"Too ill to work, too healthy for a disability pension" The experience of being refused a disability pension from the perspective of people with health issues

Fabienne ROTZETTER[1]

Fachhochschule Nordwestschweiz

Abstract

At the beginning of the new millennium, the transformation of the welfare state in Switzerland according to the principles of activation had an effect on disability insurance. Far-reaching changes were implemented in accordance with the slogan "integration instead of a pension" and access to disability benefits was made more difficult. As a result, the new disability pension rates have shrunk by half within ten years. This article presents the results of a dissertation in which a qualitative study was used to investigate the effect of disability pension refusals on people with health issues. The analysis of eight narrative-biographical interviews shows that pension refusals can be described as an experience of disregard that shakes trust in the welfare state and damages the identity of those affected.

Keywords: disability insurance, active welfare state, pension refusal, biographical research, user research

Introduction

Comparatively highly developed welfare states emerged in Europe in the 20th century (Candeias 2004). Labor laws were introduced, and the protection of wage earners was successively expanded through corresponding social insurance schemes[2]. The global economic crisis in the 1970s changed the dynamics of the welfare state. Far-reaching changes in the economy and society led to a crisis of welfare states (Butterwegge 2014; Kaufmann 1997). In view of the high unemployment figures and rising social security expenditure, there was pressure to act, and social security reforms were introduced that restricted benefit entitlements and increased pressure on the labour force. In the relevant discourse, this development is referred to as

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[1] Fabienne Rotzetter (fabienne.rotzetter@fhnw.ch) is a research associate at the Institute for the Study and Development of Social Work as a Profession at the FHNW School of Social Work.

[2] For the history of social security in Switzerland, see: https://www.geschichtedersozialensicherheit.ch [Access date: 27.09. 2022].

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neoliberalism, activation policy or workfare. Since the turn of the millennium, numerous publications have described and criticised the transformation of Western welfare states from formerly “caring welfare states” to “active welfare states” (Castel 2011; Nadai 2005; Opielka 2003; Wyss 2011).

Switzerland was spared serious unemployment and a rise in benefit costs for longer than other countries. This changed in the 1990s (Streckeisen 2012). The number of unemployed people doubled within three years from 1990. There was a large increase in the number of benefit recipients and in the costs of social assistance and disability insurance[3]. This increased the political pressure to act. In contrast to Germany or the UK, for example, the transformation to an activation regime in Switzerland took place gradually and without any interruption of significance (ibid.: 69). However, there was an expansion of the principles of activation from the 1990s onwards. The three most important social security schemes for protection against loss of earnings were particularly affected: unemployment insurance, social assistance and disability insurance (Nadai 2009: 59-61; Streckeisen 2012: 61-68). In order to legitimise cuts in social insurance, the question of whether members of society are worthy of support has been discussed in public. This question has always been answered along the dividing line between the ability to work and the inability to work (Castel 2008: 27; Sachsse/Tennstedt 1998). Those who cannot work are worthy of support, those who could work but do not are “themselves to blame”. However, reasons that are considered legitimate for being worthy of support are not objective but are instead socially constructed and negotiated. Accordingly, a pattern of interpretation has been established in the public debate which refers to a “cost explosion” in social insurance because certain segments of the population make “excessive demands” on the welfare state, take too little “personal responsibility” and the state creates “false incentives” through overly generous benefits. This narrative has paved the way for implementing corresponding cuts, first in unemployment insurance, then in social assistance and finally in disability insurance.

Disability insurance (DI) is a fitting example of activation policy, as physical infirmities and incurable illnesses were for a long time the best way to obtain approval to benefit from welfare (Castel 2008: 45). The unemployed and the poor are generally more readily suspected of making a good living at the expense of the general public, while the need for support for the sick and disabled[4] is considered to be more obvious. It is therefore hardly surprising that the public debate on the revisions to DI has focused on the image of those affected. For example, members of the right political spectrum spoke of a “drastic increase in pseudo-disability” (see the article by Schwank 2009). Representatives of the Federal Administration also assumed that a key reason for the increase in disability pensions was that people were now less capable of suffering, and that there were more doctors and lawyers who would confirm their suffering (ibid.). These assumptions about the causes of the rise of costs in DI were used to legitimise the tightening of the disability pension award practice. After the turn of the millennium, there were three revisions that officially pursued the goal of “optimal utilisation of residual work capacity” (BSV

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[3] In Switzerland, disability insurance is responsible for the occupational reintegration and provides disability pensions to people who are no longer able to work or are only able to work to a limited extent due to health issues.

[4] This paper addresses illness and disability. It is not suggested that these are purely biological or medical phenomena, but that a significant part of disability consists of barriers created by an ableist society that is not responsive to the needs of all people.

2011: 2; Nadai 2009: 61). Within 10 years, this led to a drop by 50 per cent in the rate of new disability benefits awarded (BSV 2016). Receiving a pension should no longer be a permanent condition, but a “bridge to integration” (ibid.: 2). As a result, disability became a “reversible condition” (Probst/Tabin/Courvoisier 2015) which put Switzerland fully on track with the course recommended by the OECD in 2003 under the title “Transforming Disability into Ability” (2003).

There is nothing wrong with the goal of increasing the occupational integration of people with health problems. In working societies, gainful employment is considered an important institution for economic and social participation as well as for the identity and self-esteem of individuals (Arendt 2008; Dahrendorf 1980). However, the question is whether there are realistic opportunities for people with health restrictions to participate in the labour market and under what conditions this should take place. While people with health issues are obliged by the activation policy to make an effort to integrate, employers in Switzerland are almost completely exempt from any legally enshrined responsibility for the employment of people with health problems and disabilities (Nadai et al. 2019: 3). Switzerland has no mandatory employment quotas for companies and protection against dismissal as well as the continued payment of wages in the case of illness are low (ibid.: 7) [5].

As critical disability studies point out, the aim of labour market integration is to follow a “normalisation model”, that is, people with disabilities are asked to adapt to the ways of life and work of mainstream society (Bösl 2009; Nadai et al. 2019: 4). Employers are generally not willing to deviate from usual performance standards (Nadai et al. 2019: 197). Those who are unable to fulfil these standards may be “tolerated” in companies for a certain period of time (ibid.: 164). In the longer term, however, they will be dismissed. Some employers are willing to continue to employ people with long-term health conditions in so-called “niche positions” at a “lower performance wage”. For this, however, a partial disability pension is usually a precondition (ibid.: 174). Those who do not receive a disability pension and have to sell their labour despite health issues run the risk of having to accept precarious conditions. Integration under such conditions cannot be seen as a contribution to social participation because it does not generally improve the living conditions of people with health problems and disabilities (Kaiser 2012). Instead, the reforms have resulted in greater selectivity (Rosenstein/Bonvin 2020) and self-selection (Rosenstein 2021) among disability benefits potential recipients, which means they led to a relative social “de-securitisation” compared to earlier decades of the Swiss welfare state.

In this article I present the results of my dissertation project which focuses on the situation of social insecurity described above. Taking a biographical approach, I investigated the experience of being refused a disability pension. I was interested in the process as such and in its effects on subjectivation of the individuals concerned. The article contains the main findings of my analysis. First, I explain the methodology and the database used. Then I provide some information about the reforms in DI as well as about the disability pension assessment process. I then present

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[5] Statutory protection against dismissal in the event of illness depends on the length of employment and is between one and six months, the latter after an employment duration of more than six years (Nadai et al. 2019: 83). The obligation to continue to pay wages is independent of protection against dismissal and is also only of short duration. It depends on different regional scales and is – up to an employment period of 10 years – no more than 3 or 4 months (see: https://www.trabeco.ch/fileadmin/media/downloads/Mitarbeiter/KMU_Portal_Berner_Skala.pdf [Access date: 16.11.2019]).

a short summary of the life courses of three interviewees for the purpose of illustration before explaining the key findings in a further chapter. At the end of the article, I discuss my final conclusions.

Methodology and research process

In the tradition of Fritz Schütze's method of analysing socio-biographical processes and structures (Schütze 2016)[6], I conducted eight narrative-biographical interviews with people who had lost their jobs due to health issues and went through the process of a disability pension assessment with a negative outcome.

The connection to the interviewees was established through two aid organisations for people with disabilities (Pro Infirmis and "Profil – Arbeit & Handicap") and by a freelance integration specialist[7]. The main criterion for case selection was that the disability pension refusal had occurred more than two years ago. This was to capture the practical effects of the refusal and the biographical processing of this. No preliminary decisions were made regarding the reason for the refusal, or the person's medical condition or employment status. For the purpose of contrast, socio-demographic characteristics (age, gender, origin, education/occupation, marital status) were considered when selecting the cases[8].

In summary, an interesting heterogeneity was found in relation to a number of parameters that could potentially influence the experience of a disability pension refusal. The selection of interviewees led to a focus on unskilled individuals over the age of 50 with physical pain. However, this reflects, firstly, the higher risk of invalidity for these individuals (BSV 2022a) and, secondly, the difficulty of objectifying pain disorders, which can lead to pension refusals. The fact that the connection to the interviewees was established via aid organisations means that the sample mainly includes people who sought help from the relevant organisations. Due to the complexity of the disability pension procedure, many of those affected do turn to such organisations which offer counselling (Bolliger/Willisegger/Rüefli 2007: VIII), so this fact does not allow any conclusions to be drawn about their profile (such as a lack of private resources, etc.). There is also one person in the sample who was not a client of such an organisation, with whom contact was established via an integration specialist. The eight cases surveyed came from three German-speaking cantons in Switzerland. Although there are cantonal differences in the assessment standards and retirement practices (ibid.: X), there was no indication in the analysis that these were significant for the experience and biographical processing of a disability pension refusal.

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[6] For articles in English about his method see Schütze (2007; 2014) and Siebert/Szczepanik (2019).

[7] I would like to thank the friendly staff for connecting me with the interviewees and, in particular, the people concerned, who gave me their trust and offered me insight into their difficult life stories.

[8] The youngest person was 36 years old, the oldest 59. Six interviewees were female, two were male. Two out of eight completed a recognised apprenticeship. Half of the interviewees were receiving social assistance at the time of the interview. Two had an income from paid work. Half of the interviewees were born abroad. Four were married, two were divorced and two were single. Two people had mainly psychological illnesses, six were suffering from different pain disorders and a combination of illnesses. For a more detailed description of the sample see: Rotzetter 2023a.

The analysis was carried out following Fritz Schütze’s method of analysing socio-biographical processes and structures (Schütze 2016). All interviews were analysed sequentially and reconstructed according to their experiential content. The result were detailed “structural descriptions”, at the end of which were the “analytical abstractions”. In accordance with Fritz Schütze's revised position on how to work with argumentative text (Schütze 2016 [1983]: 66), these sections were also taken into account in the reconstruction. In the final analysis of knowledge, the arguments were the focus of attention and led to a gain in knowledge regarding the management of stigma (Goffman (2018 [1975]) among those affected. After the individual case analyses, the overarching, case-independent findings were developed by means of the case comparison.

Due to the limited number of cases, it can be assumed that further data collection and analysis would have led to the discovery of further variations in the experience of disability pension refusal. In this respect, the present work cannot claim to be a complete treatment of the research subject. An initial analytical outline of the experience of a pension refusal is provided on the basis of the available data and further research will be necessary.

The transformation of disability insurance and the assessment of disability

The Federal Social Insurance Office (BSV) describes the transformation at the beginning of the new millennium as a “successful change from a disability pension insurance scheme to an integration insurance scheme” (BSV 2021: 1). This is despite the fact that more money is still being spent on pensions than on integration measures (BSV 2022a: 2) and that successful integration is by no means “insured”. The BSV also claims that the DI offices have “become significantly more successful” in occupational integration as a result of the revisions after 2003. In view of the figures[9], however, this seems somewhat rhetorical.

One of the most significant changes came in 2003 with the fourth revision of DI: The so-called Regional Medical Services (RAD) were created to evaluate eligibility for disability pensions. These services were provided from within the DI offices, which meant that they had the possibility to take the assessment of eligibility into their own hands and tighten the criteria (see below). As mentioned above, this led to a drop by 50 per cent in the rate of new disability benefits within 10 years (BSV 2016). The fifth revision (2008) focused on integration and activation. Early detection and early intervention measures were implemented so that the DI offices could

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[9] It is very difficult to determine the success of reintegration measures. Since 2015, a monitoring process has been established that uses income data to determine the employment situation up to four years after completing a reintegration measure. In 2020, 62.4% of those receiving support were in employment four years after completing the programme (BSV 2022b: 5). This figure also includes all those who were receiving support before they lost their jobs (job retention). Compared to earlier studies, this is not a major change. Guggisberg et al. also reported a rate of 62% based on data from 2010-2013 (2015: 53). This study also shows that a large part of this success was achieved by people keeping their jobs (73%), while only 35% were reintegrated after losing their jobs (ibid.: 52). Of the latter, almost two thirds (57%) earned less than CHF 3000.- per month after integration (ibid.: 68). The figures in the statistics on the labour market participation of people with disabilities have hardly changed since 2007. These statistics do not show labour market participation before 2007 (See: https://www.bfs.admin.ch/bfs/de/home/statistiken/wirtschaftliche-soziale-situation-bevoelkerung/gleichstellung-menschen-behinderungen/erwerbstaetigkeit/erwerbsbeteiligung.html [Access date: 12.08.2022]).

intervene as early as possible in the event of imminent disability. The guiding principle was no longer “integration before a disability pension”, but rather, “integration instead of disability benefits”. The required contribution period as a condition for entitlement to benefits was increased from one to three years and various benefits were cancelled. Revision 6a (2012) further strengthened the idea of activation and implemented the new guiding principle even more rigorously. Existing disability pensions have been more systematically reviewed and, in some cases, cancelled. The goal was to reintegrate around 17,000 pension recipients into the labour market and to cancel the disability pensions of all individuals with “pathogenetically-etiologically unclear symptoms without a demonstrable organic basis” (BSV 2014: 1). However, it turned out that the savings potential in this target group had been significantly overestimated. After examining around 80,000 cases, disability pensions could only be reduced or cancelled in 707 cases (ibid.).

The data for this article was collected in 2016 and 2017 in the context of the socio-political developments described. Since then, there has been a further revision of the DI, but this has attracted less public attention than the previous three. With the “Further Development of Disability Insurance” (BSV 2021), which came into force in 2022, the previous course was confirmed and adjusted by introducing specific measures. In contrast to the previous legislative changes, this development was “cost-neutral” (ibid.), i.e., it was no longer about savings. The focus was on increased efforts to integrate young people and people with mental illness. To this end, measures were also implemented to improve cooperation with treating physicians. In the area of disability pension, the previous system of levels was abolished in order to increase the incentive for disability pension recipients to take up gainful employment. Advocacy groups had hoped that the revision would provide better protection against “dubious expert opinions” and a move away from an “unrealistic” assessment of disability. Neither of these concerns were addressed. On the contrary, it is assumed that a technical adjustment (the abolition of deductions based on wage structure surveys) has further tightened the disability pension adjudication process (Gächter et al. 2021: 54).

As mentioned in the introduction, the question of whether members of society are worthy of support is a crucial one in welfare states, and it has always been answered along the dividing line between the ability to work and the inability to work (Castel 2008: 27; Sachsse/Tennstedt 1998). Those who are considered unable to work will receive support, whereas those who – in the eyes of the assessor – could work but do not are left on their own. However, legitimate reasons for being worthy of support are not objective but instead, socially constructed and negotiated. In the case of DI, it is important to take a closer look at the definitions and mechanisms used to assess health-related incapacity for work, the so-called “degree of disability”.

The “degree of disability” is decisive regarding whether someone receives a disability pension or not. In Switzerland, a health-related incapacity to work is not derived directly from an illness or disability but results from a comparison of a person's “ability income” with a hypothetical “disability income”, i.e. the income that a person could earn without a health-related disability in relation to the income that could theoretically be earned with the disability. This comparison includes a health component and an income component (see below). As mentioned above, the DI offices took the assessment of the degree of disability into their own hands in 2003 with the creation of regional medical services (RAD). In around 10% of cases[10], the DI offices refer the person to external, specialised institutions (MEDAS) for the assessment. The doctors at the RAD and the MEDAS follow an insurance-based medical approach. Usually they assess both health (the health component) and the (in)ability to work (the earning component) in a way that differs from the view of the people with health issues themselves or of the doctors who have treated them until that point (Bolliger/Féraud 2015).

While a large proportion of the field of health sciences consider health as a complex connection between social, psychological and biological factors and attach importance to subjective attitudes to illness (Hurrelmann 2006: 146), the DI offices adopt a deliberately narrower understanding of health (Bolliger/Féraud 2015: VIII). The former President of the Federal Supreme Court wrote in this regard:

> *For decades, what [medicine] regarded as an illness was also by implication fundamentally regarded as an illness in the legal sense. Today, this equivalence appears increasingly problematic because the medical concept of illness has lost some of its clarity due to the inclusion of subjective attitudes to illness and social factors. (Meyer 2013: 245, my translation).*

Central to the narrower understanding of health is the requirement to objectify health issues. Disabilities and health problems that cannot be sufficiently objectified with the available diagnostic means do not justify eligibility for a disability pension (Meyer 2013: 259). The above-mentioned tightening of the pension assessment practice from 2004 onwards was due to this requirement for objectivity. People affected by somatoform conditions were practically excluded from consideration for a disability pension. From a social science perspective, this can be seen as a reduction in the catalogue of legitimate reasons for support, i.e. a restriction of the “handicapology” (Castel 2008: 27). Around 10 years later – when my dissertation project was already in preparation – this practice with regard to somatoform conditions was changed under pressure from the medical profession and the public[11]. Since then, DI has pursued a “structured evidence procedure”, which is intended to be “individualised” and “open-ended” and thus to guarantee the same legal conditions for every type of illness (Kocher 2015). This does not appear to have changed much in terms of the requirement for objectivity and the corresponding disability pension award practice. Since mental and psychosomatic illnesses “top the list of typical pathological phenomena” (Han 2010: 7), this is particularly significant because these phenomena are difficult to objectify.

The DI offices often also view the question of earning capacity differently to the doctors providing treatment (Bolliger/Féraud 2015: VIII)[12]. The latter usually assess this with regard to

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[10] In particular, people with complaints of the musculoskeletal system and with psychiatric diagnoses are referred to the MEDAS for assessment (See: https://www.unispital-basel.ch/fr/medien/medienmitteilungen/detail/article/grosse-unterschiede-bei-der-einschaetzung-der-arbeitsfaehigkeit/?cHash=977a7e473ccb6598102cfa0b0309e664 [Access date 23.08.2019]).

[11] See BGE 141 V 281: https://www.bger.ch/ext/eurospider/live/de/php/clir/http/index.php?highlight_docid=atf%3A%2F%2F141-V-281%3Ade&lang=de&zoom=&type=show_document [Access date: 09.08.2022].

[12] A study that examined the assessment practice of the MEDAS – the specialized centres for disability assessment on behalf of the insurance – concluded in 2014 that these disability-related assessment centres assessed the ability to work at around 30 % (in the original occupation) or 50 % (in an adapted activity) higher than the doctors providing treatment (Dell-Kuster et al. 2014). This was after the strict assessment practice of the MEDAS had already come under legal pressure.

the person's current occupation, health situation and their realistic opportunities on the labour market (ibid.). Such a realistic assessment also includes parameters that are certainly relevant for the job search but are considered to be "reasons unrelated to disability" (Rossier 2005: 13), such as education, language skills, age or the availability of suitable jobs. The DI offices, on the other hand, assume a "medical-economic earning capacity" in an "adjusted role" in a "balanced labour market" (Bolliger/Féraud 2015: VIII). This optimistic scenario often does not match with the real possibilities on the labour market.

Disability NGOs have long criticised the assessment of disability as "unrealistic" and "unfair". Three years ago, they received support from a legal opinion (Gächter et al. 2021) and a study (Guggisberg et al. 2021). Both pointed out basic problems with the occupational part of the disability assessment. As mentioned above, these scientific findings were unfortunately not considered by the Federal Council in the last revision in 2021 and the disability pension assessment practice has even been tightened further (Gächter et al. 2021). It was only as a result of a motion[13] in 2022 that the Federal Council was obliged to adjust the assessment basis for disability pension. In summer 2023, it presented a proposal in which the basis for calculation should better reflect the income opportunities of people with health problems. The proposal was adopted by both councils and implemented in 2024[14]. However, NGOs criticise the fact that the scientific findings were not sufficiently considered and that the earning potential of people with health restrictions are still being overestimated[15].

Illustration with three cases

Before I discuss the results of the analysis in the next chapter, I provide an insight into the life stories analysed with a short summary of three cases that show similarities and contrasts. I have selected these cases because they illustrate the key findings of the analysis particularly well. The three cases differ in terms of the clinical picture, the relevant aspects of the experience of a disability pension refusal (such as the effect on the social position[16]), and certain socio-demographic characteristics (mainly education and occupation, migration experience and marital status).

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[13] A motion is a political instrument in the Swiss legal system by means of which political committees, parliamentary groups or councillors can introduce issues into the political process in the form of requests to the Federal Council. For the above-mentioned motion, see: https://www.parlament.ch/de/ratsbetrieb/suche-curia-vista/geschaeft?AffairId=20223377 [Access date: 14.12.2022].

[14] See https://www.admin.ch/gov/de/start/dokumentation/medienmitteilungen.msg-id-98253.html [Access date: 05.02. 2024].

[15] See https://www.proinfirmis.ch/ueber-uns/aktuelles/detail/news/bundesrat-setzt-ungenuegende-loesung-durch.html [Access date: 05.02.2024].

[16] A person's social position in society is doubly conditioned: on the one hand, by the possession of capital, i.e. money, knowledge, power and relationships, and on the other hand, by status, i.e. by the symbolic recognition of the self and the others (Neckel 1993; Vester 2009). Accordingly, social decline is associated with both a loss of life opportunities due to the loss of capital and a loss of status or recognition. Social decline also has an 'objective dimension', i.e. it involves an actual loss of capital and recognition, as well as a 'subjective dimension', which encompasses the experience of the person concerned. What a person experiences as a loss of life opportunities and as a loss of status has to do with her subjective evaluations. The data for this study consists of biographical interviews, which means that it was mainly the subjective dimension that was analysed and it was only indirectly possible to draw conclusions about the 'objective decline' behind it.

Isabelle Haller's[17] biography shows the experience of a disability pension refusal in the context of a psychosomatic pain disorder. Her life story also shows how experiences of childhood trauma can be reactivated by a pension refusal. On the level of biographical processing, her case is a good example of how the refusal of a pension is perceived as an experience of disregard and a loss of trust in the welfare state. In terms of the effect on social position, it is a case in which a social decline was not prevented. Here is a short summary of her life story: Isabelle Haller was born in the 1960s. She grew up in a Swiss town with her parents and her younger brother. Her father was a teacher, and her mother was a housewife who suffered from a mental disorder and attempted suicide several times. For Isabelle and her brother, the situation was very difficult. In addition, Isabelle was diagnosed with epilepsy at the age of six and had to be hospitalised for an extended period of time. At the age of ten, she and her brother were placed in a care home because their parents could no longer take care of them. At the weekends Isabelle was regularly subjected to sexual abuse from an uncle. Isabelle Haller did not do well at school and did not complete an apprenticeship as a teenager but did a year of domestic training instead. She then married and had four children. From the time her children were of school age, i.e. at around 40, Isabelle Haller took on a professional role, first as a playgroup leader and later as a cleaner in a retirement home. At the age of 47, she trained and was employed as a care assistant in the same home. During this time, she separated from her husband. While working as a care assistant, her foot began to hurt. A long medical investigation followed. She was diagnosed with tarsal arthrosis and underwent four operations with complications. After the fourth operation, inexplicable pain in her limbs set in. At the age of 53, Isabelle Haller lost her job after nine years with the organisation. A doctor diagnosed her with fibromyalgia and ankylosing spondylitis. Despite these diagnoses, the DI office declared her 100% fit for work in a job that involved alternating workloads. As a result, she lost the illness-related benefits from her daily allowance insurance. After going back and forth between DI, social assistance, daily allowance insurance and unemployment insurance, she received unemployment insurance benefits. At the time of the interview, she was working as a night guard in a care home for the elderly on a work trial (paid for by the unemployment insurance). It was unclear whether she would be offered the position. As a result of these developments, she was experiencing a decrease in her standard of living and a major upheaval in her biography.

Emira Hasanaj's biography shows the experience of a disability pension refusal in the context of precarious living conditions as a refugee in Switzerland. Due to an illness in childhood with lasting physical impairment, due to war and flight, as well as the precarious living conditions in Switzerland, Emira Hasanaj repeatedly experienced setbacks to which she felt helplessly exposed. The disability pension refusal is another such experience. Emira Hasanaj also felt that it was a cynical disregard for the suffering she had endured and the efforts she had made to cope with life in spite of adversity. In her case the disability pension refusal did not change her social position significantly because life was already characterised by precariousness. Here is a short summary of her life story: Emira Hasanaj was born in former Yugoslavia in the 1950s. As a child, she contracted polio, which resulted in clubfoot. After school, she completed a commercial apprenticeship and then worked in the profession. She married and had two children. When

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[17] All the names of the interviewees are pseudonyms.

she was 33 years old, the war broke out. Her husband was interned in a camp for enemy prisoners before managing to escape to Switzerland. He was recognised as a refugee and was able to bring his family to join him. In Switzerland, he initially worked in waste disposal unit before finding a job in a factory. Because he only earned CHF 3,000 a month, Emira Hasanaj started to earn money by cleaning in private households and sports clubs. However, her clubfoot was causing her pain, and she has had to undergo several operations. Nevertheless, she worked as a cleaner for a total of around 13 years. During this time, she was registered with the DI office by aid organisations on two occasions without her knowledge. The DI office did not accept the application in either case because certain conditions had not been met (e.g. not enough years of residence in Switzerland). When she needed to have her foot operated on again at the age of 48, her doctor recommended that she should no longer work as a cleaner. At that point she herself registered with the DI office. An assessment was carried out using the mixed method[18] and she was refused a disability pension due to an insufficient degree of disability. Emira Hasanaj received unemployment benefits and tried unsuccessfully to find a job that was less physically demanding. At the age of 53, she re-applied for disability benefits and was refused for the same reasons. An appeal to the cantonal insurance court was also denied. At the same time, her husband suffered a slipped disc and lost his job. When his unemployment benefits ran out, the couple had to register for social assistance. At the time of the interview, they had already been receiving social assistance for two years. Emira Hasanaj's disability pension application had been rejected five years before. The couple had just received the husband's DI decision. His disability pension application was also rejected.

The biography of Angelika Fuchs shows the experience of a pension refusal in the context of a mental illness (depression due to exhaustion) and against the background of a relatively good social position due to education and career. Her biography is an example of how a pension refusal can be integrated into one’s self and world understanding without much bitterness due to economic and social resources and a specific ideology. In her case, too, the pension refusal did not fundamentally change her social position but was experienced rather as a lack of relief from the pressure to work and earn money; compared to Emira Hasanaj, however, at a ‘better’ level. Here is a short summary of her life story: Angelika Fuchs was born in a German city in the 1960s. After compulsory schooling, she completed an apprenticeship as a doctor's assistant and worked in the profession for a period before training as a laboratory assistant and working in various laboratories. Due to her partnership with a pharmaceutical consultant at the time, she developed the idea of entering his professional field, which she then succeeded in doing without fulfilling the formal qualifications. For about 10 years she travelled frequently and, as a consultant, evaluated company facilities in different countries. At the age of 30, she realised that she no longer wished to travel so much and applied for a job as a quality assurance manager in a pharmaceutical company in Switzerland. She was hired and from then on was very committed

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[18] The mixed method applies to persons who pursue a part-time occupation. To determine the degree of disability, the mixed method first considers the person's occupation and other responsibilities (e.g. domestic work) separately. The mixed method is notably used when assessing the disability of women who reduced their working hours in order to take care of their children and household. In 2016, the European Court of Human Rights ruled that the calculation model of the mixed method discriminated against women (See: https://www.nzz.ch/schweiz/aktuelle-themen/die-invalidenversicherung-diskriminiert-die-frauen-1.18688140?reduced=true [Access date 03.09.2020]). Since 2018, the mixed method has therefore been adjusted (see: https://sozialesicherheit.ch/de/iv-aenderungen-bei-der-gemischten-methode/ [Access date 24.11.2024]).

to her employer. Her workload was constantly high and after about ten years, when she was 41 years old, Angelika Fuchs suffered a breakdown. She was diagnosed with depression resulting from exhaustion and was unable to work for a long time. After the statutory protection against dismissal came to an end, she was dismissed from her job at the pharmaceutical company. She was automatically registered with the DI office during her period of illness for administrative reasons. One year after losing her job she received a negative disability pension decision from the DI office. At some point during this time, she married her partner. The DI office financed job coaching for Angelika Fuchs and she found a job in the pharmaceutical industry through her connections. The position was adapted to her limited ability to perform. She worked 50% on four afternoons and had no performance targets to fulfil. In return, she had to accept poorer working conditions (lower pay, no sick pay, no bonus participation). The interview was conducted six years after the disability pension refusal. At that time, she still worked in her job with a 50% workload. However, there were increasing signs that this special arrangement with her employer could fall victim to a cost-cutting measure. Angelika Fuchs lived with her husband in a detached house in the countryside and did not mention any loss of living standards in the interview. However, the illness led to a major change in her self-image.

Findings

Through the reconstruction of eight biographies, I identified key moments and dynamics as well as the effects of a disability pension refusal for those affected on a micro-sociological level. Some dynamics and effects were the same in all the cases analysed, others varied from case to case. In this chapter I first explain the similarities before I go into the differences.

Similar key moments: The turning point, registration and memories of the assessment process

It seems typical for those I interviewed to look back on a long history of health and other problems. All of them worked in paid jobs despite health problems and tried to make a living on their own. At some point the problems became so acute that they realised they “can't go on like this”, as the quote from Angelika Fuchs shows: “And yes, at some point I went to see a psychologist and it became clear to me that I really can’t go on like this.”[19]

This realisation was a *turning point* and was followed by a change of the future perspective. This is where the DI came into play. It is central to the experience of the those affected that they did not wish to register with the DI but accepted it as a necessity. DI appears to be an emergency measure in a hopeless situation. *Registration* is associated with ambivalent feelings: on the one hand they hope for financial support and a reduction in the pressure to work, on the other hand they fear negative effects on their identity since DI benefits are associated with stigma. Those affected are afraid of being seen as weaklings or parasites.

The interviewee’s memories of the *assessment process* are generally limited to a few encounters with the staff of the DI offices and to receiving the written rulings. That they remember few encounters might be due to the fact that the DI offices rely mainly on reports from the doctors

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[19] The quotes have been translated and slightly modified for better readability.

providing treatment and that the meetings with the doctors are not perceived as part of the disability assessment by those affected. Due to the subsequent refusal to award a disability pension, the interviewees are retrospectively indignant about the assessment. They feel that they have not been properly assessed and not taken seriously, as the quote of Isabelle Haller shows:

> *And then the disability insurance assessment was carried out and - well, disability insurance assessment in quotation marks. You know, that's another one of those things, a girl just comes to look at you and talk to you, and that was the whole disability insurance assessment. I've never been to an insurance doctor, nothing, you know. I didn't see any insurance guy, except this girl, who created a file on me and obtained the medical reports from the other doctors and sent them to her insurance doctors, who then used these medical reports to produce a decision. That's what it looks like. (...) And that's a cheek. It's really cheeky that they just tell you out of the blue, out of the office, how you're doing.*

As the quote shows and I explain further in the next section, this experience led to a feeling of being disregarded. The phrase “out of the blue” also shows that Isabelle Haller did not expect to be rejected. As other interviewees, she assumed that she would either be able to work or would be entitled to DI benefits. The fact that neither was the case was unexpected and shook her confidence in the welfare state, as I also explain below.

Similar effects: an experience of disregard, loss of trust in the welfare state and damage to identity

The *experience of disregard* is related to the fact that those affected look back on a long period of health and economic difficulties and have tried for many years to get these problems under control. In the area of gainful employment, efforts were made that did not bear fruit. Either a previous job could not be kept despite great effort, or no new job was found despite extensive effort. And health problems could not be resolved despite appropriate treatment. As described above, at some point those affected realise that things could not go on as before and that they were dependent on support. Based on their experiences, their need for help was a fact for them. The DI offices assessed the situation differently based on the legal regulations. This led to a “juridification of parts of a biography”, which can be a difficult experience for those affected, as Thorsten Benkel explains:

> *The juridification of parts of a biography [...] deprives the subject of the sovereignty of interpretation over his or her experiences or at least limits his or her prerogative to determine the meaningfulness of his or her own observations. (2010: 20, my translation)*

People who experience a disability pension refusal do not only have to deal with a loss of sovereignty of interpretation but also with the effects of the pension refusal on their lives. This is even more difficult as the criteria applied by the insurance are often difficult to understand for those affected. As mentioned above, the DI makes a claim to objectivity, which cannot be honoured in the case of numerous health complaints. When assessing the ability to work, the insurance applies statistical principles that – even after the adjustment of 2024 – systematically overestimate the real possibilities of labour market integration and earnings in the case of impaired health[20]. As mentioned, there are so-called "non-disability-related" parameters (e.g. age, lack of education, lack of language skills) that – apart from the health problems – affect employability but are not taken into account by the insurance. This results in a theoretical and unrealistic assessment of employment opportunities, which, against the background of the difficulties experienced, gives rise to a feeling of disregard among those affected. Apart from the lack of monetary support, the disability pension refusal also means that the suffering and need for help is not recognised; a recognition that would be important for those affected. The quote of Emira Hasanaj shows the experience of disregard during a disability assessment at her home:

> *And then I said, 'I can't work 100% and stand on this foot.' [accusingly] 'Why didn't you find an easy job?' 'I don't have the opportunity for an easy job, I would like to, but I can't. Who will take me?' And she said, 'There's always a job you can find.' (…) That's when I had enough. She was here for three or four hours, asking so many questions, but she always found something. (…) And then I thought, 'Ah really, you have to be dead for her to say, 'Yes, you are sick'.*

During the household assessment and after receiving the result of it, Emira Hasanaj had the feeling that she was being completely disregarded with her health issues and her difficulties in finding a job.

As the analyses showed, the judgement of the DI is not perceived as a technical assessment of an insurance claim, but rather as a competing truth about the health and earning capacity of those affected. They feel it to be a cynical disregard for their own suffering and the efforts they have made to overcome it. Isabelle Haller, for example, does not conclude that the insurance office made a judgement about her claim for benefits, but about how she feels' (see quote on the previous page). This means that she does not keep the judgement at arm's length as a technical-legal matter but perceives it as a competing point of view regarding her very own feelings. This shows a problem already known in literature as the "experience of disaffection" (Morlok 1993: 261, quoted in Brockmann 2013: 100) which is related to the juridification of parts of a biography.

Another common experience in my data is a *loss of trust in the welfare state*. As Michael Vester (2009: 45) describes, citizens of social welfare states have internalised the expectation of being protected in the event of hardship:

> *The historical experience of the social security state is deeply internalised, in the principle 'benefits in return for participation', which is supposed to secure the acquired social position and lifestyle even in the event of hardship (Vester 2009: 45, my translation)*

Usually, the people affected have no in-depth knowledge of insurance law but have basically assumed that they are covered in times of need, as Michael Vester describes. As their own experience shows that they are actually in need of support, they do not expect the DI to refuse benefits. The insurance decision subsequently shatters their trust in the welfare state. It is difficult for those affected to comprehend that they have reached a situation which they are not

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[20] See https://www.proinfirmis.ch/ueber-uns/aktuelles/detail/news/bundesrat-setzt-ungenuegende-loesung-durch.html [Access date: 05.02.2024].

entitled to benefits despite having experienced an incapacity to work due to health problems. Isabelle Haller, for example, can hardly believe that the situation she has experienced could arise in the Swiss welfare state:

> *When you're sick and the disability insurance has made a decision, you just fall through the cracks. You're just nobody anymore. (…) That this happens in our social state, that's just… .*

According to Erving Goffman (2018 [1975]), a third common effect of the disability pension refusal in my data can be described as *damage to the identity* of the people affected. Dependence on social benefits is already associated with a risk of stigma. There is a prejudice in Swiss society that DI recipients are not really needing help and are having a nice life at the expense of the general public. This was used and reinforced by the right-wing parties in the political discussion concerning cuts in DI (Roos-Niedmann 2005, Rosenstein 2012). These negative attributions are already a burden for those affected at the time of registering with the DI. According to Christian Bolliger and Marius Féraud (2015), the DI office's employees generally treat the affected persons with a critical distance, as they have to examine eligibility and also take aggravation and simulation into consideration. For the people interviewed in this study, this was a difficult experience. As the quote from Angelika Fuchs shows, she felt not taken seriously from the assessor:

> *That's a punishment [laughs]. I got there, super nervous of course, very unfocused, I felt sick (...), I didn't want to register at disability insurance at all, but once you're in the procedure, you want to be treated and seen fairly and not as some kind of weirdo. (...) And then I really was able to pull myself together and concentrate (…). He [the assessor] was sitting there in an armchair, leaning back, really casual, sometimes he closed his eyes, then I thought, is he even listening to me? (…) And in the end he wrote a report saying that everything was fine with me, blah, blah, blah. That's when I felt really angry for the first time, how can he? He saw me once.*

Peter Steiner, another interviewee expressed that he felt like a *"criminal who had done something wrong, suspected from the very beginning (…) of trying to obtain a benefit to which you're not entitled"*. It is important to bear in mind that an illness itself and the associated loss of performance can trigger stigmatisation processes. In most cases, receiving a disability pension means financial relief and, on a non-material level, important recognition for the suffering experienced and the current inability to work. Nevertheless, it is not a social distinction, but instead, a blemish that tends to damage one's identity. However, having a disability pension refused results in a special stigma, which not only consists of a person feeling devalued due to illness and the inability to work, but also of the fact that the refusal casts a negative light on the very act of seeking social support. Those affected are thus confronted with a "social identity" (Goffman 2018 [1975]: 132f.) that is tainted with a moral blemish. If the need for help is not established, the request for help automatically exposes itself as an act of potential aggravation or even simulation, even if this is not intended by anyone. As a result, persons experience themselves not only as ill and incapable of performing, but also as morally contemptible, because they are confronted with the insinuation that they want to obtain a benefit to which they are not entitled by fraudulent means. Accordingly, activities to manage the stigma were observable in all the interviews (see Rotzetter 2023a). Emilie Rosenstein found similar effects in her mixed-methods study of DI (Rosenstein 2021; Rosenstein/Bonvin 2020). The biographical interviews with affected people revealed struggles with registering for DI. The author explains, for example, that many respondents did not want to register and engaged in forms of self-justification in the interviews, as if they felt that they needed good reasons to register (Rosenstein 2021: 245). Her study found out that these negative beliefs and feelings about DI have the effect of making people reluctant to claim for DI benefits and increases the risk of non-take-up or delayed take-up (ibid.).

Differences in biographical processing (biographical work)

Apart from the similarities explained above, I also found differences among the interviewees in how they proceeded and integrated the experience of being refused a disability pension in their biographies. I consider the following three factors as important in order to explain these differences: firstly, to what extent the DI decision conflicts or has conflicted with the self-image of the person concerned; secondly, what previous life experiences were encountered; and thirdly, what impact it has on their social position.

Conflict with self-image: A decision on a disability pension concerns the question of the extent to which an illness limits the professional capacity of the person affected. As explained above, this includes an "objective" medical diagnosis of the presence of an illness as well as an assessment of the theoretical possibilities for a person to utilise their remaining capacity for work in the labour market. Diagnosing an illness is not actually the task of the DI. Nevertheless, it is an important basis for their decision and the insurance has been using specialised medical services for 20 years to counter a purely medical perspective with an insurance-medical one (see above). Conflicts with one's self-image arise when those affected have a different view than the doctors conducting assessments or the DI, either regarding the presence of an illness or the resulting limitations in performance. The greater the conflict, the more the disability pension refusal is experienced as something painful. In some cases, I found a complete contradiction, in some cases a conflict that could be integrated and in other cases the insurance's view hardly conflicted with the person's self-image. As the above quotes from Isabelle Haller and Emira Hasanaj show, in their cases the insurance view completely contradicted their own experiences and views. Angelika Fuchs was also upset by the insurance's decision, but over the years she adopted an ideology of personal responsibility in which the refusal of a disability pension can be well integrated because it is beneficial for her own self-esteem not to be dependent on others and to overcome her own life difficulties herself:

> *Others can't help you. And that's nonsense too [points to insurance papers on the table], dealing with the authorities, pensions, thinking about pensions, having to justify yourself, why what and how. It's all useless. (…) Most people don't even realise that they themselves are responsible for their condition and are therefore also responsible for getting out of it.*

It can be assumed that such an ideology of personal responsibility can only be maintained if the relevant resources are available to prevent a painful decline in quality of life (see the section below on the impact on social position). Angelika Fuchs' example shows that, depending on one's understanding of oneself and the world (and one's resources), the insurance's decision can be integrated and consequently results in less bitterness.

In some cases, the disability pension refusal produced little reaction at the level of the self and world view of the respondents. This can be partly explained by the fact that the people affected have difficulty securing their livelihood through gainful employment for a combination of health and labour market reasons (lack of training and experience). They themselves take the view that their unemployment is not primarily caused by their health limitations. Added to this is the fact that they have already spent a long time depending on state benefits (unemployment insurance and social assistance), and for those affected, it makes little difference to their social position if they are now dependent on disability benefits instead of other benefits (see below). If the disability pension decision hardly conflicts with the person's self-perception, it also triggers little at the level of biographical processing. The outrage and pain are all the greater the more the pension refusal conflicts with the person's self-image and own experience.

Previous life experiences: Depending on the course of one's life and relevant experiences, a disability pension refusal is perceived differently and has different effects on the level of biographical processing. In my data I found the following four interconnections: First, in some cases, the insurance's decision activated injuries that were experienced in the person's childhood. Second, I saw the effect of a disidentification with the Swiss state in the biographies of some immigrants. Third, in some biographies, a disability pension refusal was experienced as a further unfortunate experience in the sense of Schütze's concept of trajectories (2016 [1996]). And fourth, a pension refusal was experienced differently if a person had already been receiving social assistance. For more information see Rotzetter (2023a and 2023b).

Impact on social position: As mentioned, there is – unsurprisingly – a correlation between the effects of a disability pension refusal on the social position of the people concerned and the effects on their biographical processing. The person‘s social position and any changes in this regard are – in combination with previous life experience – the basis on which biographical work takes place.

If the refusal of a disability pension has a negative impact on the person's social position, this generates additional material for biographical processing. In some of the cases analysed, the pension refusal contributed to social decline. This is associated with stressful experiences, such as going back and forth between different social security authorities or humiliation when attempting occupational reintegration. Added to this are practical difficulties for people in ensuring their standard of living, caused by the scarcity of economic resources (deterioration of housing conditions, possible difficulties in terms of social participation, nutrition, etc.). All these experiences must in turn be processed and integrated into a new self-world image. As a rule, social decline is associated with a loss of respect and with shame (Neckel 1993). Those affected are ashamed of no longer being able to fulfil the norms of their previous way of life and see themselves as condemned for their failure in the eyes of others. This is at the heart of the problem of a disability pension refusal: given that their standard of living and self-esteem are already under threat due to their illness and their difficulties in securing their own existence, a pension would at least represent some recognition of the suffering they have experienced. This would not completely prevent the loss of respect, but it would at least slow it down. On the other hand, refusal of a disability pension suggests that the people affected have not suffered enough or have not tried hard enough to put an end to their suffering themselves. This automatically makes questions of guilt acute, and this has a negative impact on the self-world understanding and is experienced as a loss of esteem. This leads to the above-mentioned strategies to manage this stigma in the interviews (see Rotzetter 2023a).

There were also cases in the data in which the disability pension refusal made little difference to people's social position. For them, the pension refusal instead had the effect of a "lack of relief". This applies to interviewees who were in a relatively good economic and social situation before their health deteriorated and who were able to cushion the lack of a pension with private support and part-time work. It also applies to interviewees whose lives were characterised by precariousness even before their health deteriorated and for whom the lack of a pension only gradually exacerbated this precariousness. What both life situations have in common is that the person's social position did not change significantly. This situation generated less material for biographical work. As mentioned above, there are cases in which the refusal of a disability pension can be integrated into the person's self-image and understanding of the world without much bitterness, or where there is little conflict with it from the outset. However, the self-image and world view that is more favourable for the integration of such an experience cannot be considered in isolation from the social position behind it or the available resources. The fact that Angelika Fuchs, for example, is able to integrate the refusal of her claim relatively well due to her ideology of personal responsibility is not least due to the fact that she also has economic and social resources at her disposal that prevent a painful social decline.

Discussion

Based on an analysis of eight biographical interviews, this study shows how people can experience a disability pension refusal. Both similarities and differences were found across the cases. The similarities lie in certain key moments in relation to the assessment process, as well as in some similar effects of the pension refusal on biographical processing.

The analysis showed that those affected usually have a long history of health and other problems, and, at some point, they reach a kind of turning point where they realise that they can't go on like before. This is when disability insurance comes into play. Despite the efforts of the Federal Social Insurance Office (BSV) to position DI as an 'integration insurance scheme' (BSV 2021), those affected continue to see it primarily as a disability pension insurance. The prospect of being dependent on DI benefits is not perceived as a desirable future option, but an emergency scenario that is accepted because of the hopeless situation. It is central to the experience of those affected that they did not want to register with the DI but accepted it as a necessity. Registration is associated with ambivalent feelings: on the one hand those affected hope for financial support and a reduction in the pressure to work, on the other hand they fear negative effects on their identity since DI benefits are associated with the stigma of being a weakling or parasite (Roos-Niedmann 2005; Rosenstein 2012). The negative beliefs and feelings about DI and the according struggles with registering with the insurance were also found in the study of Emilie Rosenstein (2021). Her research even showed that these beliefs and feelings can have the effect of making people reluctant to claim for DI benefits and increase the risk of non-take-up or delayed take-up (ibid.).

At the level of the effects of a disability pension refusal on biographical processing, the analysis showed that for those affected it is an experience of disregard that leads to a loss of trust in the welfare state and damage to identity. This can be explained in the context of the political and legal framework of an active DI, which has made access to disability pensions more difficult (Rosenstein/Bonvin 2020). The experience of disregard also appears to be related to the subjective difficulties that have already been described in the literature with regard to the "juridification of parts of a biography" (Benkel 2010: 20): As a social insurance scheme, DI is structured according to the causality principle, i.e. there must be a specific cause for insurance claims to arise. In this context, there is a need to clarify claims on the basis of objectifiable or verifiable criteria (Meyer 2013).

DI is confronted with the difficulty that health impairments can only be objectified to a limited extent due to their complexity and the importance of the subjective experience of suffering (Hurrelmann 2006). A health impairment does not logically result in a specific degree of disability and loss of earning capacity. However, DI is supposed to make a clear judgement and has the relevant authority at its disposal. Those affected find themselves in a power asymmetry, in which the insurance's authority to make judgements has drastic consequences for their lives. Such an experience deprives the subject of the sovereignty of interpretation over his or her experience which is in the end an "experience of alienation" (Morlok 1993: 261, quoted in Brockmann 2013: 100). As the analyses of my data showed, the judgement of the DI is not perceived as a technical assessment of an insurance claim, but rather as a competing truth about the health and earning capacity of those affected. They feel it to be a cynical disregard for their own suffering and the efforts they have made to overcome it.

With regard to the biographical processing of a pension refusal my analysis also revealed some differences between the cases. The DI decisions didn't conflict with the self-image of those affected to the same extent in all cases. The greater the conflict, the more the disability pension refusal was experienced as something painful. Not surprisingly, previous life experiences also had an influence on biographical processing. In some cases, the disability pension refusal activated injuries experienced in childhood. For some interviewees who had immigrated to Switzerland the pension refusal led to a disidentification with the Swiss state. In some biographies, a disability pension refusal was experienced as another unfortunate experience in the sense of Schütze's concept of trajectories (2016 [1996]). And if a person had already been receiving social assistance before registering with the DI, this also had an impact on the experience of being denied a disability pension. Their lives were already precarious before, which meant that there was less material for biographical work generated by the disability pension refusal (see Rotzetter 2023a and 2023b).

In the cases studied, there were also differences in the effects of a disability pension refusal on the social position. For some people, not receiving a pension contributed to a relative social decline. For others, for different reasons, the pension refusal did not fundamentally change their social position but was rather experienced as a lack of relief from the pressure to earn a living.

The findings discussed in this article show, at a micro-sociological level, the possible effects of an active DI in the context of the transformation of Western welfare states from former "caring welfare states" to "active welfare states" (Castel 2011; Nadai 2005; Opielka 2003; Wyss 2011). Switzerland has been following the course recommended by the OECD under the title "Transforming Disability into Ability" (2003) for 20 years. As recent research has shown, the active turn of DI has been more successful in denying access to disability pensions than in promoting inclusion by widening access to vocational rehabilitation programmes (Rosenstein/Bonvin 2020: 175). The reforms have therefore led to greater selectivity (Rosenstein/Bonvin 2020) and self-selection (Rosenstein 2021) among potential recipients, which means that they have led to a relative social "de-securitisation" compared to earlier decades of the Swiss welfare state. The cases analysed show the possible effects of this "de-securitisation" on the level of biographical processing of a pension refusal. According to my data, it can be an experience of disregard that leads to a loss of trust in the welfare state and damage to identity.

Given that the micro-sociological processing of a pension refusal is closely linked to the macro-sociological regulation of disability assessment and labour market conditions, I would like to conclude by discussing the main socio-political challenges in this regard: The main problem of disability assessment is that the decisions are based on specific assumptions about health and earning capacity, which in most of the cases studied cannot be reconciled with the experience of the people affected. The theoretical and unrealistic decision of the insurance creates the experience of a cynical refusal of help in the face of a perceived real necessity. Several steps towards improvement have been taken in this regard since 2015. As mentioned above, the first step was the change at the Federal Court with regard to the infringing jurisdiction in relation to pain disorders. DI no longer categorically excludes insurance claims, but since 2015 has examined individual cases on the basis of a “structured evidence procedure” (Kocher 2015). Concerning objectifiable or verifiable criteria for health conditions without clear organic causes, various medical associations have developed guidelines to improve disability assessment (Ebner et al. 2016; Egloff et al. 2018). As mentioned above, two publications in 2021 pointed out specific shortcomings in the assessment of the earning capacity of people with health impairments (Gächter et al. 2021; Guggisberg et al. 2021). The Federal Council was forced to take these scientific findings into account and adjust the statistical basis. The change which has now been implemented in 2024 is an improvement, but unfortunately also a missed opportunity for a truly fair assessment of income opportunities, as the scientific results were not sufficiently taken into account[21].

In terms of professional reintegration, the cases analysed in this project point to some difficulties, which could not be elaborated in this article due to lack of space. To summarise, in some cases paid labour seemed an unrealistic prospect after years of unsuccessfully seeking a job. Workplaces that do not require training, language skills or good health are almost non-existent. For people without training and with poor language skills, physically demanding work profiles are usually the only option in order to earn a living. If this is no longer possible for health reasons, the only remaining option is social assistance. The extended practice of pension refusal by the DI has led to a shift of cases to social assistance[22]. For those affected, receiving social assistance means living at a lower subsistence level and without recognition of their reduced earning capacity due to illness. Thomas Gächter and colleagues propose implementing a law addressing

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[21] See https://www.proinfirmis.ch/ueber-uns/aktuelles/detail/news/bundesrat-setzt-ungenuegende-loesung-durch.html [Access date: 05.02.2024].

[22] Around a third of the people who are dependent on social assistance four years after registering with the disability insurance would not have been under the legal framework that applied before 2006 (Guggisberg/Bischof 2020).

hardship for people above the age of 60 and for those who would have to rely on jobs that only exist at all thanks to the social goodwill of employers (2021).

For some cases in this project partial reutilisation of their labour force was possible, but the examples raised questions about the conditions. One positive effect was that reintegration enabled a biographical connection to the person's previous professional identity and generated self-respect and respect from others. However, the workload and thus the person's income had to be greatly reduced and compensated for privately. Regarding the stability of labour market integration and legal protection, these cases point to several challenges. For example, absence due to illness was not covered by daily allowance insurance, which is a big problem for people with chronic health conditions. People who negotiated successfully for special working conditions were constantly worried that the special arrangement could fall victim to a cost-cutting measure, since their performance restrictions were not official, due to the lack of recognition by the DI. This situation raises the question of whether a disability pension might be conducive to the stability of reintegration, a thought that is supported by the non-representative study of Doris Brühlmeier-Rosenthal (2017) and contrasts with the motto "integration instead of a pension".

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