Clinical Sociology Review

Volume 5 | Issue 1 Article 20

1-1-1987

The Disabled State

S. Randi Randolph
United Health Services

related to applications covered in the text could certainly be more easily mastered than others that could have been selected by Burnside.

Music and dance therapy are also discussed. Leaders who are not technically trained in either area are assured that, with limited skills or interest, they can become effective in their applications.

Self-help groups are also addressed and recommended, but while the purpose of such groups are clearly identified, the "how-to" is somewhat weak. However, the references given at the end of the chapter are extensive so the inspired reader could be guided toward excellent sources for further study.

The section on multidisciplinary perspectives on group work with the elderly should provide a sense of support for potential group leaders from among the fields of nursing, clinical sociology, social work, psychology, psychiatry, and counselors from other general areas. Each discipline has a somewhat different but common focus in working with the aged. Even bibliotherapy, in which literature is used as a tool in the therapeutic process, is explored.

The use of volunteers is addressed. While Burnside points out that the use of nonprofessionals as facilitators needs to be researched, their use is very necessary and important in specific areas of psychosocial care (p. 262). Excellent suggestions for selection and training are given.

Reviewer's Notes. If there is a fault with the text it is its ultra-comprehensive approach to dealing with the elderly in groups. Yet, with the increasing demand being placed on all types of counselors and therapists to address the physical and emotional needs of the elderly, it is doubtful that too much information and encouragement can be given. It would appear that this sentiment is shared by Burnside; the last section of the book, "Instruction for Group Workers and Epilogue," is one more, final effort to furnish yet a few more guidelines which could be useful. The material is worthwhile, even if somewhat repetitious. Although the organization of the massive amount of material presented in the book is cumbersome, the content is well worth the effort on the part of the reader. Burnside's text is a valuable contribution to those who do group work with the elderly.

The Disabled State, by Deborah A. Stone, in the Health, Society and Policy Series edited by Sheryl Ruzek and Irving K. Zola. Philadelphia: Temple University Press. 1984, 241 pp., $24.95 cloth.

S. Randi Randolph
United Health Services, Binghamton, NY

In *The Disabled State*, Deborah A. Stone, a political scientist, offers a theory of how the state uses medical certification to reconcile two seemingly incom-

patible distributive systems: work and need. It includes an analysis of government and intellectual justifications that give coherence to activities related to the concept of disability. Stone then shows how medical certification emerged as an administrative mechanism for redistributive policies such as social insurance and social welfare.

The Introduction identifies cross-national patterns in disability pension programs and reviews standard explanations of the "crises" of these programs in contemporary welfare states. While these explanations may provide answers about short-term fluctuations in program statistics, Stone believes that the notion of disability, a keystone, allows supporting structures of the welfare state and the economy at large to remain in place. Yet the concept of disability is problematic for the resolution of what Stone terms the "critical distributive problem for all societies," the conflict between work and need as the basis for claims on resources.

In Chapter 2, Stone traces the origins of disability as an administrative category in three countries in three historical periods: English Poor Law, German Social Insurance, and American Social Security Disability Insurance. In each, disability has been an administrative device to place boundaries around need-based distribution of resources. The German program in the 1880s was a model for subsequent social insurance programs; it based disability on inability to earn a certain amount. Bismarck's strategy was to unify the country and to strengthen the economy; social insurance was part of that larger strategy.

The United States was the last industrial state to introduce social insurance beginning in 1935. In the 1950s disability was added to the Social Security program. Controversy about the American program centered on definition of disability and method of disability certification. During early hearings physicians tried to persuade Congress that clinical judgment could not provide the objective determination desired by program advocates. Private insurance representatives testified that courts had consistently liberalized the definition of disability. Despite these warnings, Congress supported a disability insurance program. To soothe fears of conservatives and the American Medical Association that a federal disability program would represent a step toward nationalization of medical care, policymakers assigned the task of disability determination to state agencies rather than to the Federal Security Administration.

In the third chapter, "Disability as a Clinical Concept," Stone describes how clinical medicine, in the last half of the nineteenth century, offered a model of illness that legitimized claims for social aid and offered a method of validation that allegedly rendered administration of the category feasible. A major change in the concept of disease absolved individuals from responsibility for and control over their condition. Diagnostic techniques for visualizing the interior of the body and measuring physiological processes gave medicine a new kind of vision, literally and metaphorically. Assessment of eligibility for the American disability

benefit program was dominated by the concept of impairment. The medical profession claimed impairment was a purely medical phenomenon, whereas disability was viewed as a value-laden medical/administrative/legal concept. The disability guides created by the AMA were based on an erroneous, but "pervading faith that a phenomenon of functional impairment, totally independent of context, can be precisely measured" (p. 113). According to Stone, this faith did not take into account the fact that evaluation of impairment is full of errors of reification and false claims of measurement precision.

The mechanisms for restricting access to the disability category are examined in Chapter 4. The Social Security Administration's medical consultation staff had separated clinical data into categories that supposedly could and could not be manipulated. Nevertheless, Social Security executives apparently had an underlying distrust of physicians. Their medical listings were not published for many years because they thought both patients and physicians would use them to their advantage. To further restrict access to benefits, "consultative exams" were established. Nevertheless, policymakers soon realized that clinical criteria were not restrictive enough. They could not protect eligibility decisions from manipulation because judgments of impairment rest on diagnostic decisions which are subject to an enormous degree of uncertainty.

Chapter 5 covers three major sources of pressure for expansion of disability programs: individuals seeking aid, gatekeepers of the programs, and high-level policymakers. As applicants move from the primary, work-based system to the secondary, need-based system, they have opportunities to manipulate the presentation of their case. However, stronger pressures for expansion come from other sources. The clinical concept of impairment was supposed to provide a tight boundary around need-based distribution. But, the system of determination, in which administrative agencies became dependent on patients' personal physicians for information, promoted lenient clinical decisions. The courts have traditionally been even more liberal than clinicians and administrators. The economic context also exerts pressure for expansion, particularly during recessionary periods with high unemployment. Disability programs can transfer older workers from the labor force to the need-based system when the number of jobs decreases. As Stone points out, disability pension programs have expanded in a number of welfare states with widespread and relatively long-lasting recessions.

The concluding chapter focuses on the political dynamics of disability expansion. In times of welfare "crisis," the mythology holds that the program user is the culprit and administrators are accomplices. Stone suggests a different interpretation of program expansion, which can be found in the dynamic concept of disability which incorporates larger social tensions. Three dimensions of the concept are subject to definitional expansion: moral worthiness, incapacity, and clinical methods. When new phenomena outside the realm of individual responsibility can be shown to cause incapacity, a consensus forms that individuals

should be compensated from collective resources. The incapacity dimension was originally defined as physical capacity but has been extended to social, emotional, and intellectual performance. Clinical methods of definition allow expansion as measurement of physiological processes becomes more sophisticated. Subjective factors such as pain are given clinical specification and epidemiological research creates pressure for expansion through discovery of statistical patterns.

Stone identifies the beneficiaries of a flexible disability category. Employers benefit in competitive markets when they are under pressure to make their workforce more productive. Legislators have a strong interest in flexibility, which allows them to satisfy individual requests and resistance from their constituency at large. Agencies responsible for determining eligibility have a stake in keeping the concept flexible so they can respond to legislative changes of mood. Service agencies benefit in that they are rewarded in the political and budgetary world by demonstrating that large numbers of problem cases exist. Lastly, interest groups use standard pressure-group tactics to obtain statutory recognition of new categories of disability.

Finally, Stone examines the breakdown theories that have been predicting a collapse of the American Social Security system. She asserts that these theories make erroneous assumptions about the state and society. The existence of internal conflict or contradictory tendencies does not mean that the state will become incapacitated even though it has become disabled. She states that the expansion of disability programs is not the source of panic for policymakers and administrators. Their sense of crisis comes from a loss of flexibility in the concept of disability itself. She suggests that the most important option of the state may be to abandon the no-fault insurance model of compensation in order to raise questions of responsibility and prevention.

Reviewing *The Disabled State* turned out to be more challenging than I had anticipated. A wealth of information is contained in this relatively short volume. Also, Stone's political science perspective, which sheds new light on the notion of a "crisis" in disability insurance programs, is not one that I had previously encountered in the medical sociology literature. Her attempt to weave the concept of disability in and out of the professional norms and organizational behaviors of three major social institutions in a cross-national and historical perspective is an ambitious undertaking, but one to which justice has been done. I was convinced by Stone's argument that the concept of disability is problematic for contemporary welfare societies. I am less sure that she answered all the questions she posed for herself throughout the book. I was somewhat disappointed that her concluding suggestion about the state's option seemed to overlook the economic pressures she described earlier.

The *Disabled State* does not offer clinical sociologists practical solutions, but it does provide the basis for understanding the political intricacies of the disability insurance programs that affect many of us in our personal and/or

professional lives. Stone's scholarship is impressive, and although her writing style and vocabulary are strictly academic, the book is not pedantic. The time and effort spent reading and thinking about her analysis were enjoyable and worthwhile. I recommend the book to my colleagues.

Group Workers at Work: Theory and Practice in the Eighties, edited by Paul H. Glasser and Nazneen S. Mayadas. Totowa, NJ: Rowman and Littlefield, 1986, 296 pp., $39.50.

Howard Rebach
University of Maryland, Eastern Shore

Few sociologists are trained in group work even though we are often exposed to small group theory and research in our graduate programs. However, a strong theoretical foundation is not adequate preparation for practice with groups. Hence, borrowing useful information from other fields can advance our own work.

Group Workers at Work is an interesting collection of symposium papers written by and for social workers. The Introduction and second section (Chapters 2–5) trace the evolution of group work from a broadly applicable technique for education and social change to narrow use as individual psychotherapy conducted in groups. The small group has been "rediscovered" as a technique in social planning and administration, community organization and development, and organizational development in large formal organizations. This reemergence of small group process in other than psychotherapeutic settings calls for the attention of clinical sociologists.

Ephross notes the ubiquity of task groups on the job and in communities: "Task groups occupy a great deal of time in the lives of a broad spectrum of people . . . what goes on in such groups makes a great deal of difference both to the inner lives of participants and to various institutions and processes in society at large." In these task groups planning occurs, decisions are made, and courses of action adopted. This fact of social life should command the attention of clinical sociologists or any social change agent. Group work is critical whether a small group is itself the target of change and program development or a base for achieving wider social change.

The historical course of group work in social work practice in Section 2 may seem of little value to clinical sociologists. But, the first three chapters are worthwhile because they sensitize us to the variety of contexts for small group interventions. Group work can be a means for change and for growth and development of individuals and of small groups such as families and work units, or for broader change in communities and society.

Overall, the first section of the book is too long and often redundant. The