Social Science & Medicine 96 (2013) 9–16

Contents lists available at SciVerse ScienceDirect

Social Science & Medicine

journal homepage: www.elsevier.com/locate/socscimed

Disembodied abilities: Sick role and participation in 'activating' return-to-work practices

Lineke van Hal [a,*], Agnes Meershoek [a], Frans Nijhuis [b], Klasien Horstman [a]

[a] Research School CAPHRI, Department of Health, Ethics and Society, Faculty of Health, Medicine and Life Sciences, Maastricht University, The Netherlands
[b] Department of Work and Social Psychology, Faculty of Psychology and Neurosciences, Maastricht University, The Netherlands

ARTICLE INFO

Article history:
Available online 13 July 2013

Keywords:
The Netherlands
Disability
Vocational rehabilitation
Welfare state
Participation
Sick role
Activation

ABSTRACT

In 'active welfare states', labour participation is regarded essential for being part of and contributing to society. In the striving for an increase in labour participation of people who were considered (partly) disabled for work, not 'disabilities', but 'abilities' are put centre stage in vocational rehabilitation programmes. In this article we explore what this change in focus means in practice. We do this by investigating tensions experienced by participants of vocational rehabilitation practices that aim at facilitating return-to-work for people with disabilities. Our analysis derives from stories that clients and professionals told about daily experiences with disability, vocational rehabilitation and (labour) participation. These stories illustrate the logic embedded in vocational rehabilitation practices. Our analysis demonstrates that this logic, that focuses on will power, stable abilities and employability, hampers the realization of labour participation for a part of the population. We conclude that a logic of embodiment in which lived experiences of clients are acknowledged and in which it is explored what clients are concretely able to do in a specific context may be better equipped to facilitate return-to-work.

Introduction

Activation is considered a key principle in contemporary reforms of European and Anglophone welfare systems (Bonvin, 2008; Borghi & van Berkel, 2007). In the field of social security policies, activation is often understood as 'encouraging participation in the workforce' which should eventually lead to a reduction of social exclusion and a strengthening of the income position of those on benefits by supporting them to return-to-work (OECD, 2007, p. 5). Labour participation is considered to be good and healthy for individuals and perceived as a means to include people in an individualizing society. From a social policy perspective, labour participation can thus be considered as the main goal of an activating social security system. According to the Organisation for Economic Co-operation and Development (OECD, 2007, p. 6) 'the social security system is designed to foster long-term employment. This requires an incentive structure that promotes participation'. Consequently, labour participation is increasingly regarded a vital contribution to society's well-being. A second reason for the focus on labour participation is financial: labour participation diminishes the expenditures of the system and increases the receipts.

In so called 'active welfare states', labour participation is regarded essential for being part of and contributing to society (Holmqvist, 2010; OECD, 2007). The normative interpretation of activation as performing paid work has consequences for expectations, rights and duties of citizens. For people with disabilities, this signified a shift in attention from income substitution to labour participation. Being disabled is no longer regarded an unconditional legitimation for disability benefits. In the striving for an increase in labour participation, not 'disabilities', but 'abilities' are put centre stage in disability legislation and vocational rehabilitation programmes (MacEachen et al., 2012). In this article we explore what this change in focus means in practice. We do this by investigating tensions experienced by clients (as they are called in the Netherlands) and professionals that are part of vocational rehabilitation practices that aim at facilitating return-to-work for people with disabilities.

This paper on changing notions on (dis)ability and participation is part of a larger qualitative research project in which we explore how vocational rehabilitation works in practice. Our focus on practices of vocational rehabilitation is inspired by scholars of Science and Technology Studies (STS).

Research in the field of STS demonstrates that it is fruitful to study professional work by focussing not on concepts and ideals,

* Corresponding author. Maastricht University, Faculty of Health Medicine and Life Sciences (FHML), Department of Health, Ethics & Society (HES), P.O. Box 616, 6200 MD Maastricht, The Netherlands. Tel.: +31 644363565.
E-mail addresses: Lineke.vanHal@maastrichtuniversity.nl, linekevanhal@hotmail.com (L. van Hal).

0277-9536/$ – see front matter © 2013 Elsevier Ltd. All rights reserved.
http://dx.doi.org/10.1016/j.socscimed.2013.07.003

but on the capricious practices in which those concepts are applied and made tangible (see e.g. the work of Mol, Moser, & Pols, 2010). Attention for 'practice' is valuable since practices are not direct reflections of theories or policies, but have their own dynamics and logics, which determine what problems should be addressed by professionals and how (Mol, 2008; Struhkamp, 2004). Therefore, in this article we focus on the question how activation policies are 'done' in vocational rehabilitation practices.

Sociological research on professional practices (e.g. Meershoek, Krumeich, & Vos, 2011; Mol, 2008) shows that professional practices have a normative dimension. The logic of professional work methods and techniques is not neutral, but rather embodies certain norms and values. Professional methodologies and instruments contain, often implicit, expectations of clients that have concrete consequences for the way in which clients are approached and for the relationship between professional and client. In different health care practices, research has been conducted concerning the logic of professional practices and the consequences thereof. STS research for example demonstrates that in physical rehabilitation practice patients are expected to choose their goals themselves. In practice, this expectation appears to be undesirable, unviable, or unrealistic (Struhkamp, 2004). Mol (2008) demonstrates that a 'logic of choice' prevails in other practices as well. In diabetes care, diabetics are primarily seen as independent, active, rational, and individual patients, who are able to choose the best therapeutic options. These specific expectations regarding patient choice lead to the situation that attention for 'good care' is easily forgotten.

In a similar way methodologies and techniques of vocational rehabilitation professionals are bound to expectations about how vocational rehabilitation processes should occur. E.g. empowering clients is considered a solution for un(der)employment (De Koning, 2008). In order to foster empowerment, clients are expected to take part in vocational rehabilitation paths autonomously, reflect on their vocational rehabilitation process and fully work towards the goal of labour participation. However, these expectations often do not appear to coincide with clients' situations and attitudes towards their specific rehabilitation process (Van Hal, Meershoek, Nijhuis, & Horstman, 2012). When clients do not fulfil these implicit expectations, it becomes difficult for many professionals to work with those clients. Conflicts and the associated risks of stagnation of the vocational rehabilitation process lie in wait (Meershoek et al., 2011).

Drawing on aforementioned sociological insights, in this paper we will explore implicit norms in vocational rehabilitation practices of people with disabilities. Storied experiences of clients and professionals are studied to analyse practical consequences of the policy shift towards activation in the Netherlands.

From social welfare states towards active welfare states

In most welfare states, income security as main aim has been replaced by a focus on labour participation. The reform of Dutch disability schemes is part of this international dynamics towards 'activation' in which social policies are increasingly aiming at promoting participation of people dependent on unemployment benefits or social assistance in work (Van Berkel & Borghi, 2008). Although the form and execution of activation policies and programmes may differ between countries, the driving principles are the very same. All tend to redistribute responsibility towards the individual (Bonvin, 2008) and to introduce market mechanisms in the social security system (OECD, 2007).

This policy reform implies a shift in the social meaning of illness and disability. The logic of former social security systems that focused on income compensation is based on the idea that people who are sick are temporary expelled from societal obligations in order to recover. In his analysis of "the social system" (1951), Parsons described this social function of illness in terms of the concept of 'sick role'. In his theory, 'being sick' is not only considered an escape from social roles that people normally perform, but is in itself a social role, that comes with rights and duties. While a sick person cannot be blamed for being ill and is temporarily exempted from (some) obligations that were part of a person's life before illness, this person should perceive illness as an unwanted condition and is obliged to seek professional help in order to recover as soon as possible. After recovery, it is expected that former roles and obligations will be resumed.

Parsons' concept of the sick role is criticised, among other things, for neglecting patients' perspectives and for constructing passive patients (Frank, 1995). Although it is problematic to leave individual perspectives and agency out of scope (as we will discuss below), it can be argued that Parsons' main analytical focus was the *functioning of the social infrastructure* of welfare states. With his description of the sick role, he demonstrated that it was (medically) legitimized to be unable to work. Being (temporarily) disabled did not conflict with citizen duties, as long as the sick person puts efforts to recover. Although this assumption is problematic in case of chronic disabilities, the point we want to stress here is that in Parsons' sick role it is acknowledged that people can (temporarily) be 'unable' to perform societal obligations. 'Traditional' social welfare states were constituted on this postulate and this logic constituted expectations towards sick persons.

The assumption that sick people eventually get well and return to their normal obligations is a vital condition of the social contract that the sick role entails. In his analysis, Frank (1995) stresses that Parsons' 'restitution' logic in which illness is perceived as an interruption of normal life is not adequate. People may return, but their obligations will never again be what used to be normal. Parsons' analysis does not present suitable norms for people living with chronic illnesses (Williams, 2005).

Criteria for legitimizing a person's disability have been profoundly altered. The rights connected to the sick role are not that self-evident anymore in active welfare states. This change in social security systems reflects new norms of citizenship that imply that people should contribute to society by means of paid labour. In line with this, in activation policies disability is understood in terms of – probably limited, but still – *abilities* related to labour participation. In this activation paradigm a person's situation is interpreted by norms of employability and little attention is paid to what consequences disabilities may have in daily life.

Notwithstanding aforementioned shift, the concept of sick role continues to remain important in nowadays society (see also Williams, 2005). Burnham (2012) concludes that the sick role still is an enabling concept, since it is a reminder that the way any society constructs social responses to illness and disability "tellingly reveals the fundamental processes at work in that society" (p. 15). For example, in her study on experiences of Norwegian chronic back pain sufferers, Glenton (2003) argues that the sick role concept 'still' constitutes social obligations and expectations. Her analysis demonstrates how back pain sufferers "try to fit in the system by striving to live up to the expectations of the sick role." (p. 2249). Glenton shows how the logic of the sick role continues to be important for dealing with disabilities, thereby creating ambivalences in the realisation of active welfare states. In this paper we therefore use Parsons' sick role as a sensitising concept to analyse how activation policies are done in concrete vocational rehabilitation practices.

Vocational rehabilitation in the Netherlands

A variety of vocational rehabilitation agencies are dedicated to guiding individuals in acquiring employment in the Netherlands. There are large, nationally operating vocational rehabilitation