Life Course Malleability: Biographical Work and Deprivatization

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The traditional view of the life course as the patterned progression of individual experience through time has been challenged on several fronts. The emerging view is that patterned progression is subject to diverse social, historical, and cultural influences. This article extends the challenge by considering the way ordinary biographical work situationally and discursively shapes life course patterning in relation to local cultural and organizational usage. Ethnographic and narrative data from a variety of settings illustrate a social constructionist approach. Concluding comments address the link between the malleability of the life course and the increasing deprivatization of contemporary experience.

The life course has traditionally been viewed as the patterned progression of individual experience through time (Clausen 1986). The progression has been anchored in bodily growth, psychosexuality, behavioral conditioning, and cognitive development (Langer 1969). For example, Freud’s (1965 [1905]; 1966) well-known stages of psychosexual maturation (oral, anal, phallic), expanded by Erikson (1963, 1968) to include phases in adult life, presented the essential challenges or dilemmas of growing older. Loevinger (1976), in turn, embellished Erikson’s view by focusing empirically on ego processes and identifying integral stages.

Disciplinary practices reflect this view. Experiential progress through time is featured in developmental psychology textbooks, in which such familiar stages of personal change as childhood, adolescence, young adulthood, midlife, and old age appear on dust jackets and in chapter titles, orienting the reader in developmental terms (see, for example, Freiberg 1987 and Schaie and Willis 1991). In medical sociology, a developmental framework for analyzing patterned progression through time emerged in the vocabulary of experiential “trajectories,” “status passages” (Glaser and Strauss 1968), and “moral careers” (Goffman 1961), which was widely adopted in ancillary disciplines such as nursing. Curricula and course contents have accordingly guided teaching, learning, and research.

The view has become stereotypical and has considerable popular

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appeal. Levinson’s (1978) interviews with men from a variety of occupational backgrounds led him to posit six stages of adult life, a model that became enormously attractive as a way of understanding the alleged midlife transitions and crises that men face with the passing years. Sheehy’s (1976) widely read book Passages called attention to the “predictable crises” experienced by educated, “pacesetter” men and women. Not only did Kübler-Ross’s (1969) designation of five stages of dying serve to frame the experiences of laypersons who themselves faced death or were caring for the dying, but it won the approval of professionals who applied the stages in their practices. U.S. media culture has vigorously adopted the imagery, serving up developmental descriptions that range from the “terrible two’s” of early childhood to the “midlife crises” of later adulthood, which have been variously popularized by newspaper advice columnists, radio psychologists, and TV talk show hosts.

The view is not without its critics. Some challenge its person-centeredness (Gergen and Davis 1985; Dannefer and Perlmutt 1990; Dannefer 1993; Riley 1976) others its “ontogenetic” determinism (Dannefer 1984; Featherman and Lerner 1983). Social historians have argued that phases or stages of human growth and development respond to changing economic, political, and legal conditions (Elder 1974, 1981; Hareven 1978; Hareven and Adams 1982). Anthropologists have examined the cultural mediation of patterned progression, orienting their inquiry around the notion of human development as a construct of culturally shared understandings (Hazan 1980; Kertzer and Keith 1984; Kaufman 1986; Spencer 1990). Sociologists have analyzed the life course in terms of stories of life change, growth, and aging on the one hand and social organization on the other (Bertaux 1981; Cobler 1982; Kohli 1986; Clair, Karp, and Yeeles 1993; Gubrium 1993; Gubrium and Buckholdt 1977). And psychologists have raised questions, variously reconceptualizing the life course as dialectical and as interactively subject to life world changes (Riegel 1976, 1977), as a product of imagination (Bruner 1986), or as a process of constructing personal meaning (Gergen 1985; Shottter 1993).

Gergen (1980) has called such challenges “aleatoric,” as a way of stressing malleability and the contingent character of patterned progression through time, and has suggested that the new perspectives pose a “crisis” for life-span developmental theories based on traditional assumptions. Increasingly, attention is being paid to the active, indeed, constitutive, role played by ordinary persons, who, in the course of everyday life, themselves specify and define the patterned progression of experience through time. Subjects’ attitudes, sentiments, and conduct do not merely pass through standard courses of change, but in practice are actively interpreted and constructively patterned with time.

Focusing on everyday interpretive practice—the ordinary, situated procedures through which experience is represented, organized, and understood (Holstein 1993)—this article analyzes how developmental categories are used in everyday life to produce versions of the life course. The challenge to the traditional view is that the patterned progression of individual experience is treated as circumstantially assembled with temporal categories, not conditioned or determined by them. The article has three goals: to explicate what is called biographical work, to empirically illustrate the malleability of life course constructions with data collected in a variety of organizational settings, and to argue that the life course, as an object of interpretation, is becoming increasingly deprivatized.

Biographical Work

Biographical work is the kind of interpretive practice that produces pattern in the progression of individual experience through time. Our analysis of this work emanates from an ethnography-informed, social constructionist perspective (Holstein and Gubrium 1994). A variety of interpretive approaches in sociology conceive of everyday realities as interactively constructed and circumstantially sustained (Berger and Luckman 1967; Blumer 1969; Garfinkel 1967; Heritage 1984; Pollner 1987; Schutz 1970). Collectively, they suggest that individuals’ situated interpretations and representations of their worlds create or constitute those worlds as meaningful phenomena. From this perspective, social interactions, including conversation and other forms of communication, do not merely convey meaning, but in a sense “talk [reality] into being” (Heritage 1984, p. 290).

Adopting this perspective, we consider the life course, with its various patterns, phases, and stages, to be an interpretive accomplishment—created, sustained, and transformed through social interaction. For example, when someone describes another as young, old, or middle-aged, he or she is not simply offering disembodied commentaries on age or maturity, but is engaged in constitutive actions, applications of categories and assignments of meaning that are concretely consequential within specific interactional contexts.

Biographical work is a distinctive kind of reality-constructing activity that deals specifically with the interpretation and representation of lives in relation to the passage of time. The work has considerable free play, but it also is oriented to practical, contextual considerations that prevent life course constructions from being capricious or arbitrary. While on one side there are the fluid but consequential meanings of individual experience through time, on the other side there are the descriptive contingencies that influence the construction of patterned progression. Biographical work
constructs lives in response to both interpretive fluidity and descriptive exigencies, the malleability of the life course being accordingly mediated.

**Individual Experience**

As far as any individual experience under consideration is concerned, life course malleability derives, first, from the assignment of patterned progression to experience. Pattern does not inhere in individual experience; it is interpretively and contingently established. For example, in making intervention decisions for an emotionally disturbed child in a residential treatment facility, staff members construct circumstantially relevant “histories” of the child as a way of availing themselves of a life-span context within which to interpret changes in behavior. The histories may differ from one occasion to another, providing alternative bases for meaningfully addressing the relation between what the child was like, how he or she is behaving currently, and what this may mean for the future. Such histories-in-use, so to speak, also guide the formation of treatment strategies and inform assessments.

Second, assignments of patterned progression have differential consequences for further biographical work. For instance, an emotionally disturbed child’s record may be presented as a history of incorrigibility in order to explain to the child’s parents why a treatment program has been ineffective. The same history of troubles can be offered to funding agencies to suggest that the treatment applied was the best available, under the circumstances: The child’s condition and history precluded improvement. This account (Scott and Lyman 1968) makes the continuing work of articulating the child’s record with ongoing claims of program effectiveness less onerous than having to explain a lack of success when there is a history of positive responses to treatment. Biographical work, then, has a ripple effect, producing chains of accountability structures that differentially affect future accounts.

Third, biographical work applies to particular domains of experience, not to the person as a whole. This is so even while the “whole” person may be a way of referencing what in practice are particular domains of personhood such as “inner-directedness” versus “other-directedness,” being “egoistic” versus “altruistic,” or “independence” versus “dependence.” In the preceding example, an emotionally disturbed child’s clinical record has been read and interpreted for incorrigibility. The patterned progression through time assigned to the child centers on his or her responses to treatment within the domain of behavioral compliance. In other situations, the child’s biography might be specified in terms of psychosexual or cognitive development, emotional stability, or family relations. Situations virtually generate the “whole” persons or lives needed for participants to do related biographical work.

Biographical work can be simultaneously extended to various domains of experience, complicating patterned progression. The assignment of pattern might center on a child’s checkered or emerging history of independence, “outgoingness,” acting out, withdrawal, or sullenness, among the myriad experiential domains that can be understood to have pasts, presents, and futures. Constructed into wholes, the resulting courses of experience can be compared, contrasted, linked, or separately applied to still other domains. For example, stages of sibling rivalry might be used to shed light on a child’s progress in school.

**Descriptive Contingencies**

Malleability of the life course is also rooted in descriptive contingencies, the other side of biographical work. One contingency is whether conceptualizations of the shape of a life or of the pattern of progression through time are available for a particular domain of experience. Courses of experience can take various and sundry forms, many of which, as noted earlier, have become popular and/or were originally part of scholarly writing or scientific research. A case in point is Kübler-Ross’s (1969) five stages of dying, which are also used in domains of experience involving loss of other kinds, such as family members’ adjustment to the cognitive decline of a relative suffering from Alzheimer’s disease (Gubrium and Holstein 1993).

We have referred elsewhere to the circumstantial availability and use of particular interpretive resources as local culture (Gubrium 1989, 1991; Holstein and Gubrium 1994). In relation to the life course, the concept implies that in certain circumstances, participants have at their disposal distinct models of experiential progression through time that they may employ to interpret the course of their own or others’ lives. For example, in certain support groups for the caregivers of Alzheimer’s disease sufferers, caregivers learn to view the personal history of their care in terms of distinct stages, while in other caregiver support groups, the history of care is interpreted by means of shifting interpersonal comparisons (Gubrium & Holstein 1993). The groups’ different cultures of care mediate participants’ articulations of the course of daily caregiving and, consequently, present them with differential prospects for the future.

Local culture is not set in stone, nor is it automatically invoked. Because persons are not “cultural dopes” (Garfinkel 1967), malleability in patterned progression results from what biographical workers actually do with the interpretive resources that are available—a second descriptive contingency. Cultural categories must be articulated with experience by way of
practical reasoning (Garfinkel 1967; Pollner 1987). For example, when several formulations of patterned progression are available, the life course interpretation is never automatic and may yield novel formulations as when, say, participants combine available images of the life course in new ways, artfully constructing patterned progression in the process.

There may also be different perspectives on what is locally available and applicable. While a psychiatrist charged with diagnosing and treating psychiatric disorders in an inpatient mental health facility may interpret a patient’s life course as an inevitably recurring pattern of disturbance, remission, and then relapse, the patient’s rehabilitation counselor may view that same life in terms of steadily increasing, if limited, competence in dealing with the routine demands of daily life. A local culture of pathology for troubled lives is shared, but the psychiatrist’s professionally and organizationally grounded diagnostic and remedial perspective differs considerably from the counselor’s. This provides the basis for contrasting life course depictions: a cycle of recurring symptoms versus a rising trend of social capability.

Such differences in perspective implicate the social organization of circumstances in which patterned progression is narratively topical (Gubrium and Holstein 1990). We have referred to this third contingency of interpretive practice as its organizational embeddedness (Gubrium & Holstein 1993). Professional and organizational perspectives add to the descriptive contingencies of biographical work.

**Malleability of the Life Course**

To illustrate the practical malleability of the life course, we turn to narrative and ethnographic material gathered in settings in which biographical work is regularly done as part of the process of interpreting individual experience. Participants have made it abundantly clear that considerations in these settings both reflect and refract, as well as interact with, discussions outside the settings—at home, among friends, and elsewhere.

**Pattern Alternation**

Consider the phenomenon of pattern alternation as a product of biographical work. Shifting patterns of progression that emerge as alternative courses of life change are interpretively structured out of the “same” experience.

The following extracts are taken from transcripts of discussions in support groups for the caregivers of persons afflicted by Alzheimer’s disease. We focus on a discussion between Myra Thorp, Emily Mennea, Maude Brown, and others about their past, present, and future experiences in caring for demented husbands at home. (The names of persons and places have been fictionalized here and throughout the paper.) The women are in their seventies. Their husbands are older and have been diagnosed with Alzheimer’s disease within the past two to three years. Myra and Maude have participated in the support group for ten months. Emily joined recently, having previously attended a chapter of the Alzheimer’s Association in a nearby town.

We enter the discussion as Myra winds up a lengthy and detailed description of her experiences in caring for her husband, Burt. Myra concludes that in the past year Burt “really became a bundle.” Emily, the newcomer, compares that with what she “went through” and, in the process, distills a distinct pattern from Myra’s experience. Emily eventually contrasts the pattern with a progression she encountered elsewhere. The two patterns provide alternative resources for interpreting the caregiving experience.

Myra: . . . and that’s just about the gist of it. I’m not sayin’ it was all bad. [Pause.] Some of it was pretty awful some of the time. You know how it is. You’ve got both the good and the bad, like in all things. He’s [Burt] still a really funny person. Sometimes, when he’s really forgetful, it’s funnier than ever. [Elaborates.] The past year, like I said, he’s really become a bundle.

Emily: I’m Emily Mennea and I’m pretty new to the group. This is my second time here. I used to go to the meetings at Linx Mall when we lived in Ono. [Turns to Myra.] I was interested in what you were saying, Myra, [pause] about how you started to feel that Burt wasn’t quite himself but you just couldn’t get yourself to get him to go to the doctor. I went through the same thing, I guess a couple of years ago now. I thought to myself, “If you say anything to him [her demented husband, Jeffrey], he’ll start yellin’ that he isn’t crazy”—you know, that he’s sharp as a tack? So I didn’t say anything for the longest time, but you could see what was happening in him plain as day. He’d keep forgetting things and, once in a while, have what I call “little accidents,” if you know what I mean. [Elaborates.]

Anyway, what I was about to say is that isn’t all downhill either. [Again turns to Myra.] Myra, you said that sometimes he [Burt] can be pretty funny, like when you’re both watching TV and you start laughin’ at the same thing and you know in your heart that he’s tuned in and gettin’ it, you know what I mean? You have those bad times, too. Tell me about ‘em! But you’ve got the good times too.

I can see how it was for you, Myra, because, in a lot of ways, you’re talking about me. It’s an emotional roller coaster that goes down and up. You know how you were in that doubting stage at first? [Elaborates.] Then you picked up the pieces and put yourself back together and got to work doing what you had
to do, right? Myra nods repeatedly. I used to call it "putting my head on straight." I kept telling my daughter that I had to put my head on straight and take care of Jeffrey. I guess I said that too many times, because Mary [her daughter] started mocking me. She goes, "Mom, you got your head on straight?" Like every phone call used to start out like that? We'd laugh about it.

As Emily describes the pattern of her own caregiving experience, she compares it with Myra's, gradually distinguishing a common course of adjustment. We soon hear talk of a progression marked by initial doubt, then anger, a "head-on-straight" stage, a "proud" phase, and finally a stage of acceptance. Myra confirms the pattern Emily distinguishes, which Myra says resembles the pattern of her sister's personal experience with breast cancer.

Others join the discussion, further comparing individual experiences with the progression under consideration, referencing stages in more abbreviated terms—for example, the head-on-straight stage becoming the straightening stage. A sixth stage is identified, located between the proud and the acceptance stages, and called the "teasing" stage. One participant succinctly describes it as "you teasing yourself because you can't believe you're really doing it." The group concludes that the last stage is not really a matter of acceptance, but of continued teasing, replacing the former fifth stage of acceptance with a concluding and longlasting teasing stage. In a brief exchange, Myra explains why the final teasing stage is a better picture of what happens.

Emily: That's one of the reasons I left [the Oakmont chapter]. I kept hearing, over and over till I really couldn't stand it anymore: "You've got to start thinking about yourself and start changing your attitude about him [her demented husband]." Start being realistic, think about yourself, and start looking for a nursing home. It isn't going to get any better." Those people were serious. Don't tell them about feeling proud. Never. Teasing yourself? Denial. They'd think you were being nutty. Strong stuff.

To tell you the honest truth, I would rather see this thing like we've been talking. To me, it's more realistic. I'm just not that kind of person. All my life, well, it's been going from one thing to another and dealing with it and making the best of it. I've always been a fairly happy person, wanted to be happy with what I have [pause], a little happy anyway. That's been my life. And this [the group's constructed pattern] fits that. It's more realistic.

It's night and day when I think about all. There [in Oakmont] I was just a dope going downhill and getting myself in deeper and deeper. You couldn't tell 'em any different. That's the way they saw it. That's the way they saw themselves. Here, I'm feeling like, at least, I have a chance to [pause] maybe feel good about myself and not feel bad about that? [Elaborates along with others.]

As Maude Brown joins in, participants broach the idea of pattern alternation in its own right, with implications for future prospects, attitudes, and sentiments.

Maude: It can be a problem. Heaven knows, it's hard enough as it is. But when people around you [pause] everyone maybe—they keep saying that this thing changes like this or like that. [Elaborates.] And they've got you all bent out of shape about it. You wonder if it's you or them [pause]—if you get a chance to wonder. Like maybe they've got their heads on backwards? And you come here or somewhere else, and people are talking [pause], well, something different. You start to wonder and maybe you really start to see things different—what you've done and what's ahead. You even feel different.

Emily: Yeah, you wonder if it's you or them. Like there, my whole life, really, is drifting one way and, like they say, over and over, there ain't no but's or if's about it.

Maude: But is it all hell? That's what she's [Emily] says, Myra. Do we want to see ourselves that way? I sure don't.

Pattern alternation is as much about how personal experience is actively interpreted in relation to local understandings as it is about the course of its subjects' experiences through time. As the preceding extracts show, biographical work both constructs and responds to alternative patterns, providing different ways of assigning meaning. Indeed, shifting patterns and their associated practical reasoning can alter one's long-range views of the most concrete event, such as the personal implication of the momentary pride one feels in having made it through the evening with a demented spouse.
Pattern Elasticity

The internal patterning of a life course—with its diverse stages and phases—is itself constantly subject to reformulation as circumstances, orientations, and related interpretive demands vary. Biographical work can shape and reshape the course, giving its pattern of progression an almost elastic quality. Experience may be aligned with a particular stage of development at one point, only to be reconfigured at another point.

Professional viewpoints provided variable interpretive groundings for construing the life stage of a twelve-year-old boy in the following illustration. Charles Grady was originally referred to a child guidance clinic because of a run-in with the police (see Gubrium, Holstein, and Buckholdt 1994). Charles had a history of disruptive behavior in school and a growing record of police encounters. When he was picked up for “loitering” with a group of “rowdy” boys at a fast-food restaurant, the police department’s juvenile officer told Charles and his parents that Charles would have to either enroll in the clinic’s Delinquency Prevention Program or face charges in juvenile court. The family opted for the clinic.

This particular clinic had several departments and programs that provided outpatient therapies and services for children presenting emotional and related troubles. A principle that guided the Delinquency Prevention Program was that juveniles engage in deviant and disruptive activities because of “peer-group pressure.” One of the program’s goals was to provide positive alternatives to so-called gang influences. Charles was initially assigned to a peer group led by a counselor, a Mr. Burke. Under Burke’s guidance, Charles was integrated into adult-supervised, peer-oriented activities that took him away from his normal after-school routines and involved him with new “friends.”

In explaining the rationale for this treatment plan, Burke pinpointed the problem with “boys like Charles”: Such boys are at a stage of development in which they are extremely susceptible to being influenced by members of their own age group, whom they “look up to.” According to Burke, Charles was gravitating toward gang membership because “preadolescence is a time when kids are looking for acceptance, approval, anything to prove that they belong.” Charles’s misbehavior in school, his proof that he was at that point in his life where he was trying to impress responsibilities and professional perspective provided a basis for the interpretation, locating Charles at a phase of the life course characterized by social vulnerability.

Three weeks into the program, Charles again got into trouble, this time for minor vandalism on school property. The police returned Charles to the clinic, where his case was reevaluated by the Youth Programs supervisor and one of the staff therapists, a Mr. Miller. In the course of the discussion, Miller spoke of the results of cognitive and emotional development tests Charles had taken when he first arrived at the clinic. Miller then recommended further psychological evaluation and, following a two-hour interview, offered an alternate perspective on Charles’s problem and stage in life. Writing in Charles’s case file, Miller suggested that Charles’s “antisocial outbursts” resulted from “misdirected frustration and energy.” Shifting the characterizing discourse for Charles’s behavior from the social to the psychosexual, Miller noted that Charles was “going through a difficult adolescence. He has difficulty adjusting to newly developed sexuality and physical maturity, [venting] his feelings and frustrations in aggressive outbursts and senseless acts of hostility and destruction.” Miller recommended that Charles begin weekly therapy sessions, explaining to the supervisor that “Charles’s psychosocial development and social skills haven’t caught up with his hormones.”

The malleability of the life course is conspicuously exemplified in this instance. Charles’s developmental stage was transformed, from the socially vulnerable “preadolescent” when subjected to the social “gaze” (Foucault 1975) of Burke’s Delinquency Prevention Program to the “psychosexually maladjusted adolescent” as viewed from Miller’s psychological orientation. As the interpretive circumstances surrounding Charles’s evaluation changed, so did the signal stage characterizing the boy’s experience. We might say that the stage’s organizational embeddedness mediated its working definition.

Charles continued to participate in clinic activities without major incident for another month, but there were occasional reports from school and clinic personnel that he was still prone to disruptions and fighting. Entirely coincidentally, Charles’s parents took him to a physician for a general physical examination in anticipation of enrolling him in summer camp. During the examination, Charles’s mother apparently mentioned the boy’s recent troubles. She later told the supervisor at the clinic that the physician (Dr. Cook) had suggested the possibility that her son was hyperactive. Cook apparently had done some tests and written a prescription for Ritalin, the local pharmacological treatment of choice at the time. Mrs. Grady quoted the doctor as saying, “Charles acts so immature because he probably has some sort of medical disorder.”

As the organizational jurisdiction shifted, so did the depiction of Charles’s stage of development. The transformation from socially vulnerable preadolescent, to maladjusted adolescent, and to organically
"immature" boy highlights the elasticity of life stage depictions, once again reflecting local usage as much as stage of life course passage.

**Constructing the Normal and Pathological**

Biographical work can render life course depictions so diverse in meaning as to construct both the normal and the pathological from the same experiential material. In this regard, consider how mental and social competence as well as pathology were both discerned in relation to life course depictions discussed in an involuntary mental hospitalization hearing.

Twenty-eight-year-old Sarah Cook ended up in a metropolitan court commitment hearing because social service professionals had repeatedly brought her to the attention of mental health and legal authorities. Cook, three children. At the hearing, a psychiatrist, testifying in support of Cook's hospitalization, argued that Cook was "gravely disabled." He described her as "out of touch with reality," often refusing to eat, bathe, or even go out of the house. In his testimony, the doctor combined Cook's behavior and neglect, and a series of hospitalizations into a life history warranting radical institutional intervention. The biography constructed was one of deep and enduring pathology that would continue unchecked into the future if Cook were not immediately hospitalized.

Yet, after the psychiatrist was cross-examined and the candidate patient had testified in her own behalf, the judge in the case offered the following account for his decision to release Cook:

I'm granting the writ [releasing Cook] because I think we're seeing some progress here. I know your history of hospitalizations, Sarah, but each time you've managed to stay out a little bit longer. I think we're seeing a pattern here. At least I hope so. Sometimes it's just a matter of growing up a little. What I hope I'm seeing is a little girl who's finally becoming an adult. (Holstein 1990, p. 123)

Note the difference in reasoning. The judge assembled a pattern of incremental improvement and maturation that stood in distinct contrast to the course of problems and pathology the psychiatrist constructed. Working within a psychiatric framework, the doctor connected incidents and actions as they were made salient and relevant by his professional experience and outlook to produce a biography of troubles. In contrast, the judge related different aspects of Cook's history to present an alternate configuration, one that tended to normalize the biographical particulars.

Sometimes a particular life stage is pathologized by virtue of the interpretive scheme within which it is lodged, such as the meaning, articulated through local culture, of the fact that a 51-year-old candidate patient, Lois Kaplan, was "getting older." During the closing arguments of her commitment hearing, the public defender (PD) representing Kaplan argued that a woman her age should do just fine in a board and care facility because she's gotten to the point where she's not likely to be too difficult to look after. She seems to have stabilized and at her age she's not likely to go looking for trouble. The best part about Crestview (the board and care facility) is she'll be able to live on her own but there'll be someone there to look after her. She's at a point in her life where that won't take much. (Holstein 1990, p. 125)

The judge, however, was skeptical about the public defender's claim that Kaplan's age made her easy to manage and supervise:

[To the public defender]: I'm not sure that I agree with you, Mr. Lyfe. The problem with getting older is you sometimes need a little more attention. Little things seem like major problems. They seem to get out of hand a lot quicker. I know I have to do a lot more for my own mother now than just a couple of years ago. (Holstein 1990, p. 125)

While there is no disagreement about Kaplan's "older" status in the life course, the judge and public defender are at odds over what this stage means in the matter at hand. The public defender's reasoning focuses on how manageable Kaplan's age makes her, how she has reached a point in life where she has "stabilized," which in the broader scheme of things renders her capabilities unproblematic. The judge reasons that, at Kaplan's age, "little things seem like major problems," suggesting that what might otherwise be quite normal is, in this case, distinctly problematic. Appropriating the "same" stage to both the normal and the pathological paradigms pushes malleability well beyond pattern alternation and internal elasticity.

**Deprivatization and the Life Course**

As a matter of everyday practical reasoning, the life course is ubiquitously theorized (see Gubrium and Wallace 1990). Social researchers have developed formal analytic schemes to represent the patterned progression of individual experience through time, and ordinary persons whose lives are the subject matter of the schemes discern and articulate their own formulations, as do agents who care for, counsel, and assess those lives. Bureaucracy in general, and human service organizations in particular, have proliferated (at least in Western societies) so that the life course, and its phases and stages, have seemingly become everybody's business (Droruck 1993; Mills 1943; Prentiss 1978). From academic and professional to lay formulations, individual experience is conceptualized according to patterned progressions specified in both professional and everyday practice.

The biographical work entailed in interpreting the progression of individual experience through time produces patterns as varied as the work's
descriptive contingencies. As the life course increasingly becomes a central object of concern for a growing number of public agencies, organizations, and professionals that did not even exist until quite recently, patterning is increasingly subject to their descriptive agendas and needs. The life course has thus become deprivatized as never before—separated from the exclusive defining forums of families and the households and specified, shaped, and reshaped in diverse public contexts (Foucault 1987; Gergen 1991; Giddens 1992; Kohli, Rosenow, and Wolf 1983; Lasch 1977; Wiley 1985). What was once thought to be part of personal makeup over the lifespan (subject, of course, to social and psychological forces) can now be seen as a product of publicly situated interpretive practice. Shared understandings, descriptive agendas, and organizational and professional orientations provide expanding and ever changing bases for life course usage.

Clearly, the life course is subject to considerable indigenous theorizing; theoretical formulations that reveal patterned progression through time grow out of the mundane circumstances in which individual experience is interpreted. As we have illustrated, what in one publicly validated context or perspective is viewed as a developmental normality, in another is seen as abnormal. What in one circumstance is specified as a normal pattern of increasing self-awareness and self-interest, in another is interpreted more altruistically.

We are not arguing that circumstances dictate usage. Nor are we suggesting that life course malleability has become a matter of "free play," as if life course images in the contemporary world are arbitrarily selected to construct a sense of patterned progression according to their agents' desires. While the idea of biographical work accords much greater malleability to the life course than do traditional understandings, the "artfulness" of interpretation is socially organized—is articulated in relation to descriptive contingencies.

Descriptive contingencies provide contexts and resources for variation in patterning progression well beyond what is stereotypically assumed. While the seeming proliferation of pattern variation might be taken for a kind of postmodern "swirl" of meaning, we can understand it more concretely as a matter of the deprivatization of experience, in terms of the expansion, differentiation, and specialization of interpretive sites (Gubrium and Holstein 1994). As biographical work is increasingly conducted under organizational auspices, life course depictions are progressively more rationalized. Indeed, the malleability of the life course mirrors the complexity of descriptive contingencies located at the intersection of multiple organizational, professional, and cultural structures and interests.

The theoretical implication of considering the life course as actively used, deprivatized, and organizationally embedded is that we can no longer properly devise analytic schemes or apply methodologies about patterned progression in individual experience without attending to the ordinary and varied circumstances in which patterning is specified, negotiated, and assigned. Life course theories benefit of attention to interpretive practice, and methods of procedure centered on individual characteristics in a social vacuum, increasingly risk being empty formulations, devoid of any connection to experience as it is interpreted and lived in the contemporary world.

ENDNOTE

The empirical materials cited in this article are drawn from ethnographic and narrative studies of subjects in a residential treatment center for emotionally disturbed children (Buckholdt and Gubrium 1979), nursing homes (see Gubrium 1993), support groups for caregivers of Alzheimer's disease sufferers (Gubrium 1986; Gubrium and Lynott 1985), a child guidance clinic (Gubrium, Holstein, and Buckholdt 1994), and community mental health and involuntary mental hospitalization settings (Holstein 1990, 1993).

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