

Abstract

Title: Life, identity and chronic illness
A socio-psychological study of young adult diabetics
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This thesis is intended to give an insight into what it entails to contract and live with a chronic illness in today's society. How is being taken ill experienced and perceived as a life event, and how does the individual's attitude develop over time? The study is prospective and is planned on the basis of a trajectory perspective. The theoretical starting point is socio-psychologically interactive. Thirty-one young adult, insulin-dependent diabetics, aged between 16-35 years, narrated their experiences of falling ill and living with the illness, two months, 1½ years and 4 years after their diagnosis.

The illness is perceived as an interruption in the trajectory of their lives, a threat to and an encroachment on these young people's life project and everyday existence, which is handled by practically routinising the lifestyle demanded by the illness and by trying to safeguard their identity as belonging to the healthy population. When it comes to routinising, it is the lack of freedom entailed by the regulated way of life which feels restrictive and oppressive. The informants try to retain freedom and control over their lives, which also demands control over the illness. If the illness can be routinised and incorporated into their day-to-day existence, this means that freedom over their lives is retained; otherwise there is a risk of being held hostage by the care the illness demands. In their efforts to retain balance and control over their lives and the illness, the informants display considerable ambivalence. This ambivalence is an expression of the search for and assessment of various aspects of the problem, in this case actually falling ill, and can have a more or less relational or reflexive emphasis from time to time. Three primary strategies can be discerned:

1. To live your life - "like brushing your teeth": A metaphor which describes that this is something you have learnt in order to avoid problems, and once it has been learnt, it is a routine you carry out without actually thinking about it.
2. To live your illness - "why did I get it": The illness becomes a stigma, and usually a present and oppressive threat, which takes a great deal of your strength and energy. There are often other life events which contribute to this emotion and situation.
3. Consolidation - "it could have been worse": The individual is striving to live his life, not the illness, and is more or less successful in this undertaking; a middle-of-the-road strategy which is also the most common approach. These three strategies are not mutually exclusive - it is possible to change strategy from time to time. Today's self-administration policy is problematical for those who do not have the preconditions for being well-informed or who are not capable of prioritising their illness.

Key words: life event, routinising, identity, reflexivity, relation, ambivalence, consolidation, empowerment.