

The incapacity to work as moving target: Exploring the possibilities of praxiography for analysing realities of disability in history

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Abstract

While acknowledging the discursive meaning of bodies, both gender and disability scholars try to overcome a strict nature–culture or medical model–social model divide. This article explores the possibilities of praxiography for disability history to overcome this divide. Praxiography, as introduced by Annemarie Mol, approaches the body and gender as something that is made up in encounters between people, objects, and practices. Mol has shown that, although a singular term may suggest there is coherence, this coherence is managed in practice. This article provides a practice-focused analysis of appeal cases in which incapacity to work was contested in the context of the first disability benefit act in the Netherlands (1901–1921) and shows how incapacity to work was made up as incapacity to earn a living and shifted to meticulous descriptions of the functioning of individual body parts. Although the topic of power remains to be explored, by looking at incapacity to work as a site of interaction, we can challenge perceptions of disability and gender as a biological or a cultural truth and incorporate matter into the historical analysis of the making of social categories.

Keywords: praxiography, social model, disability history, incapacity to work, social security legislation

Disability history, as a subdiscipline of disability studies, is a field that is built on the political urgency to deconstruct modernist notions of excluding social categories, often inscribed on the body.¹ Historians working in the field have not only tried to bring the lives of disabled persons in the past to light but are also tracing the cultural origins of present-day notions of disability as a concept.

The seemingly neutral and medical notion that disability results from an ill or lacking biological body is criticised by scholars working with the social model of disability, which attributes stigma and socio-economic disadvantages not to impairments but to social attitudes towards deviance and diversity (Oliver, 1990; Davis, 1997). As past historical studies have shown, the use of diagnostic categories such as hysteria, deafness, or homosexuality were often used to justify inequality and exclusion. What is considered to fall under the label 'disabled' therefore always depends on what counts as normal. This analysis of how disability has been constructed in the past, while considering it to be contingent and culturally constructed, is, in fact, rather similar to the way gender and (intersectional) feminist scholars have conducted research on gender and race (Garland-Thomson, 2013; Kafer, 2013; Schalk, 2018).

Following debates about the ontology of the body in gender studies and in feminist studies, the argument about disability has been pushed further. Some disability scholars let go of the distinction between impairment and disability, claiming that disability exists as social construct only, and therefore needs to be analysed discursively. However, recently, researchers in gender and feminist studies have developed a critical perspective on the reduction of bodies, race, and gender to discourse, and try to find ways to break down essentialist binaries that constructivist theory has left in place, such as the opposition between nature and culture. While acknowledging the discursive meaning of the body, they emphasise the importance of material practices in the performance of gender and race (Braidotti, 2011; Dolphijn & Van der Tuin, 2012; Kafer, 2013; Schalk, 2018).

Likewise, the social model has come under attack for its neglect of individual differences and material experience of disability (Goodly, 2013; Rembis, 2019). Scholars such as Marian Corker and Tom Shakespeare have pointed out the risk that the social model can become an all-encompassing theory that equally oppresses the realness as well as the complexity of disability (Corker & Shakespeare, 2002). By considering bodies with impairments a social construct of able-bodied hegemony, the embodied experience of pain, tiredness, hunger, or itch has come under suspicion. It makes it difficult to incorporate the possibility that people actually benefit from the possibilities that are opened up by medical treatment (Tremain, 2015; Clare, 2017).² In short, both gender and disability scholars try to overcome a strict nature–culture or medical model–social model divide, wondering how we can include material and individual experiences without perpetuating essentialist and exclusionary notions that come with the medical or materialist analysis of gender, race, and disability (Garland-Thomson, 2011; Kafer, 2013; Feely, 2016; Clare, 2017; Schalk, 2018).

In this article, I will explore the possibilities of praxiography to answer that question. Praxiography, as described by Annemarie Mol, analyses objects such as the body and gender as something that is being done or made up in practice (Mol, 2002). Geertje Mak has successfully used praxiography to analyse sex (Mak, 2012), and Amade M'Charek has done the same for the analysis of race (M'Charek, 2010, 2013). So far, the aim to incorporate matter into the analysis of disability has translated into a Deleuzian focus on what it means to be human (Goodly, 2013; Feely, 2016), but praxiography has received little attention from disability scholars. Following the lead of Mak, I will apply a focus on practice and interaction to the enactment of disability in history. Since historians have tried to analyse the origins of the medical model of disability, they run the risk of creating grand narratives, analysing persons with impaired bodies as mere victims of historical processes such as medicalisation and industrialisation. I believe that an analysis that embraces the complexity and messiness of such processes, which explores the ways in which people interacted with procedures, objects, habits, and practices and together shaped things such as industrialisation, will help to incorporate the actual lives and acts of persons with impairments in historical narratives. However, a praxiographic approach not only provides for a nuanced perspective on history or helps to bring the stories of persons that were considered disabled in the past to light. By analysing disability as something that is done in practice, acknowledging that these practices also entail medical knowledge, emotions, physical objects, or bureaucratic procedures, disciplinary boundaries are bridged. This will be helpful for historians but also for scholars in literature, social sciences, and medical sciences alike, maintaining (or maybe even expanding) the interdisciplinarity of the field of disability studies.

First, I will describe in more detail what praxiography entails and how it has been used to reintroduce materiality and the body in gender history. Then I will apply praxiography to historical cases in the context of the first disability benefit law in the Netherlands (the *Ongevallenwet* 1901–1921). This case concerned a worker, E. Sebus, who lodged a higher appeal against the outcome of a lower appeal that granted the *Rijksverzekeringsbank*, the state bank charged with the execution of the *Ongevallenwet*, to be in the right about Sebus's working capacity. In this case, incapacity to work was contested, and a search for the true properties of incapacity to work is displayed. A praxiographic analysis of a case like this provides for a mode to look beyond an opposition between a worker and an institution and stop searching for the true properties of incapacity to work (whether its nature is biological or social) but instead focus on how they mutually make up incapacity to work.

I will conclude this article by reflecting on the usefulness of praxiography for both disability and gender history while also addressing the challenges of replacing a focus on social construction with an analysis of practice.

Praxiography: Bringing matter back into the analysis of gender

In her monograph *The Body Multiple: Ontology in Medical Practice*, Anne-marie Mol analyses the ways in which doctors, patients, nurses, instruments, and practices mutually produce what is called *arteriosclerosis* (or arterial calcification). Building on insights from Actor Network Theory, Mol writes in her book that, during her stay as researcher at a hospital, she was not searching for the truth about the body but analysed how the body as object of interest was handled in practice. In her fieldwork, she came across all kinds of different manifestations of arteriosclerosis. Sometimes, arteriosclerosis is human tissue under the microscope, or an X-ray photo, but it can also be a person having difficulty walking. She noticed that, in spite of these differences, singularity is assumed. Doctors from different disciplines, as well as patients, talk about arteriosclerosis as if it is one and the same thing, as something that exists out there that can be approached with distance, but that are, in fact, different realities in flux. Mol considers these different realities 'enactments', and claims that there is actually not a singular, definite, or stable disease but a virtual common object instead. Arteriosclerosis is multiple, it is always something different in relation to different objects, people, and practices. Moreover, when doctors and patients describe or examine arteriosclerosis, they intervene with the disease, they interact with it and thus produce it. They 'make it up', as Ian Hacking calls it (Hacking, 2002). So there is no use in trying to determine the definite nature of the disease, or the body, Mol claims. Instead, she focuses on how different realities are made to hang together and managed to form a natural unity.

Mol approaches reality as something that is being done in encounters between people, objects, and practices. What matters is the dynamic and the interaction that temporarily establishes the body in context. It is explicitly not a matter of different perspectives on the body but a body multiple. She writes:

If practices are foregrounded there is no longer a single passive object in the middle, waiting to be seen from the point of view of seemingly endless series of perspectives. Instead, objects come into being – and disappear – with the practices in which they are manipulated. (Mol, 2002, p. 5)

By using the term enactment, and explicitly avoiding the concept of performance, Mol emphasises that arteriosclerosis is not so much a cultural construct but something that finds a temporal ontology in material practice. With her focus on practices, Mol aims to give the material body a central place in her analysis while overcoming an essentialist binary between nature and culture. In the work of Mol, the analysis of arteriosclerosis functions as an example, but she stresses the fact that all kinds of objects are made up in practice. In her famous article 'Wie weet wat een vrouw is... over de verschillen en de verhoudingen tussen de wetenschappen', published in this journal in 1985, Mol explores the insights on which her book *The Body Multiple* is built, and describes the ways in which various natural and social sciences have analysed what a woman is. In social theory, a woman is a matter of learned performance of femaleness; in psychoanalysis, the woman is found in complexes; and, in endocrinology, hormone levels show what a woman is. Mol states that these differences not simply provide a range of (competing) perspectives on what a woman is. Instead, the description and search for the true nature of a woman in itself is an intervention, and shapes the woman into a singular object. In her article, Mol shows how sciences have interacted with each other and she unravels some of the practices in science that demarcate the categories of woman and femaleness (Mol, 1985).

In *The Body Multiple*, Mol focuses on disease, but her aim 'to study the multiplication of a single disease and the coordination of this multitude into singularity' (Mol, 2002, p. 82) is similar to what she did in her 1985 article and is applicable to the analysis of sex and gender in history as well. Geertje Mak has shown the usefulness of praxiography for the historical analysis of sex in her book *Doubting Sex. Inscriptions, Bodies and Selves in Nineteenth-Century Hermaphrodite Case Histories* (2012). Mak analyses historical cases of persons whose sex was doubted and focuses on the ways in which people were assigned a sex. She writes: '[i]nstead of criticising a social, legal and cultural system that does not allow for gender categories outside the male and female dichotomy and which is implicitly heterosexual I decided to doubt the category of sex itself' (Mak, 2012, p. 2). In her book, Mak explores three implicit logics that were used to assign a sex: sex as an inscription in the social community; sex as a representation of the body; and sex as a representation of the self. By doing so, Mak provides for a historical perspective on the shaping of the category of sex and shows how certain enactments occur and disappear over time. She traces how knowledge of the body was produced, and highlights that medical logic did not precede practice but, instead, followed from interaction with medical objects, social norms in everyday life, as well as tactics, bodies, and stories of the persons

whose sex was under scrutiny. In Mak's analysis, cultural-discursive as well as medical enactments coexist and interact with each other, and this is why there is no such thing as a stable category of sex. She thus adds to praxiography a focus on the mutual relationship between different rationales, and interaction between different enactments.

Praxiography has helped to stay away from a focus on a (biological or social) truth about sex and gender. Instead, it traces where the assumed singularity of these categories derive from and how it is done in practice. It has shown that this singularity results from a complex and ever-changing whole of practices, routines, ideas, as well as bodies, technical interventions, expertise, financial situations, and so on. It makes gender and sex much more complex, yet it provides for ways to overcome essentialism, since it shows that nature and culture are not separate spheres but a matter of interaction.

In the following, I will use these insights to analyse what this could mean for the analysis of disability in history. I will focus on incapacity to work in the context of appeal cases considering the first disability benefit law in the Netherlands, the *Ongevallenwet*. In these appeal cases, incapacity to work was contested and the search for the truth about a person's working capacity was central to all parties. In the following, I will first describe how industrialisation, capacity to work, and social security legislation have been analysed in disability studies, and then apply a focus on practices and enactments of incapacity to appeal cases between 1901–1921. As we shall see, incapacity to work was not simply following the letter of the law itself. In practice, incapacity to work was a moving target.

Industrialisation, the workplace, and the invention of disability

In 1901, the first disability benefit act, the *Ongevallenwet*, was introduced in the Netherlands.³ A great deal has been written about the history of the introduction of social security legislation and the focus has been on the 'what' and 'why' of social security legislation. Sociologists and political historians alike have indicated that the rise of capitalism and industrialisation in the course of the nineteenth century caused for increased interdependency between people in society, and this explains why the collective started to provide for financial compensation for individual misfortune (De Swaan, 1988; Eghigian 2000; Van Genabeek, 2006).

This history of industrialisation and the notion of disability as a matter of misfortune has been criticised by disability scholars. Scholars such as Michael Oliver, Colin Barnes, and Sarah F. Rose have claimed that disabled

persons were systematically removed from economic and social life due to industrialisation, and this, in fact, created the social category of ‘disabled’. They point to the Industrial Revolution and its ramifications as the most profound, catalytic forces in the construction of the notion of disability as an individual problem of the impaired body (Oliver, 1990; Oliver & Barnes, 1998; Barnes & Mercer, 2005; Rose, 2017). Following this line of thought, the incapacity to work from a social model perspective is the incapacity of society to incorporate a variety of ways of working. As a consequence of fixed ideas about productivity and work modes, disabled persons were excluded from the labour market, which reinforces this misguided connection between disability, poverty, and misfortune

This focus on social and economic barriers provides important insights into the incapacity to work as a cultural subject. It analyses working capacity not as something that is inscribed on the body but as a social phenomenon. While acknowledging the analytic value of this shifting perspective on incapacity to work, this analysis carries the risk to fall into the earlier described body–culture dichotomy and leave material bodies out. Moreover, as David Turner and Daniel Blackie have shown, by claiming that industrialisation was a top-down process, disabled persons are made into passive victims, while they were actors in the making of the industrial revolution (Turner & Blackie, 2018).

In the following, I aim to overcome this body–culture divide, and use praxiography to focus on the interaction between persons with disabilities, the *Ongevallenwet* from 1901, medical examination, and claim procedures. I will analyse the incapacity to work as an enactment that is situated in the specific practices of appeal cases.

Incapacity to work in appeal cases in higher court

On the fourth of June, 1914, E. Sebus was involved in an accident at his work for the Dutch Central Railway Company in the city of Nijmegen. There are no sources that indicate what happened exactly, but what is clear is that the *Rijksverzekeringsbank* granted Sebus a disability benefit of 70 cents (Dutch guilder) per workday, which was 24,5 per cent of his former daily wage. This amount of benefit corresponded with an established 35 per cent incapacity to work. Sebus lodged an appeal against this decision, but the court of appeal in Arnhem ruled in favour of the *Rijksverzekeringsbank*. In his higher appeal, Sebus claimed that, as a result of the accident, his right hand had become completely useless. His thumb was the only finger

left unharmed, but his little finger was completely gone and, from the three remaining fingers, he could only partially move his middle finger. He stated that he could not grab or hold anything and was therefore unable to perform any work. At the moment of his appeal, Sebus was still in service of the Dutch Central Railway Company, but he had noticed that, lately, his employer was removing workers with disabilities from service. Because no other company would consider him employable, Sebus requested to be granted a benefit 'corresponding with [his] *actual* incapacity to work'. The report of the controlling doctor of the Rijksverzekeringsbank, E.J. Bunning, who analysed Sebus's incapacity to work, shows that this was based on the functioning of his hand. This was described in rather medical-technical terms and shows how every part of every finger was meticulously examined.

Thumb: normal; index finger: top phalanx stiff, proper flexibility in finger metacarpal joint as well as the joint between the first and intermediate phalanx; middle finger: limited mobility in the interphalangeal joint, but the metacarpalphalangeal joint is mobile; ring finger: stiff in both interphalangeal joints, but mobile in the metacarpalphalangeal joint; little finger: absent, apart from a small remainder of the first phalanx. The power in the index finger and thumb has improved, and is almost normal now.⁴

The judge himself inspected Sebus's hand and concluded that, while taking the medical report into account, he found reason to estimate the incapacity to work of Sebus to be 40 per cent.

The statements of Sebus and Bunning form a part of the legal record considering incapacity to work in the case of Sebus. In this court case, Sebus's incapacity to work and his right to disability benefit is debated. It is tempting to follow a line of debate, analysing the opposing positions, and consider this appeal case a struggle for power or acknowledgment, or a contest between expert knowledge of doctors in service of the Rijksverzekeringsbank versus practical knowledge of workers. With praxiography, however, the aim is not to go along with the search for the true reality of incapacity to work but to highlight the multiplicity and analyse how it is managed into a singularity. When focusing on how incapacity to work is done in practice, appeal cases, such as that of Sebus, become much more complex, because they entail many realities. Sometimes, these realities are conflicting, but seemingly opposing statements can also be the result of interaction between different realities.

Let us unravel some of these interactions and practices that, together, made up incapacity to work in this context. The first section of the Ongevallenwet

1901 states that ‘workmen’, working in the designated fields that this article sums up, were insured against the monetary effects of an accident that happened to them while participating in activities corresponding to their profession. In the second section, the concept of ‘workmen’ is specified as a person who receives a salary for the work they perform. A person who was not on the payroll, for instance a pupil who performed activities as part of a training, was therefore not considered a workman, and the *Ongevallenwet* did not apply to their situation. In line with what sociologists and political historians have claimed, these two sections illuminate the focus on the incapacity to generate an income, and, by excluding pupils and other young people performing unpaid labour, this suggests that it was the breadwinner-ship of these ‘workmen’ that the state wanted to protect (see for example Van der Klein, 2005). The *Ongevallenwet* described incapacity to work as the incapacity to earn a living. Mentioning his uncertainty regarding his employment, Sebus adhered to the logic of disability benefit as a means to avert poverty. In the practice of the appeal cases, the letter of the law was not just simply followed because other enactments of incapacity to work coexisted in this case.

In both his appeal, as well as in the statement of the doctors in service of the *Rijksverzekeringsbank*, working capacity was expressed in percentages. The *Ongevallenwet* 1901 provided a legal foundation for the distribution of disability benefit, but it did not give a clear lead in how incapacity to work could be established. It did, however, imply that incapacity to work should be measured. Article 22 made sure that the person who was considered to be fully unable to work would receive 70 per cent of their former wage. By ‘taking’ 30 per cent of the former wage with full incapacity to work, the legislator tried to prevent people from misusing disability benefits, but, as a consequence, it also initiated a calculation model in which working capacity was put into percentages. This caused both the *Rijksverzekeringsbank* and the people claiming benefits to talk about working capacity, as a calculation, as something that was measured and put into percentages. In files of the *Rijksverzekeringsbank*, officials talk about claim estimation, acknowledging that working capacity could only be measured approximately. Yet, at the same time, this estimation demanded clear substantiation to where the boundaries between percentages could be set.⁵ In the records of the Central Council of Appeal, I analysed all appeal cases in the years 1905 and 1915 considering the *Ongevallenwet*. What became clear was that, in most cases, it was the percentage of incapacity to work that was disputed. In these cases, the incapacity to work was a matter of calculation, substantiated with different rationales.⁶ The focus on the ability to earn an income and

to avert poverty could be part of this substantiation, as we have seen in the appeal of Sebus, but often the calculation was based on the injured body, compared to other injured bodies.

Standardisation was not the plan but happened in practice

This comparison and focus on injuries was not just because industrialisation had invented the productive and disabled body; it had much to do with the fact that doctors were *nolens volens* given a gatekeeping position to analyse working capacity (Horstman, 1999). The medical profession had been focused on sickness and injuries but was not specialised in rehabilitation practices or analysing working capacity. Moreover, the Ongevallenwet demanded registration and a form of bureaucracy, which, at the time, doctors had little experience in.⁷ The act itself did not provide for guidelines or instructions on how to estimate the percentage of working capacity, and the Rijksverzekeringsbank had deliberately left this open to be formed in practice. In contrast with disability benefit arrangements in other European countries, and prompted by heavy time constraints to make sure the logistics of the Ongevallenwet were put into place when the act went into effect in 1901, the Rijksverzekeringsbank chose to make doctors responsible for the entire claim examination (Brust, 1916; Van Genabeek, 2006). These doctors had to perform claim examination in the spirit of the act and came across many difficulties. Medical advisor of the Rijksverzekeringsbank, P.H. van Eeden, esteemed the estimation of the incapacity to work as one of the most difficult tasks, and warned for the danger of oversimplification through standardised models and tables. In a 1916 article in the *Journal for Accident-Medicine*, published by the Rijksverzekeringsbank, he wrote that the context-specificity of each case made it impossible to standardise claim examination (Van Eeden, 1916).

However, the Ongevallenwet was not supposed to be applied randomly, since that would lead to legal inequality and would ease the possibility of fraudulent claims (Van Genabeek, 2006). This is the point where the incapacity to work was centred at a field of tension between an aim for objective measurements to substantiate the estimation, and the desire to build the process of claim examination of the Ongevallenwet on casuistry. And, in this field of tension, a form of standardisation began to be rooted in the estimation process. For Van Eeden, the solution lay in the objectivity of the people in charge of the estimation of the incapacity to work, and this objectivity was gained through experience and specialisation (Van Eeden,

1916). The Rijksverzekeringsbank began to consult the same doctors for specific types of injuries. Over the years, these doctors combined their medical knowledge with their acquired experience with accident medicine and rehabilitation, and with the process of claim examination. They compared the injuries of different people, published about their experiences in medical journals, and, by sharing casuistry, they tried to gain information on how the incapacity to work would improve in time.

Interestingly, by doing so, these experts developed their own form of standardisation. This is, for instance, clear in appeal cases in which a person had lost a hand or finger due to a workplace accident, as in the case of Sebus. In these situations, the specific hand that the person in casu had injured was under intense scrutiny, and the reports provide for detailed description of these injuries. Moreover, these cases show that the hand was examined in similar ways, and the same techniques were applied. In every case, the person whose hand was injured had to make a fist so that the doctor could check if, and how, every individual finger could be bent. The flexion of every joint is described, and every part of every individual finger is measured. The underarms were measured, to see if the hand injuries impacted the strength of the arm muscles (often described as ‘atrophy’). Weather effects on the scar tissue were taken into account, and the reports conclude with a general, clinical impression of the hand. The similarities in the way every individual hand injury was examined not only show that doctors tried to match a percentage of incapacity to work with the functionality of the injured hand, but it also shows that, in that process, standardisation did in fact play a role in the establishment of incapacity to work. This was not the type of standardisation that Van Eeden dreaded. The Rijksverzekeringsbank did not put its trust in oversimplified tables without taking individual circumstances into account. What the state bank did rely on was the expertise of doctors. Since they were medics, and not experts in different types of work, or experts because they suffered from workplace accidents themselves, they focused on what they were most acquainted with, which was the injured body.

Moreover, in the process of finding ways to analyse a person’s incapacity to work, these doctors did what medical scientists often do: they classified different types of injuries, applied the same forms of investigation, and compared the outcomes with the norm group. In time, by doing so, they gained more experience with this norm group, which reinforced this process of standardisation and comparison. The sum of all these individual calculations became the standard to which insurance doctors often referred in the Central Court of Appeal. This form of standardisation was not the plan but emerged in the practice of the execution of the Ongevallenwet.

Here, we see how interaction between the act, the organisation of the Rijksverzekeringsbank, medical practices, search for norms, and hands and fingers who can or cannot bend caused incapacity to work to become a percentage, matched with bodily injuries compared to other people with similar injuries. The incapacity to work, enacted as the incapacity to earn an income and avert poverty, which was important for the introduction of the Ongevallenwet, still played a role in statements such as that of Sebus. However, in the search for standards to provide for a fair process of claim examination, the incapacity to work was sought in the injured body.

Sharing a search for properties

It was not just the actions of doctors, or the interaction between medical practices, bodies of patients, and the Ongevallenwet, that made up incapacity to work in this context. The persons who claimed benefits were participating in enactments of incapacity to work as well. The quest for a truth about working capacity was often shared by both the Rijksverzekeringsbank and the person who claimed benefit. In the appeal of Sebus, for instance, we can see parts of his interaction with the Ongevallenwet and the claim assessment. When he speaks about his incapacity to work, he combines different rationales to substantiate his claim. He focuses on the (dis)functioning of his injured hand while also adhering to the rationale of incapacity to work as the loss of income. He tries to connect with the rationale behind the estimation of his incapacity to work to enhance the value of his claim, making a case for more benefits. In interaction with the Ongevallenwet, and the practice of claim examination, workers added to, or followed, the practice of standardisation and comparison, and placed themselves in that narrative to validate their claim. Moreover, there are multiple cases in which a worker demanded another examination by a different kind of doctor (a surgeon, instead of a psychiatrist) or different techniques (not only investigation in a standing but also in a sitting position, or the use of X-rays). The person who lodged an appeal participated in a search for the properties of working capacity, and pointed in the same direction as the insurance doctors, which is the material body and the calculation based on its functioning. Here, we see the practice of Mol's notion of the 'virtual common object'. The incapacity to work is described in similar terms, suggesting that it has its own fixed reality; however, the object they are speaking about is different. To quote Mol: 'They borrowed each other's terms and yet defined reality in contrasting ways. [...] They imported each

other's techniques and yet their interventions were infused with different logics.' (Mol, 2015, p. 58) This was not simply a matter of perspectivism, of the Rijksverzekeringsbank versus the person who claimed benefits. Indeed, different enactments of incapacity to work could be in tension, but, often, they interacted with each other.

That does not mean that power differences should be neglected. We could say, for instance, that this way of speaking about (in)capacity to work was a matter of tactics, that the person who claimed benefits had to apply the required discourse to make their case and be heard. This, however, would assume that this was not the true version of their experience or idea of incapacity to work but a constructed one. By focusing on interaction, however, we are not participating in the search for a truth about the incapacity to work but analyse the interference between people, practices, procedures, and routines. So instead of talking about tactics, I claim that this appeal enacts incapacity to work, then and there, in the context of the appeal. By also focusing on the specific injury and comparing oneself with other people with similar bodies, workers such as Sebus participated in the enactment of incapacity to work as measured in the body. Workers borrowed medical terms, and measurements deriving from the Ongevallenwet, but changed or used it to their advantage.

The described enactments of incapacity to work in the context of appeal cases concerning the Ongevallenwet 1901 are not the only or definite enactments of incapacity to work that can be traced in this context. It is not my aim to be exhaustive; instead, I want to highlight that there are multiple enactments of incapacity to work in the context of the execution of the Ongevallenwet. And, just like Mak has analysed for the history of sex, I found that different enactments of incapacity to work could coexist. This analysis shows how incapacity to work is not two sides of a dispute; instead, it is a moving target, as Ian Hacking has named this process – it does not have a fixed set of properties, but it is made up and changed in practice (Hacking, 2002). Analysed in a praxiographic matter, incapacity to work is multiple and its assumed singularity is managed.

Advantages and disadvantages of the use of praxiography for disability history

By looking at incapacity to work as a site of interaction between workers, doctors, medical norms, procedures, as well as bodies and examination techniques, we can challenge perceptions of disability as a biological or

a cultural truth. It brings back matter to the analysis, for aching, injured bodies, were measured and experienced, and these bodies, measurements, and experiences together enacted incapacity to work in multiple ways.

As stated before, the social model is criticised for its lack of room for materiality and diversity in bodies, and for making disabled people passive victims of medical norms. With praxiography, it is this multiplicity that is at the core of the analysis. It provides room to see how aspects of disability not only differ from person to person but also from context to context, and that this context plays a role in how incapacity to work is enacted. As both the medical and the social model are criticised for its totalising theory, praxiography leaves more room for contradicting practices, for messiness, for the coexisting elements of different rationales, and complex everyday interactions in life. This means that ideas about productive bodies play a role, but it stands in interaction with things such as time constraint, X-rays and other forms of technical innovation,⁸ with showing your hand in court, with frustrated doctors, with ideas about fair application of the law, and many other practices. By focusing on interaction and practices, we can move beyond a binary between the medical and social model, and between nature and culture, and make the diversity of experiences and practices more visible. This, moreover, provides a method for historians to write the complex histories of all kinds of social categorisations. I believe that this is especially valuable for disability history, since it helps to stay away from tendencies to victimise persons with disabilities in history, associating disability with misfortune and pity. It provides an analytic framework to interpret modes of co-operation and interaction with practices that have been analysed as being excluding or stigmatising and helps us understand how disability is done in practice.

That is not to say that there are no difficulties or loose ends with praxiography. What remains to be explored is the topic of power and agency. In appeal cases considering the Ongevallenwet 1901, there are obvious differences in power between doctors and judges and the labourers who lodged an appeal, especially in terms of social status and enactments of expertise. In this quest for the truth about incapacity to work, not all enactments were valued equally. Mol describes agency as the possibility to be an actor in the enactment, but does that mean that all actors have just as much agency? Moreover, Mak demonstrated that certain examination practices were only possible because of differences in power, but that a patient's co-operation was not self-evident and forms of negotiation took place. Similarly, I have claimed above that certain statements of workers were not just a matter of tactics but enactments of incapacity to work in the very specific context.

However, the range of possible practices and claims was limited due to their social and legal position, and because of what was at stake. In the context of the Ongevallenwet 1901, workers were obliged to let themselves be medically examined, since rejecting examination and treatment would lead to the loss of the right to benefits. As worries of insurance doctors about simulation or aggravation reveal, doctors were depending on the worker's co-operation and stories about their experiences of incapacity to work in everyday life. Moreover, workers' requests for certain examination techniques interacted with the medically described focus on the flexion of the joints or muscle strength. This shows that the dynamics of power play a role in enactments of gender and disability, and that this is more complex than mighty doctors enforcing normalcy over silenced patients. But, it also demonstrates there are differences in freedom to operate, between doctors or government officials and workers who claimed benefits. Mak, moreover, described how certain enactments are more prominent than others and that this changes over time. In the configuration of objects into singularity, what role does power play? And, how can we value the differences between actors in the 'making up' of gender and disability in history? These are questions that remain to be analysed.

Conclusion

In this article, I have aimed to show how a focus on practices and interaction helps us to bring back matter into the analysis of disability in historical research, and by extension, provide for a cross-disciplinary approach. The aim of praxiography is to not search for the biological or cultural reality but to unravel how this is managed in practice. This is not only helpful for historians, who want to incorporate stories of disabled persons into history or aim at understanding ways in which disability as a concept occurred in time and context. A praxiographic approach does not adhere to the idea that there are more sides to every story; in fact, it shows how these sides are not separate or isolated views or experiences, but that they, together, bring objects into being. This way of analysing concepts in history thus paves a way to also study disability and gender together, to see how they are sometimes intertwined, and in other situations are enacted as completely different things.

The work of Mak has provided a historical analysis of sex as product of interaction between clinical procedures, patient stories, and developments in medical techniques to inspect internal organs, and has shown how the

enactment of sex changed around the end of the nineteenth century from sex as a social order, to a sexed sense of self. Likewise, with my analysis of appeal cases concerning the Ongevallenwet 1901, in particular that of Sebus, I have aimed to show how incapacity to work changed from the inability to earn a living to incapacity to work expressed in percentages and measured through the examination of injured bodies. The enactment of incapacity to work in cases like that of Sebus was the result of an interaction between human beings, as well as scientific discourse, legal procedures, but also standardised examination techniques and materialities (such as measuring instruments or fingers that can only be bent by force). What were assumed to be the true properties of incapacity to work was in fact the result of interaction and practices that combined to form incapacity to work as a presumed natural unity.

The topic of power and agency remains to be explored further, but praxiography helps to highlight the complexity of disability. Its focus on situated practices takes more into account than discourse alone – it brings matter back into the equation. This helps to make room for ill, lacking, or sexed realities of disability without essentialising it. In the case of disability, this means that bodily functioning or physical appearance do not constitute what disability is but these aspects are not neglected. Instead, they are taken into account in the analysis of the way it is made up in practice. Although this makes the historical analysis of disability or gender rather complex, and never-ending, since there are many practices and objects involved, in return a focus on enactments in practice releases us from attempts to come to know a definite singular truth about gender or disability.

Notes

1. This article is based on ongoing PhD research, funded by the Dutch Organisation for Scientific Research (NWO). I would like to thank my supervisors Dr Willemijn Ruberg and Prof. Berteke Waaldijk for their encouragement and constructive feedback, Willemijn Ruberg in particular for commenting on draft versions of this article. I would, moreover, like to thank the reviewers for their thoughtful comments, which helped to improve this article.
2. For a more general, yet thorough description and analysis of debates about the body in history, see Iris Clever and Willemijn Ruberg (2014).
3. In 1921, the Ongevallenwet was changed substantially. therefore, I use 'Ongevallenwet 1901' in this article to make clear that my findings concern practices related to the first version of the act.
4. 'Duim: normaal; wysvinger: toplid styf, goed bewegelyk in vinger-middenhandsgewricht en gewricht tusschen grond en middenkootje ; mid-

- denvinger: beperkt bewegelyk in de interphal. gewrichten en goed bewegelyk in vinger-middenhandgewricht; ringvinger: styf in beide interphal. gewrichten, bewegelyk in vinger-middenhandsgewricht; pink: afwezig, behoudend kleine rest van het grondlid. De kracht in wysvinger en duim is verbeterd en thans nagenoeg normaal.' The National Archives, The Hague, 2.09.39 Centrale Raad van Beroep, 1903–1929, inventory number 139 uitspraaknummers 7729-8592, 1915, January 5 – 1915, December 30.
5. In 1905, the Central Council of Appeal had decided that the estimation should be put into a percentage devisable by five, making it impossible to consider a person one or two per cent unable to work. However, the difference between 85 or 80 per cent incapacity to work was still rather difficult to pinpoint and was often the centre of dispute. The National Archives, The Hague, 2.09.39 Centrale Raad van Beroep, 1903–1929, inventory number 129 uitspraaknummers 487-980, 1905, January 3 – 1905, December 22.
 6. The remaining cases dealt with whether the accident was a workplace accident within the meaning of the Ongevallenwet, or were disputes between the Rijksverzekeringsbank and companies who considered themselves less dangerous than indicated and demanded lower premiums.
 7. In the Dutch journal for medicine, doctors complained about the administrative tasks they now had to perform, and medical advisors of the Rijksverzekeringsbank, in turn, complained about the fact that many doctors did not fill out the required forms correctly. See, for example, H. Joustra. (1903). De ingeschreven deskundigen van de ongevallenwet. *Nederlandsch tijdschrift voor geneeskunde*, 47, 268–271; Van W. (1906). Ongevallenwet. Namen op aangifteformulieren gebruikt voor lumbago. *Nederlandsch tijdschrift voor geneeskunde*, 50, 1121–1123; Nederlandsche maatschappij ter bevordering der geneeskunst. (1906). Rapporten van verschillende afdelingen der Nederlandsche maatschappij ter bevordering der geneeskunst over de praktijk der Ongevallenwet 1901, voor zooverre deze op de geneesheren betrekking heeft. *Nederlandsch tijdschrift voor geneeskunde*, 50, 1772–1814.
 8. See for the impact of technology and medical instruments on disability, Coreen McGuire (2020). *Measuring Difference, Numbering Normal: Setting the Standards for Disability in the Interwar Period*. Manchester: Manchester University Press; Jaipreet Viridi (2020). *Hearing Happiness. Deafness Cures in History*. Chicago: The University of Chicago Press.

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