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Governing the Un-Employable: Exploring the Biopolitical Technology of Coding Disability at the Swedish Public Employment Service

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Abstract

The article explores the client perspective of receiving disability codes at the Swedish Public Employment Service. Interviews with individuals who for various reasons and on different initiatives have accepted disability codes at the PES have been analyzed by guidance of the governmentality perspective and the literature on medicalization processes. Findings suggest that there are various organizational interests in the codes. The study also indicates that present labor market measures entail processes of subjectification in the name of 'employability' as a normative discourse. Moreover, the article suggests that clients with neuropsychiatric diagnoses distinguish between their diagnoses and the disability codes they have received from the PES. This seems to be in line with an ongoing re-negotiation of 'disability' within the neurobiological discourse related to the so called 'attention disorders'. As a result, the article shows how conflicts may be spurred between clients and caseworkers at the PES when diagnoses, such as ADHD, are to be processed into disability codes.

Keywords: *disability codes, employability, governmentality, medicalization, unemployment*

Introduction

The Emergence of the 'Un-Employable' Subject

The 'un-employable' individual has emerged as an important problem formulation in Swedish work discourse. In order to contextualize this emerging subject position, it is necessary to draw attention to the very core of Swedish labor market policy and what has been called the Swedish 'work strategy'. This key concept in Swedish work discourse stretches back to the 1920's and entails an effort to instill the individual's responsibility to support herself by means of labor (Eriksson, 2004:17f). It is linked to the tradition in Swedish labor policy to combine capitalist interests of economic growth and Social Democratic ideas of a class-leveling policy by promising workers "a vast programme of active labour market policies and a high degree of income security in case of unemployment" (Bengtsson & Berglund, 2012:86f). Hence, feasible through high tax-rates, employment was secured by means of a generous social security system entwined with an active labor market policy.

The 'work strategy' is still very much emphasized in Swedish work-discourse. However, from the mid-1990's and onwards, Sweden had joined the European Union and new ideas inspired the labor market policies. The concept of 'employability' successively became an important notion (Garsten & Jacobsson, 2004) and the principle of 'security' that had previously been comprised in the 'work strategy' became less emphasized. Individuals themselves were increasingly seen as responsible for their labor market prospects and to be 'employable' also implied, and legitimized, the binary opposite of being deemed 'un-employable' in the eyes of the labor market (Bengtsson & Berglund, 2012:86f). As a consequence, a de-politicization of the issue of unemployment had occurred within Swedish work discourse.

New Challenges Facing the Swedish Public Employment Service

In recent years, the Swedish Public Employment Service (PES) has been faced with an influx of clients with more complex problems. To understand why this is so, some crucial factors need to be taken into account. Firstly, technological innovations have led to rationalizations on the labor market which have spurred unemployment. Secondly, in 2008, what has been called a further strengthening of the 'work strategy' (ISF 2011:6) took place as new rules on time limits in the health insurance meant that people who had previously been receiving financial support from the Swedish Social Insurance Agency (SSIA) were transferred to the PES. Thirdly, the financial crisis in 2007–2008 had strong effects on the labor market and further increased unemployment. Furthermore, in recent years the PES has also been faced with the task of integrating refugees who are now arriving in Sweden.

Moreover, resting on the 'work strategy' logic of 'activation', in 2006, the Swedish center-right government pushed for stricter activation of the unemployed, which led the PES to set higher requirements for job seekers to be eligible for financial support while searching for a job (Bengtsson & Berglund, 2012:92ff). In addition, labor market policy shifted orientation,

with reduced labor market programs and a stronger focus on 'matching' job seekers with labor market demands. As 'text and talk' occupations are becoming ever more common on today's labor market, new competences such as sociability, flexibility and problem solving are emphasized in present employment support measures, that is, competences that require enhanced social and cognitive skills. To be socially proficient and outgoing are thought to be important aspects in order to be 'employable', which is also reflected in schools, where students are now supposed to work on their 'communicative abilities'. Cameron (2000:2), for instance, describes how "a commonplace social activity has been transformed into a technical skill, with its own professional experts and its own technical jargon" and the unemployed have to attain job-searching seminars and meet with career consultants and job-coaches in order to 'work on themselves' (Foucault et al., 1997) according to the discourse on 'employability'. Hence, a new market of 'employability professionals' has emerged, entailing both medical expertise and a cadre of consultants with various backgrounds who sell 'expertise of subjectivity' (Rose, 1989) to the PES and whose opinions may form the basis on which caseworkers categorize and sort their clients (Garsten & Jacobsson, 2013).

The Medicalization of the Un-Employable

The present article argues that the changes in Swedish labor market policy is now reflected in the medicalization of clients who are not considered 'employable' in the eyes of the labor market. Garsten and Jacobsson (2013) have shown how the path to employment for the un-employable sometimes goes via a process of accepting a disability code at the PES. By accepting the code, clients are entitled more resources and assistance in 'finding a place' on the labor market.

The detecting and coding of disabilities at the PES has increased in recent years. In 1992, 10 percent of clients inscribed at the PES were being coded disabled, which is to compare with 29 percent in 2015 (PES Statistics unit, 2016). However, this does not necessarily mean that there have been increases in the number of people with disabilities who are now about to enter the labor market. A disability code offered by the PES does not necessarily correspond with an 'actual' disability (Johansson & Skedinger, 2009), instead, the processes of coding in fact often builds on negotiations between PES officials and their clients (Jacobsson & Seing, 2013). Thus, the disability codes are often arbitrary and as will be shown in the present article, clients often make clear distinctions between their own sense of difficulty/disability and the disability that they are classified with at the PES.

Moreover, the increase in detecting and coding of disability should also be understood in the light of New Public Management rationales. As PES officials works according to formulated targets and are expected to account for their performances in quantitate measures, the practice of encodings has become a resource allocating technique (Garsten & Jacobsson, 2013; Jacobsson & Seing, 2013).

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Research Objective

The objective of this article is twofold. Firstly, I will seek to explore what meaning clients' ascribe to their disability code and in what way it corresponds with their own understanding of their difficulty/disability, if at all. In fact, the PES itself has recognized the need to clarify the meanings of the codes (AF-2015/006 156). Secondly, the article has the ambition to describe clients' experiences of being offered and accepting a disability code, and critically analyze these processes in light of the governmentality perspective and what Conrad (2007:64) has termed the 'medicalization of underperformance'.

The article seeks to explore the ambivalence that is inherent in the process of accepting a disability code at the PES. By accepting a code, clients are entitled to for example employment support measures and the code may perceived as one's chance of actually finding a job on a tapered labor market. On the other hand, by being introduced to the possibility of receiving a disability code, some clients that have not previously thought of themselves as functionally impaired may be forced to incorporate conflicting notions of themselves in one and the same social role. Moreover, as a consequence of the code, clients may have to deal with the stigma of being deemed disabled both in the eyes of employers and by society in general.

Based on interviews with people who have accepted disability codes at the PES and who are, or have been, taking part in labor market measures offered to them as disabled subjects, the following research questions are addressed in the article:

- *What consequences, positive and negative, are clients experiencing after they have been labeled as 'disabled subjects' on the labor market?*
- *What meaning do clients ascribe to their disability codes, and how do the codes correspond with clients' own sense of difficulties/disabilities?*
- *In what ways does the practice of encoding affect clients' subjectivities?*

There is strong societal relevance to this study. Firstly, there is need for further research on the client perspective concerning the coding practice. The client perspective provided in the present article may inform the PES when evaluating the practice of coding disability. Secondly, the article has theoretical relevance for the field of governmentality studies. It analyzes the detecting and coding of disability at the PES as 'technologies of government' (Rose, 1999:50) that are used to categorize and sort clients into various labor market measures (Garsten & Jacobsson, 2013). It contributes to studies of medicalization since the disability codes are often entwined with neuropsychiatric diagnoses, not seldom 'detected' in relation to failures on the labor market and accounted for with the help of bio-medical discourses. The article also relates to the sociology of emotions. As will be shown, a 'confession to disability' may entail deliberations on one's normalcy, which may in turn spur feelings of ambivalence in clients. Nevertheless, the article will not focus on emotions *per se*. Instead, it traces the ambivalence back to the social structures that encourages clients to accept disability codes at the PES. Because these (power-)structures *precede* the conflicting emotions that are

sometimes expressed in relation to the codes, such ambivalence may lend itself a sociological explanation (Merton, 1976). Lastly, I suggest that the problem in this article meets the criterion of what Tracy (2010:840) has referred to as a 'worthy topic', that is, a topic that may raise levels of awareness, so called 'critical intelligence' in readers.

The article is structured as follows: first I will outline the previous research that has been conducted on the topic of detecting and coding disability at the PES. Thereafter, I will outline the theoretical perspectives that will guide the study. Then follows a section of the study's methodological and ethical deliberations, after which the main findings of the study are presented. The article ends with a conclusion and some notes pointing to relevant future research.

Previous Research

In light of the current emphasis of 'employability' in today's work discourse, Garsten and Jacobsson (2013) studied the procedures of coding disability at the PES by conducting interviews with officials working in a PES rehabilitation unit. The authors found that caseworkers are often faced with clients considered to possess work-capacity, yet lacking 'employability', and that a common and established way to solve this dilemma is to negotiate a disability code with the client. Hence, Garsten and Jacobsson (2013:825) write: "to be non-employable *becomes a disability* and conversely, to be disabled *can make one employable*". By analyzing the administrative categories into which clients are sorted as 'technologies of government', the authors argue that these classification procedures "spring out of a template for what is considered acceptable and desirable individual characteristics, hence reinforcing standards of normalcy". Further, since individual shortcomings are transformed into disabilities in the PES administrative system, Jacobsson and Seing (2013) suggest that the detecting and coding of disability at the PES reflects tendencies of medicalization.

Holmqvist, Maravelias and Skålén (2012) have from a critical organization studies point of view studied the identity-regulating effects of transforming individuals within the so called low-performing working segment to an 'occupationally disabled' segment. The authors conclude that the Swedish state-owned company Samhall, aimed at developing people with functional impairments by "putting them to productive use" through their "ability to combine medically based expertise and care with the efficiency goals of the profit driven enterprise", are in fact producing 'occupationally disabled' individuals via processes of bio-medicalization (Holmqvist et al., 2015:194). That is, individuals who have experienced long periods of unemployment, often resulting in low self-esteem, may internalize new knowledge of themselves provided by medical expertise and eventually regulate their identities according to medically provided statements. In this way, it is argued, 'legitimate truths' surrounding the 'occupationally disabled' are reproduced in neo-liberal regimes of government.

By conducting quantitative analyses of data retrieved from the PES' own register of clients, Angelov and Eliason (2014) investigated what factors are associated with the classifications of disability at the PES. Their conclusion was that clients who were coded as disabled by the

PES had often experienced health problems earlier in life, or were clients who had a history of experiencing difficulties in establishing themselves on the labor market. However, no conclusion was to be drawn from the data of whether people who were coded as disabled were in fact were having 'actual' disabilities.

Another study that conducted quantitative analyses of data retrieved from the PES office investigated the possible systematic misreporting of disability in the PES register data. The authors found that PES measures of disability were not as correlated with actual self-reported disability as it was with individual's accumulated periods of unemployment (Johansson & Skedinger, 2009). The answer to this seemed to be twofold; firstly, in line with ideas relating to New Public Management, PES officials are expected to meet certain quantitative targets and thus the coding of disability has become an administrative technique that may be overly used in order for caseworkers to meet these targets. Secondly, as a disability code has become a leeway for some clients to enter into the labor market, caseworkers may be influenced by clients themselves to apply the practice of encoding.

The present article contributes to the research by exploring the client perspective on the coding practice. There is to my knowledge only one previous study that has conducted interviews with individuals who have accepted disability codes at the PES and it was conducted in 2003 as part of a research project on the state-owned company Samhall. The conclusion was that the occupationally disabled is a social role that Samhall employees "*learns to occupy*" in the organization (Holmqvist, 2013:307, 318, my translation). The study did however not contain accounts of coded individuals outside the confinements of Samhall, and hence there is a gap in the research. Moreover, since 2003, the PES has been faced with an influx of clients with more complex problems, and as a result, the encodings have increased. More research is therefore needed on the practice of detecting and coding disability at the PES and the present article contributes an analysis of accounts of individuals who currently for various reasons and on different initiatives have been coded as disabled by the agency.

Key Concepts and Theoretical Perspectives

The Governmentality Perspective

A foucauldian lens is guiding this article. Here, the concept of governmentality, which Foucault introduced as the "encounter between technologies of domination of others and those of the self (Foucault et al., 1997:225)", is central. However, in Foucault's writings, the concept sometimes tends to merge into that of biopolitics (Lemke, 2011:34) and in order to make use of both concepts in productive ways, it is necessary to articulate a distinction between them.

To Rose, whose reading and development of the foucauldian apparatus has inspired this article, governmentality entails all "rationalized schemes, programmes, techniques and

devices which seek to shape conduct so as to achieve certain ends" (Rose, 1999:20). Biopolitics, on the other hand, is a broader concept that embraces "collective human vitality" (Rabinow & Rose, 2006:197, 209). Lemke writes: "Biopolitics stands for a constellation in which modern human and natural sciences and the normative concepts that emerge from them structure political action and determine its goals" (Lemke, 2011:33). Hence, biopolitics is linked to the problematizations of *populations* whereas governmentality refers to the ways in which the state exercise control over citizens by means of various techniques; ultimately, techniques that turn into self-governance.

Biopolitics should moreover be understood as an expression of biopower, which is a concept Foucault used to describe a form of power that is *productive* rather then *deductive*. Biopower does not seek to exercise punishment in terms of subtractions of resources; it *produces* behaviors and subjectivities according to normative assumptions. In order to shed new light on the analytically powerful, but sometimes confusing concept of biopower, Rabinow and Rose (2006:197) have stated three elements that they argue must be included in the concept: (1) "truth discourses about the 'vital' character of human beings" and its related authorities; (2) "strategies for intervention upon collective existence in the name of life and health"; (3) "modes of subjectification, through which individuals are brought to work on themselves, under certain forms of authority, in relation to truth discourses".

Thus, when I refer to the 'governmentality perspective', I am referring to the interplay of biopower and knowledge and in consequence, to 'governmental techniques' (Foucault & Kritzman, 1988:119) that seek to render individuals with the 'responsibilization' (Rabinow & Rose, 2006:209) of one's own improvements according to normative discourses. Hence, the self-inventory processes that constitute the acceptance of a disability code and the processes that follow will be treated as modes for governmental subjectification. That is, the acceptance of a disability code also implies that clients are to subscribe to specific moral codes that are related to 'employability' as a normative discourse. It is a biopolitical governmentality since it, by means of programs for intervention, provides clients with the opportunity to 'work on themselves' (Foucault et al., 1997) under the guidance of legitimate expertise (Rose, 1989). In this way, the system operates through biopower.

Furthermore, drawing inspiration from the conceptual apparatus of Science and Technology Studies (STS), the techniques that are used in present labor market measures in order to shape the 'employable' subject, will be referred to as 'socio-technical arrangements' (e.g. Callon, 2004). These are combinations of techniques comprised of for example tests, conversations, seminars, group activities, etcetera, and that render clients' weaknesses visible while simultaneously empowering any previously undetected strengths. The article suggests that the objective of the socio-technical arrangements is to *de-stabilize* subjectivities (Benson, 2008:276) so that coded clients may then be reassembled as new, 'employable', subjects. Moreover, Rose (1989:244) has identified how the 'confession' is an integral part in processes of subjectification, and as will be shown, the confession to one's weaknesses, and in continuation, to the disabilities proposed by caseworkers or other 'experts of subjectivity'

(Rose, 1989) at the PES, is often central in the socio-technical arrangements of present labor market measures.

Medicalization

The analysis also builds on the concept of medicalization, referring to the social process of transforming what is considered morally deviant or un-wanted behavior into matters of medical expertise. Hence, against the background of 'employability' as a contemporary truth-discourse (Garsten & Jacobsson, 2004), the present article ties the concept to the medicalization of the un-employable. Further, the extension of medicalization into the realms of biopolitics, that is, the notion of bio-medicalization, is also relevant here. Techno-scientific innovations have made it possible to not only harness, but also transform, biological processes in accordance with societal norms and values (e.g. Clarke et al., 2003; Rose, 2006). For example, psychostimulants such as Ritalin and other methylphenidates are supposed to compensate for underperformances caused by disorganization, irresponsibility and procrastination (Conrad, 2007:65). In fact, several informants in the present article have on the advice of medical expertise experimented with drugs after having experienced difficulties, such as psychological breakdowns, in relation to their working life.

Moreover, the historical shift from medicalization to bio-medicalization has also entailed performative aspects. Clarke et al. (2003:163) has pointed out how "new individual and collective techno-scientific identities" has been created, and Rose (2003:59) has used the term 'neurochemical self' in order to conceptualize the tendency among people to "recode their moods and their ills in terms of the functioning of their brain chemicals, and to *act* upon themselves in the light of this belief" (my emphasis). I will later present how this tendency is visible in the accounts of some of the informants in the present article, who clearly distinguish their 'actual' diagnoses from the disability codes they have received at the PES.

Sociological Ambivalence

In addition, the present article will apply Robert K. Merton's (1976) concept of 'sociological ambivalence' when analyzing conflicting emotions that are sometimes associated with receiving a disability code. By accepting the disability code while sometimes not subscribing to the idea of being 'disabled', clients are forced to incorporate conflicting notions of themselves in one and the same social role. Nevertheless, unlike psychological ambivalence, which is a concept concerned with *how the personality* deals with contradictory feelings, the concept of sociological ambivalence "directs us to examine the processes in the social structure that affect the probability of ambivalence turning up in particular kinds of role-relations" (Merton, 1976:5). Thus, Merton's application of the concept refers to what *precedes* ambivalence, and thus provides this article with the chance – and sociological task – to critically scrutinize how clients' contradictory emotions is derived out of social structures related to Swedish labor market policy. Further, there is a linkage between the foucauldian notion of subject positions and Merton's concept of social role. That is, the role of the

occupationally disabled subject is a product of the employability discourse, with its own expectations and relations, etcetera.

In the present article, the theoretical perspectives of governmentality, medicalization and the notion of sociological ambivalence are intertwined. The governmental technique of making clients 'legible' (Garsten & Jacobsson, 2013) through disability codes is also reflecting an expansion of medicalization processes into the field of labor. Further, since some clients accept the codes while they do not subscribe to the idea of themselves as disabled, ambivalent subjectivities are sometimes produced from the practice of encoding disability at the PES.

The Study and Methodological Considerations

Sampling

Since the client perspective of disability encodings was the focal point for this study, qualitative interviews were considered an appropriate method for gathering data. In order to come in contact with informants, I applied a purposive sampling technique, or what Denscombe (2009:37f) refers to as subjective sampling. That is, I actively reached out to people who were able to lead me in direction towards the group of interest, or who were themselves coded disabled by the PES.

Due primarily to secrecy and the argument that researchers were bad at follow-ups, it was problematic to gain access to clients via the PES. Instead, I contacted interest organizations such as local NSPH groups (in Eng., *National Collaboration for Mental Health*), social enterprises and activity-centers for people with various mental and/or psychological difficulties, as well as forums such as Aspergerforum.se, with an invitation to be part of the study. Furthermore, two instances of snowballing effects occurred. In the first case, a woman that I interviewed and who worked as a manager at a social enterprise were able to lead me in contact with two additional informants who were working as staff in the company. On another occasion, a man led me in contact with his younger brother who had just recently been coded as disabled by the PES.

Possible selection biases might have occurred since the sampling was not randomized. The topic of the study may for example suffer from self-selection processes since it might have attracted individuals with negative experiences of receiving disability codes. However, my aim was to reach a maximum variation of informants, that is, informants that were coded disabled for various reasons and on different initiatives and as will be shown, a variation in both individual backgrounds and coding initiatives were reached. Further, as there were six women and seven males participating in the study, and because ages ranged from 23 to 62, I argue that the study has managed to reach a relatively broad variation of subjects that may account for varying experiences of having received disability codes at the PES.

Ethics

Ethical considerations have been of great importance in the present study. Individuals who have gone through work-assessments and received disability codes and/or diagnoses after experiencing difficulties on the labor market may feel stigmatized, and thus confidentiality has been of uttermost importance. All who participated were informed on the purpose of the study and that they are anonymous to anyone but me. Moreover, any recorded voice material or written jottings from the interviews were to be safely stored on my computer under labels that made the participants impossible to identify.

One challenge with was to overcome the possibility of me actually shaping the disabled subject during the interviews. In order for me to evade such processes, I had to carefully construct non-biased questions that were not portraying the informants as 'un-normal' in any way. I however argue that by interviewing individuals on a topic like this, intrapersonal processes that might have an effect one's self-understanding will be generated, and the challenge for the researcher is then to keep such performative effects at a minimal. During the interviews, I tried to focus as much on the positive as on the negative accounts of the informants and I tried to appear 'neutral' in relation to the topic. I furthermore encouraged all who participated to contact me if questions regarding the interviews or other aspects of the study should arise after the interviews had been conducted. By encouraging informants to do so, I felt that the notion of partnership between the informants and me would be preserved even as the specific interviews were over.

Another challenge was to handle the possible tensions between producing scientific knowledge on the one hand, and maintaining an ethical responsibility in relation to the informants on the other. For example, some of the informants claimed that they were not at all experiencing stigmatizing feelings in relation to their specialized work-places, subsidized employments, or the fact that they had been labeled disabled by the PES. When analyzing the data, however, inconsistencies were found in relation to these statements. Kvale and Brinkmann (2009:190f) have written on this subject, and their conclusion is that there is no clear guideline concerning these matters and therefore the researcher herself must orient her way throughout the dilemma of interpreting inconsistent answers by trying to make sensible decisions. I therefore reasoned that, as long as it was considered ethically justifiable, such occurrences were handled with sensitivity when translated into written text so that it would not offend, nor alienate the informants from the text.

Implementation of the Interviews

Thirteen semi-structured interviews were conducted during March and April 2016. Out of these, 10 were carried out via Skype's videophone service. The reason for this was because informants lived far from the location where this study was authored, and since the present article is written within the frame of a master thesis, it was not considered feasible to travel to the informant's locations in order to conduct only one interview at the time.

However, as several authors have pointed out (e.g. Bryman, 2011:209; Seitz, 2015), there are actually benefits to conduct interviews from a distance, for example, reduced effects of possible tendencies in informants to feel uncomfortable due to an intimate face-to-face interaction. Further, in such close interactions between the researcher and the informant, power asymmetries may also occur and informants might feel the need to please the researcher with 'accurate' answers to posed questions. Furthermore, the new and ever developing technology of videophone-services, such as Skype, have successfully developed at recreating interview settings very close to normal face-to-face interactions (e.g. Nigel & Horrocks, 2010:85; Janghorban et al., 2014). Hence, Skype was considered the optimal solution when interviews were to be conducted from a distance.

The interviews lasted between 30 and 75 minutes and they were all, face-to-face or via Skype, conducted in places considered comfortable by the informants. Questions such as *Tell me about your disability code?, Who took the initiative to the code?* and; *Is there anything special you want to tell me that has to do with your code / diagnosis?,* were asked, as were more spontaneous questions related to specific topics of discussion.

Due to signal disturbances, two Skype interviews suffered minor sound and video problems. I solved this by repeated the questions and the interviews as such were not affected in their overall quality. One face-to-face interview became slightly emotional as the informant was sharing some work related experiences of shame and loneliness that followed from having accepted a disability code. Trost (2010:126) has argued that possible signs of emotions may not always be problematic as long as trust is reached between the informant and the researcher. I therefore did my best to make sure that the informant was not left feeling psychologically uncomfortable after the interview and that the interview ended in a good spirit.

Analyzing Data

As suggested by Denscombe (2009:256f), while listening to and transcribing the recorded interviews, I bore two questions in mind: What is it that I am *actually* told right now? and; What is it that I am *not* told by the respondent? That is, I tried to read between the lines in order to notice underlying logics when interacting with the data. The data was then coded in a paragraph-by-paragraph manner since this was considered less time-consuming than line-by-line coding as it is suggested by for example Charmaz (2012). When I refer to a paragraph, I refer to a more or less coherent line of reasoning in relation to a posed question or topic of discussion, and in this sense a paragraph could consist of everything from just one or a few words, to two or three sentences.

To conduct the coding in a useful and productive way, I got inspiration from Walcott's (1994:38ff) notion of the three phases of analysis; description, analysis and interpretation. The descriptive phase consisted of transcribing the recorded voice material data in a colloquial

language as I heard and remembered it with the help of jottings from each particular interview. Then I went through the data with markers in order to distinguish any reoccurring themes. In case a paragraph included marked lines, I summarized the particular paragraph into a short sentence, that is, I analyzed the paragraph. Lastly, although I do not believe that there is an actual 'phase' of interpretation – interpretations is continuous throughout any study – the 'main phase' of interpretation included the transference of paragraphs into broader contexts of analytical findings that were understood with the help of theoretical perspectives.

The theoretical perspectives guided the encoding, which means that it was not grounded. However, in line with the notion of *abduction*, theory and data were "successively reinterpreted in the light of each other" (Alvesson & Sköldberg, 2009:4). For example, the governmentality perspective not only helped me to frame the coding practice as a 'technology of government' (Rose, 1999:50), it also provided me with an understanding of why some of the informants described themselves using a medical parlance after having participated in various labor market measures. As will be shown, I came to the conclusion that present labor market measures seem to entail *formatting* (Benson, 2008:276) functions in that they shape new, self-aware subjectivities. This is in line with Rose, who in his writings on governmentality and biopower place emphasis on strategies for interventions (Rose, 1999; Rabinow & Rose, 2006).

Findings

The Disabled Subject as 'Node' in the Intersection of Organizational Interests

As Garsten and Jacobsson (2013) have shown, the system of detecting and coding disability in clients at the PES follows a logic of resource allocation. It is has become a technique used in order to sort clients out and into various labor market measures, and in line with New Public Management objectives, the system allows for quantifiable outcomes. Hence, in light of the current influx of clients with complex problems at the PES, there is an incentive to code clients as disabled (Johansson & Skedinger, 2009). This is how one of the informants described her view of the encodings:

> I almost got the feeling that my PES official had some kind of bonus, the more people she got into Samhall, the bigger the bonus she would receive. It really felt that way, just the thing that you should sign the code, there were so many of my friends who were also unemployed who had to sign the codes. It was really something systematized. (Woman, 56, disability code based on injured hip)

Moreover, several of the informants described situations in which they felt that employers seized the possibility to receive cheap labor by the wage subsidizes. The present study thus indicates that the disabled subject is not only produced as a result of administrative techniques used at the PES, but that employers who have recognized the benefits of the subsidized employments that comes with the codes are also enforcing the processes of shaping the

disabled subject. Below is an example where one employer knew that a diagnosis could entitle his employee to a wage subsidy, which led him to encourage the informant to negotiate a disability code at the PES:

> [The code] was more something that a specific employer took the initiative to. […] I was already employed there [in a brewery], but the employer told the PES that 'there may not be much more employment, unless you can fix the wage subsidy', while actually there were enough margin for it even without, I think. […] That subsidized employments were available for people who have been diagnosed [with ADHD], that they clearly knew. (Man, 30, disability code 92)

Although the informant was able to see through the argument that he was redundant to the company's workload, he still went along with the advice and eventually received the disability code at the PES in order to keep his job.

The fear of losing one's salary, which is not high but still higher than social security benefits and the health insurance benefit that one would otherwise receive, sometimes prevented informants in the present study from reporting bad placement conditions to their PES officials. This is how two informants who were coded on the basis of being diagnosed with Asperger Syndrome described how they ended up in placements that was not suited to their needs:

> No, it was a miserable job in many ways, but it improved the situation for me because it meant money. Although it was a miserable salary, the social security benefit is really not an income to live on, and at this job I earned 18,000 [Swedish krona] which I'm almost embarrassed to say, but for me it became a luxury […] and it was good for the confidence to say that I had a job to go to as well, and interesting colleagues and so on. But the job itself was a joke, we all thought, it was an entrepreneur who wanted to do everything, but he had no idea how, and he placed it all on us. (Woman, 40, disability code 92)

> But this [employer], he was aware then, or he got the information that I had a disability, so I worked part-time there and got paid from this gas station, but it was subsidized, so it was fun times for people who did not have to pay for the labor force [laughs]. […] I was to take care of 20 rental cars and it was 'drug cars'. People had rented cars to go down to Denmark to pick up the CAT-drug, so I had to go by train to Malmö and meet the Police and the Customs Department there to retrieve the car that was used as a 'smuggling car', and drive it back, and there went more than the part-time that I was supposed to work. And another time it was the police in Copenhagen who had a CAT-car, then the police on Kastrup airport picked me up and my boss said 'it was a good job for him' [the informant] but it was not fun, you know. [...] I heard from the others that 'I was the only one who actually was working.' (Man 52, disability code 92).

Below is another example of an informant who felt that the placement the PES had offered to her as she had a physical disability was not corresponding with the terms of the code:

> This code I had meant that I had a physical disability, I had a worn out hip soon to be operated, I waited for an operation time, but during this time [a placement in a clothing firm] I was too young, so while I waited, the hip got worse and worse and the 'strengthening job training' meant that I had to walk eight hours a day with my worn-out hip at their rock-hard cement floor. […] It was said that I would do administrative work because of my experience, but none of that happened. […] They were only interested in free labor. (Woman, 56, disability code based on injured hip)

Interviews also indicate that PES officials, who work according to formulated targets, may in turn benefit from utilizing the demand for the disabled subject in their everyday work with clients. In this way, analysis of the interviews indicates that some clients may experience themselves as 'nodes' in the intersection of various organizational interests:

> The PES kept emphasizing that 'tell them you have the right to subsidized employment', 'tell them you have the right to subsidized employment in all possible job interviews', you know. And then it's… it became a stamp itself, you know, if you constantly have to apply for jobs merely on the terms of being disabled, that the employer may hire you cheap, you know. (Woman, 32, disability code 92)

However, there are also clients who may utilize their position as 'node' in the intersection of various organizational interests *strategically*. After being hourly employed at a manufacturing company, one informant turned to the PES as he was seeking a steady employment. Having a somewhat troubled past, he soon recognized how this could provide him with a disability code which he could use as a leeway to negotiate further employment with his employer:

> I had worked there before on hourly employment, but I negotiated with the manager, like 'Yes, but I might get wage subsidy', 'Ok, if you can fix that, then you get the job!', you know. So I solved the whole thing. I'll be honest with you, I've got no problem with working at all. (Man, 29, disability code 81)

The present study thus indicates that the occupationally disabled subject is shaped and contextualized in interplay of policy-formulated targets and business profitability. I suggest that by accepting a disability code, clients are reified on the market for the occupationally disabled and subjected to the organization of exchange between the PES on the one hand, and employers on the other. This structural relation does however leave room for some clients to seize the opportunity to negotiate employment by using the disability code strategically, that is, to emphasize themselves as disabled on the labor market.

The Ambivalent Subject

The accounts of the informants in the present study are often imbued with ambivalence in relation to the disability codes. In fact, practically all of the informants in the present study state that they have work-capacity. However, by signing the code, they are forced to compromise their normalcy. As seen in the previous section, clients who receive disability

codes are subordinated to an organizational power-structure that presents to them an already molded subject position and thus configuration of subjectivity that serves to maximize an organizational efficiency. As a result, some clients may feel as 'pawns in a game' of various organizational interests and they may start to doubt, or not fully recognize, with whom the benefit of the code actually lies:

> I felt a pressure to sign the code. Afterwards, as I bicycled home, the whole thing felt horribly degrading, 'why this coding?', you know. But sure, when I got the code I was told by the PES that some jobs that I would otherwise have to apply for, would go away, jobs that would not necessarily function for me. But it's just that, except this [injured] hip, in practice, I was perfectly healthy. I had quite a lot capacity, I think. (Woman, 56, disability code based on injured hip)

> I started asking questions after reading the paper [stating the disability code], and I went from that meeting with a not really good feeling in my stomach. (Woman, 32, disability code 92)

Following Merton (1976), I suggest that the ambivalence expressed by many of the informants is traceable to the *social structures* that sustain the encodings, that is, the organizational interests in the disabled subject from both the PES and employers. In this way, the ambivalence expressed by informants lends itself a sociological explanation.

Ambivalence may also result from the stigma of being employed by the state-owned company Samhall, which in Sweden has become a well-known institution that people associate with the occupationally disabled. In recent years, Samhall has evolved into becoming more of a staffing agency, with the ability to provide other companies and businesses with occupationally disabled work force, and therefore Samhall employees are often working side-by-side with people who are regularly employed at various workplaces. One informant, who stated that she had always enjoyed working at Samhall, displayed ambivalence in relation to the fact that she were being treated differently due to her being a Samhall employee. Sometimes, she stated, people would even shy away from her:

> I have been to many places. In fact, it's fun to work outside, but you know, sometimes it can be stupefying too. I have been to workplaces where you feel that people have prejudices. […] I've been on jobs where the people working there will not mix with us, they want to be by themselves. You sense this. […] Yes, it did not feel good, then. You know, in one workplace, they bought coffee and biscuits, but they had coffee just for themselves, you know. It does not feel good.

I asked if the informant whether she had been able to bring this up with her supervisor:

> No, actually, I do not feel that… I reason that 'this is my job', 'I go home from here', but at the same time, it did not feel good. You feel alone, especially when working alone out on workplaces. […] I do my job. But at the same time... it did not feel good. But as I said, I've never taken it with my bosses. I do not think it is important. (Woman, 49, disability code based on injured back)

However, the study indicates that ambivalence may be reduced as some informants take on more reflexive approaches to their disability codes. For example, one of the informants described how she got angry at the PES for removing her code after she had started to study a few collage courses: "Then, when the code had disappeared, I felt 'but, what?!', because I felt I needed it". The informant continued to describe how she had to fight to get the code back and at the time of the interview she was happily working on subsidized employment at a factory. The informants' levels of reflexivity in relation to the codes will be further elaborated in the next section. As will be shown, it is not uncommon for the informants to distinguish their 'actual' disability/difficulty, if any, from the disability codes they have received at the PES.

Distinctions and Negotiation of Disability in the 'Neuroage'

Several of the informants diagnosed with neuropsychiatric disabilities make clear distinctions between their neuropsychiatric diagnoses on the one hand, and the disability codes they received from the PES on the other. In order to understand why such distinctions are made even though the disability codes are often based on these diagnoses, attention should be drawn to the flourishing bio-medical discourse surrounding the so called 'attention disorders'.

Conrad (2007:67ff) has shown that the discourse on 'attention disorders' has gained wide public salience and that it is dispersed by a 'lay-professional alliance' whose stakeholders ranges from pharmaceutical companies to individuals who seek to understand themselves through this knowledge. According to Conrad, this has given rise to a 'medicalization of underperformance', meaning that people engage in processes of self-diagnosis as they, in the 'attention disorders', seek answers to various shortcomings in life. He points out how a neuropsychiatric diagnosis, such as ADHD, is often attractive since it may provide individuals with "a biological cause, that is not always reasonable, for job failure, divorce, poor motivation, lack of success" etcetera (Shaffer in Conrad, 2007:59). Hence, individuals themselves are very much contributing to these processes of medicalization.

In the present study, several of the informants displayed 'diagnosis-seeking behaviors'. Below is an illustrating example of an informants who had already been diagnosed with Asperger Syndrome, but who worked actively in order to receive an ADHD diagnosis as well:

> Well, I have got ADHD tendencies, and I forced those poor people [the neuropsychiatric assessment team] to make not just one ADHD investigation, but two, because I did not trust the first one I had made them do. […] This first evaluation said 'no, you do not have ADHD,' so I went home and thought about it for a while, and then I felt like 'but I must have ADHD', you know. (Man, 52, disability code 92)

When I asked another informant of whether he was diagnosed with a neuropsychiatric diagnosis, he replied: "No, but I will be […] Asperger and ADHD […] Much of the way I am,

and the things I do, and my reasoning, its in my head". These tendencies to self-diagnosis may reflect current expressions of biopower in the sense that more and more individuals are becoming very much concerned with recognizing themselves as neurobiological entities. Judging from the accounts of the informants in the present study, the biomedical governmentality thus seems to be vital. As Rose and Abi-Rached (2013:8) have pointed out, there is today the notion that "Mind is nothing more than what the brain does", and our comprehension of human conduct has thus been redirected from the domain of the social into that of the brain and its neurochemical processes. The informants who themselves has sought to be assessed for neuropsychiatric diagnoses can therefore be said to display the foucauldian 'will to know', that is, the temptation to occupy themselves with certain truths about what it is to be human, and how one can improve by absorbing its knowledge.

Even though a diagnosis is no less of a categorical device than is a disability code, many of the informants are reluctant to the fact that their diagnoses were being processed into disability codes at the PES. As exemplified in the following quote, some informants tend to distinguish between their neuropsychiatric diagnoses and the disability codes that they have received at the PES, even though these were based on their diagnoses:

> The code is saying that I am worse than what I actually am. Really. You know, I don't see myself as disabled. Rather, I see my ADHD as a super power, you know. Sure, it's a pain in the ass sometimes, but mostly it is absolutely wonderful. My diagnosis, that's what I am, you know. It's my personality. As I don't see my diagnosis as an obstacle, then it's hard to be labeled as disabled, you know. Because I'm not hindered. Maybe I need a little clearer structures, and less idle time, you know. (Woman, 32, disability code 92)

The tendency to view one's neuropsychiatric diagnosis as an asset rather than a disability is not uncommon in the accounts of the informants in the present study. This, I suggest, reflects an ongoing shift in the bio-medical discourse surrounding the 'attention disorders' and that generates a tension between two (para-)governmentalities. In recent years, Swedish neuropsychiatric interest organizations have worked actively with building platforms and spreading information about what it means to have a neuropsychiatric diagnosis and together with famous people who have shouldered 'mediating' roles in relation to the 'attention disorders', the benefits of having for example ADHD is now highlighted in social media and news articles (e.g. the Swedish Facebook-site 'Wonderful ADHD'; *The diagnosis became a new driving force*, DI.se 2016-03-13, my translations). The will to be recognized by society as a biomedical being rather than as a disabled subject is strong amongst the informants.

Another informant who was also dissatisfied with the PES for wanting to code him on the basis of being diagnosed with ADHD managed to initiate a re-negotiation process with his PES official. Instead of being coded on the basis of having ADHD, he wanted the code to correspond with his injured back:

> ADHD, I usually describe it like this; I had a friend who went into one of those damn tents with the Pentecostal Church, and then he came out and screamed 'I have been

saved!'. That was what it felt like. […] The code was based on the ADHD, but I do not believe that ADHD is my problem. […] But then, god damn it, then I protested! […] Yep, then they turned the code around. They understood that ADHD was my asset. And the code was changed into me having problems with my back. All of this may sound simple and easy, but the battle went on for six months. It was a bloody brawl. […] But then I at least got the ADHD on my side. (Man, 62, disability code based on injured back)

Foucault states: "[A]s soon as there is a power relation, there is a possibility of resistance. We can never be ensnared by power: we can always modify its grip in determinate conditions and according to a precise strategy" (Foucault & Kritzman, 1988:123). By emphasizing his diagnosis as 'who he is', and refusing to accept his ADHD as a disability, the informant challenged the PES which led the agency to eventually change his code.

I suggest that the quotes of the informants above may reflect the current vitality of the biomedical governmentality that has infused individuals with the temptation to understand themselves in neurobiological terms. Moreover, as Nowotny (2003:151) has pointed out, in today's pluralism of expertise, there is "a highly articulate, and never before so well-educated population" that seek to influence science and what is dispersed from it. I suggest that the re-negotiation of neuropsychiatric 'disability' may reflect how advocacy groups related to 'attention disorders' are very much succeeding with having a say in what messages are disseminated concerning neuropsychiatric 'disabilities'.

The study indicates that the informants mentioned in this section are actively taking part in the 'discursive formation' (Foucault, 2002:42) surrounding the 'attention disorders'. That is, by occupying biomedical identities they are simultaneously dispersing the biopower that pose these identities upon them. As a result of the tangible tendency to identify oneself with one's neuropsychiatric diagnosis, I suggest that tensions occur as individuals who have occupied techno-scientific identities (Clarke et al., 2003) and who are actively taking part in the re-negotiation of neuropsychiatric 'disability' are to negotiate disability codes with caseworkers at the PES. Thus, I suggest that two (para-)governmentalities collide, that is, on the one side the governmental technology of coding disability in the un-employable and on the other, the biomedical governmentality that propose techno-scientific subject positions to individuals with neuropsychiatric diagnoses. Hence, the PES may be faced with yet another challenge in terms of how the agency operationalizes disability in the processing of clients with neuropsychiatric diagnoses.

Re-Inventing the Self in Socio-Technical Arrangements

Lipsky (2010:59) has pointed out that an important part of the processing of people into clients involves "the way people learn to treat themselves as if they were categorical entities". There are thus performative aspects imbued with the categories that the informants are ascribed at the PES. After having accepted a disability code, clients are directed into various labor market measures where the objective is to rehabilitate participants so that they may re-

enter or enter into the regular labor market. This is often conducted by subjecting clients to various self-inventory processes. Thus, the article suggests, present labor market measures are sometimes imbued with the biopolitical objective to "control and normalize individuals lives by subjecting them to treatments, proposing to them possibilities of a better life" (Puumeister, 2014:301). In these measures, 'experts of subjectivity' (Rose, 1989) are to guide clients in their 'subjectivity work' (Garsten & Jacobsson, 2013:838). On the path to becoming an 'employable' individual, new truths about oneself may thus be discovered, truths that are then incorporated with the subjectivities of clients.

The present study indicates that some of the informants have internalized the new knowledge of themselves that were unveiled during their time in various labor market measures. Describing oneself as having an "uneven ability profile" or a "socio-medical behavior" after having passed through these programs bears witness to the *formatting* (Benson, 2008:276) aspects of present labor market measures.

One informant classified with the 'socio-medical' code stated that the code resulted from him having been open about his past life experiences in contact with a specific PES official at a small town in Sweden to which he had moved and where he wanted to find himself a job. When the PES official got to hear about the informant's past life experiences, she called for several meetings in which the informant, who stated that he was "only a guy who likes to talk", was to sit down and have regular conversations with her about how he had used drugs, etcetera, earlier in life:

> I opened up, you know, because I have used drugs, and so on. […] And then they reasoned 'Yes, but then you might have a hard time being social in the workplace' and stuff and 'you might think it is difficult to learn new things and are nervous' and the like, and of that… I said nothing about it, I was either for or against, you know. […] I do not know how we got into it. I'm a guy who likes to talk, you know, I've got no problem at all with being social, I talk more than I need to, because I think it's fun, and then sometimes I wander off into heavy subjects, you know, but it just feels good. I love that, like therapy. And then, she was like very moved, like 'ooohhh!', you know. She really wanted to help me.

The 'socio-medical' code[1] in particular reflects the high demands of today's labor market as it portraits certain aspects of personality and past life experiences as a disability:

> Above all, it is the socio-medical health that I'm looking at. What about alcohol, drugs, gambling, for example, which is a growing problem. Then enter this with education, previous work, strengths and weaknesses, working with others. [...] Can this possibly be a hindrance socially to take on a job? (Interview with social consultant in Jacobsson & Seing, 2013, p. 18, my translation)

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[1] Although the PES no longer classifies clients with the 'socio-medical' code (disability code 81 in the PES administrative system), it is kept for those who are taking part in labor market measures as a result of the code.

In relation to the 'confession' as a 'technology of autonomy', Rose (1989:244) writes: "In compelling, persuading and inciting subjects to disclose themselves, finer and more intimate regions of personal and interpersonal life come under surveillance and are opened up for expert judgment, and normative evaluation, for classification and correction."

I asked the informant if it was during the conversations he had with the PES official that he received his disability code:

> Yes, she started it, and then a certain [social] pedagogue was involved, who talked to me afterwards, and who works for the PES, but who jumps around between various PES services, and who takes on cases like me, who evaluates. (Man, 27, disability code 81)

A 'therapeutic room' (Dahlstedt, 2008) was thus created in these meetings, and in this way, the PES official and the social pedagogue were able to 'tune in' on the informant's subjectivity and by transforming what was considered morally deviant behavior and less desirable characteristics into a disability, the informant were at the same to submit under standards of normalcy (Garsten & Jacobsson, 2013).

Using Callon's conceptual framework when writing on the organization of labor market transition programs, Benson (2008:68, 276f) have pointed to the complexity of intervening in subjectivities. Since the client is inseparable from that which is to be calibrated, that is, her mind and bodily properties, the client is seen as both an object for intervention *and* as an active subject who is able, and responsible, to engage in the intervening of the self. One of the informants in the present study stated that "the whole operation" of an employment support measure she participated in "was grounded on a kind of conversational base". In line with the findings of Garsten and Jacobsson (2013:838), who write that PES officials often "emphasize the conversation as the most important instrument" in their work with clients, Benson identified how conversation was used as the main 'socio-technical tool' in the remodeling of participants work-force. She writes: "[t]his is done by asking recurring questions of one's needs, desires and values. It is conducted by prompting answers to questions of who you are, and what you really want" (Benson, 2008:276, my translation).

In present labor market measures, the conversation is often part of an assemblage of 'socio-technical tools' (Benson, 2008:272) used in order to intervene in subjectivities. It may for example constitute the basis in 'socio-technical arrangements' (Callon, 2009) such as group activities, workshops and games. In these arrangements, coaches or other 'experts of subjectivity' (Rose, 1989) guide clients through various activities. While spending time in these measures, undiscovered 'truths' about oneself might be unveiled. Such new self-knowledge may in turn enable participants to set feasible goals for themselves. Foucault has stated: "It is in order to know oneself that one must withdraw into the self; it is in order to know oneself that one must detach oneself from sensations which are the source of illusions" (Foucault et al., 2005:68). Hence, I suggest that present labor market measures entail the objective to separate clients from whatever may lie at their future horizons, that is,

'unrealistic' dreams and wishes, in order to replace these with new and seemingly self-discovered insights.

This is how one of the informants described her time in a labor market measure that was very much focused on 'subjectivity work' (Garsten & Jacobsson, 2013:838):

> I was there for nearly two years, and I could spend almost all of the time just working on myself.

I asked the informant what she meant by 'working on herself':

> No but… self-knowledge. It was very much these kinds of self-valuation exercises, where you turned into yourself to find your positive sides and negative sides, you know. […] We went to our coach, we talked, we had inventories of our personal qualities, valuation exercises, this 'hot seat', when someone reads a claim and you are to move away if you do not agree with it, and so on. (Woman, 32, disability code 92)

The informant further described how she had reached a better understanding of herself after having engaged in these exercises. Foucault writes: "technologies of the self […] permit individuals to effect by their own means, or with the help of others, a certain number of operations on their own bodies and souls, thoughts, conduct, and way of being, so as to transform themselves in order to attain a certain state of happiness, purity, wisdom, perfection" etcetera (Foucault et al., 1997:225). The quote from the informant above, I suggest, is an illustrating example of the ubiquitous linkage between knowledge and subject-formation that is linked to the notion of biopower.

However, sometimes more disciplinary measures are being taken in order to shape the conduct of the occupationally disabled. One informant, a middle-aged woman who had come to Sweden as a 23-year-old and who then studied to become a childminder, described how she sought contact with the PES as she wanted to find herself a steady job after having worked on hourly employment in various daycare centers. The woman told the PES official about her back injury, which had resulted from giving birth to her first child, and the PES official then introduced her to the possibility of being employed at Samhall, a Swedish state-owned company devoted to the occupationally disabled. The informant stated that, at the time, she had no knowledge of Samhall and she willingly signed the disability code as she was told this would provide her with a steady employment. During the interview, she reverently spoke of the responsibilities one has as an employee in the company:

> I am employed at a wage subsidy here until further notice. There are certain obligations we have on Samhall, these are the 'smart goals' [she hands me a paper from the introductory courses Samhall give to new employees], they [the goals] must be specific and realistic. For example, 'I will lose weight, 'I will stop smoking', and so on. They told us that the meaning is not that we should stay here, the meaning is that we should be here a short time, especially we who are immigrants, there are many of us here. There are many who have found work outside due to Samhall, actually. You

should yourself take responsibility for your development. (Woman, 49, disability code based on injured back)

This is in line with Holmqvist's (2013) research on the Samhall organization. On Samhall's introductory procedures, he writes: "participation in some of the activities […] makes one alert to past behaviors in life, that may have been ignored, but that may now explain one's status as occupationally disabled (my translation)". Hence, the individualization of unemployment is apparent in these procedures. As seen in the quote above, the woman had internalized Samhall's message, and she displayed a strong responsibility to live up to the organization's demands. Holmqvist further notes: "The formal introduction process that are used can not be seen merely as a screening of the qualities of new employees, it is also as a test of discipline and obedience" (Holmqvist, 2013: 267, my translation).

To sum up, the accounts of the informants in the present study seem to indicate that the 'socio-technical arrangements' (Callon, 2004) of present labor market measures re-invent clients as 'employable subjects' by using both subtle 'technologies of government' (Rose, 1999:50) as well as more disciplinary measures. Individual consequences of being processed in these programs may sometimes be substantial. I have shown how some informants described themselves using a medical parlance and hence, objectified knowledge of oneself may be unveiled which may never before have been an issue. Hence, by shaping the disabled subject according to the normative discourse on 'employability', present labor market measures are at the same time "reinforcing standards of normalcy" (Garsten & Jacobsson, 2013:825).

Conclusion

The present article has explored the client perspective on the practice of detecting and coding disability at the PES. The objective was twofold. Firstly, it sought to explore what meaning clients' ascribed to their disability codes and whether the codes corresponded with their own understanding of their difficulties/disabilities. Secondly, the article had the ambition to describe clients' experiences of being offered and accepting a disability code, and critically analyze these processes in light of the governmentality perspective and what Conrad (2007:64) has termed 'the medicalization of underperformance'.

The analysis of the interviews suggests that the meaning of the code is often blurred due to a structural relation between the PES and employers which together, the article suggests, form a 'network of power' (Rose, 1989:60) that may leave clients in positions where they experience more or less of a pressure to accept the disability codes. Subordinated to the PES, which gain administrative efficiency by the disability codes, and employers, whom may benefit financially from the codes, analysis suggests that some informants experienced themselves as 'nodes' in the intersection of various organizational interests. As a result, the meanings of the codes were not fully recognizable and hence the informants' accounts of having received the disability codes were often imbued with sociological ambivalence (Merton, 1976).

However, I have suggested how informants' levels of reflexivity in relation to the disability codes may mediate the ambivalence that is attached to their new subjectivities as occupationally disabled. To some of the informants, the code was merely seen as a formality that enabled them to receive the help they felt that they needed. I have also provided examples of how the code may be used strategically in order to negotiate further employment at workplaces and hence, one may seize the position as 'node' in the intersection of various organizational interest in order to 'find a place' on the labor market.

Moreover, I have pointed to the finding that practically all of the informants in the present study who were diagnosed with neuropsychiatric diagnoses made clear distinctions between their diagnoses on the one hand, and the disability codes they had received from the PES on the other. Hence, the codes did seldom correspond with the informants' own understanding of disability. Since a diagnosis is no less of a categorical device than is a disability code, and as both systems entail programs for intervention, be it the harnessing and transforming of neurobiological processes in accordance with societal norms (Clarke et al., 2003), or the re-modeling of subjectivities in the 'socio-technical arrangements' (Callon, 2004) of labor market measures, the distinctions made are interesting. The article suggests that explanations may lie with the neurobiological truth-discourse that has urged us to understand ourselves in neurobiological terms and encouraged us to desire techno-scientific identities (Clarke et al., 2003). Conrad (2007:59) has pointed towards what he terms a 'medicalization of underperformance', meaning that neuropsychiatric diagnoses, with its medical legitimacy, attracts more and more people since they entail explanatory power that may account for various shortcomings in life. Hence, the increase in neuropsychiatric diagnoses may partly be explained by a demand for objectified experiences to which individuals can relate and through which they are able to re-evaluate themselves in light of its knowledge.

The disability codes, on the other hand, seem to evoke negative connotations. Subordinated to the normative discourse of 'employability', which has directed social and political problems of unemployment towards the individual and her shortcomings, I suggest that sometimes, the disability code may instead be perceived as a certificate of one's failure on the labor market. With the disability codes, clients are lumped together under broad categorizations that do not leave room for individualized experiences that may account for their shortcomings. As one of the informants in the present study described it, the disability codes are not "individually tailored". Instead, the study suggests that some informants may take refuge in neurobiological identities. By referring to a diagnosis, one may dislocate the stigma associated with the disability codes to the brain and its neurobiological processes. Hence, I suggest that in the name of a diagnosis, one may still be allowed to 'be oneself' and it thus seems as if a diagnosis, more than a disability code, may provide clients with a sense of personal uniqueness.

Consequently, and in line with the notion of biopower (Rabinow & Rose, 2006), I argue that the 'diagnosis-seeking behaviors' displayed by several of the informants in the present study reflects a 'foucauldian freedom'. Rose (1989:11) writes: "The irony is that we believe, in

making our subjectivity the principle of our personal lives […] that we are, freely, choosing our freedom". Moreover, informants with these behaviors also tended to highlight certain aspects of their diagnoses as assets in life. This, I suggest, may reflect an ongoing *re-negotiation of disability* concerning the so called 'attention disorders' and I have paralleled this finding with examples of how interest organizations and famous mediators of 'attention disorders' are now highlighting the positives of having for example ADHD. I have given examples of how informants described ADHD as the 'cutting edge' of their self-hood and, consequently, I have pointed to conflicts occurring as different views on 'disability' collide in the processing of neuropsychiatric diagnoses into disability codes at the PES. Hence, the article suggests that the re-negotiation of disability concerning the 'attention disorders' is yet another challenge for the PES to handle in their everyday work with clients.

Even though the informants in the present study did not identify with their disability codes, which may seem to contradict previous research, one should bear in mind the fact that previous studies were conducted solely on Samhall employees, who may be more likely to have internalized their occupational disabilities since they are often confined to what resembles a 'total institution' for the occupationally disabled (Holmqvist, 2013:268). The present study indicates that individual consequences resulting from the disability codes may still be substantial. For example, some informants described themselves using a medical parlance, and this, I suggest, exemplifies how the disability codes, which direct clients into various processes of interventions, brought the informants a new language through which they were able to express and understand aspects of themselves that might otherwise have remained unnoticed. Hence, I have analyzed present employment support measures as programs for 'governmental subjectification' (Rabinow & Rose, 2006) in that they serve to format clients into new, self-aware individuals, able and responsible to 'work on themselves' (Foucault et al., 1997) in order to become 'employable' individuals.

It should be stated that there are some limitations to the study. More people who have accepted disability codes at the PES need to be interviewed, as do people who decided on *not* to accept the codes offered by the PES. The latter would provide insightful information on the deliberations that precede, and what determines, the acceptance of a disability code. Further, as pointed out, possible selection biases may have distorted the analysis. However, as informants in the present article were coded on various initiatives and for various reasons, and due to the wide range in age and a balanced gender distribution, I suggest that the article entails a relatively broad spectrum of information on the status of clients who have accepted disability codes at the PES.

Finally, the matrix of biopower is complex and difficult to survey. I will therefore leave the question open of whether the re-negotiation of neuropsychiatric 'disability' is reflecting how activists within the 'biosociality' (Rabinow, 1992) of 'attention disorders' are now in fact speaking back to a biomedical governmentality by challenging subject positions posed by the ubiquitous and elusive technologies of biopower.

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