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Fictive Family: Everyday Usage, Analytic, and Human Service Considerations

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In the course of studying the meaning of being institutionalized—for those who come to live within places like nursing homes (Gubrium 1975, 1980), residential treatment centers (Buckholdt and Gubrium 1979), and rehabilitation hospitals (Gubrium and Buckholdt 1982); for those who care for the institutionalized; and for the families whose members experience institutionalization—we repeatedly encountered questions of real and fictive kinship. The questions concerned the everyday issue of how, among a variety of direct or indirect, common or uncommon claimants, family status is assigned in the care, treatment, and informal relations of institutionalized persons, together with its ensuing rights, obligations, and sentiments. This paper deals with four general aspects of the issue based on the field data: (1) family's link with kinship, (2) family's everyday meaning, (3) the mundane grammar of fictive family, and (4) analytic and human service considerations in treating the family fictively.
While rarely the primary concern of the studies, fictive families have been described in a variety of settings, with diverse terms of reference. Speaking of "fictive kin," Stack (1974) shows how the use of family establishes obligations, responsibilities, and expectations about loyalty and the exchange of goods and services in an impoverished Black community. Liebow (1967) calls it "pseudo-kinship," and illustrates how the men and women of Tally's Corner make use of relationships known as "going for brothers" (or for sisters or cousins) in dealing with the trials of unemployment. Siegal (1978) considers how "quasi-familial arrangements" serve in the adaptation of alcoholics to the down-and-out world of single-room-occupancy hotels. Hochschild's (1973) account of the "sibling bonds" that both support and symbolize the subculture of a community of grandmothers suggests that family cannot be assumed to be, more or less, a matter of kinship. Studies of prison life, particularly women's prisons, refer to "inmate families" (Ward and Kassebaum 1965), "familying" and "play families" (Hefferman 1972), and the "prison family" (Giallombardo 1966) as important sources of social sanctuary and solidarity. The "confidants" (Lowenthal and Havens 1968) of old people act as a familylike buffer against the traumas of aging and institutionalization. As Butler and Lewis (1982) suggest, "kin potential" and the "feeling of kin relatedness" among the acquaintances of the elderly expand their support networks beyond that provided by formal kinship. By and large, the studies focus attention on the fictive family as a means of dealing with the ongoing challenges of particular settings, not as a type of social organization in its own right, distinguished from formal kinship.

FAMILY AND KIN

At first blush, to be family seems to readily imply kinship, that is, biological or quasi-biological linkages between people. What the kinship system is precisely seems not to be as much a limiting condition on family status as an assumed state of kinship. Everyday usage suggests, however, that kinship is only a first approximation to family. To ask someone who is meant by "family" is not necessarily to reveal how the term is used in everyday living. While for many the term "family" is formally conceived as signifying kinship status, and indeed kinship may be an implicit first rule for its assignment, in application the term is not limited to kinred.

The residents, staff members, families, and a variety of outsiders observed at Murray Manor (Gubrium 1975) and other nursing homes; at Cedarview, a residential treatment center for emotionally disturbed children (Buckholdt and Gubrium 1979); and at Wilshire, a physical rehabilitation hospital (Gubrium and Buckholdt 1982), speak of family both in terms of kinship and in opposition to it. It is recognized that "family" is a way to describe any social relationship that has, or is claimed to have, special characteristics. It is not unusual for, say, a nursing home patient to gossip about his or her kin, on the one hand, and to refer to others as his or her real family, on the other. Cedarview children, too, frequently refer to, and indeed, lay claims to, family status on select staff members like cottage workers, whom they inadvertently compare to their own mothers and fathers, denigrating the latter's parentage. Staff members commonly encounter the issue of who, among clients' acquaintances, they might best treat as family, notwithstanding their differential kinship.

While we encountered family as something to be assigned, its status in the lives of those concerned with it was not merely rhetorical. Patients, staff members, and acquaintances did not see themselves, speak about, or act as if the issue were just a matter of definition or a clash over wording. Who the family was to be had concrete consequences for their actions and planning. For example, to select nonkin as family among differentially related claimants to family status toward an elderly stroke victim, about to be discharged from a nursing home, presents staff members with the burden of dealing with the "real" family and their legal ties to the patient. Although the family issue was the occasional focus of glib references to what "you have to learn to call people sometimes" and complaints about "all these matters of definition," it was also evident that the assignment process, while definitional, was articulated through people's ongoing concrete activities. It was quite apparent at times how deeply it penetrated patients', staff members', and others' sentiments as they beamed over being accepted as family or became enraged with disclaimers to their familial assumptions.

Nor did we find that kinship was related to family only as a first rule. In use, kinship was both a first assignment rule and used as a confirming ground for familial assignment. For example, family status was conferred by an elderly mother on her daughters, as she introduced...
them, saying, "These are my two girls, my daughters Helen and Mary. They're a wonderful family to have." In her broken English, the mother then added, "Thanks to God for all the sons and daughters, yeah. To not have a family is something missing in life." With this, the mother confirmed the rule linking kinship with family. Her daughters (kin) were, "thanks to God," a wonderful family, which was, in turn, what one did not possess in the absence of children. When kin are considered to be family, kinship serves as a confirmation of what is believed kindred can and rightfully should be. However, when kin are not family, the rule does not disappear. Rather, exceptions to it are recognized. In this way, it continues to serve as a first rule for recognizing family or claiming family status.

The kinship rule not only reciprocally serves to approximately locate family and to confirm the existence or absence of family ties. The language of kinship may be used in any assignment of family status. When kindred are considered to be family, of course, they are readily described as, say, mothers, fathers, sons, and daughters. But the same occurs when nonkin are assigned family status. For example, a distinction is made by staff members between a patient's wife and his "real" wife, wherein the former is related to the man but the latter is considered to be family.

**FAMILY'S EVERYDAY MEANING**

What special characteristics are signified by the term "family" as such, separate from kinship? On the occasion of a Cedarview staffing, when a social worker explained to a boy's speech therapist that the boy's foster parents were "as we all can see, the only real family he's ever had," the speech therapist challenged the assessment and, in the process, one of the family's special characteristics was revealed.

Speech therapist: I think we kinda differ on that, Sherri [social worker]. You know I've gotten to know his real mother and, from what I'm hearing, I think she really cares for that kid but she's been shafted by her husband and the whole welfare system. It's a bad scene, if you ask me.

Social worker: Oh, come on. . .

Speech therapist: Wait a second! Don't get me wrong. I'm not saying that his foster parents aren't the kind of family a family should be. What I'm saying is that I don't think we can write the mother off that easily.

Social worker: All right. So? So the mother shows concern. Well, I haven't seen much of that.

Speech therapist: You're damn right she's concerned. I'd go further than that. . .

While the conversation did not end here, the excerpt suggests that one hallmark of family is that those assigned the status show concern for whomever they are considered to be family. As this and other challenges to the assignment of family status suggest, there is little disagreement over the sense of family and its particular attributes. As the social worker put it, "So the mother shows concern," an attribute taken for granted by both social worker and speech therapist. However, what is also clear in the excerpt is that to have a common understanding of the sense of something does not settle the issue of who or what is to be understood as such. Indeed, the very end of the excerpt indicates that the speech therapist and social worker are launching into what will become an extended exchange over conflicting evidence of concern.

To be family also means that those to whom the term applies are truly concerned for each other. When staff members, for example, turn to family for support, information, or planning, the staff assumes that the latter will be genuinely interested in, and commit themselves to, a patient's welfare. An unconcerned or unenthusiastic family makes it reasonable to ask, "Is this a family or isn't it?" or "What kind of family is this anyway?" Staff members distinguish between those who, related or not, "just go through the motions" and those who are sincerely concerned. For example, though a quadriplegic patient's girlfriend may dutifully visit him at the rehabilitation hospital, it may not be enough to gain her genuine family status in staff members' eyes, even with the patient's persistent claims to the contrary.

Genuine concern is not just a matter of attentive responsibility. An acquaintance who regularly visits the hospital and who takes responsibility for the patient's household and community affairs, but who is perceived as doing this with no evident feeling, is considered
not to be acting quite like family. It is not unusual to hear staff members, from special education teachers to social workers and physical therapists, refer to kindred as "just going through the motions." While such relatives might accomplish some of the functions thought to be a family's responsibility, their "hearts" are said not to be in it. Such a family might be perfectly capable of attending to the technical side of responsibility, but they are not considered to be "reaching out" to the client. The openness of concern further specifies the meaning of family. It implies that concern is freely given, not out of duty nor for personal profit or otherwise in deceit.

Since friends and lovers also are evaluated and assigned in accordance with a standard of genuine, open concern, how is family distinguished? Although some lovers and some friends are said to be family, there are friends and lovers who are not. A social worker, for example, may complain about her difficulty in handling a paraplegic's lover's demands on him which frequently clash with those of the paraplegic's wife. Both are seen as genuinely concerned for the patient. The lover shows concern for her intimate friend's welfare and the wife for the well-being of her husband. The patient himself shows evidence of being vexed by the problem when he sighs, "Yeah, I know she [wife] really cares. What more could a man want from his family? You know what I mean? But Sandra cares for me too and I'm crazy about her. So what do I do?"

The question of how these relational categories are distinguished brings us full circle to the use of kinship as a rule for assigning family status. Once assigned, whether to kin or nonkin, those who come to represent "real" family then may be further distinguished in terms of specific kinship status, thus reversing the rule's application: any family, related or not, are like kindred and may be described as such. (While showing genuine concern, lovers and friends are not family unless they are like kindred to someone, say, like brothers or sisters.) For example, an elderly stroke victim who distinguishes between his real family (an elderly female friend who lives on the same floor in his nursing home) and his unconcerned adult children who, as he complains, have virtually abandoned him, explains sadly:

And my own family, they're my children... I can hardly call them that—"my children." Sometimes I think I have no children. All I have is Mrs. Benson over there [female patient]. She cares. She's all the family I have now. You know... Mrs. Benson and me... we're a real twosome... like husband and wife.

It is not unusual for those who are legally related but who are not considered to be real family to be denied specific kinship status. A brother who is believed to only care for his widowed institutionalized sister because of what she will leave to him in her will is not thought to be treating her as family, especially not as a sister. Someone may even ask pointedly, "What kind of brother is he anyway?" Or it may be concluded that he really is no brother after all, that the nursing home widow has no brother to speak of. Should she have no one at all whom it is said genuinely cares for her, she is likely to be pitied for having no family whatsoever, related or unrelated.

Claims for and against family status are continually subject to new evidence and reinterpretation. In time, an acquaintance may be seen by one staff member as "family after all" but continue to be discounted as such by other therapeutic personnel. A patient may become more firmly convinced of select acquaintances' genuine care and concern as therapists become more entrenched in the opposite point of view. New evidence brought to a multidisciplinary teams' attention by a social worker may entirely recast the meaning of the teams' knowledge of the ostensible facts in the question of authentic concern for a disturbed child. In relating to clients' acquaintances, staff members take into account what they currently "know" the latter's familial status to be and, accordingly, organize their approaches and responses to them. To take for granted the meaning of family and its relation to kindred and other formal ties glosses over its ongoing practical usage and transformations.

**FAMILY GRAMMAR**

Social scientists routinely treat family categorically, describing relevant relationships as either familial or nonfamilial. Further distinctions may of course be made, such as subcategorizing families into nuclear or extended. Everyday usage suggests, however, that family grammar has a more complex metric.

Consider the following scene and slice of conversation. A routine psychiatric staffing is being conducted at Cedarview, a residential treatment center for emotionally disturbed children (Buckholdt and Gubrium 1979). In attendance
are a treatment team (special education teacher, social worker, child-care worker, and speech therapist), a consulting psychiatrist, and supervisory personnel. The proceedings concern the semiannual assessment of a child's progress in treatment. Questions at issue are whether foster care should be sought for the child upon discharge, whether the child's natural parents are competent enough to care for him, and whether the institution should enter into custody proceedings. Participants now are deliberating parental competence.

Social worker: Both of them [child's natural parents] took part in the parent effectiveness groups. [Turns to psychiatrist.] We had them [several parents] come in every Tuesday night. It worked out pretty well. Most of them kept coming pretty regular. At least, Tommy's [child being staffed] mother and father attended most of the time.

Psychiatrist: What'd they seem like? Were they enthusiastic about it? I mean...uh... did they come just to be there, you know, to put in their time? After a while, you can tell if they're really into the things or not, can't you?

Social worker: Well... I wouldn't say they were what you'd call 100%. They came and they were interested. I mean you could tell that they were concerned about the kid. But they're the type of parents that kind of shut their kids off a lot. I think he [father] has a girlfriend or something.

Psychiatrist: Are you saying they're unfit? I'm really not reading you clearly.

Child care worker: The mother's more of what I'd call a parent than the old man. Oh... he's not all that bad. I mean, he's not a turd or anything like that. He's not into parenting, that's all.

Teacher: Right now, I think we should consider those foster parents he was with last year before he came to us full time. I'd say those people have gumption. I think when Tommy lived with them he had more of a family than he's ever had in his life. It's just night and day. When he walked into my classroom after he got off the bus in the morning, you just couldn't shut him up about "my Mom [foster mother] this and my Dad [foster father] that." He was really a cheerful child. This semester... well it's night and day, like I said.

Social worker: I kinda concur with Helen [teacher]. I'm seeing the same thing. As far as I'm concerned, the Harringtons [natural parents] are not even half a family and the mother's so cowed by her husband that she's practically ineffective herself.

Psychiatrist: So you're all saying that, in effect, there's little or no family there to speak of. Right? What do we do about it? Do you want to go legal?

In this short excerpt, we hear several references to family. Two "families"' genuine concern for Tommy Harrington's welfare are under consideration. Both had been presented earlier in the staffing as candidates for real family status, a categorical distinction. But at one point in the excerpt, a child care worker suggests that the mother is more of a parent than her husband is. This changes the metric from a nominal to an ordinal one. Tommy's teacher elaborates the social worker's assessment, adding that when Tommy resided with the foster parents, "he had more of a family than he's ever had in his life." Again the metric is ordinal. Family is something that is described not only in terms of whether particular relationships are categorically distinct, but also in terms of the intensity of their defining characteristics.

When the social worker speaks again, concurring with the teacher's assessment, the metric changes once more. The social worker explains that she believes Tommy's natural parents are not a full-fledged family. While they may be a natural biological complement, they are concluded to be less than half a family. When the psychiatrist summarizes, he reduces the magnitude to near zero. In this way, par-
participants not only describe certain persons as more or less family than others but they specify the degree of difference. Their descriptions of magnitude suggest an unspecified zero point of concern on an implicit familism scale.

The metrics displayed in the foregoing excerpt are not exceptions. To speak of the categories "family" and "not family," to compare the familial intensity of certain relationships, and to identify precise magnitudes of family status, is to speak a mundane language. Patients, staff members, and acquaintances all make references and respond to family talk with facility across the metrics. No one corrects anyone else in this regard. In everyday usage, consulting psychiatrists and psychologists adhered to the same grammar as nurses, social workers, speech therapists, and other regular caretakers. While persons corrected each other about, concurred over, and disputed who was to be assigned or denied family status, or granted a measure of it, the respective corrections, confirmations, and disagreements concerned the object of assignment, not the proper language in which it was to be conferred. Responding to the content of references to family in kind, in degree, and in magnitude is taken to be a natural way of speaking. (Interestingly, this grammar is usually ignored in the social and behavioral sciences, a point to which we shall return later.)

Even the existence of absolute zero poses no grammatical problem in everyday talk. Whether someone states that, as far as he or she is concerned, certain individuals are "no family at all," or that an elderly man's nephew is "three times, no, four times, the family his own children are to him," it is taken for granted by both speaker and listener that the complete absence of family is meaningful. Indeed, in usage, the zero point is not just the metrical convenience it is in so-called interval scales. The zero point is assumed to exist in the world of social relationships; it is denotable. There are occasions on which speakers and listeners are inadvertently quite clear about this. For example, in one staffing at Wilshire Rehabilitation Hospital, a physician had concluded that a young woman with a spinal cord injury should be discharged to the care of her aunt because her mother, as he put it, "is absolutely no family at all, as far as I'm concerned." He immediately went on to explain what he meant by comparing the mother to a set of parents well-known to all staffing participants, parents whose status the physician assumed to describe the absence of family. He rhetorically asked, "With parents like that, who needs a family?" and concluded "That's what I call having family when you don't."

The fact that the absence of family is meaningful and denotable does not mean that whoever is to concretely represent it, like other specifications, is not subject to negotiation. At times, there is considerable disagreement, as there is agreement at other times, about who is assigned the status "absence of family" or about who shall serve as a standard for familial comparisons. For example, a staff member's reference to a well-known family as real family and to another, equally well-known, as "no family at all," might be challenged as inappropriate instances of the standards implied. While there is certainty about the existence of a state of "not being family at all," its display is contingent on who is involved in specifying standards and on the particular concern at hand, in which it is considered important to know just how much family someone is or is not.

**ANALYTIC AND SERVICE CONSIDERATIONS**

Some everyday features of fictive family usage have been delineated, features encountered in the course of observing people in the family-related affairs of human service organizations. Native talk contrasts with conventional sociological usage. How does this affect the study of family affairs? It generates a procedural guideline that urges one to see the family as either in evidence or not evident in social relationships. This applies to the study of all family living, from traditional to alternative forms. For example, while so-called alternative life styles such as swinging, open marriage, cohabitation, communes, and group marriage are sometimes conceptualized as family forms, the common sociological understanding of family produces a studied inattention to, say, the manner in which those engaged in alternative forms assign familial status to their own social relationships and, in turn, present themselves to each other and outsiders as family members.

In response to the claim that the extended family has all but disappeared in Western urban and industrial societies (Parsons and Bales 1955), a number of social scientists have offered evidence of persistent networks of formal familial relations that serve to maintain the material and emotional well-being of their members. Litwak (1960a,b) and Sussman and Burchnal (1962), for example, have shown how
prevailing the extended family is in fact and, as
the latter two suggest, seems to be an un-
heralded resource in contemporary family func-
tioning. More recently, Shanas (1979) has pre-
sented data revealing that family networks serve
as a survival structure for their elderly members,
among other outcomes making it possible for
elders to live outside institutions upon becoming
disabled. Yet, whatever the survival benefits of
the recently "discovered" family networks, the
conventional, formal interpretation of family
persists. What seems to have been discovered is
more of the formal family, not a different
means for understanding its everyday substance
and organization. To limit the understanding of
family life to formal kinship is to shortchange its
routine complications, a richness that extends
to seemingly unnoticed family claims and
assignments.

It is perhaps a distinguishing quality of West-
ern urban and industrial societies that everyday
family usage is not coincident with formal kin-
ship. The sociological and anthropological vi-
sion of familial relationships, in contrast, large-
ly has been informed by evidence of their coin-
cidence. The vision, in turn, seems to have focused research interests on corroborating
grounds. A tacit "coincidence theory" has
worked, in effect, to reveal family in kinship,
however complicated the latter may have been
shown to be from one society to another. The
evidence for fictive family is now extensive
eight enough to entertain a noncoincident under-
standing of family forms and family living.

There are exceptions of course, as we men-
tioned earlier, but the exceptions do not as
much appear within the proper bounds of the
family literature as they do within other literatures like minority studies and the social
organization of prison life. The ensuing literary
fragmentation tends to support the persistent
research vision of family as a matter of formal
kinship.

Studies that do describe fictive family locate
its organizational source in the adaptation of
members to environmental conditions such as
impoveryshments and incarceration. Our data
show that there are additional sources of fictive
family claims and assignments, like the human
service personnel whose professional business is
to deal with clients' family affairs. Family rela-
tions and family matters are routine features of
treatment and care in institutions like nursing
homes, hospitals, and residential treatment
facilities which, perhaps because of the more
focused containment function of prison staffs,

enhances the former's sources of fictive family.
Fictive family, then, is not only adaptational
but also a feature of the organization of work
concerning family affairs.

As for human service itself, the recognition of
fictive family as an expansion on the ostensible
supports of formal kindred provides a wider net-
work of available resources for aiding and
treating clients. This is being recognized in the
growing concern for what are called "support
systems" (Butler and Lewis 1982). Indeed, this
was apparent in the rehabilitation facility
studied by Gubrium and Buckholdt (1982).
Staff members were beginning to formalize a
concern for what they spoke of and recorded as
"significant others," which referred to acquain-
tances—kin or nonkin—who could be treated as
responsible parties in the maintenance of a
client's welfare. Formal recognition of fictive
families would lend routine institutional sup-
port to what is informally recognized yet some-
times organizationally discouraged.

Notes

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The research on which this paper is based
was conducted over a period of eight years.
Alone and together, we participated in and ob-
served varied organized features of the care and
treatment of institutionalized residents, from
emotionally disturbed children to confused elderly persons. While the themes have varied,
the overall aim has been to understand how
those involved in care and treatment organize
the meaning of their ongoing affairs in relation
to each other. The names of all persons and
places have been fictionalized.

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New York: St. Martin's.
The village of Santa Catarina Iztatlan is located in the southern Mexican highlands near the border between the states of Puebla and Oaxaca. Santa Catarina is a peripheral remnant of the pre-Hispanic Aztec empire (Madsen 1969) that extended into the Mazatec (Weitlaner and Hoppe 1969) dominated region of northwestern Oaxaca. The village is separated from its neighbors by mountainous terrain and is strongly endogamous, practicing no out-marriage or in-marriage with Mazatec-speaking villages in the region. The community is genetically unique because of a high prevalence of oculocutaneous albinism among its habitants.

Santa Catarina has a population of 1,750 and consists of three barrios. The primary language of the village is Nahuatl (Aztec): one-third of the population is monolingual and speaks only Nahuatl and two-thirds of the inhabitants speak some Spanish. Transportation is by foot or burro-back. Neither vehicular roads nor electricity reach the village.

Albinos have been present in Santa Catarina for as long as anyone there can remember and are not known to have existed in any neighboring villages. There are currently 19 living persons in the community with oculocutaneous albinism; 16 were seen and examined. There were 9 males and 10 females, and they varied in age from 8 months to 60 years. The pedigrees were consistent with autosomal recessive inheritance. There was no known consanguinity within three generations in any of the affected families.

An additional 10 persons with albinism were known to have lived in the village in recent years but had died. Some had died in childhood from infectious diseases and others had died in their seventh decade from unknown causes. The childhood mortality rate in the village still approximates 50%. Nineteen affected persons in a population of 1,750 gives a gene frequency with a maximum likelihood estimate of \( q = 0.104 \), or 1 in 92 persons are homozygous for albinism. The heterozygote frequency is \( 0.186 (2pq) \). This indicates that 1 person in 5 is a gene carrier for this autosomal recessive condition. With a village of this size, the maximum likelihood estimate of \( q \) should be in error by less than 1% (Huether and Murphy 1980).

This gene frequency for albinism is the