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# Disability Programs in Northern Europe

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***My name is Aden Rauschuber, and I graduated from CSUDH in spring 2022 with my B.A. in Applied Anthropology. While I have many areas of interest within the discipline of anthropology, my main focus has been disability studies. As a person with disabilities, I hope to add a more holistic perspective to disability studies literature. I hope you find my article helpful as I seek to change how society and the disabled community interact with each other.***

## **Introduction**

The earth is a very diverse place. After all, there are many living things on this planet, from animals to plants, fungi, protozoans, and bacteria; the earth carries a variety of living organisms. This can be broken down even further. After all, we as humans can be broken down into several other groups after our kingdom of Animalia. We are also part of the Phylum Chordata, Class Mammalia, Order Primates, Sub-Order Haplorhini, Infra-Order Simiiformes, Family Hominidae, Sub-Family Homininae, Tribe Hominini, Genus Homo, Species sapiens, and finally, Sub-Species sapiens. While I might have just thrown a bunch of information your way, you need to forget everything I just said because none of that even matters to the everyday human. This is because it is not the biological markers that help define us as humans but the social ones such as socio-economic status, race, and more. Anything that defines one as being part of a so-called “norm” or the so-called “minority” fits into this category. One of those “minorities” are people with disabilities, and these people, at least here in America, have had a hard time getting what we need to live a fulfilling life.

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This could be because we are underrepresented, or maybe because we have a hard time being heard; whatever the case, we are not being heard as loud as we need to be. In order to address this issue, the disability programs in northern European countries were examined to see who was doing a better or a worse job than the United States when creating and implementing their disability programs. By the end of this paper, I hope you can use this newfound knowledge to better represent and help fight for those in the disabled community who cannot fight for themselves.

### **Article Review**

To understand how to help those with disabilities here in America, a cross-cultural analysis is needed. Solli et al. (2018) provides the guidelines for and examples of disability in Norway. The authors do this by explaining that a comprehensive concept of cognitive objectivity (CCCO) is used to justify guidelines as true or false. They also state that the, “Four necessary conditions identified for defining a CCCO were: (A) acknowledging the patient’s social context and life-world, (B) perceiving patients as cognitive objects providing a variety of meaningful data (clinical, psychometric, and behavioural data – i.e., activities and actions, meaningful expressions and self-reflection), (C) interpreting data in context, and (D) using general epistemological principles.” (Solli et al. 2018). These conditions can be tracked in a few ways, such as by studying the person in

their natural environment and recording their perspectives or thoughts in qualitative or quantitative data gained by a psychologist (this is usually reported in an official document called a certificate). In the end, though, whenever tracking these data, it is always essential to apply epistemological principles and not forget the context of the situation. This is because while it used to be the biomedical model that was important, this is no longer the case. This is because today, we either focus partially or entirely on the ability health model. This model focuses more holistically on the individual in society, giving us a complete picture of the individual’s way of life (when using both health models, the model being used is the mixed health model). In the end, Solli and colleagues (2018) conclude that both the comprehensive concept of cognitive objectivity and the ability health model are more important and more accurate as they take social and environmental factors into account. All of this is important to note, as they show how the environment plays more of a role in how a disability is defined. Case in point - part of the reason I took this topic on is because I have been fighting for my Social Security Disability Insurance. I am still waiting for my appeal to happen in court, as a matter of fact, because to society, I do not fit the disabled stereotype. This is because while I have epilepsy, it is under control. This, along with my right-sided weakness due to neurological impairment and T visual impairment (completely blind on one side but

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only neurologically impacted on the other), is not enough to consider me disabled, according to some people. Borup et al.'s 2019 article, "Healthcare use before and after changing disability pension policy: a regional Danish cohort study," looks more deeply into this by showing the effects that changing disability requirements has had on Denmark. Participants in Borup et al.'s (2019) study ranged in age from 18 to 64 and came from northern Denmark. These people were then broken into two groups: people with disability pensions between the years 2010 and 2012 or 2014 and 2015, which was further broken down and divided by the date of birth, sex, and residence. On top of this, ages were further divided between people ranging from 18–39 and 40–64 years. In the end "A total of 9115 individuals aged 18–64 years with residence in the North Denmark Region were granted DP in the 2010–15 period. Of these, we excluded 909 individuals with incident DP in 2013 and 874 individuals with residence outside The North Denmark Region at the time of being awarded DP. From the final study population counting 7328 individuals, two study groups were created; Group 1 included individuals awarded DP in 2010–12 (n = 6286), and Group 2 individuals awarded DP in 2014–15 (n = 1042)" (Borup et al. 2019). Study participants ranged in their types of disability from "... only psychiatric contact, only somatic contact, both psychiatric contact and somatic contact and no contact except with a GP" (Borup et al. 2019). A few participants even died over the

time that the research was conducted. By the end of this study, Borup and colleagues came to a few conclusions. First, they concluded that a 2013 policy change regarding access to disability pensions did exactly what it was supposed to do - disability pension acceptance went down across the board. However, there were some unintended side effects as "a change of diagnoses towards higher proportions of cardiovascular, pulmonary, neurological and cancer diseases and a lower proportion of musculoskeletal disorders in populations granted DP after the policy changes." (Borup et al. 2019). On top of this "people who had been granted DP, contacts to somatic healthcare and hospitalization were more likely after the policy changes; inversely, we saw no significant difference between the groups regarding psychiatric healthcare use or hospitalization" (Borup et al. 2019). This is important as we can deduce that the changes made over the years to Denmark's social security-like system have led to a weeding out of those with a less dire need of disability pension. This includes the weeding out of many younger people (despite supposed access to an interdisciplinary rehabilitation program for those with disabilities under 40). However, many women with mental health issues may have been let in. While this system may have faults, at least the disabled people impacted the most are getting taken care of better and have more resources available to them.

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Although we may want to help everyone, we cannot always do so, but this does not mean that we should not try. After all, it is my belief that by helping everyone, we can then, in turn, help society. This idea is supported by another article titled "Working while on a disability pension in Finland: Association of diagnosis and financial factors to employment" (Polvinen et al. 2018).

Compared to other countries, most people on disability pensions in Finland are still willing to work. This is huge as Finland has a smaller population than countries such as the United States. Due to this fact, the Finnish government needs everybody to work for as many years as possible to be a more productive country. While you might believe that working longer is a bad thing, this is not true as previous studies have found that when disabled people work, they are happier. It is not surprising, therefore that, "A relatively high number of working-age individuals are on disability pension in Finland, and 6.4 percent of those aged 16–64 years were drawing disability pension in Finland in 2015." (Polvinen et al. 2018). On top of this fact, the most common disability pensioners have cardiovascular or musculoskeletal diseases and are most likely to continue working. It is also common for those who recently retired to return to work.

This article discusses the connection between health and financial factors while on disability pension in Finland. It did this by looking at the "data from Statistics Finland,

which consists of information from various registers. The data comprised a nationally representative 10 percent sample of Finns...The data included 14,418 disability pensioners. A total of 12,969 (90 percent) received a full disability pension, and 1440 (10 percent) received partial disability pension" (Polvinen et al. 2018). The earnings and levels of education were then also divided into several sub-categories. There were also classifications of "married or cohabiting, and those who were unmarried, widowed or divorced 'followed by those who had underage children and those who had not'"(Polvinen et al. 2018). After elaborating on the demographic and socio-economic breakdowns of the participants in the study, the authors could draw many conclusions. One of the things that they could conclude after looking at all the data is that those with a higher education or disability pension made more money. This might be because higher status jobs may be easier to adapt to a disabled person's needs. We can now also say that those with musculoskeletal issues will go back to work and take biology and culture into account in some capacity more often than those once retired. They will also be more likely to do so than those with mental health issues who will go back to work less often once retired. This could be because having a mental disorder comes with many negative connotations. It is also important to note that those with partial disability pension are more likely to work than those on a full disability

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pension. After evaluating these three articles, it is now quite clear that every country handles disability programs differently. While all countries seem to employ a more biocultural framework that takes biology and culture into account, not all countries look at people with disabilities the same. After all, as we have seen in these articles, some countries empower those with disabilities, such as Finland, while others, such as Denmark and the United States, do not. This leaves me to believe that one's disability is just as biologically based as culturally biased.

### **Conclusion**

A quote attributed to Thomas Jefferson says that, "Our greatest happiness does not depend on the condition of life in which chance has placed us, but is always the result of a good conscience, good health, occupation, and freedom in all just pursuits." This is never truer than it is for people with disabilities. Life may be tough on us but with "a good conscience, good health, occupation, and freedom in all just pursuits," we can get through anything. As we have seen, to get through things, we need to depend not only on ourselves but also on others. This can be challenging as countries adapt to helping those with disabilities differently. Due to this fact, some countries are more successful than others. This is important to note as after conducting my research, it is clear that the United States is one of the least forward-thinking and accommodating countries when it comes to helping those with disabilities.

So, what can the United States do to help disabled people to better succeed? First of all, after going through the Social Security Disability Insurance process myself, I would suggest that the Social Security office pay more attention to how one's disability affects their everyday life. After all, not everything is black and white and clearly seen through words and numbers on a piece of paper. On top of this fact, I would also like to see them clearly define what each disability means as a visual impairment is not the same as legally blind, but both do deserve some sort of support. Finally, I would like to see them take more interest in helping those with disabilities find and keep work. From personal experience, it is hard finding and keeping jobs as people with disabilities are undervalued in the workforce in America while everything costs more for us.

### **Works Cited**

- Borup, Line J, Nanna Ø Weye, Vibeke Jensen, and Kirsten Fonager. 2019. "Healthcare Use before and after Changing Disability Pension Policy: a Regional Danish Cohort Study." *European Journal of Public Health* 29 (6): 1068–73.
- Polvinen, Anu, Mikko Laaksonen, and others. 2018. "Working While on a Disability Pension in Finland: Association of Diagnosis and Financial Factors to Employment." *Scandinavian Journal of Public Health* 46 (19\_suppl): 74–81. doi:10.1177/1403494817738460.
- Solli, Hans Magnus, and António Barbosa Da Silva. 2018. "Objectivity Applied to Embodied Subjects in Health Care and Social Security Medicine: Definition of a Comprehensive Concept of Cognitive Objectivity and Criteria for Its Application." *BMC Medical Ethics* 19 (1). doi:10.1186/s12910-018-0254-9.