reconstruct healthy dynamics and communication (Riley, 1993). The role of the art therapist offers a fresh lens of perspective by being a participant-observer who can reframe the sequence of events playing out in the family unit. The art therapist has the ability to recreate dialogue amongst the family members to help families begin to tell their stories in different ways by imagining a new ending and coming up with new truths: all a creative practice. The impactful function of art creates visual understandings of the family story (Riley, 1993). The art can showcase a repetition of symbols and metaphors in which the family members all become illustrators of their individual and familial story. The art becomes the third reality to observe in-person interactions between the family unit (Levick et. al., 1973). Janice Hoshino says that structural family art therapy is able to provide insight into the subsystems within the hierarchy family system such as the size and placement of the family members (Kerr et al., 2008). The family member who is placed the largest or highest on the page is most likely carrying the most power within the family unit (Kerr et al., 2008). Family art therapy offers the collaboration between the art therapist and family members as they journey into the family constellation: focusing on the problems, strengths,
themes, values, stories, and roles of each member (Levick et. al., 1973). The goal is create more harmony and healthy boundaries through the communication of words and art.

**Collage**

The student researcher defines collage as the cutting up of images from magazines and newspapers, and gluing them on paper. People have been practicing collage for nearly 1000 years (Reilly, 2019). The word collage comes from the French verb coller, which means “to stick” (Reilly, 2019). This was first used to describe the Cubist innovations of Pablo Picasso and Georges Braque, who began to stick newspaper cuttings and other materials onto their canvases in 1912 (Reilly, 2019). Collage became very popular with the surrealists in the twentieth century because the act of cutting out images and putting fragmented pieces back together supported their belief that everything manifests from the subconscious (Lamy, 1986). Chilton & Scotti (2014) say, “collage as a method of inquiry was a means to intertwine layers of knowledge. Making collages and responding to them in letters assisted us in synthesizing or quilting together disparate ways of knowing (i.e., theoretical, artistic, subjective, and intersubjective). Collage encourages individuals to take apart pieces of full images and texts, and reimagine and reinterpret the meaning into their own vision (Reilly, 2019). Collage allows for all people to create art with easy to find materials that are inexpensive, and at any level of artistic ability.

Collage can help promote post-traumatic growth such as the Safe Place Collage, which is utilized to by art therapists to help clients face stressors after a traumatic event; this is facilitated by exposure to a self-selected positive or safe image and a second self-selected negative or disturbing image (to suggest trauma) followed by an opportunity to challenge the power of that negative image with creative art making and discussion (Tripp et., al, 2019). The client is invited to work with these contrasting collage images in order to produce a single piece of artwork that
evokes a feeling of safety or comfort (Tripp et., al, 2019). Author, William Sietz, describes collage and assemblages as metaphoric rather than imitative reference to the world (Lamy, 1986). Collage becomes a person’s own fragmented into whole story that is meaningful to them.

The best known collage art directive in art therapy is Helen B. Landgarten’s Magazine Photo Collage or MPC, which was created in 1993. The MPC is a simple, yet informative art directive that is both affordable and easy for the art therapist to administer, and the client to create (Landgarten, 1993). The assessment requires two sets of pictures: one set is of people and one set is of miscellaneous items or things. The set of people images includes people from different cultures, ages, variety of facial expressions, variety of movements, etc. The miscellaneous items or things should be randomly chosen images that pertain to issues the client is facing in therapy session (ex: body image, substance abuse, parenting, depression, anxiety, etc.) The art therapist cuts out images with scissors or rips images out with their hands prior to session, so it is a time consuming process (Landgarten, 1993).

The client will begin the first collage by selecting pictures from the miscellaneous box and writing their thoughts about each image on the paper or saying it aloud. The task is open ended and there are no limits placed on the number of pictures selected. The art therapist should pay attention to how the client is handling the glue, number of images chosen, the way the client places the images, etc. In the second task, the client is asked to choose 4-6 pictures of people and either say or write down what the people are thinking and saying. This task reveals the client’s perception about trust, regarding either themselves, someone in their life, or possibly the therapist. This task focuses on what people think and say. During the third task, either box is used to select 4-6 pictures that represent something “good” and something “bad.” Choices may give clues about the client’s idea of positive and negative images. This can reveal the client’s set
of values to the therapist. The fourth task involves choosing one picture from the “people” box, writing what is happening to the person, and how the situation could change. If the situation can change, the client can then pick one more image to illustrate the change or write down or say aloud what will make it change. The strongest strength of the MPC is that it is not culturally biased and can include images of people of all races, gender, sexual orientation, etc. Also, there are a variety of images provided to give the client options and images to allow the unconscious to emerge through metaphors and symbolism. Additionally, images reveal defense mechanisms, reveal their values, and the MPC can be used at any point of treatment making it a very effective tool in art therapy (Landgarten, 1993).

Collage has also been used as a therapeutic art tool to help people living with dementia who experience impaired cognitive and verbal abilities (Stallings, 2010). The American Psychiatric Association (2000) defines dementia as a gradual and continuing cognitive decline that is manifested in memory impairment, aphasia, apraxia, agnosia, and/or an inability to plan, organize, sequence, or abstract information. People living with dementia have a challenging time verbally expressing themselves and remembering. Art therapist, Jessica Stallings (2010) does a study with three dementia patients and uses a revised version of the MPC to give older adults with dementia an opportunity to convey information that they might not be fully capable of verbalizing. The results revealed that collage proved to be a beneficial and effective way for people living with dementia to express themselves and engage in reminiscence (Stallings, 2010). Collage is simple and less threatening than other materials. It is an effective tool art therapists use for reminiscence to reflect on their patient’s life review (Stallings, 2010). Drawing is not required and looking through already cut up images such as in the Magazine Photo Collage art directive allows for memories to rise to the surface and stories to be told (Stallings, 2010).
Acceptance and Commitment Therapy

Psychologist, Steven Hayes, created Acceptance and Commitment Therapy or ACT in 1982 in order to combine both behavioral analysis and cognitive therapy to approach therapy with more mindfulness (Harris, 2006). The goal of acceptance and commitment therapy is to increase psychological flexibility. Psychological flexibility has two components: 1) the ability to be psychologically present – i.e. aware, attentive, open to, and engaged in your experience; 2) the ability to control your behavior to serve valued ends (Harris, 2006).

There are six core principles of ACT which are: contact with the present moment, acceptance, defusion, self as context, values, and committed action, which all create more mindfulness and richness to life. 1) Contact with the present moment allows an individual to fully engage in what they are doing, and whether to persist or change behavior. 2) Acceptance allows openness and direct psychological experience without judgement or defense. 3) Defusion is the act of looking at thoughts vs. from thoughts. It is the recognition of intrusive and negative thoughts without the allowance of deep influence and instead being psychologically present and engaged; which in return leads to more psychological flexibility. 4) Self as context is a transcendent sense of self often called the observing self who is able to observe and accept all changing experiences in a day to day basis. 5) Values are chosen life direction that give life meaning, acceptance, guidance, goals and actions. 6) Committed action is overt behavior in the service of values, which may require skill training (Russel, 2006). Furthermore, Steven Hayes believes that acceptance and commitment therapy can be seen as a similar approach to the viewpoint of suffering in Buddhism. The principles of ACT corresponds greatly with the principles of Buddhism such as the role of attachment in suffering, mindfulness, taking meaningful action, and the role of the self in therapy (Hayes, 2002).
The techniques within acceptance and commitment therapy hold the power for individuals to respond before reacting to situations by practicing acceptance; the ACT model of psychopathology believes that a great deal of our difficulties comes from fusion with cognitions (Blackledge & Hayes, 2001). Unpleasant emotions and intrusive thoughts are a part of life, and ACT encourages individuals to fully experience these emotions and negative thoughts to give them less weight and fear (Blackledge & Hayes, 2001). The act of experiential avoidance can create more issues such as abusive alcohol use, substance use, risky sexual behavior, overspending, under eating, over eating, sleeping too much, and other unhealthy forms of coping mechanisms; the alternative to avoidance is acceptance of a situation, behavior, person, or place (Russel, 2006). Acceptance is the first step to change and having the willingness to take action. Blackledge and Hayes (2001) say, “at a higher level, acceptance involves an abandonment of dysfunctional change agendas and an active process of feeling feelings as feelings (e.g., experiencing emotions simply as constellations of physiological sensations, urges, and so on that have no intrinsic power to harm us or hold us back), thinking thoughts as thoughts (and not as prescriptive realities), remembering memories as memories (and not as descriptions of the present), and so on, and still behaving effectively” (p.247). This radical act of acceptance allows space and pause between responding and reacting.

It is important for people to really feel their feelings in therapy, which will help bring emotions to a more moderate level overtime. A person’s willingness to experience uncomfortable feelings will help decrease a person’s anxiety vs. trying to avoid uncomfortable feelings. If people try to forget about past traumas in hopes of relieving anxiety, the outcome will actually create more suffering by avoidance. ACT has a spiritual undertone to all of the principles and can help individuals expand their established spiritual practice (Hayes, 2002).
Acceptance allows change to happen with time and patience whereas avoidance perpetuates the chronic cycles of anxiety and uncomfortable emotions (Blackledge & Hayes, 2001).

ACT has proven to help people with chronic illness and chronic pain because it increases valued action in the presence of pain and brings about behavioral change and improvements to functioning in way that cognitive behavioral therapy does not deliver (Hughes et al., 2017). ACT is supported by research and publications, which shows that attempts to suppress negative thoughts and feelings, as well as avoidant coping styles actually make psychological problems worse over time (Feros et. al, 2017). ACT helps individuals accept some of the limitations chronic illness and pain cause, and frees up individuals to pursue activities that are aligned with their values and capacities (Hughes et al., 2017). ACT principles have been proven to help improve the quality of life among cancer patients. In fact, cancer patients have reported increased psychological flexibility through acceptance of unpleasant thoughts and feelings, and that increased psychological flexibility would lead to improvements in distress, mood, and quality of life (Feros et., al, 2017).

When individuals begin accepting their life experience with chronic illness and pain, and the physical and emotional toll that takes on their daily lives; they are then able to be more aware with their value-accepted behaviors and not focusing on just the reduction of symptoms (Hughes et al., 2017). ACT is a third wave behavioral therapy that has only been around for the last four decades (Coyne et., al, 2011). ACT has proven to help depression, anxiety, PTSD, psychosis, chronic pain and illness, anorexia nervosa, parenting intervention, and at risk youth prevention (Coyne et., al, 2011). ACT is all about creating a meaningful and rich life by embracing one’s demons vs. getting rid of negative feelings and past trauma (Hayes, 2006). There is not much
research on family and ACT and ACT with children and adolescence and it would be helpful for future studies to explore this (Coyne et al., 2011).
Chapter III: Methodology

Introduction

The purpose of this study was to investigate how collage demonstrates feelings of safety with chosen family within the LGBTQ+ community as a minority group who has undergone much discrimination and exclusion from their biological family and society at large. The student researcher identified LGBTQ+ chosen family as a supportive and loving community of fluid networks of individuals made up of nonbiological: friends, lovers, adopted children, etc. based upon personal choice of alternative kinship. Kinship is defined as being in relationship with others. Many LGBTQ+ individuals lose their biological families when they come out as queer, so chosen family becomes their new adopted family (Weston, 1991). Creating the sense of safety, love, and security is part of basic human needs and chosen family serves as a family that individuals can create themselves vs. families we are born into based on genetics (Weston, 1991). Currently, within the field of art therapy, there is minimal research on LGBTQ+ community, especially in regards to kinship and family. Choosing this population addresses the need for more creative expression through art therapy as a way to promote resilience, understanding, and connection in LGBTQ+ research studies. The study produced results of qualitative phenomenological data.

Hypothesis and Questions of Discovery

Research Question

What does a collage art process communicate about safety within chosen family in the LGBTQ+ community?

Questions of Discovery

1. How do LGBTQ+ community define chosen family?
2. How do LGBTQ+ community define safety?

3. How does chosen family show up through the art making process?

4. What themes emerge in the process?

Population

The population that participated in the student research study were LGBTQ+ adults who were 18+ years old from any cultural background and level of education. All genders were welcome (female, male, gender non-conforming, transgender). There was a diverse range of adults from different ethnicities and races. The population were five queer Dominican University students and faculty members.

Confidentiality

Participants’ names were in alphabetical order code names such as Participant A or Participant B to protect their identity and keep confidentiality. The student researcher has stored signed informed consent forms separately from participants’ data and number code informed consent forms to match each participant’s data. Their consent forms (appendix A, appendix B, appendix E) and artwork has been saved in a password protected file on the student researcher’s laptop during and after the study. The data is anonymous. Everything has been password protected, so the student researcher is the only person who can access the information.

Participant Consent Process

The three consent forms included Informed Consent to Participate in Research Study, Informed Consent to Use Artwork, and Informed Consent to Use Audio Recording. The Informed Consent to Participate in Research Study included contact information about the student researcher and principal investigator. It included descriptions of the purpose and background, the procedure, risks, benefits, confidentiality, and acknowledgement that
participation is voluntary and participants could withdraw at any time. It concluded with signature spaces for the participant and student researcher to sign and date. The Informed Consent to Use Artwork included contact information about the student researcher and principal investigator. There was a description of the participant giving permission for the student researcher to use their artwork in an art therapy research project and confidential codes were used to keep the participant’s identity safe. All participant data, including art, will be kept by the student researcher for one year after the study is published. It stated that participation is voluntary and participants could withdraw at any time. It concluded with signature spaces for the participant and student researcher to sign and date. The Informed Consent to Use Audio Recording included contact information about the student researcher and principal investigator. There was a description given about how the audio recording will be recorded on a password protected audio application on the student researcher’s phone and details about how all recordings will be kept confidential by password protected files and number codes. All research information was kept by the researcher for three years (seven years if published) and used only for research purposes. All information will be destroyed after the three-year period. It stated that participation is voluntary and participants can withdraw at any time. It concluded with signature spaces for the participant and student researcher to sign and date. Please see the attached appendix at the end of the document.

**Location**

The research study took place on campus at Dominican University in San Rafael, California. The student researcher conducted the study for a partial day on two Wednesdays. The student researcher facilitated the study in the Brown House on campus and ensured confidentiality and safety for the participant.
Benefits and Risks

This study benefited the field of art therapy as a whole by creating more LGBTQ+ art therapy studies, which is a minority group and does not have much research at large. Anthropologist Kath Weston is the pioneer of researching chosen families in LGBTQ+ studies, but no one has done much research since then, which was in the 1990’s. The research helped contribute to the understanding of alternative kinship and the queer experience in modern western society. There were some foreseeable risks involved in participating in this study. In working with the art directive, it was possible that the participant experienced emotional flooding from recalling and retelling their queer experience, which may have involved difficult life experiences. There was also a potential risk of negative material interaction with materials such as scissors. The student researcher and participant had time after the art making to debrief and talk about the process through the structured open-ended questions (Appendix F). The student researcher was attentive, understanding, and compassionate in her responses. Referrals for LGBTQ+ friendly and affordable therapists were provided for all participants who participated in the study. The student researcher was also mindful of the material interactions and provided alternative material choices, such as ripping paper rather than cutting it, to participants who had adverse reactions to materials such as scissors.

Research Design

This research used the results of qualitative phenomenological data focused on chosen family and feelings of safety through collage. A phenomenological qualitative design focuses on the meaning making and richness of peoples’ subjective human experiences. It explores the meaning of specific activities, situations, circumstances, etc. in a person’s life thus every study will be unique and different. A phenomenological qualitative approach related to this study
because this research focused on queer individuals’ unique experience around chosen family in LGBTQ+ community: each person has a different story and the data was aimed to showcase the richness and meaningfulness of being a part of queer community. This study was conducted on an one-on-one basis with five adult LGBTQ+ Dominican students and faculty members on campus grounds. The sample method was from a voluntary response from queer Dominican University students and faculty members via email and word of mouth. The sample included queer adults 18+ from a range of cultural and ethnic background and level of education. The study was set up by giving the participant a consent form and demographic & background questionnaire. Then, rapport was built between the participant and the researcher, followed by a mindfulness body scan led by the student researcher, and a conversation about what chosen family and safety meant to the participant followed by a collage art directive. Lastly, a verbal share and reflection of the art process occurred.

Data Collection

The student researcher used qualitative experiential open ended questions to collect data in this study. The participants answered the questions asked by the student researcher based on their own personal queer experience. The student researcher recorded their answers using a password protect audio recording app on their phone. The student researcher was the only person who has access to the audio recordings.

Materials

The student researcher defined collage as the cutting up of images from magazines and newspapers, and gluing them on paper to create a creative narrative. Collage is a simple form of art making that any person can do at any level of artistic ability. The materials that were used in this study and provided by the student researcher were:
• a variety of magazines
• scissors
• glue sticks
• liquid glue
• 9 x 12 paper

Procedures

Five adult student and faculty participants participated in this study from voluntary response from the student researcher sending out an email to the Trans and Nonbinary Inclusion group and Diversity Inclusion Group, and reaching out to queer art therapy students. Art materials were set up before the participants arrive at the study’s location. The study took place on Dominican’s campus at the Brown House. The initial interview started with the participant signing consent forms (Appendix A, B, and E) and a demographic and background questionnaire (Appendix C). The student researcher lead the participant into a mindfulness body scan, (Mirgain, 2016) in an effort to guide the participant in settling into the present moment. Once the mindfulness body scan (Appendix I) was complete, the student researcher eased the participant into the art making process by telling the participant about the materials available to them for the collage making experience. The student researcher then lead the participant through the first part of the open-ended questionnaire (Appendix F). All of the participants' answers were audio recorded on the student researcher’s phone on a password protected phone application. The student researcher introduced the collage directive with the prompt, “Using images from any magazine of your choosing, depict your experience of chosen family and any associated experiences of safety.” The researcher gave the participant 20-minutes to complete the collage art assessment. Once the assessment was complete, the student researcher and the participant
discussed the artwork and their experience through the second set of open ended questions (Appendix F), which were audio recorded on the student researcher’s phone via a password protected application. Below was a step-by-step of the process from beginning to end:

1. The participant signed the consent forms (Appendix A, B, and E) and completed a demographic questionnaire (Appendix C).
2. The student researcher conducted a mindfulness body scan to ground the participant (Appendix I).
3. The student researcher asked the participant the first set of open-ended questions (Appendix F).
4. The participant then had 20-minutes to create a collage based on the student researcher’s art prompt: “Using images from any magazine of your choosing, depict your experience of chosen family and any associated experiences of safety.”
5. Upon completion of the collage, the student researcher asked the participant the second set of open-ended questions (Appendix F). The student researcher then audio recorded the participants’ experience with the art intervention.
6. Artwork was reproduced for use in a research thesis and for possible presentation and/or publication (refer to Appendix B) and was photographed as a result. Artwork was returned to participants after it was photographed. The photographic images of the artwork will remained in the property of the student researcher in a locked file on a password protected computer.
7. The student researcher provided additional mental health resources in the debriefing statement for all of the participants once the study was complete (Appendix C).
Interventions and Measurements

The student researcher asked their own questions to the participants before and after the art assessment to explore the participant’s unique experience of their queer journey and relationship to chosen family and safety.

The open-ended questions for the pre-art assessment were:

1. What brought you to this study/why are you interested in participating?
2. How do you define chosen family in LGBTQ+ community?
3. How do you define safety?

The open-ended questions for the post-art assessment were:

1. Why did you choose the images you chose?
2. Describe your experience making the collage and the thoughts and feelings that arose for you?
3. Describe the feelings that came up for you after making the collage.

Data Analysis

The student researcher planned on using the audio recordings and collages for the data analysis. The data was analyzed by discovering themes in the participants’ queer experience, in the artwork, and how they relate to each other.

Inclusion / Exclusion Criteria

Potential participants were excluded if they were under the age of 18 or not members of the LGBTQ+ community.
Protection of Human Participants

Participants were protected from foreseeable risks by adhering to Code of Ethical Guidelines created by the California Association of Marriage and Family Therapists, the American Art Therapy Association and Dominican University of California. The researcher aimed to protect human participants by not discriminating based on race, age, ethnicity, socioeconomic status, disability, gender, health status, religion, national origin, sexual orientation, gender identity or relationship status. Participants were required to be over the age of 18 to participate to ensure more safety. Student researchers obtained written informed consent from participants prior to engaging in any research procedures, recordings, or photographing participant art work (appendix A, appendix B, appendix E). All participants were allowed to withdraw from the study at any point. Participants were told about potential risks before participating in the study, and were provided a list of agencies that provided psychological services in the Debriefing Statement (Appendix C). Confidentiality was maintained throughout the research process by using password protected files and changing the names of the participants.

Chapter IV: Results & Analysis

Results

This student qualitative research study included four normally-functioning adults who were queer individuals who were associated with Dominican University in San Rafael. Participants answered questions about their experience of chosen family and safety, participated in a mindfulness body scan, and created a collage about chosen family and any associated feelings of safety. The student researcher recruited 5 participants, of which only 4 were able to participate. The open-ended questions that were asked were:
**Pre Art Assessment**

- What brought you to this study/why are you interested in participating?
- How do you define chosen family in LGBTQ+ community?
- How do you define safety?

**Post Art Assessment**

- Why did you choose the images you chose?
- Describe your experience making the collage and then thoughts and feelings that arose for you?
- Describe the feelings that came up for you after making the collage

**Hypothesis and Research Questions**

This student research study aimed to demonstrate how chosen family in LGBTQ+ community creates feelings of safety through verbal dialogue and artistic expression in collage. The research question the student researcher proposed was:

- What does a collage art process communicate about safety within chosen family in the LGBTQ+ community?

Some exploratory questions the student researcher asked in the study were:

- How do LGBTQ+ community define safety, how does chosen family show up through the art making process?
- What themes emerge in the process?

The student researcher’s hypothesis was that chosen family within LGBTQ+ community would create feelings of safety shown through the process of collage art making. This research provided acceptance and commitment therapy tools such as mindfulness body scan and dialogue that were used with LGBTQ+ individuals, while exploring the role of chosen family in LGBTQ+.
community as a means to safety through collage art making. The student researcher hypothesized that verbal conversation and collage making with queer participants would showcase results depicting the importance of community support, belonging, and joy to create feelings of safety and positive identity.

Participants

The participants were between the ages of twenty-eight to forty-three. All of the participants were white. All of the participants created colorful and vibrant collages in response to chosen family and safety.

**Participant A**

*Figure 1 Collage by Participant A, Age 28, Gender Female (She/Her)*

Participant A (she/her) stated that she was interested in participating in the study because she loves participating in research and feels like it is important for queer voices to be heard.
**Chosen Family.** Participant A defined LGBTQ+ chosen family as a place that gives people an opportunity to be *supported in community*, in which they may not receive in biological family. She stated that LGBTQ+ chosen family is a place for her to find allies and other queers to build *community* in addition to her biological family who are *accepting* of her sexual orientation. She was a part of Gay Straight Alliance in High School, which had queers and allies. As an adult, she stated that she is building her own *safe* chosen family with her partner and dog.

**Safety.** Participant A defined safety as mental and physical feelings in relationship to other people; having secure thoughts and being okay with upsetting things that come up. Also, feeling *comfortable* in expressing yourself to the people around you. She stated that the trinkets on the side of her collage represent the people who queer individuals feel *comfortable* expressing themselves to and who can help hold them in a *safe* environment, including the image of the dog.

**Rising Themes.**

**Community Support/Belonging.** Participant A spoke about her experience in Gay Straight Alliance in High School as a place of solace to be with other queer people and allies. Her family has always been approving of her sexual identity, but her chosen family during her younger days were in this GSA club that made her feel a sense of belonging and support. In present time, she feels community support and belonging with her partner who she is building her life with and their dog.

**Positive identity.** She feels a sense of positive identity by being accepted by her biological family as well as her chosen family of her partner and their dog.
Joy. She feels joyful when she thinks about her current chosen family of her partner and dog who are creating their own chosen family away from her biological family. Her dog brings her happiness and says they are part of the family. She felt contentment and peace after making the art collage and felt happy with her final art piece.

The theme of blooming is present in the artwork from a solid green flower plate that stands as a safe holding environment into a poppy and then an explosion of green swirls expressing itself safely. Participant A said that the objects on the side of the solid green flower were “gems”, and she said this was a deeper metaphor for the people in your life that make you feel safe. She also said that the map on the collage represents the journey that queer people are on with their chosen family. She allowed the images to choose her and speak to her without an agenda. She said this way makes her want to do collage in the future because it gets her out of perfectionism, which is a wonderful experience. The image made her feel good and happy. She was satisfied with her collage and felt like it represented her own experience with chosen family. Feelings coming up after the art making were emotions of contentment, and she reported to feel at peace in relationship with the artwork.
Participant B

Participant B (she/her) was interested in participating in the study because she stated that chosen family in LGBTQ+ community is so important to her and she believes it is a vital part of feeling safe, connected, and at peace for most queer people she knows in her community.

**Chosen Family.** Participant B’s biological family is not inclusive and her chosen family makes her feel safe and belonged thus thinking this chosen family research is necessary. She defined LGBTQ+ chosen family as safe people whom she can rely on, and people who are accepting of her authentic self. Participant A stated that she feels comfortable and relaxed with her chosen family.

She also calls her chosen family her “circle”; sometimes it's small and sometimes it’s large.
Chosen family reminds Participant B of mosaics and coming together to make things more beautiful and fabulous. She chose an image of the ocean because she states that everything comes in waves: chosen family is there for all the ebbs and flow. She appreciated the structure of the time frame of 20 minutes because it was just a snapshot of chosen family. She stated that her feelings towards the study were more negative coming into the study because of her experience with biological family growing up. However, after doing the study she saw how chosen family is more about a celebration of people finding and supporting each other. She found this artwork joyful and that she can hang up the art in her house to remind her of the experience of chosen family.
**Safety.** Participant A defined safety as being in her “circle” and the ability to feel *safe* in her chosen family; to be able to say what she wants without dire consequences. She stated that there is also an understanding that there is *confidentiality* and *trust* that these people care about the *connection*.

**Rising Themes.**

**Community Support/Belonging.** Participant B stated that she put the word “we” in the middle of the page to represent *community* and a sense of *belonging*. She added images of *food* because *sharing* meals is a big part of coming *together* for *community*, and having holiday meals for people who may not go see their biological family. She also calls her chosen family her circle; sometimes it’s small and sometimes it’s bigger. There is also an understanding there is confidentiality and trust that these people want you to be there with them, which creates a deep sense of *belonging*. She said that *chosen family* is there for all the ebbs and flows like the ocean.

**Positive identity.** She spoke about how when she is with people who accept her identity, she feels relaxed. The image creates a positive sense of her queer identity and she said she wanted to hang it up in her house when she gets home to remind her of the importance.

**Joy.** The collage process brought Participant B a great deal of *joy* and intrigue into why specific images spoke to her. She chose the images that she chose because of the associated joyful feelings the images brought her and she felt attracted to vibrant colors.
Participant C

Participant C was interested in participating in the study because she said that she values research and she knows how hard it is to find participants, so she wanted to help research directly. She stated that she believes it is important for queer people to be as visible as possible with education and research.
**Chosen Family.** Participant A defined *chosen family* in queer community as the people you share your life with and support you no matter what. It is not people you see at work or someone that you share a casual relationship with, but people who see you at all stages of your life. This can be your biological family, friends, partners, etc.

**Safety.** She defined safety as physical, mental, and emotional safety. She stated that she feels more physically safe now that she lives in an environment that experiences less natural disasters. In terms of mental and emotional safety, she stated that it is important to have a family that supports you, and a workplace where you feel *comfortable* about being who you are, and living in a place that doesn’t criminalize your identity. She stated that safety is complex.

**Rising Themes**

**Community Support/Belonging.** Participant C stated that she chose images of *food* because she believes that food is the ultimate symbol of *connection of love* amongst friends. She chose photos of the outdoors, specifically horses because she grew up rurally with animals and land. Living rurally, she said that you create really strong *bonds* with your very small *community:* she stated that they are “*together forever*”. She added an image of a *car* because she said being willing to travel and not allow distance change a friendship in a fundamental way is something that she feels strongly about in her chosen family. The sense of belonging and community bypasses time and distance.
**Positive identity.** She added an image of *Lady Gaga* because she is her idol. She stated that attending Lady Gaga concerts is a grounding foundation in her *connection* with one of her friends and their queer identity. She said that she feels the *freest* when they are *together* at a Lady Gaga concert to be themselves without judgment. She stated that it is a *magical* experience when you dress up fabulously and be with people who are *sharing the experience together* so openly and willing to live like you in the same moment.

**Joy.** She added an image of a *basket* to symbolize how you fill your life up with the people and things that make you feel *happy and safe*; you can take the things out that don’t serve you. She also has an image of *two people kissing*, which reminds her of her two partners right now who make her happy.

**Participant D**

*Figure 4 Collage by Participant 4. Age: 31, Gender: Transgender, Non-Binary (They/Them)*
Participant D (they/them) stated they were interested in participating in the study because they wanted to help contribute to the student’s research.
**Chosen Family.** They defined chosen family as anyone who they seem to gravitate back towards; *mutually serving each other* in relationship. They liked the image of the *polar bears* because they state that they have the mindset that if you are not family, you are meat. They see their chosen family as a *unit* that they want to protect with viciousness. They did not know how much they would identify with the polar bears.

**Safety.** They defined safety as psychological safety, which they stated is when people who are willing to be receptive and learn about their personal needs in a relationship, and go forward with those in mind because that is how they treat other people.

**Rising Themes.**

**Community Support/Belonging.** They chose the images they chose for the collage based on things they like and the theme of *people in relationships with one another*. They chose an image of *bread* because they enjoy cooking bread. They said it is a lot of work to get the bread going, and they feel the same way about relationships. They have been consistently working hard to build and develop queer relationships and paying attention if there are holes in the relationship like bread: how to fix the hole and does it need anything else in the texture. They also enjoy eating *food* with friends and going out with friends in a shared *community of belonging*. They included a picture of a *boat of two people* falling out because they found it funny and believe people have to have a sense of humor, especially in supporting each other in unstable situations.

**Positive identity.** They stated that their experience making the collage made them feel confident in the images they chose, and working diligently on those queer connections.

**Joy.** Their chosen family of their partner and friends, as well as the continuation of building more queer connections brings them feelings of happiness.
Common Themes

Common themes that emerged between all four participants were acceptance, freedom, safety, comfort, contentment, peace, connection, togetherness, trust, love, confidentiality, and sharing of time and/or food. All of these common themes correlated with the overarching major themes of positive identity, support, community, belonging, food, and animals because they all create positive emotions and experiences with others that allow queer individuals to come together in safe connection to share their love and authentic selves freely.

Community support/belonging

All of the participants spoke about the importance of creating community support of belonging within their chosen family. This can include partners, friends, biological family members, and pets. They all had different people who were a part of their community, but they all spoke of their chosen family with love and loyalty. All of the participants understood how queer people need a safe support system to feel supported in a world that often discriminates against people who are different from the norm.

Positive identity

All of the participants talked about how chosen family gives them a sense of positive identity because they accept them for who they are. They feel comfortable to be their authentic selves because they know they are safe and protected in their chosen family.

Joy

All of the participants felt a sense of joy making the collage and after the collage as they examined the art with the student researcher. All of them seemed happy to be able to take their art piece home with them. One of them said she was going to hang up her collage to remind her of her chosen family and the associated feelings of happiness.
Others

A common theme for three out of the four participants was food. Participants spoke about how food brings people together in communion and a token of their love. Another theme for three out of the four participants was animals. One of the participants spoke about how her dog is part of her chosen family. Another participant spoke about growing up rural with horses. And another participant spoke about polar bears and how they want to protect their chosen family with viciousness.

Conclusion

The qualitative data from the four queer Dominican affiliated participants supported the student researcher’s hypothesis that chosen family in LGBTQ+ community creates feelings of safety through collage. Themes such as joy, positive identity, community support, food, and animals support the hypothesis that chosen family is a positive experience for queer individuals. Participants defined what chosen family means to them, their definition of safety and what it entails, and all had a pleasurable experience making the chosen family collage. They were engaged in the art making process and were all happy with their final product.
Chapter 5- Discussion

Introduction

The student research study explored the themes of chosen family in queer community and safety through the means of collage art making. The study proved to showcase results that chosen family in LGBTQ+ community does create feelings of safety through open-ended questions and dialogue between the student researcher and the participants. Also, the repetitive themes and patterns that were shown through the image choices in the collage making process supported the concept of chosen family and safety.

Discussion of Results

The themes that emerged from this qualitative study were family, safety, support, joy, positive identity, community, animals, and food. The student researcher defines safety as being protected from danger and free from injury and/or other types of risk that may cause damage; when people feel safe they are able to access feelings of joy, connection, belonging, and the ability to function. The student researcher defines chosen family as a supportive and loving community of fluid networks of individuals made up of nonbiological: friends, lovers, adopted children, etc. based upon personal choice of alternative kinship. All of these themes supported the student researcher’s hypothesis about how chosen family in queer community creates feelings of safety showcased through collage art making. All of the participants spoke about their love for their chosen family, if that be partners, friends, dogs, or biological family. Their chosen family gave them access to feel joy and ease in their daily life. Having a deep sense of belonging in community or one-on-one creates a supportive environment for the participants to have a positive identity in terms of their queerness and individuality.
**Chosen Family**

All of the participants spoke about how chosen family is defined by the people that matter most to them in their lives, which can be made up of biological family members or chosen family members. Weston (1991) defines chosen family in queer community as the hallmark of the gay experience, which often becomes a necessity for queer individuals who experience rejection and distance from their families of origin. Half of the participants had supportive biological family members and some did not have supportive biological family members for reasons based on their sexual orientation, or other personal reasons unrelated to their sexuality. All of the participants agreed that chosen family is vital for queer people to feel safe in their queer identity and lifestyle choices. The role of consistency and participation in chosen family came up for all the participants and their dynamics with their loved ones.

These findings in regards to chosen family support cultural anthropologist, David Schneider, who argued that cultural and social considerations are more important than blood ties (Wilson, 2016). Furthermore, anthropologist Kath Weston argues that queer relationships cut across both of these categories of law and nature, which is showcased in the eclectic nature of chosen family in all of the participants, which consisted of partners, friends, coworkers, and pets. Half of the participants considered their family units involving their biological family and their chosen family. The other half considered their chosen family the sole members of their family unit. This supports Weston’s notion that families amongst queer individuals can involve both biological families and chosen family, or one or the other. Families in queer culture are non-traditional in nature and can be created by each unique individual (Weston, 1991).
Safety

Safety defined by the student researcher is being safe-guarded from any type of emotional, mental, physical, or financial danger. Safety for LGBTQ+ individuals is having access to LGBTQ+ inclusive policies and resources, trauma-informed mental health services and healthcare, education, employment, queer representation in media, and a sense of belonging in queer community and allyship (Valenti & Campbell, 2009). All of the participants spoke about the role of support and acceptance in their chosen family. Additionally, all of the participants spoke about how safety is defined as mental, emotional, and physical feelings in relationship to other people based on trust, care and honest expression. One of the participants spoke about how she was involved in GSA (Gay Straight Alliance) as a way to find allies and queer community in a safe space. Craig et al. (2018) speaks about how the role of GSA in schools, queer support groups, and LGBTQ+ centers can offer safety and supportive community to a marginalized group of people. Furthermore, queer networks can also offer access to mental health resources and a sense of belonging, which otherwise may not be provided or feel safe to access. Safe queer spaces allow queer individuals and allies to engage in safe and supportive dialogue to improve and sustain emotional, mental, and physical safety.

Support

The student researcher defines support as emotionally, mentally, and physically showing up for someone else to cope with life stressors. All of the participants discussed how their chosen family is their support system in their lives and how they are the people who see them through the phases of their lives. Maogi (2021) talks about how support in LGBTQ+ community is vital because queer people are at higher risk for suicide, bullying, sexual and physical abuse, homelessness, substance abuse, depression, anxiety and PTSD. Furthermore, Miller (2016)
discusses how for queer individuals to find support they often have to get involved in LGBTQ+ settings of community care such as LGBTQ+ groups and queer friendly places. Three out of the four participants were involved in queer spaces at Dominican or other outside organizations to feel more supported by their queer community and to support others in need. All of the participants spoke about the importance of their partners and their friendships as their support system for their chosen family. Weston (1991) discusses how chosen family creates support systems built upon mutual support, care, love, and protection from external harm. Miller (2016) speaks about in her research article how queer kinship in China is a way for individuals to be rooted in support and how queer community often begins with community care in LGBTQ+ setting involving common interests, and health and rights. Many queer individuals are dedicated to creating stronger, happier, healthier, and more supportive queer communities by providing HIV/Aids prevention (Miller, 2016). Three out of the four participants were involved in queer community that was grounded in support and common interests. Three out of the four participants said that they wanted to be a part of this research study to support queer voices.

**Food**

Three out of the four participants spoke about the importance of food in verbal conversation and image choices in the collage. The role of cooking for chosen family and sharing meals together was a big aspect of creating a safe community and joy. One of the participants said how, “food is the ultimate symbol of love and connection.” The act of coming together to share meals and conversation is an act of belonging and togetherness. Another participant spoke about how she has gatherings during the holidays with her chosen family who would otherwise not have a biological family to spend the holidays with. Images of bread, pasta, pizza, bananas, and carrots are shown in the collages amongst three out of the four participants.
Belonging

The sense of belonging to something greater than oneself came up for all of the participants. They all spoke about how their chosen family makes them feel like an important member of a group, if that be with their partners, friends, or biological family. The importance of interpersonal relationships of all forms came up for three out of the four participants to create an affinity with other beings.

Positive Identity

All of the participants spoke about the importance of having queer community and allies to feel like they can show up as their true selves, which aids in their positive identity of self. Half of the participants spoke about the importance of queer voices and representation for queer individuals to feel comfortable to speak their truth.

Community

Community played a huge role throughout research because chosen family is built within a community of individuals being connected to other beings. Three out of the four participants were involved in queer either outside of their chosen family or within their chosen family, which consisted of queer book clubs, queer dance parties, queer college clubs, etc. One of the participants spoke about her love of going to concerts by Lady Gaga, a queer icon and pop singer, because there is a built in sense of community amongst other queer individuals who have a deep adoration for this queer role model.

Support

All of the participants spoke about their support systems made up of friends, partners, biological family, and/or dogs. They all agreed that their chosen family all mutually supported one another. Support came up for half of the participants as people who are predictable, reliable,
and protective. One of the participants spoke about how the willingness to drive longer distances to see loved ones showcased the support of her chosen family because time and space did not need to be a barrier of love. Another participant added an image of two people falling out of the boat to showcase the humor that goes into supporting one another in connection.

Joy

Joy was a big theme throughout all of the artwork as the participants talked about their love for their chosen family and how that created feelings of contentment and ease. Three out of the four participants spoke about the joy of chosen family coming together to have meals and share good times. One of the participants used an image of two people kissing to show the joy that her two partners bring her in their relationship. All of the artwork is bright and colorful eliciting sensations of joy.

Other

Other themes that came up in this student research study included the themes of “blooming”, “we”, mosaics, ocean waves, Lady Gaga, the map as a journey to finding chosen family and being queer, gems, cars, and animals. Three out of the four of the participants’ artwork showed images of animals such as a dog, horses, and polar bears. One of the participants mentioned how her dog is part of her chosen family. Half of the participants mentioned how the images of people they put in their artwork represent members of their chosen family.

Validity

Coding and theming were executed at graduate student level and done manually. The audio recordings were clear and easy to translate into written form for the student researcher to interpret. The student researcher did not have personal relationships with any of the participants and was meeting all of them for the first time. However, the intimacy of the subject of queerness
did create some countertransference for the student researcher who had to keep that in
perspective of the dialogues she was having with the participants.

**Limitations of Study**

There were several limitations in this student research study. The main limitation was
finding queer participants who were affiliated to Dominican University who wanted to
participate in the study. The student researcher initially had five participants, but one did not
show up, so she had four participants in the end. She made flyers, sent out emails to LGBTQ+
groups on campus, and asked around the school community for help, but she anticipated more
queer individuals would be interested.

A major limitation was that all her participants were white, so there were no voices of
color in the research. Marin county in which Dominican University resides has a high population
of white people, so the chances of finding some diversity on campus were less likely (U.S.
Census Bureau, n.d.). This affects the validity of the study because the results were generalized
for white people of Marin County. The student researcher predicts there would have been more
diversity if this study was conducted in a larger cosmopolitan city such as San Francisco or
Oakland. An additional limitation was that there were no male voices in the study, so not all
genders were represented in the data. There were three women and one non-binary person who
participated (U.S, Census Bureau, n.d.)

**Recommendations for Future Research**

This LGBTQ+ focused student research is intended for creating a baseline for future
research of chosen family in queer community. The student researcher highly recommends for
future research the access for a larger sample size of queer individuals coming from all cultures,
races, backgrounds, and genders. It would be recommended to find participants in more diverse
populations and culture present. It is also recommended to find participants who have more of an expansive gender identity, so the results can include all representations of people, and not be mainly cisgender focused.

While this study explores how chosen family in LGBTQ+ community can create feelings of safety through collage art making, there can be other forms of art mediums that can be explored. Future research may explore the use of painting, drawing, clay, mixed media, etc. in relationship with the experience of chosen family and safety. It would be interesting to see the variety of results and if there is an overlap of images, and how participants respond to the art medium. Additionally, the student researcher set the time on the collage making to 20-minutes, so it was simply a snapshot of chosen family. If future research allowed more time to explore chosen family through art making, there could be more outcomes and insights found if the participant had more time to create and process their thoughts.

Future research could also expand on this notion of chosen family to include other roles chosen family can play, in addition to creating feelings of safety. This study was conducted on a one-on-one basis with the participant and researcher. Future research could explore the role of group exploration of chosen family and if a community approach would yield different results and a sense of deeper community and connection to the study.

**Conclusion**

This student researcher’s study allowed queer voices to be heard through the means of meaningful dialogue about the queer experience and queer stories of chosen family depicted through collage art making. This study helps contribute to the limited literature about chosen family and alternative kinship in LGBTQ+ community. It expands on anthropologist Kath Weston’s research about chosen family from the 1990’s, and sets up a solid platform for future
studies to explore how chosen family creates positive feelings for queer people. This study was joyful and valuable for queer individuals and allies to understand how chosen family does creates feelings of safety, along with the importance of community, support, joy, belonging, and positive identity.
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Appendix A

IRB Approval Letter

DOMINICAN UNIVERSITY
of CALIFORNIA

Mar 20, 2023

Zaina Berger
50 Acacia Ave.
San Rafael, CA 94901

Dear Zaina,

On behalf of the Dominican University of California Institutional Review Board for the Protection of Human Participants, I am pleased to approve your proposal entitled Chosen family in LGBTQ+ Community: creating feelings of safety through collage in art therapy (IRBPHP Modified IRB Application #[11094])

In your final report or paper please indicate that your project was approved by the IRBPHP and indicate the identification number.

I wish you well in your very interesting research effort.

Sincerely,

Michaela George,
Ph.D. Chair, IRBPHP

Cc: Victoria Dobbins