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To cite this article: Kjetil Wathne (2021): 'They said I wasn't sick enough': pain as negotiation in workfare, Nordic Social Work Research, DOI: [10.1080/2156857X.2021.1958909](https://doi.org/10.1080/2156857X.2021.1958909)

To link to this article: <https://doi.org/10.1080/2156857X.2021.1958909>



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Published online: 29 Jul 2021.



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# 'They said I wasn't sick enough': pain as negotiation in workfare

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## ABSTRACT


Women with migration experience from non-European countries living in Norway question the degree to which workfare is beneficial to their participation in working life. Welfare-workers regard 'immigrant women' as a particularly difficult group to assist with their transition into employment. Based on ethnographic observation of more than fifty meetings, interviews, and other qualitative sources, this paper explores one specific reason why these processes seldom succeed. Diffuse pain dominates the lives of many women, a situation not fully understood nor accommodated medically, socially or in terms of welfare rights. The welfare system fails, by and large, to offer solutions that address real-life challenges. A better understanding of pain in its communicative aspect is necessary to promote the participation of women – and particularly those with migration experience – in workfare. The paper's point of departure is a pivotal moment in the jobseeker Amina's workfare process. A case study is developed to show how pain can make women feel obliged to act according to a certain 'script' to be able to negotiate welfare outcomes. Pain is a major hindrance to working life and it is important to understand more about this in the welfare context.

## KEYWORDS

Minority women; diffuse pain; workfare; conversational analysis; qualitative methods

## Introduction

This article revolves around a single moment in an everyday welfare encounter, in which Amina, a jobseeker, Paul, a caseworker in NAV (the Norwegian Welfare Administration), and Josephine, a job-consultant, play the principal roles. A woman in her late fifties with migration experience, Amina is in the workfare programme as a condition for receiving minimum income benefits (e.g. Lødemel and Moreira 2014). In the encounter we witness, the process has stagnated, and Amina appears unable to either progress with her own ambitions for work, or with the activities mandated by the workfare programme. As her agency in the conversation diminishes, she experiences a moment of pain. This is the moment I analyse. In so doing, I highlight the balancing act required of pain patients in workfare. Drawing on observations made through a research project on workfare participation among women with migration experience, I take up aspects of Amina's case, to expand on why her process stagnates and how her moment of pain might grant her an agency that has otherwise deserted her. I adopt the longstanding Extended Case Method, which allows for 'the micro and particular' to say something about the 'macro and general' (Burawoy 1991, 273), and which highlights the 'link between the macro-level context and micro-level action' (Wadham and Warren 2014). Thus, addressing complex issues through observation of everyday manifestations in a micro-level social setting (ibid), I employ an analytical apparatus whereat I unwrap and unravel a common, seemingly trivial scenario, to draw conclusions external to the observed context. The analysis complements work by Eskelinen, Olesen, and Caswell (2011), Lieggio and Caragata (2016),

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and Krivonos (2019), who write about everyday welfare encounters, role-constraints, and agency in communication.

‘Amina’ exemplifies some mechanisms whereby women with migration experience from non-European backgrounds seldom fare well, and few end up gaining employment, through workfare. I seize on a charged moment, a mere gesture, as a path to understanding why this vital tripartite communication falters. I hold the moment up as a prism through which I look at some structural issues facing women, and particularly women with migration experience, as welfare-recipients under NAV’s tutelage. I discuss how each of the three role-players in the encounter, bound together by their various scripts, is effectively *tied down*, by, a) paradigmatic understandings of pain and disease, and b) the constraints of role expectations.

To better understand the stymied or circumscribed role each actor plays in this (rather anticlimactic) encounter, as an analytical approach, I develop the metaphor of dramaturgy and draw on Erwin Goffman’s ideas on the roles we play in everyday life, underpinning these with Arthur Kleinman’s ideas on the roles we play as sick. Taking ‘role’ as the enactment of rights and duties attached to a given status, Amina’s movement is a ‘performance’, in as far as it forms part of the activity invested by someone on a given occasion in trying to influence other social roles (Goffman 1980 [1959], 8–9). To imbue Amina’s moment with meaning, I mainly reference two strands of social research. One which addresses the subjective pain of marginalized social groups, and another which addresses the bounded agency of the workfare context. I borrow from Paul Hogget’s understanding of agency, to foster the idea that even non-reflexive actions, potentially self-destructive behaviour, sometimes does the work of negotiation and invites analytic attention. Amina’s positioning in the encounter does not facilitate transmittance of her message. For her to have her voice heard and acted upon, she needs a more forceful narrative device – hereinafter called ‘a gesture’ – which presents itself in the form of a jolt of pain. Pain enters the conversation in dramatic fashion, with elements of both negotiation and performance.

Intense pain, be it acute or chronic, resists language; we lack the linguistic repertoire to convey the experience (e.g. Scarry 1985; Kleinman et al. 1992). Sometimes called an ontological assault (Pellegrino 1979), pain is so powerful an impulse it inhibits cognition (Hogget 2001) and dominates our very ability to extend ourselves into the world (Good 1992). In a sense antithetical to culture (Johansen 2006), pain leaves the sufferer feeling ‘frustrated and socially isolated’ (Hilbert 1984). The bodily and cultural experience of chronic, subjective pain can impede the sufferer’s approach, and at the same time offset communication between, and effectively disempower, each of the role-players in the drama that is a welfare encounter. In workfare, under pressure on two fronts, it befalls pain-sufferers to simultaneously relate to bureaucratic and somatic demands. They do not square up. NAV’s framework for understanding pain and disease necessitates, as it were, the dramaturgical devices women see themselves forced to employ in this context to overcome systemic bias against their lived experience and drive home a state of medical impairment. This is Amina’s vantage facing her counterparts. We shall see how pain takes possession of the agency involved, and literally forces her hand. The incongruous demands of pain and workfare hang over many women in Amina’s situation, and workfare processes often fail, leaving the welfare-recipient no more empowered nor appreciably more employable. This bureaucratic-phenomenological duress corners narrative choices and the working definition of disease hinders the welfare system’s ability to accommodate contested pain.

## Material, case & context

This paper builds on insights from a research project on workfare participation among women with migration experience, in which 25 women and 35 job-consultants, managers and caseworkers contributed. Subjective pain is a major focus in the everyday lives of a great majority of the women in this material, and they attribute the cause of their condition to the stress and existential worries in their lives. Many participating women in my material have faced longwinded and

complicated workfare processes. Over the course of eighteen months, I observed approximately 50 encounters between a core of eight women and welfare-workers, including 12 with Amina. Observations over time, input from private conversations, insight into documents and written evaluations, provide an overview of Amina's process, the interplay of internal and external, subjective and objective, factors, and the most mundane aspects of the communication between the role players *in situ*. I am therefore well placed to bring out why this vital tripartite communication falters.

Suffering from Chronic Pain Syndrome (e.g. Jackson 1992, 202), for Amina (born in Somalia, 55 + years old) – pain has taken control of many aspects of her life. Her 'workability' (Norw., 'arbeidsevne'; a technical term NAV uses) is marred by degenerative changes caused by arthritis, but primarily, in medical terms, more subjective symptoms (e.g. Mik-Mayer 2017, 102). This led to reduced workability for several years and, when dismissed from her position, she received sickness benefit for twelve months. Amina contacted her labour union to make a case against her municipal employer in the hope of obtaining another position. The municipality was only able to offer physically challenging work, and after an attempt at a part-time job in a canteen, she has been out of work for four years. NAV decided that she fails to demonstrate loss of fifty per cent workability due to 'disease or injury', disqualifying her from AAP:

'My application ... was rejected. They said I wasn't sick enough. That I could take other jobs. Only not the kind of work I had before ... They said I wasn't sick ...' (Amina)

NAV has categorized Amina as unemployed and employable, placing processual emphasis on resolving the issue of employment. She faces considerable pressure to participate in work-promoting activities and thereby move from passive benefits to regular employment (e.g. Krivosos 2019). Over the last eight months, Amina has been subject to workfare at a rehabilitation centre ('the centre'), where, in her words, she was sent by NAV following her high intensity pain and drastically reduced workability. Due to ill health and frequent absence, Amina has not made discernible progress towards employment, and communication centres around her pain. In a bid to shift focus more in line with coping and employment, the job-consultant at the centre called a meeting with Amina and her caseworker in NAV (with myself as observer). The drama that unfolds is a tragedy in that each role is disrupted and fails to reach its potential. I argue this is inevitable given that this type of pain is systemically recognized not as 'disease' but as 'illness', in Arthur Kleinman's sense of the word, leaving role expectations pertaining to 'pain patient' and 'job seeker' ultimately irreconcilable.

Given that she speaks Norwegian almost without a trace of accent, her near-complete secondary school qualifications, and a motivating dream of becoming a social worker, the job-consultant sees Amina as 'a special case'. The way pain pans out in her life will nonetheless be recognized by welfare-workers as typical of the pain endured by many minority women. Many participants in my project describe circumstances wherein the system had failed to recognize this pattern of ailment as 'disease'. Amina's circumstances enlighten the dearth of effective measures at NAV's disposal to promote the participation of women with migration experience. In workfare, women often endure massive bodily pain while simultaneously having to negotiate about functionality and work-tasks. Certainly, diffuse pain is not unique to women with migration experience. However, being a migrant, female and socioeconomically challenged (e.g. Pryma 2017; Soares and Grossi 1999) are three-fold risk factors for this picture of suffering. Among ethnic minority women, the pattern of pain is so common (e.g. Naushad et al. 2018), it might be called a *syndrome*.

I discuss elsewhere (Wathne 2019) how women suffer conditions of pain and loss of function incommensurate with biomedical understandings of disease, which has ramifications in terms of welfare rights. Subjective pain is something that welfare-workers recognize as a hindrance to communication and participation for these vulnerable welfare-recipients. NAV's distinction between the categories 'unemployed' and 'sick' rests on a specific understanding of disease and disability. NAV grants Work Assessment Allowance (AAP), viz. the welfare benefit with scope for

medical issues, ‘only when health challenges result in reduced ability to carry out ordinary work’. The operative word here, *health challenges*, must arise from objective medical findings, i.e. empirically available pathology. Psychosomatic expressions of pain are particularly distant from the core medical definition of causal pathology at the heart of NAV’s categorizations. NAV often relies on commercial sub-contractors to carry out the actual work-promoting activities, making close cooperation between welfare-recipient and welfare-workers, i.e. caseworkers in NAV and external job-consultants, essential. However, in contexts centred on paradigmatic understandings of disease and pain pathways, essentially neither sick nor well, women often find themselves stuck in welfare limbo, somewhere in between – leaving all role-players frustrated.

## Theoretical perspectives

Previous studies from Scandinavia and beyond have described communicative mechanisms whereby welfare encounters derail (e.g. Caswell, Eskelinen & Olesen, 2011; Eskelinen, Olesen, and Caswell 2011; Lieggio and Caragata 2016; Mik-Mayer 2017; Hansen and Natland 2017; Krivosos 2019). Similar in premise and approach to Eskelinen, Olesen, and Caswell (2011) and Krivosos (2019), I seize onto a pivotal (if also impotent and easy to miss) moment in Amina’s activation process. My starting point is a context-specific body-movement encapsulating an important aspect of the lived experience of pain. Close attention to the scene and the point in the process where it takes place, contextualizes how the complexity of the sick role inadvertently reinforces a detrimental focus on illness and how the role-players are tied down in relation to each other over the ambiguity of subjective pain. Using a snapshot to expand on a ‘strip of behaviour less long than a grammatical sentence’ (Goffman 1981, 128), I draw attention to an important reason why the women in my material often report feeling marginalized in their meetings with the welfare system. They realize that the system fails to fully understand their pain, and in this realization, sufferers find ways to accommodate their circumstances.

### Female somatoform illness

Among women in this demographic group, the prevalence of pain is very high (e.g. Kumar et al. 2008). There is a pattern to this predominantly female form of suffering: symptomatology of medically subjective, somatoform and chronic, diffuse and poorly located pain in various body-parts. There are close parallels between the physical pain many women with migration experience endure and ailments such as fibromyalgia and somatoform disorders. The common thread in these symptom sets is ‘the occurrence of one or more physical complaints for which appropriate medical evaluation reveals no explanatory physical pathology or pathophysiologic mechanism’ (Diagnostic and Statistical Manual of Mental Disorders IV, 2013). This summarizes a cluster of diagnostics given (mostly) to women who display a common set of symptoms, at the core of which is medically unexplained pain. With fibromyalgia, a physician might be able to map associated symptomatology without identifying a pathologic causeway. Diagnosticians and medical practitioners usually make few objective findings when addressing this type of pain and patients often end up with symptom-based diagnoses. It is essential to my thesis that this form of illness does not readily square with medical understanding of disease as something that originates from organ-specific pathology (Wathne 2019). Many women perceive an ontological clash between official categories and lived experience, and in this, they are exposed to a fundamental conflict of interest which can be instrumental in derailing workfare processes.

The body of work on medically subjective symptomatology in females and the emergent literature on minority women and pain speak to the welfare-recipient’s socio-somatic reality (e.g. Werner and Malterud 2003; Mullersdorf, Zander, and Eriksson 2011; Pryma 2017; Nyen and Tvedt 2018). Women often struggle to convince others of the severity of their chronic pain (e.g. Nyen and Tvedt 2018; Nortvedt et al. 2015; Pryma 2017). Sufferers of subjective symptomatology must engage

in forms of behaviour to demonstrate the manifestation of their pain (Kleinman 1988, 177). Acutely so in workfare, they need to present themselves as 'sick'. This form of presentation in everyday life (Goffman 1980 [1959]) risks placing women (in particular) in sick roles, which is likely to complicate working relationships with those mandated to promote work and well-being. This is important since the course through workfare depends on caseworkers recognizing someone as being motivated, despite their being ill. However, available systemic categories of health and disability render subjective pain *suspect*. This is particularly consequential for women with migration experience as they attempt to navigate the system. They find discursive and narrative options vis-à-vis welfare-workers hemmed in by the symbolic repertoire pending on the system's definition of disease.

Women feel they must work to present themselves as credibly pained vis-à-vis physicians prone to dismiss pain-without-pathology as fibs of the mind (Werner and Malterud 2003). Pain is essentially both a sensory experience and an aspect of interpersonal communication (e.g. Good 1992; Mattingly and Garro 1992; Ware 1992; Glenton 2003). The objectivity of experienced pain is often at the heart of these everyday negotiations, and the present article points to very similar communicative dynamics taking place when women with migration experience participate in workfare.

### **Pain as communication**

To convey aspects of the conversational dynamics in the encounter, I look beyond the sensation of pain in a strict phenomenological sense to focus more on how the experience includes a negotiated social reality. The discussion is inspired by Arthur Kleinman and others' ideations on illness narratives/illness behaviour – particularly, the roles we *act as sick*. With an eye on how symptoms can be brought into play in relation to social others, Mattingly (1998) and Mattingly and Garro (1992) provide an angle from which to explore the function of the symptomatology Amina displays. Welfare encounters bear analytic resemblance to on-stage performance. A closer look at what Kirmayer calls the 'poetics and performance of discourse' in the encounter provides insight into how a silent voice contributes to fashioning a conversation that 'embodies experience, makes a claim for rhetorical power, and both challenges and contributes to larger narrative structures, including both life narratives and the contextual authority of clinical definitions of disease' (2000, 156). In as much as pain forces on her a specific way of *acting* in her relationship with the welfare-workers, who, on their part, are also restricted by the scripts of their respective roles, I want to understand the 'trope of performance' (Laderman and Roseman 1996, 3) in Amina's gesture. In this simile, the welfare system's paradigmatic understanding of subjective pain makes for a prominent stage prop.

More nuanced and gendered accounts are needed of what makes bureaucratic encounters stressful and disempowering – contexts where, typically, 'individuals are surrounded by real demands and real constraints which cannot simply be turned into resources' (Hogget 2001). In such circumstances, agency sometimes presents itself in forms that are not necessarily reflexive or even articulated. Paul Hogget's typology of agency – running from active and reflexive forms to an unarticulated type – adds to an understanding of pain behaviour as meaningful even if executed on levels of consciousness unbeknown to an observer.

### **Findings and discussion**

Having presented a framework for approaching Amina's workfare predicament, I can now break down the encounter into observable details. Keeping with the dramaturgical metaphor, pain sets the stage in Amina's encounter (excerpt, translated from Norwegian).

At the centre, in job consultant's office: Amina and Josephine (job consultant) seated in their regular chairs, Peter (NAV caseworker) across from Amina, and me closing the circle. Mid-meeting, Peter enquires about Amina's tasks at the centre.

Amina: 'It's OK for me to work on the computer. That's not hard at all. I can sit and stand while I work, so I don't get pain then.'

Peter: 'Why? – that's what we're trying to find out here ...'

Josephine: 'You use your body differently. It's very adjusted in there. It's something totally different from real-life work tasks ...'

Amina: 'I am more tired, more pain when I'm in Production ...'

Josephine: 'Sure, there's a great deal of difference between working in Production and learning how to use a computer! But the little you have to walk in there in Production is bad enough for you?'

Amina: 'Yes ...'

Peter: 'Even simple packing tasks is too much for you, then? You can manage three hours a day, right? Is that max for you?'

Amina: 'I can try! Sometimes it's too much ...'

Josephine: 'Would you tell us in your own words why you've had so much sick leave, Amina?'

Amina: 'Pain in my knees, I get pain there sometimes.'

Josephine: (sharp tone) 'It's a bit difficult to relate to what you say when sometimes you tell us you can try and sometimes you tell us it's too difficult!'

Amina: 'I am willing to try but sometimes things turn out differently from what you thought ...'

Peter: 'But you're willing to try ...'

*Suddenly Amina jolts, letting her jerky movement give recognition to a flash of pain striking out in her body. Clutching her side, while grimacing and biting her jaw, she proceeds to rub her upper arm and shoulder.*

### **Illness & workfare**

Amina's story up to this unremarkable but loaded moment makes apparent a paradox inherent in NAV's delineation of disease and the organization of welfare-recipients into categories based on progressively reduced health function with associated welfare rights. Welfare-recipients understand they have stakes in their placement into these categories and negotiate the input that goes into the evaluation. Workfare aims to foster employability and employment, yet the process allows several other legitimate welfare exits, complicating the issue. The 'fortunately sick' achieve (some degree of) disability pension, while sufferers of more elusive pathology risk ending up with relatively meagre and means-tested social security benefits based on monthly application. In workfare, with a focus on 'motivation' at the core, people with symptom-based diagnoses, like Amina, must strike a delicate balance between 'being sick' (by acknowledging the effects of the condition) and 'willing to work' (by coping with the ailment). Anyone with chronic pain in that context intuits that whoever projects too much motivation risks being perceived as 'well enough to work'. Therein lies the paradox. Someone who is (or feels) too sick to work must make that apparent within the framework of the process, and, in order that her pain and loss of function to be taken seriously, feels compelled to underline her disability.

It poses an obvious dilemma that 'showing drive and determination' is a contradistinction to 'being ill' (Werner and Malterud 2003). Bear in mind that the enactment of an everyday role as 'sick' or 'in pain' may detract energy from the battle to adjust (ibid) and distract a person from focusing on optimizing workability. However, as Nana Mik-Mayer points out, welfare-recipients must appear motivated, proactive, and cooperative to achieve co-productive relations and have their perspective heard, accepted and acted upon by welfare-workers. To draw recognition as equal partners, recipients must possess enough communicative and self-reflection skills to present

themselves in ways that align with workfare policy aims (Mik-Mayer 2017, 114). This explains why, disempowered by the confluence of physical and communicative strains, her agency deflated, the protagonist remains immobilized and much of the dialogue proceeds over her head. “This is your plan, Amina!” Josephine would point out in many previous encounters, to draw her into some activity. Amina, however, may feel less than an equal partner in the process.

NAV’s initial instructions to the centre concerning Amina’s workfare, reads: ‘*Find out what kind of tasks/jobs she is suited for. The aim is work compatible with her health*’ (translated verbatim). In Amina’s words, uttered early in the process: ‘I was sent to the centre’ after ‘the caseworker said it was a good place to be – he never really asked me . . .’. Amina did not offer alternatives to the content of her process, other than stating a preference for activities that promote her professional dream. She underlines that improving her health is an important premise to her before employment is feasible. During initial negotiations, Amina expressed an ability to handle what amounted to thirty-three per cent of ordinary working hours. Under highly moderated circumstances, she commenced activities in the low productivity workstation, ‘Production’ (at the Centre), three days a week, part time, to map out her ability to perform various manual tasks. In a previous meeting during this process, Josephine asked, ‘Is this what you wanted?’ – and, turning to me, added rhetorically, ‘We should ask that question a lot more, I realize that . . .’. This question posed post-fact would seem to emphasize Amina’s relative powerlessness and inability to verbalize on her predicament. In her workfare process, her professional future oscillates between production work and social worker, the latter requiring computer skills involving a level of strain she feels she can handle. Her zig-zagging trajectory reflects the two very different professional outcomes placed before her. Following the somewhat ambiguous communication on the part of the welfare-workers in this respect, to her, the entire process seems opaque.

We must appreciate Amina’s point of view in her experience of disability and her frustration during this process. Recall that in a moral discourse on pain, NAV explicitly rejects that half of her workability is lost to disease. While recognizing her impeded function, NAV has ruled her ‘capable of handling other work’ (NAV). Harrowed by chronic pain and arthritis, Amina feels that the welfare category she has been placed in by the system fails to adequately consider the pain she suffers, in the sense that her ‘reports of distress are being challenged and disconfirmed’ (Kleinman 1992). This is important because diagnostic categorizations influence the expectations of both welfare-workers and recipients (Gubrium and Järvinen 2014). ‘NAV said I’m not sick . . .’, she explained repeatedly, pointing out a discrepancy between her experience and categorizations within the system. Engaged in a *battle for credibility*, she understands she must negotiate on many levels. The neurological impulse translates into a range of implications for her, from judicial to narrative, informing her perspective and communicative strategies, as pain pulses in her side.

### **Whither, Amina?**

The following transpires in the continuation of the above:

Seated opposite, Josephine cannot help but notice Amina’s gesture, her arm movement and facial expression: ‘Are you in pain right now? That is to reduce the pain, right?’

Peter: ‘Perhaps you lose faith a little bit? About working and your health? That’s only natural. What about the in-house practice?’

Amina: ‘It’s alright, there . . .’

Peter: ‘Are you very tired after work?’

Amina: ‘Yes, when there’s much to do, I have pain at home.’

Peter: ‘How much did you work earlier? You haven’t worked since . . . 2014. Is the situation the same today as back then or has it gotten worse?’



Amina: 'Same.'

Peter: 'So you're not going back to that job, then. That is impossible. I agree with you about a production job ...'

Josephine: 'Those are difficult to come by, that's all ...'

Peter: 'Yes, regretfully they're in short supply.'

Josephine has picked out a handful of job adverts, one of them in a storage facility: 'Can you handle 12-kilo packages?'

Amina: 'I'm willing to try ...'

Josephine: 'But it's only men working there. Maybe that'd be fun? Guys usually have a different tone, you know, in all-male working environments. Us women, we argue more and clique together. With only men, it's usually very pleasant' (gentle laughter).

Amina: 'That's OK ...'

Josephine reads aloud from another advert. A dry-cleaning business, on your feet all day.

Josephine: 'It'd be best if you strengthen your workability to fifty per cent while you're here, in in-house practice.'

Amina: 'I can't walk or stand up too much during the workday ...'

Josephine: 'Few employers are willing to employ someone who can't do heavy lifting, in fifty per cent. There are very few job adverts like that, and many people interested! There are not many suitable positions for Amina. That's why this has faltered a bit and why I asked you to come here today,' Josephine says, addressing the caseworker – 'Maybe we ask the guys there to do the heaviest lifting.'

Peter: 'I'm not sure whether you're ready for work ... This is tough and strenuous work for you. How realistic is this, do you think? Do you have faith in getting a job?'

Amina: 'If I have faith in myself ...?'

Peter: 'No ... faith that you can *manage to get a job* ... with your health issues'

Amina: 'I want to work, but my body says differently ...'

Peter: 'You want to work, but your body says differently – that must be tough.'

The welfare-workers show concern for Amina's health, functioning and prospects. Privately, Josephine spoke about how chronic pain can cloud a person's spirits. She would encourage Amina to stand up, shift position, or do whatever the pain necessitates. Acknowledging Amina's pain and pursuant disability and seeing that she 'pushes herself hard to come to work', Josephine explicitly calls her 'sick'. She is increasingly conscious of how pain must be a central part of Amina's lifeworld. 'She really wants to [...], in her head', Josephine told me, 'but her body says differently. Because of the pain ...'.

Peter also expresses insight into how subjective pain is at odds with the welfare system's definitions. He has previously been lenient with Amina to the point of granting her an extended period of absence during the summer, to Josephine's consternation. Sometime later in the present encounter, Peter refers to this prolonged absence when asking whether Amina's pain was any better when she was away in Africa (which she curtly denies). The caseworker listens to the job-consultant's constructive ideas as to how Amina might be given room to handle the pain, and enthusiastically supports the modest suggestion that she take up yoga to supplement already ongoing physical therapy. 'Participation in yoga' is subsequently glossed into Amina's plan, squeezing in a non-work-related focus. Yet, during the conversation, as we see in the above excerpt, the job focus intensifies while the focus on 'social worker' quietly fades.

In this sense, Amina has difficulties substantiating the practical limits to her workability as caused by pain. Although, as we see, her suffering is certainly not lost on the welfare workers, who, on a human level, are empathetic to the point that, reading through my notes, I half expect a catharsis to ensue from Amina's presentation here. However, her enacted agency *cannot* produce the desired effect. Given her subjective condition and NAV's evaluation of her as 'employable', there is little room for the welfare-workers to categorically change her circumstances in either direction (i.e. towards employment or towards disability pension). In their roles, too, they are trapped by a picture of pain not recognized by the welfare system as something that extends beyond sufferers' subjective experience.

### ***A negotiated reality***

My observations point to a duality running through the handling of Amina's situation; pain causing disruption in function juxtaposes with the mismatch between workability and prospects of a professional life. With a view to work in external practice and later in an ordinary position, Amina faces pressure to increase her working hours. What we see is as a culturally mediated encounter defined by heteroglossia as well as unequal power relations (e.g. Juhia 2003), in which agents struggle to negotiate meaning (Kirmayer 2000, 156). Amina's role is clear: *jobseeker*. 'I'm willing to try', she says throughout, although often adding the caveat, '... but I can't do heavy lifting for the pain'. Metaphorically bound by two masters, Amina must balance the demands. Much of what she conveys verbally relates to her experience of illness. She is concerned that she cannot realistically sustain heavy lifting or prolonged periods of walking or standing while performing tasks, and this vital piece of information has explicitly been transmitted in status reports and the job-consultant's oral communication with the caseworker.

### ***Agency of pain***

As observer, I accept at face value Amina's description of pain as a near constant sensation. However, analytically, Amina does not (and cannot) give continuous expression to the pangs of pain she feels in various parts of her body. She knows that to give expression to pain is in fact to let it reign. To live a social life, she must ignore and deny expression to that pain. On the other hand, society's lingering suspicion of subjective pain – coupled with the fact that this is a context with unequal power relations – curtails Amina's narrative repertoire and promotes illness behaviour as self-presentation. Welfare-workers in my material are familiar with this pain economy, as expressed in the following:

Many in this group think it's important to *play the victim*, a sufferer. They present themselves with an expression of pain. Making faces. Hand gestures. But [...] they become engaged in some topic [...] and lose the anguish ... (Kirstin, job-consultant).

As a sufferer, Amina has learned to economize how she presents her pain, or, to put it differently, maximize its effect in social negotiations with others. In the encounter, hitherto, as far as I could observe, Amina suppresses or mutes her pain; it is now a specific pulse of pain she allows expression, at a given juncture in the conversation. Making its presence felt, pain demands consideration.

I think Amina's pain behaviour in this context reflects what Paul Hogget calls a 'non-reflexive form of agency' (Hogget 2001). Hogget is concerned to show how 'negative capacities' have a place in a 'robust model of agency, [which] must also confront the subject's refusal of agency or the assertion of forms of agency which are destructive towards self and others'. Since a rationalist conceptualization excludes non-reflexive action from the category, Hogget seeks to define agency in terms that take us beyond behaviours that stand for some measure of meaningful choice. Hogget adds insight into how Amina's pain literally and figuratively forces her hand, giving rise to her non-

verbal input. I see her painful flicker as an *impulse* making its mark in an urgent and contingent encounter. A step above her futile verbal argumentation, Amina's pain behaviour functions in paralinguistic form (Gubrium and Holstein 2009): effectively a 'somatopsychic idiom' (Kleinman and Kleinman 1991), a 'language of distress' (Löfvander, Engström, and Iglesias 2006). Made on some unknown level of consciousness, the movement she makes is rich in meaning and conveys a contextual-specific message – one sent by women in her situation every day, without being properly received. My point is that pain virtually speaks for itself, and in the encounter, Amina clutching her side, serves as reminder that she is unable to attend to even moderately strenuous tasks, and that 'social worker' is the agreed-upon aim of the process.

### **Performing disability**

Women often suffer more subjective medical conditions and find themselves questioned by doctors and others and assessed as being either not sick or merely projecting psychological disorder (Werner and Malterud 2003; Wiking et al. 2009; Mullersdorf, Zander, and Eriksson 2011; Nyen and Tvedt 2018). Female illness is frequently 'disconfirmed' (Ware 1992), and dismissed as medically invalid (Mik-Mayer 2017, 102). Women report feeling stigmatized by medical science's lack of credible explanatory models, tending to shift the blame to the patient through accusations of aggravation, somatization, and non-medical circumstances (e.g. Newton et al. 2013). In the absence of physical signs that can prove a pain narrative, they are often labelled 'malingerers' (Pryma 2017). This scepticism causes great distress (e.g. Henriksson 1995). Suffering from the consequences of her pain being devalued as disease – her surroundings treating her ailment merely as 'illness', Amina, for one, raises her guard when questions about pain and function arise.

As I have said, women with medically unexplained disorders must express their pain in specific form to be perceived as credible (Werner and Malterud 2003). Many sufferers engage in 'moral boundary-work' (Pryma 2017) by constructing measures to counteract the incredulity and stigma of other people's perception of their illness. This is analogue to how in several encounters Amina would deny the need to see a psychotherapist to promote her workability: she does not suffer depression. Pain management literature describes subjective, diffuse, and poorly localized pain as expressions of somatization, aggravation, or mild psychological ailment. When Amina denies depression, going against strong empirical data documenting an association between poor mental health and chronic pain, I understand this as her saying that her pain is corporal, true, and not just a figment of her imagination. I see her taking a stand against the threatened stigma of psychological disorder (Ware 1992; Glenton 2003; Nyen and Tvedt 2018). Especially in circumstances where a threat of losing credibility (Glenton 2003) looms large, the sick role can take centre stage in sufferers' engagement with the world, where pain becomes 'a full-time occupation' (Brodwin 1992, 91). This is, respectfully, as I see it, Amina's predicament, cast on stage in a leading role she feels too sick to perform. Cue the dramatic gesture.

People with chronic pain exert themselves in different ways, 'to be taken seriously, believed and understood' (Werner and Malterud 2003). By displaying appropriate sets of behaviours before different audiences to demonstrate the reality of their chronic pain (Newton et al. 2013), they know they must, as Brodwin (1992, 91) argues, 'actively reveal their suffering'. When Kristin (another job consultant) notes the often mentioned theme that many women *play the role* of sufferer, this reverberates with Amina's predicament, with pain imposing specific roles on her in her social world. Pain makes her, and many women in her situation, act and present themselves in given ways in given contexts, and in my analytical understanding of the situation, Amina is in a sense compelled to 'perform disability' (Goffman 1980 [1959], 8–9; Hansen, Bourgois, and Drucker 2014). To be able to convey chronic, medically subjective pain and loss of function in contextually meaningful ways, women in Amina's situation are cornered into what in analytical terms might be called 'scripted performance' (Newton et al. 2013). Not implying aggravation of symptoms, performance should rather be understood here as tied to the dictates of role-expectations and my

position starts with the argument that women's pain is *real*, while the social consequences are fluid and subject to negotiation. In terms of role-expectations, as I argue above, trapped in this context, Amina has no choice but to fill the role of sufferer and perform or enact that everyday role. This is not lost on Amina, even though the analytical terms 'gesture' and 'performance' are my own. Like Diane Reden in Brodwin's case study (Brodwin 1992, 79), it appears that in attempting to resolve the predicament she faces, Amina's symptoms play an independent part, or at least execute an important function in the conversation. I mean this in the sense that 'significant pauses, emotional expressions such as cries and whimpers, or physical gestures such as upturned or downturned hands and rolled eyes can add recognizable meaning over and above what is actually said' (Gubrium and Holstein 2009, 75). In Amina's gesture – willed or not – we can trace her 'body's insistence on meaning', being produced inter-subjectively within a power relationship (Kirmayer 1992). We might recognize that this represents a moment of potential empowerment for Amina, to constructively redefine her place in the world (Hunt 2000, 91). If we consider this a narrative performance, in the limited sense I stated above, we might see her trying to negotiate and enact (Brodwin 1992) a more viable social position in workfare. Her gesture becomes a micropolitical tool to forge a pathway through.

Amina needs persuasive arguments to avoid a future with physically challenging tasks and win favour for a course towards a lighter workload. I am loath to suggest that Amina mounts an all-out conscious strategy, accomplished from beginning to end; nor, to repeat, do I see her exaggerating symptoms at this opportune moment in her process. Pain leaves a mark and sways behaviour, but it is also a sensation expressed and employed in different ways and to different ends in various life-roles (Kleinman et al. 1992). Amina's fleeting movement is symbolically denser than simply connoting physical pain, communicating pain itself as well as the suffering and demoralization that goes with it (Jackson 1994). She signals the sensation, the entailing loss of function, the ensuing despair *and* contextual malfunction. Arthur Kleinman calls this type of behaviour, 'micropolitical use of symptoms as idiom of distress and rhetoric for conducting interpersonal negotiations' (1992, 172). The juxtaposition of 'distress' and 'negotiations' bespeaks Amina's very real need to strike a balance between the impulse of pain and the social obligations that befall sufferers, especially in a welfare context. Accommodating the sensation is paramount, at the cost of other foci. In her life, pain assumes an agency of its own.

### Tragedy

Amina's picture of disability falls short of a systemic re-categorization as 'sick', leaving her in limbo. Unlike the encounter described by Eskelinen et al., wherein 'the client [...] seems to cope with the social system through her use of rhetorical strategies in her argumentation against the social worker's proposal' (Eskelinen, Olesen, and Caswell 2011), for Amina, the follow-up conversations fail to be a vehicle of change. Amina risks a highly unfavourable outcome, and communicative frustrations abound on all sides. We see how the other role-players are also effectively blocked in their interaction over the issue of pain. Josephine understands and advocates against the bodily effects of pain yet cannot change her mandate; Peter relates to Amina's suffering on a human plane yet cannot change the system's nosological paradigm. This points to a three-tiered hierarchy of pain definitions at work: the systemic, interpersonal, and experience-near, which essentially correspond to the three welfare-roles.

For Amina, this is complicated, as witnessed by her meandering passage through the system, where decisions are made from a perspective that does not fully accommodate her lived experience. The welfare-workers on the other hand, seem powerless in their attempt to empower Amina. They fail to rework the identity of welfare-recipient into that of wage-earner (Villadsen 2003, 204). Amina, on her part, fails to 'adapt to a life with chronic pain' (Werner and Malterud 2003). Call it a dud, Josephine does receive her message:

Josephine: ‘Last time you sat there squirming in your seat. You made a face, as an expression of the pain in your side ...’

Amina: ‘That’s right ...’ *Amina grabs her side to illustrate.* ‘I don’t have the same intensity of pain right now ...’

I see NAV’s operationalization of pain in everyday life as a *structural constraint* (Mik-Mayer and Haugaard 2021), which, arguably, precludes an approach where Amina’s suffering can be dissolved, and a more productive communication pattern fostered. Her common though gendered expression of ailment takes form at odds with culturally situated paradigmatic definitions of disease (viz. organ-specific, observable pathology). With the repertoire available to her, Amina needs to convey a specific message about her workability. As culturally contested expressions of ailment produce certain narrative approaches, we need to appreciate Amina’s pain-behaviour as an attempt to direct the course of the conversation. Hoping for a better day, her body is saying what her words fail to convey: With pain virtually disabling, she is in fact *sick*. I feel confident Amina and many of the other women in my material appreciate that analysis.

## Conclusions

Margo McCaffery famously defined pain as ‘whatever the experiencing person says it is, existing whenever he says it does’ (McCaffrey and Pasero 1999, 17). That maxim is not integral to the Norwegian welfare apparatus’ approach to the situation faced by sufferers of chronic pain, where women with migration experience statistically top the charts (e.g. Kumar et al. 2008). We can modify the maxim, as Amina’s case underlines how pain includes whatever people do in convincing others of their plight. Amina is struggling to ‘secure narrative space’ (Gubrium and Holstein 2009, 44), have her perspective heard. Arguably, pain itself becomes a means of ‘acting in more articulate ways upon the world through the body’ (Gadow 1980). Amina needs to convey the level, nature, and intensity of the pain she is subject to (and subjected by) and the loss of her workability. The welfare-workers have been slow to act on her verbalizations and change the course of the process towards accommodating her lived experience. Her message is difficult to convey. Therefore, the expression of pain in a non-verbal manner manifests as a symbolic act in which all parties share meaning (Gubrium and Holstein 2009, 76). Amina exemplifies the many women in Norway whose lives are burdened, if not to say dominated, by chronic pain. For Amina to make strides in workfare, her ‘diffuse’ and ‘subjective’ pain would first need to be given proper psychosocial consideration (e.g. Nyen and Tvedt 2018).

I have attempted to capture what makes workfare an incomprehensible experience to the main character, curtailing her participation and narrative reach. It is worthwhile to investigate how micro-contexts mediate relationships between societal and personal processes (Kleinman 1992, 172). In some respects, the case in this article speaks to the reality of the political vision ‘*All citizens at work!*’. Psychosocial stress manifests in diffuse pain symptomatology not recognized as ‘disease’, and the cause/effect of which is not (sufficiently) accommodated in workfare. In that social context, the role-expectations tied to ‘pain sufferer’ and ‘welfare-recipient’ are antithetical, and the difficult negotiating position of women in this situation is evident in conversational excerpts from welfare encounters. Even where a corresponding organic origin to pain cannot be ascertained (Newton et al. 2013), we must embrace the message patients-gone-welfare-users communicate amidst their performance.

## Acknowledgments

Thank you to a wonderful degree, Tom Muir, for invaluable advice.

## Disclosure statement

No potential conflict of interest was reported by the author(s).

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