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Elevated Cholesterol as Biographical Work – Expanding the Concept of ‘Biographical Disruption’

Abstract

The concept of ‘biographical disruption’ has been a leading framework for studies of the experience of chronic illness. A symptomless chronic condition – bereft of bodily signs – does not similarly present biographical disruption. People with elevated cholesterol are healthy at the same time as medical regimens signal sickness. The empirical material presented in this article, based on interviews with people with elevated cholesterol, suggests that a more appropriate metaphor could be ‘biographical work’ in such instances. The aim of this article is to discuss how people with the symptomless condition of elevated cholesterol continually construct elevated cholesterol in everyday life doing biographical work along shifting contexts. The vocabulary of biographical work constructs a subject who is continually working on building situationally-appropriate identities embedded in the shifting contexts of being sick or not sick. The article shows how people ongoingly ‘do’ elevated cholesterol, creating a mother-cholesterol-identity, a guest-cholesterol-identity et cetera, navigating the dilemma of absence of bodily signs (signaling healthiness) and medical regimens (indicating sickness) against shifting rhythms of biographical particulars in everyday life. Linkages of medical regimens with the rhythms of mothering, vacationing, being a guest et cetera create contexts – ever-emerging ‘cholesterol-biographical rhythms’ – for accomplishing and stretching the cholesterol identity from situation to situation, being adequately compliant with medical regimens.

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Keywords

Analytic Bracketing; Biographical Work; Biographical Disruption; Compliance; Ethnomethodology; Medical Sociology.

Michael Bury's (1982) concept of 'biographical disruption' has been a leading framework for studies of the experience of chronic illness. The concept implies, first, that a person's stock of knowledge of self and social world is disrupted by the illness experience. Second, it suggests that the explanatory framework normally used for understanding daily living is also disrupted, requiring a rethinking of biographical particulars. A third implication relates to the mobilization of resources in the face of the altered circumstances of chronic illness. Mobilization of cognitive, material and practical resources to repair the biography and maintain everyday life is the adaptive response to the disruption.

The concept has been applied in relation to a variety of chronic illnesses, including rheumatoid arthritis, cancer, HIV, multiple sclerosis, and chronic respiratory illness (Anderson and Bury 1988; Bury 1982; Mathieson and Stam 1995; Ciambone 2001; Green et al. 2007; Wilson 2007; Williams 2003). It also has been applied to chronic headaches, seen as a socially invisible disease, not yet fully acknowledged (Lonardi 2007). It has been applied to chronic illnesses with a sudden onset, such as hypoglycaemia among patients with diabetes mellitus (Rajaram 1997) and stroke (Anderson 1992; Becker 1993; Ellis-Hill 1997), and terminal illness, such as motor neurone disease (Locock et al. 2009).

Common place in the wide range of studies that build on the concept is that the illness provides bodily signs of sickness and disability. However, a symptomless chronic condition like elevated cholesterol,² which is bereft of bodily signs, does not similarly present biographical disruption, being absent of the same signalling characteristics. It is a 'seen but unnoticed' condition (Garfinkel 1967). People with elevated cholesterol are healthy at the same time as medical regimens (cholesterol number tests, medication and dietary restrictions) signal sickness. Socially, they are neither sick nor healthy, or they are as much healthy as sick; an ambiguous dilemma. Taken-for-granted, everyday methods for accomplishing and managing this condition – in categories of sickness or healthiness – appear to be breached (Garfinkel 1967). This dilemma works as an assumption in this article. Resting on Harold Garfinkel's idea of 'breaching demonstrations' and the parallel of the intersexed 'Agnes'³ (being neither female nor male, socially), the first assumption leads to the second assumption: that the dilemma of the symptomless condition – breached methods for sick/healthy categorizations – requires and reveals that people with elevated

² Elevated cholesterol (familial hypercholesterolemia and other forms of hypercholesterolemia) is medically seen as a risk factor for cardiovascular diseases. From a particular sociological point of view, the condition in this article seen as a symptomless condition, creating a dilemma of being healthy and being sick, as an assumption and point of departure for further analyses of biographical work.

³ Similar to Garfinkel's example of Agnes associated with methods for gender categorizations, the participants might also reveal routinized methods people use to accomplish sick and health identities.

cholesterol accomplish methods that ongoingly and socially navigate the dilemma of healthiness and sickness, symptomlessness and medical regimens, in step with shifting rhythms of biographical particulars in everyday life. As such, the concept of biographical disruption has limited application in such instances.

This article argues that a metaphor different than disruption has greater experiential cogency. The empirical material presented in this article, based on experiential interviews with people with elevated cholesterol, suggests that a more appropriate metaphor is 'biographical work' (Gubrium and Holstein 1995; Holstein and Gubrium 2000), which I discuss at great length below. In the context of symptomless chronic conditions, the concept of biographical disruption appears to be too substantive, too constant, and indicates a linear, consistent and categorically coherent course of experience. The metaphor of biographical work, instead, constructs a subject who is continually working on building situationally-appropriate identities from episode to episode, reflexively and interpretively embedded in the shifting contexts of being sick or not sick.

The aim of this paper is to discuss how people with elevated cholesterol continually construct the symptomless condition of elevated cholesterol, doing biographical work along shifting contexts. This expands the concept of biographical disruption. This article will show that people 'do' elevated cholesterol and cholesterol identities in step with the rhythms of everyday life. The 'sickness' comes and goes as a context for identity construction; it is not simply a continuous ingredient of everyday life, taken into account as the illness develops. Through biographical work, the participants navigate the dilemma of health and sickness against shifting rhythms of biographical particulars in everyday life. Linkages between the characteristics of elevated cholesterol (the dilemma of absent symptoms against medical regimens) and everyday rhythms of biographical particulars create contexts – ever-emerging 'cholesterol-biographical rhythms' – for biographical work. Linkages create contexts for adequately accomplishing elevated cholesterol and cholesterol identities (Gubrium 1993; Gubrium and Holstein 2009).

The way I use the idea of rhythms of biographical particulars in everyday life echoes the way rhythms are applied in a recent parallel discussion of the rhythms of stepfathering (Marsiglio and Hinojosa 2006). Stepfathers adapt to existing practices in their new households, they adapt to the rhythms of householding. Similarly, in this article rhythms of biographical particulars refer to the already existing, complex and dynamic, episodic, and circumstantial, taken-for-granted practices in everyday life, which feature rhythms of mothering, rhythms of vacationing, rhythms of Christmasing, and so on. At the same time rhythms refer to the ever-emerging 'cholesterol-biographical rhythms' – rhythms of cholesterol-mothering, rhythms of cholesterol-vacationing et cetera – that ongoingly come into being through linkages between characteristics of elevated cholesterol and rhythms of biographical particulars in the participants' biographical work. 'Cholesterol-biographical rhythms' work as moral contexts for accomplishing – 'indexing' or accounting for – elevated cholesterol and cholesterol identities in everyday cholesterol practice (Garfinkel 1967). As we will see, this practice refers to their biographical work. Rhythms operate as moral 'horizons of meaning' (Gubrium 1993) for constructing cholesterol identities through biographical work. Cholesterol identities are given meaning – are horizoned and framed – through linkages with rhythms of biographical particulars.

Rhythms do not indicate a linear biographical flow. Rhythms do not indicate coherence or consistence of the biography nor are the rhythms fixed; the vocabulary of rhythms directs attention to people's *ad hoc* activity to fit existing routines in everyday life. Rhythms indicate people's episodic work of adjustment – the way people adapt identities to shifting contexts in shifting episodes. The rhythms of everyday life carry a taken-for-granted and common 'stock of knowledge' and 'recipes' to 'know how' to manage daily living (Schutz 1970) at the same time as people artfully 'do' the rhythms (Garfinkel 1967), sensitizing us to both the substantive and practical sides of these 'codes of conduct' (Wieder 1974). To be in step with the rhythms of everyday life indicates that people adequately follow and adapt already existing tunes and harmonies in shifting contexts to get right into the swing of elevated cholesterol.

The concept of biographical work and contributions to existing literature

As I apply biographical work, biographical work refers to identity work that creates identities through linkages between the dilemma (absent symptoms against medical regimens) of elevated cholesterol and rhythms of biographical particulars in everyday life. These linkages create the contexts for biographical work, as indicated. Biographical work refers to the navigation work in which identities are constructed through the way medical regimens are navigated against – and simultaneously linked with – rhythms of biographical particulars that challenge, compete with, condition and adjust the identities, a navigation work of adjustment. In technical terms, the cholesterol identity is 'indexed' by rhythms of biographical particulars through biographical work (Garfinkel 1967).

Rather than operating on a linear, consistent, and constant biography, including stages, phases, plateaus, continual flow and disruptions, this article directs attention to the episodic, non-linear and constructive character of biographical work (Gubrium and Holstein 1995; Holstein and Gubrium 2000). Biographical work is continually ebbing and flowing from rhythm to rhythm in everyday life. Biographically active people ongoingly engage in biographical work, not as a stable requirement of identity over the life span nor as a linear fixed life course, but as ever-emerging, fluid, malleable, local, and interpretive, practical accomplishments of (for example, cholesterol) identities from episode to episode, from rhythms to rhythms in everyday life. Biographical work is a distinctive kind of reality-constructing activity in relation to the passage of time (see also Murphy et al. 2010).

Biographical work is a form of 'practical reasoning' (Garfinkel 1967), it is a form of what Jaber Gubrium and James Holstein call 'interpretive practice' which "refers to the constellation of procedures, conditions, and resources through which reality [cholesterol identities] is apprehended, understood, organized, and represented in the course of everyday life" (1997:114). In other words, interpretive practice refers to a reflexive interplay between substantive 'whats' (in this article biographical resources, conditions and biographies/identities) and artful 'hows' (in this article the constructive activity of biographical work through which resources and conditions are used). Biographical work is the kind of interpretive practice that produces a biography pattern in the progression of the participants' cholesterol experience through time,

constructing contexts – cholesterol-biographical rhythms – for understanding themselves as cholesterol subjects.

The biography refers to a mosaic of multiple, situational – temporally episodic – identities and biographical particulars and conditions that come into being in and through the rhythms of everyday life as biographical work proceeds, not as a linear course but as a temporally episodic, situational moment-by-moment work. It is constructed and reconstructed in constructive interactional work, taking diverse forms in shifting contexts, embedded in the circumstances – adapted to the rhythms – at hand for the purpose of temporally being in step with the rhythms of mothering, the rhythms of vacationing et cetera. The biography is continually in motion, in play, always at work, always the biography-at-hand, contingent, reflexively and interpretively shaped. The biography is, moment-by-moment, continually subject to reinterpretation.

The activity of biographical work reflexively constitutes biographies and vice versa. The biography and biographical activity are two sides of the same coin. The biography and biographical work are not set in stone, but interpretively, skillfully practiced, reflexively embedded in shifting contexts ('cholesterol-biographical rhythms'), brought into being from rhythm to rhythm in everyday life.

Jaber Gubrium (1993) describes – similar to the way I apply biographical work in this article – nursing home residents who are biographically active, linking care and nursing home life to various horizons of meaning such as view of life, having a lifelong disability, or being a sister, spouse or traveller. In previous literature biographical work has, on the other hand, been described as an activity that follows a disruption and loss of self in relation to the onset of illness, an activity patients conduct to return to former characteristics of life (Lefton 1984; Williams 1984; Corbin and Strauss 1985; Conrad 1987; Kaufman 1988; Mathieson and Stam 1995; Ville 2005).

With the ethnomethodology-informed, social constructionist perspective in this article, biographical work does not start with a disruption or loss of self in relation to the onset of elevated cholesterol. Neither does it refer to reconstructions of a coherent, stable self or a core identity, nor does it refer to work that repairs a disruption. Biographical work is not limited to the time following the onset of the disease. Instead, I direct attention to the above described indexical, episodic, contextual and practical, flexible and fluid aspects of biographical work as ongoing, situated activities in people's lives.

Biographical disruption, a concept that bears a similar meaning, and also alternative concepts – for example, reinforcement, flow and continuity – discussed in previous literature appear to indicate the assumption that the biography is linear, coherent and consistent; which, in principle, permits an interruption and repair of the linear biography, and implies a stable life course, unity, self and core identity (Charmaz 1983; Cornwell 1984; Williams 1984; Becker 1993; Carricaburu and Pierret 1995; Pound et al. 1998; Becker 1999; Murphy 1999; Sanders et al. 2002; Williams 2003; Faircloth et al. 2004; Leveälähti et al. 2007; Harris 2009; Locock et al. 2009).

With biographical work applied, disruption, flow and continuity are not at issue and cannot be assessed because biographical work excludes a linear constant biography, just as it eliminates a transcendent coherent self and an essential core identity. With biographical work, the focus is instead on people's ongoing

biographical activity from context to context. Kathy Charmaz (1991) and Magdalena Harris (2009) lead us closer to these contextual dynamic aspects of sickness.

Harris (2009) discusses biographical disruption as a contextual concept. Charmaz's (1991) sick people move between shifting 'bad days' and 'good days' in everyday life, discussing the way they put their lives together after disruption, alternating between bad days and good days. As we will see in the following, the metaphor of biographical work opens up to further exploring of the dynamic, contextual day-to-day accomplishment of sickness, but abandons the concepts of disruption, loss and transcendence of 'self,' and does not report patients' 'real,' substantive pictures of their experience of sickness. Providing discussions of 'work' – interpretive practice – this article is also an alternative to substantive patterns of the experience of illness.

The Interviews and the Analytic Lens

The analysis is based on open-ended interviews. The interviews were conducted from 2006 to 2008 in Denmark, in Danish, in the participants' homes, my office or in the GP's surgery. The interviews ranged in duration from around one hour to three hours.

The material contains interviews with participants who all had elevated cholesterol; 15 individuals (some were interviewed twice), two couples (each couple interviewed in a joint interview, once), two sisters and their brother in one joint interview, two friends interviewed together once. To keep focus on how biographical work is embedded in social interaction I interviewed the couples, the friends and the siblings, viewed as close relationships, in joint interviews. I selected the participants from three GP clinics in three parts of Denmark, except the friends and the siblings who I came in touch with through colleagues. The criteria were that the participants had to have elevated cholesterol. To ensure that I crisscrossed the cholesterol terrain in a variety of different ways, I picked both women and men at different ages (between 42 and 80), some with a long hypercholesterolaemia history, some with a short hypercholesterolaemia history, some with familial hypercholesterolaemia, some who had had cardiovascular events like a heart attack. Circumstances of the way the elevated cholesterol had been detected in the first place varied; some in an ordinary routine visit, some had had a cardiovascular event or dizziness, which led to an assessment of the cholesterol number et cetera. The strategic selection of this broad cross section of participants was intended to make up a wide range of biographical positions and linkages creating and revealing a diversity of cholesterol-biographical rhythms from context to context in the interviews.

With the informed consent of the participants, the interviews were tape-recorded and transcribed. In the excerpts in this article all personal names are fictionalized.

I conducted interviews on the general topic of cholesterol. Each interview was flexibly focused on the ways the participants 'do' the symptomless disease and deal with the dilemma between sickness and health from situation to situation in everyday life. The structure of the interviews were open to the interviewer (me) and the interviewees. Both the interviewer (marked L in the extracts) and the interviewees were conceived as biographically active, interactionally building up shifting biographical positions (as mothers, hostesses, on vacation, etc.), making linkages

between elevated cholesterol and biographical particulars, creating cholesterol-biographical rhythms – contexts – for interactionally constructing cholesterol identities (see Gubrium 1993 for a parallel). The interviewees' biographies were not, *a priori*, predefined primarily in terms of elevated cholesterol scripts, and I did not tend to homogenize the participants' biographies; rather, I intended, with heuristic distance and strangeness, to deconstruct or 'decorp' a taken-for-granted cholesterol biography/identity, separating resources from the topic (the biography/identity), in order to explore how they construct or 'corp' it through biographical work (Zimmerman and Pollner 1971). As a co-creator, I was interjecting myself into the interviews, moving between biographical positions as for example a sociologist, a physician, a daughter of a mother with elevated cholesterol et cetera, suggesting and offering up contrasting and possible ways of 'doing' elevated cholesterol, providing and suggesting 'identity stories'/biographical resources, encouraging the interviewees to make new and ever-emergent linkages between elevated cholesterol and biographical particulars. For example, I replied: "Are there situations in which you manage the cholesterol in a different way?" Or I suggested: "My mother used to manage the cholesterol this way in a situation like you talk about; do you recognize that?"

An interview guide (elevated cholesterol in daily living, treatment, hypercholesterolaemia roles, and the meeting with the doctor) was used to enhance the interviews' interactive and constructive format, not so much as a procedural directive as a conversational basis for prompting the participants' variety of biographical shifts and situational linkages. In some interviews, certain guide items became the crux for diverse linkages, while in other interviews guide items receded into the background as participants made linkages with biographical particulars in other directions, setting their own rhythms and agendas of the interview. The sequence and relevance of interview guide items were determined more by the linkages the biographically active participants made and their interactional, swinging dance with shifting rhythms in the conversation than the appearance of the items in the guide.

This way of conducting the interview – focusing on both biographical resources and shifting biographical (identity) positions (whats) on the one hand and the activity (hows) in which biographical resources are situationally applied on the other – mirrors what I, in below paragraphs, refer to as the analytic program of analytic bracketing and the interview approach of active interviewing, which, in turn, mirrors the applied analytic concept of biographical work.

I transcribed the interviews and built up context- and practice-sensitizing codes of shifting cholesterol identities in the interview, sensitive to biographical positions, various linkages and shifting rhythms of the interview practice and everyday life.

This indicates that I brought constructionist sensibilities to procedural work and analytic strategies which provided the opportunity to view how the participants with elevated cholesterol ongoingly accent biographical work.

Throughout the research process I approach the interviews as 'active interviews' (Holstein and Gubrium 1995); events of constructing talk-in-interaction, language practice and collaboration in which the interviewees – as competent active subjects rather than passive vessels of answers – ongoingly build up and give voice to biographical positions (as a mother, a wife, a guest, etc., referring to the rhythms of mothering, etc. in everyday life) through which they build up accounts for – create

indexing contexts for – constructions and accomplishments of the cholesterol biography and its variety of situational cholesterol identities in everyday practice (see also Baker 2003). The active interview both reveals biographical work (interpretive practice), and refers to and operates as interpretive practice in its own right.

The interview approach of ‘active interviewing’ works in step with the analytic strategy of ‘analytic bracketing’ (Gubrium and Holstein 1997; 2009), analyzing biographical work as a form of interpretive practice. Analytic bracketing means that I alternately shift back and forth between the whats (substantive biographical resources, which means medical regimens held up against absent bodily signs, substantive conditioning rhythms, and substantive cholesterol identities) and the hows (the artful biographical activity through which biographical resources are used and cholesterol identities are constructed) of biographical work in the empirical material. I am momentarily and temporarily bracketing – setting aside – the hows in order to investigate the whats and vice versa, back and forth as the analysis proceeds. The ongoing analytic moves between hows and whats mirror the interplay between hows and whats of biographical work (interpretive practice) (Gubrium and Holstein 1997).

For example, a phenomenologist or an interactionist approach – in step with an emotionalism- or naturalism-oriented analytic strategy and conventional interview approach (Holstein and Gubrium 1995) – would tend to portray a stable, substantive, ‘real,’ authentic, and accurate report of the participants’ cholesterol biography, their meaning, acts, interaction or experience, not so much the interplay of whats and hows of identity-making. Analytic bracketing does not operate as a phenomenology-based ontologic bracketing of ‘natural attitudes;’ rather, it refers to ongoing methodological moves revealing the ongoing interplay of whats and hows of a biographical work never separate from contexts and practice (Gubrium and Holstein 2009).

Biographical work: Linkages with biographical rhythms of everyday life

The participants face the dilemma: absence of bodily signs – maintained bodily skills – does not challenge existing rhythms of everyday life (the rhythms can be maintained) while the social consequences of medical regimens (cholesterol monitoring, medication recommendations and dietary restrictions) may challenge existing rhythms.

On the one hand, “there’s nothing,” “it’s just there” and “you can’t feel it,” as the participants put it, do not challenge the rhythms of everyday life. On the other hand, medical regimens may challenge roles and rules in everyday life, rhythms of enjoying life, rhythms of partying, rhythms of being a guest, rhythms of vacationing, et cetera. On the one hand, “a failure at everyday life ... in the familiar and a taken-for-granted balance between the subjective experience of one’s own body structure and function ... and one’s knowledge, as a competent member of some collectivity, of what is normal experience or conduct under the auspices of that collectivity” (Dingwall 2001:123). On the other hand, the (expected) failure at everyday life is absent. “To be sick, you know, is not to be able to manage what you have always been doing,” Jane accounts, holding absence of bodily signs (which does not challenge everyday rhythms) up against the number and diet that shake the taken-for-granted harmony of

the rhythms of day-to-day life. The number “makes people a little hysterical ... and of course, you should be careful not to eat everything and so on ... but despite that, no... I didn't focus on it. You don't feel that you are sick,” she concludes the dilemma. The absence of bodily signs on the one hand and the number and treatments on the other draw in either direction.

This portrays their ambiguous dilemma – their ongoing point of departure so to speak. The participants – who and what they are – are tensely sandwiched between health and sickness. Linkages – and the unclear identity – may be drawn in several directions. The dilemma prompts – manifests as – continuous navigation work of adaptation. In what empirically follows, their navigation work ongoingly build up temporally episodic cholesterol identities that balance medical regimens against situated rhythms of everyday life. Neither medical regimens nor rhythms of everyday life can be challenged and stretched too much. Their navigation work – biographical work – refers to artful linkages between medical regimens (held up against symptomlessness) and rhythms of biographical particulars that create the contexts (cholesterol-biographical rhythms) for accomplishing cholesterol identities.

The participants ongoingly adapt and adjust medication and dietary restrictions – in a variety of shifting versions – to be in step with shifting rhythms in everyday life. Carl demonstrates a dilemma between cholesterol-lowering pills and dietary restrictions challenging his day-to-day rhythms on the one hand and maintained bodily skills (absence of symptoms), being able to maintain the rhythms of building a kitchen in his cabin and the rhythms of fishing (not challenging the rhythms), on the other. He adapts medical regimens (he does not take medication nor change food) to – making linkages with – the rhythms of working, the rhythms of building a kitchen, and the rhythms of fishing, continually. He “will live as he has always been living” in step with existing day-to-day rhythms of daily life. Through this navigation work – a biographical work of linkages – he ongoingly builds up cholesterol identities in step with the shifting rhythms of everyday life, creating a cholesterol-working-identity, a cholesterol-fishing-identity, et cetera.

The rhythms come in layers and multiple forms as they are used in linkages and take on different meanings in different situations. They are mixed and combined; biographical positions of being a hostess or a guest further specify the rhythms of pleasure that further specifies the rhythms of social gatherings, et cetera. Biographical particulars and rhythms of everyday life presented in the following are not exhaustive of linkage options; rather, I will present three heuristic examples that exemplify biographical work – three examples of the way linkages between elevated cholesterol and rhythms of biographical particulars create contexts for constructions of cholesterol identities.

Example 1: Biographical work in step with the rhythms of vacationing

In step with the rhythms of vacationing, the participants create a cholesterol-vacationing identity. On vacation, Paul links the dilemma of absent bodily signs and medication regimens with the rhythms of vacationing, creating a cholesterol-vacationing rhythm that works as a context for creating a cholesterol-vacationing-identity. This reveals biographical work. In the following excerpt he (P) demonstrates how the dilemma of cholesterol-lowering medication on the one hand and the

absence of bodily signs on the other requires adjustment of medication routines (he takes medication at home) in the light of the rhythms of vacationing. On vacation he had a break from the cholesterol-lowering pills, drawing upon the 'rules' of vacationing and the fact that he could not feel it:

P: We were in New Zealand on vacation in the entire month of November, and I had forgotten to bring the pills with me. So then, I didn't take the medication.

L: Yes.

P: And then I started to take them again when I came home on the first of December.

L: OK. What do you think about that ... you had forgotten to take the pills with you and you didn't take them?

P: Well, how do we put it ... if I had forgotten the arthritis pills, then it would have been painful like hell, right? But, well, you know ... basically I'm as happy if I don't take the cholesterol medication as if I take it. I don't feel any difference. Nothing. I didn't feel it the month I didn't take it, you know ... You know, the cholesterol number, it's just there.

He is switching between the regular day-to-day rhythms at home and the rhythms of vacationing, adjusting medication regimens in step with shifting rhythms in everyday life, ongoingly doing biographical work through which he constructs cholesterol identities for the purposes at hand; a home-cholesterol-identity, a vacation-cholesterol-identity, et cetera. Similarly, many participants, for example, Jane, adjust dietary restrictions on vacation, linking the dilemma of absent bodily signs and dietary restrictions with the rhythms of vacationing, navigating the dilemma against vacation rhythms of eating pleasurable food, modifying dietary restrictions in step with vacationing rhythms, creating a vacation-cholesterol-identity: "On vacation we cheat on the diet."

Similarly, Gladis shows how she navigates the dilemma of absent bodily signs on the one hand and the pills on the other, adapting medication regimens to the rhythms of visiting her daughter and the rhythms of grandmothering and family life. She makes linkages with these rhythms, creating contexts for biographical work through which she creates a visiting-grandmothering-cholesterol-identity: "We have two children and grandchildren in Copenhagen (some hours to drive from home) and if we visit them and all of a sudden change our minds and stay overnight, then I've not taken the medication with me. But, I don't feel that. So, of course I cheat on the medication then." The rhythms of grandmothering and family life further specify the rhythms of visiting. Gladis adjusts and adapts the treatment to be in step with shifting rhythms of being at home (where she takes medication) and the rhythms of visiting and grandmothering, revealing biographical work.

Example 2: Biographical work in step with the rhythms of social gatherings and enjoyable life

In a variety of ways the participants illustrate the way dietary restrictions (for example low-fat cheese, carrots with raisins, and nuts) are navigated against and linked with – adjusted in step with, conditioned by – the rhythms of social gatherings

(partying, entertaining, visiting, being a guest, etc.), further specified by the rhythms of pleasure, fun, joy and beauty, pleasurable, enjoyable eating habits, and social eating rules and conventional food habits. Rhythms of pleasure and enjoyable eating habits might also specify rhythms of enjoyable life in daily living. Navigating medical regimens in step with the rhythms of pleasure and beauty, the friends Anne and Tina, for example, “put some jam on the low-fat cheese,” or the participants eat “a small amount of the real products” – for example, a “real” cheese instead of the “rubbery” cheese – as many put it, or food that makes them feel satisfied and warm “down to their toes,” prompting a bodily pleasure, as the siblings put it. In this way, the participants navigate medical regimens in step with the rhythms of pleasure, creating a pleasure-cholesterol rhythm, shaping a pleasure-cholesterol-identity in daily living.

Moving to the biographical positions of being a guest in step with the rhythms of social gatherings, the participants demonstrate, in a variety of ways, how they navigate – balance – dietary restrictions against rhythms of pleasure, fun, enjoyable food, and social eating rules and roles and food habits, taking “just one spoon of the gravy” and “one serving instead of two.” They make linkages between medical regimens and for example rhythms of partying and being a guest combined with the rhythms of pleasure and social eating rules and roles, creating cholesterol-partying-pleasure rhythms, et cetera for constructing a cholesterol identity for the purpose of being in step with these rhythms. For example, Gladis adjusts dietary restrictions to fit the rhythms of partying and being a guest, drawing upon the absence of bodily signs (she cannot feel it), and social eating rules (she does not want to be blamed), roles and habits. That way she navigates the dilemma of symptomlessness and dietary restrictions against the rhythms of social gatherings, adjusting dietary restrictions (which she follows at home) in the light of rhythms of partying, creating a rhythm of cholesterol-partying that works as a context for biographical work through which a cholesterol-party-identity is constructed:

L: What if you attend a party or other kind of gatherings or...?

G: Then we eat regular food just like everybody else. We don't care then (laughing).

L: What do you think about that?

G: Nothing. I ... just eat like everybody else. I don't want to be the only one invited for dinner, sitting there at the table and saying, “I don't want this and I can't eat that and I don't tolerate that.” Then I just eat like everybody else, perhaps a little less than ... MAYBE. But, I can't feel that I cheat with the diet sometimes.

Gladis adjusts the diet, adapted to the rhythms of being a guest: She takes for example a little less, but she takes what she is served and acts within the limits of what is socially acceptable. This navigation work refers to the biographical work through which she creates one cholesterol-identity in step with the rhythms of regular food habits at home and alternative cholesterol-identities in step with the rhythms of social gatherings.

Moving to the biographical position of eating out, the friends Anne and Tina link elevated cholesterol with the rhythms of eating out, social eating rules and pleasure for the purpose of not being blamed, appropriately being in step with social demands of eating out, and enjoying the fun and beauty of life. Through their negotiated

navigation work, navigating between medical regimens and the rhythms of eating out, they create, through collaboration and negotiations, an eating out-cholesterol-identity:

T: Look, when I'm at home, I can leave out the cream, I can have it like that, but well, when we're eating out, I just don't realize that I can leave out the cream. I just don't do that. I don't allow myself to do that.

A: No, then...

T: And someone would notice and make a big deal about it... When you're eating out, it shouldn't be like you can't eat the food if you can't take the extra fat off.

A: No, no, sure. If I'm eating out and we have sandwiches with butter, then I eat them, definitely. And, I don't do like this [demonstrating] and take the butter off.

T: That's exactly what I'm saying; when I'm eating out, then I eat what I get served.

A: Well, sometimes when we have been to the gym together, you know, and after finishing the exercises we have a sandwich with shrimp and such stuff, and usually they don't skimp there. They use real butter because of their reputation, you know (briefly laughing), but then I've sometimes asked the chef there to prepare a sandwich without butter for me, and that's no problem, it's acceptable to do that, I think.

T: Yes. But as I told you, when I'm eating out and have a sandwich with shrimp with flavor, prepared with love and it looks beautiful, then...

A: Yes, sure.

T: ... I say, if I just occasionally have one like that, that's okay.

In the above excerpt, Anne and Tina negotiate the temporal rhythms of eating out and the social rules that count, "occasionally" or "sometimes" happening; it depends on occasional rhythms. They negotiate the way they can navigate elevated cholesterol in step with the rhythms of eating out. Through these negotiations they make linkages between elevated cholesterol and the rhythms of eating out, balancing medical regimens against the rhythms of eating out, further specified by the rhythms of social eating rules and pleasure. That way they co-construct eating out-cholesterol-identities brought into being during social interaction. Their biographical work does not end; they continue to negotiate ever-emerging eating out-cholesterol-identities. There are many linkage options and many options for this identity. They demonstrate the way biographical work is interactional and ever-emerging, always in motion, never self-evident, always at work.

In the following extracts Ivy (I) is continually moving between different biographical positions, starting in step with the rhythms of being home, moving to the rhythms of "being out and about," moving to a party, being a wife at the party, a guest at the party, moving to the rhythms of entertaining and being a hostess, ongoingly switching and combining these biographical positions, ongoingly creating a range of cholesterol-biographical rhythms for the creations of a variety of cholesterol identities, sometimes combined cholesterol identities like a wife-guest-cholesterol-identity, maybe several cholesterol identities at the same time, always in step with the rhythms of social gatherings further specified by the rhythms of social eating rules for the purpose of, for example, not being blamed or impolite. This demonstrates the ways she ongoingly does biographical work, demonstrating ever-emerging alternative

cholesterol identities. There are many linkage options – a variety of different rhythms – that ongoingly draw the cholesterol identity in many directions as her biographical work proceeds. At home Ivy follows a dietary schedule but...

I: ... then we're out and about, you know, and it's hard to keep it up one hundred percent, even though I want to.

L: Yes. You're out and about?

I: Yes.

L: And then?

I: And then, you get a little something extra, you know. And then we sometimes have guests etc., etc.

(Biographical work in step with the rhythms of eating out and being a guest:)

L: How does it work if you are eating out, for example, in a restaurant or...?

I: If my husband's there, I can take for example vegetables from his plate and we can change a bit.

L: OK.

I: And, if we are eating out and we have something that is reeeeeeally fat, then I leave it. It's not impolite to leave it, right? It isn't, I think. But, you know ... because you're polite, well, you know what, you taste a little bit of everything, you know.

L: But, I have talked to someone who ... if they have guests or are eating out or this or that, then they eat what everybody else eats, ... but you don't do that?

I: No, well, if we are eating out and there is only sauce and potatoes and meat, only, you know, well, then I take two pieces of meat and only one potato. And, ... I can perfectly well take vegetables without people making a big deal about it because they think I'm on a diet. It's not impolite to take vegetables, right? Right. And, I take ONE spoon of the gravy, only, and if we're eating out I can just sit and take a nibble of the food. And, I don't have two helpings.

(And then we move on to the rhythms of entertaining:)

L: I remember you talked about this last time we talked together and you told me that when you had guests you tried to adapt the food ... you told me that you had vegetables and you served meat and gravy for the guests.

I: When we have guests, I would prepare meat and gravy, potatoes and vegetables. I wouldn't treat the guests poorly. When I serve food for guests it's always salad or boiled vegetables included. And then, I can have vegetables. ... For example, yesterday, our grown-up children and their families were here for dinner, you know, and, well, I had prepared salad, and they had gravy and potatoes, and I had meat and salad, you know, I don't have potatoes and gravy.

Ivy demonstrates the way the participants construct a variety of shifting cholesterol identities, modifying and balancing dietary restrictions against the rhythms of biographical particulars in relation to social gatherings. She makes linkages between dietary restrictions and the rhythms of social gatherings, creating a range of cholesterol identities – an 'out and about'-cholesterol-identity, a wife-party-cholesterol-identity, a guest-party-cholesterol-identity, a hostess-cholesterol-identity, a hostess-mother-cholesterol-identity, et cetera – in step with the rhythms of social gatherings. Nancy, one of the siblings, is echoing the construction of the hostess-cholesterol-identity: "If I have a party I use real cream in sauces and dressings, I

don't skimp. I wouldn't treat the guests poorly." Similarly, Gladis (G) is echoing the hostess-mother-cholesterol-identity: "You do cheat on your diet when you have guests and our children are visiting us. Then you prepare food like everybody else, right? But in daily life, then we don't get much fat." Gladis is ongoingly biographically active, shaping a regular daily life-cholesterol-identity ("then we don't get much fat"), switching to a mother-hostess-cholesterol-identity and so on.

Example 3: Biographical work in step with the rhythms of familial relationships

The participants link the dilemma of elevated cholesterol with the rhythms of familial interaction; the rhythms of being a sister and a brother, a friend, daughters and sons, the rhythms of mothering and grandmothering, the rhythms of having grown-up children visiting, the rhythms of being a "good wife." Through biographical work – literally in the interactional interview setting with the sisters and brother and the friends – they create cholesterol identities in step with the rhythms of biographical particulars and positions as sisters and brothers and friends, using these conditions as resources for constructing the cholesterol identity. As Ivy and Gladis have demonstrated, they create a cholesterol-mother-hostess-identity in step with the rhythms of mothering further specified by entertaining.

The two sisters and their brother navigate medical regimens in step with co-constructed (negotiated and existing) rhythms of familial food traditions further specified by the rhythms of being a sister and a brother and the rhythms of being daughter/son of their mother's food traditions, making linkages with these rhythms, literally co-constructing familial-cholesterol-identities. They negotiate the way they "need to" step out of their dietary schedules of lettuce, raisins, carrots and cucumber, preparing gravy and meatballs "like their mother made them;" on the one hand, they are required to follow dietary restrictions, while on the other hand, they are required to enjoy their shared familial food traditions, not living too frugally. The rhythms of familial relationships and familial food traditions might be further specified by the rhythms of (bodily) pleasure and aesthesis, enjoyable and beautiful food. They ongoingly navigate and construct a shared story of their familial-pleasure-cholesterol-identity through biographical work in which medical regimens are linked with – modified by – negotiated and co-constructed rhythms of familial food habits.

In the following extract Anne (A) and Tina (T) move on to the rhythms of family life; they 'do' elevated cholesterol in step with the rhythms of being a wife and the rhythms of homemaking:

T: Well, I'm married to Peter Peterson...

A: Yes (briefly laughing).

T: ... and he wants meatballs cooked his way. ... When he's cooking, the only part I can control is that I try to leave the butter off my helping before he puts a big lump of butter in the pan.

A: Yes.

T: So my meatballs don't soak up extra fat.

A: Well, I have an advantage because [her husband] doesn't cook. He eats whatever I make (laughing).

T: Well, look, when I was working, he cooked every day and he fries in all that stuff, pork chops fried in butter and all that stuff. Trimming. I'm married to Peter Peterson and he wants butter on the pan.

A: Yeah. Sure.

T: But, you can easily do your frying, well, ... you just need to have non-stick pans so you don't need to put so much butter on it.

A: Yes, you can do that. Is it a non-stick pan?

T: Eh, no, but it doesn't soak up much fat. When I take my pork chop I can add a lump of butter on his, and it'll work all right.

What we see is that Tina and Anne negotiate possible ways they can navigate medical regimens against the rhythms of cooking, homemaking and being a wife. Through these negotiations they demonstrate how they continually do biographical work, shaping a cholesterol-cooking-identity, a cholesterol-wife-identity, a cholesterol-wife-homemaking-identity, et cetera.

Moving to the biographical position of being a friend, Anne and Tina adapt medical regimens to rhythms of friendship further specified by existing rhythms of the fun and joy of social gatherings, rhythms of being out biking together and drinking Irish Coffee together. Anne (A) makes linkages to these rhythms, creating friendship-cholesterol-identities:

A: Sometimes I like to enjoy life, having fun.

L: OK. And enjoying life, fun, what's that?

A: Well, that's, for example, an ice cream when we're out biking together and your friends enjoy an ice cream.

L: Yes.

A: You know, and when we drink our Irish Coffees together with friends I would like to have some cream on it, you know, and such things.

Anne and Tina demonstrate the way they create the friendship-enjoying-Irish Coffee-cholesterol-identity and the friendship-ice cream-cholesterol-identity to be in step with temporal rhythms ("sometimes") of Irish Coffee and ice cream together with friends, indicating also the way these cholesterol identities are two among a variety of situated cholesterol identities brought into being through biographical work.

The vocabulary of biographical work has demonstrated the way cholesterol identities are continually in flux, elastic, and flexible as people with elevated cholesterol figure into shifting roles (mothers, hostesses, vacationing and so on) for the purposes at hand: being in step with shifting rhythms of mothering, entertaining, vacationing, et cetera at the same time as they comply with medical regimens.

Stretching the cholesterol identity – the elasticity of compliance

What do we learn from this analysis and its discussions of the applicability of the analytic concept of biographical work, which has been applied as a minimalistic, non-totalizing empirical framework and enterprise? Applying the analytics of biographical work to a symptomless disease has demonstrated the way the cholesterol identity comes in multiple alternative forms rather than one single and fixed identity. Biographical work is not arbitrary though. Biographical work has no free play. What this article provides is a discussion of the ways the participants stretch the

medically available cholesterol identity, constructing a cholesterol-mother-identity, a cholesterol-guest-identity, a cholesterol-vacationing-identity, et cetera. The dilemma and the rhythms of everyday life challenge the participants to do what is needed, creating locally nuanced, diverse and biographically informed forms of medical regimens. This opens to discussion the way institutional, discursive images – medical regimens – work as templates and formula identity stories for constructing identities in and through everyday moral contexts in a discursive give-and-take. Based on this, I will discuss four lessons.

The first lesson relates to the moral tone of their biographical work (Gubrium and Holstein 2001). The participants' biographical work directs attention to the way an institutionally-available-discursive-cholesterol-identity story, provided through medical regimens, set the conditions of possibility for reflexively formulating and reformulating, assembling and accomplishing cholesterol identities in and through competing and conditioning contexts (rhythms) that index the institutional identity story from situation to situation through the discursive practice of medical regimens (Garfinkel 1967; Foucault 1977; Gubrium and Holstein 2000). To what extent is the cholesterol subject a strictly dictated moral puppet and to what extent an agent who acts at liberty with free moral will? Medical regimens and the (institutional) cholesterol identity might be seen as 'going concerns' (Hughes 1984 [1942]); there is as much 'going' in the cholesterol identity as there are 'concerns.' That way the cholesterol identity is neither a product of free will nor is it uncontrollable or tyrannically dictated by institutional formula stories.

The second point relates to the way the participants' biographical work leads us to discuss the way a constitutive or productive power might work – seen but unnoticed – as the other side of medical knowledge in and through discursive medical regimens in biographical work (Foucault 1977; Gubrium and Holstein 2000). Biographical work might operate in a form of panopticon, not as a totalized deployment of subjectivity, not a totalized version of panopticism that dictates usage of medical regimens and in which the medical-institutional story of the cholesterol identity – power – appears to be the only possibility; rather, a less totalized, ethnomethodology-inspired version of panopticon in which power is produced and reproduced through competent and self-disciplined navigation of medical regimens against biographical particulars, literally producing and reproducing a 'healthy, normal body' – 'life' – from the dilemmic cholesterol body.

Third, biographical work can be seen as an analytic and conceptual defence against the assumption that people with elevated cholesterol have one morally uniform, hegemonic and homogeneous cholesterol identity or cholesterol role (Gubrium 1993). The idea of biographically active patients goes beyond a stereotype of a cholesterol-patient-identity separate from social contexts and practice.

Fourth, biographical work can be seen also as a conceptual defence against – it resists, and precludes – judgement of 'correctness' of management of elevated cholesterol (Gubrium and Holstein 1997). With the concept of biographical work, the participants are not 'judgemental dopes' (Garfinkel 1967), neither dictated by medical regimens as external social directives and forces or internal motives, nor judged against absolute, *a priori* moral standard of health promotion policies. Rather, the participants seem to operate within a moral environment between institutional medical regimens forming a bio-medical cholesterol sick role based on biological norms, on the one hand and lay cholesterol roles of being healthy as much as sick

embedded in social norms, on the other for keeping and ongoingly reestablishing a social place with stable social bonds from the unclear symptomless position (Freidson 1970; Goffman 1971). This gap or contradiction possibly mirrors and expresses what Bloor and Horobin (1975) refer to as a 'double bind.' The active interview approach applied might accommodate and reveal these contradicting expectations, with me and other participants in the interviews figuring moral entrepreneurs/enforcers (Becker 1963).

Drawing upon the ethnomethodology-oriented approach including Garfinkel's, et cetera clause (see also Wieder 1974), the vocabulary of biographical work reveals the participants' elasticity of compliance with medical regimens. Producing and reproducing medical regimens in multiple versions through linkages with biographical particulars, they adequately comply with medical regimens in shifting rhythms in everyday life. The cholesterol identity comes into being in the forms of a compliance-cholesterol-mother-identity, a compliance-cholesterol-guest-identity, et cetera. The medical concept of compliance (Conrad 1985; Trostle 1988) exists through the varying everyday biographical-cholesterol rhythms that work as contextualizing indexes – 'morally adequate accounts' (Monaghan 1999) – that create ('index') compliance. With this perspective, noncompliance is not at issue. The participants are not recalcitrant. The participants need to comply with rhythms of everyday life as much as medical regimens and vice versa. This resists judgements of compliance/noncompliance as moral standards. This implies, in turn, a reflexive critique of the medical concept of compliance as a moral standard. "The theories used by both 'laymen' and 'experts' are accorded an equal status" (Dingwall 2001:124). The analytic vocabulary of biographical work is intended to help discuss this and provide a moral vision of it. Through biographical work, elevated cholesterol might be seen as a work of everyday normalcy/compliance as much as deviance and noncompliance (Voysey 1975).

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