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Defining the disability benefit category in Swedish social policy

Hedlund, Marianne

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Marianne Hedlund



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in Swedish social policy

SHAPING JUSTICE

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Swedish social policy



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Abstract

Svensk Sammanfattning (Swedish Abstract)

Hedlund, M (2004) *Shaping justice – Defining the disability benefit category in Swedish social policy*. Skriven på engelska.

Denna avhandling behandlar vad som kvalificerar att karakteriseras som handikapp i svensk socialförsäkringslagstiftning och vilka principer som användes för att avgöra vem som har rätt till stöd som funktionshindrad. Avhandlingen fokuserar på de behov och kriterier som i socialpolitiken befinner sig värdiga och acceptabla att utgöra, kategorien handikappade. I centrum står alltså sociala klassificeringar och offentligt kategoritänkande runt kategorien handikappade. Genom empiriska case-analyser visar avhandlingen att det är möjligt att dra helt *olika* slutsatser om vad som definierar handikapp som välfärdspolitisk kategori. Analysen avslöjar också att definitionerna som rör kategorien inte alltid är tydliga och klara i svensk socialpolitik. Formella administrativa principer och olika underliggande begrepp definierar handikapp var och en på sitt sätt och detta får konsekvenser för hur kategorien blir avgränsad. Definitionen av kategorien handikappade blir därmed ett utfall av kontextuella sociala processer och tolkningar. Detta medför i sin tur att handikapp som socialpolitisk och administrativ kategori blir ett resultat av sociala konstruktioner, som baseras på bestämda normativa förutsättningar och kulturella tolkningar.

Avhandlingen visar vilka principer och kriterier som används för att karakterisera värdighet till handikappkategorien samt visar hur kategoriseringarna hänger samman med förståelsen av välfärdspolitiken för funktionshindrade. Avhandlingen visar också att begreppet handikapp i socialpolitiken är ett föränderligt begrepp och att gränserna är otydliga och flytande. Definitionerna av handikapp är ett resultat av slutsatser om kulturell konsensus mellan motstridiga principer för fördelning av sociala rättigheter till människor med funktionshinder.

Sammendrag på norsk: (Norwegian Abstract)

Hedlund, M (2004): *Shaping justice – Defining the disability benefit category in Swedish social policy*. Skrevet på engelsk

Hva kvalifiserer å karakteriseres som funksjonshemming i svensk trygdelovgivning og hvilke prinsipper brukes for å avgjøre hvem som har rett til trygd som funksjonshemmet handler denne avhandling om. Avhandlingens søkelys er på de behov, kriterier

som finnes ”verdige” og akseptable i sosialpolitikken å inngå i kategorien funksjonshemmet. I fokus står med andre ord sosiale klassifiseringer og offentlig kategorisering rundt kategorien funksjonshemming. Gjennom empiriske ”case” analyser viser avhandlingen at det kan trekkes svært *ulike* konklusjoner om funksjonshemming som velferdspolitisk kategori. Analysen avdekker også at definisjonene rundt kategorien ikke alltid er tydelige og klare i svensk sosialpolitikk. Formelle administrative prinsipper og ulike underliggende forståelser definerer funksjonshemming på sin måte og dette har konsekvenser for hvordan kategorien blir avgrenset. Definisjonen til kategorien funksjonshemming er utfall av kontekstuelle sosiale prosesser og fortolkninger. Funksjonshemming som sosialpolitisk og administrativ kategori er et resultat av sosiale konstruksjoner og basert på bestemte normative forutsetninger og kulturelle fortolkninger.

Avhandlingen presenter hvilke prinsipper og kriterier som brukes for å skille verdighet til kategorien funksjonshemmet og viser hvordan kategoriseringene henger sammen med forståelsene av velferdspolitikken for funksjonshemmede. Avhandlingen demonstrer at funksjonshemming i sosialpolitikken er en foranderlig kategori, og at grensene for kategorien er utydelig og flytende. Definisjonene av funksjonshemming er resultat av konklusjoner om kulturell konsensus mellom motstridene prinsipper for fordeling av sosial rettferdighet til mennesker med funksjonshemming i velferdspolitikken

Til alle distraksjonene!

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This work has been part of my life for so long, and even materially speaking; this thesis has crossed many boundaries over the years. Original ideas to this thesis came from discussions on normality and working with the Norwegian and Swedish disability movement. I discovered the impact of Foucault's power analysis in the paradise of Coroico, Bolivia. Several chapters saw it first light on a laptop on long-distance train trips back and forth between Norway and Sweden. Others were polished on shorter trips with Trønderbanen – so thank you to the trains that made me cross several boundaries! These train trips were a stop, my own time, where there was always possible to move on. I also think that this text 'flew away' on different journeys with my advisor and others that were asked to comment. Therefore, an acknowledgement to all the crossing boundaries this text was a part of. I think they all contributed!

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"No skal æ levva livet, fer å sej e me'n Åge." "Living the vida loca."

Levanger, citta slow, April 2003
Marianne Hedlund

PART I

The Point of Departure

The research project

”Det man sier, er alltid både mer og mindre enn det man ”egentlig” ville si.”
Jon Elster

The point of departure

In Victor Hugo’s famous haunting tale *The Hunchback of Notre-Dame*, Quasimodo, the bell-ringer, was banished to the Cathedral of Notre Dame because of his grotesque physical appearance. Hugo describes hunchbacked Quasimodo as living in the shadow of the Cathedral, unknown to the outside world, and as knowing no other world until his life of persecution is changed by a gypsy’s gentle acceptance.

Hugo presents Quasimodo as an ‘oddity,’ a disgusting person who repulses others through his horrible physical appearance. At a city festival, the onlookers are amazed that Quasimodo’s appearance is ‘real’ and not some kind of mask. Quasimodo’s story is in a novel, a fiction, without reference to any authentic event or person. Nevertheless, Hugo’s book, as intended, illustrates a historical epoch, the Middle Ages, and his presentation of the hunchback is not unique. Movies, paintings, and other depictions of the Middle Ages often show us dwarfs or beings with different or strange physical appearances presented in horrific circumstances such as executions. Historically, these depictions entertained and focused attention while leading up to the public execution.

While through its medieval literary account ‘Hunchback’ serves to introduce a societal process for defining ‘disability’ (as a fundamental category of impairment), neither Quasimodo’s life story nor the Middle Ages refers directly to the subject of my research.

The objective of this thesis is to improve our knowledge about societal processes of constructing disability as a category for social welfare. More precisely, this thesis will improve our knowledge on how we arrive at the defining criteria of a disability category in the Swedish welfare state. The thesis reviews:

- The criteria and definitions used to construct disability as a social category for social security provisions in Sweden
- The lines and principles that are drawn to demarcate disability legally as a social category for welfare provisions
- The underlying concepts used to explicate and define disability as a social category in need of social welfare provisions

This means that the main areas of focus in this thesis are the administrative definitions of disability, the knowledge used to justify these administrative definitions and assessment processes that are formally applied to define disability provisions in the Swedish social security system.

I argue that the categorising of individuals as belonging or not belonging to a social category such as 'the disabled' plays a key role in social policy. Processes of categorising serve the practical purpose of distinguishing between those who are eligible for cash benefits and welfare service, such as 'the disabled', and those who are not. Accordingly, categorising implies contributing to normative justifications for making some people eligible while excluding others from societal recognition. This means that social categorisation processes are an important topic for sociological studies.

In recent years, Scandinavian social welfare researchers and politicians have been concerned with the issue of disability's social dimensions, constructions and consequences. Though environmental factors and social dimensions of disability are brought into focus in disability policy and research, there is still limited knowledge on what is involved in definition processes that delimit disability as a phenomenon. Or rather, what social responses and characteristics are applied and provide knowledge about disability as a fundamental category of impairment. This thesis intends to improve our insight into these issues within the Swedish context. It will be addressing the definition processes themselves, and will reconstruct a social process of shaping legal criteria and principles to consolidate disability as a fundamental category of impairment.

This means that the thesis focuses on what disability 'is' or is seen to represent when social welfare provisions are defined. In this thesis I will also attempt to clarify whether any alternating principles or conceptualisations are used to consolidate disability as a category. That is, I will answer questions such as if there are any fundamental ideas that are recognised as more important than others with respect to the consolidation of this category, and I will explore main rules, principles and eligibility criteria of a disability category in the Swedish context. Deciding who, practically speaking, 'is' disabled and entitled to disability programs, and who 'is not', can be a process of defining between interconnecting belief systems and conceptions of disability. This means that categorising social rights for persons with impairment need not, in my opinion, represent a definition process that is always crystal clear. Nevertheless, at the societal level, a disability category must be regulated and defined in order for society to provide social rights to its citizens. It is this definition process that is approached and reviewed in this thesis. How do the society's decision makers es-

establish legal rules so they know who is inside and outside the category of 'disability'? Which criteria of human characteristics are found worthy of inclusion in a disability category and give entitlement to social rights, and based on which assumptions? Are the rules of the defining criteria for the disability category evolving or changing is there convergence in the definition procedure about disability or do the rules pull in alternative ideological directions? These kinds of question are of interest to this thesis.

Categorising always involves social process of regulation and governance. If the intention of a categorising process is to provide social rights, a legal decision-making process of defining criteria must take place. The society must decide how it should, through its legal institutions, respond to a social problem that might call for public attention. Sweden is known to represent an advanced modern welfare state where the just allocation of social rights by the state and public governance is a critical issue¹. I have focused on finding legal criteria on how impairment can be objectified as 'disability' and defined as belonging to a disability category, and as being a societal process. In other words, the category of disability is framed by the society and public regulations that frame the categorising. This means that a process of categorising and finding legal definition criteria of a category is a two-fold process. The society should not only assign criteria to give persons access to publicly financed welfare rights, but it should also regulate the input and assessment process for these categories. The aim behind the state giving legal rights to its citizens is also to regulate the principles for inclusion (for those persons seen as needing help), and at the same time exclude persons not fulfilling the 'needy' criteria for societal support. Persons who are excluded are thus outside the targeting and categorising for the need for inclusion. This means that to provide social security to persons with impairments, a state must decide the demarcation lines and principles for justifying a category of disability. The impairments or persons not found to qualify for inclusion in a disability category will not be entitled to disability programs in the welfare state. Therefore the process of defining criteria involves both exclusion and inclusion principles for who belongs to the category in question, and who does not. Some human characteristics and situations are legalised to represent 'a disability' that entitles one to social -security rights. This implies that a society decides both the 'inside' and the 'outside' of social categories like 'the disabled' by establishing norms and demarcation lines. Accordingly, persons with impairments can experience different responses to their having legal social rights in a society. Their 'scenery' can be classified differently by the welfare state's institutions, and those not belonging to 'the disabled category' might be classified as 'poor', 'unemployed', 'un-deserved', 'family supported' or 'social clients'; not worthy of being classified as 'disabled'. This mechanism of differentiating deservingness to social categories originates with the theories of Midré (1990) and Simmel (1967²) on social policy. In later sections of this thesis I will examine their work more closely. For now,

1 In Chapter four I will discuss this point in more detail, that is, to what extent can Sweden be considered to represent an advanced welfare state model.

2 Reference to reprinted work of Simmel in Wolf K. H (1967): *The sociology of Georg Simmel translated, edited and with an introduction by Kurt H. Wolf*. Free Press : New York & London

it is sufficient to say that social categories always address questions related to inclusion and exclusion issues in society, and that construction of categories occur through definition procedures.

Finding legal criteria for a category of disability is for this reason also a question of what is seen to objectify and legitimise manifestations of 'disability'. Varying criteria for objectifying or entitling persons to disability programs will accordingly have different categories of 'disabled' as outcomes, and it is precisely this that makes these definition procedures interesting to study. Different objectives have different optima, and the optimisation of legally defined criteria of a disability category based on one objective can require moving away from optimisation based upon another objective, which may be just as appropriate and valid. Hence, clarification and careful consideration of a suitable objective for legally defined criteria of a disability category is an important social process to examine. That is, through studying the definition procedures and eligibility criteria for disability benefits, we can acquire greater knowledge about the making of meaning for constructing a disability category in society.

Social discipline and social change

The process of updating and finding legal criteria to demarcate a category of disability and entitle citizens to particular disability programs takes into account informal, societal understanding of human impairment. This means that defining a category of disability will change with the framing of demarcation criteria. In this thesis I emphasize how criteria for defining a disability category represent a continual process of finding suitable and acceptable criteria to demarcate this category's welfare position. The definitions of disability are formed by expectations from a surrounding society and by outcomes of policy making. Quasimodo's story illustrates that a societal process of defining 'disability' as a category is influenced by the surrounding historical context. Hence, the societal criteria are derived from the way persons within the society conceive and understand a phenomenon such as impairment and the role of welfare state regulations and policy instruments. If Quasimodo had lived in a modern welfare state, rather than the Middle Ages, perhaps his life would have been transformed by human kindness, including medical and surgical intervention. The walls of the Notre-Dame Cathedral would have been exchanged for the colours of the instrumental world of a hospital. Nonetheless, he might have been just as isolated there as he was in the cavernous cathedral, but medical and psychological expertise would likely address and perhaps transfigure him psychologically and physically.

Societal criteria used to describe a disability category³ and legally defined criteria of such a category evolve and have histories. The development of societal criteria (un-

3 These do not have to be legalised or made forceful through particular legislation, but can be latent in a society.

legislated) for categorising disability involves complex components of intertwining belief systems, as pointed out by Foucault (1991)⁴. Foucault was engaged in a similar approach to the problem of social considerations, though his work covers broader aspects and has higher aspirations than this thesis. Still this thesis is inspired methodologically by Foucault's theories. His analysis reminds us of how the power dimension of social processes defines a phenomenon. This means that definitions linked to ideas, that in turn are context-framed social cognitions of the problems, are linked to the material structure of society.

Foucault analyses how societies retain memories, value systems, and idea structures from the past and transfer them to new social representations, thereby structuring the collective consciousness of those societies. This collective consciousness and intellect is a sort of power other than institutional and state-granted power, or power that stems from an individual's rank or status. Such power is clearly employed by institutions or agencies influencing or updating any legal definition of a disability category. Foucault points out that such 'collective societal' power can be studied on the basis of implicit assumptions dominating the definition of a phenomenon over time, and based on historical development of concepts and definitions. Unlegislated societal criteria for categorising disability are especially endowed with such power, which is strongly related to the practice and production of knowledge. The production of knowledge will force our attention on to certain aspects of living with impairment, and how these consequences should be addressed in society. We may find 'truths' that are taken for granted and that appear to be obvious, as they always appear in the knowledge process of defining or constituting a phenomenon. This indicates that the defining legal criteria of the disability category must be seen in conjunction with the normative assumption to be legally constituted as a category. The voice in legislative agendas will need to reflect collective societal memories, ideas and demands to make sense of the disability category.

I have stated that Foucault's work has inspired this thesis in a methodological way. This study examines more narrow aspects of social life than the ones Foucault was interested in, and moves along a shorter time scale. Hence, this study narrows down the perspective of studying social change and control compared with Foucault's analysis. In his analyses *Discipline and Punish* (1977) and *History of Sexuality* (1979), Foucault attempted to describe the emergence and nature of a new, distinctively modern form of power. Bearing this in mind, this thesis will aim for a lower abstraction level and generality. The empirical analysis in this thesis is kept at a more descriptive and concrete level for the analysis. It particularly deals with the knowledge of social definitions and the problem of bracketing normative justification for social definitions. More precisely, in this thesis, I am addressing the particular process of producing knowledge about a phenomenon – the forming and defining of a disability category in Sweden. Moreover, the ideas behind the formation of a disability cat-

4 I am here referring to a Norwegian translation *Galskapens historie*, Gyldendal 1991. This is a translation from the French and the original title is: *Folié et dèrason Histoire de la folie l'age classique*. Paris 1961. In English the title of the book is *Madness and Civilisation. A History of Insanity in the Age of Reason*. Vintage book 1988.

egory are in focus, together with the refinement of finding legal criteria for defining the category in question and the implications of these definitions. This means that the formation of practice and the meaning-making process of a disability category are emphasised. This thesis pays little attention to aspects of implementation issues in welfare state bureaucracies. In this sense, this thesis concentrates on what (the practice) not who (the agency) is giving meaning to a disability category. I have chosen to de-emphasise the origin of the voices of 'authorities' defining disability, and rather emphasise what is presented as the 'facts' that authorise knowledge about disability as a phenomenon when this phenomenon is addressed by governmental welfare state agencies.

Foucault's work presents creative theories that enable us to approach the communication of ideas and language as data for examining societal processes, social control and change. His work encourages us to connect language and communication practice and knowledge production with organisations and institutional practice. These practices are again embedded in and interact with societal and cultural⁵ junctures. He also emphasises that our knowledge about the world, sociologically speaking, should not be considered as an objective 'truth'. The reality or 'truth' is only available for us through categories, categories seen to reflect the world 'out there', but which in reality are social representations of our ways to categorise or bring knowledge to the phenomenon we want to comprehend. Chapter three of this thesis will discuss these aspects in more detail.

In this thesis, Foucault's theories will 'clinch an empirical ground', so to speak. I will not propose empirical analyses of abstract social discourses and social modernising processes in Swedish society, but I will empirically analyse a concrete social process of categorising and bringing knowledge to a phenomenon, the construction of a disability category in Sweden.

This means that the thesis focuses on schemes of perceptions and cultural authority that are involved when the welfare state defines legal criteria for the disability category. By cultural authority I mean that certain principles are accepted as determining what 'is' in a legal and objective sense. I address cultural authority as a sign of a social cognition being reached with respect to definitions of disability in society. This category is shaped in part by current context, ideological perceptions and ruling principles for morality. This point is elaborated on in Chapters six, seven and eight of this thesis, which contain the empirical material of this thesis.

5 I use here Featherstone's (1992:1) definition of culture, that is as not being a restricted area of social life that sets norms and values, unproblematically acquired by individuals through socialisation; and once internalised, restrained throughout a life course (ibid.). Rather, Featherstone argues that culture expresses historical processes, or operations of social life and society itself. The culture frames the social collective action of social life. This study will use cultural understanding as an expression of historical processes, which develop certain social cognitions about disability. The social understanding that makes sense for categorising impairment as a disability is part of a historical context. Consequently, culture in this thesis is approached as *a mode of thought about a problem*, a condition made available by this mode, and the notions associated with the creation of the problem.

Approaching disability from other angles than deviance

In the eighties, and as a consequence of the many studies of disability from the perspective of deviance, and perhaps in protest against them, Bogdan & Taylor (1993) undertook disability research from “the other side of deviance”. That is, they started to study aspects of disability from the perspective of tolerance. They observed that people with impairment could sometimes be met with values of acceptance and tolerance, instead of deviance, and argued for the need to find other perspectives than descriptions of deviance when analysing disability as a phenomenon. My reading of Bogdan & Taylor steered this thesis away from analysing disability from the perspective of normality and deviance⁶. It inspired me to look for an alternative critical angle from which to study disability as a phenomenon. My choice thus became to study the decision-making procedures for designing a disability category.

Nevertheless, my focus is not exactly the same as that of Bogdan & Taylor. They emphasise the importance of normative and attitudinal contributions to the ongoing process of defining criteria for a disability category in society, whereas the focus here is on the ongoing process of justifying criteria to consolidate the disability category. With this focus, practical implications of disability, such as its effect on the disabled individual, are not addressed, nor whether agencies involved in updating and justifying legally defined criteria of a disability category are prejudiced in any way. Important though these factors are, the interest here is the procedure involved in defining and categorising impairments as disability as an outcome in itself.

Hence, this thesis is critically engaged with the definition process for forming a disability category in social policy. It will focus on influential criteria that are seen to define the category ‘disability’, as the definition process appears in ‘the public space’⁷ or rather, in the public arena for social policy making.

I emphasise that the meaning of ‘disability’ in Sweden corresponds, at least in part, to the conceptual partitioning of impairments into those that are disabilities and those that are not, based upon the current legally defined criteria for ‘disability’. This subdivision, based on a meaning of ‘disability,’ is expressed and discussed in public debates and in public social security legislation. This means I am interested in societal idioms and ideas that are used to express and justify impairments as disability; disabilities that entitle social rights. Hence in this thesis I will show how the legislated

6 The perspective of normality and disability is thoroughly critiqued by British disability researchers. The social model, which has influenced international and British disability research, was introduced by M. Oliver (1983). This model strongly criticises, on theoretical grounds, the idea that impairment should represent an abnormal situation needing to be addressed or ‘fixed.’ Instead, Oliver suggests that a disability should be regarded as a situation involving discrimination. The process of normalising the situation for disabled people is particularly emphasised in British studies using ‘the social model.’ From my reading of Oliver’s (1983) use of the term ‘normalisation,’ I understand it to refer to a political discriminating principle for disabled people. I do not consider Oliver to mean that ‘normalisation’ refers to a specific historical process, giving intellectually impaired persons the right to become addressed as being ‘normal,’ a notion that started from the work of Nirje (1969) and Wolfensberger (1972).

7 ‘Det offentliga rummet’

entitlement to be classified as disabled is adjusted to current circumstances, to conceptions of societal control and their mechanisms.

Using a social-constructivist perspective, I do not address the phenomenon of 'disability' per se; that is, I do not refer to specific impairments of individuals, but rather, to specific ways of thinking about the phenomenon of 'disability.' In this thesis, the meaning of 'disability', as a product of the history of updates of the legally defined criteria for the category 'disability', denotes an administrative category of impairment whose line of demarcation is forever undergoing minor shifts, and occasionally, major shifts. I argue that human beings rely on their conceptions when gaining knowledge about social facts. In turn, these conceptions rely on institutions, objects, or other facts that we, as human beings living within specific societies, understand as reflecting reality. Thus, studies on what we consider to be 'real' cognition about the world are needed.

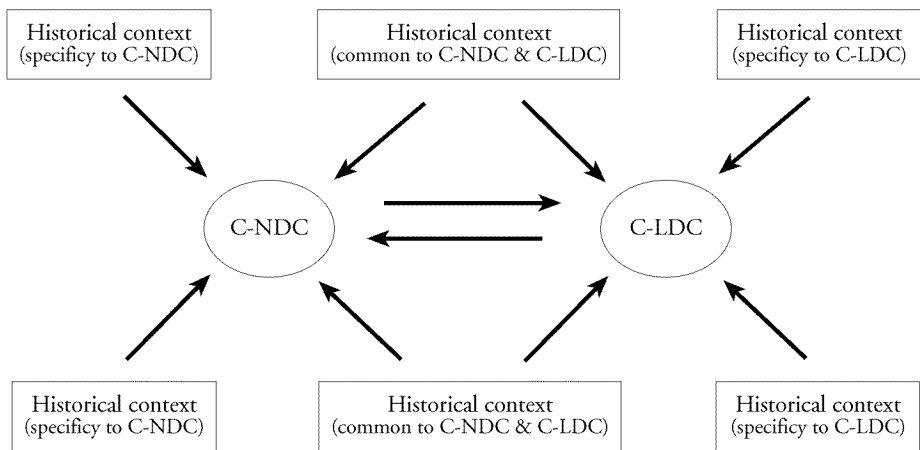
Applying a cultural angle in studying the construction of a category of disability means that I am focusing on the procedures in the surrounding context for constructing this particular category. Certain social criteria or 'facts' about disability are defined, and this sets limits for the category. We need to consider and analyse the process of establishing legal demarcation lines constituting this category in order to know what the category denotes in a society. For this, we need to pay particular attention to the standards by which these criteria are judged, taking into account that the updating and justifying of legally defined criteria is connected automatically to social fact, and therefore to the unlegislated perception of disability as a phenomenon in society.

A social security system is an important part of the political administration of a modern welfare state, and therefore Sweden's social security system and the definitions of a disability category become an interesting system to study. The definitions addressed in this thesis are those appearing in the Swedish social security system.

I address the process of updating and justifying the criteria for constituting a disability category so that it becomes a phenomenon that can be handled administratively. This means I focus on the social cognitions that appear to be ineluctably involved in the definition process for forming a social category of disability in the context of a welfare state. Bear in mind that the membership criteria for impairments in legislated disability categories (C-LDCs; Criteria for Legislated Disability Categories) bias the public's conception of the phenomenon of disability, and that this bias influences the context and history that frames the membership criteria of impairments in non-legislated disability categories (C-NDCs; Criteria for Non-legislated Disability Categories) based on social cognition of disability (see Figure 1-1). The reverse is also true: C-NDCs influence and bias C-LDCs. Hence, understanding and reconstructing the context and history of the dynamics of defining C-NDCs and C-LDCs can lead to valuable information for guiding the ongoing process of updating and justifying C-LDCs, for reasons that will be explained later. For example, it is important to acknowledge that C-NDCs and C-LDCs can never be the same, as, although they have much in common historically, their histories are nevertheless quite different, and although they have much in common with regard to current context,

they nonetheless have differences in their current contexts. For example, the current and historical context for a C-LDC includes aspects of state economy and politics that are not included in the current and historical context for a C-NDC, which corresponds to the way people in society, conceive disability categories.

Figure 1-1 *Dynamics of defining classification criteria*



The continually ongoing dynamics of defining C-NDCs and C-LDCs are likely to appear in any country where the state influences the rights, obligations and privileges of disabled persons. The historical contexts and current contexts are forever in a process of change, and therefore details of C-NDCs and C-LDCs keep changing and evolving, with each taking its own path, although staying relatively close to the path of the other because of their strong interdependence.

De-centring disability in a welfare state

Solvang (2002) found it difficult to imagine a disability category without the framework of a welfare state. According to Solvang, the category of ‘the disabled’ is connected to the idea of what we like to assume is a welfare state context. Though the categorising of ‘the disabled’ is embedded in a welfare state context, this should not, in my opinion, indicate that a disability category is defined the same way in welfare state contexts. The fact that a disability category in a welfare state context relates to distribution and redistribution of welfare – mainly the (re) distribution of money; and also entitlement to particular service programs and facilities, does not exclude the possibility of other social dimensions than distribution from influencing the categorisation process.

Even the concept of a 'welfare state' represents certain cultural understandings, or expresses a certain way of thinking about a society. Thus the philosophy on a welfare state, and understandings we link to that concept has consequences for how disability is defined. There are phenomena that call for public attention in welfare state societies that are not attended to in the same way in non-welfare state societies. In non-welfare states, drinking problems, incest, disease, or disability may also be regarded as societal problems, but the state or the public might not take action. These problems might rather be viewed as private or family matters, and might instead be addressed publicly by churches or charity organisations.

In contrast to a typical non-welfare state, I assume that a typical welfare state represents a "culture of public problems" (Gusfield 1996), which has an impact on defining 'disability' (as a category of impairment). Working under this conception, according to Gusfield (*ibid.*), social problems are subject to public regulation in welfare states, as implied by the following statement:

It is part of how we interpret the world around us that we perceive many conditions as not only deplorable but as capable of being relieved by and as requiring public action, most often by the state (Gusfield 1996:18).

Here Gusfield implies that culturally a 'welfare state' cannot analytically be separated from its social institutions. For instance, when a situation, condition, or characteristic is recognised as representing a social problem in a welfare state, then a certain structure of thought develops for solving the problem by means of the state:

Both as feature of contemporary culture and as matter of social structure, the conceptualisation of situations as "social problems" is embedded in the development of the welfare state (*ibid.*: 19).

Welfare states commonly regard disability to be a 'social problem,' and thus they are especially geared to address it. This implies that both manifested and latent functions of a welfare-state system are activated (Merton 1968) to address and define disability as a category. The latent functions are not necessarily made for the purpose of the welfare system, or for individuals working within that system. They function within the system even when they are not postulated, and even when undefined or unperceived, as may often be the case.

One might argue that updating and finding C-LDCs within a welfare state automatically has elements of latent functions, in that doing so provides the state with apparent authority. In Chapter four, I discuss this aspect of legitimacy of C-LDCs in a welfare state in more detail. Latent functions within a welfare state's structure, including the existence of C-NDCs, can influence decision making for defining C-LDCs, and these functions can differ from manifested functions that contribute to defining C-LDCs. Although latent functions can be difficult to unmask and discover, this makes them no less important or interesting than manifested functions.

There are two types of legislated criteria involved in administering a disability category in a welfare state: C-LDCs and criteria for eligibility in disability programs (eligibility criteria). C-LDCs, which are the legislated criteria that subdivide impair-

ments into different disability categories, come first in the process. Once impairments have been categorised using C-LDCs, eligibility criteria are established, by legislation, to determine which of the legislated disability categories are eligible for disability assistance; and then, for each category that is eligible, what sort of assistance will be provided is determined by legislation.

Welfare states attach specific ideas to defining 'disability' administratively as a category of impairment, and then subdividing that category into groups, such as the physically disabled, mentally disabled, cognitive disabled, socially disabled and so on. We know from research that categorising impairments and shortcomings can vary with the cultural context. Some societies in the world do not operate with the concept of disability as a common category, and universalising this concept is more a product of a Western way of categorising (Ingstad & Whyte 1995: 5). This does not imply, as I see it, that there are no persons with impairment in non-Western societies, only that there appears to be no need for gathering persons with limitations of a physical, social or mental nature into the same category. The point is not that these societies or states necessarily treat persons with biological or other types of impairment better, only that their way of categorising will differ from the way it is done in a welfare state. Some countries still hide an impaired child from the public, or might force the child into the 'open' to beg, and thereby contribute to the family's support and survival. An impaired or defective person, publicly exposed and having visible cognitive impairments, is met with sympathy and indulgence. Thus, out of sympathy or a sense of social obligation, such persons can be recipients of social benefits. The point is we ought to be aware that surrounding contextual assumptions will always influence cultural concepts and ways of addressing impairments. Different conceptualisations of disability may also co-exist in the same society and influence the way the phenomenon is addressed as a welfare issue.

In developing countries, disabilities may only be C-NDCs. In many societies, being impaired is associated with being poor, or being at risk of becoming poor. The poverty issues alone can then provide legitimacy for the particular attention given disabled people. However, more than merely the material situation of disabled people may be addressed when disabilities are legally defined as a category giving access to social rights and social security. The rights to service programs and allocations of social resources may also be addressed.

Approaching disability as a social problem that needs to be addressed institutionally in a welfare state involves consideration of principles for defining a disability category. This involves establishing suitable principles for formulating C-LDCs, which reflect (at least in part) the C-NDCs of the welfare state, as Figure 1-1 describes. These cognitions can also lend power and credibility to C-LDCs. More specifically, the empirical analysis of the thesis presents information sources and ruling principles used for categorising disability in the Swedish social security system. Chapter nine discusses the ideology and social process of the same decision-making process of categorising disability.

Objectives – a sociological examination of disabilities' social constructions

Stating that there is a connection between the cultural understanding of a welfare state and procedures for categorising disability does not rule out the possibility of a disability having a preliminary common-sense definition. Disability, among other social phenomenon, can reflect a common-sense reality, and likewise this phenomenon is relative and a product of social construction. As a matter of fact, when we define a category of disability, we do not necessarily have the intention of grasping all human variation in life. It is important to state that human variation exists despite any categorising of disability. A society forming a disability category does not necessarily determine the 'reality' of impairments, but it determines how this reality is defined by society. A category of disability is for this reason a social construct, and likewise this categorising reflects societal assumptions and conceptions about phenomena.

The relative nature of disability indicates that this phenomenon comes as a result of interaction with a surrounding environment. Personal impairments are not a disability per se, unless obstacles in the surroundings suggest so. This means that a category of disability to some extent represents an open, fluid category. It is not given what should be regarded as a disability or which criteria of human variation should be included in this category, rather it will be the result of distinct definitions, interpretations and demarcation lines of this category.

As one might suspect, this thesis primarily pays attention to the construction of disability as a cultural category in Swedish society. I want to explore the construction of meaning making for the category of disability, i.e. what principles, entities and characteristics are considered in making a definition by a society that views itself as a modern welfare state. The aim is to examine the reinforcement that justifies the existence of the disability category in Swedish society. What determines what 'is' or what 'is' not a disability, in the sense that it is legally accepted as an eligibility criterion for disability provisions and rights? I hope that by examining and de-constructing the decision-making processes and the definitions-in-use I can improve our knowledge about what disability denotes in social policy. As a social security system plays a key role in social policy and for the establishment of social rights in Swedish society, this is chosen as the area for examining a category of disability's social constructions.

The purpose is to examine what is being communicated as being a disability as it appears in public documentation and reports from governmental agencies involved in social-policy issues. The focus is on what produces social facts that contribute to the constitution of a disability category. This study presents a close-up analysis of the formal criteria and decision-making process of assessment for disability programs in the social policy. It concentrates on examining what is being communicated as indicators or 'facts' that consolidate the appearance of disability in the data, and concentrates on the updating and argumentation that is used to formalise certain criteria as

more important than others in the assessment process of disability programs. Thus I assume that social processes, ideological principles and social cognitions connected to a disability category can be studied by analysing legal eligibility criteria and assessment processes. To clarify, this study is a sociological analysis of the social clues that consolidate a category of disability in Swedish social policy.

The scientific puzzle

This thesis works with the following approaches to the scientific puzzle addressed

1. *What describes and presents facts for a disability category in Swedish social policy?*
2. *Which criteria constitute access to disability programs in Swedish social policy?*
3. *Is there any convergence of these assessment criteria regarding the constitution of a disability category?*
4. *Which underlying assumptions and conceptions are united in the definitions of disability and how do these relate to policymaking and the implications of being impaired?*

Studying recurring legislated adjustments in C-LDCs is the basis for this analysis⁸. By exploring this ongoing process of defining legal criteria for this category and the definitions-in-use, we can gain knowledge of disability's social constructs in social policy.

The definition process for constituting a disability category through legal criteria that give access to social security is here followed by a close examination of the dynamic involved in the definition process. This study particularly describes recurring patterns in the demarcation of this category and underlying assumptions on which these conceptions rest. The process of categorising impairments as disabilities in the course of L-LDCs has obviously, by definition, become a tool to provide for the social welfare of persons with impairments, and this makes it important to examine this social process.

This study addresses the process of defining legal criteria at the societal level and not the implications of being defined as 'disabled' from a surrounding context. One may argue, as earlier, that a social anchoring of a disability-impairment category 'stems from subjective societal' (individual and cultural) criteria for classifying impairment (C-NDCs), which are different from administrative C-LDCs. The social security system very likely uses administrative C-LDCs that are based on cultural

8 Beresford (2000) claims that any 'pathological administrative category' of disabled people needs to be investigated. He argues that: "*We have to respect our distinct identities and movements, each with its own history, culture, ideas, agenda, and ways of doing things. At the same time, we clearly have in common our enforced inclusion in a pathological administrative category and our common oppression – in social model terms – of our shared disability*" (ibid.).

cognition for a category of disability. For example, the social security system likely uses cognition concerning the degree to which the state should be responsible for improving the quality of life for disabled persons. A societal partitioning process of impairments into disabilities and non-disabilities based upon the criteria given by a current society (C-NDCs) should therefore be distinguished analytically from the public (state) categorisation process of the same two categories. The first process (defining C-NDCs) addresses larger groups, such as people with intellectual impairments, while the second administrative process (defining C-LDCs) only addresses people who are likely to be legislatively entitled to social rights.

I see the relationship between these two categorising processes as being important and in need of study. The need of the state to legislate entitlements to social rights for disabled persons if no normative C-NDCs exist is hard to imagine. A normative social-anchoring process for categorising impairments as disabilities and non-disabilities legitimises the need for an administrative categorising process for C-LDCs. Therefore I argue that the legislative categorising process would be unnecessary if no normative assumptions exist for the anchoring process for socially defined C-NDCs.

I assume that useful knowledge can be acquired by analysing C-LDCs, as these

- Address the collective cognitions of the administrative practice and ways of categorising disability and
- Address the social process of decision making in Swedish society.

As disability is established as a distribution category for social rights, an institutional system is activated to set limits on membership in this category, therefore a definition of disability must relate to social policy and the social welfare of persons with impairments. These aspects are elaborated on in more detail in Chapter three of this thesis.

One intention of the thesis is to add knowledge of the ideology surrounding the ongoing process of updating and finding C-LDCs. I propose that history and the current context significantly influence administrative decision making on finding principles and eligibility criteria for a category of disability, as illustrated in Figure 1-1.

This thesis addresses the developmental and formative process used to define legal criteria for defining C-LDCs. This means that, for the purposes of this thesis, I am not interested in addressing implementations of social policy for persons with impairment. The interest here is what disability means and connotes in a decision-making process with respect to eligibility for disability programs, and to the establishment of C-LDCs, and what collective processes of decision making, especially legislative decision making, are involved in creating and updating C-LDCs. Although application of C-LDCs, meaning the granting of fair social-rights entitlements, is of practical importance, I chose to de-emphasise this component of the societal phenomenon of disability, and to also de-emphasise the impact of any street-level bureaucratic decision making (Lipsky 1980) ⁹.

9 R. Johansson admirably addresses this continual ongoing process of defining social rights for persons in his thesis *Vid byråkratiets gräns* (1992) and also by the work of Hvinden (1994a) *Divided against itself*.

The focus is on the ideological level of establishing legal criteria for a disability category in the social security system. I look at defining C-LDCs as an outcome of the communicated practice and shaping of principles. I argue that the outcome of the definition process of a category involves not only applied practice of the rules and eligibility criteria, but is part of a communicated practice of beliefs, ideas and socialised meanings attached to the category. In short, little attention is given to implementation of administrated C-LDCs.

The inspiration to analyse disability in this way comes from Gallie (1964) and his “essentially contested concepts” (ibid: 161). Though Gallie does not particularly mention disability, disability could easily fit his description of a contested concept. According to Gallie, contested concepts represent terms where groups of people disagree about the proper use of them and therefore a generally accepted or standard use cannot be established (ibid: 161).

Previous research

With some exceptions, not much attention has been given to studies on the Swedish social security system’s process for defining C-LDCs. Social security systems are given much attention within welfare state research, but in Scandinavia, these studies have not been particularly concerned with undertaking conceptual studies. Disability studies tend to be viewed as a separate research field, providing minor knowledge outside this field of interest. This thesis emphasises that there is much to be gained from linking theory on the welfare state (emphasising the construction of social security systems as essential for any definition of social categories) to theory on processes having social categories as outcomes. Both theoretical activities provide knowledge about the complications involved when forming C-LDCs.

Two Swedish studies have focused on disability within the framework of Swedish social policy and merit special mention. In her study *Rättighetslag i teori och praxis* Hollander (1995) analysed how legal rights in the social and disability area are theoretically constructed and implemented with regard to disabled people. Her study focuses on the situation for people with intellectual impairment and legal-rights issues, but aims at investigating the situation for a broader group of severely disabled people. The study highlights one of the latest legislative topics concerning disabled people – what she refers to as “The Disability Act” – a particular disability Act (LSS)¹⁰ that is part of the Swedish social security legislation; Lagen om Allmän försäkring from 1994.

In contrast to Hollander, in my thesis I will address the same disability Act as only a specified part of the Swedish social security legislation. I argue that Swedish social policy, historically speaking, included social rights for persons with impairments in

¹⁰ ‘Act for assistance and service for particular impaired groups’. Lag om stöd och service för vissa funktionshindrade

the social security legislation. It is therefore not a coincidence that the act of 1995, "The Disability Act" (LSS and LASS), was integrated in the Swedish social security legislation. Another difference between Hollander and this study is that here the examination of the legislation is not a matter of jurisdictional sociology, though the data used for analysis is Swedish legislation, protocols and documentation. This study is not primarily interested in norms expressed in legislation but more in how these norms are argued for and become integrated in social security legislation. This perspective also ignores the implementation aspect of these established legal norms, aspects well described by Hollander (1995) and also by Lewin (1998). This thesis does not particularly address implications of welfare state bureaucracy when applying legal rights in their decision making with respect to clients, but brings into focus the policy making of defining impairments as belonging to a disability category.

Heztler (1994) is another researcher who has been interested in and contributed to the discovery of new knowledge on definitions of social rights for disabled persons in Sweden. She has particularly been concerned with the implementation of issues of certain social security programs for disabled people. She analyses different social rights for disabled people than Hollander, as Heztler studies the disability benefit¹¹. She approaches the process of defining a category of disability as an outcome that is related to the given formal and bureaucratic interpretations of social rights. Both Hollander and Heztler base their analysis on the assumption that the definition of a disability category administratively relates to how the rules of the legislation are normatively applied. This thesis does not reject this aspect as unimportant, but has instead chosen to focus on the definition process itself and to study the criteria that justify making a disability category administratively.

Terminology

In this thesis, the term disability is used broadly to mean an outcome of certain principles used for constructing C-LDCs that define categories of impairments called disabilities. Thus defined, 'disability' is not necessarily a single coherent phenomenon, but can address multiple social phenomena (Tøssebro 1997a). Söder (1982) describes the term 'disability' as having a generalised and a specific meaning, and refers to two different observable facts in the Swedish context. First it addresses all individuals collectively in a society in the form of societal criteria for defining a disability category (C-NDCs) and secondly it addresses specific signs that symbolise the appearance of impairments. For example, a social policy that addresses disability in the general collective meaning will refer to the disabled or groups assigned to have impairment to point out that there are persons assumed to share the social identity of belonging to disadvantaged groups in society. An example may be used to illustrate

11 Handikappersättningen

the distinction between the general and specific meaning. It is common in Scandinavia to reserve parking spaces for persons with mobility problems. These parking spaces are 'reserved' by marking them with the symbol of a wheelchair on a signpost. Nevertheless, this signpost does not imply the specific meaning of sitting in a wheelchair, but a generalised meaning of a person parking there having mobility impairment (presumed to need to be close to entrances to buildings or having problems of mobility in narrower areas and so on). Hence, a person parking in one of these spaces usually has a parking certificate affixed to his or her windshield, a certificate that authorises his or her specific impairment for parking in these spaces. These signposts imply both a generalised meaning (a mobility impairment) and a specified meaning (concrete physical impediments or handicaps). In both cases, in their language Swedes would use the terminology 'handikapp', and this would refer to a very specific understanding and a generalised conceptualisation of this term.

The generalised and the specified way to describe and categorise disability may also differ from an administrative, legal category of disability. The way society defines the category and the way the category is legally shaped in social policy differ in current and historical contexts (Figure 1-1). In this thesis, 'disability' in its most biological form is considered to represent whatever it happens to symbolise for a given segment or function within a society (Söder 1991), each of which can refer to different conceptualisations of impairments and their implications and consequences.

There are problems with terminology that examines the phenomenon of disability because this area of study has tended to be parochial, with each country having its own version of terminology. For example, the terminology chosen in this thesis differs somewhat from the text that I am studying, and both the terminology of this thesis (English) and the text being studied (Swedish) differ from the terminology of my 'native tongue'. One disadvantage in choosing English as the language for studying disability concepts discussed in this thesis is that the empirical material loses some of its authenticity. Even if I had chosen to write in Norwegian, which is much closer to Swedish of course, this would not have solved the translation problems. So that I might be able to communicate during the research process with a larger audience, for whom the thesis is relevant, I chose to work in the English language. I decided to keep Swedish terms and quotes in footnotes, allowing readers familiar with both Swedish and English to evaluate the translation. Another drawback with choosing English, however, is that the translated Swedish terms lose some accuracy with respect to connotation. The text was carefully analysed, expression by expression, which honed my sensitivity to the 'tone of the language' used when disability was defined. No text could be viewed as having 'obvious expressions,' so I searched instead for 'suitable' translations for expressions and terms. Usually I tried to find the expression in English that was closest to a Swedish term, but at other times, the difference in stress between the two languages made the choice of expression more difficult. Perhaps this experience contributed to discoveries of variation of conceptual themes for defining disability as a social political category. These discoveries of variations in definitions then became relevant to the analysis and might not have been so easily discovered if the studied text had been in my native tongue. Adhering too strictly to 'ac-

curacy' in a conceptual study can lead to use that is limited to those whose native language is that of the analysed text. The result would, in my opinion, limit the scientific discourse. In essence, my choice of language was purely pragmatic, for I had to deal with translation issues whatever language was chosen.

Translating Swedish terms used for the phenomenon of disability in Sweden into English terms is problematic. Let me illustrate by using an example. 'Handikapp' is the common word used in the Swedish language for both handicap and disability, and has, as I have stated above, a general as well as a concrete understanding. The connotation of the Swedish word 'handikapp' might be argued to be less prejudicial than the word 'handicap' in English, and in my native tongue, Norwegian.

In this thesis, I have chosen to use the English word disability to refer to the broad meaning of the Swedish word 'handikapp'; and then I let the English word impairment narrow the meaning of 'handikapp' to those disabilities caused by impairment. Thus, the English word disability in this thesis refers to handicaps caused by impairments, which may be mental, social and physical. That is, disability includes not only handicaps caused by pathological impairments (i.e. altered or caused by disease), inherited impairments and those caused by or related to accidents, but also to impairments denoting disadvantages caused by, for example, social position in society. Basically, disability denotes any impairment perceived as a disability (i.e. an impairment that prevents one from pursuing an occupation or interest).

For the English language, an impairment may be regarded as a disadvantage that is a handicap (i.e. makes achievement unusually difficult), but need not be a disability. Impairment can be a disability if it results in the individual being unable or unqualified to pursue an interest or occupation. This concept of disability is similar to what is used in British research, where impairment is commonly regarded as a permanent biological impediment, while disability represents a diversity of human conditions one is not aiming to change or fix (French Gilson & Depoy 2000). However, in this thesis, I only consider disabilities associated with impairments, as stated above, meaning that I divide impairments into those that are and those that are not disabilities.

There is no point in choosing a pre-determined operational definition of disability to test the repeatability of disability categories. I was interested in seeing if alternative definitions and meanings linked to the category of disability emerged. Considering the requirement that current public sources be used as data, there was a possibility that alternative definitions of disability would change with time. I therefore chose instead a strategy that uses a broad verbal definition of disability, as discussed above, instead of an operational definition, and let the empirical material for the study guide the framing of the verbal definition. Terms used to express different forms of disability were readable English translations of Swedish terms, such as handicap¹², invalid¹³, disabling conditions¹⁴, limited capacity¹⁵ and impairment¹⁶. All of these terms

12 'handikapp'

13 'invalid'

14 'funktionshinder'

15 'nedsatt funktionsförmåga'

16 'funktionsnedsättning'

should be regarded as valid English translations of Swedish terms, although not necessarily corresponding to Standard English usage.

For the empirical analysis, I examined public Swedish documents and legal Acts. To make the text more legible for English readers, I translated the illustrations and quotes from this material. However, legal texts do not translate easily, and I am no legal expert. In the footnotes, the non-translated quotes make the original text available for the (Swedish) readers.

Disability – a contested concept

This introduction indicates that this thesis argues that C-LDCs involve a complex categorising process, and that the legislative decision making underlying C-LDCs can involve multiple understandings of how to address disability as a phenomenon. I base this reasoning on indications found in the empirical analysis of this thesis. The public data that was studied indicated that C-LDCs address the phenomenon of disability as a heterogeneous phenomenon with several possible meanings, each of which can undergo change and be replaced. In other words, the definition of a disability category refers to an ongoing process – an outcome of changing principles used for the defining process. The definition of a disability category as an outcome of a dynamic definitional process is therefore conditional and changeable. The empirical analysis of this study illustrates some of the dynamics and indicators used to categorise disability appearing in Sweden. It demonstrates that disability is an administrative category involving complex decision-making processes. Although the empirical study demonstrates incongruity and change for C-LDCs, certain trajectories do appear in principle to be more important than others in the defining of C-LDCs. Communicated ideas for the social welfare of persons with impairment constitute the disability category differently.

A categorising process is one basic technique used to practise social policy. It allocates, distributes, and delivers benefits and services based on the need of the person deemed to belong to a disability category (Bolderson and Mabbett 1991:15). When examining criteria used to determine membership in a disability category, it has to be seen in conjunction with daily-life understandings of impairment to be valid. Daily-life understanding refers to what Jodelet (1991) calls social representations. They refer to what is known as commonly shared knowledge or understandings that represent constructions of reality made by a society. A reality is constructed to make sense of the everyday world and to provide a naïve, socially shared understanding of a phenomenon as opposed to a scientifically distinct and argued piece of knowledge. In this study, I address social representations made about disability, or normative assumptions influencing the categorising of disability. This means that this thesis displays limited interest in aspects of the “life-world”, as Habermas (1987) refers to it; the experience of being impaired and disabled in society. Several researchers active in

the field of disability research have addressed the “life-world” aspects, but less attention has been given to the social representations associated with disability at the societal level.

Disability researchers in Scandinavia have critically examined aspects of normality and normative approaches to the terminology of disability¹⁷. Up to now, less attention has been given to the study of concepts of disability and the production of facts used to constitute disability as a category in society. This thesis will, hopefully, help to broaden the perspective for analysing disability in disability research. We need to know what disability ‘is’, as it is constituted and categorised, and move beyond the concept of normality to examine disability as a phenomenon. This will help us to place more focus on analysing cultural responses to impairment (see Hughes 1999). Disability researchers can address not only society’s response to impaired bodies or minds as such, but can also include the interpretive framing used for perceiving disability as a disorder or difference in society.

On the subject of Swedish conceptualisation of disability, Förhammar’s (1991) thesis *Från tärande till närande* discusses the origin of the Swedish terminology in the field of disability. He suggests that the Swedish term for disability, *handikapp*, has experienced considerable conceptual changes both from a common language usage point of view and from an ideological point of view (Förhammar 1991:19). Förhammar discusses how the Swedish terminology changed during the sixties and the seventies, but does not; however, critically and empirically examine the content of these changes in any detail.

The international classification scheme of WHO¹⁸ called ICIDH¹⁹ has an influence on conceptual studies in the field of disability research. This international classification of the impairments Disabilities and Handicaps was first published in 1980 as a response to the WHO moving away from a narrow medical model of health and disease, to recognising the consequences of health-related phenomena (Bury 2000: 1073). This classification scheme is controversial within disability research and has been critiqued both from an ontological and epistemological point of view (see among others Söder 1982, Nordenfelt 1993, and Pfeiffer 1998). In the original ICIDH classification scheme, the definition of disability is determined by a distinct, standardised definition related to a person being impaired by illness or injury. Disability is a separate term, different from impairment and handicap.

This thesis proposes an approach for analysing the definition process of categorising disability that is different from the one suggested by the international classification system – the ICIDH. I argue that using a broad definitional approach to the study allows for the discovery and tracing of conceptual patterns and meaning mak-

17 For more on the debate about the terminology in a Swedish context see Söder 1982, Nordenfelt 1993, Östman 1996, Calais van Stokkom & Kebbon 1996.

18 World Health Organisation

19 International Classification of Impairment, Disability and Handicap. This refers to the original ICIDH classification. Lately a revised classification scheme has been developed by WHO, referred to as the ICIDH-II and the later ICF classification scheme. This scheme replaces the term ‘disability’ with ‘activities’, and ‘handicap’ with ‘participation’, but has been accused of being formulated within the ‘sick role paradigm of disability’ (see Pfeiffer 2000 and Pfeiffer & Hurst 2000)

ing of a legislated category of disability (the C-LDCs). These patterns would not as easily be traced and discovered if one analysed with predetermined and stringent criteria provided through the WHO classification schemes.

Deciding what the correct terminology for disability should be both a political and research issue. Disability terminology therefore varies according to agency, context and historical epochs. However, up to the present, no overarching definition of disability has been found by the international society. The definition of criteria for disability continues to be heavily debated. The efforts to make revised ICIDH classification schemes are outcomes of this debate. This dispute about definitions of impairment, disability and handicap could be a sign of disability being a constantly changing concept. This is why different agencies disagree as to what are the 'correct' definitions or consistent meaning of the concept. Even if the meaning is more specified in some periods than others, no total agreement of the 'correct' interpretation has yet been arrived at. According to Gallie, this is a characteristic of contested concepts (*ibid.*).

The outline and the argument

This thesis outlines information and understanding used for defining disability as an impairment category in the Swedish welfare state, and analyses the social-historical development of this process. As reflected in the title of the thesis, I will address this process of defining legal criteria as creating justification for this category, a question that relates to moral and policy-making aspects. Deciding demarcation lines and criteria for a category of disability will, as this study will illustrate, address questions of income security and allocations of non-material resources. Thus disability programs in the social security system address moral issues and the shaping of social justice in a welfare state context. This means that defining disability (as a special category of impairment) by means of legal criteria is morally and symbolically addressed by agencies in a welfare state.

This thesis is divided into three parts. Part I, comprising the first two chapters, is entitled *The Point of Departure*. Chapter one clarifies the background of the study, the scientific question that is addressed and the sociological focus chosen by the thesis. Chapter two elucidates the design, methodology and data sources used in this thesis' research project. This chapter also presents the analytical perspective for the data analysis. More detailed information on the data and sampling strategies of the empirical analysis are presented in each of the case-study analyses. These are found the third part of the thesis.

Part II, entitled *The Theoretical Frame of Reference*, provides an overview of the literature studies for this thesis and the theoretical framework used for analysing the empirical research project. It clarifies the theoretical frame of reference and the argument that have been chosen. Chapter three addresses social theories of social-classi-

fication processes. This chapter also analyses social theories of classification processes from a general and specific perspective, the specific perspective referring to the subject of classifying disability as a phenomenon. Chapter four examines other types of social theories, that is to say, it examines social theories on modern welfare states and their institutions for categorising welfare-benefit recipients. This chapter discusses how theories on modern welfare states and the role of a social security system can help us to understand social-categorising processes in modern welfare states. Chapter four also provides the argument that the Swedish welfare state context is particularly interesting for undertaking empirical research on disability categorisations. Chapter five presents important principles governing Swedish social policy during the post-war period.

Part III, entitled *The Empirical Analysis and Conclusion*, comprises Chapters six, seven, eight, nine and ten. Here I give the empirical analysis of this thesis. Chapter six describes the synchronic analysis of definitions and principles defining impairment to qualify for a disability category in the Swedish context. The diachronic analysis of the same subject is presented in Chapters seven and eight. The indicators consolidating a disability category in the social security system are identified and discussed in Chapter six, while the frame that enables such consolidations and outcomes of a category of disability is analysed in Chapters seven and eight. Instead of the historical framing of a certain category of disability (as this is elaborated on in Chapters seven and eight), Chapter nine focuses on the recurring theme of issues relating to definitions of disability. Chapter ten provides the conclusion of the analyses undertaken in this thesis.

Design and Method

The design of a case study

To understand what is recognised as forming the legal disability category in a welfare state, it is important to employ an explorative and interpretative design. Bearing this in mind, for this thesis I find that I have to undertake an in-depth study of the decision-making process for the C-LDCs. I want to examine the conditions and components and also to understand the dynamics involved when a disability category is legally consolidated. To gain knowledge and closeness to the procedures and data, I have chosen a case-study design (Yin 1984).

A case study is a matter of choosing the design or approach of a study more than selecting the sources or character of the data observations. Thus case-study research can use a mixture of qualitative or quantitative data depending on the approach and purpose of the study. A case study seeks to obtain as much data as possible from a limited number of cases or units (*ibid.*). The advantage of this design is exactly that: a limited number of units or data can be subjected to an in-depth, close-up analysis. This offers better opportunities for analysing mechanisms and procedures, and uses a different rationale than what is known from variable-oriented methods (Alvesson & Sköldbberg 1994). Through intensive studies of detailed information we can explore the generative forces behind social processes, rather than the regularity of the observable 'facts', usually generated from the techniques of variable-oriented analyses. The argument for a case study can be theoretical, that is seeing the case as interesting based on observation of theoretical significance or facts (see Michell 1983, Halvorsen 2002: 86-87). The argument for choosing a 'typical case' for more close-up analysis can also be empirically motivated; one can observe interesting events or 'facts' that call for more close-up analyses. What would or should probably not support the argument for a case study would be observations found by any random methods of statistical procedures, such as choosing every fifth unit for a closer follow-up case study. The reason for this is that no 'counting' entities or statistical representations motivate the focus of a case study. An empirical case-study design may, as mentioned, arise from deductive (theoretical) reasoning or inductive (empirical observations) reasoning, not statistical random sampling. The deductive or inductive

strategies in a case-study design can also be tested as parallels, not as strategies that exclude one another. The 'facts' evolving in a case study require theoretical reflection in both cases. The 'fact', found empirically, in turn plays the role of a critical 'fine-tuning' instrument for reconsideration of which theories are of relevance to your study and which theories give significance to the observed data. Similarly, the facts that can be analysed empirically feed the theory with new ideas on how to approach 'reality'.

Alvesson & Sköldberg (1994: 42) propose the strategy of abduction for analysing observable facts. I found this strategy useful for this thesis research project. This strategy method combines inductive and deductive elements dynamically. The research process in part generates the empirical data to focus on, and in part this process adjusts and refines which theory (or theories) should be applied successively (through the suggested overall observed empirical pattern) (ibid.).

Once I had decided to use abduction and its dynamic, I found that qualitative data was productive. Though it is sometimes presented as a discipline, qualitative research does not represent any distinguished 'school' in social science. Mason (1996) clarifies this when she states that, broadly speaking, 'qualitative research' is known as belonging to the interpretative sociological tradition, particularly phenomenology (Schultz 1976), ethnomethodology (Cicourel 1964, Garfinkel 1967) and symbolic interactionism (Blumer 1969). Although qualitative research has a more fluid and explorative nature compared to quantitative methods, the qualitative research method should also produce social explanations for intellectual puzzles, argues Mason (1996):

..it is not sufficient for researchers to say that they wish simply to describe something, or explore what is happening. Descriptions and explorations involve selective viewing and interpretations; they cannot be neutral, objective or total (ibid. 6).

Accordingly, qualitative research

- should be systematically and rigorously conducted; in the sense that it should include a plan for the steps taken in the interpretative work, even though these steps are distinguished from the rigid and structured approach of quantitative research
- should be strategically conducted, yet flexible and contextual. This means researchers should make decisions on research strategies, but also be sensitive to the changing contexts and situations in which the research takes place
- should involve critical self-scrutiny by the researcher, or active reflexivity. Researchers should take stock of their actions and their role in the research process, and subject themselves to the same critical scrutiny as the rest of the 'data'
- should, as emphasised above, produce explanations for the intellectual puzzle the researcher is trying to understand and investigate.

- should in some ways, produce social explanations that are generalisable or have a wider resonance. Researchers should not be satisfied with producing explanations, which are idiosyncratic, though there is a challenge to generalise from qualitative – and indeed any – research.
- should not be addressed as a unified body of philosophy and practice whose methods can simply be combined unproblematically. There is no clear-cut distinction between qualitative and quantitative research methods as to considering carefully how and why methods and data should be chosen for analysis
- should be conducted as an ethical practice, and with regard to its political context (Mason 1996: 5-6).

These themes and issues that Mason raises for researching qualitatively are not constantly addressed in the analysis undertaken in this thesis. Rather I have interpreted these to be guiding principles for my qualitative research. I believe that Mason outlines important principles and issues for most qualitative research and I was inspired by these principles. Nonetheless, I relate to them as guidelines not as instructions for my qualitative research. The idiosyncratic and interpretative character of most qualitative research will make it difficult to follow a 'recipe' procedure for how to proceed with the research process. Moreover, I argue that the ambition level of producing social explanations for the intellectual puzzle that is being addressed here was itself limited to providing an explanation of the social construction of disability. In my view, the kind of social processes or social phenomena that are addressed in qualitative research will always frame the intellectual puzzle and the generalisation of the analysis.

Public documentation as data source

The empirical work in this study critically analyses public documentation. Chapters six, seven and eight present the analysed documentation in more detail²⁰. In addition to analysing documentation, some interviews were carried out with key informants²¹ active in social policy matters during the post-war period. These interviews provided background data used when analysing the public documentation and they gave valuable information for making sense of 'black holes' in the data. The informants were asked for details about the public debates and issues that led to political discussions. They were also asked to comment on public data and findings that did not 'make sense' during my first readings.

20 The actual public documentation analysed is listed in Appendices I and II.

21 A key informant is regarded to be an informant having experience and knowledge about the field beyond the personal, subjective level, i.e. active in disability movement, in public hearings of disability issues, social politics etc.

What was of interest here was the constitution of disability as an administrative category and the C-LDCs used to define it, which made public documentation a useful source of data. Public documents provide information that reflects artefacts of central features, which can be recognised through analysing the text (Scott 1990:5). In the analysed text of this study, I used records from the Swedish Parliament and legal documents. These are approached as texts, not as fact, about a social reality. These records and documents are, however, considered to be sources of facts about the social reality of which they are products. This means that I regard the texts as having limitations, as they are produced for certain purposes and contexts. Nevertheless, even if these texts cannot be considered neutral products, the knowledge they produce as a product of intentions makes them valuable because the methodological approach is a reconstruction of the idealism upon which the texts are grounded. Idealism is thus understood as being the will and effort to make forceful ideals – and to make them individual and collective realities. Texts can present important information on which ideas constitute a reality and which forms of knowledge are appropriate in the reality that the documents are a product of (see Bloomfield & Vurdabakis 1994). Hence, the texts mediate knowledge and communicate comprehension that is difficult to grasp through the use of other data sources. Analysing texts and documents to receive knowledge about the social reality is a well-known method used by historians, but such analysis has not been used extensively as a sociological method²² (Scott 1990). I propose that public documents can be particularly significant for certain empirical and conceptual studies like mine. Here, public documents are primary sources for the collection of data, as documents are assumed to provide valuable knowledge about how disability is defined as an administrative category. Documents communicate meaningful and even crucial characterisations of the social reality that surrounds a categorisation process and that can accurately reflect that reality. Ordinarily, sociology views documents and documentary sources as secondary sources of data. In this thesis, texts and documents are the objects of study. Because of the very nature of the scientific questions asked – written passages, primarily, or documented verbal utterances – communication forms became important sources of data. What was of interest in this study was to accumulate knowledge on the definition of legal criteria of a disability category, and therefore text and documents are useful data sources, as the definitions, eligibility criteria and underlying assumptions may be found in formalised policy documents and legal script. The analysed texts (public documentation) were not considered ‘just script,’ but rather, ‘substances’ containing meanings and facts created by social realities²³:

...instrument in language which has, at its origin, and for its deliberate and expressed purpose, to become the basis of, or assist, the activities of an individual, an organisation, or a community (S. & B. Webb 1975:100).

22 However, textual analysis has become a more common approach in recent years.

23 This does not suggest that I view text as equivalent to the social reality; the social reality could be simpler, more complex or filled with variation than what is reflected in a text. Nevertheless, just as interviews or participant observation are methods used as primary data in studies, so too is it possible to approach text as ‘mediums’ of social realities.

The choice of public documentation as sources of data was based on my interest in C-LDCs as seen from a structural angle at the societal level. The state and documents produced for making a state policy on the social rights for disabled people could provide information about the institutional level that was focused on here. The other argument for using this kind of data was that I was interested in studying:

.... a form of social practice, rather than purely individual activity or as a reflex of situational variables (Fairclough 1992:63).

The primary interest was not the social practice performed by individual agents of a social security authority, but more the public voice, or the collective cognition expressed in public documentation justifying impairments as being signs of a disability category²⁴. This study emphasises text that is seen as a medium of communication, and concentrates more on what comes out, than what is within the head of the authors of the texts. According to Scott (1990), a communicational approach to text makes official documents particularly interesting to analyse. "Communicational approach" here, in my reading, means expressions of ideas, or ways to communicate the reality the text is a product of. This is because the structure and activities of the state shape these texts, both directly and indirectly. These structural activities are particularly obvious in legal public documents. These kinds of document are often products or by-products of policy and administration and they reflect organisations and the interest of state agencies (Scott 1990:59). This is why administrative records and public records should not be viewed as if they were neutral reports or descriptions of events:

They [i.e. *public documents*] are shaped by the political context in which they are produced and by cultural and ideological assumptions that lie behind it. They are most obviously shaped by general cultural assumptions with specific manifestations... (Scott 1990:60)

Discourse analysis

Texts and public documentation can be approached differently within social science. I will here use a discursive approach. What is meant by a discursive approach is problematic as there is an ongoing 'discourse on what a discourse could be' – the concept has multiple applications, negotiable and continuously changing. I have here chosen to approach the same understanding to discourse analysis as used by Fairclough (1992):

²⁴ I want to emphasise that I only view this as a choice of formal legal documents as a focus of this study. This does not imply that I suggest that individual activity is irrelevant or not important to the study object, just that these aspects are not a particular focus of this study.

...a discourse is a mode of action, one form in which people will act upon the world and especially on each other, as well as a mode of representation (ibid.62).

This thesis is less interested in the agency perspective. More attention is given to the outcome of agent practice and how social meaning or social cognition is expressed by agencies, using a language and terminology that regulates and limits the content of C-LDCs. For this reason, I have given more attention to social aspects of the language used when impairments are legally defined as criteria of disability, not the linguistic relationship. In this discursive analysis I investigate the organisation of thoughts or the ideational relationship expressed in categorising impairments by means of C-LDCs. The emphasis is placed on the definitions used for establishing C-LDCs that give (legal) access to social security programs and the mediated messages forming such a category.

A discourse defines and constructs a problem, and through discourse, the problem is, or becomes, accepted as knowledge, because a discourse offers ways of thinking about and defining a problem (Sutton 1998:32). The implication of this is to attach importance to the inter-textual relationships in the text, which are the places in the text referring to each other. In this thesis this meant searching for terminology used in categorising impairments according to C-LDCs and looking at the relationship to other text as well as an intensive study of the arguments used to give legitimacy to such relationships.

Two different kinds of methodological dimensions are described in the study, the synchronic and the diachronic dimension. This approach is inspired by some neo-institutional analyses of the state. The basic idea of these studies is that the state is not *a priori* or stable, but changeable and influenced by the historical context. These studies emphasise a methodology that stresses the historical dimension, where the state is considered to be both diachronic and synchronic (see Andersen & Åkerstrøm 1995; Halden & Kjær 1994). The diachronic analysis concentrates on analysing the social process, that is, how a subject of study develops and is shaped over time. How particular social norms are codified into discursive forms and how 'truths' are taken for granted are aspects that limit how a social phenomenon is conceived. The synchronised analysis, on the other hand, studies the events at a certain time, focusing on which process or mechanisms in the institutional structure are related and are responsive to any specific epoch (Pedersen 1989).

Chapter six presents the synchronic dimension of this study, interpreted to mean mechanisms, processes, and categorisations appearing within the same year of Swedish social security legislation, and involved in the process of defining C-LDCs and eligibility criteria. The time dimension is frozen, in that the study concentrates on analysing the inter-textual relationship, and on what is expressed to justify the disability category. This means that I am not only examining the expressions used in the text, but the texture of the text (Fairclough 1992), referring to the presence and absence of arguments in the text, and to textual idioms used when describing a phenomenon.

Chapters seven and eight present the diachronic dimension of the analysis that reconstructs the main features that legitimise the disability category in the Swedish social security system. The study of the historical development of the same social security program reveals important C-LDC criteria.

The synchronic and diachronic analyses reconstruct the process of defining C-LDCs because C-LDCs are used as a basis for distribution of particular social security programs. In the synchronic analysis, some main themes are identified in addition to comprehensive relationships appearing in the disability discourse. The diachronic analysis, on the other hand, identifies how parts of the disability discourse develop over time and change with the historical context.

The research process

Initially this thesis aimed at accumulating knowledge on the criteria and procedures used by a society to define disability categories. Particularly, I had an interest in the C-LDCs used to shape the phenomenon of disability as a basic category within the social security system. The social security system is an important institutional system for defining social rights for persons with impairments. The idea was to study the formalised social security legislation, as I thought that the written legal text would represent a more ‘neutral’²⁵ interpretation concerning how disability was conceived. I thought that the legal text would be ‘free’ of various agencies interpreting the eligibility criteria of the disability programs. However, no clear and comprehensive categorisation of disability appeared in the textual analysis. On the contrary, I discovered that the classification process and C-LDCs used to define a disability category were part of a complex process involving different principles. The definitions used to describe impairments as disabling were more flexible and multiple than suggested by, for instance, disability-labelling theories.

Instead of clear stigmatised classification schemes for the disability category, as is often suggested by labelling theory, for example, Goffman (1963), I found different ways of ‘thinking’ or addressing disability as a social problem. This changed the focus of the study. Instead of trying to receive knowledge about ‘any empty disability category,’ emphasis was rather placed on the definition process itself, that is, on the process having a disability category as an outcome. I investigated the contents and meaning of given categories of disability, found in the empirical data, and the idioms used to express the meanings of the categories. Using this strategy, knowledge was gained on paths and principles important to legally defining C-LDCs. To reconstruct the ideology in the discursive decision-making process, eventually a discursive ap-

25 Neutral, here simply means less influenced by individual interpretation and application of the legislation. It does not imply that the legislation is not influenced by historical context, political negotiation and so on.

proach emerged as the most productive road to take, and was thus applied in this thesis to understand the process for categorising disability and the dynamics of establishing C-LDCs for the distributive category 'disability' in social security programs. By following the definition process and the C-LDCs used to legalise disability categories in the social security system, it was possible to follow the definition of this societal problem in a welfare state context. This also enabled me to follow 'horizons of meanings' deciding the criteria of a disability category, and the taken-for-granted framework on which the category rested. The project of this study thus was concentrated on describing and understanding the 'horizons of meaning' legalising a disability category in the social security system and the governing principles used to define the framing of such a category in a modern welfare state.

Social constructions

This thesis uses a social-construction perspective, which treats disability (as a phenomenon) and the process of defining it legally (as a social-security category), not as a social object existing 'out there' and waiting to be discovered, but rather, as a product of human conceptual frameworks involved in the process of defining C-LDCs. Social constructionism proposes that:

Social objects are not given 'in the world' but constructed, negotiated, reformed, fashioned and organized by human beings in their efforts to make sense of the happenings in the world (Sarbin & Kitsuse 1994:3).

This implies that a social construction perspective makes it possible to study principles and practices for defining criteria of a disability category.

The social construction approach to studying a phenomenon of defining C-LDCs, disability categories, means that the human interpretation and the historical context must be taken into account when undertaking an analysis. Consequently, separating disability from a material substance, such as a physical or mental expression of impediments, would be difficult. Material circumstances have an impact on social cognition of disabilities in a society, and therefore on C-NDCs and C-LDCs. In other words, I argue that there would not be much point in classifying criteria of a disability category without a substance to classify. The observations of impairments deduce the meaning of a disability category, the outcome of human interpretations and social practices. Social constructions cannot be understood without the existence of a material phenomenon.

This means that I take the same position as Thuen (1999) and study social constructions. He argues that it is important to view social constructions as parts of the social process, where substance or material conditions are internally related. This means that a study of social constructions should not only discover the outcome of

social-construction processes, which would be like merely taking 'a snapshot of a building'. Social constructions of phenomenon are linked to historical processes, a continuous process of creating meaning for social phenomenon. Human interaction and the environment change or influence the way the material world is conceived, and in an analysis of social construction, this process also needs to be addressed. Thuen considers the interconnecting processes of social constructions to be processes of ideological framing and human concepts making order of the material phenomena. Legislated criteria of a disability criterion need to be tracked not only according to their distinctive elements forming the category (the synchronic dimension), but also according to the political and intellectual history (the diachronic dimension) that leads to this distinctive outcome for a categorising process.

This is the platform used for analysing procedures and social facts consolidating C-LDCs in Sweden. The thesis therefore provides illustrations of 'disability' as a social construct, and as what disability represents socio-politically. That is, the thesis identifies indicators and corresponding ideas that give cultural authority to certain constructions of disability as an administrative category. The thesis will demonstrate that these C-LDCs change because they are linked to evolving frameworks that form legal grounds for the categorisation. Even though the definitions of C-LDCs changed during the epoch studied here, identifiable structures reflecting the history of C-LDCs were nonetheless observed and recorded.

This thesis analyses the societal process, carried out by a state, for defining criteria used to decide whether a human impairment is to be regarded as a disability. The context of life and living in a country is a changing and evolving process, and this implies that the definition and decisions on criteria for allocating resources to persons with impairments can and probably will change. Periodically the need to update the allocation of resources and social rights to a category of disabled persons will arise in a welfare state, and this specific societal process is what is in focus here.

PART II

The Theoretical Frame of Reference

Theorising classifications of social categories

Introduction

As I outlined in the introduction to this thesis, categorising and determining criteria for disability is the important assessment process when deciding welfare benefits. Social welfare laws and administrative practice thus must define and distinguish a disability category to provide social services and welfare programs. This chapter specifically examines theories that address the process of categorising and classifying human beings into social categories. Theories on social categories are indispensable to our understanding of the dynamics of constructing a distinctive category of disability in modern society.

Social theories reveal that human categorisation processes are addressed differently in the theory of sociology. How to approach definitions of social categories depends on one's theoretical focus and one which phenomenon the theory is interested in framing. This indicates that theories on categorisation processes may focus on different social phenomena and different fields of social knowledge. Social categorising can be approached differently from a theoretical point of view with respect to basic concepts, perspectives and what answers are provided for understanding a process of designing specific social categories.

Before elaborating on these aspects, let me clarify the starting point for approaching theories on classification and categorisation processes. In this thesis categorisation means a process of placing human beings into subgroups on the basis of some reasoning, assumptions or rationale.

What is interesting here is the definition process concerning how to classify 'subjects' into 'objects' according to a particular pattern or form of categorisation (like 'the disabled'). Through processes of constructing social categories, human beings are grouped or subdivided into 'objects' in such a way that excludes the 'reality' of being just personal, subjective experiences. It is exactly this process of classification and principles for outlining a category that is of interest in this thesis.

Understanding definitions and purposes of social categories is an issue that has engaged social scientists from a number of theoretical traditions. Social scientists interested in the field of ethnic discrimination are interested in categorisation processes. Social psychologists such as Allport (1989) and Billig (1985) have been particularly interested in the issue of theoretically explaining the process that leads to prejudiced thought. This means that for the most part they analyse categorisation processes from the perspective of this process representing cognitive instruments of human interactions. Others with a more anthropological approach (for example Lincoln 1989, Lange 1992 and Douglas 1987) take an interest in a concept of “categorising” that involves formations of societal taxonomy. Social scientists with a more ontological rather than an epistemological approach, such as Asplund (1969) and Østerberg (1988), conceive “categorisation” as being related to theories on human action and phenomena, not the production of knowledge of the social facts in itself.

As the reader already may notice, I am treating categorisation and classification as synonymous concepts in this thesis. Analytically it is possible to distinguish classification from a process of categorisation. Classification, but not categorisation, can be said to be arbitrary. This way of approaching these processes, was used in Lindblom’s (1992) study of cancer in Sweden. Although this logical distinction could be included in this study, I have chosen not to use it, as I find it unnecessary and without an important function in this study. As a process of defining and determining a disability category, this would involve some reasoning and principles for delimiting this particular category. Hence it is difficult to analytically separate the classification and the categorisation process.

To clarify, let me state what the concept of “categorising” and “categorisation” can mean and refer to. Categorising can refer to

- The process itself as an event, and what is involved
- The outcome of the process
- The criteria (rules, and principles) that determine the outcome of the process
- The process of establishing the criteria, in that establishing the criteria can be tantamount to implementation of the criteria, that is, categorisation.

As this analysis primarily examines the last-mentioned aspects, the establishment of criteria (rules or principles) for categorising or defining disability as a specific category and the revision of the criteria, there is no need to clearly distinguish between categorisations and classifications.

Skipping the second conception of ‘categorisation’, (2) above, and moving to (3), i.e. which criteria are involved in determining outcomes of categorisation processes, it may be claimed that basically, any such process involves reconstructing limits based on creating opposite poles of the criteria, commonly non-verbal. When classifying human beings, this means we make distinctions and find commonalties between human beings. In everyday-life classification, this process takes place for the most part unconsciously, whereas scientific classifications are consciously designed to express

theoretical perspectives generated within particular scientific organisations (Douglas 1987:58). Classifications can involve the construction of polar and non-polar differences, which in daily life are usually practical and linked to a concrete situation. For example, when sorting laundry by colours and materials, dark and light are polar ‘categories,’ and ‘cotton’ and ‘linen,’ non-polar. Being situational and practical, such classifications lose their significance outside of their relevant context the minute one leaves the laundry room. A scientific classification is, however, relevant outside its context as it is (usually) systematically organised, defined and described so that another scientist can recognise and use the logical processes involved to gather new knowledge.

Classifications and constructions of social categories treat humans as ‘objects,’ in the sense that they become manifestations of a reality that only exists in an abstract sense; that is, social categories represent typologies. Categories are not identical descriptions of each member assumed to belong to a category. The construction of categories makes use of specific criteria or principles to establish the outcome of the categorisation. There are the grounds for making distinctions in constructing a category, which are usually particular ways of structuring thoughts about a phenomenon being categorised. In other words, the presence of certain thought structures is a basis for establishing categories for a given phenomenon. Beronius (1991:13) claims that thoughts are never photographic, but symbolic²⁶.

Note that we have now moved on to the fourth conception of ‘categorisation,’ the process of establishment of criteria (rules and principles) by which categorisation is carried out. Categories are abstractions, and when they involve the categorising of human beings, they normally refer to other aspects than the experience of the human beings being categorised. This makes it interesting to study outcomes of categorisations, as they are as such symbolic understandings of the object. There is little value in scientific study of instances of categories if they do not relate to the interpretations given the category. Studying the interpretation of the symbolic understanding of the objects is interesting, according to Beronius, and they should be addressed as social processes with various outcomes.

Classifications’ dependency on societal response

Categories are grounded in symbolic understandings that make sense of this way of classifying. This makes it difficult to analyse social categories without taking into account the surrounding context. Simmel outlines this dynamic more profoundly. His sociology is particularly concerned with the notion of constructing “social types” when he studies categorising processes. Simmel provides a number of perceptive de-

26 I interpret this to mean that thoughts have a potential to be symbolic, not just frozen ‘pictures’ of the reality these represent.

lineations and sociological analyses of social types in his sociological work. I will here present some aspects from his work that is of relevance to the social categorisations of disability²⁷. According to Simmel, social types have shallow roots in the given society that defined them. Types, such as 'the strangers' and 'the poor' are placed on corresponding types as they are seen by the more 'settled' and well-off members of a society. It is the interests of the non-poor, the non-stranger and so on that are served through categorisation of social types like the poor and the stranger. This (the interest) depicts citizens in more favourable (economic) circumstances in society and they need to classify positions held by the 'strangers' or 'the outsiders' to preserve their own favourable positioning and the enhancement of their way of structuring society. Accordingly, definitions of social categories represent a social presentation of a relationship. This is a relationship or a presentation of social 'types' and categories that is derived from a distinct society. Hence types of social categories are salient characteristics of individuals who have distinct positions in a society. They should be expounded and analysed in relational terms, according to Simmel. His article, *The stranger* (Simmel [Wolf] 1967²⁸), clearly marks this relationship. He argues that the position of a stranger represents a 'very positive relation; it is a specific form of interaction' (ibid. 402). He elaborates this by pointing out that:

The stranger, like the poor and like sundry "inner enemies", is an element of the group itself. His position as a full-fledged member involves both being outside it and confronting it. The following statements, which are by no means intended as exhaustive, indicate how elements which increase distance and repel, in relations of and with the stranger produce a pattern of coordination and consist of interaction. (Ibid. 403)

The main idea is that a construction of social categories represents a process of exclusion and inclusion, and arises from a need to demarcate a social position. Simmel presents an interesting theory on social categorising and the idea that social exclusion and inclusion processes are involved in the demarcation of social categories (Hvinden 1994b). In *The Poor* (1908)²⁹, Simmel demonstrates that particular categories of marginalised groups represent something different from being 'on the edge' of society, in the sense that these categories are unequivocally excluded from society. A closer look at definitions of social categories will disclose that persons who are exposed to categorising are not distinctively forming this category on their own. The social category is also a presentation of a social reaction or response to a phenomenon. It is a conception of what should be considered as being 'on the margin' of a society, or

27 This will in part be based on two articles focusing on the relevance of Simmel and his reasoning in the question of analysing modern societies and their social categories. The articles are B. Hvinden (1): "The Sociology of Ambiguity: Poverty and Social Integration in a Simmelian perspective, published in Norwegian in *Sociologisk tidsskrift*, (Hvinden 1994b) and (2): "Poverty, Exclusion and Agency" published in *Research in Community Sociology*, (Hvinden 1995) vol. 5

28 This reference refers to the third re-print of *The Sociology of George Simmel*, The Free Press, New York. A book first published in 1950.

29 "The poor" was reprinted in *Social Problems* 13, no. 2 (Fall 1965). It is a English translation of the original publication of 'Der Arme'- printed in *Sociologie*, München und Leipzig: Duncker & Humblot : 1908)

rather of what to regard as a position in which one risks societal exclusion. Consequently, a definition of social categories requires that we adopt a relational perspective for our analyses. People who are exposed to social categorising are left in a position filled with ambiguity (Hvinden 1994b). They are in some respects 'outside' society and in other respects 'inside' society (*ibid.*). To understand the meaning of a social category we need to examine this relational aspect. This is important, for instance, when it comes to analysing 'relief' provided by society to a category of the poor. Such a way of categorising is not only a constitution of the most disadvantaged segment of society, but also a confirmation of this distinct society. Persons belonging to social category of poor people are left in an ambiguous position, rather than being completely excluded from society. The society that provides the relief to the poor is also the same society that decides the least desired position that a citizen can hold in this society. Giving alms to the poor may very well be presented in society as an act of genuine concern for the poor, but poverty relief, historically speaking, has not been significantly concerned with the welfare of the poor (*ibid.*). The perspective used to analyse a poverty relief system should instead pay attention to the fact that a category of 'the poor' serves the interests of those who are in favourable circumstances. The provision of poor relief is a system that prevents the poor from becoming dangerous enemies of the privileged groups in society. It keeps the poor 'inside' the society by leaving them in the 'outside' position, a position that is useful for the groups that are favoured by a specific ordering of society.

This line of thinking presents some interesting ideas on the formation of social categories. Though Simmel did not specifically address the social categorising of disability, his theories on the poor are transferable to the relief system for disability provisions. The objective of segmenting distinctive categories, such as 'the poor' and 'the disabled', is assisted through public provision programs and alms, but this does not indicate that they should be analysed from a means-ends perspective. Rather, they can be analysed from the perspective of categories being outcomes of norms that protect the 'totality' of a particular society and the norms of the dominant groups.

This implies that the outcome of social categories relates to the surrounding society and therefore is resilient in its construction. The outcome of social categories is influenced by what is highly valued by the society that constructs the categories. To be positioned as belonging to a marginal category implies that one is excluded from society and in need of social protection. In this sense, a categorising process expresses the voice of the citizens associated with 'success', as they determine what is on the margin, what should be excluded. Only through society can a personal 'fate' or need be alleviated by designing public assistance programs. In some respects, the intentions behind the formulation of social categories, such as the poor, therefore provide valuable analytical information about a society. Simmel uses the illustration of gifts to illustrate this point. The point of giving gifts is not only to please the recipient, but also represents a reciprocal relationship. A gift is also given for the purpose of fulfilling intentions on the part of the giver, not only for the purpose of response (assumed positive responses) from the receiver.

Simmel maintains that social categories are expressions of society's reciprocal social relationships and suggests that we should analyse social categories in relational terms. Members of the privileged positions in the society need to keep social control over 'the outcasts' and to differentiate and form social categories for controlling their positioning so that they do not expose their society to decline or a challenge from the outcast group's norms and differences.

To move on to the point of departure for this thesis, the definition criteria used to position persons into a disability category, Simmel presents an interesting idea for the analyses. Social categories reflect ideas, themes and social representations from other social groups than the ones being categorised.

The approaches of disability research to the categorisation of disability

In the disability research field, the distinctiveness of disability-category research is approached somewhat differently from Simmel. Sellerberg studied the 'disability movement' in Sweden and the people active in that movement. She found the process of developing a collective identity of a disability category to be an ongoing process of questioning, one that is never completed. The process involved an ongoing search to understand the several meanings of a disease or impairment representing a disability (Sellerberg 1993:65). Finkelstein (1991) argues that a hierarchical thought structure exists among people known to have disabilities. This means that groups assumed to be higher up the hierarchical ladder among disability categories could adopt estranged attitudes to disabled people who are assumed to be lower down the social ladder. If so, different groups belonging to a constructed category of the disabled could confront each other with hostility rather than sympathy. A person with developmental impairments could encounter hostility from a physically impaired person, just as from any other person. This suggests that disabled people do not necessarily form a collective that shares common values, identity or interests – meaning that 'disabled people' is not a homogeneous category. An example of this would be the differences of opinion that can be found among different groups of 'disabled' people regarding education. Some people, often those with physical impairments, see education as a human right (Reiser & Mason 1990). Others, such as the deaf, see educational integration as an erosion of identity (Ladd 1991). This brief discussion should at least alert us to the general complexity involved in issues of classifying disabilities and the construction of the disabled group.

The research field concerned with disability issues might be accused of paying too little empirical and theoretical attention to culturally based studies. Approaching the process of categorising disabilities from a historical and social context has so far been

atypical for research into disability³⁰. However, I am not suggesting that the outcome of categorising processes has not been addressed.

Current disability research shows greater theoretical interest in explaining disability as a phenomenon. Wendell (1996) and Thomas (1999), inspired by feminist theories, are examples of this trend. According to Wendell (1996:23), any disability relates to indications of shortcomings. Disability as a social phenomenon is defined as the lack of ability to perform an activity, to the extent or in the way necessary for survival. It could also be the lack of the necessary ability to participate in major capacities within an environment provided by a society. Accordingly, Wendell argues that gender, as a disability, should be addressed as relative to societal customs and practices. Gender and other disabilities arise at least in part through the interactions of social, biological and cultural factors. The outcomes of these interactional factors oppress and exclude people with impairment from participation in society:

...disability is socially constructed by such factors as social conditions that cause or fail to prevent damage to people's bodies; expectations of performance; the physical and social organization of societies on the basis of a young, non-disabled, 'ideally shaped,' healthy adult male paradigm of citizens; the failure or unwillingness to create ability among citizens who do not fit the paradigm; and cultural representations, failures of representation, and expectations. (Wendell 1996: 45)

Thomas (1999) also argues that the approach to disability should be relational. Disability does not occur exclusively for social reasons and accordingly it:

...changes the meaning of disability itself rather than simply switching attention to the social as opposed to biological causes of restrictions of activity. I have argued that it only confuses matters to assert... that the UPIAS³¹ definition means that 'all' restrictions of activity are socially caused' (ibid: 44).

Both Thomas and Wendell are here proposing that an understanding of disability should be approached in social terms. They appear to assume that disability research should view disability, by definition, as representing a discriminated position, as the bodily experience of being impaired is neglected and discriminated against in society. This argument is also prevalent in previous research into disabilities that has been undertaken by women, such as Morris (1991) and French (1993). However, the gender perspective they use in their analyses is mostly the perspective of studying gender differences, between male and female, not the construction of gender as such. This approach indicates that disability as a social category, by definition, represents a less favourable position, and that this position will be especially negative if the person with the disability is female. This perspective easily rules out the relational dimension of social categories, where Simmel maintains that human agency and society interact

30 There are some exceptions, which will be illustrated later.

31 UPIAS = Union of the Physically Impaired Against Segregation. British organisation for disabled people. They refer to impairment as the lack of part of, or having a defective limb, organ or mechanism of the body, and disability as being the disadvantage or restriction of activity caused by a contemporary social organisation of society (Oliver 1996:22).

and that these dynamics interact and change concepts of social categories and the response to disabled phenomena.

Bury's (1996) disability research is particularly interested in disabling aspects of being impaired. He agrees with Thomas and Wendell that the research focus should be more on the illness or bodily experience of being impaired. Medical impairments are important study objects in disability research, as Bury views it, and this focus should not be rejected. Bury argued that the ICIDH classification scheme provides useful information about aspects of impaired bodies. Although Thomas, Wendell, and Bury disagree on what to emphasise when analysing and understanding disability, they share a common concern about what will happen if the social model used does not allow for the inclusion of the bodily experience of impairment in analysing disability as a phenomenon.

For theoretical reasons, these researchers are interested in investigating the life experience of being impaired. For this reason they provide limited knowledge on the decision making that is addressed in this thesis: the process of making disability into an administrative category. Their approaches do, however, illustrate theoretical reflections in the field of disability research.

Some researchers in the field of disability argue that the field lacks historical reflection. Disability research constitutes, according to some, a largely a-historical field of enquiry (Scheer & Groce 1988). A leading researcher in British disability research, Mike Oliver, argues that disability research needs to use theoretical and historical perspectives in their analyses (Oliver 1990). According to Oliver, the disability research field needs to be developed through epistemological reflection to gain new knowledge from what is already known about disability as a phenomenon. If we are to successfully use epistemological reflection in the field of disability research, the disability research field should take into account perspectives from social theory, according to Oliver (*ibid.*). This point of view is underscored by another key figure of British disability research, Barnes (1995). He recommends that if a sociologist is involved in disability studies he or she should take into account the fact that the "sociological study of disability thus draws on a broad spectrum of competing theoretical perspectives and paradigms" (*ibid.*: 36).

Another example of disability researchers looking into the process of being categorised is provided in a thesis by Solvang (1994), where he (*ibid.*: 33-38) suggests that the process of categorising disability often provides an account for understanding society's concept of 'normality'. If we use the scientific approach of normality and reflection of societal processes for defining a category of disability, the study of processes of social integration of disabled citizens in society becomes interesting. In Scandinavia the processes of social segregation and inclusion in society of citizens with impairments is well described by Hvinden (1994a), Sandvin (1993) and Tøssebro (1997b). It is difficult to address a process of defining criteria for a disability category without addressing what is conceived of as 'normal' in a society. But disability research can provide knowledge about other societal processes than those that relate to normality. To do this, researchers need to gain more knowledge about what this category denotes in the surrounding society.

I concur that any classification about being or not being disabled can be seen as a process of determining 'normality' in society, but I also find that this process reflects other dynamics of a society. Disability research can critically examine what is conceived to be normal and the conceptualisation of normality, and it can also critically examine studies of outcomes and limitations of being impaired and categorised as disabled. This thesis deals both with the criterion used for constructing disability as a social security category, and the (policy) implications of deciding criteria that construct disability in social policy. This approach makes it possible to gain insight into the surrounding society and the dynamics of deciding and determining disability categorisations. It moves the focus beyond the conceptualisation of normality and into ideological issues of forming a disability category in modern social policy. The perspective I used proved to be a fruitful perspective for the empirical study of the justification process when a society defines and delimits a disability category.

The focus for this research project was thus directed more on the actual decision-making process and the process of finding legal criteria that justify and determine a disability category. I focus primarily on what is argued and expressed as constituting 'disability' for the entitlements to social security rights. By stressing the argumentation process for categorising disability, rather than addressing the normative implications themselves, the personal experience of impairment and being categorised, the focus changed to analysing societal responses to the need for social protection of persons with impairment.

Influential disability researchers, such as Barnes (1995) and Radford (1994), argue for the need to widen our perspectives when analysing disability as a phenomenon. Barnes and Radford argue that disability research, at least in Anglo-Saxon countries, has drifted along in a theoretical current, and those descriptive empirical studies more than studies inspired by social theories dominate this current. This description of disability research could be controversial. My aim here, however, is not to evaluate whether this description is correct or incorrect, but rather, to reflect upon the fact that disability research is a recent phenomenon. Gleeson elaborates this point when he claims that the disability-research field only emerged as a 'coherent' discourse in the 1950s (Gleeson 1997:180)³². According to him, this could explain the lack of theories in disability studies. He assumes that this research field will become more theoretical with age. As disability research is interdisciplinary, appraisal of its theoretical terrain may be difficult. This and the fact that the field is highly politicised could serve to explain some problems in making theories, according to Gleeson (*ibid.*).

Disability research has often emerged from a focus framed in a policy landscape where the demand that theoretical explanation lead to policy prescription dominates the research field (Gleeson 1997:180-81). This could, in my opinion, make it appear to be a normative research area. This would also explain difficulties in approaching disability using scientific reflections that are theoretical rather than empirical and available for 'solving' current problems of social or disability policy.

32 Although as Gleeson (1997) emphasises, research of disability, particularly in anthropology, is a post-war phenomenon.

From his theoretical reflections, Söder (1991) offered a different model for analysing disability. According to him, competitive perspectives and paradigms are present in the disability- research field. He addresses this issue from a sociological perspective. He claims that this research field, for the most part, has involved defining disability as a phenomenon. There are now several ways of defining disability, and each way reflects various theoretical perspectives. Söder calls one of these the epidemiological approach to disability; another, the adaptability approach; and a third, the social-construction approach. The medical or epidemiological approach to disability is that of gathering information for classification made by a diagnostic system. However, does classifying disability based on pathological or psychiatric conditions exclude a social dimension? Some disability researchers criticise the medical approach for being too individualistic (Morris 1991, Oliver 1983; 1987). These researchers argue that the medical approach to disability pays little attention to social implications of being impaired. Furthermore, a medical or epidemiological approach relates to disability as it represents a more or less permanent biomedical phenomenon, not a social outcome that is conditioned by interactions with a surrounding environment. Generally speaking, a stronger focus on the social dimension would favour a more contextual definition of disability than the one used by a medical model.

But a medical or epidemiological approach to disability has another ambition: to compose a more or less uniform universal objective model for the process involved when arriving at a disability category. From this perspective, a disability is the same thing as a pathological characteristic of human beings, which in turn can create problems in certain situations.

This categorising process is based on criteria of an individually diagnosed disease, which is then seen to be causing the impairment, instead of expectations given by the surrounding environment. The World Health Organisation's (WHO's) original classification scheme, the ICIDH, uses such a perspective that distinguishes between a personal and a social effect of being impaired. However, the principles dominating this classification scheme are individualistic, at least in terms of the analytical focus. The ICIDH model is based on analysing a person's pathological impairment. This classification instrument provides no tools for classifying environmental or situational contexts, only the consequences for the impaired person. For this reason, the ICIDH classification model has been found to be a static form of defining disability; not the result of an interacting dynamic, but rather something that can be separated from and identified apart from the environment that surrounds the impaired person. The ICIDH-I met strong criticism from the international organisation for the disabled – Disabled People International (DPI). Nevertheless, the ICIDH-I perspective is influential and has its supporters in applied disability research.

A second approach, according to Söder (1991), defines disability by means of an adaptability approach, where disability is seen to be a relational 'disturbance' between individual resources and environmental demands for interaction. This model is sometimes referred to in the Scandinavian context as a relative approach to disability, or a gap model. That is that people become disabled due to a gap between the design of products and environments (Christophersen 2002). If these products and envi-

ronments were universally designed to be usable by all people to the greatest extent possible, without adaptation or specialized design, persons with impairments would not be disabled due to a lack of adaptation. The primary idea in this approach is that the contextual situations are more in focus than individual characteristics. Disability is not conceived of as a permanent individual condition, but as an outcome of conditional circumstances. An adaptable approach to disability does not focus on the occurrence of 'abnormality,' but instead on the asymmetrical relationship between an individual's resources and demands made by a situation. Under certain conditional circumstances, individuals are conceived in terms of resources having problems meeting the demands of their environment, thereby providing evidence of a disability.

I interpret the 'Quebec model' of ICIDH, developed by the Canadian Society of ICIDH³³, as an example of the adaptability approach to disability. The Quebec model has developed the original ICIDH classification, but it emphasises the influence of environmental conditions on the appearance of a disability. From this perspective, the pathological condition of an individual is seen as subordinate to the expectations of the environment. Instead, the handicap situation (i.e., the context) should be analysed, not the involved personal characteristics.

A third approach represents a 'metaperspective' to defining disability, and could be called the social-construction approach, according to Söder (1991). This perspective concentrates on the social meaning of disability, and interprets the constitution of 'disability' as a social phenomenon. Different from the other approaches, the construction perspective does not attempt to develop suitable methods or instruments for analysing or measuring disability. Instead, it stresses that a disability is something that occurs in certain situations, where human properties or qualities are categorised. The construction approach refuses to highlight biological or physical interactions per se, and focuses instead on the expositions of disability and addresses disability as a social outcome. Accordingly, disability is the result of a social construction, an outcome of an interpretation process that perceives individual properties or human characteristics as disabilities. When people 'see' impairment, these social constructions are based on certain assumptions or interpretations. Accordingly, people create their own world as a social construction, and thus Söder states that:

We live in a world that becomes meaningful to us through the use of shared symbols (Söder 1991:119)

Söder's approach suggests that it is important to highlight the interpretations or 'constructed meanings' of disability, and that the symbolic meaning we give to or interpret to be a disability is what it will be. The way we chose to construct 'disability' as a phenomenon will be the way we understand it.

Seeing disability as a social construction makes it possible to take into account symbolic aspects when analysing human processes of categorising disability. The cul-

33 I label this the 'Quebec-model' since this model was developed and constructed in Quebec, where the Canadian ICIDH society has their administration.

tural³⁴ aspects would easily be forgotten using the original ICIDH perspective when studying a classification process for disability. Taking into account a cultural aspect for analysing the categorising of disability provides us with a broad analytical base. Not surprisingly, for this reason I used the social-construction approach that Söder writes about when analysing the defining processes for a disability category in this study. My choosing the social-construction approach does not mean that I intend to ignore the epidemiological or the adaptability approach to understanding disability as a phenomenon. I will illustrate in the empirical analyses of this thesis that in the process of defining disability criteria as a category in the social security system, the epidemiological and the adaptability approach to disability compete with each other. Both provide alternative 'facts' for the disability category in the definitions of it.

Categories are technical instruments reflecting a certain historical-cultural and inter-personal context (Cicourel 1976:xii). They are not simply limited to symbolic value in inter-personal relationships, but have a broader connection to the surrounding society. The interaction of inter-personal relationships in the categorisation process appears under certain organisational conditions that relate to a specific historical context. The result of a categorisation is not always given, but the outcome of a historical process of interpretations:

...recognising that the system of categories supplied to enumerators determines the types of dilemma that can appear in the classification of individuals (Cicourel 1976:xii)

Cicourel thus helps us understand the complexity involved in categorisation. He also illustrates that the categorising process is not simply a process to be analysed within an individual perspective, as individuals interact within specific historical-cultural structures.

The historical process of interpretations is easily omitted from many social-psychological approaches to classification processes, such as used by Goffman (1963). Cicourel adds an important dimension to analysing human categorising processes. Categories represent a social cognition, involving both a social interaction and translating it into social structure when the category is recognised. He claims that the decision-making activities for determining social categories are important 'because they highlight fundamental processes of how social order is possible' (Cicourel 1976:vii).

The process of categorising – an outcome of structure

If the categorisation process is approached from a structural point of view, we add another dimension to this process. Lincoln (1989), is one researcher who focuses more on the structural point of view for analysing categories. In much the same way as Allport, Lincoln sees categories as functioning as epistemological instruments, as

34 For what is meant by cultural, see footnote 5.

means of gathering, sorting and processing knowledge about an external world (ibid: 136). Categories are ways of organising information about the world, but Lincoln does not link the categorising process to being an individual psychological process. He rather links the process to society and to social institutions in a society. A category is an important instrument for organising structures, 'as it comes to organise the organisers – an instrument for the classification and manipulation of society' (ibid: 137). According to Lincoln, classifications and categories reflect societal norms and the value systems of a society. These have a tendency to be 'reproduced' in the taxonomizing process and in the construction of categories. Even though categories are flexible, depending on the situational purpose, from the social or historical context, the cultural norms and evaluations seem to be preserved:

What seems to remain constant, however, is the logical structure whereby social hierarchies are recoded in taxonomic forms (Ibid: 133).

Such perspectives highlight categories as social representations, a perspective common to social anthropology. What can be involved in these specific social representations and how categories are formed as typology by a particular society is addressed in the classical work by Durkheim & Mauss: *Primitive Classifications* (1963)³⁵.

Classifications and social representations

Just as we have seen with Simmel, Durkheim & Mauss (1963) also view categories as social representations of the society that uses them. While Durkheim & Mauss found classifications interesting per se, they limited their study to considering social representations in 'primitive' cultures. They were less interested in the dynamics of constructions of social categories and more intrigued by the functioning of social categories. This could make their contribution to the discussion of classifications more valuable theoretically than empirically. Most important in their study were their images of the symbolic meaning of classifications. Durkheim & Mauss believe that categories are collective belief systems of the society that uses the classifications. For this reason, classifications should not be treated as though they are singular or exceptional, or even 'real'. Rather, they should merely be seen as humanly constructed and transferred through socialisation as social norms. For this reason, categories have a particular meaning related to their collective making and to their use. Though Durkheim & Mauss believe classifications to be a means of organising knowledge, their primary interest is not limited to individual, subjective knowledge processes:

35 The origin of the book is *Primitive Classifications* by Emile Durkheim and Marcel Mauss; Chicago (1963), which is a translation from the French. Originally the paper was written in 1903: 'De quelques formes primitives de classification: contributin l'etude des reprèsentations collectives', *Annèe Sociologique*, vol. VI (1901-2), Paris, 1903:1-72.

To classify things is to arrange them in groups which are distinct from each other, and are separated by clearly determined lines of demarcation (Durkheim & Mauss 1963:4).

Classifications produce knowledge about notions, images, and ideas, and are constructed above all [constructed, my remark], to connect ideas, to unify knowledge (ibid.). Their perspective also adds another dimension to understandings of categorisation processes that is not that easily discovered when we approach them as being products of intra-social-psychological processes. By interpreting the way members of a society understand and practise classifications, one should bear in mind that the category is connected to knowledge production and social cognitions of a particular society. The society that uses the classifications understands the 'meaning of' the classifications, and thereby provides us with information about the society that uses them.

The history of the classifications can explain, or at least help us in the process of understanding, the way in which a society uses an interpretation of a classification. Usually, classifications are based on some fundamental idea or other, but they are not always easy to locate (ibid: 5). Beliefs and metamorphoses, argue Durkheim & Mauss, exist in any society, but they may be found only in certain distinctly localised functions of collective thought. In this way, Durkheim & Mauss suggest that collective thought and classifications do not to come about automatically:

Far, then, from man classifying spontaneously and by a sort of natural necessity, humanity in the beginning lacks the most indispensable conditions for the classificatory function (ibid: 7).

This suggests that the ways of classifying are taught and internalised. Interpreted in this way, classifications become the expressions of social compositions, not just group formation; but rather, arrangements of group formation around particular relationships (ibid:8). Those relationships that form a group are thus not incidental, but form patterns considered useful for the society in which they are carried out. Categories are thus functional for a society.

Durkheim & Mauss distinguish symbolic from technological classifications in their analysis. According to their definition, symbolic classifications are of a moralistic or religious nature, which distinguishes them from the practical schemes of technological classifications. Durkheim & Mauss emphasise the importance and meaning of symbolic classifications. This priority is based on their belief that the 'emotional value' of ideas is the 'dominant characteristic' of classifications (ibid: 86). They argue that differentiation into 'classes' and categories has a more affective than intellectual nature. When the same classifications refer to different things in different societies, this is a reflection of various evaluation systems being present in these societies, and the symbolic meaning of a society's ideology or evaluation system, according to Durkheim & Mauss.

Symbolic classifications do not appear to follow the logical, purely intellectual pattern of technological classifications. The symbolic classifications differ as well in that their limits cannot always be set (ibid: 87). Symbolic categories can be more or less impossible to distinguish as a group in that their limits are fluid:

It is impossible to say where they begin or where they end; they lose themselves in each other, and mingle their properties in such a way that they cannot be rigorously categorised (ibid.).

Hence, Durkheim & Mauss provide another dimension to the outcome of a categorising process. They argue that classifications are not necessarily rational, but serve a symbolic societal purpose. Moreover, most classifications are symbolic in nature, and thus not easily demarcated. Classifications are strongly influenced by cultural context and structural implications. To uncover the limits of symbolic classifications, it is necessary to analyse the structural principles used in assembling 'classes', along with analysing how they are distinguished (ibid: 87-88). Symbolic classifications appear with various meanings in different societies because:

...things change their nature, in a way, from society to society; it is because they affect the sentiments of groups differently (ibid: 86).

Symbolic classifications can integrate various types of notion and emotion, sometimes even contradictory emotions and ambivalence. Different results can thus occur. If we apply these ideas to the category 'disability,' which is an outcome of a categorising process, this category will be difficult to demarcate from configurations of other categories that derive from the surrounding society. Consequently, no clear boundaries around this category will appear because the boundaries intermingle with emotions and notions set by the society that makes the category 'disability' locally or regionally meaningful.

Durkheim & Mauss demonstrate that classifications are the social representation of collective thinking to explain the fact that while undifferentiated societies are integrated through rituals, differentiated societies are integrated through morality and law (Østerberg 1988:100). One major scientific interest of Durkheim was to study the integration and differentiation of societies; he found that classifications played an important role in this.

Douglas (1987) claims that Durkheim & Mauss' real interest was to understand the distinction between modern and primitive societies. In order to comprehend this difference and the mechanism by which these societies work one should go to primitive societies and examine the elementary organisation of a society that does not depend on the exchange of differentiated services and products of modern societies (ibid: 13). Primitive communities commonly defend and legitimise social order by means of classifications³⁶:

36 According to Douglas, the shared symbolic universe reveals the value of classifications. People can recognise them; they fit their picture of the world, a world that the individual within the collective respects and accepts. Douglas criticises Durkheim & Mauss, however, for leaving out the influence and choice of individuals in forming and transforming categories. Even though classifications can be seen as social representation, they do not take place anywhere, they are still constructed and used by individuals, argues Douglas. In this way, Durkheim & Mauss lose an important dynamic aspect of classifications, namely, that humans as active agents are able to form and transform the collective's norms or rules through the ways the classification system is practised.

The shared symbolic universe and the classifications of nature embody the principles of authority and co-ordination (ibid: 13).

Durkheim & Mauss' thesis provides a different approach to the categorising process. Their approach makes it possible to understand why we interpret categories as symbols, and why some constructions of categories are seen as more obvious than others.

The instrumental value of social categories

Foucault (1991) presents another approach to categorisation. In much the same way as Durkheim & Mauss, Foucault studies categories and their purpose from a structural perspective. Similar to Simmel and Cicourel, Foucault relates classifications to power structures. Classifications thus do not occur by chance but rather are functions of or part of the power structure in a society. Classifying by the use of certain criteria is a way of expressing a need for societal control. A system of classification is thus a societal means to control, regulate and discipline its members. Classifications are expressions of a society's need for order and its need to regulate itself. To illustrate this, Foucault uses the example of classifications of the mentally ill. His point is that unless one already has an idea of a category of 'madness,' there would be little need to distinguish this particular group from any other. For this reason he begins with the hypothesis that the construction of a category of madness was based on the need to exclude some people from a society.

In 'Madness and Civilisation' (1991), Foucault discusses how notions of madness change historically. During the classic Greek age, the notion of madness was of a naturalistic phenomenon (ibid: 112). However, during the Enlightenment, madness came to be seen as representative of irrationality, delirium and delusion (ibid: 158). According to this notion, 'madness' was no longer addressed from a holistic perspective, as was the case with the naturalistic approach. The Enlightenment approach attached importance to elements representative of 'madness,' and how these were expressed (ibid: 154). Foucault interprets this as an expression of morality in the process of defining criteria for a category of madness.

The need to classify and examine madness arose from the assumption that the mentally ill needed to be disciplined into accepted moral positions. In order to fulfil such obligations, the insane needed to be classified into a specific category so they could be separated from criminals and interned accordingly. For this purpose, special institutions were built to intern the mentally ill. These institutions functioned as societal instruments and made it possible to morally influence the mentally ill and control their behaviour. Foucault argues that the institutionalisation of the mentally ill was grounded in religious beliefs, based on the notion that saving the delirious and the deluded from their 'sinful position' by means of good moral influence (ibid: 202)

was possible. Good moral influence is then interpreted as referring to all religious activity, praying and religious rituals taking place within these institutions.

Along with Simmel and Durkheim & Mauss, Foucault argues that classifications play an important role in social and moral order. However, Foucault adds the dimension of power processes and a genealogy of constructing social categories, a dimension not that easily discovered using the approach followed by Simmel and Durkheim & Mauss. Foucault believes that societies exercise power through the use of classifications and that these are historically rooted. Categories are not only social representations as Durkheim & Mauss pointed out. Foucault viewed categories as Simmel did, as being important for societies in locating and disciplining unwanted behaviour. The moral order of a society is enforced when behaviour considered disturbing is targeted for disciplinary action. To succeed in disciplining 'immoral' behaviour, a society requires knowledge provided by classification systems, which Foucault analysed. The need for knowledge to discipline immoral behaviour combined with the awareness of the need for classification was the background for lifting the mentally ill into the light from the darkness of the prisons where they were hidden during the Middle Ages. Since the Enlightenment, being placed in institutions, where they have been made into study objects, has segregated the mentally ill. The purpose has been to gain knowledge about 'madness' as a phenomenon, and to discipline insanity in ways that are morally acceptable. Classifications are the instruments that allow fulfilment of this purpose. The observation of madness and classifying with the criteria used in its determination provide knowledge about what to discipline. In this sense, classification can work as an instrument to reward or discipline behaviour.

Foucault's approach to categorisation illuminates its connection to the societal need for control and influence. He points out that unless the need for classifying something is evident, no classification scheme is necessary; and that recognising the need to analyse a classification scheme as part of the power structure of the state is important. The knowledge perceived about a phenomenon, treated as an object for classification, can provide the state with useful information on how to relate to the phenomenon. Thus, Foucault's perspective introduces an aspect of categorisation that other theories have omitted. The categorising process is not only a way of structuring the world so it will correspond to the way human beings are taught to perceive the world, but also an expression of a specific historical understanding. Here Foucault adds a further important dimension when analysing classifications: classifications are not only embedded in the power structure that surrounds them, but they are representative of a certain historical context. This means that categorisations can change through the course of history; even the way the category is conceived.

Categories as welfare state instruments

A study by Stone (1985) addresses some of the same issues as Foucault (1991, originally published in 1961), though the work of Foucault is not mentioned. Stone also points out that category are outcomes of embedded power structures. However, she is more directly concerned with criteria for defining a disability category and does not address the process from a general perspective, as Foucault does. Stone suggests that the process of making criteria for a disability category implies the appearance of the power structure of a welfare state. She points to the particular importance the disability category has for legitimising the idea of a welfare state system. Whereas Foucault uses a general power perspective when analysing a categorising process, Stone analyses the specific process of defining criteria for a disability category. Although she makes no reference to Foucault³⁷, I would argue that there are common points between Stone's study (1985) and Foucault's (1991). Both emphasise a structural perspective for studying categorisation processes, and they stress the importance of understanding the categorising process from a historical perspective, as classifications are embedded in power structures. For Stone the instrument is the power structure of a welfare state, while for Foucault, with a more general approach to the process of categorising, no type of state is defined. Foucault studies classifications during the Enlightenment, whereas Stone focuses on classifications in a much later historical epoch, when the modern welfare state developed. Nevertheless, both point to the importance of studying a categorising process through a structurally based power perspective within a historical context.

Stone investigates the disability category in light of policy decisions, indicating that a disability category contains various political implications for a welfare state. A disability category expresses a recent phenomenon, the development of a stage when the state or its government takes public responsibility for its citizens independently of their contribution through taxation and their access to basic financial, social or cultural benefits (Gyldendal & Aschough 1983)³⁸. The notion of a modern welfare state is that distress is not merely an individual problem, but should be addressed as a state responsibility (Løchen 1970:33). Another idea characterising the modern welfare state is that the state has an ambition to equalise the living conditions of its citizens.

In *The Disabled State* (1985), Stone points out that a disability category is a result of the construction of the welfare state³⁹. Rather than studying the stigmatising social status of the disability category, she analyses this from the perspective of a welfare state context. Accordingly, a disability category becomes an outcome of needs ap-

37 The Stone (1985) study is basically empirical and makes no attempt to go outside the categorising of disability apart from the context of a welfare state and its system of distribution.

38 What characterises a welfare state and the Swedish welfare state in particular will be discussed more in Chapter four.

39 How and what role the categorising of disability plays within a modern welfare state is developed further in Chapter four, more specifically in the section entitled *Social policy regulating the disability category*.

pearing in modern welfare states, and as modern welfare states need to create categories to distribute social rights, she argues that the

medical certification of disability has become one of the major paths to public aid in modern welfare states (Stone 1985:3).

This perspective suggests that the disability category as an outcome is directly linked to the development of modern welfare states. Formal governmental institutions need intellectual justifications for coherent activity, such as interpreting disability both as a concept and as a category. Addressed this way, the process, having a disability category as an outcome, interacts with the creation of the modern welfare state. This category entitles members to particular privileges in the form of social aid, and at the same time, it entitles certain people to exemptions from some of the ordinary obligations of citizenship (Stone 1985:4). For this reason the construction of a disability category can reflect political and moral obligations basic to the construction of a welfare state. These aspects will be further discussed in the next chapter, when I will examine Stone's theories on the role of a social security system within the context of the welfare state.

For now, let me say that according to Stone, a distribution dilemma occurs with respect to how we approach a disability category in a modern welfare state. This dilemma is related to how we can support 'disabled people' and at the same time encourages everyone to work. Making exemptions to the general civil duty to work is problematic for the welfare state. This further illustrates the essential role that the disability category plays. One way out of this dilemma is to establish a disability category that confirms the general moral notions and norms in society. This is difficult, and illustrates the complexity involved in the construction of a particular disability category. In defining a specific disability category, the welfare state resolves some of the issues attached to legitimisation problems and social-order maintenance. Whenever the state can construct a category that is understood as extraordinary (outside standard rules), it succeeds in finding a solution to the distribution dilemma. To succeed in this, certain functions must to be filled:

- ...a) a rationale for assigning people to either the work-based or the need-based distribution system,
- b) a validating device – or a test for determining exactly when each system should be operative,
- c) the system must maintain the dominance of the primary distribution system (Stone 1985: 21).

Note that only as members of a category can persons legally claim public social aid, as for example, in a modern welfare state. To become eligible, certain tests are provided before entitlement to state assistance for a defined category is formally established (Stone 1985:22). This is why formalised categories play a structural, instrumental role for citizens as well as the state.

According to Stone, the specific character of a disability category is linked to issues of social justice and the construction of social order. Here we can find some agreement between Stone's reasoning and that of Simmel and Durkheim & Mauss. They

all approach categories as societal instruments important to gaining knowledge and to maintaining social order. Stone adds another aspect, namely that social order is possible to maintain when a category has particular legitimacy in a state structure. If the boundaries of a disability category are crystal clear, the category provides answers to questions of social justice, according to Stone. However, in her analyses, unlike Durkheim & Mauss, she makes no distinction between symbolic or technical categories. Stone does not relate to these kinds of distinctions, perhaps because she regards classifications that are strictly rational or strictly symbolic to be irrelevant. Stone only addresses the rationality of creating the category 'disabled' in a modern welfare state. She does not, however, discuss the possibility of difficulties arising when a process of classification is symbolically grounded. Nevertheless, the distinction made by Durkheim & Mauss between technical and symbolic classification could be useful to add to Stone's ideas. It could be argued that the classification of a disability category represents what Durkheim & Mauss (1963) call a technical classification, that is, a classification following a particular logical structure (i.e. the logical structure of a welfare state's distributive system). This would make it possible to distinguish a given disability category from other categories (ibid). According to Stone, there is a strong link between the construction of an administrative category of disability and the rational question of the distribution of welfare benefits:

...disability benefit programs in recent years can only be understood if we see that the fight is about privilege rather than handicap or stigma (Stone 1985:28).

However, Stone does not address the possibility of the category 'disability' being a symbolic category, a category whose boundaries are difficult to set (Durkheim & Mauss 1963). Stone also ignores negative personal consequences for the individual. But she is aware of this 'lopsidedness' to her analysis:

To argue that disability creates political privilege is not to deny that it also entails handicap, social stigma, dependence, isolation and economic disadvantage (Stone 1985:4).

Here Stone recognises that impaired persons may suffer from their impairments both in private and in public relations. Her proposal, however, is to examine the disability category from a structural and political perspective. Stone focuses on the structural level because of her interest in the effect of ideology on a definition process for a disability category. However, she does not specify how the context of the welfare state shapes its own mode of thought about this category, allowing some implications and excluding others. This is in contrast to a genealogical or Foucaultian conception for the process of shaping a disability category.

Summary

This chapter has outlined the theoretical background for and current research on categorisation processes and their outcomes. Having presented various theoretical perspectives on the societal formation of social categories, I will use this knowledge when I consider which criteria legitimate the appearance of disability as a social-political category. The theories I presented differ from each other and approach the categorising process from various angles. This is possible as the theories are used to explain different phenomena. This makes it difficult to compare them. As some of these theories have a specific focus, in trying to illuminate particular phenomena or particular human processes, they do not easily compare. I argue that, nevertheless, these theories share a common interest in the human categorising process and are essential for understanding society and social agency. This makes the theories interesting outside the subject they are trying to explain or understand because they show us the complexity of understanding human categorising processes, and the outcomes of such categorising.

The process of categorising human beings is complex and theoretically this process can be given different focus. At the same time, I chose to closely examine these theories and their contours of interest for analysing human categorising processes to fully grasp the central role of methodology within each of the theories. The idea was to see what could be learned from their methodology in terms of the particular interest of this study; that is the social process of defining criteria for a disability category in a welfare state context.

The theoretical considerations I have presented teach us that the construction of categories can be studied from both an individual and a structural level. No matter what level is used to analyse the construction of categories, the analysis is an epistemological means of gathering and organising information about human beings and the society constructing a category. They are more important, however, than merely a means of organising information. Categorising processes express a moral standpoint and an ideological point of view. From the sociology of Simmel we learn that social categories are both a product and a bi-product of a particular way of conceiving a society and the order of a society. From social-psychological theory, we learn that the outcome of a categorising process can lead to prejudiced thought, stigma or particularisation. Basically, categorisation is a rational, intellectual way of structuring knowledge about people. However, there are also symbolic aspects involved in categorisation. A stigma arises when people develop a symbolic value based on certain characteristics, particular qualities, or situations which are expected to appear, and are based on some sort of stereotyped classification.

Structural theories on the categorisation process teach us that categories represent technical, logical ways of organising information about the members of a society. But as Durkheim & Mauss (1963) emphasise, classifications may also represent symbolic categories that tend to have a moral or religious tone. Symbolic categories can be distinguished from rational, logical ones in that they have a particular symbolic mean-

ing for members of specific societies. They are products of socialisation and internalised moral systems and ideologies. Categories represent collective ways of thinking and common ways of structuring the world. According to Foucault, classification and the power structure of a society are interwoven. Replicating certain power dimensions, and classifications, provides means of creating social order in societies. Categories can be rational and calculating, and yet fulfil certain moral values, according to Foucault. More important, however, classifications are elements in a fluid power structure aimed at disciplining members into desired positions.

Categories and classifications reflect the ideology and morality of a society, and therefore represent a power structure. This is highlighted by social scientists using a structural approach to the process of categorising, which plays an instrumental role in societies. According to Stone, construction of the category 'disability' is an element of constructing the modern welfare state and its power structure. This category is crucial for the evolution of a welfare state. Administratively, a disability category is needed to maintain an acceptable distribution system. Thus, 'disability' is a rational category in the sense that it is rationally constructed by a welfare state to make it possible to deal with an identified group of 'needy people' administratively. Categories seen as a means of distribution reflect the technology and the power structure of a society. In this sense, a societal instrument rather than an individual instrument is institutionalised.

The criteria and principles used to categorise disability are mostly based on assumptions and signs of impairments, of physical, mental or psychological shortcomings. Certain signs of the body, the mental capacity or sensory impairment are symbolically interpreted to represent disability. Welfare-state societies construct a category of disability to include these symbolic assumptions. This can make a disability category appear more homogeneous than the variety of individuals with impairments the category is meant to serve. I argue that a disability category need not be entirely based on grouping people by commonalties or differences, but that it as well represents a symbolic understanding of what should justify this category. 'Disabled' people do not necessarily share a common problem or have a unified identity linking them together. Instead, they can be linked to a particular cultural understanding⁴⁰ in a society and in a historical context that construct the category. Specific assumptions influence what are accepted normatively to be facts about disability as a phenomenon. Persons being categorised as 'disabled' may be entitled to social rights in a society, but to benefit from these rights, they must fit the accepted and defined criteria of this category. The categorisation of individuals having impairment and being found eligible for social rights contributes to the normative justification made by society. Categorisation provides and implies reasons why some are seen as more in need of social protection or more 'deserving' and therefore should be given priority at the expense of others (or other types of classification criteria). Persons with impairments need not share these normative justifications made by society. They may well approach 'their category' from another perspective, with different values and descriptions of 'disability' than those given priority in a societal categorisation process.

40 See footnote 5

Theories on social policy and construction of a disability category

Introduction

I have proposed that social policy and the welfare state structure must be taken into consideration when analysing criteria used to delimit the disability category. The aim of this chapter is to examine in more detail how we can approach an understanding of the delimiting categories for the distribution of social rights in modern welfare states. In particular, I will discuss the role of the social security system, as this institution plays an important role in the power structure of social policy and the constitution of welfare benefits for persons with disabilities. I found it advantageous to use theoretical concepts on social policies and welfare state entitlement to help me understand the determinants of a disability category in a modern welfare state, and to understand decision making in this context.

This thesis has already pointed out that C-LDCs relate to both moral and rational aspects of a welfare state society. Modern advanced welfare states delimit categories for the distribution of social rights by constructing certain receivers or target groups for social rights. Entitlement to these rights is usually constructed and shaped in institutions constructed expressly for the purpose of regulating a welfare state context. The constitution of a social security system and the government agency appointed to administrate it are important components of modern welfare states. It is fairly safe to say that it would be difficult to claim to be a welfare state if a social security scheme has not been developed, so it is, needless to say, important to take a closer look at how a social security system is approached and explained when formulating theories about modern welfare states.

In addressing these issues, I first review theories on social rights, then theories on social security and regulatory policies, and finally I address the relevance of these theories for understanding the process of finding legal criteria for the disability category.

In later sections of this chapter, I will look at two alternative perspectives we can use to understand and analyse the role of a social security system in modern welfare states. According to the first perspective, social policy that has institutionalised a social security scheme should be interpreted as a sign of the emergence of a modern welfare state. The second perspective, using a critical approach, suggests the opposite. A social security system is a sign of the advanced capitalist state's control system, not a 'helping hand' to protect people against poverty, but protection for the status quo. Consequently, the way we choose to analyse the role of social policies for a disability category will depend on which of these alternative perspectives we use to understand the process of delimiting the disability category.

Rights to welfare state entitlements

Some theories on social rights and welfare state entitlements link the development of social rights to the development of the welfare state, linking this development to the formation of modern society, while others are more concerned with what Kemeny calls the "the power analysis of welfare state formations" (Kemeny 1995: 87). These theories operate at the macro level and within the theoretical framework of structural functionalism; but we also find theories that focus on other dimensions of modern welfare-state development (O'Brien & Penna 1998). One such theoretical perspective is the theory of social welfare, that is, theories that elucidate and examine the distribution and redistribution of resources, and opportunities and patterns of access (participation, inclusion and exclusion), that can support or undermine individual and collective welfare. Another theoretical perspective is the social theory of welfare, where the focus is on the question of how the organisation of social relations (marginalisation and so on) comes to express particular patterns, and what social forces and struggles underpin particular distribution, inclusion and exclusion mechanisms (ibid: 4) in a welfare state.

Common to all these theoretical approaches is the interest in examining and explaining modern welfare states and the regulation of social citizenship. Broadly speaking, the welfare state regulates the relationship between the civil society and citizenship; specifically it also regulates citizenship with reference to governmental organisations that are seen to represent the state⁴¹. In this thesis, however, I will not be focusing on the implementation of welfare state policy or the executive power of public administration.

41 Some social scientists claim that the roots of people organising into governments is historically grounded in the need for public services during periods of war (Ahrne, Roman & Franzén 1996:142). But gradually the need for organisation of public protection grew and legitimised the need to regulate citizens' civil rights, according to this approach. Others argue for a modern concept of citizenship linked to the French revolution. Initially, citizenship was open to anyone in the French republic, but as internal and external enemies threatened the revolution, citizenship became more restricted (Brubaker 1992). This is one origin of the separation between natives and foreigners so common in today's national and international conflicts, according to Tilly (1990).

Taylor (1996) offers an understanding of social rights that is useful when we look at how to approach the definition process for a disability category. As a basis on which individuals are included in a welfare state system, citizenship, according to Taylor, or rather the way of viewing citizenship, is essential for the construction of social policy. Since states can approach citizenship differently, their social policies can be constructed differently. The basic question for a welfare state is whether citizenship rights should be inclusive or exclusive (ibid: 149). If countries decide to have a social policy grounded on the principle of citizens being entitled to basic rights, or universal social rights, then they are opting for a social policy of inclusion. When social policy is based on principles of providing rights for particular groups or citizens in marginalised positions, the social policy is based on principles of exclusion (ibid.). Accordingly, a state social policy based on principles of universalism will regulate social benefits for the purpose of including citizens in marginalised positions through general means and measures, while a social policy based on principles of exclusion will aim to prevent risk groups and selected citizens from being excluded using targeting measures. Both principles can influence the construction of a welfare state's social policy.

Taylor (ibid.) points out those inclusive and exclusive approaches to citizenship are based on two alternatives to the formation of social policy, but this nonetheless does not preclude these two principles from being used in the same country. Though they pull in different directions ideologically, a government organisation, such as a social security administration, must deal with these principles. In either case, government agencies are there to carry out social policy.

Social policy and social citizenship

A welfare state will regulate citizenship and access to the entitlement of welfare benefit programs, as well as the social rights a citizen has in a welfare state society. The welfare institutions provide access to social rights for individuals under certain conditions. From a structural perspective, social rights are regulated in terms of the relationship between an older and younger segment of the population, or the relationship between the paid labour participants and non-paid participants, or the relationship between employed and unemployed citizens and so on. Since social rights involve regulation between various segments of the population, entitlement to social rights may vary over a life span; some rights are connected to childhood, others to family situations and yet others to unemployment, and so forth. Social rights and policy formation also refer to the regulation of societal issues, such as illness, taxation, disability, integration or segregation. Government institutions are dependent on ideologies to support their reasons for existence and their legal framework for distributing social rights. Thus, such an ideology can provide the legitimacy for regulating so-

cial rights. This makes it important to examine the ideology behind the construction of social rights and social citizenship.

Marshall (1965) argues that social rights have a unique position in any welfare state, though these may not always be stable. He sees social rights as being more controversial and 'unstable' than civil rights and citizenship generally. To understand their development it is important to focus on the historical context, according to Marshall⁴². He views the formation and development of the welfare state as being the result of the political struggle between different groups with various degrees of political influence at different time periods. Formations of the social rights therefore relate to degrees of political influence and struggles for political influence. The formation of these rights determines the expansion as well as the quality of social citizenship (Korpi 1988:4). Hence, Marshall proposes that social rights are an important element in changing or solving class conflicts in a society. Social rights emerge from the need for greater liberty for the industrialised working class from a capitalist market which otherwise would determine their lives.

The Marxist approach inspired by J. Habermas (O'Brien & Penna 1998) has questioned whether social rights operate in this way. The basic assumption of this approach is that the capitalist rather than modern society consists of internal conflicts between classes and between economic, political and social life. Offe (1984) offers an alternative understanding to Marshall's analyses of the modern welfare state. Offe proposes that advanced capitalist societies organise themselves around the principle of exchange. Therefore, the capitalist system is still part of the modern welfare state, and it is not necessarily working to the aim of radically changing the conditions for the working class, as Marshall's theories suggest. The modern advanced welfare state is divided into three major subsystems, according to Offe. The first subsystem is the economic system, which concentrates mainly on securing capital accumulation and the logic of exchange relations in strictly economic terms. The second is the political administrative system, which controls the rights to resource accumulation and taxation within the state. The third and just as important is the normative system that encompasses cultural aspects and issues involving morals, value motivations and so forth. Offe's theory of a set of three subsystems finds its inspiration in Habermas' system theory (O'Brien & Penna 1998). However, the origin of Offe's system theory is not the issue here. Of interest to this thesis is how Offe approaches and analyses modern welfare states and the regulation of welfare policy. This thesis is primarily concerned with the categorising process that takes place in a social security system, and Offe provides an interesting perspective on how social security systems can be viewed in a welfare state context.

Offe's ideas on modern welfare-state constructions contrast with those of Marshall and Korpi. Offe considers the development of a social policy in advanced capitalist

42 The formation of social rights, in Marshall's understanding, represents the opposite of the capital wage labour that developed during industrialisation. The old system for social protection that existed in the feudal agrarian society had to be replaced by a new system. According to this conceptualisation, social rights are seen as the outcome of political compromise and conflict. Conflicts are activated between different interest groups struggling with these matters (Marshall 1965:134).

societies to be integrated in state policy, not separated from it. He argues that social rights are not expressions of the success of class interest struggles. They are rather to be analysed by taking into account the full complexity of advanced capitalist societies. This is why it is important to realise that the structure of an advanced society is not only complex but also filled with contradictions. These contradictions express the tensions between the subsystems that arise because they follow different functional principles or logic. The economic system operates according to the logic of accumulation and exchange value, the normative system according to shared norms. The main task of the political-administrative system is to ensure the dominance of exchange relations across the total system and prevent both the economic and the normative subsystem from undermining this dominance. The political-administrative system stands between the other two systems and operates to ensure that crises in one system, such as crises of accumulation, do not spill over into the normative system and vice-versa. Offe claims that the political-administrative system operates through both coercion and concession. Its function is to serve and benefit both the other subsystems and to regulate these in a way that insures that the other subsystems do not threaten the legitimacy of the state. Thus, the conditions for exchange and accumulation are organised by the political-administrative system and in this way social policy plays an important role in a capitalist state:

Social policy is the state's manner of effecting the last transformation of non-wage labours into wage labours (Offe 1984:92).

Offe uses a macro perspective to analyse the role social policy plays in advanced capitalist societies. This indicates that he would not pay particular attention to the fact that variations occur in the construction and outcomes of social rights. His is a political-theory approach, where he attempts to explain why the state must intervene in the labour market to ensure that there is an approximate balance over time between the quantities of dispossessed workers and the availability of wage labour opportunities.

Despite some limitations, Offe's analysis of the contradictions of the welfare state is interesting for the analysis in focus in this thesis, the definition of legal criteria for a disability category. Before elaborating this point, some further limitations in Offe's theories need to be mentioned. One problem is that he makes no distinction between variations in social policy programs among advanced capitalist societies⁴³. This means that if I use his model in my analysis, it will not consider the difference in social security policies between countries. This is because Offe analyses social policy from a macro perspective that does not admit much variation in social rights between countries. The fact that countries provide varying scales of social rights is not a subject examined by Offe's theoretical approach. According to Offe, the aim of the social security system is to transform work into wage labour. The role of social policy is to

43 He is duly criticised for neglecting power structures other than class structure, such as gender or ethnicity. However, I merely wish to point out aspects of his theory that contribute to the understanding of a social security system.

provide conditions that transform individuals into fit and able workers by regulating relationships. Moreover, social policy is expected to regulate exceptions when individuals are too sick, young, old or impaired to work. From Offe's perspective, social policy is not an alternative to negative consequences of the industrialised world, nor is it a reaction to the social problems of the working class. On the contrary, social policy contributes to constituting the working class. Social policy is the vehicle for resolving the contradicting patterns of social development, and should not be considered a solution to existing contradictions of society.

While Marshall (1965) and Korpi (1988) argue that social rights make citizens less dependent on the market and the economic principles governing it, Offe (1984) argues the opposite. This illustrates that theories vary in their approach to a welfare state and social policy and gives us some idea of the complexity involved when analysing social policy in a modern welfare state. Although Marshall and Offe analyse advanced capitalist societies, they do so from different perspectives. Marshall uses a more agent-oriented perspective than Offe, who uses a system-oriented perspective. Both perspectives see the welfare state expressed as a singular process, a perspective that has been criticised by feminists. A dual structure, at least the one related to the man-woman diametric, has always embodied welfare programs (O'Brien & Penna 1998)⁴⁴. Another criticism is that neither Offe nor Marshall pays attention to variations in social rights as reflected in ways of organising social security programs. The design of social security programs is not considered crucial for welfare-state policies. But Marshall's and Offe's approaches are important for another theory on modern welfare states, presented by Esping-Andersen (1996). We will look at his analysis of the modern welfare state in the next section.

Social security and regulatory policy

A common assumption of contemporary welfare research is that social security provides income insurance to citizens. But I already demonstrated that this approach to a social security system is problematic. However, before challenging any such conceptualisation let me introduce some of the basic ideas underpinning Esping-Andersen's theories on

44 With respect to disability, it could, for instance, be claimed that importance should be attached to the fact that it is women who mainly perform unpaid domestic work and care for family members who are disabled. It might also be claimed that gender is an important aspect for any disability research study, as gender has been a neglected field within disability research (Helmus 1993, Barron 1997). However, as mentioned earlier in this thesis, this particular study analyses the justifications for making a phenomenon into a disability, not the implications of being classified as impaired. I consider the gender issue to be important, but also that disability and gender are social constructions. Therefore, any conceptualisation about the constitution of "man" or "women" is based on particular assumptions, and involves a process of interpretation (Taksdal & Widerberg 1992). Gender should for this reason not be addressed as only a variable of difference between the sexes, but analysed as constituted practice.

how to understand the welfare state system as social protection. He assumes that the social security system provides a 'floor' of income security against distress and poverty. In this way, social security benefits represent an alternative income source for people suffering from the outcome of a capitalist labour market, which offers no compensation. For this reason, a welfare state and its social security system can de-commodify negative consequences of the capitalist labour market⁴⁵.

The assumption is that a capitalist market attempts to commodify any resources available, as well as labour-force resources. Resources become commodified in the sense that they are formed in ways that meet the needs of a capitalist market. This in turn influences the structuring of social security programs, and the regulating of criteria for illness, ageing, disability, unemployment, and so on – situations where citizens are assumed to be more vulnerable to the influence of the market. Thus, a social security system, which includes an emancipator principle, is a system assumed to protect against the loss of income when employees are sick, pregnant, impaired or aged – situations assumed to be unattractive for labour. In this way, social security reinforces an individual employee's position against the demands of a capitalist labour market.

Esping-Andersen (1996) uses this perspective when analysing the development of the welfare state. He claims that the social security system 'de-commodifies' the ruling principle of commodity exchange⁴⁶. His model pays no attention to the presence of other power structures than the purely economic ones. Thus, his model ignores social inequality based on gender, ethnicity or 'ableism'⁴⁷. Esping-Andersen pays no attention to these inequalities when he discusses social security programs that form a 'buffer' of income protection against the ruthless capitalist market for all citizens of a state (Esping-Andersen 1996).

Esping-Andersen's typologies used to describe the modern welfare state are based on the theories of Titmuss (1974). Esping-Andersen labels three different typologies of welfare states: the social democratic model, the institutional model, and the corporatist or liberal model of a welfare state⁴⁸. There are, however, limitations on how far we can use his theories to analyse the social rights of a social security model. The overall aim that Esping-Andersen has is to study the relationship between the state

45 Offe suggests an alternative perspective to this. He claims that the capitalist market is organised around an exchange principle, and the analysis of a welfare-state system should be analysed according to the perspective of the exchange principle and not according to the role of commodity as in advanced capitalist societies.

46 However, whether this is true or not is open to discussion. The Esping-Andersen theory on de-commodification has been accused of being 'male centred' and ignoring or underestimating the ways in which the patterning of gender inequalities underlies differences and similarities between different kinds of welfare states (see Taylor-Gooby 1991, Lewis 1992, O' Connor 1993). Placing this in a footnote does not imply that these aspects are considered unimportant, but rather that these issues refer to other aspects than what are discussed here, the implications of de-commodification.

47 This refers to a term used by Oliver (1990); it refers to a society dominated by a social structure that suppresses disabled citizens.

48 These typologies are based on his study of empirical patterns among different states' security programs for pension schemes, sickness insurance and unemployment insurance in various European countries. Esping-Andersen focuses on empirical findings, and implies that examining levels of social protection for social security programs can discover certain patterns.

and the labour market. He distinguishes states according to this relationship, and he assumes that a state's social security system is designed according to certain principles of distribution. The Social-Democratic model works according to special principles, the co-operatist model according to different principles and so on. The notion of a mixture of distribution principles for social security within the same nation does not fit Esping-Andersen's typologies.

It is interesting to link Taylor's (1996) concept of principles for social policy on distribution to those of Esping-Andersen. Taylor's concept suggests that a welfare state can be identified by analysing principles used in making social security programs. A Social-Democratic regime makes use of universalistic principles for distribution, while a liberal regime uses selective principles for distributing social security benefits. However, as Taylor suggests, mixtures of universal and selective principles also exist and are common:

In the most general sense, these are tensions between universal and particularist (or selectivist) approaches. They frequently emerge as the debates between universalistic needs-based arguments associated with defence of state-welfare and particularistic needs-based arguments associated with the self-advocacy of 'new social movements' (Taylor 1996:149).

The appearance of a mixture of principles, in other words a social security program that integrates both selective and universal principles for distributing benefits, provides a different perspective from that of Esping-Andersen. Taylor's approach challenges Esping-Andersen's welfare regime typology, formally and substantially. Formally, Taylor's approach does not elevate one welfare state model as 'universal'. Moreover, this perspective challenges some assumptions upon which Esping-Andersen's conceived welfare regime rests. According to Taylor, the kind of social security available to citizens depends on the principles used to determine eligibility for collecting social security benefits. Furthermore, if mixtures of universal and selective principles are applied in the same social security program, inconsistencies appear. A social security model with internal contradictions is not possible according to the regime model developed by Esping-Andersen. His model would not account for inconsistencies when it comes to distributing social security benefits.

A social security system that mixes universal and selective principles would, however, fit Offe's approach (1984) and his concepts on the advanced welfare state. He argues that a welfare state model is organised according to different subsystems that contradict each other. The system assumed to play a counter-balancing position between the economic and the normative subsystem is the political-administrative one. This system legitimises the existing contradictions between the economic and the normative subsystem. As I already have pointed out, Offe's model is not based on empirical observations and does not consider the possibility of variations in social security schemes between countries; his approach is more system theoretical.

According to Offe, the social security system is part of the political-administrative system. The system governs social rights, resources and grants in the state. This system may well entail contradictions since the normative system appears on one side and the economic system on the other. These two systems conflict with each other,

but the political-administrative system is expected to settle the conflict. To illustrate this, the economic system might be accused of working according to ruthless principles of exchange in the labour force, while the normative system works according to principles of citizen's social rights and a "just" or "egalitarian" society (Offe 1984). The main purpose of the political-administrative system is to socialise and regulate so it fits both principles. Accordingly, the social security system must encourage wage labour and the security of people when wage labour is difficult or impossible to find.

A way to fulfil this is to organise social security so that basic income is given to people with no or low income, and at the same time people with working income are given security. This would indicate that social security must be based on principles of income compensation for all participants in the security system, independent of their employment sector and contribution payments. It will need to be a security system that ensures income maintenance when excluded from the labour market, and an income maintenance guarantee of a maximum (ceiling) level for compensation above which no compensation is provided.

This kind of construction of a social security system does not only provide a "floor" of income security but also a "ceiling" at which governmental income security stops. A form of segregated social policy containing both a "floor" and a "ceiling" of income protection is considered to be a model that preserves a consensus between conflicts of class interests in a country. This kind of social security system would function in the interests of well-paid employees or financial elites and in the interest of low-income employees. Some feel that the Swedish social security system is constructed in this way, which makes it unique (Korpi & Palme 1993). As Korpi and Palme see it, social security systems like this work on egalitarian principles and function according to principles of re-distribution. This model makes it possible to re-distribute economic resources between people with high income and people with low income. In addition, through its governmental administration the state gains access to capital accumulation that otherwise would go to private accumulation or pension funds.

A segregated social security model is a prototype of what Esping-Andersen (1996) later labelled "an advanced welfare state model," generous and egalitarian in its construction:

The modern welfare state became an intrinsic part of capitalism's post-war 'Golden Age,' an era in which prosperity, equality, and full employment seemed in perfect harmony (Esping-Andersen, 1996: xiii)

The 'advanced welfare state' is characterised by 'Keynesian consensus' as Esping-Andersen sees it and stresses strictly economic and rational aspects. The advanced welfare state model creates no trade-off between social security and economic growth, between equality and efficiency (Esping-Andersen 1996)⁴⁹. This last characteristic has

49 The 'advanced welfare state' has constructed this 'consensus' based on industrial mass production (Esping-Andersen 1996, Stephen 1996). When these countries now experience a higher rate of unemployment, the advanced welfare state model 'shakes' in its basic constructions and this leads to a debate in contemporary welfare-state research.

been called “The Scandinavian Route” because it is considered common among the social policies in the Scandinavian countries. This route is thought to consolidate both equality-oriented and productivity social policy by maximising employment and equalising the status of women⁵⁰ (Esping-Andersen 1996:11).

Swedish social welfare

Several Swedish social scientists (Furåker et al. 1989, Olsson 1993) have challenged the idea that Sweden’s social security system is advanced. According to them, Swedish social policy should not be seen as representing an advanced level. The level of income security in this country changed dramatically in the nineties. Therefore, it is important to realise that we can challenge the view that the Swedish social security system is based on the assumption of a system organised around principles of equality between the sexes, and equality between the well-paid and the poorly paid. This assumption ignores groups that are left outside of the system and the ones with little income security, such as young people, immigrants and single mothers. Salonen (1994) is one Swedish researcher who opposes the idea that Sweden has a modern social policy. He argues that the social security systems of so-called advanced welfare states typically emphasise income maintenance as a ruling principle, while at the same time, they have ‘out-dated’ social assistance programs – that is, a social assistance program based on a stigmatising system for testing poverty boundaries.

Regulating the relationship between work and income compensation programs and social support programs is a central issue of social policy in several countries. Hence, a clear distinction needs to be made between those who deserve social support and those obligated to work (Lindqvist & Marklund 1995). Here Lindqvist & Marklund argue along the same vein as Midré (1990), who argues that, historically speaking, social policy in Scandinavia has been dominated by institutions that should distinguish between those obligated to work and those liberated from the same societal obligation. For long periods of time correctional institutions and asylums played an important role in distinguishing between those who could and could not work, a role later transferred into more modern forms of demarcation institutions such as the social security system. These institutions continued to be constructed for the purpose of distinguishing between those able to work and having residual work capacity, and those incapacitated to work. This gives any social political institution the crucial role of separating the people willing but unable to work from those able but unwilling to work (ibid.). The willing incapacitated will ‘deserve’ social benefits, but the latter category, the capacitated unwilling workers should be scrutinized, often in a very humiliating way, to see if they have any hidden work potential. Midré contends that

50 However, as mentioned previously in a footnote 46, this egalitarian approach to labour participation and social rights is questioned by feminist considerations of the advanced welfare state.

modern welfare states and vocational rehabilitation programs function in much the same way. Their role is to distinguish the work-incapacitated from the work-unwilling, and thereby clarify who is entitled to social protection and social benefits. The principles would be the same as the period of early capitalism, although the form and concrete procedures for arriving at this distinction will change during modern periods of capitalism.

This perspective that Midré argues for, along with Lindqvist & Marklund, has much in common with Offe's theories, that is that modern advanced forms of capitalism will generate social protection programs and welfare state institutions into the power structure. A social security system can therefore be approached as part of the political-administrative subsystem in this societal context, a system that regulates between the normative and the economic subsystem. Such a perspective is sensible and confirms what Lindqvist and Marklund (1992) contend. They claim that entitlement to social income protection in Sweden is dominated by the so-called 'working-line' principle. This refers to the fact that wage labour is also a governing principle for social security entitlement. Eligibility to income maintenance through the social security program is given to those contributing members of the security system, the ones previously active and who made payments from their jobs in the labour market. The Swedish social security system is constructed in such a way that it does not provide income security to persons who are permanently unemployed or are employed irregularly or for brief periods. These groups have trouble fulfilling the eligibility criteria necessary to obtain income security. Consequently, the Swedish social security system tends to exclude irregularly employed or part-time workers from income security. For these people the social security program provides no income maintenance or income security. The system leaves them with a low income compared with the regularly employed. Moreover, Lindqvist (1989) argues that only higher work performance can eliminate these barriers. The working-line principle is not unique for Sweden, but is a recognised principle of the social policy of several modern welfare states. This refers to the same principle that is later described as 'activation policy', that is a stronger emphasis is made between the interconnections between the labour market and social security policies (Hvinden, Heikkilä & Kankare 2001: 169). This then represents a social-political strategy for finding subsidised and specially constructed jobs or job-training programs for persons experiencing difficulty in being gainfully employed. This strategy is chosen to improve a person's prospects for finding or remaining in paid employment. The working-line principle would implicitly indicate that a person not participating in such active measures for job-creation programs would thus experience difficulty acquiring eligibility for income protection programs.

The theories that I have presented here narrow the lenses for analysing down to the Swedish welfare context. Looking at the Swedish welfare state context I propose that the Swedish social security system may not represent the world's foremost model of social security, as the 'working-line principle' is present in the eligibility criteria for several income-security programs in Sweden. Arguably, people with impairments could come under the working-line principle to earn sufficient rights for income se-

curity in Sweden. Paid employment will be an important eligibility criterion and thereby a mean for regulating rights of entitlements⁵¹ to income security. Persons not able to fulfil the minimum work experience can experience minimum income security. Furåker (1989) states that distinguishing between mechanisms of a labour market and those of a social security system is difficult in the Swedish case, and the boundaries between these systems are unclear and diffuse. Rather than viewing the Swedish social security system as applying principles for income security that are alternatives to those governing the labour market, Furåker views them as complementary structures upholding the same principles. Consequently, social security supports the principles of the labour market, stressing labour participation as a guideline for existence.

Furåker's analysis (1989) fits the perspective used by Offe. That is, a political-administrative system would have to be biased towards the principles applied by the capitalist labour market. The argument that the Swedish social security system pulls in the same direction as the labour market is interesting because the social security system can be assumed to be part of a political-administrative system, a system counterbalancing conflicts between the economic and normative system. These contradictions could very well influence the definition of C-LDCs used to legalise disability assistance in the social security system. Others have shown (Hvinden 1994a) that a weakly integrated organisational design of social policy can influence eligibility for social security for a disability category. Persons with disabilities will easily 'divide against themselves' in trying to fulfil the necessary requirements of the welfare programs. Thus, the person with a disability may encounter contradictory requests from various welfare-state bureaucracies when claiming a disability benefit. Sometimes a person will feel that he or she fulfils the necessary conditions, but sometimes the same person will not fulfil the conditions. As we learned from Stone's reasoning in the preceding chapter, the demarcation line for disability as a category is not always given, nor is the line necessarily crystal clear. This indicates that persons with similar impairments and situations may encounter a different response from welfare-state bureaucracies, and that they sometimes can be classified as 'disabled' while other times not.

51 Furåker (1989) criticises Esping-Andersen for not considering that Swedish security is governed by the 'working-line' principle, and that looking at the social security system as '*de-commodifying*' the supply of labour is too simplistic. The available labour supply cannot be analysed from the perspective of only one dimension, but must be approached as a complex process, according to Furåker. As was the case with the entrance of women into the labour market, this cannot entirely be explained by mechanisms governed by the market, because this implies that women are 'forced' to enter the labour market because their families can no longer survive on one income. This event could be interpreted as a sign of emancipation from the existing patriarchal family structure. This does not, however, necessarily imply a progression. Instead of liberation from patriarchy, women are forced into another kind of patriarchy, exposed by the structure of the labour market which does not necessarily favour women's interests (Furåker 1989:20).

Social policy defining the 'social margin'

The social policy of most welfare states is based on definitions of groups assumed to be at the margin of the society. It is the role of the institutions surrounding a social security system to separate 'the chaff from the wheat' or to decide who should be assigned to categories of social protection and by which criteria. The government provides guidelines and principles through the social security legislation it passes, and these legal acts must be re-constructed and made into operative administrative practices. The role of the social security system is to establish this administrative practice by defining categories. The social policy of the social security system is to transform and activate, whenever possible, 'the reserve army force' and likewise redistribute accumulated wealth to citizens needing supplies to survive and get by in their daily lives. Social security redistributes resources (cash-benefits or paid services) based on rights of social citizenship, and then uses definition processes to establish limits or the margin of these social (citizenship) rights. The role of the social security system is to regulate unruly social problems by assigning persons with social problems to assigned categories of social protection. Lindqvist (2000) believes that a step-by-step definition process decides regulation of the right to disability programs in the Swedish social security system. The idea is to distinguish persons incapable of earning a living through gainful employment from persons capable (in part or full) of being gainfully employed. Lindqvist (*ibid.*) finds this to be an important task for a public social security system. Ultimately any social security system is involved with the construction of the 'margin', of using measures to limit the size of a societal protection program.

This indicates that criteria and principles must be decided for what to regard as being at the social margin of society. Bauman (1991) maintains that a definition of the margin is shaped through categorising processes. Hence, the categorising of a social margin is the way in which a modern society can maintain and constitute structure and order. I find it necessary to draw attention to what I see as a correspondence between the approaches that Bauman uses to explain how a society forms social policies and categories and Offe and Lindqvist & Marklund, where they examine the construction of social categories in the Swedish social security system.

Bauman underscores that society manipulates the possible through definitions of social categories. By making some possibilities more likely to appear than others, by focusing on some aspects more and omitting others, society creates order and structure in the surroundings in the world, and definitions of social categories are a significant part of this process. By establishing margins of categories we regulate the surrounding world in a way that makes it possible to comprehend. Transferred to the specific categorisation process that is being addressed here, the definition of C-LDCs, Bauman's reasoning would imply that the outcome of this definition process for a disability category must be in accordance with the normative expectations of the society needing this social category. He would argue that in the process of defining criteria that limit the margin of society, principles of inclusion and exclusion of citizenship

are addressed. He approaches the inclusion and exclusion principle for understanding the constitution of social categories in a manner that is similar to Taylor and Simmel. Society distinguishes between valuable and less valuable citizen positions, which are significant in the procedures for finding criteria that demarcate social categories. Bauman (1998:35-45) maintains that making social categories that call for public attention is a delicate issue for modern societies. This particularly applies to welfare states as this kind of society must find acceptable standards and regulate rules for poverty lines without risking brutalising or overprotecting the poor. A welfare state policy and administrative policies must be balanced on principles of 'patronising' and 'caring' to design social policy for groups assumed to be in need of help and of being marginalised economically and socially. The point that Bauman makes is that modern welfare state societies experience these definition processes as disagreeable (*ibid.*). He explains that this is rooted in the original role of the Welfare State. The Welfare State, in its original construction, represented a state that was conceived as a state-wielded tool to groom the temporarily unfit into fitness, and to encourage those who were fit to try harder, by protecting them from the fear of losing their fitness in the process. Hence, welfare state provisions were viewed as representing a safety net, drawn by the community as whole, under which every one of its members could benefit, a safety-net that gave members of the community the courage to face challenges in life. The unemployed should be helped to become employed again, the sick to regain their health and so on. Bauman states that the very basic idea of the welfare state, was not charity, nor was it to create provisions as individual handouts, rather it was that the welfare state formed a collective insurance for what could appear as accidents or challenges in life that could befall anyone. The purpose of the welfare state collective insurance (usually equal to a social security system) was to reach out where industry did not; to bear the marginal costs of the capital race for profit, to make the labour discarded along the way employed again (*ibid.*: 36-37). However, the process of defining social welfare provisions and social security categories becomes much more complicated as society moves away from the era when the majority of the population earned their living from gainful employment in industry. In modern societies, the perspective is rather that one will find a growing sector of the population never likely to enter (or gain access) to the labour market, and thus being of less prospective interest to those who run the economy. Bauman argues:

the 'margin' is no longer marginal, and the collapse of the capital's interest makes it seem yet marginal – bigger and more awkward and cumbersome – than it is. (Bauman 1998:36)

Here Bauman adds another dimension to the definitions of social categories in modern welfare states. He points out that modern society is challenged by having to face definitions of the social margin and being forced to settle the line for social protection and rights. Social security can be an important instrument for coping with these modern challenges.

Social policy regulating a category of disability

I have chosen to present and contrast these approaches to show that social policy can be approached as part of state regulation policy and that social security schemes represent a governmental vehicle attempting to resolve social problems. The intention behind the construction of social security is to perform social control and provide ideological justifications within the context of the welfare state. We also learned that resolving social problems by means of social categories used to entitle persons to social security is a multiple and complex process. This implies that a social security system is not only a system that should minimise the risk of social and economic exclusion among a society's citizens, but that this system is also a means for positioning the margin of societal responsibility and setting the limit for a collective insurance system.

As we learned from Stone's reasoning in the preceding chapter, people with impairments risk exclusion from the labour market and from employment due to their disability. Hence, disability for this reason will be an obvious target group in need of social security. Providing income security for disabled people will be a rational argument for putting together specified disability security programs. This rationale, can as I pointed out in the preceding chapter, also reflect moral and normative assumptions of a regulation policy. Definitions and demarcation lines for a disability category in this sense reflect the heart of the welfare state. Moral or emotional elements of the notion of a welfare state influence the C-LDCs that legalise social security rights for disabled people.

Stone (1985) analysed and compared the social security programs of a number of countries to find out what determined a disability category administratively. She found that definitions of disability varied in the compared programs and even within the national security scheme. Sometimes different definitions were found in the same program; sometimes varying from country to country and from program to program within the same country. Stone argues that disability does not simply relate to definitions of medical phenomena (*ibid*: 12). According to Stone, many welfare states' and social security programs' definitions of disability show that discussions have been held on where to draw boundaries between the 'able' and the 'disabled'. For example, impairments could sometimes be determined as being analogous to a situation where the person concerned could no longer perform the job that he or she used to perform, and in other programs impairments could be seen as being equal to a situation where the person no longer could perform any job. Furthermore, it was also difficult to establish which criteria should be used to define the appearance of a disability. Stone referred here to the fact that some social security programs regarded learning difficulties to be a sufficient sign of impairment, and other programs required that there had to be a diagnosis of intellectual impairment, not only a statement of learning difficulties, if entitlement to social security should be provided. Stone states that the categorising of disability as a phenomenon sometimes addressed entirely medical aspects, but not consistently.

Stone argues for the need to address C-LDCs from a welfare-state perspective. Demarcating this category is not just a means of fulfilling the administration of the social security program, nor is it a matter of describing characteristics of groups in the population. Underlying assumptions made about disability as a phenomenon is involved, as is state policy on determining C-LDCs. A disability category is part of the welfare state architecture:

...it is something like a keystone that allows the other supporting structures of the welfare system and, in some sense, the economy at large to remain in place⁵² (Stone, 1985: 12)

Disability-based benefits are a rational way to organise the economic structure of a welfare state. Defining C-LDCs plays an important role in the economy, and in the distribution of resources. However, economic aspects intertwine with moral and ideological concepts. In Stone's reasoning one problem is the construction of distributive eligibility criteria for determining which individuals are entitled to income security. Most welfare states use two different systems for the distribution of social security. One eligibility criterion distributes according to need, while the other distributes according to work performance. Stone argues that these different systems for eligibility distribution work according to different 'logic' or principles.

A need-based system works by recognising situations where people need security. Social security is distributed according to the principle of need. Then again, the work-based system recognises situations of work participation as a reason for distributing social security. With respect to the need-based system, the society may not recognise particular needs and thus not distribute benefits to meet these needs. But, as Stone points out, the fact that a society recognises a need does not necessarily imply that public support is therefore made available. A society may recognise certain situations as creating particular needs, or it may not recognise them, the outcome of a need-based social security principle is not set. Accordingly, a need-based social security program has various forms and there is a problem in defining eligibility criteria for it. How should the aid program be constructed so that it helps people in need, and yet is a system that does not conflict with the idea that wage-labour should be the basic income principle of the society?

In order for the need-based distribution to be possible, some people must not only produce more than is necessary for their own subsistence but must also refrain from consuming the surplus. If surplus is available for redistribution, however, what incentive is there for individuals to produce surplus, either for their own use or for possible redistribution to others? (Stone 1985: 15).

This reasoning can create tension between the two kinds of distribution system, and a fundamental dilemma is the outcome. One strategy to cope with this dilemma would be for society to control and regulate the boundaries between the two systems of distribution. Without a clear boundary between them, the absence of a self-evident definition of what to call a need might cause a moral dilemma. Any welfare so-

52 Stone talks about the notion of disability as being of fundamental importance to the welfare state. At the same time, she sees that this notion is highly problematic.

ciety needs rules for making this distinction. These rules specify who is subject to each distribution system and which eligibility criteria are to be used for distributing social security. These systems or sets of rules are designed by politics and not by some universal logic, Stone contends (*ibid*: 17).

Nevertheless, the need-based distribution is extraordinary, and outside the normal rules, and becomes active if the work-based system is insufficient. This observation reflects the principle of needs occurring when the work-based system does not function. Stone claims that these two distribution system oppose but yet are dependent on each other: "In a very important sense, a society's concept of need mirrors its concept of work" (*ibid*: 20). I interpret this to mean that a welfare-state society determines that people are in need when they cannot receive what most people obtain through their work. The need-based system for distribution exists alongside the work-based system for distribution. The chosen principle for social policies regulates and controls both systems.

Boundaries between the two systems can be identified because they arise from different lines of reasoning. However, this is a difficult issue for a welfare state. Stone asserts that a successful solution to this distributive dilemma is 'the categorical resolution.' This is when the state provides a rationale for assigning people either to the work-based or the need-based system, and that this happens through the construction of distinctive categories. In this way, limiting the influx of 'needy' people is possible when distinctive categories are used, and among these we find disabled people.

Whenever a category does not challenge the general idea of work contribution, the distributive dilemma can be solved. However, in order to solve the distributive dilemma, these categories have to fit morally accepted exemptions and notions. Stone suggests that acceptable exemptions are situations such as sickness, childbirth or having impairment. These are valid excuses for being in need and for not participating in the work-based system. Hence, moral foundations or ideologies are important for the construction of a disability category.

Using the metaphor of the body, one could claim that a welfare state's distribution system is both its 'head' and 'heart'. The 'head' corresponds to the 'rational', calculated effects of a chosen social policy in a welfare state, while the 'heart' corresponds to moral foundations of the same social policy in a welfare state. To illustrate, a welfare program involves certain rules assumed to have positive distributive effects in a population. From this perspective, aspects referring to the 'head' of the welfare state and its program are concerned with the implemented issues of distribution. What effects does a particular social security program have with respect to its intention for re-distribution?

The basic moral assumptions underpinning these questions relate to issues of minimising risks for social tension among groups of the population due to economic inequality. The purpose could be to discipline and control groups of the population to uphold the structure of society. All of these factors, to a certain extent, address the moral or the 'heart' of a welfare state policy.

These aspects could influence and complicate the definition process when establishing C-LDCs in a social security system. Moral issues in the structure of a welfare

state may interfere. The categorisation of disability is often asked to resolve the issue of distribution, a function it cannot possibly perform (ibid: 13). According to Stone, the critical problem for any welfare state is deciding when a person is so poorly off that common rules of distribution should be suspended and instead some form of social security program should take over:

The essence of a modern welfare state's approach has been to establish categories of need in order to determine who should be allowed to make need-based claims, and to provide for people in these categories out of public monies administered by state agencies (Stone 1985: 13).

Summary

A variety of approaches, rooted in various theories on social rights have been discussed in this chapter. The approach presented by Marshall (1965) views social rights as forming an alternative income or economic 'floor' for people having self-sufficiency problems. However, Offe (1984) advances another view on social rights and the process of constituting categories. According to him, social rights are embedded in the capitalist market economy as a component that legitimises the idea of welfare states. I contend that both views underscore the importance of social security systems. A theoretical approach used by Esping-Andersen et al. (1996) focuses on the economically calculated effects of the social security system, while the approach used by Offe argues for an understanding that social rights have to be supported by the norms in the society. The role of the political-administrative system is to balance conflicts between the cultural-normative system and the economic system. Taking the view that the social security system is part of the political-administrative system or the power structure of an advanced capitalist welfare state makes this system interesting to study. The social security system includes aspects important to the economic system and the cultural-normative system. Bauman (1998) clarifies which kind of cultural-normative assumptions are at stake as modern welfare states restructure and redesign social-protection programs for marginalised groups, and Lindqvist (2000) enlighten us on how definitions of the marginalised groups set limits for society, in the sense that the definitions of social security programs exceedingly mark the limit for the societal protection of citizens.

The intertwining of the social security system and the power structure of the advanced modern welfare state provides a useful context for understanding the process of establishing eligibility criteria for the right of entitlement to social security programs. According to Taylor (1996), a country's social policy works according to the principles of inclusion and exclusion. Universal social policy works according to principles of inclusion, and a selective social policy works according to principles of exclusion. Whenever these two social-policy principles come together they can cause tension, as the mix of universal and selective principles pulls in different ideological

directions. Though Taylor's theories do not directly refer to Offe, I suggest that he is in fact elaborating on the points made by Offe, who explains that a social security system contains contradicting distribution principles. The social security system controlling tensions between the normative system and the economic system can solve these contradictions so that they pull in the same direction. Hence, the benefits provided by the social security system have to be adjusted to fit the demands of the capitalist labour market. At the same time, the benefits have to be constructed so that they receive sufficient legitimacy with respect to the normative system.

A social security system plays an important role in the power structure of an advanced welfare state, which influences the structuring of categories for distributing social rights. This impact on the power structure occurs in the process of defining C-LDCs. Because of this impact on the power structure of an advanced welfare state, the social security system does not entirely serve the purpose of income security for individuals in vulnerable circumstances. Consequently, principles used for the distribution of social rights involve complex processes of legitimacy. We learn from Stone that there are two main principles for distribution of social justice in a disability category in a social security system. The eligibility criteria for a category of disability can be viewed as intending to perform the task of resolving dilemmas of these two distribution principles.

I examined these different approaches to social security systems to reveal the complexity and diversity of modern welfare states when they establish and update principles of social policy and regulate social security categories. They inform us those persons who are defined, as C-LDCs will encounter different principles for the distribution of social rights and evolving dilemmas when making claims for disability benefits.

Based on the theoretical research on social categorisations and social policy that has been discussed in this chapter, we can see that the Swedish social security system provides an interesting context for the empirical analysis of formal criteria shaping a disability category on the administrative level. This is in part due to the fact that the Swedish context can be viewed as being a modern welfare state and a social security system constructed on the principle of universalism. As we learned from the theoretical work reviewed in this chapter, the principle of universalism does not exclude the possibility of the social security system containing regulations and limits for a disability category in the security system. The question of where the limit on the disability category is set in the Swedish social security system, and based on which legal principles, is an empirical question that needs to be investigated. Before I re-construct any such decision making and investigation, let me dwell some more on the ideological framework of the Swedish security model, and on the ideological aspects that had an influence on this social security model during the post-war period.

Swedish social policy is known to construct programs that regulate or reduce social risks among citizens using different and complementary means and social-protection programs. The security system represents only one measurement for social protection made available in Sweden (Lindqvist 2000: 29-30). Against this background, social security is an institutional arrangement that is part of a broader welfare

state concept in Sweden. The social security scheme is part of an institutional setting, regulated and created through political and ideological decision making. This decision-making process is aimed at influencing distribution policy in society to provide opportunity structures and security against loss of income, social care and help to solve social problems (Briggs 1961:228). Before trying to unmask major criteria and principles of a disability based on in Swedish social policy, we must first gain more insight into dominant principles for welfare and social policies in Sweden.

Regulating social policy in post-war Sweden

The content of social policy

This chapter presents ideology, debated in Sweden during the post-war period, on the construction of the Swedish social security system. Swedish welfare policy has focused on the question of which governing principles and measures should be used to distribute welfare to its citizens. I will here present some major ideological principles that are important to Swedish social policy. Later, in the empirical case-study analysis of this thesis, I will show how these social-political principles and discussions influence the legal criteria used to define a disability category and the social security system. This chapter reviews how we can understand regulation in Swedish social policy with respect to principles for distribution in the social security system during the post-war period – representing the period during which the social security system was constructed in Sweden.

According to Elmèr (1981), it is difficult to describe the meaning of a country's social policy by separating it from other kinds of public regulation. Social policy refers to areas of consumption at the public's expense and distribution policies in a wide sense. At times, social policy refers to public services or expenses that are paid by government administrations, other times to government regulatory policy. Social policies might refer at times to regulations and income transfers, such as is the case with a government pension system, or it could be public consumption, such as health care services (ibid: 24). Elmèr finds that Swedish social policy is related not only to questions of public economic responsibility, but also to income distribution and social equality. Social policy also relates to how social services are organised, executed and regulated. Branches of social policy regulate the relationship of consumption and people's living conditions in society. Again, in economic terms this is referred to as a need to regulate negative failures of a market. The resource allocation provided in a market may not be efficient when there are negative externalities, that is: when the actions of one individual or firm impose a cost on other individuals or firms without corresponding compensations (Majone 1996: 28). Statutory regulations and a public control system arise when a regulatory state attempts to influence and control the system for these market failures. One example is when a state develops methods of internalising costs of pollution

through government agencies, as the state wants to prevent society's resources from being poured into polluting processes and products, while pollution-free products and processes receive few resources (*ibid*: 29). Arguably, a public regulatory intervention will be necessary to help reduce the gap between the private costs of polluting activities and the true costs of society. The same dynamics of regulatory intervention and policy making that we see in the pollution example also appear in social policies. Social policies also involve regulating negative effects of aggregated problems (mainly concerning income distribution issues and social issues) and regulating negative social expenditures in society, costs that are not so conspicuous at the individual level.

Though parts of social policies relate to public and societal expenditures, public social-political regulation is not always money-oriented. On the contrary, argues Elmèr (1981), when we look at the Swedish case, several areas of social policies, such as working environment protection and housing rent control are not money-oriented. The state regulates these branches of social policy to prevent social problems from arising. The public authorities regulate the area of working environment protection and housing rent control by passing legal acts that enforce agencies (the employees and the employers, the landlords and the tenants) to make arrangements in accordance with a chosen principle and regulation policy. If these agencies do not comply with the stated policy, they risk having to pay fines and fees to government inspectors and controlling agencies. Both employees and landlords must fulfil certain standards to avoid making financial payments to the government for not following specific regulations. Consequently, social policy concerns areas that do not strictly address income distribution in the Swedish case (*ibid*). The reason for public regulation and social policy in other areas than the ones strictly addressing the distribution of social rights, income and so on is based on the assumption that government regulation will reduce the risk of misuse of power, since one agency can be unevenly matched against another. Unless government agencies interfere using public regulation to protect the weaker party, there is a risk of injustice, which in turn can cause social problems. This principle is important for Swedish social policy and the constitution of government agencies.

The examples of public interference in both housing-market and labour-market policy show the complexity of Swedish social policy, which makes it difficult to provide a simple definition of social policy in Sweden. Elmèr (*ibid.*) finds it difficult to draw a strict line between social policy and social steps of government and public regulation in Sweden. Almost any activity performed by a public agency (local or governmental) can be viewed as social policy performed by the Swedish welfare state. During the last decade, social-political actions in branches of society have developed rapidly and are hard to separate from the economic structure of the nation. Sweden is therefore characterised as having a structurally influenced social policy, implying that social policy uses tools of economic policy and vice-versa to fulfil its goals. Elmèr points to examples such as the use of public structural instruments to combat high unemployment rates. The accepted policy of the state is to influence and regulate the production and trade cycle in economic policy, with the aim of creating more jobs, also permanent jobs, to uphold the structure of the Swedish welfare state. The same applies if the state attempts to improve the situation for families with many children as a social-political goal. To

attain this goal, the state interferes and influences housing production or the housing market by offering incentives for the construction of larger apartments.

Strictly speaking, social policy refers to the public (government and local) consumption of commodities and services, but as far as Sweden is concerned, such a definition is too simplistic. Social policies to a large degree are mixed with economic policies, which underlines the economic structure of the country (ibid: 25).

Distinguishing social policies from other areas of public regulations is difficult, but does clarify particular issues in Sweden. Elm r claims that Swedish policy is divided into four major fields. One field deals with income guarantees or the provision of some kind of public security against income loss. Another field addresses environmental protection and services, such as pollution control of water supplies in the municipalities. A third field addresses issues of health care and services, and finally a forth focuses on safety policies such as regulating the labour market, or the housing market (ibid. 25-27). Table 5.1 illustrates this, and provides an overview of the principles used in each field of social policy. However, though giving an overview of social policy by using such a simple table is possible, the reality could, needless to say, be much more confusing. Social-policy agencies and legislation intermix, and the demarcation line is more obscure between the areas than what appears to be the case in Table 5.1. Moreover, for practical or traditional reasons, a social-policy agency can have several tasks that are not internally linked, which further confuses the picture.

The main argument for presenting the simple table is that it presents the principles organising social-policy issues:

Table 5.1 *Major Fields of Swedish social policy*

Principle for social policy			
<i>Income guarantee</i>	<i>Environmental service & protection</i>	<i>Health care</i>	<i>Safety</i>
Labour market policy & service	Social planning & ecology	Medical services (hospitals, nursing homes, rehabilitation units etc)	Safety of the working environment
Social security including unemployment insurance	Health services	Treatment of offenders	Safety of recreational and working hours
Housing benefits & family policy	Housing policy		Entitlement to vacation and payments
Armed forces benefits	Family policy (school meals, children's allowance etc)		Security of employment and from illegal dismissals and notices, discrimination
Social services & assistance programs	Recreation activities		Security of tenants
	Counselling (Social services programs, family counselling etc)		

As Table 5.1 illustrates, Swedish social security is part of the income security system for citizens. However, Swedish social security consists of not only cash-benefit programs, but also compensation programs and service programs. Under specific conditions, social security entitles a person to compensation for medical services, medicine and counselling provided by professionals. In Elmèr's simplified depiction of Swedish policy, the social security system deceptively appears to work only as an income regulation instrument in state policy.

To 'set the scene' for determining which social issues and social regulations generate the construction of a social security system for Sweden, different ideological trends can be seen as having made a strong impact on this construction. In the section below, I will discuss these ideological trends in more detail.

Social security and social policy

During the construction of a comprehensive social security model during the post-war period, we can trace ideological streams and debates on the principles of social policy in post-war Sweden. To illustrate relevant aspects of this dynamic, I am inspired by Lindqvist's (1989)⁵³ description of the development of the Swedish welfare state.

Experts versus the influence of laymen

Lindqvist distinguishes between two dominant influences on social policy that are important to the construction of a modern welfare system and the social security system. One influence reflects the policy of Alva and Gunnar Myrdal. Representing the other influence was Gustaf Möller, minister of health and social affairs in the post-war period. Möller represented the Social-Democratic party. According to Lindqvist, these two social-policy principles approach social issues differently. Not only did they approach social policy with different tools; they even had different visions of how to solve social problems in Sweden. What I believe Lindqvist means is that alternative philosophies and principles are used between the social policy presented by the Myrdals' social policies and those of the thirties influenced by Möller.

The Myrdals viewed social and economic problems of society as expressions of 'social deficiencies' or a lack of social adaptation in the population. They believed that such shortcomings could be best improved or 'corrected' by the use of political means. Their recommendation was to improve efficiency in social policy and the use of rational expertise (*ibid.*). To put it another way, the Myrdals argued for the use of

53 This refers to his article "Den svenska välfärdstatens utveckling – några huvuddrag" published in *Välfärdstat och lönearbete* Furåker (ed.), 1989.

expertise, or 'professionals', that could guide people to 'correct lives'. They also had a strong belief in using 'rational' organisations as tools for solving social problems. However, as Lindqvist points out, such a strong belief in the use of expertise and a 'rational' organisation, or scientific means concerning social policy, should not be seen as a sign that the Myrdals favoured bureaucracy or professional hegemony in society. On the contrary, according to Lindqvist, the Myrdals had a strong belief in initiating the active participation of any citizen, and that this formed and influenced social policy, independent of class background or other characteristics. This approach to social policy found that citizenship had to be included and incorporated in society through designing universal measures so that citizens should not experience a fragmented and excluding society. The idea of the Myrdals' social policy was not to legitimise powerful bureaucratic organisations of professionals and make these dominant in social policy⁵⁴. Rather, they envisioned citizens actively participating in the formation of the economic and political development of society. To change social policy in this direction, the means should diminish social boundaries related to poverty. When this was done, all the disturbances or lack of social adaptation would have abated, and society would have developed into an open active democracy where all classes contributed and participated in forming a good and harmonic society – the 'home of the people' [Folkhemmet].

This viewpoint and vision for social policy contradicted the 1930s party line of the Social-Democratic party and Minister Möller. Lindqvist calls this a 'small-town' orientation of social policy influenced by the working class. This influence is fulfilled by using laymen in the decision-making processes and by giving them influence in organisations shaping social policies. The idea was that greater influence on the part of laymen would make it possible and desirable to create a social policy 'close' to the people and 'real life', or people's 'real problems'. Important components in this approach to social policy were the opening of government organisations to laymen's influence, and the decentralisation of decision making from central state authorities to local government authorities with laymen representation.

The 'small-town' orientation of social policy was sceptical to using 'selective solutions' and critical to using a social policy based on scientific knowledge or bureaucratic expertise. Instead, this orientation believed in ordinary peoples' common sense in forming a social policy. This influence of laymen should be used in decision making. Lindqvist believes that such scepticism against experts arose due to previous experiences of social policy in Sweden. The previous social-political system often victimised and humiliated people from the working class because it employed a stigmatising social policy. It was not until the social problems became visible and the individual became, for example, sick, poor or alcoholic that the authorities stepped in with social-policy efforts. People had to 'demonstrate' a need in order to be helped.

This was a social policy based on the principle that individuals would have to be classified as having a social problem before any grant could be provided, as opposed to the principle of preventing the social problem from occurring in the first place.

54 Some of these problems are well described by H. Hernes (1988) in her book: *The Dimensions of Citizenship in Advanced Welfare States*.

The governing Social-Democratic party after the Second World War refused to uphold this social-policy model, where the municipal authorities (for example doctors, police and priests) had a strong say in who should and should not receive social benefits. Such a model readily used a victimising and humiliating classification system to help people in distress. Instead of such a selective social-policy model that was influenced by the idea that ‘correcting’ or ‘morally improving’ certain groups in society was necessary, the post war Social-Democratic party, under the leadership of Möller, proposed the construction of a social security model that included any citizen in need. The model was based on the principle of preventing social problems from occurring. This meant comprehensive membership in the social security system, basing it on the principle of universalism, not selectivism. The first social security scheme based on this principle was the sickness security program. This was available to everyone who had a job, and included insurance where people voluntarily could insure themselves at a higher income-maintenance rate. This model was assumed to be an improvement over the existing social protection programs that organised the sickness insurance in many different offices, each responsible for a working-life sector (Lindqvist 1989: 33). The Social-Democrats suggested a compulsory system, which included everyone, for such a system was believed to be a better social security model for the working class. The principle of compulsory social security eventually became an important component of a new social security model, which was constructed under the influence of social policy during the late 1950s.

However, this did not mean that the Social-Democrats neglected the importance of using legislation and legal experts as instruments for social policy. They did, however, suggest subordinating their influence by putting laymen on the boards of local social security administrations, favouring the interests of the working class.

Benefits – “paid service” versus “cash benefit”

Lindqvist refers to another social-policy discussion as well: the conflict between providing benefits as “paid service” (such as free health care services, free meals at schools, subvention housing costs, and so on) versus using social-policy measures that give cash benefits to individuals. The policy favouring “paid-service” benefits dominated the Myrdals’ philosophy and approach in social policy, which had a strong belief in ‘social engineering’. Consequently, social and economic problems were mistakes of social adaptation, creating disharmony that social policy could regulate. Therefore, society provided special devices for people in need to improve their living conditions. The social policy, successful in the 1930s, was later regarded a selective and targeted policy that improved common living conditions for the poorest segment of the population (Lindqvist 1989:33). Later, however, during the 1940s, the Social Democrats felt there was a need to change social policy. This in part rose out of their concern that the social policy in force proclaimed that individuals had to be identified and labelled as being in need in order to be helped. Working-class people could therefore suffer from a negative ‘stigma’ before their situation could be improved.

The alternative, according to the Social-Democratic party, was a social policy that provided financial support to prevent people from experiencing social problems. This philosophy implicitly formed 'the people's insurance program'. The idea was to construct common sickness insurance, a pension scheme, and a family insurance program that prevented social distress. They were to be integrated into a comprehensive social security model for the country. This meant a social insurance program influenced by the public, providing security for any citizen experiencing financial problems due to such situations as disease, impairment, old age, custody and care for small children and so forth. This represented another direction in social policy that contrasted with the selective social policy program of the 1930s. A switch towards social security providing "cash benefits" was assumed to be a means of preventing social problems from occurring, and of freeing people from strong stigmatisation.

Basic versus standard security (income maintenance)

Yet, another demarcation line in Swedish social policy, as pointed out by Lindqvist, referred to whether social security should provide for basic income security or standard security. The basic question was whether social security benefits should aim to improve the minimum standard of the population, or if it should guarantee people a basic income level. Lindqvist (*ibid.*) claims that social policy during the post-war period focused on the question of increasing the basic living conditions of people living in Sweden. However, by the end of the 1930s the Social-Democratic party considered social policy based on basic income security to be redundant. In the 1940s and continuing into the 1950s, the Social-Democratic party wanted to construct social security based on the principle of income maintenance and standard security (Lindqvist 1989:35). Such a social policy not only guaranteed people a certain standard of living, but also would be more progressive for the working-class income level. Thus, the 'blue collars' would, be entitled to a social security program providing not only a means of preventing individuals from falling into distress, but income maintenance in accordance with income earned during working life, as was usually the case for the 'white collars'.

This shift in ideology led to the construction of sickness insurance in Sweden (Lindqvist 1989). Legislation that guaranteed everyone a basic sickness allowance was first introduced in 1947. However, it took time to pass this legislation, with Parliament not giving it the green light until 1955. Furthermore, when the legislation came into force, the Social-Democratic party in power changed it so that sickness insurance would be based on the principle of disuse of income. At the same time, sickness insurance was co-ordinated with occupational insurance, and the financing principles were changed. Beginning in 1955, the employee had to contribute to the financing of these schemes by paying an employee tax (*ibid.*: 35).

The 1950s saw a heated debate on how to construct a good public pension scheme that worked in the interest of all employers in Sweden. A pension based on the same principle as the comprehensive sickness insurance and using income maintenance as

a guiding principle was proposed. Although this idea was controversial, it passed Parliament in 1959 as the 'ATP pension system'⁵⁵, but passed by only a one vote majority, which was secured only when a representative from the Liberal party⁵⁶ broke party ranks and followed the Social Democrats. With the introduction of the new (ATP) supplementary pension scheme, a pension system mainly providing basic income or a minimum standard was abandoned. The new pension scheme entailed a basic pension, 'folk pension' and the entitlement of wage earners to a supplementary pension 'ATP- pension'. This guaranteed wage earners particular income maintenance in their old age. Within a short period of time, family insurance for widows and a pension for children were also included in the social security system.

Summary

This chapter examined the debates on ideologies behind the social security program in Sweden, and the governing principles for social policy during the post-war period in Sweden. As far as Sweden is concerned, an intermingling of social policies with economic policies complicates the picture, as social policy is not merely involved with public consumption of commodities and services. The structure of Swedish social policy has the intention of harmonising the economic system and vice-versa, with various principles invoked to balance this relationship. This chapter has also provided an overview of a number of ideological principles that, in their basic structures, conflict in their corresponding approaches to social problems and the social security system in Sweden. The content and tension between these conflicting ideologies clarifies assumptions that appeared on the social political agenda as Sweden constructed a new social security model during the post-war period. The next part of the thesis will present an empirical analysis of the criteria and definitions constructing and constituting a category of disability in the Swedish social security system.

55 'Allmänna tilläggspensionen' or a supplementary pension system.

56 'Folkpartiet'

PART III

The Empirical Analysis

The disability category

A synchronic analysis of legal criteria defining the category – the case of the Swedish social security legislation of 1995

What is accepted as constituting a disability? This is a key issue that needs to be legally formulated before the social security system can administratively decide and distribute welfare state benefits to persons with impairments. These criteria are formulated in the acts that make up the social security legislation. This chapter presents an empirical analysis of what has been found to constitute a ‘disability’, thereby granting access to disability programs under the Swedish social security legislation of 1995⁵⁷. The analysis describes eligibility criteria used to define and demarcate the disability category in the Swedish social security system’s major disability programs, and which approach and underlying assumptions are connected to these eligibility criteria. The purpose of this chapter is descriptive, to show the relevant aspects when determining the principles behind the disability category in Swedish welfare state policy.

I emphasised in the theoretical framework of this thesis (Chapter four), that the model of the social security system in Sweden provides an interesting context for an empirical analysis of definitions of C-LDCs, as to a certain degree the Swedish social security system uses the institutional setting of an advanced welfare state. Ideally speaking, for this reason the Swedish social security system will strive to construct social protection against poverty and despair, and also allocate resources to create equality and equivalence for citizens experiencing unequal conditions. This makes it interesting to analyse which criteria determine the disability category in the Swedish case. Any use of legal principles in a social security scheme will need to be limited to establish the boundaries of the category ‘the disabled’, and for this reason legislation, decision making and principles used to express legal criteria for access to a disability program are of special interest to the empirical analysis.

57 Only the text in the legislation is analysed, not the text referring to the legislative intentions or applications. I will explain later why only the formal legislation is chosen.

This chapter examines aspects of the complexity of finding and formulating the C-LDCs in the social security system. This will help to answer the question concerning the social construction of the disability category in a social security system. This chapter presents data on defining impairments as subcategories within the encompassing category 'disability'. I assumed that important underpinnings exist within the process of defining the disability category, and those can be uncovered and reconstructed by analysing the legislation text itself. In other words, I use the social security legislation as a source of information about ruling principles, criteria and definitions given to the disability category. Going back to the scientific issues described in Chapter one of this thesis, the analysis of this chapter will help to answer these questions:

1. What describes and presents facts for the disability category in the legislation from 1995?
2. Which criteria are used to demarcate and categorise disability?
3. Which underlying assumptions and conceptions are expressed about disability in the established legal criteria?

In presenting a synchronic analysis, I examine only one year of the social security legislation. By concentrating the analysis in this way, I was able to view the C-LDCs within the same historical context. Another argument for a synchronic analysis is that it makes it possible to analyse any changes in the language and what these might mean (Andersen Åkerstrøm & Kjær 1995:5). According to Andersen Åkerstrøm & Kjær, the development of language cannot be studied in its entirety; rather it has to be studied in the creation of new signs, significations and phonetic categories. On the other hand, a synchronic analysis of text or language expressed is an analysis of language as a system. I will illustrate this when I use a synchronic strategy to analyse legislated criteria of the disability category. This will make it possible to study utterances that refer to definitions of disability. The signifier of disability is an announcement or semantic communication as to what disability represents. What gives meaning to disability is not only what is significant as a person becomes disabled, but also a communication about what makes disability different from other social phenomena, and what is similar between disability and social problems that welfare state institutions need to address. To identify and closely examine these semantic communications, and the connotations that can be studied by searching for changes in the language defining the disability category a limited amount of text was preferable. A limited text allows the researcher to analyse closely the text-and-interaction relationship than would be the case with a larger amount of text material.

The synchronic analysis presented in this chapter shows that different underlying assumptions about disability are used to give legitimacy to the disability category. These understandings are involved in defining the disability category by contrasting legal criteria, yet they follow three distinct patterns. A closer examination of the formal eligibility criteria of the programs outlines these patterns clearly. I call the three patterns disability discourses⁵⁸ because each represents a distinct way of categorising

disability, and each reflects a distinct mode of thinking about disability. In particular, the three disability discourses correspond to three distinct conceptions of disability:

- Disability as a rehabilitation potential
- Disability as an economic liability
- Disability as a disturbance in everyday life.

The empirical analysis that is presented in this chapter describes which details and basic principles rule each of these discourses. I will describe signifiers used to indicate criteria that place impairment in the disability category according to each discourse. First, however, I will provide more information on the data analysed.

The data

This section presents specific information on the data and principles used for analysing the text of the legislation. For general information on the method, I refer to the discussion in Chapter two in the first part of this thesis.

The data for this case study consisted of texts selected from 1995 social security legislation (SFS 1963:381)⁵⁹. The 1995 AFL legislation contained clauses referring to one of the most radical disability reforms ever undertaken in Sweden – the LASS⁶⁰ and LSS⁶¹ – and this was one reason for choosing this year for the examination of social security legislation. I assumed that the recent disability reform could interfere with the C-LDCs chosen to demarcate disability as a category in Swedish social policy and pull the definition of disability in a different direction than what was previously the case.

The analysis makes no claims regarding the implementation issues of LASS or LSS (or any other disability-program legislation). In Chapter one I referred to these issues, which researchers such as Heztler (1994), Hollander (1995) and Lewin (1998) have investigated. This study does not analyse the legislative preliminary work be-

58 Here I simply refer to separate disability discourses as expressions of particular patterns of underlying assumptions. Calling these 'separate' discourses is problematic as they all might be branches of a more encompassing disability discourse, that is, the three identified ways of considering disability might simply represent fragments of a larger expanded discourse. However, the point here is to illustrate the main components of the disability discourse, and the way ideas are structured in the discourse, and then to separate one from the other.

59 More accurately, I examined the 1995 version of this legislation, including all legal amendments of June 1995. This means that this legislation contains amendments to the original legislation of 1963 that was passed by Parliament in June 1995, and it includes the governmental proposal, SFS 1995:848. For practical reasons I have chosen to shorten the legislation name *SFS 1963:381, including all revisions up to SFS 1995:848* to AFL, which is short for *Allmän Försäkringslag*.

60 'Lagen om assistansersättning' – Special Services Act (personal assistance)

61 'Lagen om stöd och service till vissa funktionshindrade' – Special Disability Act for a particular group of disabled persons.

hind each disability program in the social security system⁶², which may represent a limitation on my interpretations. The 1995 social security legislation also contains legislation from the beginning of the 1960s and later (Elmér 1969; Broberg 1973). For this reason the 1995 legislation is not entirely ‘new’, but informs about previous social security legislation. Thus, although the time dimension is ‘frozen’ in the analysis, the 1995 social security legislation contains rules and regulations from earlier periods. All social security legislation from 1963 and later have been integrated into the same legal text (1995), which makes it even more interesting to analyse this legal text. Particular trajectories of thought and ways of considering C-LDCs or constructing the disability category in a society can thus be studied in the same text, and thereby their structuring of thoughts can be internally analysed through their inter-text relationships. Note that I only treat aspects of factors influencing the process of constituting the disability category.

Sampling strategies

This section presents the principles used for analysing texts. First, I organised a sample of clauses in the legislation containing information that reflected the structure in the legislation. The first question asked was whether the legislation of 1995 gave an overarching definition of what was regarded as a disability. As no overarching definition was found, I changed strategies, undertaking instead a computerised word search⁶³ (in Swedish) for clauses giving references to any key word associated with disability. As a complementary sampling strategy, I searched for a clause that were inter-textually related, that is they referred to each other in the legislation text. For example, when the clause granting entitlement to a disability pension contained references to other sections in the legislation, such as paragraphs granting entitlement to sickness pension and sick pay, then these became part of the data to be analysed. This strategy alerted me to the expression of ‘prolonged disease’⁶⁴, for instance, as an important C-LDC.

In addition to these strategies, I used a ‘stereotyping’ strategy, which means that I deliberately searched for legal clauses in the legislation that I knew to be common to

62 Though the aspects are important, they are not examined in the analysis presented here. Here I focused on formal legislation itself, shaping disability into a distributive category of its own, mostly to elaborate what images of disability would appear. These images might be different from the political intentions behind the legislation, and for this reason, the preliminary work was excluded in the textual analysis. However, the political aspects and intentions are elaborated in the analysis presented in Chapter seven and eight.

63 First I undertook a word search of clauses containing the Swedish term *handikapp*. As mentioned above, I considered whether the term ‘*handikapp*’ in Swedish could have a general and a specific meaning (see Söder 1982). From information in these clauses, I let the material guide me to other synonyms for disability used in these clauses, including Swedish terms such as ‘*funktionshinder* [disabling conditions],’ ‘*funktionsbegränsning* [disabling limitations],’ ‘*funktionsnedsättning* [impairment]’ which became new words to search to give me clauses for analysis.

64 ‘*långvarigt sjuk*’

granting entitlement to people recognised as disabled. To identify these benefits and their clauses, I used (a) my previous experience in working with the disability movement, (b) informants working in public administration with disability issues, and (c) members active in disability-movement organisations.

Inter-textual relationships were analysed as follows. First, sequences of the clauses containing synonyms for disability were examined⁶⁵, concentrating on analysing the specific order of text when examining synonyms used for expressing disability in the text (Fairclough 1992:117-119). I concentrated on looking for patterns in the clauses and key words or expressions used to describe C-LDCs. This information emerged when I examined the structure of discursive representations of disability (ibid: 118). According to Fairclough, discursive representation refers to central ideas, underlying assumptions and important messages communicated when talking about a phenomenon. These are found by studying the utterances that address the phenomenon, according to Fairclough. I interpreted this to mean messages communicated in the process of legally defining C-LDCs.

To find discursive representations for the disability category, I closely examined data that contain utterances about disability, and I found variety and differences as to which C-LDCs were used. Initially, I found it difficult to identify inter-textual relationships and the relations between the concepts. Synonyms for disability appeared 'here and there' in the text during my first reading and gave an immediate confusing impression of conceptual relationships. Let me illustrate by giving an example. The sick-pay program was very different in its terminology on this point. In one legal clause, the term 'disabling condition'⁶⁶ justified the compensation for disability:

5 § Compensation for specific rehabilitation and treatment including development and testing of technical aids for people with 'disabling conditions'. (2-5 § AFL 1995) ⁶⁷

In the following clause (2-6 §), however, the term is changed; but apparently the terms denote the same content:

Compensation is also made for travelling expenses connected to
1. the supply of equipment for disabled... (2-6 § AFL 1995) ⁶⁸

I found no clear structure or consistency in the terminology referring to C-LDCs. Instead, specific but different ways of approaching how to define the disability category appeared. Rather than trying to state the 'nature' of each concept used for describing impairments or disability, I changed focus and followed the different trajectories for defining disability as welfare-state phenomena, for the purpose of catching the discursive representation of each definition.

65 That is, the key words described in footnote 63

66 This could be addressed as expressing impairment. The Swedish term used was '*Funktionshinder*'. The term was changed in the next section, although it was impossible to clarify any conceptual difference between the terms.

67 5 § "Ersättning för särskilda rehabiliteringar och behandlingar samt för utveckling och provning av hjälpmedel åt personer med *funktionshinder*..." (2:5 § AFL 1995)

68 "Ersättning lämnas också för resekostnader i samband med
1. tillhandahållande av hjälpmedel åt *handikappad*.." AFL 1995 2:6 §

Disability – a rehabilitation potential

This section addresses the content or main message of the first disability discourse appearing in the social security legislation. The main message communicated, deciding which C-LDCs to use, concerned any impairment seen as representing rehabilitation potential. The discursive pattern underlines what I have called a labour-market approach to disability. A social security program should support efforts made to improve any hidden labour potential by a person impeded by impairment. The message that this discourse gives is that social security should support and encourage persons to pursue gainful employment whenever possible. If the person cannot be gainfully employed in the open sector of the labour market, then perhaps the person could be employed in enterprises active in more sheltered sections of this market. The general underlying assumption made by this disability discourse is that a person who cannot be employed in either of these sections thus is defined as permanently (work) disabled.

The idea expressed is that disability should always be evaluated in relation to gainful employment. Gainful employment is the ultimate aim for any individual with impairment whenever residual work capacity can be found. Social security programs are constructed with obstacles so that the criterion of ‘fully disabled’ is hard for a social security claimant to qualify for. The entitlement to a disability pension is reserved for persons who have no chance of being rehabilitated to employment. The outcome of this categorising of disability is that social security is designed to rehabilitate, not to approach occurrences of impairment as representing a permanent condition. Therefore, the inability to work is to be regarded as a temporary situation that could be influenced by rehabilitation efforts. The work potential of a person is part of a continuum process where the outcome is not always given. Hence, the sick pay benefit is a first stage in such a continuum, representing temporary reduced work impairment⁶⁹. The next stage, when the work impairment continues, will entitle the person to another form of income security, rehabilitation pay⁷⁰. If the impairment continues to be a problem in getting the person back into employment, even after rehabilitation efforts, a sickness pension⁷¹ can be granted. Ultimately, as the problem of gainful employment and work impairment is found to be permanent, the person in question is finally entitled to a disability pension⁷². This indicates that in this discourse, a step-by-step-definition is used to establish disability criteria. Consequently, the construction of the benefits is organised according to an understanding of disability as the final outcome of a continuum, and the benefits themselves are organised according to a stepwise principle. The lower down or closer to a disability pension, the more regulation there is and the more strictly the eligibility criteria are enforced. Thus, eligibility for rehabilitation pay is more restrictive than eligibility for sick pay⁷³ and in turn, the eligibility criteria for a disability pension are even more restrictive.

69 ‘Arbetsförmåga’

70 ‘Rehabiliteringspenning’

71 ‘Sjukpension’

72 ‘Förtidspension’, literally the Swedish term used is ‘pre-pension’.

73 In the sense that claimants are evaluated by more criteria than certification about the illness.

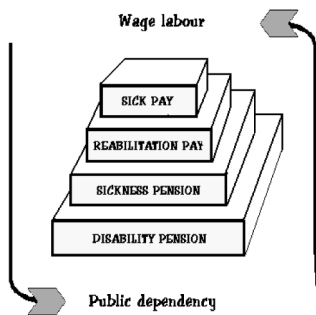
That a person with reduced work capacity should be kept as close to the open labour market as possible appears to be important to the rehabilitation discourse. The lower down a person is within the hierarchical step-by-step definition used by the rehabilitation discourse, the further the distance from participation in the labour market, and this is seen as a sign that the impairment is becoming more or less permanent. However, the top of the hierarchy is restricted to persons with no clear sign of permanent work incapacity needing permanent income security from the social security system. The lowest level, the disability pension, is to be associated with a person who is permanently work impaired. The only way to try to prevent this from happening could be through rehabilitation, by trying to activate what is left of any work potential.

Disability is assumed to be an outcome of a process that starts with a work incapacity that is temporary. The process can start with a disease and then in time develop into an impairment that may involve a permanent loss of work resources. Thus, disability represents a gradually developing outcome of a situation that can only be treated through rehabilitation programs. Despite rehabilitation efforts and labour resources, disability might be an inevitable outcome. Apparently, the quality of the labour resources or jobs made available to rehabilitated persons is not an issue that is discussed. This discourse pays less attention to whether or not the person can find a suitable job, rather being satisfied with the presence of any labour resources whatever, as if that is all that matters.

According to this discourse, the social security system should be organised so that rehabilitation efforts receive compensation. This is the reasoning behind compensating medical expenses, medical or occupational rehabilitation and environmental adjustments, as well as making necessary equipment available so the person is capable of working.

The figure below presents the basic structure used for defining disability according to this rehabilitation discourse⁷⁴:

Figure 6.4



74 Note that Figure 6-4 is meant as an illustration of the discourse ‘disability as a rehabilitation potential,’ and that the figure is meant to illustrate and visualise what I view to be the underlying message of this discourse. As it is a simplification, the figure is not meant to be an exhaustive model.

At the top, a person supported through employment is the most desired situation, while at the bottom; a person dependent on public support to survive is the least desired situation. The figure illustrates that there is supposed to be a process of defining the disability as a permanent lack of the possibility of earning income. A disability pension may be granted only if the work capacity is confirmed as being permanently reduced⁷⁵.

The construction of a step-by-step definition of disability is based assumptions that it is possible to divide human beings' work resources into 'able' and 'disabled' segments. This construction makes it possible to declare a person as partly disabled and to receive income security for an intermediate disability level. Nonetheless, the residual work resources of a human being are assumed to be gainfully employed. The ruling principle of the discourse, as stated earlier, is to rehabilitate to employment whenever possible. In the following sections I will describe some key topics with respect to gathering information, facts and criteria for the disability category through the rehabilitation discourse.

Disability – a long lasting health problem influencing work capacity

A current topic of the discourse is to describe disability as the final destination of a health problem. This conception of disability is part of an ongoing process observed in legislative text, as this clause illustrates:

7 § Sick pay is granted for an illness which *reduces the work ability* by at least one fourth. Conditions of the labour market, economic, social, or similar conditions should not be taken into consideration in this assessment. *An existing reduced ability to work, which has been caused by a sickness [which has then been cured – my addition], for which sick pay was awarded, should be considered equal to the earlier mentioned sickness for which sick pay is granted [my underlining]* (3:7 § AFL 1995:105).⁷⁶

This clause makes it clear that reduced work ability is a consequence of illness. However, more interestingly, the clause implies that the work ability can be retained, although reduced, if the illness disappears. In other words, illness can cause a temporary reduction in work impairment, but which could continue even though the illness disappears.

⁷⁵ Later in this chapter I will discuss some of these benefits and structures for eligibility in more detail.

⁷⁶ "7 § Sjukpenning utges vid sjukdom som *sätter ner arbetsförmågan* med minst en fjärdedel. Vid denna bedömning skall bortses från arbetsmarknadsmässiga, ekonomiska, sociala och liknande förhållanden. Med *sjukdom jämföras ett tillstånd av nedsatt arbetsförmåga, som orsakats av sjukdom* för vilken sjukpenning utgetts och *som fortfarande kvarstår* efter det att sjukdomen upphört" (3:7 § AFL 1995: 105)

The assessment of whether there is an illness or something more severe uses time as an important C-LDC. When work-impairment continues, something more stable than illness appears which could eventually lead to disability. Notice the distinction made between illness and impairment. Illness is considered more temporary and is to be addressed in a different way than if the problem of reduced work capacity were the result of a permanent impairment.

In addition to time, the nature of the health problem is an important C-LDC. This refers to the degree of the health problem. For example, to be entitled to sick pay, the work impairment has to be classified as being at least 25% (3:7 § AFL: 105). The effect of the illness [work impairment], not the illness per se, motivates the need for sick pay. Hence, illness was not addressed as the only certification needed. An assessment of the consequence of the illness, the work impairment, is also undertaken, requiring a medical expert and strict medical criteria. If a person receives sickness pay for more than four weeks, the medical expert has to undertake a new evaluation concerning the prognoses for the person's illness and work ability. The evaluations should explicitly not take into account social or economic circumstances, only medical considerations and consequences for the ability to work are to be evaluated (3:7 § AFL: 105). Here, based on what Söder (1991) calls the epidemiological perspective, we can trace an understanding of disability. 'Disability' is primarily defined according to medical criteria of specified pathological occurrences of illness and disease.

Medical classifications alone are not enough, however. A specified evaluation also has to be undertaken of the medical consequences of the partial or total disability of an individual, which is done by categorising human beings and work resources into pieces or parts. A reduction of 50% in work ability is possible, for instance, entitling the individual to 50% sick pay. Sick pay of 25% corresponds to work impairment of 25%⁷⁷. The same principles are used as those for entitlement to sick-pay in the disability pension program (in addition to some other compensation). The crucial question is not work impairment per se, but the degree of the impairment. This implies that the real focus is on searching for hidden work potential that can be improved through rehabilitation efforts. If a person risks being work impaired, the degree of work incapacity must be determined. Hence, human work resources and residual work capacity can be divided into pieces or parts, some which are work capable and others that are not. No attention is paid to the total situation of the person in question, or if he or she can find a job corresponding to the partial ability to work.

The rehabilitation discourse stresses the importance of balancing the estimated level of work impairment to the level of compensation given by the social security program. A 50% loss of work impairment should give the right to a 50% compensation level, 75% entitlement to 75% compensation and so on. This implies that human work resources to some degree are 'active' or 'passive'. The active parts are those referring to the work capacity and the passive parts refer to the impaired capacity of

77 It is not specified how this ought to be evaluated or measured. The Cicourel (1976) study shows how classification of juvenile delinquency is a result of human interpretation, and a product of the historical-cultural and inter-personal context. This may also be the case for the classification of degree of work impairment.

the same human being. This viewpoint fits a medical approach to the definition of disability, an approach accused of defining impairment as an individualised property. Defining disability and associating it with a personal individual property or characteristic alone is not the only basic assumption made about disability. Influencing the context and activating particular rehabilitation efforts, such as special job training programs, technical aids or adjustment in a job situation, can prevent disability. The contextual factors are also addressed to establish criteria for the disability category in the rehabilitation discourse.

It is easy to trace the strong impact of the 'working-line' principle for defining and establishing criteria for the disability category in the rehabilitation discourse. The working line that Furåker et al. (1989, 1991) maintain dominates the right of entitlement to income security in Sweden is very apparent in the step-by-step definition used to establish disability criteria. The eligibility criteria expressed through the rehabilitation discourse carry the message that a work-incapacitated person should always be encouraged to find employment, whenever possible. The empirical analysis of which criteria are used by the rehabilitation discourse illustrates the influence of a working-line principle in defining disability. Furthermore, the empirical analysis of this chapter shows how the working-line principle is legally implemented and according to which criteria for the construction of the disability category. We learn for instance, that what counts as a permanent lack of work impairment is not so clear, but we have seen that time is used as an important classification criterion. If the work capacity has not improved by the time rehabilitation efforts are tested, this could be seen as confirming the permanency of the work impairment. When such impairment is claimed, it is not considered as important whether or not this counts for all work resources and the individual situation that a person experiences on the labour market. The rehabilitation discourse approaches this as income security that should be balanced and related to manifested work impairment, nothing more. It could be that only parts of an individual are impaired, not the total mechanism of human work resources. This mechanical image of active and passive parts of a human being and his or her work resources is found in various places in the analysed material, that is, for example, the legislation entitling a person to a sickness pension, the disability pension program and the sick-pay program⁷⁸.

The ability to work, or rather the lack of an ability leads to the following:

7 b § Sick pay according to 7 § is paid as well when the insured undergoes *medical treatment* or medical rehabilitation with the purpose of *preventing illness*, or to *shorten* the time of the illness or partly or totally prevent the illness or *increase the reduced work ability*. As a condition for receiving this sick pay, the treatment or rehabilitation must have been ordered by a doctor and be included in a plan approved by the social security authorities. The ability to work is considered

78 Recognising that people who are declared partly sick or impaired are still considered to have a 'healthy part,' or work resource, in a labour market is important. Thus, the rehabilitation discourse emphasises a working line as the guiding principle for income security. Only when the work resources of an individual are considered to be 100% lost can full social security be provided.

reduced by the extent to which the insured, due to treatment or rehabilitation, is prevented from being gainfully employed [my underlining] (3:7b § AFL 1995: 108)⁷⁹

Rehabilitation can presumably cut down on sickness periods, and such efforts to increase work ability are also supported by the social security system. The idea is that preventing a health problem from becoming chronic is important. The longer the health problem remains, the greater the risk that it will lead to permanent work inability or impairment. The idea appears to be the same as the perspective used in preventive care that is gaining more and more acceptance in modern medicine. According to the preventive-care model, it is important to prevent a problem from increasing, and not necessary to solve the medical problem or cure the illness. Disease should be prevented from spreading, not necessarily diminished. However, the point here is not to discuss the preventive-care model versus the curative approach, but to simply point out the parallel ideas between the preventive-care approach and the classification of disability in the rehabilitation discourse. According to this discourse, it is important to control the factors causing work impairment so that work impairment can be prevented from becoming total inability to work.

Disability – continuous work impairment

Disability is an outcome of a continuum, suggesting that impairment should be seen as the final destination in what can be a long process. Legislation for the disability pension program suggests this:

1 § An insured person is entitled to a pension, in the form of a disability pension, from the age of sixteen until one month before the age of sixty-five, if his work ability is reduced, due to illness or other reduction in the physical or psychological performance ability, by at least one fourth and the impairment is considered permanent. If the impairment is not permanent but is assumed to last for a considerable length of time the insured is entitled to a pension in the form of a sickness benefit. This benefit shall be time limited and shall be in agreement with entitlement according to the first article regarding sick benefits. Legislation act, 1992:1702 (7:1 § AFL 1995: 160)⁸⁰

79 “7 b § Sjukpenning enligt 7 § utges även när den försäkrade genomgår en *medicinsk behandling* eller medicinsk rehabilitering som syftar till att *förebygga sjukdom* eller att *förkorta* sjukdomstid eller att helt eller delvis förebygga eller *häva nedsättning av arbetsförmågan*. Som villkor gäller att behandlingen eller rehabiliteringen har ordinerats av läkare och ingår i en av försäkringskassan godkänd plan. Arbetsförmågan skall anses nedsatt i den mån den försäkrade på grund av behandlingen eller rehabiliteringen är förhindrad att förvärvsarbeta” (3:7b § AFL 1995: 108).

80 “1 § Rätt till folkpension i form av förtidspension har försäkrad, som fyllt sexton år, för tid före den månad, då han fyller sextiofem år, om hans arbetsförmåga på grund av sjukdom eller annan nedsättning av den fysiska eller psykiska prestationsförmågan är nedsatt med minst en fjärdedel och nedsättningen kan anses varaktig.

Kan nedsättningen av arbetsförmågan inte anses varaktig men kan den antas bli bestående av-sevärd tid, har den försäkrade rätt till folkpension i form av sjukbidrag. Sådant bidrag skall vara begränsat till viss tid; och skall i övrigt vad som är föreskrivet om förtidspension enligt första stycket gälla beträffande sjukbidrag” Lag (1992:1702) (7:1 § AFL 1995: 160).

In other words, the disability pension compensates for a loss of work ability or total work impairment, understood as part of a process. Moreover, different social security programs should be granted for different kinds of situation. If work impairment is substantial, but not considered permanent, then a sickness pension is granted. The disability pension is the last stage of compensation for work impairment. A disability pension is only granted when work impairment becomes permanent. This means that disability represents a permanent lack of work resources.

Figure 6.4 illustrates the structure of the rehabilitation discourse when it comes to accessing various social security programs. The structure provides references for using hierarchical principles governing the right to entitlements. For more temporary work disability, the state provides either sick pay or rehabilitation pay. If the health problem continues to reduce the work ability, access to a sick pension can be an alternative. Ultimately, if no other alternative is possible and work impairment appears to be permanent, provision of a disability pension program is justified.

The effect of a health problem on work impairment needs to be emphasised. To help make a decision on work impairment and work ability, the following eligibility criteria were established:

The assessment as to what extent *the work ability is reduced* must be made in conjunction with the insured's ability to prepare for work considering his present resources and skills, his education and previous work, in addition to age, living conditions and comparable circumstances. *The assessment shall be made on the same basis, regardless of the nature of the present case of reduction of performance ability.* When the insured is sixty years of age or older, the assessment shall primarily be based on his ability and possibility to maintain an income through the same work as he has previously performed or through other available and suitable work. Income from work is considered equal, to a reasonable extent, to the value of doing domestic work. When the insured is in the process of a preceding evaluation, described in Chapter 3, section 7b or Chapter 22, 7 §, the work ability, when the preceding is performed, is to be considered reduced to the extent that the insured, due to the preceding, is prevented from occupational work. Legislation act 1991:1997 (7:3: § AFL 1995: 169) [my underlining]⁸¹

Decisions on work impairment criteria for performance ability⁸² in the workplace are important. Confirmation of work impairment is given if the performance ability is considerably reduced. The performance ability describes more individual work attributes than work ability, while more normative assumptions appear to be critical in

81 "Vid bedömning i vad mån *arbetsförmågan är nedsatt* skall beaktas den försäkrades förmåga att *vid den nedsättning av prestationsförmågan*, varom är fråga, bereda sig inkomst genom sådant arbete, som motsvarar hans krafter och färdigheter och som rimligen kan begäras av honom med hänsyn till hans utbildning och tidigare verksamhet samt ålder, bosättningsförhållanden och därmed jämförliga omständigheter. *Bedömningen skall göras efter samma grunder oavsett arten av den föreliggande nedsättningen av prestationsförmågan.* I fråga om försäkrad som fyllt sextio år skall bedömningen främst avse hans förmåga och möjlighet att bereda sig fortsatt inkomst genom sådant arbete som han tidigare utfört eller genom annat för honom tillgängligt lämpligt arbete. Med inkomst av arbete likställs i skälighetsomfattning värdet av hushållsarbete i hemmet. Är den försäkrade föremål för åtgärd av beskaffenhet, som anges i 3 kap. 7 b s eller 22 kap. 7 s , skall arbetsförmågan under tiden för åtgärden anses nedsatt i den mån den försäkrade på grund av åtgärden är hindrad att utföra förvärvsarbete" (Lag 1991:1976; 7:3 § AFL 1995: 160).

82 'prestationsförmåga'

assessing work ability, such as what is reasonable to require of someone in a work situation. This suggests that medical criteria for determining absence or loss of work ability have an individual aspect. To assess whether work ability is affected, both general and individual factors have to be taken into consideration. This includes work ability described by medical classifications and an assessment of the individual's potential to perform an occupation, the performance ability. This way of addressing disability is a typical illustration of the rehabilitation discourse. It relates to whatever labour potential is possible, before providing access to permanent income compensation through the social security program. Consequently, whether medically defined work impairment represents permanent work impairment is open to debate. This is evaluated on a case-by-case basis by assessing the performance resources of individuals. The same medical conditions can give various outcomes for individuals, and therefore case-by-case evaluation is important. Education, age, and previous occupational experience are significant variables (7:3 § AFL 1995).

As the rehabilitation discourse always involves an exhaustive search for any rehabilitation potential before moving on to other options, it is difficult to apply a standardised medical definition of impairment. So even if the rehabilitation discourse is based on a medical, epidemiological approach, it also uses flexible indicators that are seen as a more adaptable approach (Söder 1991) to defining C-LDCs. The latter approach defines disability as having a more flexible outcome, depending on the individual resources and situation, than the epidemiological approach.

The belief that disability should be defined by criteria relating to the rehabilitation potential dominated Swedish social security legislation in the second half of the 20th century. Beginning in 1997, the social security authorities were given greater controlling authority regarding this issue. They were given the authority to question or re-evaluate statements made by medical experts on an individual's illness and prognoses relating to work capability. If they find reason to do so, the authorities may call in their own expert consultants to examine a claimant's stated condition before making a decision on the right to entitlement to a social security program. A social security claimant who is medically classified as being work impaired can risk being subjected to observation at a hospital or similar setting for a maximum of 30 days (16-2 § :222 AFL 1995) before being able to obtain a medical statement on his or her condition. This amendment to the social security rules for persons who are work impaired due to a medical condition illustrates the principal idea behind the way the rehabilitation discourse categorises disability. Illness or a medical condition may result in the occurrence of temporary or permanent work impairment. Disability is viewed as the last stage in a process that starts with temporary work impairment and gradually develops into one that is enduring. Rehabilitation efforts might prevent this process.

Summary

The rehabilitation discourse defines eligibility to disability programs according to principles of a working-line policy. Disability represents a situation where work impairment and the outcome of a rehabilitation process are the important focus. Lasting work impairment is the last stage of the process leading to permanent impairment. Effective rehabilitation efforts can and should be used to retard or reverse gradual development toward permanent impairment. This is the main message of the rehabilitation discourse and the disability category is constructed accordingly.

The most significant factor that is brought into focus in defining criteria for disability is to establish the claimant's work capacity and the likelihood of him or her becoming work capable. This is based on the assumption that the work resources of human beings can be divided into pieces or parts, where some parts can be classified as workable and others not, and this is distinguished by the use of percentages. As this discourse strongly emphasises, only rehabilitation efforts can effectively impede development of work impairment, and therefore resources are concentrated on improvement of work potential through rehabilitation. Such an assessment should be based on 'objective' medical certifications of health problems. Moreover, individual resources are also taken into consideration when determining the work capacity of a human being. The assumption appears to be that the work ability can vary between people having the same medical impairment, and this justifies taking personal factors under consideration. Personal considerations allow for the possibility of finding hidden work potential in an individual. Use of technical equipment, personal assistance, or other adjustments can sometimes facilitate improvement in work ability. The discourse views disability as equivalent to permanent work impairment, or the reduced possibility of being self-supportive through employment.

The empirical analysis of which criteria are influential and define the disability category according to the rehabilitation discourse confirms the theory that 'working-line' principles for the right to entitlement to income security programs in Sweden are dominant. The findings of the analysis of the rehabilitation discourse also fit the theories of Offe (1984), in other words that social security is intended to balance the needs between the normative and economic subsystem. This could explain the importance attached to transforming any human resources into wage earning whenever possible, an important aspect under the rehabilitation discourse. We have seen from this analysis that only the permanent lack of work capacity should qualify a person for income security under the disability pension program, otherwise the social security system should support rehabilitation efforts. This is basically the way the rehabilitation discourse sees the disability category.

Hence, the implication of the rehabilitation discourse is that disability becomes only a 'problem' that relates to employment possibilities and residual work capacity issues. How personal impairment affects aspects of life apart from employment will most likely not be an issue in the rehabilitation discourse. This discourse stresses the effect of disability on work incapacity or impairment, mainly for a person already

employed. A person with impairment who is experiencing problems accessing the labour market will likely not receive as much attention as a work-impaired person who has employment. This is because the rehabilitation discourse bases its assumptions on disability being a problem of acquiring gainful employment, and that social security should assist persons who are ousted from the labour market too soon or too easily. To be helped, the person must be in the labour market, not outside it. A person with clear certified medical signs of impairment will likely be provided income security by the rehabilitation discourse, but not necessarily the means that will help him or her find a job. Another implication of the rehabilitation discourse is that if a person is not easily certified as having a health problem that will continue and lead to work impairment, he or she will probably not be classified as disabled from employment, in spite of the subjective experience of work disability. Vague health problems and problems that are difficult to pinpoint with respect to work capacity will be problematic in the rehabilitation discourse.

Disability – an economic liability⁸³

Another branch of the disability discourse in the social security system focuses on other issues than the rehabilitation discourse. This discourse is centred on the material aspects of being impaired, and suggests that disability is an economic liability to be approached from an economic perspective. For this reason, social security is legitimised by the idea that benefits should economically ‘compensate’ for this liability. This approach is particularly dominant in sections that define the disability category with chronic-disease criteria. In contrast to the rehabilitation discourse, which focused so strongly on the individual labour potential or work capacity, the economic-liability discourse considers these aspects to be more irrelevant. The economic-liability discourse rather highlights factors that are considered to be risks for economic marginalisation of persons who are impaired or affected by impairment in a family. The role of the social security system is then to prevent economic burdensome situations due to costs or consequences of impairment.

Because the economic discourse concentrates on impairment involving an economic liability, the social security benefits are centred on situations that are assumed to become financial burdens, as might occur when impairment causes extra costs or income loss that can burden a family or personal budget. One important principle for this discourse is that social security should compensate persons for reduced earning ability or high costs related directly to the impairment. This implies a need to confirm that these extra costs are not usual costs of any household, and indicates that

83 By this I am referring to benefit programs in the Swedish social security system that consider a disabled person to have higher costs than able citizens.

the level of the costs has to be of a considerable size before the social security system will provide any compensation.

The discourse is organised according to the idea that certain impairment situations can be economically difficult. These situations are assumed to involve an obstacle to working and thereby a loss of income. This disability discourse does not, however, organise the social security programs according to a stepwise principle or hierarchical pattern, as was the case in the rehabilitation disability discourse (see Figure 6.4). The economic-liability discourse does not appear to be strongly organised according to a coherent system. Nevertheless, the same message still embodies the principles used to define disability. That is, impairments in the same category are equal to economic liabilities. This discourse occurs in the health insurance programs, the pension program and the parenthood program of the social security legislation. It involves benefits within these programs providing compensation for costs of high medical expenses, many sick leaves, treatment or visits to public health institutions, the guardianship of children in day-care centres and schools – all situations that can lead to economic difficulties due to the costs of the disability or the need for care of children who are impaired.

The economic-material discourse approaches disability from a perspective where it is seen as representing a ‘fate’⁸⁴ or a ‘doomed’ condition. This situation cannot be easily influenced or ‘repaired’, but the situation can be alleviated so that it is easier to endure when some of the economic liability of extra costs is compensated. To prevent costs related to impairment from becoming an economic burden for the family or individuals involved, social security should provide income supplement. This idea is influential for finding criteria for the disability category under the economic-liability discourse. In contrast to the rehabilitation discourse, the liability discourse does not categorise any degrees of an individual’s work impairment or lack of work resources. The liability discourse is not interested in this aspect; it is centred on the level of extra costs that relate to impairment and the consequences thereof. Moreover, this discourse does not consider impairments as easily manipulated, influenced or controlled using societal instruments, as was the case with the rehabilitation discourse. The economic discourse also defines specific criteria on control and regulation of the disability category, but these rest on different assumptions than is the case in the rehabilitation discourse. Additional costs must be clearly connected to impairment, and be of a certain size before social security is provided. These criteria regulate eligibility to social security compensation according to the economic-liability discourse. In addition, time is a determining factor for the disability category. Social security programs will only compensate additional costs that are caused by impairment when they have a certain permanency. The principle for providing social security under the economic-liability discourse is that the social security system should consist of income sup-

84 This is a rather simplistic way of expressing the idea of the welfare state’s obligations towards citizens. I am aware of the complexity involved by presenting disability as representative of a ‘personal tragedy’ (see Oliver, 1990). The purpose here is to present the ideology present in the discourse, and not to discuss if this is an appropriate disability categorisation.

plements and compensation benefits, not necessarily provide a person permanent income security.

Under the economic-liability discourse, C-LDCs are based on the idea that the occurrence of impairment escalates the need for social security, a platform for compensation of costs incurred from the impairment. Persons with impairment are often assumed to experience a high level of costs. This fits the perspective that Korpi (1988), Marshall (1965) and Esping-Andersen (1996) find in the Swedish social security system, discussed in more detail in Chapter four. According to them, a social security system forms a social platform or 'floor' for people experiencing material difficulties. The idea is that a social security system should give basic income security for disabled people according to the way the economic discourse sees disability categorisation. Disability is conceived as causing economic problems for stricken individuals or families, who are then seen as people in need or victimised. This fits the idea of distributing social security according to the need-based principle described by Stone (1985: 15-17) and its influence on categorising disability. This analysis illustrates that the need-based principle that Stone refers to be particularly influential if disability is addressed out of a concern for the extra costs incurred, as in the economic-liability discourse. The economic-liability discourse appears to legitimise particular surplus compensation programs or surplus income to persons with impairment, based on the assumption of their being 'needy'. To regulate who is eligible for classification as 'disabled', the need for surplus income is tested according to the level of costs or reduction of income ability that impairment can cause. The rest is then considered to be left to self-sufficiency through gainful employment. Once more, it is possible to see how the social security system uses its eligibility criteria for certain disability programs to control and administrate the disability category. The social security system must control and regulate which extra costs of impairment qualify as being additional costs. The additional costs must not be common or temporary to qualify for compensation under a disability provision. Once again, we see here that the Swedish social security system is constructed so it is possible to regulate access to the disability category. Not just any cost will classify as an additional cost, and clearly will not qualify if it is not related to the impairment and if it is not substantial enough. These criteria are used to regulate eligibility for the disability category, according to the economic-liability discourse.

Disability – a liability in a family's budget

An important aspect or theme presented by this discourse is the economic consequences of having disability in a family. It appears that the idea is that additional-cost compensation should be given through social security programs to families that have impaired children and due to this experience economic disadvantage in the family budget. The idea that the occurrence of impairment represents a strain on the family

budget appears for the most part in sections of the social security legislation under 'family social security'. Not surprisingly, as these programs aim at securing families from economic difficulties or situations, family programs have particular entitlements for the parents of children with impairments. To construct compensation, programs for surplus costs are based on the assumption that care of a severely impaired child can mean loss of income ability due to care tasks in the home. Parents may frequently need to be partly or entirely absent from their jobs, or have problems finding a job due to their home situation. The following clause serves as an example of the line of thought used in the economic-liability discourse:

...a parent of a child who is covered by 1 § in the legislation (1993:387), concerning support and service for certain groups of disabled, is entitled to temporary parent compensation, from the time the child is born until the child reaches sixteen. This is valid also when the parent is absent from work because of parents' education, school visits, pre-school visits, or visiting school child-care programs which the child attends (contact days) (4:10 § AFL 1995:140-141)⁸⁵.

The temporary parenthood compensation is not strictly reserved for parents of impaired children, but rights to this payment are greater for parents of impaired children. These implications of impairments are illustrated in the following clause:

[Temporary parenthood compensation]:

10a § A parent of a sick or disabled child under the age of 12 is entitled to temporary parenthood compensation when the parent needs to be absent from work when

1. Visiting an institution to take part in the treatment of the child or to learn to take care of the child,
 2. Participating in a course arranged by the medical service institution for the same purpose as mentioned in section 1.
 3. Visiting a doctor because the child is seriously ill.
 4. Visiting the doctor as part of the treatment of the child.
 5. Participating in treatment ordered by doctors for the same purpose as mentioned in section 4.
- Legislation Act (743:1993)" (10a § AFL 195:141-142).⁸⁶

Compared to general rights for absence from work, parents of a child with severe impairment will be entitled to expanded compensation rights when they have to be absent from their work. They are entitled to compensation for visiting health-care institutions, physicians or other treatment institutions. The idea appears to be that

85 "En förälder till barn som omfattas av lagen (1993:387) om stöd och service till vissa funktionshindrade har rätt till tillfällig föräldrapenning från barnets födelse till dess att det fyller sexton år även när föräldern avstår från förvärsarbete i samband med föräldrautbildning, besök i barnets skola eller besök i förskoleverksamhet eller skolbarnsomsorg i vilken barnet deltar (kontaktdagar)" (10a § AFL 1995:141-142).

86 "10a § En förälder till ett sjukt eller funktionshindrat barn som inte har fyllt 12 år har rätt till tillfällig föräldrapenning när föräldern behöver avstå från förvärsarbete i samband med besök på en institution för medverkan i behandling av barnet eller för att lära sig vårda barnet. deltagande i en kurs som anordnas av sjukvårdshuvudman i samma syfte som anges i punkt 1; läkarbesök på grund av att barnet lider av allvarlig sjukdom; läkarbesök som är en del i behandlingen av barnet; deltagande i någon behandling som är ordinerad av läkare i samma syfte som anges i punkt 4. Lag (1993:743)" (10a § AFL 195:141-142).

when a child is impaired, parents are needed more to assist and co-operate with treatment institutions and the like than if the child is not impaired. Accordingly, the eligibility criteria used rely heavily on signs of a severe impairment of the child if parents are to be granted economic compensation. The criteria that entitle one to LSS assistance are among the accepted criteria for serious and severe impairments.

Hence, disability should be related to the economic situation of families with impaired children, viewed as a situation where families might suffer financially due to a loss of income ability. Yet according to the ideas of the liability discourse, the relationship to the labour market is of minor significance to the right of entitlement. Disability is not understood as a problem related to sorting out labour potential, as in the case of the rehabilitation discourse, but a problem of the role of parenthood and required parental participation in situations where working is difficult, or where absence from paid work is unavoidable. Parents having a child with impairment are assumed to be in need of additional absence from work due to their children needing care or custody, which is then considered to represent an economic liability for the family, as one or sometimes both parents are needed at home and thus unable to work. Consequently, these families can suffer economically, and therefore there are programs or benefits designed to compensate for this additional need.

The following clause clarifies this concept of disability:

4 § Insured parents are entitled to care supplements if the child has not yet reached the age of sixteen and is in need of particular supervision or care for a period of a minimum of six months, due to *illness, intellectual impairments or other disability*. The assessment of the entitlement to care supplement shall also consider such extra costs as arise due to the child's illness or impairment. If the parent is caring for more than one child under sixteen, the consideration about entitlement to care supplement should be based on the total need of supervision and care *including extra costs* [my underlining] (9:4 § AFL 1995:169)⁸⁷.

This clause states that parents of children with impairment can experience economic implications that other parents do not experience. This is because disabilities per definition are assumed to involve additional costs (merkostnader som uppkommer. etc. 9:4 § AFL 1995:169). This specified care benefit is intended to compensate costs related to the need for care. To be entitled, the need for care must be present for at least six months. Confirmed illness, intellectual impairment, and other types of impairment justify the granting of the care benefit.

87 "4 § Försäkrad förälder har för *vård av barn* som inte fyllt sexton år rätt till vårdbidrag om barnet på grund av *sjukdom, psykisk utvecklingsstörning eller annat handikapp* under minst sex månader är i behov av särskilt tillsyn eller vård. Vid bedömningen av rätt till vårdbidrag skall även beaktas sådana merkostnader som uppkommer på grund av barnets sjukdom eller handikapp. Vårdar föräldern flera handikappade barn som inte fyllt sexton år grundas bedömningen av rätten till vårdbidrag på det sammanlagda behovet av tillsyn och vård *samt merkostnadernas omfattning* "(9:4 § AFL 1995:169).

Disability – a liability in one's personal budget

The other important theme of the liability discourse is similar to the one presented for a disability being a liability in the family budget. However, it more strongly addresses the individual's economy, if impaired, without necessarily referring to impairments and family situations. The following clause illustrates this individual approach:

2 § Persons suffering from *prolonged and serious illnesses* are entitled to receive free medication *if the government has* decided that the particular disease entitles this. The government shall also decide for every such disease which medication shall be dispensed free of charge⁸⁸. [My underlining] (1981, 2 § AFL 1995: 49).

This clause refers to a person's suffering from a prolonged and serious disease. This is, as discussed previously, seen to be an expression in the social security legislation that is synonymous with having impairment. The assumption that impairment is caused by a chronic disease and that when it develops is serious and has a particular duration, represents a situation that could involve punishing medical expenses for an individual. To protect the individual from these high costs incurred from a chronic disease, the provision of social security, it would appear, is necessary.

Note, however, this excerpt from the legislation makes clear that such entitlement is strictly regulated. Not all types of disease are accepted; only diseases and medicine accepted by the government are entitled to free compensation⁸⁹. This could be seen as a way of regulating access to this compensation in the social security system and as well to regulate the definition of what is regarded as severe or chronic 'enough' to be regarded as a disability.

To protect people from such high medical expenses, a particular maximum level has been constructed; the additional cost [of medical expenses] security⁹⁰. This social security program compensates medical costs above a certain established 'ceiling'. Up to the level of the 'ceiling,' people are expected to cover their expenses or medical treatment on their own. Above the 'ceiling,' this social security program compensates these expenses (1981:49: 7). The social security is based on the assumption of a high level of extra costs that might result in personal economic liability.

In addition to the compensation particularly designed to cover high medical expenses for a chronic illness, we find another program designed specifically to compensate costs of impairment. This program provides a disability benefit⁹¹, and is based on the idea of costs being a burden to a person's budget, and 'additional expenses' thereby becomes an important eligibility criterion:

88 "2 § Den som lidar av *långvarig och allvarlig sjukdom* har rätt att utan kostnad få läkemedel, *om regeringen har bestämt* att sjukdomen skall berättiga till detta. Regeringen skall för varje sådan sjukdom även bestämma vilka läkemedel som skall till tillhandahållas kostnadsfritt" (1981, 2 § AFL 1995 : 49).

89 Usually this authority is transferred to the responsible ministry or even the social security authority.

90 Merkostnadsskydd

91 Handikappersättningen

2 § Entitlement to disability compensation applies to the insured between the ages of sixteen and sixty-five who, for a considerable period of time, has had his limited capacity reduced to such a degree that he...

c) ...generally *needs to bear considerable extra costs*

If there exists the need of assistance in daily life activity or to be able to be gainfully employed, or reference to one or both of these reasons, and *in addition bears extra costs caused by the impairment*, the assessment of the right to entitlement to disability compensation is based on the total need for support” (9:2 § AFL 1995)⁹² [my underlining].

As the excerpt from the legislation illustrates, disability is viewed through eligibility criteria, which include the presence of extra costs, and which serve as admittance to social security. However, to receive this, the level of extra costs needs to be considerable. To evaluate this, the social security authorities have to relate the costs and disability to the individual situation of the person in question⁹³.

That the authorities accept the level of additional costs and consider them as substantial is sufficient for entitlement to the disability-benefit program. The level of additional costs is one of the most important eligibility criteria. But disability compensation can also be granted on the basis of other eligibility criteria, such as additional costs linked to assistance in a job situation or daily-life activities. Economic arguments are particularly important and this is illustrated by the fact that the total economic implications of having a disability comprise the most important eligibility criterion to entitlement if no other such criteria are met (9:2 § AFL 1995). Once again we find the underlying principle that disability leads to personal economic liability. The liability the disability represents in the family budget does not appear to be relevant.

Note that particular impairments are assumed, by definition, to involve high levels of extra costs. Impairments such as blindness, deafness, or severe hearing problems receive automatic eligibility to compensation. This could imply that medical classifications of these types of impairment give the right to the highest level of compensation. Other impairments are subject to investigation in order to legitimise the right of entitlement to compensation.

92 “Rätt till handikappersättning tillkommer försäkrad, som fyllt sexton år och som innan han fyllt sextiofem år för avsevärd tid fått sin funktionsförmåga nedsatt i sådan omfattning att han

....

c) eljest behöver vidkännas betydande merutgifter

Föreligger behov av hjälp antingen i den dagliga livsföringen och för att kunna förvärvsarbета, eller ettdera av eller båda dessa avseenden och *därjämte merutgifter i anledning av handikappet* grundas bedömningen av rätt till handikappersättning på det sammanlagda behovet av stöd (9:2 § AFL 1995 : 168)

93 Assumingly the person has to be a ‘he’ to be taken into consideration. Even if this is not literary practised [entitlement to social security programs are open to both sexes] by the social security authority, it illustrates the underpinning gender bias of this legal text [*a masculine hegemony*].

Summary

The economic discourse is based on the assumption that disability may involve the risk of economic poverty due to high expenses. As we learned from the theories examined in Part II of the thesis, saving citizens from the risk of poverty is assumed to be an important social security task. Citizens need protection from such circumstances; therefore social security compensation is so designed to secure an acceptable standard of living and protection against high costs related to impairment. Again we can see how the social security system regulates and uses criteria that make it possible to control and administrate this protection politically. Once again we see that the key role of the social security system is to determine C-LDCs. The underpinning idea is that the social security system should provide an economic foundation for people at risk of marginalisation, just as Korpi (1988) and Esping-Andersen (1996) claim that it is important for constructing social security programs. However, the analysis of the economic-liability discourse and its way of finding 'facts' for the disability category demonstrated that it is far more complicated than simply providing a social floor for people who incur high costs. The type of impairment that should qualify a person and criteria for each type must also be decided to evaluate if people should be compensated through social security programs. Moreover, it must also be decided which costs should be considered as related to impairment, which should not and what level of costs are to be accepted as in need of compensation through the social security system. We find once again that eligibility to the disability category is strictly regulated and that this is based on some specific basic assumptions about disability. The assessment criteria for entitlement to social security are based on certain fulfilling normative assumptions for their legitimacy. This fits the theories of Offe (1984) in his description of the social security system. This system is part of the political-administrative system of modern, advanced welfare states and it administers social rights based on an exchange principle between both the normative and the economic system. The empirical analysis of the economic-liability discourse shows the relevance of Offe's theories, and how specific and clearly delimited criteria regulate the definitions of disability in the Swedish social security system. These criteria are constructed to harmonise the demands of the normative subsystem and the economic subsystem concerning definitions of the disability category. Signs of severe impairment, for instance, could more easily qualify as a disability according to the liability discourse, whereas hidden signs or signs not easily demarcated will not qualify so easily. In either case, these are not to be left to personal decision making or self-determination if the impairments have a detrimental effect on the personal economy or the family budget. These criteria are strictly regulated by the administrative system of the social security administration and their procedures for reaching decisions. Experts or other assessment processes approved by the social security administration must certify the claims made. Categorising disability according to the economic-liability discourse is not a matter of regulating according to criteria of work capacity or the possibility of regaining residual work capacity so people can be supported by gainful employment.

Focus is moved away from establishing facts and regulating the ‘workable’ from the ‘unworkable’ with respect to the disability category. The economic-liability discourse is more concerned with the issue of regulating the limit for social security and public protection programs in society.

Disability – a ‘disturbance’⁹⁴ in daily life

The third discourse found in the analysis of rights of entitlement in the Swedish social security legislation addresses disability from yet another perspective. Disability involves disturbances in performing what otherwise would be daily-life activities for the disabled individual. Thus, there is a need for practical assistance within the home environment, and practical assistance in attending daily activities outside the home, for example participating in organisations and recreational activities. All of these mentioned activities in need of practical assistance are examples of situations where impairment disturbs daily life, and personal assistance is needed for the disabled person to adapt to means of achieving as near as possible normal daily-life activities. Moreover, the discourse implies that the provision of assistance for daily-life activities will facilitate the way these people function in their daily life.

Disability – representing particular needs

The idea that disability can involve particular and special needs is illustrated in the following section of the legislation on the disability benefit program:

2a § An insured person has the right to disability compensation if, between the ages of sixteen and sixty-five years, for a considerable time period, his limited capacity is reduced to such a degree that he
a) in daily-life activity needs time-consuming assistance from other persons... (9:2 § AFL 1995 :168).⁹⁵

This excerpt from the legislation makes clear that the outcome of a disability categorising process using C-LDCs includes use of eligibility criteria specific to particular and special needs of disabled persons. Once again, we recognise the use of the construct ‘needy’ for disabled people, in agreement with Stone’s (1985:15-17) observation that need is basic to the definition of disability in social security programs.

94 I use the term ‘disturbance’ as an expression for something that is ‘out of order’, that does not ‘smoothly’ fit into a pattern, and so forth. I see this idea present in the legislation, which views disabled people as having problems in their daily life and as needing some kind of assistance to overcome these difficulties.

95 “Rätt till handikappersättning tillkommer försäkrad, som.....
*.... fått sin funktionsförmåga nedsatt i sådan omfattning att han
i sin dagliga livsföring behöver mera tidskrävande hjälp av en annan...” (9:2 § AFL 1995: 168)

The underpinning idea is that the situation of a person with impairment can be considerably improved provided assistance is given for daily-life activities. If so, there must be special social security programs to compensate for the cost for those who need such assistance. One important eligibility criterion used to classify the disability category is once again time – and here time refers to aspects of needing a great deal of help and assistance. The idea is that impairment that requires assistance for long periods of time justifies entitlement to a social security program, a social security program that will compensate for assistance costs for the person who is impaired. Expressions of need that directly link to impairment are used as C-LDCs in this discourse. The occurrence of a disability translates into ‘a person with particular needs.’ The underlying assumption to justify the need for social security programs is that the impairment may require particular assistance to bring daily-life activities into harmony. Considering the extra costs of this assistance, entitlements to particular or special disability benefit programs are justified.

The discourse concerning time-consuming assistance for disabled persons is conceptually different from that of rehabilitation and economic liability. The disturbance of the daily-life discourse is at best only indirectly related to aspects of making payments or being money oriented. Rather, this discourse provides for costs incurred from services that are time consuming, such as continuous assistance to facilitate the performance of areas of daily life where a person with impairment has problems. This refers to the area of need for assistance when getting dressed, going to the bathroom, getting in and out of bed and so on. In this way, the private sphere of a person’s activities becomes subject to decisions made on C-LDCs and regulation policy by the social security administration according to how they determine the disability category. A decision must be made in accordance with criteria on who is in need of time-consuming assistance, who is not, and also which tasks require assistance. The psychological dependency of the disabled person on persons assisting in performing daily-live activities is an important consideration:

When assessing the insured’s need of assistance according to Chapter 9-2 § section one a) social security legislation shall, in addition to time consumption, also pay attention to the degree of restraint that the insured’s need places on the caregiver (2 § RFFS 1978:13; AFL 1995)⁹⁶.

By framing the occurrence of disability as persons having particular ‘needs’ if they are to be able to perform daily activities, this discourse leaves the impression that these kinds of activity are uncomplicated for people who are not impaired. However, for the impaired, these activities are difficult or impossible without assistance from another person. A ‘smoothly’ functioning daily life is the norm and the ultimate wish for every citizen. Moreover, this discourse on disability representing particular needs emphasises that people with impairments may need help or assistance and should be compensated for costs related to the need for assistance to perform basic daily activities.

96 “Vid bedömningen av försäkrads hjälpbehov enligt 9 kap. 2 § första stycket a) lagen (AFL) om allmän försäkring skall förutom tidsåtgång för hjälpinsatser även beaktas den grad av bundenhet som den försäkrades behov medför vårdaren” (2 § RFFS 1978:13; AFL 1995).

Disability – in need of empowerment

The idea of disabled people being in need of empowerment derives from the assumption that some disabled people need more assistance with empowerment than others. This idea is particularly clear in clauses in the ‘disability act’ LSS⁹⁷.

This act pays particular attention to helping disabled citizens participate on equal terms in society. To enable this, support systems or facilities are designed to improve the social rights of specific groups of disabled persons, such as persons suffering from serious impairments. The basic idea in the LSS legislation is the need to empower persons with severe impairments so that they can participate fully on equal terms in society:

...promote equality concerning living conditions and total participation in society...(ibid.)⁹⁸

The same legislation emphasises that persons with severe impairment might be viewed as individuals entitled to their own decisions and opinions. Respect of this right by the public service personal is important, as is service organised according to the principle of self-determination:

...activities shall be based on respect for the individual’s right to self-determination and integrity. The individual, to the largest possible extent, is given the ability to influence and participate in decisions that are made and treatment that is given (6 § RSS 1993:387;AFL 1995)⁹⁹.

This excerpt from the legislation illustrates that persons with severe impairments might need social rights for empowerment, self-determination and respect. As there is very little that can be taken for granted for persons having severe impairments, a person with a severe impairment might not have access to the same living conditions as others, or influence over his or her living conditions, and therefore these people stand the risk of discrimination. The disability act is not an anti-discrimination law, but an act based on the notion that severely impaired people could experience discrimination. Empowering a person with severe impairment means that certain kinds of activities are needed to bring the person into a better bargaining position. A common characteristic of these activities would be that they are able to address daily life effectively:

97 This particular legislation, assistance and service for particular groups of disabled [Lag om stöd och service för människor med funktionshinder] is integrated in the general social security legislation, AFL of 1995.

98 “främja jämlikhet i levnadsvillkor och full delaktighet i samhällslivet..”(ibid.)

Right to entitlement does not imply that the person necessarily receives a benefit. There are many stages in a legal process, from owning a right to actually receiving the entitled right. Besides, the LSS legislation could be claimed to be ‘empty rights’ in the sense that the legislation does not have the power to sanction authorities who do not follow this legislation. Cf. Hollander (1995)

99 “...verksamheten skall vara grundad på respekt för den enskildes självbestämmanderätt och integritet. Den enskilde skall i största möjliga utsträckning ges inflytande och medbestämmande över insatser som ges.”(6 § 1993:387;AFL 1995)

9 § Efforts for particular support and special service are

1. Counselling and other types of personal support that require special knowledge of the problems and life conditions for people with large and lasting impairments.
2. *Personal assistance or economic support for reasonable costs of this assistance for that portion of need for economic support not covered by personal assistance according to the legislation (1993:389) for assistance compensation.*
3. Attendant services.
4. Right to a contact person
5. Relief service in the home.
6. Right to short-term stays away from one's own home.
7. Short-term supervision for school children over 12 years of age outside their own home in combination with the school day and during school vacations.
8. *Living in a family setting or house with special services for children or youth that need to live apart from their parent's home.*
9. *Housing with special services for adults or other specially adapted housing for adults.*
10. *Daily activities for people of occupational age without gainful employment who are not being educated.*

The activities, according to the first section 2, do not cover the time period after the entitled person has reached 65.”¹⁰⁰(9 § *ibid.*)

The activities mentioned are assumed to help empower a person with severe impairment. They are intended for personal, private spheres of activity, such as house activities and leisure activities.

To be entitled to social rights, impairment must be regarded as severe. A person with severe impairment is in an extraordinary position in life. To be characterised as such, the following eligibility criteria have to be fulfilled:

- ”Intellectual impairment”¹⁰¹
- condition of autism¹⁰²

100 Insatser för särskilt stöd och särskilt service

9 § Insatserna för särskilt stöd och särskilt service är

1. rådgivning och annat personlig stöd som ställer krav på särskilt kunskap om problem och livsbetingelser för människor med stora och varaktiga funktionshinder,
2. biträde av personlig assistent eller ekonomisk stöd till skäligen kostnader för sådan assistans, till den del behovet av ekonomisk stöd inte täcks av assistansersättning enligt lagen (1993:389) om assistansersättning,
3. ledsagarservice,
4. biträde av kontaktperson,
5. avlösarservice i hemmet,
6. korttidsvistelse utanför det egna hemmet,
7. korttidstillsyn för skolungdom över 12 år utanför det egna hemmet i anslutning tills skoldagen samt under lov,
8. boende i familjehem eller i bostad med särskilt service för barn och ungdomar som behöver bo utanför föräldrahemmet, ...
9. bostad med särskilt service för vuxna eller annan särskilt anpassad bostad för vuxna
10. daglig verksamhet för personer i yrkesverksam ålder som saknar förvärvsarbete och inte utbildar sig. Insatser enligt första stycket 2 avser inte tid efter det att den insatsberättigade har fyllt 65 år.....(*ibid.*)

101 ’utvecklingstörning’

102 ’autismlikande tillstånd’

- massive and permanent learning impairment, such as brain damage in adult life caused by physical violence or a disease¹⁰³
- permanent physical or mental impairment not related to the normal ageing process”¹⁰⁴ (1 § *ibid*).

This clause states that these eligibility criteria define impairment as severe and entitling to particular social security programs. Severe impairments defined by these criteria represent a difficult situation when it comes to daily-life activities. As the legislation indicates, having a clinically defined serious impairment is not in itself enough reason for being granted compensation for costs incurred. Additionally, the impairment must seriously impede the performance of daily-life activities. One important ideological aspect appears to be involved in this classification. The social security system here uses the practical consequences of being impaired as eligibility criteria to legalise the disability category and not the characteristics of the individual as such. In this sense, the categorisation of disability does not rely on definitions of permanent personal attributes alone, but relies instead on practical situations and their consequences. This means that the conditional or adaptational approach to disability guides the categorisation of disabilities. As discussed in Chapter three, the adaptable approach to disability (Söder 1991) does not only use medical C-LDCs, but relates this to demands from the surroundings. Here it is the demands of performing daily-life activities that are in focus. Persons having severe impairments may have experienced practical difficulties performing these activities and therefore need particular assistance.

This perspective stresses the practical difficulties of performing daily-life activities for severely impaired people. Most people perform daily-life activities without requiring any assistance. Hence, severely impaired persons represent a deviance from what is common and constitute a special minority. This approach makes it easier to legitimise the need to assign particular social rights for persons experiencing these impairments. The construction of a particular disability program designed to improve the situation of persons with these needs makes it possible to specify and regulate these entitlements. This approach defines C-LDCs as those defining need, to use the Stone's description (1985). It finds that disabled people represent a small portion of a population with a particular need for income reinforcement through a social security program.

The daily-life discourse does not define C-LDCs with one coherent principle, as was the case for the rehabilitation discourse. The idea of organising a social security program for people who are impaired is different and this daily-life discourse appears in various sections of the social security system. This discourse does not categorise disability according to the need to have a step-by-step restriction on access to social security. Rather, what appears to be important in this discourse is to set a narrow or

103 ‘mer betydande och bestående begåvningsmässigt funktionshinder efter hjärnskada i vuxen ålder föranledd av yttre våld eller kroppslig sjukdom’

104 ‘varaktigt fysiska eller psykiska funktionshinder som uppenbart inte beror på normalt åldrande’

limited boundary for the disability category. This is the case for the right of entitlement to the LSS legislation. However, once the conditions for access to this program are fulfilled, a flexible and generous support system is made available to persons with impairment. However, in order to fulfil the C-LDC conditions and then gain access to support systems through eligibility criteria, the individual has to justify the need for assistance due to the occurrence of a severe impairment.

The LSS and LASS disability acts explore the private lives of persons who have been declared severely impaired, and subject them to public regulation. Paradoxically, the legalisation underscores autonomy and empowerment for a person with severe impairment, but at the same time regulates intimate and private areas in their lives. Even the most private arena becomes subject to evaluation for services and public assistance. However, these daily-life arenas were previously an undisclosed 'private unregulated arena' for many people with severe impairment. Nevertheless, these arenas need the assistance of friends, family or public municipal service providers. These disability acts are directed not so much towards public agencies entering private arenas as towards providing disabled persons with power to influence and guide the activity and frequency of assistance in these private matters.

Summary

The empirical analysis in this chapter identifies and describes three distinctive and different patterns of regulating C-LDCs in the Swedish social security system. They all operate within the same legal context, the Swedish social security legislation of 1995. As the analysis shows, they highlight alternative understandings and approaches to how a social security system should provide for social protection within the disability category. The social security legislation of 1995 addressed the construction of the disability category and rights of entitlement to disability in various ways, as the analysis in this chapter has illustrated. The conceptual patterns and C-LDCs are linked to other aspects than directly to interpretations and implementations of the legal rules governing entitlement to the social security programs. This finding challenges the viewpoint that Hollander (1995) presents in her study on social rights for disabled people in Sweden. The problems connected to receiving rights as a disabled person and being granted access to disability programs in the social security system are not only related to implementation issues, where the administrative apparatus is not capable of carrying out the policy laid down by the legislation. The state administers and shapes public rights (including public legislation) in a society, according to Hollander, and the legislators decide the valid norms behind the rights. Accordingly, laws are interwoven in society in a complex way, and can both construct and are constructed by the society at large (Hollander 1995:45). The empirical analysis presented in this chapter not only illustrates aspects of such complexity, but also shows how various and different legal principles are used to construct legal categories

for social protection. It appears that in addition to the complexity involved when addressing and deciding legal principles for the disability category, and the problems of implementation, there is also a problem of ambivalence that we find in the formal legal text itself when it comes to which criteria and aspects a social security system is to address.

The empirical analysis of formal legal criteria of the disability category show that disability connects to different conceptions of disability. The social security legislation 'speaks in many voices' with respect to how one should approach the disability category. Each of these voices expresses a particular concept on how to construct a legislated disability category and on which C-LDCs are to be used. The rehabilitation discourse focuses on the perspective of evaluating employment and potential rehabilitation measures to evaluate if or to which degree the person might participate or contribute to the labour-force resources of the country. Assessments are important for deciding when impairment becomes work ability or work disability. The idea is that rehabilitation can activate any work potential so that the person in question can be placed in the open labour market or in a sheltered labour market. These considerations are evaluated in defining C-LDCs in accordance with the rehabilitation discourse. The decisions that have to be made as to which impairments belong to the disability category are governed by C-LDCs that are derived from principles of self-sufficiency through gainful employment. For this reason, this discourse appears to follow a line of thought that Furåker (1989) describes as 'the working-line principle' underpinning access to social security programs. An activation policy should be present when a social security system establishes the disability category according to C-LDCs, and then uses eligibility criteria to endorse social security assistance. Consequently, this discourse does not consider unpaid domestic work, for instance, to be of interest. Exhausting any labour potential before impairment is declared permanently work-disabling, and thereby entitling the person in question to a disability pension program, is, on the other hand, important.

The residual work capacity of an individual is, however, of minor importance in the economic discourse, which views a disability as an economic liability. The economic discourse focuses on the economic, material situation of a person with impairment in terms of consequences for the family or an individual. This discourse bases its assumptions on disability causing considerable additional costs or problems of work ability. These problems are, moreover, assumed to influence the economic situation, causing stress and economic marginalisation. This discourse uses the C-LDCs to analyse the work situation, but it addresses this from a completely different viewpoint than the rehabilitation discourse. In the economic discourse, the decision about any work potential of an individual is almost irrelevant. Instead, the economic or materialistic discourse is based on suppositions that disability implies lack of income possibilities and difficult money-orientated situations. For parents of children with impairment, the work situation can be affected as they may need to be more absent from work or even prevented from working and earning income because their child needs attendance permanently or at regular intervals. These aspects are emphasised when the economic discourse is used to decide eligibility to social security ben-

efits and the need for compensation. Put differently, this discourse pays no attention to the lack of income security, but rather focuses on compensating for costs the family or an individual incurs due to a clinically defined impairment.

The third branch of a more expanded disability discourse found in the empirical analysis uses a 'voice' whereby disability represents a disturbance in everyday life. This branch stresses yet another aspect than the two previous discourses. The issue is not how to reactivate residual work capacity nor is it about how to compensate for extra costs and materialistic consequences of disability. Instead, focus is placed on how disability can represent practical consequences, hindrances in performing daily-life activities and so on. This discourse is based on the idea of practical consequences of being severely impaired, making activities such as getting dressed, visiting the bathroom, getting to and from a job, visiting a doctor or going out to a restaurant difficult or impossible. Each situation can cause practical problems for an impaired person. This discourse implies that the person will need assistance or adjustments in order to function according to the mainstream of society. The idea is that costs related to needs that arise in making these adjustments should give eligibility to social security programs as disabled. One might argue that the practical discourse uses a broader, humanistic approach to disability. Humanistic is then understood in the sense of not being strictly relevant to testing the work resources or the material resources of a human being, but instead, to testing the costs of practical adjustments for living a daily life, that is bringing the general practical situation of a person with impairment into focus. At the same time this discourse appears to approach disability as a marginal problem, in the sense that smaller groups of a population find themselves in a situation of having practical implications related to disabilities. These people have problems participating on equal terms with unimpaired persons, and therefore are in need of assistance to empower and enable them to control their situation. The role of the social security system is to help this become a reality.

In conclusion, it can be said that the social security legislation in 1995 defines C-LDCs and eligibility criteria in heterogeneous ways regarding rights to entitlement. Different understandings of disability are used when deciding eligibility criteria that provide access to social security programs. These understandings follow distinct patterns of thought. This is why here they are called disability discourses, each representing a branch of dialectic on disability. These distinct modes of ideas on or branches of a disability discourse share a common interest: they refer to components of life corresponding to certain means of defining disability. Their understandings of what is important in life vary. For example, the rehabilitation discourse relates differently to education than the economic-liability discourse. This means the principles used as criteria for defining the disability category vary and are based on alternative understandings. The principles and criteria used to define the disability category do not only have specific characteristics, but they can use more or less narrow 'lenses' for the inclusion of claimants to the disability category. A person claiming entitlement to a disability program in the Swedish social security system of 1995 may sometimes be expected to show 'willingness' to work, while in other programs this is not an issue at all. Moreover, persons with obvious and clear signs of special kinds of impairment

will be assigned to particular programs for social protection. We can also trace a mixture of need-based argumentation for the disability category and self-advocacy argumentation in the social security legislation. Both argumentations are recognised as valid for the right to entitlement to social security for disabled persons, according to the reasoning of Stone (1985). The different ways of categorising disability are based, interestingly, on a selective or universal principle for social policy, as Taylor (1996) points out. The rehabilitation discourse tends to use a universal principle whereas the material and practical discourse tends to use selective principles of social policy.

One interesting discovery is the indication that one program in the social security program integrates the three identified discourses. This means that the rehabilitation, economic, and daily-life discourses all grant the right to the disability benefit program¹⁰⁵. This indicates that this disability program is a particularly interesting one to study in its construction process. This serves as an argument for following the definition process, given the disability category, historically in Sweden social policy and according to this particular social security program. The next chapters present the results from analysing the social process and the route taken to construct the legal criteria for disability benefits in the Swedish social security system.

105 'Handikappersättningen'

The definition process of the disability category

A diachronic analysis of legal criteria defining disability benefits

Introduction

This chapter presents the results from the analysis of the decision making process for determining the legal criteria constituting disability in the disability-benefit program. We will see how contextual framing specifies certain legal criteria to be used to determine disability and entitle access to this benefit. The analysis begins by addressing a period in Swedish history (1958) when a new and more universal design of its social security system was constructed, and stops at the end of the mid 1980s. The reason why this particular period is a good target for analysis can be found in the findings described in the analysis of legal disability criteria. In Chapter four I stated that some researchers claim that the Swedish social security legislation and the social security system use different principles for providing social benefits (Furåker 1989). This is reason enough for studying the social process of sorting out target groups and legal criteria for a disability category in such a system. The various principles underpinning social protection may indicate that the decisions made with respect to the legal criteria for a disability category can be complicated and may take different directions in the Swedish case¹⁰⁶. However, this is a question that should be left for empirical enquiry. The preceding chapter indicated that the disability benefit and the demarcation lines used in an assessment under this program could be an interesting case to study empirically and historically. We learned from the analysis in the preceding chapter that this benefit could be caught between different principles governing the provision of social security benefits.

106 As may also be the case in many other welfare state countries

The disability-benefit program¹⁰⁷ held a unique position when it came to the various principles used for providing social security benefits to a person with impairment, but we know little about how and why this could be the outcome of the categorisation process. It could be that alternative assumptions are made about how a social security benefit should be provided to protect against the consequences of impairment, but the only way to discover this is to undertake a more detailed analysis of the legal criteria used to demarcate assessment in this program. This justifies investigating more details of the historical development of these criteria and forms the background for why this particular disability program has been chosen for empirical analysis.

In the current Swedish social security system, the disability-benefit program is presented as a principal and important program for persons with impairment. This provides an additional argument for focusing on the development of this program. By following the eligibility criteria governing the right to entitlements in this program, it is possible to capture principles and understandings used to legally categorise disability. This makes it possible to see the normative justifications used when deciding that people with impairment are eligible for social security in a welfare state system. The principles and criteria in use give reasons to argue why some persons are seen as needing compensation and others are not. This then reveals the social and moral ordering of the welfare state context and its social security system. As I have argued previously, social and cultural aspects can change the outcome of a social category.

To undertake this examination I use a historical approach. I chose this approach so that I could identify decision making patterns for the legal criteria constituting disability in this program. As I pointed out in Part I, one objective of this thesis was to analyse

1. if there was any convergence of the assessment procedures and definitions of legal criteria for the disability category, and to see
2. if these related to certain underlying assumptions and concepts used for disability, and
3. if and how these relate to principles and policy making on the establishment of particular legal criteria defining the category and the implications of this classification

It is these kinds of question that are focused upon in the coming analysis. The previous chapter used a 'frozen' time dimension for analysing and locating legal criteria of the disability category, while the case study below will 'freeze' which disability program to analyse and let the time dimension 'move'. The analysis below presents a diachronic analysis of legal criteria used to define and demarcate the disability category¹⁰⁸. The analysis will

107 This program is intended as an income supplement to compensate extra costs of impairment. It can be awarded either as a principle benefit (i.e. a benefit to people with no other social security benefits), or as a *supplement to a principle benefit* (i.e. in addition to another social security benefit, for instance a disability pension). This benefit program is part of the pension scheme. It is based on the assumption that the appearance of impairment may lead to financial costs (RFV 1996:38).

108 The analysis will, however, illustrate that this program is not exactly 'the same' social security program but serves different functions and objectives in the studied period.

1. seek to discover the basis for the appearance of specified legal criteria of this disability program, and
2. seek to identify the structure forming these legal disability criteria as important.

The historical analysis will demonstrate that the decision making process for determining the legal criteria that form the basis for access to disability benefits has a pre-history as well as an unstable nature. This means that definitions used to constitute principles and legal assessment criteria are not consistent. Establishing principles for the disability category is a complex process, and the diachronic analysis will reveal how legal criteria for defining the disability category change. Sections of the diachronic analysis below will examine more details about these changes. Let me point out here that contextual processes and aspects influencing the definition process had implications for the direction the legal criteria for this program took. The criteria used to determine that impairment was a disability (and its earlier equivalents) differ with the contextual interpretations and the development of the Swedish welfare state. The historical formation of legal criteria and principles for establishing access to disability benefits did not follow any linear development, as the analysis will show. The legal eligibility criteria of this program were revised and changed, as were the outcomes for target groups expected to be helped by this security program. Consequently, the development of eligibility criteria for this benefit does not reflect an evolutionary development, in the sense that new target groups are covered by this security program. New eligibility criteria sometimes 'favour' the classification and deservingness of some characteristics of disability, and at the same time these omit other groups and characteristics. The analysis illustrates that the legal criteria and principles for the disability category change as the Swedish welfare state develops and changes. The changes in criteria for legally defining the disability category are strongly related to the governing principles influencing the social-policy debates. Thus as the debates change, so do the legal criteria for defining the disability category.

The analysis discloses that constructing criteria for identifying impairment and assessment criteria for entitlement to the disability benefit is a multiple and complex process. It involves debates on the ideology of the social security program, in addition to political pragmatism and decision making. These aspects converged with the constructing principles for the disability-benefit program on several occasions and pulled the construction process for this program in specific directions.

Ideological decisions on adequate definitions and eligibility criteria for the disability-benefit program were frequently discussed during the period of study. Some discussions were linked to legitimising issues about how the Swedish welfare state should be constructed and developed, some to the role of other social security programs and some to specific issues of compensating disabled people for costs or low income.

The outcome of the diachronic analysis that I present below is divided into chapters and sections. Following this initial introduction I will present the data and guiding principles used for analysis. Then I will present an overview of the formation process of the disability-benefit program and the criteria legally constituting the right

to entitlement to this program in the total period studied. The following sections of this chapter will present a closer analysis of the formation process of the eligibility criteria for the invalidity benefits. The formation process for establishing legal criteria granting access to disability benefits can be divided into three phases. Chapter seven analyses the first formation for establishing legal criteria for the assessment of the first types of disability benefit(s), while Chapter eight presents the analysis of the second and third formation periods. Chapter nine will examine the recurrent themes that were debated and discussed when delimiting legal criteria for the disability benefits in the studied period of 1958-1983.

The criteria used to distinguish an impaired person from a non-impaired person change with changes in interpretations of the rules governing entitlement to the disability-benefit program. Controversial topics, or a solution reached in one phase, re-appear later in a different form. The construction of this benefit program is based on inconsistent and contradictory principles of defining disability, as they are socially linked to interpretations made of a context. They reach their own 'solutions' or disappear according to the interpretations dominating the debate, if they are linked to their contextual surroundings (see Andersen Åkerstrøm & Kjær 1995).

The data and principles for the analysis

In presenting the characteristics of the data collected for the analysis of this Chapter I omit the more general methodological aspects presented in Chapter two.

The data analysed stem from public documentation between the years 1958 and 1983¹⁰⁹ that has been made available by the Swedish Parliament. Public records, reports from committees, debates in chambers or plenary sessions in Parliament, publications of commissions of inquiry¹¹⁰, reports of the proceedings, committee work, protocols of the debate on rejected and passed bills¹¹¹ and proposals were all analysed. The analysis presented definitions and criteria used for classifying impairment as disability in the disability-benefit program (and the forerunner of this program). The data provide material for an analysis of the legal process for finding legal eligibility criteria for this compensation program between 1958 and 1983. Before the disability-benefit program, there were two separate compensation benefits¹¹². Eventually these were integrated into one benefit: the disability benefit.

109 Using public documentation from the Swedish Parliament means that the study reflects the argumentation used by the political 'elite' of the society, not the general public. This is a limitation in the study.

110 Offentlig utredning

111 Motioner

112 One was a supplement (*invaliditetstillägg*) and the other a compensation (*invaliditetsersättning*), both regarded as supplementary income for other basic income.

Public documentation not exclusively addressing this program was also analysed. These were documents and records of programs that influenced the formation process and caused debate on the legal criteria governing entitlement to the disability-benefit program. To give an example, data indicating that another issue, such as the health-security program or the pension scheme, was related to debates on eligibility to the disability-benefit program were integrated into the analysis.

The approach is to re-construct the historical route of the formation process of finding legal criteria for access (C-LDCs) to this disability benefit. It is important to point out that there were some limitations on the data. The analysis examined available public records during the years 1958-1983, but the idea was not to re-construct the entire development of the social security program during those years. I limit the analysis to collecting data about important elements for defining disability in this construction process. Another limitation is that focus is on the argumentation used for defining legal criteria for entitlement to this compensation program¹¹³.

The analysis was undertaken in two steps. First, I analysed and examined records from commissions of inquiry to obtain an overview of the construction process and which periods I should focus on in the analysis. Next came the analysis itself. Here I integrated all available records from debates in Parliament and committees addressing the disability-benefit program (and its forerunners). To select data for this analysis I used the annual record index books for the Swedish Parliament. Key words or index-register numbers identifying particular debates or issues on this compensation program were used as selective criteria for finding relevant data. I first identified in which bodies of Parliament the program was addressed and then followed the debates on the legal eligibility criteria for this program in the various parliamentary bodies. I followed the discussions by following the index corresponding to the number given the discussions in the index book. I also included bills and proposals that were mentioned in the debate in my analysis. To see the outcome of the debate, the arguments in the various parliamentary bodies were followed to their conclusion.

Furthermore, I used the identified alternative branches of the disability discourse described in Chapter six to extract relevant data for the analysis. This refers to the process whereby I identified arguments and information relevant for the rehabilitation discourse, the economic-liability discourse and the disturbance-of-everyday-life discourse in the examined material. I integrated this data into the analysis. Studying argumentation and debates concerning criteria for defining disability differently proved to be a useful strategy. The discovered disability discourses (described and analysed in the previous chapter) proved to be substantial 'sensitivity' instruments for collecting data in the historical inquiry (Glaser 1978:36-37)¹¹⁴.

The initial idea was to follow the development of the social security program and the legal criteria that granted entitlement to disability benefits from 1963 onwards.

113 It is worth mentioning that the public records have varying quality during the epoch studied. In the beginning of the studied period, the records of the Parliament were considerably less organised and the index was less regulated than at the end of the 1980s.

114 This meant the different ways of categorising disability work as analytical instruments in the sense that these represented particular ways of *thinking about disability* or ways of structuring the ideas.

Indeed, 1963 is regarded as the year that Sweden began assembling social security programs into one system¹¹⁵. As I discussed in the second part of this thesis, according to some theories, this process is seen as being a sign of an emerging modern welfare state (see Marshall 1965; Korpi 1988; Esping-Andersen 1996). The issue of whether this assumption is relevant or not was discussed in Chapter four, so I will not elaborate on this point further here.

The assembling of social security programs into one system that started in the 1950s influenced the legal definition that previously gave people with impairment the right to social security benefits in the Swedish case. The argument used for this was to construct a coherent social security system for persons with impairment, a system based on principles of universalism and inclusion in society for persons with impairment.

The construction process analysed here appears to follow an unpredictable, but nevertheless formative process. That is, the legal eligibility criteria for assessment of the entitlement to disability benefits became part of a decision making process. A second phase was based on interpretations and decisions reached in the preceding phase, but earlier processes also offered arguments concerning future considerations and thereby they served as legitimisation for the following phases. What were seen as problems, approaches, relevant categorisations, orders and differences regarding this program then served as preparations for the next composition for the disability category. In this sense, every implementation phase was interconnected both discursively and socially (Foucault 1972:232). This perspective made it possible to read the history backwards, or to examine the historical processes that led to the use of certain outcomes of a discursive setting to define criteria for this program.

Overview of the development

The development of the Swedish welfare state and the coherent social security model lies behind the construction of the compensation program for disabled people. A reformation period that began in the 1930s and lasted up to the 1960s produced the universal social security model known as today's Swedish social security system (SOU 1979:94:40-41). The previous pension insurance scheme¹¹⁶ was repealed and replaced by the national folk-pension program. The principles of the old age pension scheme of 1935 entitled people to a basic income¹¹⁷ independent of paid premiums and income level, which was the principle of the previous pension scheme. But the reform kept the old age pension at a minimum level. In 1946¹¹⁸ a new pension re-

115 It is also the year where the comprehensive social security system was legalised, though it was passed the previous year 1962 (SFS 1963:381-Lag om Allmän Försäkring).

116 Based on the principle of the premium reserve system.

117 Grundbelopp.

118 Folkpensionsreformen av 1946

form adjusted the pension up to the level for basic provisions. Along with such developments, the Swedish welfare state developed other programs to improve the welfare of pensioners. An example is the supplementary support system primarily aimed to gradually compensate for rising municipal housing costs (SOU 1979:94:41).

A decisive step was taken in changing the social security programs in the 1950s. In 1955 health insurance¹¹⁹ was made compulsory for employees, and some years later a proposal was made to construct a better system to compensate old age through a supplementary pension scheme – the ATP¹²⁰. The intention of these reforms was to expand rights to improve social security for a major part of the Swedish population. The improved rights were connected to persons in the labour market. In 1963 the previous social security legislation was amended and a new integrated and co-ordinated legislation for social security was introduced – *Lag om allmän försäkring* (AFL). According to this legislation, the social security system was made compulsory for all citizens. It aimed to provide income security for a citizen in need when he or she suffered events such as an illness or an occupational injury, or when in need for other reasons, such as childbirth, old age or having impairment – invalidity¹²¹.

There was a prehistory to the development of a particular disability compensation program in the social security scheme of 1963¹²². There was a particular compensation program for blind people with its roots back to the turn of the century, and there were others as well. These compensation programs were not analysed in their formation processes, as they appeared during a period when the social security system was still fragmented and poorly co-ordinated. The analysis instead focuses on the definition process after 1963.

Initially 1963 was the starting point for the empirical analysis, but the data indicated that the actual period of analysis had to be adjusted. The data indicated the exact period to start and stop the investigation into definitions used in the disability-benefit program. For example, the data implied that the proposals of the 1958 social security commission were important documents to examine because the new invalidity programs from 1963 were based on the proposal of the 1958 social security commission. This discovery made 1958 the starting point of the analysis of the development of programs for impaired persons.

Material from this commission indicated that prior to 1963 the blindness supplement¹²³, the care supplement¹²⁴ and the helpless supplement¹²⁵ were important forms of support for persons with impairments. The first two were granted when there were clear signs of impairment, while the aim of the helpless supplement was

119 *Lag om allmän och obligatorisk sjukförsäkring*, 1955

120 *Lag om allmän tilläggspension*, 1959

121 I chose to use the English term *invalidity* as this term is close to the Swedish term '*invaliditet*', a frequently used term at that time.

122 Nevertheless, these benefits were never part of a comprehensive social security system. In 1963 all existing social security legislation was integrated into one body, and social security was made comprehensive.

123 'Blindtillägg'

124 'Vårdtillägg'

125 'Hjälplöshetstillägg'

to help people with small incomes regardless of the person's impairment. People with impairment often received this supplement as they often had low income from a pension. But they could only receive it if the claimant had a spouse not entitled to a folk-pension. This was a strictly income-regulated supplement (Soc. dep. stencil 1974:1-4:1). The blindness supplement was given to persons who proved to be impaired through blindness and the care supplement could be given if the persons suffered from costs of care due to impairment. These supplements were directly linked to the person entitled to an invalidity pension in the social security programs. Although the legal criteria for entitlement were changed in 1963 to compensate persons with impairment, these forerunners of supplement forms had impact on the development. In part they legitimated the need for particular supplements to persons with impairment in the social security program, and in part their existence motivated the need to change the social security system so it better compensated persons who were impaired. This development will be elaborated on and described more in later sections of this and coming chapters.

Table 7.3 below provides an overview of the disability benefit during the examined period (1958 - 1983) and the main criteria used to define disability in each period:

Table 7.3 *Forms of disability-benefit programs in the Swedish social security system between 1958 -1983*

Establishment period (1958–1962)		
Name of benefit	Eligibility criteria	Disability approach
Care supplement	• Not blind • Unable to care for oneself • In constant need of care • (Not income regulated)	Medical classification
Blindness supplement	• Blind before age 60 • (Not income regulated)	
Helpless supplement	• Married • Invalidity pensioner whose spouse is not entitled to <i>folkpension</i> (Income regulated)	
Consolidation period (1963-1975)		
Name of benefit	Eligibility criteria	Disability approach
Invalidity supplement A	• Entitled to invalidity or old-age pension and unable to care for oneself • In daily need of care from another person • The need for help (care) must occur before the age of 63 /Confirmed blindness before the age of 63 automatically gives eligibility (Not income regulated)	Medical classifications
Invalidity supplement B	• Entitled to partial invalidity pension and has severe reduction in one or more organic functions and • In need of constant help or needing technical equipment to work (or to study) (Not income regulated)	Workrelated classifications
Invalidity compensation	• Working age (16-67 years) • Not entitled to invalidity pension, but fulfilling the criteria of: • Having severe reduction in one or more organic functions and • In need of help from other persons or technical equipment to be able to work	Medical and work-related classifications
Crystallisation period (1975-1982)		
Name of benefit	Eligibility criteria	Disability approach
Disability benefit	• Working age (16-67 years) • Limited physical or mental capacity • In constant need of assistance in daily life or in successive need of assistance to be able to work or • Has considerable extra costs • Confirmed deafness, severe hearing injury or blindness before age 65 entitles one to eligibility	Medical and work-related classifications

Table 7.3 illustrates the changing legislative criteria used to define disability in this benefit and also the use of alternative approaches to identify assessment criteria for this benefit.

The formation of rules of entitlement divides into three main phases. The establishment phase appears between 1958 and 1962, the time when a coherent and integrated social security system was constructed. After that, in 1963, two invalidity compensation programs were introduced into the social security system. The consol-

idation phase appears between 1963 and 1975. It was characterised by an expressed need to refrain from changing any legalised criteria for access to compensation. The crystallisation phase, between 1975 and 1983, is a period when the original legalised criteria for access to the disability-benefit program were replaced and transformed into new security programs¹²⁶.

The labelling of these phases refers to what characterised each phase of forming eligibility criteria for a particular disability benefit, and is not a description or characteristic of the social-political period during these years. Fragments of the social-political debate are found in the analysis presented here. But the fragments of Swedish social policy that I describe are relevant to the discursive process – a process of shaping legal criteria for the disability category in the social security system.

To describe the contextual framework of each formation phase a brief overview of the context is given, presenting who is in government, the make up of the Parliament, and the current economic situation. In the following analysis, I present the arguments for and discussions on defining legislative criteria for entitlement to this benefit during each phase.

The establishing phase (1958 - 1962)

The context

The Social-Democratic party was in power and had been since 1945 (Olsson 1990). Outside and inside Parliament a strong majority supported this government. There were few industrial conflicts, in part due to the institutional wage bargaining system that, along with economic growth, strengthened the labour unions both in the private and public sector (Korpi et al: 1982, Elvander: 1980).

In 1959 the government passed very controversial social security legislation, the ATP¹²⁷ reform. This reform passed Parliament by the smallest possible margin, only one vote. Many representatives in Parliament criticized this reform that introduced, for the first time, income-maintenance as a main principle for social security in Sweden.

The economic situation was quite stable and this continued up to the late 1970s (Olsson 1990). This favoured the development of expanded rights and the construction of the welfare state. From the early 1960s, the public education and health-care sectors expanded a great deal, both in services and economic support (Olsson 1990:115). Though the economic conditions of the country were considered to be fairly good, a proportion of the population was still living in distress and without any income security.

126 The new programs refer to the car-support program and the program for protection from high medical expenses.

127 Allmän tilläggspension

The social security legislation was integrated into one coherent system in 1963, with social security made compulsory on principles of ‘universalism’¹²⁸. This construction came as a result of the political ambition of the Social-Democratic party. They argued for the need to reconstruct the social security model and had ambitions to reform social policy in the country. They also found support for these reform plans in other political parties. Most parties agreed that a better social security system was necessary to improve the situation of the poor, but there was no consensus as to which principles should be used to construct the best national social security scheme.

Chapter five described some ideological issues important for the Social-Democratic Party during the post-war period. The aim was to construct an income-security system that abolished poverty and distress (LO 1992: 8). Income security should provide the working class with an acceptable living standard, and the social security system could be the instrument to guarantee this. To make this a reality, the Social-Democratic Party emphasised the need to prevent this class from being dependent on income security through the poverty-assistance program¹²⁹. They wanted to avoid designing new programs with similar restrictions. The Social-Democratic Party wanted a social policy based on the principle of inclusion of the working class. They understood inclusion in the sense that Taylor (1996) means: an inclusive social policy based on the principle of incorporating citizens, as opposed to an exclusive social policy that bases its principles on helping a minority of the population¹³⁰ out of its problems. It was viewed as a risk to construct a social security system based on principles of helping out the worthy ‘minorities’ who were poor. Such a model would presumably gain less legitimacy among the majority of the population and could be a social security that kept the supplements in the programs at a minimum level. The idea of the Social-Democratic party was for the social security model

to meld citizens together into an organic unit, to be aimed at and supported by the total population, not only by a minority [that was in need of social security – my remark] and to be a system that functioned according to principles of distribution (LO 1992:8).

The Minister of Health and Social Affairs, G. Möller, from the Social-Democratic Party followed up this line in social policy. The intention was to construct a social security system built on the principle of incorporation, in the meaning of having a social security system that prevented social problems from occurring. In addition to this principle, the Social-Democrats wanted to construct a social security system that had the support of the majority of the population. The social security system should

128 By ‘universalism’ I refer to the fact that this legislation intended to include all citizens of Sweden. However, this does not imply that all benefits in this legislation were granted to just any Swedish citizen, nor does this ‘universalism’ mean that every Swedish citizen had basic income insurance. To receive some of these benefits additional conditions, regulated by the legislation, had to be fulfilled. To distinguish this system from the previous one, it was called ‘universal’ as the social security legislation included all citizens, not just the ones who contributed financially to the insurance system.

129 Fattigvården

130 Taylor’s distinction and terminology is discussed in more detail under Chapter four under the section: *Rights to welfare state entitlements*.

be a public system; available to citizens needing special support programs and it should be a system that could be governed by political means. The idea of the social policy for the Social-Democrats appeared to be to construct a social security system that brought citizens more closely together. Different interests among groups in the population, rich and poor, old and young, employed and unemployed should see social security as a system working in their favour. It should be a social security system achieving consensus, not conflict amongst the Swedish population. To garner such support among the citizens, the system and the rules for being granted access to the various benefits had to have a high degree of legitimacy. One important way of gaining this was that citizens satisfying the requested criteria could obtain a social security income that gave an acceptable standard of living. This aspect was important for the Social-Democratic Party. Another important element for them was the possibility of influencing and controlling social conditions through the social security system. The system should be institutionalised, with a common administration that was located in one part of the country. The social security administration should be based on common legislation containing the same rules and administrative practice and compensation for both contributors and non-contributors to the social security system.

Offe's (1984) theory proposes that the social security system in advanced capitalistic welfare states should not be viewed as segregated system acting on behalf of a very 'humanistic' state, but rather as integrated into the public power structure of the welfare state. The ideas the Social-Democratic Party had concerning an institutional and integrated model for social security that we find in the establishment phase, are in line with Offe's understanding. Up to the 1950s, social security programs in Sweden provided insurance for occupational injuries, health insurance, and family and invalidity insurance. But now, the plan called for the differentiated social security programs to be organised into a national and co-ordinated social security plan. The lack of co-ordination that existed between the various social security programs was used as an argument by the Social-Democrats to construct a new social security model. The existing programs left parts of the population without social security benefits (Prp.1958: 55), according to an often-heard complaint from representatives for the Social-Democratic Party. One illustration of this standpoint is documented in the 1958 social security commission report:

One could not be satisfied with leaving the old and work-incapable to the bare necessities of life. The care for them should ... rather be regulated to provide them a living standard that is adequate in relation to the one which citizens with low incomes in general live (Prp.1958: 55:75)¹³¹.

In 1963 the Swedish Parliament passed new social security legislation and introduced a new social security model. It was the result of several political initiatives to construct a valid and acceptable model and as a consequence of solid investigations by various commissions of inquiry. Most influential for the design was the 1958

131 "Man kunde inte nöja sig med att endast lämna de gamla och arbetsoförmåga livets oundgängliga nödtröft. Omsorgen om dem borde,.... fastmera inriktas på att bereda dem en levnadstandard, som var skälig i förhållanden till den varpå medborgare med låga inkomster i gemen levde. (Prp. 1958:55:75)

social security commission¹³². This commission was appointed to deal with any consequences that arose from making the ATP pension reform part of the public security plan. This reform provided income maintenance as a guiding principle for social security, and this was a new principle. ATP became a wage-earned pension. It was based on the idea that wage earning should give income security in old age. The basic principle had not been to give standard security that related to previous income for the major part of the Swedish population. The new principle introduced through the ATP pension program caused concern with respect to the entitlement to other income-security programs. So far, only a minimum-standard pension was provided to people in their old age. One critique of the ATP reform was that the public security plan would introduce income difference as a principle for distribution, not income equality. Some saw this as creating a public social security act that discriminated against the working class. As a social security scheme, this would produce the same principle as the merciless labour market for the working class. People with high incomes would be favoured because they would be entitled to a high income from pensions under the ATP. One critic frequently argued during this period that the public pension scheme would not reduce the income difference in the population.

More important was the concern expressed for those who might have problems earning sufficient points in the ATP pension scheme with the subsequent risk of being left without adequate social security during one's last years. It was especially asked what would happen to persons who depended on incomes from the family-security programs and the invalidity-security program. The question was if these people would only receive basic-income security and thus be losers under the ATP reform (Prop. 1958:55:114-15). Not all politicians were happy with the ATP reform, and there were critics outside the government as well. Nevertheless, a majority in Parliament welcomed and favoured the ATP reform as a progressive reform. According to them, the ATP reform worked against income inequality and entitled the working class to a 'standard of living' by regulating the pension to previous income, not only minimum income. So far this had only been a privilege for the well paid in the industrial and public sectors.

But the ATP reform initiated new discussions on how best to organise a new social security model. A committee was appointed and authorised to investigate how to integrate all this into one coherent social security model. Part of the assignment of this committee was to propose how to organise the family-insurance and invalidity-insurance programs:

The question about a general pension reform was introduced through Governmental proposition no. 55 to the Parliament in 1958. The proposition stated the principles for such a reform. The reform should include improvements of the folk pension program as well as an introduction of a supplementary pension, confirmed by law. The new pension system should prepare for old age, invalidity- and family security. Before [any – my remark] detailed propositions could be

132 This commission was appointed when suggestions were made to change the national pension program. The pension reform was formalised in 1959, but was already being discussed in 1958, so the social security commission was appointed in 1958.

made, the proposition [no. 55 – my remark] predetermined that further considerations should be made about different issues, primarily as regards the invalidity and family-pension programs (From the instructions given to the 1958 Commission of Enquiry, described in the Minister of Social and Health Affairs Protocol of 9 May 1958)¹³³.

This excerpt shows that the ATP reform led to the need make new programs for invalidity and family security. In 1958 the Minister proposed that a social security commission be appointed, and this won support in Parliament as a concern was expressed for the income development of people living on incomes from the invalidity programs. It would be politically delicate if these people remained poorer than the 'winners' under the introduction of the ATP pension system. Such an outcome would make it difficult to see the ATP reform as progressive and social improvement for major parts of the Swedish population.

Proposal for constructing new invalidity (disability) benefits

The initiative appointing the 1958 social security commission eventually led to the introduction of new legislation and invalidity programs. The arguments for these types of construction and the need to make special supplements for persons with impairment are presented below. The 1958 Social Security Committee made a thorough investigation of different alternatives for organising a social security scheme and worked for several years on this produced a large amount of documentation.

The 1958 Social Security Committee was assigned the task of evaluating the consequences of and alternatives to the invalidity-security program after the pension reform was passed by Parliament in 1959. Up to then, the invalidity social security program was part of the family social security program. Both programs were based on the principle of providing income security to people in need of a basic income. The invalidity compensations were constructed to give a supplement to other basic income, such as a pension or a salary. The person with impairment had to be tested against other income to obtain the entitlement. If the income was too low, supplements could be granted but these supplements were rather small. There were no estimates of what should be the acceptable minimum standard of living for persons with impairment; this was not an issue.

The invalidity insurance program guaranteed persons with impairment who fulfilled the required legal criteria for entitlement to a basic income at a minimum rate. The available supplements were: the blindness supplement benefit¹³⁴, the care sup-

133 "Frågan om en Allmän pensionsreform förelades 1958 års riksdag genom Kungl. Maj:ts proposition nr 55. I propositionen angavs principerna för en dylik reform. Reformen skulle innefatta förbättringar av folkpensioneringen samt införande av en lagfäst tilläggspensionering. Det nya pensionssystemet skulle bereda ålders-, invaliditet- och familjeskydd. I propositionen förutsattes, att ytterligare utredning skulle ske beträffande olika spörsmål, främst rörande invaliditet- och familjepensioneringen, innan detaljerade förslag kunde framläggas" (från Utredningsdirektivet till (1958) social försäkringskommitté - Statsrådsprotokoll chefen för socialdepartementet 9 maj 1958)

134 'Blindtillägg'

plement¹³⁵ and the helpless benefit¹³⁶ (see Table 7.3). They were co-ordinated to a certain extent with the persons on an invalidity pension, but the programs themselves were not co-ordinated. The investigations made by the Social Security Committee of 1958 proposed changes to this. They found that the constructions behind the surplus supplements to persons with impairment created problems. The main concern was what the consequences for income levels for persons assumed to have invalidity would be if this system was maintained. These persons were assumed to be experiencing income-level problems and often were not earning a wage. This would make them 'losers' under a pension scheme that based income security on principles of wage earning. The blindness supplement, the helpless supplement and the care supplement gave small income supplements if the income was low. The blindness supplement was given to any persons confirmed to be blind, regardless of entitlement to an invalidity pension. But this was not the case for the other two supplements that were directly connected to entitlement of the invalidity pension program. This design of the invalidity program left the impression that entitlement to the invalidity pension, almost by definition, confirmed the presence of a low-income potential.

This structure was challenged by the construction of the ATP reform. If the social security model was to be a security plan that guaranteed a certain standard of living to citizens, the rules of the invalidity program needed to be changed. The standard of living guarantee made it difficult to keep an income-tested invalidity pension and supplement program because this construction gave the impression that a person had to confirm distress prior to the provision of social security. This was against the principle favoured by the Social-Democratic Party. They had a majority in Parliament and had strong influence. A social security system should help people out of distress, not keep them poor¹³⁷, according to the Social-Democratic Party.

But the Social-Democratic Party also favoured a social security model that gave people an incentive to be active in the labour market. Without the possibility of earning a basic income by being active in the labour market, people would not be able to pay fees for social security and consequently no money could be redistributed through the social security system. This could threaten the structure of the social security system being constructed, and for this reason was seen as an important principle by the Social Democrats. Moreover, they felt that the principle of income maintenance and incentives to be active in the labour market could be problematic for persons with impairment. The question remained how to provide security for people receiving invalidity benefits, keep them out of distress and at the same time encourage them to earn a wage.

The 1958 committee proposed new criteria for entitlement to an invalidity pension. Lack of work capacity should be the main entitlement criterion, not low in-

135 'Vårdtillägg'

136 'Hjälplöshetstillägg' - The helpless benefit was even a supplement to people receiving a sickness benefit.

137 This point is elaborated on in Chapter five. As mentioned there, the philosophy of the Social-Democratic Party was to reform the social security system in the direction of income maintenance, not only social security against distress.

come. To manage to fulfil this condition, the committee suggested introducing occupational invalidity¹³⁸ as an important eligibility assessment criterion. Occupation invalidity as a concept was defined as follows:

The invalidity pension is designed to compensate for the invalidity caused by the absence of or a reduced source of income, and it implies, accordingly, no compensation for the invalidity per se, and in the same way does not compensate for the extra costs for all kinds of inconveniences, seen from a medical viewpoint, that this [the invalidity – my remark] brings about¹³⁹(Prot. 1962:90:55).

Shifting to the use of occupational invalidity as an important criterion did not exclude the use of medical criteria for defining the occurrence of invalidity. The 1958 Social Security Committee stated that the confirmed lack of work capacity needed to be certified by medical criteria. The committee suggested defining invalidity with criteria concerning income-capacity problems, and to be consistent in this definition. The committee wanted the work-related definition to be the governing principle for defining disability, and that it should be part of the new integrated social security model. The work-related definition of disability should represent a homogenous concept. It was claimed:

The main emphasis of the social security committee's (1958) report is the invalidity pension. The committee has, among other things, introduced the proposal of a homogenous invalidity concept within the folk pension program and the supplementary pension program, regarding the degree of invalidity and abolishment of the income test regarding the disability pension (Prp. 1962: 90:143-144)¹⁴⁰.

Focusing on invalidity as an income-capacity problem was a shift in the perspective on 'invalidity', or what should describe disability. Disability was then approached as a work-related phenomenon, not entirely defined by medical criteria alone. The definition of invalidity should be based on confirmation of a clinical definition but related as well to consequences concerning wage earning. The 1958 committee argued strongly for a work-related definition of invalidity and that the outcome of medical invalidity should be judged from the perspective of the rehabilitation potential:

The committee calls attention to the issue that a pure medical invalidity concept cannot be applied within the general pension system. The invalidity should, however, – as it is within the present folk pension system – be caused by medical factors. In addition it ought to be demanded that these factors result in the loss of or significant reduction in work ability. The invalidity con-

138 'Arbetsrelaterad invaliditet'

139 "Förtidspensionen är avsedd att utgöra ersättning för genom invaliditet utelämnad eller minskad förvärvsinkomst, och den innebär alltså inte någon kompensation för invaliditeten i och för sig, liksom inte heller för de merkostnader och allehanda olägenheter ur medicinsk synpunkt som denna medför" (Prot. 1962:90:55. Debatt första kammaren 15-16 maj)

140 "Tyngdpunkten i socialförsäkringskommitténs [1958 socialförsäkringskommitté] betänkande ligger på förtidspensioneringen. Kommittén har b.l.a. lagt fram ett förslag om ett enhetligt invaliditetsbegrepp inom folkpensioneringen och tilläggspensioneringen, om invaliditetsgraderingen samt om avvecklingen av inkomstprövningen beträffande förtidspensioner" (Prp:1962:90:143 - 144).

cept to be used within the general pension system thus requires that work invalidity occurs and that it is based on medical factors...¹⁴¹ (SOU 1961:29:10).

The argument shows the shift in conceptualising invalidity and the demarcation of criteria for the disability category. Invalidity should no longer be addressed as representing a pre-determined condition or 'fate'. Medical factors alone did not constitute invalidity, if any lack of work invalidity could be confirmed. The perspective of the committee was that a clinical definition of invalidity was possible to influence and amenable to rehabilitation efforts. This made the work-related definition of invalidity more progressive than it had been, argued the committee, progressive in the sense that impairment should not be deemed to represent low income capacity and potential, but a situation that could have flexible outcomes regarding wage-earning capacity.

The 1958 committee argued strongly that a new structure of the social security system and the work-related approach to invalidity stood for a more modern approach to social security and definitions of invalidity. The committee argued that even with these changes it was important to restrict the access to the invalidity pension security program. Only those already certified by medical criteria to have impairments should be evaluated by the other criterion for assessment for supplement benefits.

We can see from these discussions on which criteria were to be considered most important in defining invalidity that different approaches were being used to describe and explain signs of impairment and disabilities. It is important here to remember Söder's (1991) assertion that disability criteria will be defined differently depending on which approach is used. The epidemiological approach, for example, will understand disability one way and focus on different aspects than the adaptable approach. The latter pays stronger attention to environmental factors¹⁴² that are disabling persons, while the former will pay more attention to the individual disabling dysfunctions and impairment. Hence, the adaptable approach views disability as the outcome of a lack of environmental and societal adjustments, not something that is caused by a lack in body functions and epidemiological causes. From the discussion on the principles defining access to invalidity social security in the 1960s, we see that both these understandings occur in the debates on defining an invalidity concept and criteria for the disability category. It is possible to trace arguments that lean towards a more medical or epidemiological understanding, and arguments leaning to a conditional approach to define disability. The committee suggests moving away from using strictly medical criteria for defining invalidity and making invalidity something that can vary. Medical invalidity will possibly be work capable through appropri-

141 "Kommittén framhåller att ett renodlat medicinskt invaliditetsbegrepp inte kan komma ifråga i tillämpningen inom den allmänna pensioneringen. Orsaken till invaliditeten bör emellertid -lik-sam inom nuvarande folkpensionering- utgöras av medicinska faktorer. Därutöver bör fordras att dessa faktorer medför förlust eller betydande nedsättning av arbetsförmågan. Det invaliditetsbe-grepp, som bör tillämpas inom den allmänna pensioneringen, innefattar alltså att en arbetsinvalid-itet grundad på medicinska faktorer skall föreligga" (SOU 1961:29:10).

142 Described and discussed in more detail in Chapter three.

ated means and rehabilitation efforts. This point of view approaches disability from a more conditional approach, not as a situation predetermined by the medical definition. The work-related invalidity concept relates to problems of self-sufficiency and work incapacity, not to medical factors alone. We see from the discussions of the 1958 committee that this latter perspective contrasted with the previous medical classifications for invalidity and that new 'facts' had to be addressed when deciding on legal criteria for access to social security. Up to the late 1950s, medical criteria alone were never challenged as not providing sufficient information about the invalidity when assessment for entitlement to the invalidity program was decided. This was now changed, and medical criteria no longer were sufficient to establish the 'facts' of invalidity, the outcome concerning the work capacity of the medical condition in question also had to be decided.

Though the committee suggested defining invalidity as a work-related phenomenon, this decision did not exclude the use of medical classification criteria. Note that the committee suggested criteria that first clarified the medical conditions of a claimant, and secondly the consequences regarding wage-earning capacity. It appears that it first had to be determined whether a person could be clinically declared as impaired before the issue of work potential appeared in the definition process. It was assumed that a residential or possible work capacity would be activated through rehabilitation measures. The committee argued that it was important to encourage persons with impairment to seek employment solutions and to keep access to the invalidity pension 'reserved' for persons with impairments that rendered them incapable of re-entering a labour market position, either fully or partially. The excerpt below illustrates this approach and discussions in the 1958 committee:

The economic maintenance consequences of an illness or an injury, as well as the medical or work-related possibilities to improve or re-establish work capacity should, according to the committee's opinion, receive more importance within the pension program than hitherto (Prop. 1962:90:167)¹⁴³.

The committee argued that it was important to reserve the access to invalidity security to persons medically afflicted and incapable of working. They felt that the use of a work-related invalidity definition should be reflected in each invalidity program in the social security system. This also made it necessary to change the eligibility criteria for some of the programs. Hence, the use of a work-related definition for invalidity makes the income supplements change the eligibility criteria, and this opened for a more conditional approach to disability in these programs. The medical understanding of disability is, however, still present and influential, as it comprises criteria that establish some facts about 'the invalidity'. I interpret this to be an indicator of ambiguity in the decision making on the disability category and the assessment process for invalidity programs. There is evidence of vacillation between using epidemiological and more conditional principles to define invalidity and the legal criteria principles

143 "De försörjningsekonomiska följderna av en sjukdom eller skada liksom medicinska eller arbetsmässiga åtgärder för att förbättra eller återställa arbetsförmåga bör enligt kommitténs mening tillmätas vida större betydelse inom pensioneringen än hittills" (Prp.1962:90:167).

underlying assessment. The outcome of this vacillation is that the committee of 1958 suggested using both medical and conditional criteria to establish the disability category in the invalidity scheme. In this sense these contrasting approaches to disability reached an 'ideological agreement' during the establishment period.

The motive for using the work-related invalidity concept was linked to social-policy principles for this period. The social security programs should uphold the principle of wage earning as the basic source of income to people and at the same time provide income security if this was not possible. The social policy of the time appeared to be that only people classified as totally or partially lacking work capacity should be entitled to the new invalidity program. Keeping these as the guiding principles in social policy made it necessary to use new constructions and criteria to design invalidity pension programs and invalidity supplement programs. The 1958 Social Security Committee suggested designing the program in such a way that claimants could receive one supplement if they were working and another supplement if they were incapable of working. The argument was that supplements could compensate costs for working persons with impairment, so that they did not regard the invalidity pension as the only alternative income security available.

As a result of these considerations, the 1958 committee suggested a complex supplement program for persons with impairments. The committee suggested constructing an income supplement for a person that gave him or her invalidity or old age pension and yet another supplement for a person not fulfilling the necessary requirement for receiving a pension. It was suggested that medical certification of invalidity should be defined for access to both supplements. The committee found it likely that different types of medical certification were needed for different types of impairment. Therefore they suggested that the supplements should be set apart in different invalidity sub-groups. This means there were two different supplements for each type of impairment, one supplement for those capable of working and one for those incapable of working. Consequently a blind person who was entitled to an invalidity pension would receive one type of supplement, and if this person was not receiving a pension, he or she would receive another supplement. In the same way, a supplement was designed for crippled persons entitling them to an invalidity pension and another for persons medically certified as crippled, but not fulfilling the requirement for invalidity pension. This suggested design by the committee assumed that a standard income security could be obtained from other sources if the person was not entitled to a pension, but that the person had costs related to the impairment. The 1958 committee also proposed that the design of the care supplement¹⁴⁴ and the helpless supplement¹⁴⁵ in the security system be maintained, but that the rules of entitlement to these should be changed.

To summarize, the 1958 committee proposed a new design and new criteria for the invalidity benefits and for the supplements, setting them at one level when there were work-related costs and another level if there were not. The main argument for this distinction was, as this analysis has illustrated, that persons with impairment

144 'Vårdbidrag'

145 'Hjälplösbidrag'

should be actively employed whenever possible. Social security should encourage persons (with or without an invalidity) to be wage earning and provide income security if wage earning was not possible. Here is one example that illustrates this line of thought:

...which work-capacity was *not* [my underlining] so reduced as required rights of entitlement to an invalidity pension (SOU 1961:29:11)¹⁴⁶.

The discussion on which concept of invalidity to use, and which legal criteria to use to define occurrences of invalidity also created demarcation problems on what should be included or 'deserved' to be included in this category. This agrees with Lindqvist (2000) and Midrè (1990). According to them, the definition of social security categories relates to issues of defining 'deservingness' and the demarcation line of social protection programs. These aspects were discussed as the 1958 committee debated where to demarcate a disability category. One problem discussed on this issue was how to determine if a person permanently had lost work capacity. One argument presented was that any person at a certain age would become work disabled:

Sooner or later almost everyone reaches a point when their work capacity begins to drop and they should, accordingly, be entitled to a pension for this reason...

the invalidity pension is an early retirement pension for the person who has lost her/his work capacity earlier than normal (Prop. 1958:55:82-83)¹⁴⁷.

One problem that was discussed was if it was necessary to introduce a maximum age for the special income supplement for persons with impairment¹⁴⁸. The committee proposed 63 years as this maximum age¹⁴⁹. This implies that to obtain access to the invalidity compensations the impairment had to occur before the claimant was 63 years of age.

In addition to the age limit defining legalised criteria for the disability category, the criterion being in need of care was debated in the 1958 committee. Being in need of care was one major assessment criterion for entitlement to an invalidity-supplement benefit, and this criterion was also used for entitlement to the care-supplement program¹⁵⁰. The 1958 committee proclaimed it was difficult to decide what should be used as indicators of being in need in the invalidity-supplement program. These persons could need care, but it was difficult to determine by which criteria this need

146 "vilket arbetsförmåga *inte* var så nedsatt som förutsattes för rätt till förtidspension" (SOU 1961:29:11).

147 "Förr eller senare når ju nästan alla denna punkt, då deras arbetsförmåga tryter och de alltså bör bli berättigad till pension av detta skäl. ... är invaliditetspensioneringen en förtida ålderspension till den, som förlorat sin arbetsförmåga tidigare än normalt" (Prp. 1958:55:2-83).

148 During this historical phase, no clear distinction was made between the process of invalidity for persons getting old and other reasons for invalidity. I will discuss these aspects in the next Chapter, under the section "When I'm 65..."

149 Up to then, the maximum age had been 60 years for entitlement to the existing invalidity compensation for blind people.

150 Proposals were made to take this supplement and the other existing income supplements away by reconstructing the total invalidity program, to be replaced by two other forms of compensation, a point I will elaborate on later in this section.

should be decided. This was not such a difficult issue in previous social security programs as invalidity was defined by medical factors alone. A person defined as having invalidity would receive a care supplement if care was required. The 1958 committee needed other indicators of care as they were proposing to change the principles for defining invalidity in the social security program. The 1958 committee expressed uncertainty as to which indicators to use and which legal criteria should give the right to compensation for costs related to care for a person having invalidity. Its decision was to suggest that the criterion of being in need of care should be maintained with no further specifications other than stating that the need for care should be perpetual. It was also required that the need for care had to involve extra costs. Persons with impairment confirming extra costs related to care on a regular and daily basis were entitled to a supplement. If these persons could not confirm extra costs of care, the 1958 committee suggested that they were entitled to the helpless supplement (SOU 1961:29).

These types of discussion on which legal criterion to use illustrate how difficult it was to decide which indicators should define invalidity for persons with impairment. The 1958 committee meant, for instance, that signs of “severe reduction in organic (body) functions¹⁵¹” should be one indicator of invalidity (AFL 1962: 9-2 §), but not the only one. The reduction-of-organic-functions definition objectified invalidity using certain physical or mental capacity standards. This represents a bio-medical approach to disability, more in line with Söder’s (1991) theory on labelling in the epidemiological definition. Moreover, the 1958 social security committee suggested using indicators of a lack of work capacity, relating more to what Söder (ibid.) calls the conditional or adaptable definition of disability.

The complexities involved in finding legal criteria and defining invalidity in the new social security model ultimately led the 1958 social security committee to propose various invalidity compensations for different types of impairment. The eligibility criteria took into account:

- If the person had the right to a pension entitlement
- If the person was medically defined as having an invalidity
- The type of impairment.

This construction of invalidity compensations and eligibility criteria was criticised by consulting bodies asked for their opinions on the proposals made by the 1958 committee. This could be one reason why the Minister of Health and Social Affairs changed the proposals from the 1958 social security committee. He suggested that there should only be two types of invalidity supplement, not several. The new social security system should contain two types of compensation, the invalidity supplement and the invalidity compensation, and the most important criterion for distinguishing between them was if the person with impairment was entitled to a pension or not. Those who were not entitled to pensions were in principle regarded as work able and

151 ”höggradig nedsättning i kroppsorgans funktion”

should therefore be entitled to invalidity supplement. The argument for doing this was that such a system would be less complex and easier for the general public to understand. In this way the social security model could also win stronger support amongst the population.

The Minister presented a proposal to Parliament based on the recommendations of the 1958 Social Security committee with one exception: the introduction of a distinction between the criteria for persons incapable of working and those capable of working (part-time or full-time). The construction of different eligibility criteria for the invalidity compensation and the invalidity supplement(s) should effectuate this principle (see also Table 7.3) With this proposal, the Minister made it clear that the invalidity compensations corresponded to the new ideology of using a basic principle of a work-related definition of invalidity. The constructions of the new invalidity compensations should be granted to people with invalidity according to the new working line ideology, as this was basic to the new social security plan (Prop. 1962:90:298).

The proposal to Parliament in 1962 (Prop. 1962:90) introduced the invalidity compensation and the invalidity supplement. The first, the invalidity supplement should compensate any extra costs incurred from care of persons receiving a pension. For this reason, the main eligibility criterion was that the person was:

... incapable of taking care of oneself and due to this is, on repeated occasions, in daily need of assistance from another (Prop. 1962:90:27)¹⁵².

This criterion should define eligibility for the invalidity supplement. The need for assistance should relate to the need for regular assistance on a daily basis. This income supplement should compensate for extra costs related to impairment. It seems as if the general idea for constructing a special income supplement for persons with impairment receiving a pension was that they might have extra costs that were not compensated by the pension income. The invalidity supplement should compensate the costs of impairment for people who had an income supplement through the pension system, though this was not explicitly established as a legislative criterion.

The second was directed at impairments (or invalidities) that did not entitle the claimant to a full social security pension. To compensate working persons for extra costs, the invalidity compensation program was introduced. The main criterion for assessment should be as follows:

...a high degree of reduction in bodily function and is in need of considerable and continuous assistance from another person or has to bear considerable extra costs for mobility or other technical equipment to be able to work (Prop 1962:90:27)¹⁵³.

152 "ur stånd att reda sig själv och på grund härav vid upprepande tillfällen dagligen är i behov av hjälp av en annan" (Prp. 1962:90:27)

153 "höggradig nedsättning i kroppsorgans funktion är i behov av avsevärd fortlöpande hjälp av annan person eller får vidkännas betydande merutgifter för färdmedel eller andra hjälpmedel för att kunna utföra arbetet" (Prp 1962:90:27).

It appears that the underpinning principles should be to compensate persons with impairment for additional costs due to mobility problems or costs related to needing assistance. Medically defined criteria of invalidity were necessary, however, they did not alone constitute sufficient grounds for being granted this compensation. The conditional work-related invalidity concept – the ruling principle for the new invalidity security programs – legitimised the need for a special construct for persons with impairment who were working and incurring extra costs. The last excerpt illustrates that costs were related to a work situation, not entirely characteristic of the impairment in order to be compensated. But not just any worker incurring extra costs due to the need for assistance or due to mobility problems was entitled to this compensation. Only working persons with a high degree of reduction in bodily functions should qualify for assessment for compensation. It did not matter if the person with the reduced bodily functions worked full time or part time; they could be compensated for the extra costs incurred because of the need for assistance and transportation regardless of working hours. This means that the construction of the compensation program for persons with impairment in the Swedish social security should include:

- The invalidity compensation that compensated extra costs related to work,
- The invalidity supplement that compensated extra costs of care.

The reason for this construction was that the social security scheme should give incentives to persons with impairments to work full-time or part-time if they were capable. This appears to be in line with the ideology of the rehabilitation discourse of disability that was described in the last chapter. Here we remember that the main idea was to encourage claimants to work whenever possible and to reserve the permanent income security programs primarily for those lacking any work resources. To summarize, the design of the new compensation program upheld the basic new principle for providing social security to persons with impairment, that is to say that the medical criteria for invalidity no longer alone gave sufficient information about the invalidity. The 1958 committee expressed this by saying:

...the invalidity concept to be used within the general pension system thus includes that a work-invalidity occur and that it is based on medical factors... (SOU 1969:29:8)¹⁵⁴

The design of two separate invalidity compensations also demonstrates some difficulties in finding operative legalised criteria that supported such a definition in the social security system. The committee discussed that it was likely that certain types of physical invalidity involved extra costs. Thus even though the social security system was now dropping the principle of standardised use of medical criteria for assessing access to the security programs, it was still likely that some medical signs could be used to evaluate invalidity. The solution to this administrative difficulty was to de-

154 "...Invaliditetetsbegrepp som bör tillämpas inom den allmänna pensioneringen, innefattar alltså att en arbetsinvaliditet grundad på medicinska faktorer skall föreligga.. ... (SOU 1969:29:8)

sign a particular supplement for those who fulfilled the medical criteria and also needed to be compensated for extra costs for equipment and likewise when working.

Given the idea that medical criteria alone did not establish invalidity, it is interesting to note how a certain sub-group of persons with impairments was allowed 'free accesses' to the invalidity compensations. Nonetheless, medical certification of blindness was sufficient for entitlement, according to the 1958 committee; which maintained that such certification indicated the probability of a lack of work ability. However, only persons medically certified as blind had such a unique position. There was no similar 'free access' for persons with other types of impairment. I find the pragmatic definition that is used here to grant persons with blindness entitlement to compensation quite interesting as it contradicts the expressed goal of making the invalidity concept work related. We must remember that the aim was to make a new social security program that no longer provided social security benefits on the basis of the definition of apredetermined 'deficiency'¹⁵⁵. This was the main argument used against defining invalidity with medical criteria alone. Moreover, this indicated that blind people had enjoyed particular rules and provisions previously; creating path dependencies in the decisions made on rules of assessment of the entitlement to invalidity compensations for the blind. Based on the traditions of earlier constructs in the social security program, the blind had easier access to the invalidity compensations than, for instance, deaf people and people with severe physical impairments. They 'deserved' the categorisation of being classified as having an invalidity, to use the words of Midrè (1990).

The need to create particular rules for blindness could also indicate problems in implementing a less medically defined disability concept for the legal right of entitlement. I view this as an outcome of making a discursive compromise between using criteria assumed to represent an epidemiological understanding of disability and using criteria of a more adaptable and conditional understanding of disability. The medical understanding and use of medical criteria appear to continue to be influential as definition criteria, even though it is claimed that this definition is 'old-fashioned' and redundant.

As part of the social security program's aim was to compensate persons with impairment for their costs, a new design for the care supplement¹⁵⁶ was introduced. The aim of this supplement was to compensate for the costs of caring for a disabled child, and the categorising criteria used to define invalidity were that the child had illness, mental retardation or impairment¹⁵⁷. This represents the idea that such characteristics of child impairment motivate the need for particular care, which then leads to special costs, extra costs that could be a burden on the family. The new supplements aimed to also grant an income supplement for extra costs to persons other than the one with the impairment, as a wife supplement¹⁵⁸ and a child supplement¹⁵⁹ were also included. These supplements were not included in the invalidity

155 'lyte'

156 'Vårdnadsbidrag'

157 "sjukdom, psykisk utvecklingstörning eller annat handikapp" (SFS 1962:381§9:3)

158 'Hustrubidrag'

security scheme, but became part of the family insurance scheme (SOU 1961:55). In constructing particular income supplements for the affected wives and children of the main breadwinner, we see the inherent supposition that the breadwinner was male. Men were assumed to provide the main income for a family, and the family was assumed to need particular income surplus if the [male] breadwinner lost income capacity due to invalidity. This construction of the family security program underlined a male working-line principle. Unpaid domestic labour, mainly performed by women, did not give equal rights to social security as having a position on the labour market did.

It was recognised that invalidity sometimes caused income problems for a family, and for this reason medical criteria of invalidity could also provide access to a municipal housing allowance, and also a child allowance during this historical epoch (SOU 1961:55).

Resolution in Parliament

In 1962, Parliament debated proposals from the 1958 social security committee for introducing a new social security model. Parliament was asked to pass the new Social Security Act (Prp. 1962: 90) to replace the older legislation. The act proposed that a national comprehensive social security scheme that covered all inhabitants of Sweden should be introduced. Included in this act was a particular invalidity insurance scheme. This program was basically the same as the one proposed by the 1958 Social Security Committee.

The debates held in Parliament demonstrated that the proposal of the new invalidity compensation program met no major criticism. Apparently the bill reached agreement across political-party lines in Parliament, while other programs in the new social security plan were hotly debated and controversial.

But there were some reservations on this program as well. The critics welcomed this new program and viewed the invalidity compensation program as progressive. They underlined that their protests were about the principles or designs of the program, not the program as such. A frequently heard argument was the need to improve the program further than what was suggested. This argumentation appeared in all the protests, no matter which political party was speaking.

Most criticism focused on the blind and their right to compensation. Some representatives saw the new compensation program as progress in social security for the blind, while others expressed the opposite. Here is the voice of one representative who felt the compensation program represented progress for all groups of persons with impairments:

I would like to consequently maintain that the proposal, supported by a unanimous committee, at this point does absolutely not imply any change for the worse, whatsoever, but in contrast, an

improvement for all groups of invalidity (Prot. Parliament, first chamber debate 1962:20:123)¹⁶⁰.

But there were those representatives who insisted that the invalidity compensation program was a step backwards for the right of the blind to social security. The following argument represents this point of view:

One could question: Have we made a wise decision, when through a categorical splitting – [i.e. introducing a maximum age restricting the blind above 63 years of age from the right to compensation – my remark] as the existing proposal implies – we provide benefits of poorer quality to a number of the blind, at the same time that we increase the benefits for all others? (Prot. Parliament, first chamber debate 1962:20:101)¹⁶¹

Up to then, medically confirmed blindness had entitled the claimant to the blindness compensation program under the social security system and this was now replaced by 'free access' to the entitlement to invalidity compensation. The right of entitlement to compensation was only regulated to cover costs for blind people up to 63 years of age. This was a new rule, as the previous blindness compensation program did not have any upper age limit. This also made some political representatives question if this upper age limit was necessary. They argued that blind people were blind, no matter the age of the person. Besides, if an age limit was to be used to indicate the right to entitlement, it should be 67 years, and not 63 years as proposed.

The reservations and bills arguing against an upper age limit for the right of entitlement to compensation did not find sufficient political support. The majority of Parliament accepted the proposal to restrict access to the invalidity compensation program to an upper limit of 63 years of age. With the exception of one aspect, the majority in Parliament accepted all proposals from the Minister of Health and Social Affairs. The exception was that the Parliamentary majority wanted to index-regulate benefits under the invalidity-compensation program. This meant that the value of the benefits would develop according to the economic situation of the country. Though Parliament agreed to this in principle, index regulation was postponed for practical, administrative reasons.

By 1962, Parliament accepted the invalidity compensation program as a part of the new social security plan, with the changes as described above. The benefits were intended as income supplements. The rules of entitlement and the size of the compensation varied according to the right of entitlement to the pension program. This became part of the legislation in the pension scheme. Nevertheless, the invalidity compensations were granted, in principle, independently of entitlement to a pension program. That was a change compared to what had been the case. To receive com-

160 "Jag vill alltså slå fast att det förslag som ett enhälligt utskott står bakom, på denna punkt absolut inte innebär någon som helst försämring utan tvärtom en förbättring för samtliga invaliditetgrupper" (Prot. första kammar debatt 1962:20:123)

161 "Man kan fråga sig: Har vi träffat ett särskilt klokt beslut, om vi genom en kategoriklyvning -[införa maximum ålder som begränsar blindas över 63 år rätt till kompensation] som det föreliggande förslaget innebär- skulle ge sämre förmåner åt en hel del blinda, medan vi höjer förmånerna för alla andra?" (Prot. första kammar debatt 1962:20:101)

pensation for costs of care in the earlier social security programs, the person had to confirm the right to the invalidity pension. Now this requirement was abolished. In practice, this was not that substantial change as invalidity pensioners were often recipients of compensation from the invalidity compensation programs.

The most controversial suggestion in the new compensation program was the upper age limit. This issue revealed different understandings of disability. One view argued that blindness was independent of age, and a permanent condition continuing with age. An alternative perspective was presented in line with using a work-related invalidity concept. It suggested the need for having a maximum age for entitlement so that it could be separated from what appeared in the ordinary ageing process. This discussion illustrates problems of legitimisation of a work-related invalidity concept in the social security system, and indicates difficulties in using a more adaptable approach to disability in the social security system. Generally speaking, the new concept related invalidity to a wage-earning situation (capability to work), but depended on medical criteria confirming the lack of work ability.

Our look into this debate has also illustrated the presence of contrasting ideologies on how to address and find legal criteria that categorise invalidity.

Summary

During the establishment phase, the construction of a new comprehensive social security model influenced the definition of legal criteria for social security compensation persons being impaired. The rules of entitlement changed to fit the introduced occupational invalidity concept. Social security should no longer consider legal criteria for defining invalidity as equivalent to any medical condition, but relate these conditions to a person's work capacity. This led to a new invalidity pension program, where the pension was no longer means-tested against other income, but was a right regulated according to the degree of reduced work ability. The previous income-supplement system was abolished and replaced by a new invalidity compensation program. This program was divided into compensation and supplement to be granted if invalidity occurred. They were constructed as supplements to other income, intended to compensate for the costs incurred from a person being impaired. The level of provided compensation differed, as the compensation provided to people who were working was higher than those who were not. But this design also had another implication. It made it possible to regulate income levels among people with invalidity through political means. One level of income reinforcement could be higher than another so that persons with impairment would be encouraged to work.

During the establishment phase, the argumentation shifted from a medical to a more social model for classifying criteria of invalidity (or what we later address as a disability). Ultimately these understandings reach a discursive historical compromise. Both medical and occupational factors were used to define the disability cate-

gory in this compensation program. Using social aspects such as wage earning as one legal criterion for being granted access to compensation was new. Other social factors than this were, however, not considered relevant. During this phase the way to find legal criteria to categorise invalidity was to use an activation line and wage earning as the guiding principal for entitlement to social security benefits. Lindqvist & Marklund (1995) argue that this line of activation of disabled people still dominates the social security system in Sweden. As this analysis show, this activation line is not new in Swedish social policy.

The debates on which legal criteria to use in defining the occurrence of invalidity demonstrated that social issues like the old age pension program and the care of family members could influence the family income. Normative assumptions made about the Swedish welfare state and the different programs were taken into account in this debate; for example, the debates on the need to regulate access to this compensation program. We see from the analysis here that the discussions on finding legal criteria that demarcate the category of invalidity relate both to the demands of the labour market and to cultural and normative demands from society. To illustrate, the rules governing access to invalidity compensations acted in accordance with the intentions of the working-line principle (labour-market demands) and path dependency for rights for the blind (cultural demands). This is in accordance with Offe's theories (1984) and the idea that a social security system (political-administrative system) must balance between the norms of the economic system and the normative system. The debates on defining legal criteria of access to invalidity compensations also indicate the relevance of Lindqvist's theories (2000) on demarcation problems, as we see that in the debates on the upper age limit for blind people. The analysis also indicates that the role of the social security system is to establish certain 'deservingness' to the disability category, just as the work of Midrè (1990) illustrates. The decision-making process for defining legal criteria also involves discussions on using inclusive or exclusive social policy when deciding which legal criteria to use. As Taylor (1996) pointed out, both principles of distribution may be present in a social policy, and we see both these ideologies in the Swedish Parliament's discussion on the legal criteria for access to social security for impaired persons. Indeed this process of defining criteria was complex in the establishing phase. But this could be because these legal criteria defined a core category of the Swedish social security system.

The definition process of the disability category continues

Introduction

From the last chapter's analysis we see the complexity involved in determining disability and legal criteria for assessment of the invalidity compensations. We also learned that it was difficult to design principles and eligibility criteria for an invalidity program as a new invalidity concept was introduced when the Swedish social security system was made more comprehensive. The construction of a new and comprehensive social security model had an impact on the way disability was conceived and which legal criteria and principles were used to decide access to the invalidity compensation programs.

The eligibility criteria for the invalidity compensations were passed by Parliament in 1962. This chapter provides a descriptive analysis of the decision-making process and formation of rules governing entitlement to the invalidity benefits after a new Social Security Act based on principles of universalism was introduced. It analyzes the social political discussions on the invalidity supplement programs that the Swedish welfare state continues to develop. I have divided the analysis into two formation processes, labelling them the consolidation phase and the crystallisation phase. These formation processes are interlinked with the discussions on the legal criteria that appeared during the establishing phase. For this reason, the approach to the analysed data is the same as in Chapter seven. The focus is on what influences the decision making and on the principles used to determine legal access to the invalidity compensations (and their later successor: the disability benefit). What happens to the legal criteria of the disability category in the invalidity programs after 1963?

The consolidation phase (1963 -1975)

The context

The Social-Democratic Party remained in power during this epoch. They continued to vigorously expand their social policy program and the other political parties were supportive of the ambition level of the social security program. The dual-chamber parliamentary system was abolished and replaced by a single-chamber system in 1970.

The Swedish economy was expanding during the 1960s and the beginning of the 1970s. A sign of this is that both total public expenditures and social expenditures as a percentage of GDP¹⁶² increased from 1963 to 1975 (Olsson 1990:120-121). It appears that the expanding economy favoured the expansion of a growing public sector and a national social security program.

The aim of social policy during this period was to continue to improve and reform the social security programs. The reforms were based on ideological principles of having an inclusive social security system that provided all citizens' with social security under certain conditions. The social security system would thus require administrative regulations on various programs, and it would also have to be possible to have influence on social security through political means. These aspects were fundamental to the construction of the new social security model. When in 1962 the Swedish Parliament passed the new Social Security Act, it won consensus among conflicting interest groups in the population. Generally speaking, the consolidation phase involved the development of the original branches of the social security program and the introduction of more generous eligibility requirements for certain programs. Moreover, the economic levels of most compensation increased during this epoch, and new branches became part of the national social security system. For example, dental insurance was included in the social security plan during this period, and the housing allowance was increased during this period (SOU 1979:94). However, the belief that disability benefits were made more generous can be challenged if we look at the assessment rules for the disability benefit programs during this period.

The organisation principle for the social security system indicated that various programs provided security for a variety of situations. The level of the income security varied between the programs. The sickness benefit provided income security when a person was sick, the unemployment insurance programs when the person was unemployed, and the disability pension when the person was declared disabled and so on. Each branch of the program developed within its own framework during this period and the construction was determined by the conditions influencing each benefit or security program (SOU 1979:94).

162 Gross Domestic Product

Proposal for a disability benefit program

Analysis of the data from this period confirms that though the social security system generally expanded (SOU 1974:94), this general trend does not describe the rights of access to the invalidity compensations during this period. The improvement and change in eligibility occurred only at the very last part of this period that I call the consolidation phase. This phase basically had the same rules of entitlement to the invalidity compensations program as in 1962, which is one reason why we should address this as a consolidation phase regarding the legal criteria governing access to the invalidity benefit. After the establishment phase, the arguments in the debates in Parliament leave the impression that most were opposed to making changes in the design and rules of the accepted social security program. This does not mean, however, that the rules governing access to the invalidity compensations were not the subject of debate. The programs were discussed on several occasions and in various parliamentary bodies. These discussions are described in more detail in the coming analysis in this chapter.

Just before the invalidity compensations programs were to come into force in 1963, the first year of the new social security legislation, the rules governing entitlement were criticised in Parliament. It was argued that compensation could only be granted if the claimant had extra costs that could be proven to be related to the invalidity and were above the amount of compensation. It criticised the need for a minimum level of extra costs for the right to entitlement and argued for the removal of a minimum-cost level. Critics complained that the invalidity benefit compensated for the consequences of having invalidity, not the size of the economic costs. But the second legislation committee (2LU)¹⁶³ did not agree (2LU: 1965: 45). Nothing in the existing legislation on the invalidity compensations program claimed it was necessary to have a minimum-cost level before compensation could be granted. They argued that a decision would have to be made in each case as to whether the extra costs were considerable or not. The committee rejected the bill voicing this complaint, finding that there was no need to use a standard estimate for costs of having invalidity in the program as this was decided case-by-case¹⁶⁴.

Any standardised practice regarding the rights to invalidity compensations was challenged very soon after the question had been settled in Parliament in 1962. The response to this challenge was the same as earlier. It was claimed that the invalidity compensations should compensate for the consequences of having invalidity, not the invalidity per se. This conceptualisation did not allow any use of standard definitions of disability. Invalidity should relate to the degree of reduced work ability, and consequently it should be decided in each case.

163 2LU (Andra lagutskottet) was the parliamentary committee examining legal reforms of the social security legislation at that time.

164 Nevertheless, the issue of a minimum extra-cost level appeared again later. It was then accepted that such a practice existed, and then this problem was referred to as the "threshold problem" (Soc.dep. stencil 1974:1; 5:8). The social security administration admitted that people had to reach a certain level of costs in order to be taken under consideration for compensation of their costs. In particular this aspect was important when deciding if the person should be granted full or partial disability compensation (Soc. Dep stencil 1974:1)

After 1963, several critical bills on the eligibility criteria for the invalidity compensations program were tabled. All these bills claimed that the eligibility criteria were too strictly applied and unfair¹⁶⁵. These bills were put forward by a number of political parties and representatives inside the governing Social-Democratic Party. The criticism appeared to be personally motivated. Representatives often referred to personal experiences of people they knew who were considered to be impaired but were still being denied invalidity compensation or a supplement¹⁶⁶. Politicians raised this issue in Parliament on the basis of their personal knowledge more than principles of social policy.

Most of the criticism came from representatives of the other parties than the governing Social-Democratic Party. Common to all was the fact that the majority of representatives in the legal committee rejected the need for change. An example of this is:

The Parliament has, since the present rules evolved in 1962, on several occasions decided on bills with the aim of liberalising the rules for invalidity compensation and invalidity supplement ... The bills were rejected with reference, among other things, to the short period the rules have been in binding legal force (2LU 1969:57:3)¹⁶⁷

The committee argued that more generous eligibility criteria would lead to problems in regulating the access to these benefits. The ones in favour of less strict rules governing access to the invalidity compensations argued the opposite. They claimed that it was unfair if people who had clear signs of invalidity were not compensated for extra costs. Some representatives referred to reports from people about their sacrifices and the hard conditions faced due to the negative response to their claim for compensation for costs. Despite having clear visible signs of invalidity, some people did not fulfil the strict criteria for compensation. This was a frequently used argument to motivate for a change in the eligibility criteria. But the legislative committee in Parliament rejected this, basing its reasons on the belief that the existing rules had to be practised for some years before evaluation and changes could be made.

It is interesting to note the underlying conception of disability in several bills presented to Parliament after 1963. Many representatives argued that clear signs of invalidity did not give access to compensation, even though Parliament accepted the work-related invalidity concept as the governing principle in 1963. Nevertheless, the working-line approach continued to dominate in Parliament also after 1963.

165 As illustrations of this see 2 LU 1966:41, 2LU 1967:60, 2LU 1969:57, M 1969, I:755/II:876, M 1969, I:761/II:861

166 As an example of this, in 1969 one representative wanted to liberalise the rules for an upper-age limit as eligibility criteria for the program. In the argumentation used, the representative argues from personal experience of people she knew. These people were worn out from labour market participation, but the problem or invalidity appeared much later in life. Accordingly, the representative suggested removing the maximum age criterion of people entitled to a supplement (RD 1967:26: I: 67).

167 "Riksdagen har sedan de nuvarande reglerna tillkom år 1962 vid åtskilliga tillfällen tagit ställning till motioner med syfte att liberalisera reglerna för invaliditetsersättning och invaliditetstillägg. ... Motionerna avslogs med hänvisning bl.a. till den korta tid reglerna varit i kraft" (2LU 1969:57:3).

The resistance against changing the definition criteria for the compensation programs reflected a general viewpoint, as there was resistance to changing the social security legislation of 1963 so soon after the legislation had been passed. The government argued that the legislation and social security model needed consolidation time before any major changes should be considered. However, in 1964, one adjustment or change was made to the invalidity compensations program. In this year the benefits of the invalidity compensations program were index-regulated. Up to then the benefits estimated a value equal to a set annual monetary value. To hedge against inflation and in accordance with the earlier decision, the benefits were linked to an index value¹⁶⁸ (Prop. 1964:1). The result of this change was that the benefits increased in monetary value (1964:2LU 41). But this change was, as one should recall, based on the decision made by Parliament in 1962 to index-regulate these benefits. For practical reasons this had not been possible to administratively introduce before 1964.

In 1964 a new bill criticised the rules governing access to the invalidity compensations. This protest claimed that these programs did not fulfil their purpose, and the bill proposed differentiating the compensation system into levels (1964: 2LU: 41; 1964:2LU: 42). The argument was that a lower compensation level would make it easier for people with impairment to gain access to compensation even if they did not reach the required level of costs¹⁶⁹. By dividing the compensation into various levels it would be possible to keep the first level low and to keep a low threshold for compensating expenses to persons clearly declared as having invalidity. The argument in favour of such rules of eligibility was that this construction compensated more people for their costs and would provide better social security for people with impairments. But a majority of the legislative committee rejected this differentiation proposal.

This discussion on the level of costs and compensation is of interest. Previously, we recall, it was denied that there was a requirement for a minimum level of costs for people to be entitled to invalidity compensations. But in 1964, the argument that the cost issue was decided case-by-case no longer applied. The concept had changed to claiming it was important not to too strictly regulate access to the compensation program. The government representatives of the legislative committee argued against this. The invalidity compensations should compensate particular circumstances – costs related to having invalidity and to care needs or necessary adjustments to continue working. It was never the intention that this compensation should develop into a 'general invalidity compensations' (i.e. a compensation for being impaired), argued these representatives. Social security system should improve the economic situation of people with an invalidity who lived under specific circumstances – not to pay deficit compensation. By improving the economic situation for people having invalidity, fewer people would need to apply for particular invalidity compensations¹⁷⁰. This

168 Comparable economic estimate.

169 That the costs were considerable was in practice usually defined as being equal to the supplement level (50% of the annual base calculation item).

170 This corresponds with the social-policy ideology of the Social-Democratic Party in the post-war period, described in more detail in Chapter five. The general ideological principle for the Social-Democratic Party was to improve the economic situation of people so they would be lifted up and away from poverty and distress.

last argument won support from the majority of representatives. The proposal to change the rules of entitlement to the program and differentiate the compensation was rejected.

This debate had ideological underpinnings. Representatives from the Social-Democratic Party argue that social security should aim at helping people out of distress according to the principle of providing measures for 'help-to-self-help', not forcing them to remain poor¹⁷¹. It is also possible to see how the social-policy debates involved principles of regulation of access to the disability category. The government expressed the fear that more people would become dependent on income supplements from the invalidity compensations program. They argued for a need to regulate the invalidity benefits so that they only provided income reinforcement to people in real need of it. This point of view indicates that the definition as to which criteria to use for the disability category in social security is linked to moral questions on how to form social justice. It appeared that the type of argumentation in use only recognised social security if claimants were in need of care or had extra costs to keep working. This need-based argument for forming legal principles and criteria for the disability category agrees with Stone's presumption (1985)¹⁷² on welfare state systems. As we recall from Chapter four, according to Stone, the needs-based principle is one of the major arguments legitimising the constitution of the disability category in the modern welfare state. The work-based principle is the other main principle used. We recognise from the parliamentary debates of 1964-5 that the need of care is a frequently used argument for determining access to the invalidity programs. The fact that it is claimed that the invalidity programs are dominated by the working-line principle and that the work-related invalidity definition should be governing access to social security benefits does not rule out the use of needs-based principles in the decision-making process. The needs-based principle and the work-based principle coexist in the argumentation used to form the legal rules, principles and eligibility criteria for the invalidity compensations.

The next time the rules of entitlement to the invalidity compensations are addressed in a social political context is in 1965, when a new discussion is placed on the agenda. This involved the argument that it was necessary to evaluate the construction of the pension scheme and any rules of the programs under this scheme, and this evaluation included the rules governing the invalidity compensations programs. A governmental committee was appointed in 1965 to undertake an evaluation¹⁷³. At the same time another commission was assigned to examine income security for young disabled people. The pension committee of 1965 that was assigned to deal with the invalidity compensations program soon passed the question on to the commission assigned to evaluate income security for young disabled people¹⁷⁴.

171 This ideology and principle are described and discussed in more detail in Chapter five of this thesis that examines the post-war development of social policy based on the analysis made by Lindquist (1989).

172 See Chapter four, section: *Social policy regulating a category of disability* for more details

173 Pensionsförsäkringskommitteen

174 Betänkande Vissa pensionsfrågor SOU 1965:62

This commission discussed various constructions and principles for entitlement to the invalidity compensations program. It particularly discussed problems concerning income security for disabled people in general. One difficult issue concerned how to design a flexible supplement system that allowed individual variations regarding needs for income support. Another issue concerned which principles to use to regulate the access to these supplements. It was considered important to pay special attention to young people with impairments. This meant that the eligibility to compensate claimants for their costs should be formulated so that claimants were encouraged to work and also provided with security against incurring high extra costs from invalidity. Yet another problem that was discussed was whether it was better to use a standardised definition of invalidity while maintaining the principle of a work-based case-by-case definition. One alternative discussed was if constructing a differentiated level of compensation would fulfil this purpose. In this case, types of impairments could, under certain circumstances, allow entitlement to compensation. But this construction was rejected as an alternative as it was felt that it proposes a biased definition for people with impairments. As we recall, the idea of using a standardised medical definition of invalidity should be basically abolished in 1963.

This argument led the commission to reject changing the criteria to using medical standards alone to gain invalidity compensations. The argument was that persons having invalidity should not be treated as permanently lacking work and income-earning abilities, or needing assistance and compensation for extra costs. This was something that is tested in each case and invalidity decisions should always be related to determining the work capacity.

Eventually the commission confirmed the need to reform income security due to the costs incurred from invalidity. The commission suggested differentiating according to a scale of higher and lower supplements. The intention was to construct better income security in the case of a person having invalidity. The highest compensation level was proposed to be 60%¹⁷⁵. This should be granted for those having access to invalidity compensations based on medical classifications alone, mainly the blind, it was claimed. To avoid being accused of using a standardised medical definition for rights to entitlement, the commission argued that blindness, from experience, was proven to require the need of assistance and thereby extra costs. The commissions suggested that other kinds of invalidity should be entitled to 30% compensation. The percentage was related to the basic calculation rate that existed in the social security program. In 1966 the Minster, based on the proposal of this committee, opened the way for this differentiation of the invalidity compensations program. This is what he said in the proposal:

The committee has tested the questions on the grading of the invalidity compensation and invalidity supplement and suggested introducing a lower level for invalidity compensation than the care supplement to be equal to 30% of the annual basic amount. However, according to the

175 This percentage is related to the annual base measurement rate (*basbeloppet*). This is an estimated calculation rate used within the social security system for deciding the levels of the social security benefits.

committee, the invalidity supplement or the care supplement should not be graded, but be paid as a standard amount¹⁷⁶ (2LU 1966:41, rskr 218).

The Minister recommended using rates of 60% or 30% of the annual basic amount to compensate persons entitled to an invalidity supplement. He argues in the same speech that:

The introduction of a partial supplement can reduce the threshold problem. If a supplement cannot be paid because the costs are considerably less than the total compensation, it is possible to pay partial supplement¹⁷⁷ (ibid.).

The appearance of a threshold alternative, for a problem whose existence had previously been denied, put an end to the discussion. But many still felt there was a problem when many people with impairment experienced high costs related to their medically defined classification. This was particularly considered to be the case concerning the blind. Accordingly it was suggested that medical criteria for blindness should be used for eligibility to compensation. The political solution to these problems was to claim that the work-related invalidity concept was the guiding principle, and that particular groups, such as the blind, had to have high costs as a result. This argument legitimised access to the invalidity supplement program for people medically certified as blind. They were also entitled to higher compensation for costs compared to other types of impairment.

In 1966 Parliament decided to divide the invalidity supplement program into 30% or 60% compensation, and to give costs of assistance for school access to the invalidity supplement benefit. Previously this had not been compensated for, as school was not considered to have anything to do with costs associated with working. By 1966, education subsidies were given equal status as work subsidies. One argument for this was that education might increase the options claimants had in the labour market (Prop. 1966:59, Rskr 1966:218).

In 1969, the invalidity compensations program was debated again after a long hiatus. It is hard to trace the reasons why the program was once again placed on the political agenda. One possible explanation could be that all the criticism of the strict rules of entitlement to the program eventually had a cumulative impact. Another explanation could be that the social assistance program¹⁷⁸ was investigated and debated this year (Elmér 1969:136). A third explanation might be that it was found necessary to adjust the invalidity compensations program to fit the needs of the 1970s. Whatever the reason, once again the rules of entitlement were criticised for being too rigid.

176 "Kommittén har prövat frågorna om en gradering av invaliditetstillägg och invaliditetsersättning och föreslagit att det införs en lägre nivå för annan invaliditetsersättning än vårdbidrag, utgörande 30 % av basbeloppet. Däremot bör enligt kommittén invaliditetstillägg och vårdbidrag inte vara graderade utan utgå med enhetliga belopp" (2LU 1966:41, rskr 218).

177 "Införandet av halva invaliditetsersättningar kan minska tröskelsproblemet. Om invaliditetsersättning inte kan utgå därför att utgifterna betydligt understiger beloppet av hel ersättning, blir det möjligt att ge halv ersättning. (2LU 1966:41, rskr 218).

178 Socialvården

In contrast to earlier criticism that arose in the beginning of the 1960s, the criticism this time was taken under serious consideration by Parliament.

By 1969 the social security system had existed for six years. This made it difficult to claim that the social security system needed more consolidation time before it was possible to evaluate its effects. We recall that this argument was used previously to deny the need for change in the program's rules. In 1969 the national social security board¹⁷⁹ was appointed to evaluate the design of entitlement to invalidity compensations and to propose changes, if found necessary:

On the 28th of February 1969 the government tabled statement no. 1968:8 of the 2nd Legislative Committee [2LU] and asked the social security authorities to investigate the existing application of rules [of entitlement] for the invalidity supplement and the invalidity compensation and to submit proposals arrived at through this investigation¹⁸⁰(2 LU 1969:57:5).

Also worth noting was that in 1969 references appear to indicate that interest organisations for the disabled were gaining in influence (2LU 1969:57,I: 755, II: 876). The disability movement was consulted on the rules for criteria of access to these supplements.

Two years later, in 1971, the social security authorities presented their first evaluations to Parliament – the results of a statistical survey illustrating the development of persons granted the invalidity compensations program since 1963. The evaluation report concluded that so far an excessively strict application of legal criteria of entitlement had been used (RFV 1971:11:100):

The national social security board has found that the requirements regarding the degree of the impairment as found in the legislation in force now stand out as too rigorous (Soc. dep. stencil 1974:1; 1:2)¹⁸¹

The authorities felt it was important that the definition should put less stress on identifying the appearance of indicators of invalidity (*ibid.*). Even though the intention of the invalidity compensations program never intended to compensate for medical indicators of invalidity, this principle was difficult to apply, the authorities argued. This meant that people with clear signs of severe 'deformed bodies' or signs of mental disturbance – all conceptualised as being an appearance of invalidity – routinely did not gain access. According to the rules, the compensation programs should not financially compensate a deficit¹⁸², rather they should compensate the financial consequences of this (Soc. dep. stencil 1974:1). The authorities felt it was important to maintain this principle. They stated that extra costs related to work circumstances, such as costs incurred from needing technical equipment, had been seen as a consequence of having invalidity, and the authorities addressed the costs of requiring assistance to be able to work in the same way (Soc. dep. stencil 1974:1; 1:2).

179 Socialförsäkringsverket

180 "Den 28. februari 1969 överlämnade Kung. Maj:t andra lagutskottets utlåtande 1968:8 till riks-försäkringsverket och uppdrog åt verket att undersöka tillämpningen av gällande regler om invaliditetstillägget och invaliditetsersättningen samt inkomma med förslag som kan föranledas av utredningen"(2 LU 1969:57:5)

181 "...riksförsäkringsverket funnit att de krav på handikappets omfattning som gällande lagstiftning uppställer numera framstår som allt för stränga."(Soc. dep. stencil 1974:1;1:2)

182 'Lyte'

The evaluation report stressed that for people entitled to a pension, the costs of invalidity did not need to be related to a job or study situation, as a lack of work ability was confirmed through the acceptance of the invalidity pension. It concludes that for this reason it was not important to clarify the connection between costs and invalidity in these cases.

But the report discusses the complexity of the invalidity compensations program and problems of defining legal criteria for access. The compensation programs were found to be a complex system both for people to understand and to administer¹⁸³. To reduce the complexity, two types or designs for invalidity compensations were introduced. This construction in 1971 was still found to be too complicated. Once again it was argued that it was extremely important to construct legal rules of access that people could understand and accept. The social security authorities proposed that the program could be simplified by having one compensation benefit instead of the existing two. It was argued that this new supplement should use the same eligibility criteria for every claimant, not subdivide the provisions of invalidity compensations. This would abolish the separation of supplements between people with invalidity who were working and people receiving a pension.

The main purpose of the new invalidity compensations should be the payment for extra costs incurred as a consequence of being declared as having invalidity, regardless the reason. This construction stressed that having invalidity had economic implications whether or not the claimant was employed. The following excerpt from the evaluation report illustrates this:

If the insured, because of this, i.e., *physical or mental limited capacity* (my emphasis), in daily life needs more time-consuming assistance from others, then we propose the supplement should be paid. If (it happens that) the impairment necessitates additional costs of a considerable size, the supplement shall also be available, regardless the nature of these extra costs (Soc. Dep. Stencil 1974:1:3)¹⁸⁴

It is important to notice the shift in direction for legally defining criteria for categorising invalidity. It is here viewed that invalidity involved extra costs to one's economy, whether or not these extra costs were related to a need for assistance at work, at home, at school and so on. Accordingly, importance was attached to this supplement design for compensating extra costs and reinforcing income for people with invalidity. This was a sign that the argument that social policy should encourage disabled people to earn their basic living through employment had lost some of its power. The aim was now to protect persons with impairment from economic marginalisation. This represented a shift in social policy for persons with impairment compared to the establishment phase, with it now being argued that a more selective approach be used to demarcate the disability category and the right of entitlement to invalidity compensations. As Taylor (1996) claims, using the principles of a selective social policy

183 This point had also been discussed when the invalidity supplement program was introduced in 1962.

184 "Om den försäkrade av denna orsak [*fysisk eller psykisk nedsatt funktionsförmåga*] i sin dagliga livsföring behöver mera tidskrävande hjälp av annan föreslås invaliditetsersättning att utgå. I det fall handikappet nödvändiggör andra merkostnader av betydande omfattning skall ersättning också kunna ges ut, oavsett merkostnadernas art". (Soc. dep. stencil 1974:1:3)

reflects an approach that excludes (disabled) citizens not included in society¹⁸⁵. Seen in the debates held in the Swedish Parliament during this period, the argument for using measures to protect against economic marginalisation of persons with impairment due to their high level of costs is an example of using a selective approach to social policy for persons with (invalidities) disabilities.

This change of perspective made the authorities propose that costs found to be considerable¹⁸⁶ for the economic circumstances should be compensated. It was, moreover, suggested that the main criteria for gaining access to the supplement should be changed. It should be reserved for people with a limited physical or mental capacity¹⁸⁷. Later in this section I will discuss implications of this shift. But first I will discuss what were found to be acceptable costs for compensation under the new program. These were housing modifications, costs for dietary food, extra laundry and medical equipment for persons with a limited physical or mental capacity. These costs had previously not been compensated, as they were not regarded as connected to work ability. This change made it easier for people who had these costs to reach the required minimum level to receive a supplement and income reinforcement.

But the authorities still wanted to maintain the principle that having invalidity should not in itself be compensated, but rather the consequences of it should be compensated. Importance was especially attached to this aspect for persons with intellectual impairments. It was claimed that these people were discriminated against in the existing invalidity compensations program. The authorities argued for a change in design and the rules of entitlement to better fit the needs of this group. It was most common that people with intellectual impairments gained access to supplements because they needed assistance that led to additional costs. If the person needed assistance more than twice a day, they were accepted as in need of assistance:

That the insured is in need of assistance in getting dressed in the morning and undressed in the evening, getting out and into bed, is not in isolation regarded as motivating an invalidity supplement, but this is important to consider in combination with, for example, not being able to visit the lavatory alone, inability to move within the house and to be able to get up from a seated position. That the insured cannot comb his hair, wash himself, or button buttons, prepare food and cut or grind the food, or butter a slice of bread or peel potatoes, is not in isolation considered as reasonable grounds to grant an invalidity supplement, but they can, in combination, or together with other circumstances, influence the assessment (Soc. Dep. Stencil 1974:1; 5:2).¹⁸⁸

185 See Chapter four for a deeper discussion on the aspects of Taylor's (1996) reasoning.

186 Usually this term refers to the fact that the costs had to be at the same level as the lowest compensation level; 30% of the annual basic calculation item.

187 Fysisk eller psykisk nedsatt funktionsförmåga

188 "Att en försäkrad är i behov av hjälp med på och avklädning morgnar och kvällar och med att stiga upp och gå till sängs har sålunda inte ensamt ansetts motivera invaliditetstillägg men väl i förening med t ex sådan omständighet som att han inte kan klara sina toalettbesök själv. Förmågan att förflytta sig inom bostaden och ta sig upp från sittande ställning har givetvis betydelse. Att vederbörande inte kan kamma och tvätta sig, knäppa knappar, göra i ordning sin mat samt skära eller finfördela födan och breda smör på bröd eller skala potatis har inte var för sig ansetts utgöra tillräcklig grund för att bevilja invaliditetstillägg men kan i förening eller tillsammans med andra omständigheter inverka på bedömningen." (Soc. dep. stencil 1974:1; 5:2)

The authorities suggested changing the definition of the need for assistance from the frequency of times a day, to estimating the need¹⁸⁹ for the assistance. Evaluating the quality of the assistance needed and the assumed consequences could decide this. This criterion was a better estimate than counting how many times a day assistance was needed (Soc. dep stencil 1974:1). The need would be based on the purpose, not the frequency. When assistance improved the ability of the person, assistance was needed and thereby compensated by the program, not otherwise.

Formally the legislation for the present invalidity supplement program was not changed on this point. The social security authorities proposed to keep being in need of assistance in the new legislation. But they changed the indicators for being in need of assistance. The most important change proposed by the authorities was to liberalise the main eligibility legal criteria of the invalidity supplement program:

Based on the questionnaire study and the experiences of applying the existing legislation, the social security authorities propose that the demands made on the need for help be liberalised and that the total extra costs of the disability should determine the right to entitlement to the invalidity benefit¹⁹⁰ (Soc. dep. stencil 1974:1; 8:39).

The proposed criterion for entitlement to the program was that the person had a limited physical or mental capacity¹⁹¹ (Soc.dep stencil 1974:1). This definition differed from the existing legislation. By using limited physical or mental capacity as the main criterion, the definition was broadened compared to the then existing invalidity supplement program. The definition of criteria constituting disability so far was the occurrence of highly reduced bodily impairment¹⁹², or that a person was unable to take care of oneself, and thereby in constant need of assistance¹⁹³. These indicators gave the right to entitlement. The new approach focused on disabling aspects as indicators. The limitation of capacity is linked to assumed functions, not to characteristics of the mind or body of a person as such. The social security authorities argued that the rules for entitlement should be changed based on this reasoning:

The authorities have in the preceding [report – my addition] stated that the invalidity supplement and invalidity compensation, even in the future, will in principle continue to be benefits for surplus costs. They should consequently be granted to the insured for his total extra costs caused by the impairment. The existing legislation does not provide such a wide frame¹⁹⁴ (Soc. dep. stencil 1974:1; 8:30).

In a later section, the evaluation report stated the following:

189 It was no longer considered that difficult to evaluate an intellectual impairment, as a new test for measuring this was found. The test made it possible to define mental retardation as an intellectual capacity (IQ) less than 40. If a person was defined to be mentally retarded, this then gave the right to a supplement (Soc.dep. 1974:1:5-3)

190 "Mot bakgrund av enkätundersökningen och erfarenheterna av tillämpningen av gällande lagstiftning föreslår riksförsäkringsverket att de krav som ställs på hjälpbehovet mildras och att de samlade merkostnader som orsakas av handikappet skall vara avgörande för rätten till invaliditetsförmån" (Soc. dep. stencil 1974:1; 8:39).

191 'Nedsatt fysisk eller psykisk funktionsförmåga'

192 'Höggradig nedsättning i kroppsorganlig funktion'

193 'Ur stånd att reda sig själv och därav vid upprepande tillfällen dagligen i behov av hjälp av annan.'

Concerning how considerable this limited [physical or mental – my remark] capacity is seen to be should then be tested according to the background of the need for help etc. that the impairment leads to¹⁹⁵(*ibid.*).

It was assumed that the shift towards a wider and more conditional definition and the use of a functional-capacity criterion to determine access would increase the number of claimants. Moreover, this shift in using legal criteria to determine invalidity indicated that a more adaptable approach to disability was being taken. So far the entitlement to a supplement was based on determined characteristics of the body or mind of a person and justified by medical criteria alone. By changing the definition to considering dysfunction and lack of capacity to perform tasks, more emphasis is placed on using an adaptable approach to determine disability. Worth noting is that the same argument that was used to decide the legal criteria in 1963 appears here as well, however, with a different focus. Now it was argued that a definition of disability should focus on common dysfunctional consequences, and that these should entitle people to social security. This is based on the argument that individuals, as such, were not categorised as impaired, but the personal consequences of their dysfunction or incapacities should be perceived as disabling.

The new criteria for entitlement to the program should provide better social security than was previously the case. It was argued that the legal criterion of mental or physical capacity still meant that the decision on entitlement had to be decided case-by-case. To regulate and specify the disability category within this supplement program, it was suggested that identifiable criteria of having mental or physical reduced capacity should be used. These criteria should also relate to characteristics of bodily or mental conditions of a human being, but link more strongly to the consequences of these conditions. It was no longer the degree of any damaged body or mind that should be identified, but the practical, economic or other consequences of impairment. It should be decided what the consequences of damaged bodies or dysfunctional sensory abilities were, not only their characteristics. In deciding this, a time scale for needing help or having a problem could be used as an important indicator. For a person to be considered as having a reduced mental or physical capacity, it was found necessary that the problem had to last for a considerable period of time¹⁹⁶. In addition to the time criterion, consideration also had to be given to the dysfunctional consequences of the problem. For example, the authorities mentioned the following: If the person needed assistance to perform daily life activities¹⁹⁷, and it was determined that this was caused by a limited mental or physical capacity, this person fulfilled the criteria. He or she was entitled to compensation for the costs of being cared

194 "Verket har i det föregående anført att invaliditetstillägg och invaliditetsersättning också i fortsättningen i princip bör vara merkostnadsersättningar. De bör därmed utgå till den försäkrade för hans samlade merkostnader orsakat av handikappet. Den gällande lagstiftningen ger inte en så vid ram "(Soc. dep. stencil 1974:1; 8:30).

195 "I hur stor omfattning denna nedsättning skall föreligga bör sedan prövas mot bakgrund av de behov av hjälp m.m. som handikappet medför" (*ibid.*).

196 'Avsevärd tid' (according to 9-2 §). This usually meant that the problem had to exist for a year.

197 " i sin dagliga livsföring behöver mera tidkrävande hjälp av annan". (9-2a § as proposed in Soc. dep. stencil 1974:1;2:1)

for. But this alone did not entitle the claimant to a supplement if it was not clarified that this need had existed for a considerable amount of time.

Hence, the authorities were suggesting that different criteria were to be used than costs related to a work situation to grant access to compensation. The need for assistance to remain gainfully employed was still an important eligibility criterion. A person could also be compensated for extra costs not related to a work situation. The authorities said that costs related to the need for assistance generally should be compensated if the person fulfilled the main eligibility criteria. Compensation should be paid for costs, regardless of which need of assistance occurred. But it was still important that the costs were verified as costs related to limited capacity. The authorities suggested using these guidelines to decide access to a supplement:

... have to bear other considerable extra costs. Even if the extra costs are not considerable they should be taken into consideration as regards the decision on the right of entitlement to the supplement according to a) and b)¹⁹⁸ (Soc.dep stencil 1974:1:2:1).

This excerpt reveals recognition of the more complex nature of evaluating the economic consequences of being impaired than was being used up to that time. To some extent, it recognises disability as representing a risk of an economic liability situation. In other respects it recognises the use of a standardised definition of disability. The argumentation for this was that certain diagnoses were known to involve extra costs for medicine, constant assistance, and technical equipment and so on. In the latter sense, the definition of the criteria governing access to compensation addresses disability as representing a 'static' or unchangeable situation. This contrasted with the perspective using the work-related definition of disability in the early 1960s. The work-related definition approached impairment as representing something possible to manipulate or rehabilitate by using technical equipment, special kinds of transport service and so on. Diagnoses were then seen as having flexible outcomes and could be identified in each case, not as representing a standardised situation with extra costs.

Nevertheless, the authorities did not appear to be troubled by shifting towards a more standardised definition of legal disability criteria. They argued for the need for change and that the aim of emphasising the economic consequences of being impaired constructed a more flexible entitlement to this supplement in the social security system. The use of work-related legal criteria for access to an invalidity supplement also restricted which costs to compensate and was therefore not seen as being sufficiently dynamic. New areas of persons who were impaired became relevant, not only the ones relating to paid work. This addressed the issue of ignored aspects and costs of being impaired, it was claimed. The following excerpt is an illustration of this change in perspective:

198 "får vidkännas andra betydande merutgifter. Ändå att merutgifterna ej är betydande skall de beaktas vid bedömningen av rätt till invaliditetsersättning enligt a) och b)" (9-2c § enligt förslag av Soc.dep stencil 1974:1:2:1)

Invalidity supplement and invalidity compensation for the employed and students are to be paid to the persons who was disabled because their disability is causing them extra costs regarding the employment or the studies.

Even if the need of help, supervision or care for a relatively unmanageable impairment sometimes is not considerable, the impairment may nevertheless cause significant extra costs in daily life. According to the present rules, invalidity benefits cannot be paid simply based on such costs (Soc.dep stencil 1974:1:8:5).¹⁹⁹

We see here that the focus shifts to a stronger emphasis on economic circumstances and burdens of relatively unmanageable impairment, as it was put.

One issue raised again was whether other types of impairment should give automatic access to compensation for costs. This was based on the fact that persons medically defined as blind or sight-impaired were granted automatic access to this supplement to compensate their extra costs. The authorities also proposed that other types of impairment should be taken under consideration as always fulfilling the required access criteria. Besides blindness, people with severe hearing deficiencies or deafness should be granted automatic access. This change in entitlement criteria underlined the use of a more medical approach to defining disability. This contradicts with the principle strongly argued for in the beginning of the 1960s, when it was considered important to avoid using medical criteria of invalidity alone as reasons for entitlement. But by the mid 1970s less importance was attached to this perspective, which made it easier to legitimate the use of medical criteria as eligibility criteria for social security.

The social security authorities argued, however, that a practice allowing medical certification of deafness, severe hearing problems or blindness to give automatic access to this supplement should not indicate that a standard definition of disability was being used to provide social security. They rather claimed that it was a sign of an administrative adaptation of the formal rules. Based on administrative experience, certain types of impairment usually involved extra costs. Therefore, the argument was that these types of impairment could be granted immediate access to a type of compensation.

In 1974 the conclusion of the evaluation report on this supplement was presented to the politicians. This led to a new proposal for re-constructing the rules of entitlement to the supplement and benefits. A governmental bill proposed this to Parliament in 1974. It was presented as part of an expanded pension reform proposal, suggesting that, in addition to lowering the common retirement age to 65 years, income security for young disabled people should be improved.

In the preliminary legislative work on this proposal it is suggested that a reform be introduced that would mean a renewal of the invalidity compensations. But when this proposal became an official governmental proposal to be tabled before Parlia-

199 "Invaliditetstillägg och invaliditetsersättning till förvärvsarbete och studerande utgår till de handikappade därför att deras handikapp förorsakar dom extra kostnader med avseende på förvärvsarbete eller studier. Även om hjälp-, tillsyns- eller vårdbehovet för ett relativt svårtat handikapp ibland inte är särskilt stort, kan emellertid handikappet förorsaka betydande merkostnader i den dagliga livsföringen. Enligt nuvarande regler kan invaliditetsförmån vanligen inte utgå enbart på grund av sådana merkostnader"(Soc.dep stencil 1974:1:8:5).

ment, the name was changed to a proposal for introducing the disability benefit²⁰⁰. It is difficult to trace the reasoning behind this shift in terminology for the benefit in the analysed data.

This governmental proposal was passed by Parliament by a solid majority with very little debate. It was decided that from 1975 the disability benefit program should be introduced to compensate for extra costs of having impairment.

The crystallisation²⁰¹ phase (1975-1982)

The context

The period I refer to as the crystallisation phase in the formation of legal criteria to compensate persons who was impaired for their extra costs runs from 1975 to 1982. It is dominated by a change of government, as well as shifts in the economic sphere. By 1976, a non-socialist²⁰² centre-right coalition had come to power. The Social-Democratic Party's strong influence on social policy in the post-war epoch diminished. Political issues discussed during this period were nuclear energy, economic democracy (wage-earner funds) and abuse of power (Olsson 1990:222). Though a more restrained economic policy was on the agenda in several areas, this and the change of government did not imply a noticeable shift in the direction of social policy.

Due to slow growth in the GDP²⁰³ and rapid inflation, indexed income maintenance programs enlarged welfare's share of the GDP during this period (ibid: 195). Olsson suggests that as a result of international economic crises, the economy and economic growth became sluggish, and that this in turn had an impact on the welfare programs. By the 1980s, public spending and welfare policy were hotly debated topics. Olsson (ibid: 222) argues this is partly due to deterioration of the economy, followed by a brief economic upswing in 1979.

Public costs and the state budget were major issues. The centre-right government refused to pay for public expenses by increasing income tax. Instead, the government declared that state agencies would receive an annual two per cent cut on outlays, after compensation for inflation (Regeringens budgetförslag [Budgetdepartementet] 1980).

200 'Handikappersättningen'

201 The term crystallisation here relates to what characterised the disability compensation program during this epoch, not what characterised Swedish welfare state development during this same epoch. The term crystallisation refers to certain criteria that were used to legitimise access to the disability compensation program, such as high medical expenses or extra expenses for a car for a disabled person, which eventually were 'crystallised' into separate social security programs.

202 The Swedish term used is 'borgerlig'.

203 Gross Domestic Product

In this period Swedish welfare state programs were still developing (Olsson 1990). But signs of an economic backlash appeared and this affected this area of social policy. Despite the more restricted economic conditions, even the centre-right government wanted to continue the previous line in social policy. Social policy should maintain levels of the public welfare programs, and no major cuts in public expenditures were suggested. The Social-Democratic Party's ideology on social policy continued with the new government. This meant that using an active labour market policy and public expenditures to keep people close to the labour market continued to be a main principle. This policy aimed at assisting the labour market by making sure the available labour force was employed. This was an alternative to using a passive policy that likely excluded people from the labour market and kept them in the unproductive sector. Full employment as the ultimate goal in social policy was strongly emphasised. The policy reflected a relatively strong expansion in social welfare services (Olsson 1990).

Difficulties in the economy eventually led to a debate on welfare projects in the public sector. For example, was it possible to organise welfare state services by other means than using the public sector? And, could private companies be responsible for organising child day-care instead of the public authorities. The Swedish Employee's Confederation presented extensive plans for the privatisation of health insurance and the health services by the turn of the decade (Westholm 1979-80). This meant that private enterprises could be the solution in areas that so far had been defined ideologically as public domain. However, this ideology was not put into practice.

Despite the change in governments and a tight economic situation, only minor changes were made to the social security program. During the 1970s and the 1980s the Swedish welfare state continued to develop, however, at a different pace. In 1975, several welfare programs were expanded, but not to the same degree as they had been in the beginning of the 1970s (Olsson 1990). Olsson describes the late 1970s as a period with no major reform in any area of welfare policy, but this does not apply to the disability-policy area.

The disability benefit

The rules of entitlement to the disability benefit program remained basically the same up to 1982, with a few minor changes. Further details about these changes are described later in this section. During this period the main focus was on perceiving disability as a situation involving economic liability. This issue continued to be a major focus of parliamentary discussions on which costs should be compensated by the disability benefit.

The centre-right coalition in government was purported to have a high social policy ambition for Sweden. This included their disability policy. The entitlement and the stated purpose of the disability benefit and other social security programs caused much political debate during this period. Generally speaking, entitlement to social rights for disabled people expanded during this period. The municipal transporta-

tion services for disabled people were improved as also was the educational training program.

The discussion on the legal criteria of the entitlement to the disability benefit program is linked to the debates on general disability policy, and disability policy was considered an important issue during most of this period in Swedish social policy. There was a general ideological trend to make disability policies part of the public's welfare state policy. Entitlement to disability programs in the social security system was put on the policy-making agenda, particularly in the beginning of the 1980s. This came as a result of growing global influence on disability issues, both economically and ideologically. The United Nations proclaimed 1981 to be the international year of disabled people. This event had great impact on the Swedish context. Compared to previous phases, disability was now related to an international context. People with impairment were regarded as having difficulties throughout the world, and in Scandinavia it was particularly seen as an issue to be solved by improving the living conditions of people with impairment. Traces of the disability policy recommended by the United Nations in 1982 can be found in several public records, recommendations and investigations of enquiry in Parliament during this phase. A special governmental commission of inquiry on the living conditions of the disabled was appointed in 1982. This commission was to investigate the need for changes in Swedish disability policy. This commission²⁰⁴ recommended, among other things, that social rights be expanded for persons with impairment and to consequently make use of a conditional disability concept in forming disability policy:

A primary assignment within disability policy is to prevent the emergence of disability and to obstruct such conditions in society that have disability as a result. With such a definition for conceptualising disability as we now use it, and that has been briefly explained previously [in the report – my addition], disability can be prevented [from occurring – my addition] in three different ways. One way aims as far as possible to create conditions that protect human beings from accidents and diseases. The second way aims at taking steps to cure or rehabilitate an injury or a disease that has already occurred. Finally, the third way aims at forming the society in such way that those human beings with impairments can attain complete participation and a feeling of belonging to the community in society. A successful disability policy implies that all three aspects are addressed²⁰⁵ (SOU 1982:46:21).

These should be the guiding principles for Swedish disability policy, according to the commission. There were also other governmental commissions of inquiry appointed

204 SOU 1982:46: *Handlingsprogram i handikappfrågor*. Förslag av beredningsgruppen för internationella Handikappåret 1981.

205 "En primär uppgift inom handikappolitiken är att förhindra uppkomsten av handikapp och motverka sådana förhållanden i samhället som leder till handikapp. Med den definitionen av handikappbegreppet som vi numera använder och som i korthet redovisats tidigare kan handikapp motverkas på tre olika vägar. En väg syftar till att så långt som möjligt skapa förhållanden som skyddar människor från skador och sjukdomar. En andra väg avser åtgärder för att bota eller rehabilitera där en skada eller sjukdom redan har inträffat. En tredje utväg slutligen tar sikte på att utforma samhället på ett sådant sätt att människor med funktionsnedsättningar når full delaktighet och gemenskap i samhället. En framgångsrik handikappspolitik förutsätter att alla tre aspekterna beaktas" (SOU 1982:46:21).

to investigate disability issues in specified areas during the 1980s. Ideologically, these public documents approached disability from the perspective of finding a policy that gives persons with impairment autonomy and equal terms as other citizens. Disability is in most of these documents addressed as being an outcome of conditional circumstances, or rather maladapted conditions that cause disability. Disability, in these public documents is rarely addressed as an individual property that should be fixed or repaired, but rather as a relation between a maladapted social setting and a lack of individual capacity. Several documents emphasised that Swedish society is obligated to improve the situation for citizens with impairment. Here is one example of the argumentation used to express this:

The degree of impairment of a human being is ultimately a question of how society is organised. It is, therefore, the conditions in society which determine to what extent a human being with physical and mental impairments is disabled. A human being with a visual disorder that can be corrected using ordinary glasses is, in our society, not disabled. The same disorder, in another society where glasses are an unfamiliar concept, is definitely disabled (M 1976/77:1298:1).²⁰⁶

A popular argument was that it is regarded as a public responsibility to enforce a policy that improves the conditional factors that keep disabled people with impairment from social influence or activity. The state authorities should strive to enable any citizen to participate in society, and to enable people with impairment to be part of society and their communities. Subsequently, a variety of municipal housing provisions for disabled people were made available. These were meant to replace the service of the previous large-scale institutions (Olsson 1990). This ideology encouraged claimants of disability entitlements to seek subsidised government loans so they could live in ordinary houses or apartments with appropriate modifications. Without this kind of subsidy it could be too expensive for many claimants to live in the house they wanted, and if this were the case, the risk of a segregated housing market would be very real. The ideology favouring integration and enabling disabled people to have ordinary standards supported a policy integrating disabled people into ordinary schools, day-care, jobs and so on. Previously persons with impairment had primarily been forced to live segregated lives in large institutions. The idea of participation and autonomy appeared to have a strong effect with respect to disability issues in Sweden during this period. Although importance was attached to these ideas and they were regarded as principal guidelines for general disability policies, they appear to have only a minor effect on the rules of entitlement to disability benefits. The rules by and large remained the same during most of this period, and they were not liberalised to include more claimants.

The parliamentary debates that proposed specific actions to be taken in disability policy had little influence on the construction of the disability benefit. Thus the rules

206 "Graden av handikapp hos en människa är ytterst en fråga om hur samhället ser ut. Det är alltså samhällets beskaffenhet som avgör i vilken grad en människa med fysiska och psykiska funktionsnedsättningar är handikappad. En människa med ett synfel som kan korrigeras med vanliga glasögon är i vårt samhälle inte handikappad. Samma synfel i ett annat samhälle, där glasögon är ett okänt begrepp, är definitivt handikappad." (M 1976/77:1298:1)

mainly remained the same even though the program was discussed on several occasions. This is similar to what occurred during the consolidation phase. Then as well, the rules governing entitlement to and design of the supplement were strongly debated, though the rules by and large remained unchanged. Interestingly, the critique of the rules governing entitlement during the crystallisation phase also had parallels to discussions held in the consolidation phase. Then as now it was claimed that the rules governing entitlement to compensation were too rigid. The first demand to liberalise legal criteria for entitlement to benefits came the same year that the new rules were introduced, in 1975. A bill was proposed to change the rules so that compensation could apply for persons with a severe hearing impairment (M: 1975:1194). More modern methods ought to be used to define a severe hearing impairment, it was argued. According to this bill, people with hearing aids did not qualify for disability benefits and compensation of costs, and this should be changed:

Hearing aids do not delete disturbing sounds but amplify them to a level which makes the hearing aids usable only in relatively quiet environments. Some hearing aid users experience hearing aids as simply a reinforcement of non-verbal information sounds, but this can still prevent them from being isolated in a silent world. If the disability benefit is only granted to those who cannot be compensated through the help of a hearing aid, according to what is required, the decision may be based on incorrect premises²⁰⁷ (M 1975:1194)

The social security committee in Parliament debated this bill. More than just eligibility criteria for the disability benefit were debated here. Some representatives felt that the bill moved development in the wrong direction. It was argued that medical criteria alone should not give access to the disability benefit. One argument was that this made it possible for persons who were declared to be severely hearing impaired to gain access to this compensation program through the general criteria. The bill did not present a correct picture of the situation according to another argument, as rights to compensation were decided individually, case-by-case, not by using any standardised definition of persons being severely hearing impaired. The majority of the committee referred to consultations with the social security authorities on this case. No compensation ought to be given without an individual evaluation of each case. Therefore it was not necessary to change or expand the rules of entitlement to provide better compensation for the hearing impaired. They were not excluded from compensation of costs, but had rights according to general rules in the program. People with hearing problems could receive a disability benefit and compensation for costs if their problems were considered "severe". They were given automatic access to disability benefits if they did not use a hearing aid, but persons with hearing impairment could also be tested individually if their problems were less "severe". To qualify for the general rules, it needed to be proven that the hearing problem involved ex-

207 "Hörapparaten selekterar inte störande ljud utan förstärker dessa ofta till en nivå som gör att hörapparaten är brukbar endast för en relativt tyst miljö. En del hörapparatbärare upplever hörapparaten enbart som en förstärkare av icke språkinformativt ljud, men det hindrar ändå isolering i en tyst värld. Om handikappersättning utgår endast till dem som inte kompenseras med hjälp av hörapparat, i likhet med vad som förskrivs, kan bedömningen sålunda grundas på helt felaktiga premisser." Motion 1975:1194.

panded needs of assistance, or extra costs incurred from the impairment or any other eligibility criteria. Bearing this in mind, the majority of the social security committee rejected the bill that suggested changing the definition of having severe hearing problems. The major argument used was:

...the disability benefit is designed so that it is not a deficit benefit, on the contrary it is a benefit according to a certain prototype of extra costs that arise due to impairment²⁰⁸ (SfU: 1975: 3. Oct 15th).

After this rejection of any rule changes in 1975, new bills continued to draw attention to the criticism that eligibility to the disability benefit was based on too strict criteria. Many claimed that the social security authorities were using too rigid criteria for classifying costs of impairment. One bill challenged the design of the disability benefit and the rules of compensation for people with severe attacks of psoriasis. Yet another bill questioned why mobility impairments did not give automatic access to a disability benefit, to mention some examples of this criticism.

Once again there were also suggestions that any upper age limit for the disability benefit should be abolished (M 1976/77:695). It is interesting to take a closer look at this particular bill. As in the consolidation phase, it argued that certain kinds of impairment, such as blindness, did not disappear when the person reached a certain age:

Their increased costs of living due to the impairment do not decline just because they turn 65 years of age...²⁰⁹ (M 1976/77:695:2)

The blind should also be compensated for costs even when they reach a certain age that entitles them to an old age pension. But this argument did not win support in the social security committee. As was the case back in 1963, the legislative committee in 1977 rejected any change in the age limit for the right to the disability benefit.

Between 1975 and 1977, several attempts were made to change the legal criteria for eligibility in the disability benefit program, though none were supported by a majority of the representatives in the social security committee. But at a certain point, the cumulative criticism of the rules governing entitlement had impact. In 1977 the national social security board was authorised to examine and evaluate the practice and rules of entitlement to this program. The authorities were also asked to propose changes if found necessary (SfU 1976/77:19:13).

An evaluation report was the first step to satisfying this request. The report shows that member disability organisations had an active role in the evaluation and were used as consulting partners with the authorities. It is possible to see the influence of the governmental board on disability²¹⁰ as consulting partners as well. This board

208 "...handikappersättningen är avsedd att inte vara en lytesersättning utan en kompensation enligt vissa schabloner för merkostnader som uppkommer på grund av handikapp" (SfU: 1975 :3. Okt. 15nd).

209 "Deras på grund av handikappet ökade levnadskostnader minskar ju inte bara därför att 65 års åldern inträder.." (Motion 1976/77:695:2)

210 Statens handikappråd

played a central part in the evaluation undertaken of the rules to entitlement. This represented a change in approaches. Previously the commissions and the authorities had only used these bodies as consulting partners when proposals had already been made, not beforehand. Now, the documentation illustrates that these bodies had an influence on the evaluation work itself.

The evaluation report concluded that difficult problems were left unsolved when it came to interpretation rights of entitlement to the disability benefit. One problem mentioned was how to design the rules to regulate access to this benefit. To do this it had to be decided what costs of disability should be considered to grant rights. The authorities were negative to using any standardised assessment procedure for the disability benefit and argued instead for the need for case-by-case and individualised testing procedures. As they saw it:

.. the need for provisions for different persons even with similar impairment is often lacking in consistency²¹¹ (Ds S 1977:6:2).

They also argued that it is important to compensate for the consequences of the impairment, not the impairment as such (*ibid*: 4). Another issue raised by the social security administration concerned which principles and indicators to use to determine the disability. The administration felt that it was a problem that medical indicators of blindness, deafness and severe hearing deficiencies that were certified by doctors gave standardised assessment to the disability benefit. The administration questioned this practice that used individual-based criteria to determine the consequences of the disability and the need for case-by-case tests. As the program already used 'standardised definitions' for certain kinds of impairments, blindness, deafness and so on, it was proposed that standardised definitions should be used for any impairment when a person was claiming entitlement to a benefit.

As we can recall from the debates in earlier periods, the use of a standardised (medical) definition of disability was a very controversial political question during the 1960s and the beginning of 1970s. Particularly during the establishment phase it was passionately argued that the invalidity compensations should not be granted according to standardised definitions. A disability should be determined by its consequences in each case and should be related to work capacity. The authorities pointed out that the rules of entitlement had changed since then and they were inconsistent with respect to this question. Medical confirmation of blindness, deafness, or severe hearing deficiencies provided the maximum level of the disability benefit without individual testing. This was a result of the reform in 1975 when other impairments than blindness also provided entitlement without any individual testing.

For practical reasons, the social security authorities wanted to use standardised definitions for other types of impairment. They pointed out that this involved the risk of using a stigmatised (medical) approach to define legal criteria of entitlement to the disability benefit. Ideologically this could be difficult, argued the authorities.

211 "...stödbehovet för olika människor även med samma handikapp ofta är mycket varierande" (Ds 1977:6:2).

The administration rather proposed that the social security for the disability benefit should retain individual testing of eligibility as the general rule, even if this principle was difficult to administer. The report referred to a questionnaire that the authorities had sent to several consulting bodies about the rules of entitlement. The results of this questionnaire showed that the following aspects should receive special attention when considering the rules of access to the disability benefit:

- The definition or approach to the concept 'limited capacity'
- The definition or approach to what was meant by the term 'need of assistance', in particular the expression 'time-consuming'
- Extra costs and the level of 'considerable extra costs'
- The need of assistance in cases of blindness and severe hearing deficiency
- The co-ordination problem – in particular how access to transportation services for disabled people should impact the decision making for entitlement and compensation for disabled people (Ds S 1977:6:27).

The first aspect, that is which indicators the authorities should use to determine 'limited capacity', was a question the authorities considered a great deal. This referred to one main criterion for entitlement for which two principles on how to define the occurrence of limited capacity could be used. One approach addressed limited capacity from a normative perspective, implying deviance from what could be called expected norms, or common norms of human capacity in a population. Another approach emphasised the lack of capacity or the limited capacity of an individual as representing being 'needy' or helpless, and that this should be the reason for classifying the limited capacity. Such a perspective saw a person needing assistance or adjustments in order to function as having limited capacity (Ds S 1977:6). This 'deviating approach' to defining limited capacity was risky, according to the authorities. It would indicate that the disability benefit program aimed to compensate shortcomings or deficiencies, not consequences (Ds S 1977:6:2). It was less of a risk to categorise limited capacity from the perspective of it representing people being in need of compensation, according to the authorities. Furthermore, this perspective would be easier to legitimise (Ds S 1977: 6:29). This recalls an issue that led to debate on several occasions earlier in the development of this program.

Following the line of argumentation used in the debates described here it is possible to see links to Offe's (1984) theories on advanced capitalistic welfare states. The political administrative system that the social security authorities represent needs to legitimise and make classifications that do not conflict with any normative subsystem in society. Here we see how the legitimising issue is important for the outcome of the debate on eligibility criteria for the program. The debates and argumentation also illustrate which aspects of a disability are legitimised to give entitlement to social security. We see how the reasoning of the disability category as representing the particularly 'needy' occurs in the debate. This is in accordance with Stone's (1985) presumption that I described in Chapter four. She claims that the basis of 'need' is a

common justification for determining access to the disability category in modern welfare states. We can see here how this justification influences the discussions on eligibility to the disability benefit in Sweden.

The third issue that was especially pointed out in the evaluation report concerned how the authorities were to determine 'need of assistance'. This term refers to another important eligibility criterion for the disability benefit. As the authorities stated, one approach that could be used was to classify the need and relate it to a time scale. The more time assistance was required, the more legitimate it was to classify the occurrence of impairment (Ds 1977:6: 29-30). Once again we see here how the discussions on how to find 'good' indicators of impairment link to previous discussions in Parliament regarding rights to disability benefits. Already when the new (re) constructed program for the disability benefit was introduced in 1975, the idea of using a time scale to determine the impairment's consequences regarding need (of assistance) was rejected. But the authorities raised the issue again in 1977. The definition of need was presumed to be related to the consequences of the estimated assistance, as an alternative to it being determined by a time-scale definition of need. To do this, the authorities argued in favour of considering whether the need for assistance could be seen as being 'obvious' and necessary. Indicators should help them to judge whether the need for assistance was something that would improve the life quality of the individual. They suggested that instead of time consumption, 'the need' should be defined from the perspective of its effects on the life quality of the claimant. The authorities felt that:

...is there, however, reason to be less rigid in the decision making on the time consumption of different needs for assistance when administrating the disability benefit? [...] apart from in itself the time effectiveness for providing assistance, where reference should be made to preparatory and supplementary work when considering the concept of [being in need of – my addition] more time-consuming assistance²¹² (Ds S 1977:6:54).

This would make the local administrative offices more aware of the use of this principle in their decision making.

Another difficult aspect of the definition was how to compensate costs of chronic diseases in the disability-benefit program. The evaluation report statistically confirmed that groups of chronic diseases had increased as recipients of the disability benefit compared to other types of impairment over a period of time. This development alarmed the social security authorities. Between 1971-74, chronic diseases quadrupled each year with respect to the number of recipients of the disability benefit (Ds S 1977:6). This made people with chronic diseases a leading recipient group for this benefit, and this caused concern in the social security administration. They explained the increase as a result of a higher frequency of chronic illnesses. The following excerpt from the evaluation report can illustrate this:

212 "...finns det dock skäl för mera nyanserade bedömningar av tidsåtgången för olika hjälpbehov vid handläggningen av handikappersättningen. [...] förutom själva den effektiva tiden för hjälpinsatsen kan härföras till förberedelse- och efterarbete bör beaktas inom ramen för begreppet mera tidskrävande hjälp..."(Ds S 1977:6:54).

In instances where the invalidity benefits were granted as the main benefit, particular groups of diseases increased in relative numbers after the reform [i.e. the disability benefit]. This is particularly the case for skin diseases and diseases of the nervous system and organs of perception. In this last group the hearing impaired are included (Ds S 1977:6:23)²¹³.

The growing number of claimants of the disability benefit who had chronic diseases as their impairment caused concern. This was pointed out by the social security administration. Ultimately they considered it to be a question of which costs should be compensated by the disability benefit, and this could be a delicate and difficult issue to settle. To illustrate this point, the authorities mentioned two different cases that were heard in the National Social Security Court²¹⁴. The first case involved a person who had a muscle disease that limited the use of the arms and legs. This person applied for compensation of costs from the disability benefit program. The estimated level of extra costs was considered to be approximately 3000 SEK a year. It was also confirmed that the person experienced great difficulties in getting in and out of bed alone, and had problems cooking, cleaning the house and so on without assistance. The Social Security Court decided that this person did not fulfil the reduced-ability criterion or the high-costs criterion. But considering all aspects of this person's situation, the Social Security Court agreed to entitlement.

In a somewhat similar example, a person with Multiple Sclerosis²¹⁵, a disease involving in this instance problem moving the right arm and leg, had balance problems. The person claimed that the disease led to extra costs for transportation, medical expenses, assistance in the home, special-diet food and so on. The extra costs were estimated at 3225 SEK a year. In this case, the Social Security Court questioned whether the level of extra costs was reasonable. Moreover, the Court was critical of whether the costs were to be regarded as 'considerable' costs. The outcome of the decision reached by the Court was that the level of the extra costs was not found to be significant enough for the person to be entitled to compensation (Ds s 1977:6:36). The social security authorities stated that, despite the similarities in the level of extra costs and type of impairment, the Court decided differently in each case²¹⁶.

These illustrations show that the social security authority acknowledged that the rules governing entitlement needed to be clarified as to how to compensate costs of chronic diseases in the security system. This also applied to any extra costs and the level of these costs when deciding entitlement. This issue was given particular attention by representatives of disabled people's own interest organisations. They regarded it a problem that only verified extra costs were accepted and compensated. This practice and interpretation of the rules would favour compensation for people with mon-

213 "I de fall invaliditetsförmånen beviljats som huvudförmån har vissa sjukdomsgrupper relativt sett ökat efter reformens [*handikappersättningens*] genomförande. Detta gäller i särskilt hög grad hudens sjukdomar samt nervsystemets och sinnesorganens sjukdomar. I den sistnämnda gruppen ingår de hörselskadade" (Ds s 1977:6:23)

214 The appeal court for decisions made by local social security administrations.

215 This refers to the diagnosis of a chronic disease that damages the central nervous system in the body.

216 Though it is not discussed in the report, it is interesting to note that the person who was denied a supplement in these two similar cases was female, and the one granted a supplement was male.

ey who could afford to pay the extra costs of arrangements and adaptations related to the impairment. It was argued that economically privileged people could more easily be able to verify need and extra cost, while the same was not true for people with less money. The latter group still had the same need for assistance, technical equipment and so on as the first group, the only difference being that they could not afford these costs. The social security authority agreed with this concern and warned against practising the rules in such a way that the financial circumstances of people with impairment unintentionally influenced their eligibility to be compensated. Therefore costs found reasonable related to the impairment should qualify one for entitlement, not verified costs.

The social security administration also pointed to the changes in society that should influence the right of entitlement to compensation. Particularly they were concerned about car expenses and how to determine these for people who were mobility impaired. It was difficult to administer how access to transportation services for people with mobility impairment should be addressed in the disability benefit program. Compensating persons with mobility impairment for transportation costs had been a tradition in Sweden. A particular social security benefit paying for extra transportation costs for persons who were impaired and employed had existed prior to the construction of the first invalidity compensations in 1963. Recall that costs of transportation or 'invalidity cars' were used as an argument in favour of the need for a special invalidity supplement in the social security program of 1963. At the time, it was considered necessary to have a car in order for a person with impairment to keep his or her job. Now, in the late 1970s the use of cars had changed for everyone. While having a car in the 1960s could be used only for getting to and from work, according to the social security administration, cars became a common commodity in the 1970s. Accordingly, they found that it was common to use the car for other purposes than transportation back and forth to work, and that this could impact the rules and interpretation of the eligibility criteria for the disability benefit.

Another problem that was raised was if it was reasonable not to pay the disability benefit to compensate extra costs for people with impairment who were more than 65 years of age. The social security authorities claimed that, according to some, retirement would lead to a higher level of extra costs for a person with impairment. Pensioners had more time available to participate in social and recreational activities. From a general perspective, extra car costs for a person with impairment should always be considered, regardless the purpose, was one suggestion made by the social security authorities with respect to the rules of entitlement. Principally, this means any need of transportation, regardless the purpose, could be compensated by the disability benefit for a person with impairment. It would include the need for transportation to participate in social or recreational settings and other activities. Accordingly, the way of approaching transportation costs and the upper-age limit for being granted access to the disability benefit needed to be reconsidered, according to the social security administration. They regarded that the rules of entitlement to the disability benefit could be changed according to such a perspective, but there could also be other alternatives for providing security for these kinds of extra cost.

The discussions on extra car costs and the upper age limit for being granted access to the disability benefit are interesting developments as there were parallels to earlier discussions. During the 1960s, it was argued that impairment and needs did not disappear when a person reached a certain age. At that time, the invalidity compensations were designed so that it was found necessary to have an upper age limit for being granted access to them. Invalidity was looked upon as work invalidity and something that happened to persons of working age, not old age pensioners. Now, in the 1970s, this age limit and approach to disability reappeared with a change in focus. The discussions no longer focused on which types of impairment (invalidity) a person had, as was the case when Parliament discussed this issue in the 1960s. In the late 1970s the age issue was addressed as a problem for people needing an automobile for transportation due to mobility impairment. According to one categorisation approach, impairments such as these were medically confirmed to represent a dysfunction and this justified the need for special transportation facilities that the social security program should compensate. We see here how the medical indicators of disability again are used to justify the need to change the rules for compensation eligibility.

This demonstrates a change in focus on which indicators to use to define disability compared to what was discussed during the consolidation phase. Medical criteria and classifications of disability had been toned down in favour of a more work-related categorising of disability. But in 1977, the opposite focus was adopted for establishing criteria. It was argued that standardised, certified medical criteria should legitimise access to the disability benefit, not only capacity or ability to work. The authorities argued it was difficult to deny access to the disability benefit and not consider the costs of using a car for other activities than employment. Persons with impairment also needed to be mobile and participate in other activities (Ds s 1977:6). The existing rules on access to the disability benefit for (extra) transportation costs were seen as drawing an artificial boundary between home activities and work activities for a person with impairment. The authorities suggested calculating compensation of extra car costs not related to working or studying by means of a standardised compensation form (15% of the annual base measurement social security rate).

The evaluation report from the social security administration that discussed the issues presented here was debated in Parliament in 1974. The report concluded that the program worked according to intention, but that some rules of eligibility needed to be reformed and changed. The report's proposals did not ask for major changes in the existing rules of entitlement to the disability benefit. It should remain a sector of the pension scheme, aimed at compensating extra costs for persons with impairment and securing the claimants' income supplements. The proposal suggested keeping the same main criteria for the benefit, however, with a different focus on and guidelines for how to interpret the rules. It was still a stated purpose that this benefit should compensate costs for consequences of disability, not the impairment as such.

The legal committee responsible for studying the evaluation report in Parliament did not discuss the proposals a great deal. The committee suggested that the proposals needed more consideration and investigation about details and consequences be-

fore any changes in the eligibility criteria could be made. The committee also requested further investigation into how to reimburse the chronically ill for costs related to their disease. It was also recognised that an investigation of disabled people's need for a car for mobility reasons was appropriate. These recommendations led to the appointment of two new public commissions of inquiry. One was given the task of investigating the best design for compensation for people with impairments who incurred high medical expenses. The other commission was to investigate how to best design social security for costs related to the need for a car for people being impaired.

Summary

The crystallisation phase was characterised as a time where equality and full participation for persons who were disabled were high on the agenda. On several occasions the discussions focused on whether the entitlement to the disability benefit should compensate costs so that an impaired person could participate on equal terms as others in society. Participation was addressed from a broader perspective than what had previously been the case, and was addressed in relation to other situations than strictly labour market participation and employment. This phase and the discussions on indicators defining disability were influenced by a humanistic approach; humanistic in the sense that integration and participation were placed on the agenda on a broader scale than previously. The consequence of this perspective on disability was that individual costs incurred from being impaired were more in focus. Disability was approached as occurring outside a context or related to situations such as family setting, being a private or individual problem and involving economic liabilities for the extra cost for individuals. This perspective appears to influence the debates on disability criteria and entitlement to the disability benefit during the crystallisation period. The disability benefit should provide income security to individuals for high expenses incurred from impairments, regardless of whether there is a problem of work inability or not.

The rules of entitlement to the disability benefit were discussed on several occasions during this phase. Which activities and costs burden a person being impaired and prevent participation in society were particularly the subject of discussion. Other aspects than family income and the situation of labour participation were highlighted, such as recreational activities and other social issues.

There were several discussions on principles and criteria to be used to categorise the occurrence of disability. In particular, the situation of costs incurred from chronic diseases was brought into focus. These discussions appeared to give more weight to the medical, epidemiological approach to determine disability. On the other hand, the equal-rights emphasis concerning disabled people's participation in society pulled the discussion in the direction of the adaptable perspective for determining disability.

Some concluding points

During the establishment phase (1958-62) special invalidity compensation programs were designed to compensate costs related to impairment. These supplements became part of the comprehensive social security system by 1963. This period stressed that social security should provide income supplements by categorising disability as a situation of work impairment, not medical impairment as such. A person with impairment could be lifted out of poverty by gaining access to employment and the labour market, and should not be looked upon as representing a situation of low income capacity. To encourage these people to work, the invalidity compensations were designed so that they compensated costs related to employment. There was one exemption from this, and that was a person already confirmed as incapable of working, who would have access to an invalidity pension. People with an invalidity or old age pension received a particular invalidity supplement. But they could only qualify if this person had a constant need of care and assistance involving extra expenses. Mostly employment, job training and rehabilitation measurements are pointed to as the emancipating principle for a person with impairment during this period. This principle was kept throughout most of the following phase, the consolidation phase (1963 -75).

This phase also saw stronger emphasis on defining disability with criteria that assessed the risk of a person with impairment becoming economically marginalised due to the extra costs incurred from the impediment. The legal criteria used to define the disability category (C-LDCs), were now related to other aspects than specifically work-related ones. The economic liability argument emphasised that a person with impairment experienced other extra costs that were not strictly related to work participation. This new argument stated that the disability benefit should compensate extra costs whether they were work-related or not, and eligibility criteria for this benefit should be based on a broader perspective. At the end of the consolidation phase the social security authorities evaluated the disability benefit and the rules governing entitlement, and suggested that other ways should be used to interpret the criteria governing access to supplements for a person with impairment. The governing rules were then changed.

During the crystallisation period (1975-83) new dimensions of impairment were addressed. The discussions during this period implied new criteria for how to categorise and determine disability. Problems with participating in society were focused on from a more general angle, not only the material situation of living with extra expenses or having extra costs when being employed; society needed to address other aspects of citizenship and participation for persons with impairments. These ideas had greater impact on how the rules of access to the disability benefit should be read and applied, not on how the legislation should formulate the eligibility criteria as such. Eventually it was found that a new evaluation of the disability benefit and access criteria was necessary. A new evaluation was undertaken just two years after the criteria governing access to the disability benefit were changed and reformed. The

outcome of this evaluation was a list of proposals for new constructions and a reassignment of benefits to compensate additional costs for persons with impairment. The need for a special car allowance to compensate additional car costs was proposed in 1982, and already in 1979 it was suggested that social security should compensate costs above a certain 'cost ceiling' for persons with high medical costs. Both these additional costs were previously extra costs that could motivate eligibility to the disability benefit. This means, that rather than changing the rules of access to the disability benefit, new forms of social security benefits to compensate costs of disability were introduced.

The disability benefit basically kept the same criteria for entitlement from the crystallisation phase up to the 1990s. The changes made during this period were related to formal legal changes and changes in rules on the level of compensation paid by the disability benefit. Bearing this in mind, in this analysis I have concentrated on the process of defining and determining legal criteria for the disability category before 1983.

The analysis demonstrates that different legal criteria and categories of disability are used to determine access to disability benefits. The legal criteria governing access change as the historical context and underlying assumptions about impairment change. One phase shaped the legal criteria for access to the disability benefit according to certain aspects, while other phases focused on others. There is a continuous ambiguity with respect to finding acceptable and successful legal criteria for categorising disability during the analysed historical period. We can see continuous wrestling between using legal criteria based on a more medical and 'deterministic' approach and using criteria of a social, conditional approach to disability as a phenomenon. These alternative perspectives used different indicators and criteria to determine disability and thus alternative ways for how additional costs should be compensated by the social security system. In the studied period we see that the legal criteria governing access to disability (invalidity) benefits all the time moved back and forth between these two opposing understandings of disability.

Core issues in defining the disability category

Introduction

The analysis of Chapters seven and eight examined the discursive process of constructing the disability category for the invalidity (and disability) benefit between 1958 and 1983. The criteria used to define a disability category in this program were particularly in focus. The analysis showed the underlying concepts and alternative perspectives for determining who was disabled and should be included in the disability category that granted access to social security programs. This means that what was taken into account as defining a disability category relied on the ideology used. There appeared to be shifts between using a biomedical and a more social approach to determine which criteria to use to legally define disability in this program. While Chapters seven and eight focused on the contextual conditions for forming a disability category in the disability program, in this chapter I will have less focus on the construction process itself, and more on recurrent topics that continued to be an issue in the process of deciding the criteria governing the right of entitlement to a disability benefit.

I will examine these topics in detail, but first it is important to point out that these topics were not always issues. They were discussed, addressed and to some degree settled. Nonetheless, they would re-appear in a later discussion, causing tensions and raising the need for new decisions in the program. This means that though these topics tended to appear on a regular basis, the way they were addressed varied in terms of context and social-political epoch. However, they must be seen as crucial aspects in the process of defining criteria for a disability category in the social security system. In the following sections these issues and the approaches used will be present in more detail.

Wage labour and disability

One topic that was a core issue regarding entitlement to disability benefits was the question of whether or not impairment should be addressed in relation to wage-labour resources. At the heart of this was the question of whether or not the criteria governing entitlement to the program should address disability as a labour-market problem.

This was an issue of particular importance in the establishment phase of the development of rules of access to the disability benefit. During this phase a new comprehensive social security system was constructed in Sweden and the definitions of the criteria for the compensation program were interfaced with basic principles on the social security system as a whole, as the ideological grounds for constructing a new social security model rested on wage labour as the governing principle. The following excerpt from a government proposition is an expression of this:

Currently it is regarded as a universal right that one, at a certain age, receives a pension based on one's achievements in production [life – my addition] or through domestic work. We should, however, not forget that in the beginning there was another principle underlying the pension system, namely to secure support for those who had lost their work capacity (Prop. 1958:55:82-83)²¹⁷.

This is taken from a speech by the Minister of Health and Social Affairs to Parliament in 1958. This approach had implications for decisions on which criteria to use to legalise a disability category in the invalidity compensation program. One main intention was that this program should compensate people for costs incurred from impairment. The way to view this was to see that costs occurred to people receiving an invalidity pension, or that costs occurred to people with impairment who were working. The compensation program was designed to provide income reinforcement and income compensation for extra costs incurred from being impaired²¹⁸.

The income-reinforcement and the income-compensation principles work according to different principles of distribution. Nevertheless, the presence of one principle does not exclude the use of the other, and traces of both of these principles were found within the invalidity compensation program. This program was intended to

217 "Numera betraktas det som en allmän rättighet, att man vid en viss ålder får pension på grund av sina insatser i produktionen eller genom arbete i hemmet. Man skall emellantid inte bortse från att det ursprungligen legat en i någon mån annan princip tillgrund för den allmänna pensioneringen, nämligen att trygga försörjningen för dem som har förlorat sin arbetsförmåga" (Prp. 1958:55:82-83).

218 The principle for compensating the loss of occupational income could be said to be one of the main purposes of the entire social security system (see Lundholm 1996:34): that is, that social security programs are constructed on the principle of providing an income guarantee in case of losing income from wage earning. The purpose in constructing a social security program is to give income security to groups found necessary to compensate in the society. This is done so that people who lose their income or who have low income receive income supplements through the comprehensive social security system (Elmér 1981:103). For more information on ideological issues in social policy in post-war Sweden, see Chapter five.

provide a supplementary income to compensate people for an income that was too low to live on. It could be provided on top of an invalidity pension or as a supplement not related to a pension. The influence of medical factors for the work-related invalidity concept was expressed in the following way:

The committee [i.e. of 1958 – my remark] calls attention to the fact that a purely medically defined invalidity concept cannot be applied in the public-pension scheme. The reason for the invalidity ought, however, to be based on medical factors. However, in addition to this, it should be required that these factors involve a loss of or considerably reduced work capacity. When assessing the invalidity, according to the opinion of the committee, all factors should be considered, medical as well as other factors, which could clarify the medical-factor influence on the insured's ability to perform work. The committee underlines as well the close connection between rehabilitation efforts and the assessment of the invalidity (SOU 1969:21:10)²¹⁹.

This illustrates that a medical criterion of invalidity alone was not sufficient for entitlement to compensation. Medical factors could limit the work capacity of an individual, but other factors could as well. This indicates that the approach used to legalise a disability category is similar to what Söder described as the adaptable approach. The decision on criteria defining a disability category relates impairment to a relative condition that can be influenced and changed, for example, through rehabilitation efforts.

The work-related categorisation of disability was seen as progressive compared to previous notions and criteria used to legalise a disability category. Previously the criteria used were based on assumptions that people with impairment should not be encouraged to enter the labour market. Changing the legal criteria of the compensation program so that claimants were encouraged to work was viewed as a progressive, less stigmatising policy for people with impairment. On the other hand, the importance attached to the labour-market potential made it difficult to relate to disability as a problem independent from what happened on the labour market. This perspective implied that any aspects of disability not related to work were of no concern to the compensation of costs.

Using the work-related invalidity concept as the basis for deciding the legalised criteria of a disability category represented an adaptable approach to disability. It was seen as representing certain medical patterns of dysfunction that could be improved by means of assistance, rehabilitation or technical aids. Addressing disability from the work-potential standpoint opened new perspectives on the decision making for criteria legalising a disability category and excluded others. One excluded perspective

219 "Kommittèen framhåller att ett renodlat medicinskt invaliditetsbegrepp inte kan komma i fråga i tillämpningen inom den allmänna pensioneringen. Orsaken till invaliditeten bör emellertid- [...], utgöras av medicinska faktorer. Därutöver bör fordras att dessa faktorer medför förlust eller en betydande nedsättning av arbetsförmågan....Vid invaliditetsbedömningen bör enligt kommitténs mening hänsyn tagas till samtliga faktorer, medicinska såväl som andra, som för vederbörande är ägnade att belysa de medicinska faktorerers inverkan på vederbörandes förmåga att utföra arbete. Kommittèen understryker vidare det nära sambandet mellan rehabiliteringsverksamheten och invaliditetsbedömningen" (SOU 1969:21:10).

was the categorisation of disability as an unfortunate 'fate' that required society's 'sympathy' and particular treatment or needs.

The idea behind the work-related concept was to assist people who were disabled by increasing their chances of finding paid employment. This was also an indication that disability could result in a flexible income level, instead of implying that people who were impaired were doomed to live on low incomes. Consequently this perspective did not accept the implication that it was common for these people to experience low incomes, and in this way the work-related invalidity concept challenged the perspective that people who were blind, had deformed bodies or were mentally retarded, all signs often seen as representing disability, had particular rights of entitlement in the social security program.

Though the work-related categorisation of disability did not view impairments as only representing low income potential, there appeared to be political awareness that such a construction of the invalidity program in the social security system could have negative effects on people with impairment. To counterbalance any negative income effect of this construction, the invalidity compensation program was made available both as a principle supplementary benefit and as a supplement to other kinds of basic income. It was awarded to both people who were impaired and worked and those who did not. This construction did not contradict the basic construction of the work-related invalidity concept, and at the same time it gave them entitlement to a particular compensation program in the social security system.

It is interesting to note the pragmatic solution in dealing with blindness within such a construction. The blind traditionally had a particular supplement designed to compensate their costs in the social security program. From the beginning of the century the confirmation of blindness entitled people to a particular income supplement. This might serve as an explanation as to why blindness was given special treatment under the invalidity compensation program. Blindness was the only medical criterion that was accepted as automatic criteria granting entitlement to compensation. However, permitting automatic eligibility to the compensation program based on a medical criterion contradicted the ideology of a work-related disability concept. The political argument used to solve this problem was to claim that blindness fulfilled the legal criteria of having confirmed the lack of ability to work. The special practical arrangement made for blind people in the program was thus not found to conflict with the basic construction of the social security program.

One reason why there was concern about granting entitlement only on the basis of medical criteria was that this could be conceived of as making a program that compensated people for their shortcomings. This way of addressing disability would challenge the ideology of the entire social security system. The basic principle of the Swedish social security system was to compensate for the loss of occupational income and this made it difficult to provide a particular program intended to compensate for disability. It was the consequences of disability, particularly with respect to the income level, that should give the right to entitlement, not the impairment per se. In addition to this it was found important to construct legal criteria for entitlement to the compensation program that supported people who were impaired and working.

The program should be designed to compensate the consequences of different impairments that people had. The principle behind social security should not leave the impression that people with impairment should not be active in the labour market.

A related problem concerned the issue of extra costs incurred from pursuing an education. The question was how the rules of access to the disability benefit should address education. Should the cost of schooling for people who were impaired be compensated or should it not? This was debated in Parliament in 1966, and there appears to be no political disagreement concerning the importance of these people receiving education and training at the tertiary level. It was also argued that education supported the idea of the rehabilitation potential. Through education and training, persons with impairment could become better qualified for positions in the labour market. The issue was more one of how costs for schooling were to be compensated. Should this be part of the social security program or should it be part of the educational program? One problem that could arise if these costs were compensated by the invalidity compensation program was the fear of letting this program compensate for costs that were not related to the confirmation of the work inability. A reduction in work ability was one major reason for compensating costs according to this compensation program. This made it problematic to integrate other costs to give the right to eligibility to this compensation program. On the other hand, if people with impairment were denied compensation for costs while studying, then the social security system could be accused of giving no incentive for educating them. This could also cause legitimisation problems concerning the invalidity security plan, a program which had the aim of giving equal opportunities to persons who were impaired. The response to this dilemma was to allow persons found to be impaired the right to compensation for costs incurred from studies that entitled them to the governmental CSN loan system (Prp: 1966: 59, 2LU 1966:41). The reasoning behind this decision was that education could serve as a rehabilitation factor for them.

In the beginning of the 1970s the work-related concept of disability appears to have lost some of its hegemony. In 1974 the design and rules of entitlement to the disability benefit were re-organised. Instead of two separate compensation programs, one program was constructed. This re-organisation (Prop 1974:129) illustrates what appears to be a shift regarding determining criteria for a disability category. The new program of 1975 diminished the one-sided emphasis on addressing disability as a problem of labour-market participation. The economic problems that people with impairment were faced with were more than just an employment issue. Towards the end of the consolidation phase, the mid-1970s, other economic aspects of disability received more attention. These aspects were related to people's autonomy and self-determination in a broader sense, not only autonomy in terms of participation in the labour market. Additional extra costs other than the ones directly dealing with work could also be an economic burden, such as costs for assistance in the home, costs for the constant need of medicine or medical equipment and so forth. With the re-construction of the disability benefit the total impact of economic liability became important with respect to entitlement. Whether or not the underpinning of this program was the guiding principle of wage labour for self-support became less impor-

tant. What was now more important was the autonomy and social participation of the person:

For some persons who are disabled, considerable extra costs may arise from impairment. It is an important responsibility for society to cover these costs so that the person who is disabled does not experience a lower standard and difficulties in participating in the life of the society (Rskr 1974:134)²²⁰.

This approach to disability relates to problems of economic marginalisation. Disability was assumed to cause a decline in the standard of living due to a high level of extra costs. The aim of the disability benefit was to relieve some of this economic burden. This emancipating principal is different from the one used to determine legalised criteria for a disability category during the establishment phase. Then it was assumed that people who are disabled should be liberated from economic discrimination through wage labour. By the mid 1970s, this aim was no longer so strong, while the focus was still on the fact that disability created a risk group for economic marginalisation. It appears paradoxical that economic marginalisation legitimises compensation under the disability benefit, as attempts had been made to move away from the idea that disability always implied economic marginalisation by composing the invalidity compensation program during the establishment phase. But during the consolidation phase, this issue was once again put on the agenda. However, it was approached from another perspective. Previously disability was discussed as a situation of low-income ability, but now economic marginalisation was discussed from the perspective of it causing a decline in the standard of living due to the level of extra expenses.

The concept of economic liability and the way disability was categorised indicated that social security was being redesigned to ease the economic problems encountered by persons with a disability. This implied that it is unreasonable to find a solution for this liability by private means. This perspective concerning disability is, to some extent, a mix of an epidemiological and adaptable approach to decide the legal criteria for a disability category. Disability is recognised as entitlement to this program based on medical classifications of limited capacity or impairment. At the same time the intention of the program was to improve the conditions that surrounded the impairment, such as high private costs, need for equipment and assistance. This indicated a use of an adaptable approach to disability.

220 "För vissa handikappade uppstår väsentliga merkostnader på grund av handikappet. Det är en angelägen uppgift för samhället att täcka dessa kostnader så att handikappet inte medför en sänkt standard och svårighet att delta i samhällslivet" (Rskr 1974:134)

“When I’m 65”... Ageing and disability

Another issue raised in the construction process was related to defining disability as something different from ageing. This topic frequently appeared on the agenda during the epoch examined in this study. The first time this appeared on the agenda was when the need for a maximum age limit for entitlement was discussed when the compulsory social security model was introduced in 1963. At that time the age limit was a very controversial question. This was of particular concern for entitlement for the blind. It was argued that blindness was nothing that suddenly ceased to be a problem when a person reached a certain age, and that extra costs incurred because of this impairment carried on throughout one’s life (M 1962:777). In contrast to this, another perspective viewed invalidity and ageing as an integrated process that was close to impossible to separate²²¹. This approach addressed invalidity as a kind of early retirement, in other words, entitling people to an invalidity pension. Though impairment could appear at any age, it was considered more likely that it occurred when people were old. For this reason the old age pension should compensate income loss. If impairment occurred, it was viewed to cause income problems. The intention behind the first design of the invalidity compensation program was to give social security for these economic consequences. Wage labour was seen as a means and the ultimate goal was self-sufficiency for people with impairment. The reason for making two different kinds of pension system was the belief that disability had more serious consequences for the income level when it occurred early in life, rather than later.

At a particular point in the process of constructing the rules of assessment for the disability benefit, this approach to invalidity and ageing changed. For example, it suddenly appeared unproblematic to have an upper age limit in the invalidity compensation program. It is difficult to pinpoint exactly when the shift in concepts took place, but the empirical material clearly indicates this change in concepts. Disability was then seen as a process separate from ageing, as the following excerpt from the second legislative committee of 1966 illustrates:

... hardly was a concern of the public pension scheme that the shape of the invalidity compensation should compensate costs of assistance, which many old people are in need of as a consequence of ageing (2LU 1966: 41:25)²²²

This suggests that compensation for assistance costs due to ageing should be approached differently than compensation for assistance costs due to impairment. The same segregated perspective on ageing and disability is presented in the report from the pension commission of 1965²²³. This report argues that the invalidity compen-

221 In the pension system of 1913, a pension was only paid when invalidity was confirmed, but this was changed by the pension reform of 1935. Then pension could be paid at the age of 67 even if invalidity was not confirmed. (Prop. 1958:55).

222 ”...knappast var en angelägenhet för den allmänna pensioneringen att i invaliditetsersättningsform ersätta kostnader för hjälp, som många gamla till följd av åldrande blir i behov av” (2LU 1966: 41:25).

223 Pensionförsäkringskommitteen av 1965 (SOU 1965:62)

sation program is not meant to include assistance costs due to ageing. The proposal is that ageing should be understood as a common process for everyone, and that costs would appear as a consequence of this, as the need for assistance grew. To be disabled thus should be understood as an extraordinary process not common to everyone, a process different from ageing. Disability or invalidity should accordingly be considered as situations always indicating extra costs for assistance, technical equipment and so on (SOU 1965:62).

Another aspect of disability and ageing was which authority was to be responsible for paying the costs of care. It was argued that costs related to impairment should be compensated through the social security system, but that costs related to ageing should be compensated through the municipal government, as this authority was responsible for health services and the care of the elderly.

The point here is to illustrate that the approach to ageing and disability changes during the epoch studied. In the beginning of the period disability was approached as a common event, something that happened to everyone, it was just a question of at which age it occurred. This is the period when the approach to disability was seen as a problem related to the labour market. Later, when this approach held less sway, the way to decide which criteria to use for a disability category changed. People who are impaired are addressed as if they are living under specific conditions that are not common to most people.

It is important to remember that the idea of disability being something specific or extraordinary is also present in the first period. This perspective appears to be influenced by the medical approach when deciding which criteria to use to legally categorise disability. Disability was addressed as representing permanent conditions that could not be improved or changed.

“Us or me”.... Individual sufficiency or family sufficiency

A third recurrent core topic deals with what can be regarded as a unit of sufficiency for a person with impairment. Basically the question was whether the criteria used to grant entitlement to the disability benefit should relate to whether or not this occurs in a family perspective. In the establishment phase, a period when a new social security model was constructed, there were several discussions on how to provide social security to families. In these discussions it appeared that the family was regarded as the basic income unit. The focus on the family situation for persons with impairment was a result of tradition. In the existing social security program before the comprehensive system of 1963, invalidity security and family security were co-ordinated.

In the discussions on the criteria for granting the right to entitlement, the family is presented as if it was virtually an organic unit. Every part of the family had its place and part in the total income system. This viewpoint affected the decisions on the assessment criteria for the disability benefit program. It was assumed that the occur-

rence of impairment affected the economic system of a family negatively. The intention of the new invalidity compensation program in 1962 was the same as in the helpless-benefit program; to compensate these negative consequences. Granting them the right to entitlement to compensation could help families. The clearest sign of this approach was found in the forerunner to the invalid compensation program; the helpless-supplement benefit. This benefit's primary aim was to grant income reinforcement to families with a member who was impaired. This idea was maintained when a new invalid compensation program was introduced.

The idea that families were important was based on the assumption that costs of care related to impairment could be an economic burden for the whole family. One example mentioned was that children often took care of a parent with impairment, as they could not afford to pay for assistance. This practice was discussed in the debates on the rules governing the entitlement to the invalid compensation program. It was seen as important that the invalid compensation program should grant compensation for costs of assistance so that the family could afford to pay for these costs.

This family orientation continued as the approach used for the invalidity compensation program in the 1960s, but was not as influential in the mid-1970s, by which time the common standard of living in the country had increased considerably (Olsson 1990). This might explain the shift in perspective concerning how to approach the economic consequences of being impaired in the invalid compensation program. As the Swedish welfare state program expanded, issues that had previously been seen as a family responsibility were integrated into the public welfare state program. Examples of this expansion are public day-care services for children, public financing of education, and public care of the elderly (Elmér 1981; Olsson 1990). This undermined some of the previous family-problems arguments. The debates held in Parliament at that time indicate that families with a person with impairment who was disabled were offered help, service and assistance by various public authorities. This development made it less likely that children or parents had to stay at home to take care of another family member. This might explain the change in approach for classifying disability in the invalid compensation program. The focus was no longer on a family context when deciding criteria for the right of entitlement to the compensation program. As the basic economic situation for the population at large improved, it was no longer seen as such a risk that families might fall into economic distress due to appearance of disability in the family.

Inevitably as a result of this focus, the economic situation for people who were disabled was focused on individual aspects. The occurrence of impairment was addressed as a problem for individuals, regardless the family context. Consequently, the way to define a disability category was related to personal autonomy and the consequences of a high level of expenses for persons who were impaired. Even if disability might affect the economic situation of the family, the main purpose of the compensation program now focused on addressing individual economic liabilities.

Concluding comments

I have shown some of the complexity involved in defining and shaping legal criteria for a disability category in Swedish social security. We have seen that not only was it complicated to construct particular principles for these legal criteria but also that specific topics continued to cause problems all through the definition process concerning access to compensation. Even when a resolution was reached for the issues, discussions continued and problems arose. Resolutions were closely connected to interpretations or principles governing the political debate. When the debate changed, so did the issues and the interpretation of the issues. The criteria used for categorising disability changed and were linked to the ideological framework of social security in Sweden. These changes in criteria forming a disability category reflect fragments of more expanded ideological shifts in Swedish society. They may even reflect major changes in the concepts on social security. However, what we have seen here are changes in perspective regarding how to approach certain core issues in the formation process when constructing the disability benefit. These core issues appeared to be important in deciding criteria for a disability category in this compensation program.

The topics presented illustrate changes in the way legal criteria for the categorisation of disability in the security system were established. They are connected to contextual interpretations and ideological shifts in how to understand a social security system's purpose and obligations towards compensating persons who are impaired for their extra costs. The disability benefit went through a complex process of constructing the legal criteria for and definition of disability. Specific issues continued to make it difficult to arrive at legal criteria for a disability category in the program.

Conclusion and discussion

Complications in categorising disability

Some of the main findings in this thesis agree with Hacking's (1991) study of the creation of the concept child abuse. In his study Hacking found that the construction of this concept is an attempt to label something that has not been labelled in this way earlier. Eventually this classification practice may accumulate power from experiences of collectively shared assumptions. This empirical analysis also illustrates that the concept of disability is an attempt to label something that has not been labelled this way earlier in the Swedish social security system. The construction of legal criteria and principles for the disability category is an attempt by a modern welfare state to control and secure access to social security provisions. Through its analysis, this thesis has also explored how the practice of classifying disability could eventually accumulate power from the experience of collective shared assumptions. The disability category is legally demarcated according to valid norms and contextual circumstances. Collective shared notions of how a social security system should utilise a disability category is also a powerful component in the decision making on this demarcation.

The empirical findings of this thesis come especially from the process of fine-tuning criteria determining access to disability provisions in the Swedish social security system, both currently and historically. The synchronic study demonstrated that current social policy in Sweden uses specific paths and principles to define access to social security provisions for the disability category. These paths determine the category through specific criteria, and these criteria in turn communicate a specific understanding of the meaning of being impaired. Hence, defining a disability category has different outcomes and various classification criteria are used to demarcate this category. The eligibility criteria show a discrepancy in the way they approach disability as a phenomenon. The second case study, the diachronic analysis, re-constructs the historical development of decision making on eligibility to the disability benefit. This analysis shows how this is part of a social-political process and the contextual frame-

works for Swedish social policy. Some legal eligibility criteria are 'authorised' as 'facts' that define the disability category during one period, while the same facts are disallowed during other historical periods.

The empirical analyses in this thesis illustrate both which legal criteria (rules and principles) should rightfully demarcate the disability category in the Swedish welfare state, and how different criteria (rules and principles) produce different outcomes for this category. The analysis also illustrates that the various forms of this category are linked to specific argumentations and historical understandings for how disability should be approached as a welfare state phenomenon.

Though there are discrepancies as to which criteria (rules and principles) rightfully demarcate this category, the analyses in this thesis point to certain themes that are found to be important for the definition of disability. In the process of defining legalised criteria, or identifying what are objects of disability, certain physical or mental features of human beings are considered, but these do not define a category alone. They represent facts or factors of impairment that are considered when defining disability as an administrative category. Arguments supporting these understandings for determining disability give these factors preference and legitimacy in deciding who should or should not belong to the disability category. Discursive framing underlines that one criteria type should be used to determine the category instead of other types.

I have focused on legalised criteria and the definition process for the assessment of disability provisions. In particular I have demonstrated how various signifiers and principles that are established for the disability category in the social security system and classifications of criteria governing access to disability provisions change through negotiations and historical development. This thesis has also illustrated that distinct principles demarcate a disability category differently, and that different disability concepts can work in a more or less inclusive way when it comes to deciding who is to be granted access to provisions as 'disabled'. Sometimes the decision making and demarcation line of the disability category are based on more generalised, conditional indicators of impairments; other times more explicit, restrictive and exclusive indicators and criteria are used. This means there may be friction due to differentiation and discrepancies concerning which criteria specify disability and access to social security in Sweden. How wide and inclusive should the disability category be? This issue has not been settled during the epoch studied here. The analyses imply that access to service programs and income programs based on the reasoning that a person has impairment may be highly regulated and that various principles are practised to administer this regulation. The definition of legal criteria for the disability category is influenced by more than interest in the well being of individuals who are impaired. The regulatory principles of this category illustrate how the national authorities attempt to implement certain disability policies and social security policy. The empirical analysis in this thesis demonstrated that generally there was a significant difference in the definitions used to assess access to disability programs. These differences nonetheless follow a particular 'logic' of classifying and clarifying definitions of disability. They symbolize particular historical decision-making processes and assessment procedures. To some extent the disability protection program is a result of decision making

that is complex and diverse. The Swedish social security system for persons with impairment is made up of many separate more or less specialised arrangements for various categories of persons with impairment, categories that are in turn based on assumptions and meanings associated with classifications of disability. Thus the arrangements and disability programs in the Swedish social security system appear to have similar aims, as they in actual fact might address very heterogeneous target groups and the demarcation lines of the disability programs can be either 'hard' or 'soft'. The 'hard' or 'soft' boundary for the disability category in the Swedish protection programs for persons with impairment is in part the result of partial modifications to the eligibility rules, modifications that are outcomes of social security policy (or the whole construction of the Swedish social security system), and to ideas of reforming disability provisions that improve the living conditions of persons with impairment. As we have seen in the analysis in this thesis, partial modifications of the eligibility rules for disability provisions might just as easily be based on the need to control access to a disability category, or might just as easily be based on setting a different direction for the social policies for 'the disabled'.

Facts and indicators defining disability in Swedish social policy

One approach²²⁴ addressed by this thesis was the question of (1) what describes and presents facts for a disability category in Swedish social policy. The analysis in this thesis has demonstrated that the answer to this shows a discrepancy in the way the situation of persons with impairment is approached. The principles that establish fact for a disability category change and are dependent on certain symbolic understandings of this category. These conceptions also relate to the symbolic understanding of what the Swedish welfare state, through its social security system, should provide benefits for.

Another approach addressed by this thesis concerned (2) which criteria constituted access to disability programs. The analyses in this thesis found that several criteria were used to constitute access to disability programs, and that they need to correlate to normative interpretations made available in the context. We therefore reviewed the sets of constructs that do not only relate to the horizons of possible criteria to use to define this category, but also the horizons of possible implications for interpretation. These understandings are not stable and uniform, as they appear in this study, but changeable and multiple. They are linked to a combination of medical, biological and conditional understandings of disability as a phenomenon. These vary with the historical and social context.

224 See the scientific puzzle or questions asked by this thesis, presented in Chapter one.

The process of determining legal assessment criteria for disability provisions is connected to concepts of disability as a phenomenon. This, in itself, indicates problems in finding accepted principles and rules of entitlement. For example, what counts as legal criteria for disability and what does not? How is access to social security to be regulated and which criteria are to be used for this? These are issues that have been continuously debated and contested in the process of establishing legal criteria (and principles) for the disability category. In part, these issues relate to the need of any social security system to demarcate categories. In his thesis, Johansson (1992) points out that citizens are always given a bureaucratic identity in the social security system's process of addressing their needs. This implies that the lives of individuals have to be shaped to fit the definition process of the assessment criteria for social security – the need for assistance that a person with impairment has must be counted by hours of assistance or evaluated according to the effects of the impairment. For example, improving a person's mobility by providing transportation must be evaluated in terms of the effects or the purpose of the car transportation and so on. The life of the person with impairment and the individual needs meet the organisational conditions of the social security system in the definition process for determining legal criteria for the disability category. Stone (1985) claims that criteria for the disability category construct principles for the distribution of social welfare. The making of legal criteria that entitle persons with impairment to social rights addresses important welfare state issues. Both Johansson and Stone point out that bureaucratic institution representing the welfare state is not interested in individuals as such, but in reshaping their lives into "cases" they can address and distribute benefits to. Offe (1984) adds yet another dimension to this process. The organisational bureaucracies that represent modern welfare states and the bureaucracies of modern welfare states are juggling contradictory principles.

With respect to the third approach addressed by this thesis (3), if there is any convergence of the assessment criteria regarding the constitution of a disability category, it is difficult to find an easy answer in the Swedish case. It appears to be difficult to demarcate the making of legal principles and criteria for the disability category, or this process is at least highly problematic in the Swedish welfare state. The constitution of the disability category follows certain paths, and as we have seen, different criteria are used in the assessment process for disability provisions. The fourth approach addressed in this thesis examined (4) which underlying assumptions and concepts of disability are united in the definition of a disability category. The answer that was found is that the disability category is constructed by various conceptualisations and underlying assumptions of disability. One and the same disability provision may 'unify' different concepts of disability and some signs of impairment are more easily translated into representing disability than others.

The basic assumptions underlying the definition of legal criteria for this category at times relate to biological understandings, while other times they relate more to social understandings of disability as a phenomenon. There is often a conflict between which of these understandings and principles ought to bring meaning and eligibility to the disability category in the social security system. No final conclusion was

reached as to which principles should be given priority in the processes examined in the case studies presented here. In part this could be due to the role of a social security system within the context of a welfare state. This system functions to legitimise conflicting interests between different sub-systems of a modern welfare state, according to Offe (1984). Consequently, the shaping of legal principles for this category in the social security system is more complex than seeing them as strictly related to people with impairment. The principles (rules and criteria) defining disability as a category were well enmeshed in questions addressing how to organise social security. The process of determining criteria addresses principles for demarcating limits of disability as a social security category and also determining the form of social justice by using these criteria.

There appear to be different motivations involved in the decision making on principles of this category in the social security system. They may all refer to certain legitimating issues that appear in modern welfare states regarding how to approach disability as a welfare state issue. One direction of the disability discourse studied in this thesis addresses labour-market aspects, while another direction stresses the materialistic (economic) situation of persons with impairment. A third direction of the discourse addresses the categorising of disability from a more holistic humanistic perspective. In this analysis this was identified as different branches of a disability discourse. The first discourse views disability from the perspective of representing rehabilitation potential, the second discourse views disability as representing economic liability, while the third relates to disability as a disturbance in daily life. It is particularly interesting that these approaches address disability as a problem in different and even contradictory ways. What we see as signs of impairment being disabling according to one approach will be viewed differently according to another approach. Hence, the disability category is approached differently but at the same time it is adapted to specific ideological trajectories.

Chapter six illustrates some of these paths and their ideological trajectories in more detail. Disability addressed as a problem of labour-market resources constructs certain kinds of eligibility criteria, while disability addressed as an issue of economic marginalisation constructs other social facts as important eligibility criteria. Finally, looking at disability as an issue of a problematic daily life constructs yet another set of criteria for eligibility to the social security system. The same problem of a person with impairment may be addressed in contrasting ways, depending on what principle is applied.

Chapters seven and eight demonstrated that different principles appear to bring meaning to the disability category and that these principles are framed by their historical contexts. The eligibility criteria granting the right of entitlement to a disability compensation program changed with contextual interpretations. In my interpretation the legal decision-making process is an internal part of a historical formation and is contextually inter-linked. That is, changes made in classification criteria at one period rely on interpretations made in another period. Decided policies and decisions made on certain legal criteria for a disability category are more likely to create a certain 'path-dependency' towards making any substantial change in the criteria.

By 'path-dependency' I here refer to the tendency to follow up the track and principles for the social policy that Sweden once chose to start on. Though there are other options and choices in social policy, the entrenchment of administrative practice and institutional arrangement makes it difficult to change tracks (Pierson 2001). We see this illustrated in the period of Swedish social policy studied in this thesis. Blindness and visual handicaps are given particular conditions concerning the right to the disability benefit²²⁵ in Sweden. As blindness always entitled claimants to social security benefits, it is hard to change the principles of approaching blindness differently and choosing another route for constructing social security. We see this resistance to change appearing in the discussion on how to execute a general and work-related approach to the disability concept in the Swedish social security system in the beginning of the 1960s, and also during the following period that was studied in this thesis. Once a route for defining blindness is found to be 'special', it is hard to change the criteria to 'common' criteria of impairment. History is important when it comes to the legal assessment criteria for social security in Sweden. This finding is in agreement with the genealogy analysis of Foucault (1972, 1993), which states that as the picture of human beings and society changes so does the way to categorise. We gain access to new concepts, new scientific theories and explanations that in turn change the perspective we use for conceptualising society and human beings. The changes in the development of the welfare state influence the way we regulate access to a disability program. This is in conjunction with the decision making on criteria referring to genealogies (or particular historical processes). By reconstructing these we may gain knowledge of what is put on the agenda for public regulation:

Through the genealogy, the themes and production of knowledge are connected to different technological programs for the purpose of regulating and controlling human beings' behaviour on a micro level – through institutional programs for schools, social welfare, psychiatry and health care area, as well as regulating at a macro level in the form of overall planning of welfare state programs aimed at the entire population (referred by Hultqvist & Peterson, 1995:25 – my translation).

One example of this process is found in Chapter seven. I show how the presence of the interpretation of what is being referred to as the 'threshold problem' is denied in the legal criteria entitling persons to disability compensation, but eventually it becomes acceptable to have this problem in the legal criteria for the program because the framing of the problem changes. Definitions of impairment that qualify for a disability program are redefined on several occasions during the historical period studied here.

Access to the particular social security scheme for disabled persons differs according to understandings of disability as a phenomenon. What constructs the disability category in the social security system is therefore a creation of what are interpreted as signifiers of disability. However, these vary within historical contexts and hence they change over time. The mechanism that is understood as being "disabled" is also embedded within conceptual frameworks and is influenced by other social-policy issues, such as educational issues, ageing, health care and so forth.

225 Or invalidity programs, as they were called prior to the disability benefit.

Disability: an outcome of social practice and conceptual framework

The findings presented in this thesis suggest that a social security system can define disability more or less exclusively as a predetermined condition or relate the definition to more conditional circumstances. Any assessment suggesting that disability represents entirely individual classification attributes is challenged by findings from this thesis and the case studies analysed. Disability is a social construct not only of human beings possessing (negative or positive) attributes but also of persons with impairment. Disability as a phenomenon also represents a social category for welfare states. The process of establishing legal criteria to define this category is an active process that shapes the category by constituting organisational principles and attaches social representations to the category. By examining the principles and meanings for this category and the indicators used to define it, more than just descriptions of individual impairment are addressed. This means that people do not only have impairment, they are members of societies that construct legal criteria to entitle them to social rights. It is difficult to separate the meaning of disability as a category from the context making it meaningful. Finding legal criteria for the disability category in a social security system addresses the expression of social representations and cultural codes that change with the historical and social context. In particular, a welfare state context has powerful impact on the making of legal criteria for disability into an administrative category. As it develops over time, a welfare state context, is indeed influenced by social policy agendas and 'cries' for regulations. This means that the same social problem or appearance of impairment can be dealt with differently, depending on the ruling principles that the welfare state is meant to address.

This thesis suggests that less attention could be given to studying legal criteria of the disability category from the perspective that sees individuals or persons with impairment as being alike. Disability represents compound phenomena and prudence needs to be applied to avoid simply seeing it as representing 'the same'. When the approach to disability sees it as representing 'the same' in current society, we need to consider and analyse what principles or social cognitions are 'telling' us the 'truth' in this. We can improve our knowledge of the process of defining criteria for disability as a social category by studying the context, the institutional conditions and the entities used to define it. This requires other analytical perspectives than focusing on the stigmatising aspects of defining legal criteria of impairment. It is important not to forget that these decisions operate within certain organisational circumstances of a current society. These circumstances set limits for which principles a current society should address, but these limits can also be challenged and changed through human agencies and welfare state institutions changing their practice, and indeed, this thesis confirms this point.

The conclusion arrived at in the Swedish case is that to decide whether a human impairment is to be regarded as a disability that grants the right to social security benefits represents a continuous process of questioning and refining legal criteria. Fur-

thermore, the criteria are periodically challenged and adjusted to fit current social-political agendas and conflicting ideologies. This study has deduced that it is difficult to find optimising principles to define legal criteria for disability as a social category in the social security system. As a consequence, contrasting or combining principles are used to decide if impairment qualifies as a disability. Both social and biological factors are involved in defining criteria. More important is the fact that these social and biological defining criteria use contrasting perspectives on how to approach disability. The basic principles for categorising, which factors are to be used in deciding the category, hold opposing views on disability. Moreover, this thesis has shown that not only are there social and biological alternative perspectives to disability, but they can appear during the same historical context. During a process of deciding legal criteria for the disability category, these alternative perspectives sometimes achieve a historical compromise, but it could also be that one understanding dominates the other during one particular period. This means that disability does not represent a homogeneous term, but should be seen as a heterogeneous concept. This can bring us closer to understanding conceptual clarifications about disability and what it symbolises in welfare state societies.

Some aspects of variation and change appear in the process of establishing legal criteria for the disability category in the Swedish social security system. They represent certain similarities and unifying principles for decision making on this category. They also link to contextual conditions and conceptual frameworks that rule the debate as to what topics are 'allowed' or brought into focus. When disability is regarded as a question of labour-force participation, the shaping of the disability category looks different than when participation in a democracy is highlighted. Political and bureaucratic agencies are struggling with what constitutes the cultural authority in establishing criteria for this category in the social security system.

The knowledge we have gained here is that the bringing of 'facts' into this category is based on different principles and conceptual framing. The welfare state context uses complicated principles for deciding if impairment qualifies as a disability that provides the right to a social security program. It is difficult to distinguish impairment from illness or ageing and to decide what indicators to use to separate disability from other social processes in life. As an example of these difficulties we can mention the discussions on whether or not impairment represents a permanent condition, as described in Chapter seven. Another example refers to deciding whether or not situational conditions and factors should give the right to a disability benefit. Should it be accepted that factors such as extra costs due to a special diet, or due to extra laundry for example, should be added to principles used to define legal criteria for the disability category? Thus we see from the analysis in Chapter seven that conceptualising disability as a situation usually involving additional expenses allows access to social security provisions based on these factors, while conceptualising disability as representing the inability to earn income does not give access to provisions based on the same reasoning.

Deciding which situations are likely to involve barriers and entitlement to social security and which situations are not to be taken into consideration presents difficult

demarcation problems. This study has indeed confirmed that defining legal criteria for the disability category varies and changes over time. The principles used to define the legal criteria are embedded in the political decision-making role of a welfare state. These could be questions of education, pension-age or public bureaucracy. The study also stresses that not only rational aspects are involved in the classification on the legal criteria of the disability category, as Stone (1985) argued. The making of legal criteria for this category reflects not only a rationale or calculating instrument for a welfare state to handle social problems, the disability category represents certain symbolic meaning and has to be shaped in conjunction with normative assumptions of the welfare state. The decision-making process for determining legal criteria for the disability category is linked to determining deservingness of social protection for this category, just as Simmel pointed out. The legal criteria for protection must correspond to the normatively accepted principles and guiding norms of the surrounding society to be valid. In this thesis we see for instance that the governing principles of the obligation to work impact the decisions on the assessment of the social security provisions for a disability category. We also see how other governing principles than the obligation to work influence the decisions made on legal criteria and procedures for access to disability provisions. Both these relate to questions of just how fair the Swedish welfare state is. In doing so, the categorising of disability corresponds to the making of a symbolic classification, in the meaning proposed by Durkheim & Mauss (1963). It is hard to tell when the disability category begins and when it ends, as is the case with symbolic classifications, according to them. This could explain the problem of demarcation concerning the disability category, as found in this study. The symbolic heritage regulates social rights to this category in a social security system. This and the fact that the decision making involves alliances of diffuse as well as open knowledge production makes it difficult to find criteria for when impairment is defined as disability and as providing the right to social security. There are various ways for making decisions, and they represent specific political-jurisdictional principles and understandings.

A look toward 'future research'

What could be learned from this study is that by combining theories on the welfare state with general theories on classification we can broaden the perspective on how to empirically analyse disability as a social category in the social security system. By gaining knowledge about the institutional conditions on which the disability category rests in a welfare state we see both rational and ideological aspects of this context and the principles used in the categorisation process. A challenge for future disability research will be to examine more closely what factors legitimise and add knowledge to the disability category and to study how the argumentation – justifying the appearance of disability – is formulated. The concentration here has been on the proc-

ess of finding criteria and principles to categorise disability in a social security system, but other social services than a social security system can also be addressed.

The establishment of criteria and principles for the disability category involves a conflict between a biological and a social understanding of the phenomenon, and this finding uncovers another research question for the future. Insight may be gained by examining more closely the content and use of biological and social factors in decision making and the authority given them during a definition process. Finally, another issue for future research that this study has found is the need to examine more closely the moral aspects that are so difficult for a welfare state to address when deciding on legal criteria to categorise disability. This thesis concludes by proposing that we move the perspective beyond analysing the process of distinguishing good or bad attitudes to people with impairment. Rather we should examine more closely the power structures and knowledge production used for determining criteria for disability as a social category in a welfare state context. This will show latent or manifest factors that interfere in a welfare state context as it defines legal criteria for this category. In this way, researchers will acquire deeper knowledge on what the disability category is expected to serve in our societies.

Appendix I

Legal documentation records (data of chapter 6)- Samples of clauses of Swedish social security legislation (1995)

Source: Lag (1962:381) om allmän försäkring (Soc.dep Omtryck SFS 1982:120 Än-
dringar införda t.o.m. SFS 1995:848 Förmåner för handikappade/funktionshin-
drade i lagtexten):

Första avd.: Inledande bestämmelser: 6 §

Andra avdelning: Sjukförsäkringen (2 kap.): 5 §, 6 § 12 §

2 kap. Om rehabilitering och rehabiliteringsersättning: 1 §, 2 §, 7 §, 9 §, 10 §

Förordning (1991:1321) om rehabiliteringsersättning 4 §,

3 kap. Om sjukpenning: 4b §, 4d §, 7 §, 7b §, 8 §, 8 a § 13 §

4 kap. Om föräldrapenningförmåner: 3 §, 6 §, 10 §, 10 a §, 11 §, 13 §

Tredje avdelning: Folkpensionering (5 Kap): 1 §, 2 §, 12 §

7 kap. Om förtidspension: 1 §, 2 §, 3 §, 3a §, 3b §, 4 §.

9 kap. Om särskilda folkpensionsförmåner: 2 §, 3 §,

10 kap. Särskilda bestämmelser om folkpension: 3 §

Fjärde avdelning: Tilläggspension

11 kap. Om pensionsgrundande inkomst m.m.: 2 §, 3 §

13 kap. Om förtidspension: 1 §,

Femte avdelning: Ytterligare bestämmelser om folkpension och tilläggspension:

16 kap. Om utgivande av pension m.m.: 1 §, 2 §, 5 §, 7 §, 8 §

18 kap. Om allmänna försäkringskassor : 1 §, 21 §

*Förordning (1991:1046) om ersättning från Sjukförsäkringen enligt Lagen (1962:381)
om allmän försäkring i form av bidrag till arbetshjälpmedel: 1 §*

Lag (1976:380) om arbetsskadeförsäkring (omtryckt 1993:357)

2 kap. Om arbetsskada: 1 §, 3 §

3 kap. Ersättning vid sjukdom: 1 §, 7 §

4 kap. Ersättning vid bestående nedsättning av arbetsförmågan: 1 §, 3 §,

Lag (1986:378) om förlängt barnbidrag: 2 §

Riksförsäkringsverkets föreskrifter (RFFS 1977:3) om ansökan av pension: 2 §

Riksförsäkringsverkets föreskrifter (RFFS 1978:13) om handikappersättning: som avser
 tillämpning av 9 kap. 2, 3 och 5 §§ lagen om allmän försäkring: 1 §, 2 §, 3 §, 4 §, 5 §
 Lag (1969:205) om pensionstillskott: 1 §, 2a §
 Lag (1990:773) om särskilt pensionstillägg till folkpension för långvarig vård av sjukt el-
 ler handikappat barn: 2 §, 3 §,
 Lag (1994:308) om bostadstillägg till pensioner: Rätten till bostadstillägg: 1 §, 2 §, 7 §
 Riksförsäkringsverkets föreskrifter (RFFS 1994:21) till förordningen (1994:1193) om
 tillämpningen av lagen (1994:308) om bostadstillägg till pensionärer 2 §, 3 §,
 Lag (1993:387) om stöd och service till vissa funktionshindrade: 1 §, 4 §, 5 §, 6 §, 7 §,
 9 §, 18 §
 Lag (1993:389) om assistansersättning: 1 §, 3 §, 4 §, 5 §, 9 §,
 Lag (1981:49) om begränsning av läkemedelskostnader, m.m.: 2 §, 6 §, 7 §
 Lag (1991:1047) om sjuklön: 4 §
 Lag (1988:360) om handläggning av ärenden om bilstöd till handikappade : 1 §, 2a §,
 Kungörelse (1962:393) om rätt i vissa fall för kommunen eller annan att uppbära folk-
 pension: (+Förordning 1993:1316) som trätt i kraft den 1 januari 1994:
 Förordning (1988:890) om bilstöd till handikappade: 2 §

Appendix II

List of documentation from Parliamentary records (data of chapter 7, 8 and 9)

Proposals

Prp.1958: 55,Prp. 1962:90,Prp. 1964:1,Prp. 1966:59,Prp. 1969:59, Prp. 1974:129,Prp 1977/78:100,Prp. 1981/82:100,Prp. 1980/81:20,Budgetprp 1980/81.

Public reports

SOU 1961:29,SOU 1961:39, SOU 1961:55, SOU 1965:62, SOU 1969:21, SOU 1969:29, SOU 1970:64, RFV 1971:11, Ds S Soc.dep Stencil 1974:1, Ds S 1977:6, SOU 1976:20, SOU 1976:16, DsS 1977:6, DsS 1978:3, SOU 1979:94, SOU 1979:1, DsS 1981:16, SOU 1982:46, SOU 1982:44, SOU 1985:21, RFV 1990:2, SOU 1990:19, SOU 1991:46, SOU 1992:129, RFFS 1978:13

Committee reports, protocols etc.

Rskr 1962:250. Samling 6 nr 149, FK 1962:20:20d, AK 1962: 20:9d, Rskr 1962:327, samling 9 avd 2, FK 1962:23:7, AK 1962:23:6, FK 1962:25.11, AK 1962:25:119, AK 1962:20, 2LU 1962:57, 2LU: 1964: 1,2LU 1964:42, Rskr1964: 225,2LU 1965: 45, 2LU 1966:41, Rskr 1966:218, RD 1967: 26:1, 2LU 1967:60, 2LU 1968:12, 2LU 1969:57, 2LU 1969:74, 2LU 1970:59, SFU 1971:16, SFU 1971:24, SFU 1971:35, SFU 1972:13, SFU 1972:41, SFU 1974:129, Rskr 1974:134, RD 1974:20d, SFU 1975:3, SFU 1976/77 I: 53, SFU 1976/77:19, RD 1977:65, SFU 1977/78:17, RD 1977/78:102, SFU 1983/84:10, Rskr 1981/82:242, SFU1981/82:10, SFU 1978/79:17, SFU 1978/79:15, Rskr 1979/80:244, SFU 1979/80:15, SFU 1979/80:20, SFU 1980/81:10, SFU 1980/81:21, RD 1980/

81:40, RD 1980/81:109, Rskr 1980/81:225, SFU 1981/82:10, RD 1981/82:125, RD 1981/82:126, Rskr 1981/82:242

Bills [motioner], reservations etc.

M1962:I :649/II:777, M1962:I:657/II:785, M1962 II: 762, M1962 II:771,N 1962:II, M 1969 I:755/II:876, M 1969:I:761/II:866, Yttrande 1969:I:755/II:876,I 1969:755, I 1969:876, M 1971:127, M1971:133, M1971:1123, M 1975:1194, M 1976/77: 254, M 1976/77:677, M 1976/77: 688, M 1976/77:695, M 1976/77:1074, M 1976/77:1298, M 1977/78:432, M 1977/78:1066, M 1977/78:1068, M 1977/78:I:96, M 1977/78:1063, M 1977/78:1066, M 1977/78:1068, M 1978/79:1166, M 1978/79:1883, M 1978/79:82, M 1978/79:837, M 1978/79:164, M 1979/80:1166, M 1980/81: 821,M 1980/81:837, M 1980/81:1641, M 1980/81:526, F 1980/81:246

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This thesis is about what impairments qualify to be characterised as disability in Swedish social security legislation, and which principles are used to decide who is entitled to social security benefits as disabled. Through empirical case analyses the author shows that very different conclusions can demark a disability category in welfare policy. The analyses show that the definitions of this category are not always clear or sharp. Formal administrative principles and different underlying conceptions define a disability category in particular ways that bring different outcomes and demarcation lines of the category. The definition of a disability category is the result of contextual social processes and interpretations; disability as a social political and administrative category is in turn a result of specific social constructs and based on defined normative premises and cultural interpretations.



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