Title

The urge to work: Normative ordering in the narratives of people on long-term sick leave

Abstract

This study analyzes the narratives of people on long-term sick leave due to low back pain. We draw upon the theory of justification – as developed by the French sociologists Luc Boltanski and Laurent Thévenot – to investigate how the informants' narratives evoke and rely upon three 'orders of worth'. These are the industrial order concerning being a productive citizen, the domestic order of home and family, and the civic order positioning the citizen in the regulations of the welfare state. In-depth interview interpretations map a strongly normative *urge to work*, a troubled home life when not working, ways of keeping in touch with work when absent and complex negotiations of the possibility of non-work. The different orders of worth do more than point towards their 'own' arena: Norms and values of the domestic order, in particular, point toward the need for return to work rather than towards life at home (non-work). The interviews also demonstrate that the urge to work is not a strictly personal phenomenon, but tightly interwoven with problems and enjoyments in specific social arenas and interactions. We conclude that the narratives deal more with the trouble of sick leave than with the enjoyment of work. Hence, the urge to work is just as much a *turn* away from non-work. Finally, we point out that return to work research should engage more broadly with research on unemployment, to avoid a work-emphasizing bias.

Keywords:

Return to work, sick leave, narratives, norms, justification, domestic life

Introduction

Labor market participation is a very important issue in contemporary society. In the literature, there seems to be two reasons for this. First, to the welfare state, sustaining a strong work ethic is important. Numerous studies point out that a high number of people not working will put a strong pressure on the expenses of the welfare state. A large number of people will rely on income redistributed from tax payments. Threats to the legitimacy of the welfare state and lowering benefits to levels below the threshold of deprivation may be the consequence (Bonoli, & Natali, 2012). Second, to participate in work life is important for the well-being of the individual. To be working is important to the social role in society given to the individual, as well as structuring everyday life (Paugam & Russell 2000). In addition, advances in health research has pointed to work life participation as important to healing processes (Waddell, 2004). Hence, return to work (RTW) is an important goal for social policies and practices in most Western countries (Brodkin &, Marston, 2013; Kananen, 2012; Lødemel & Moreira, 2014).

While RTW may seem connected with improved function in a medical sense, RTW research point out surprisingly strong predictors that are not health-specific. Many of those predictors have to do with individual meaning-making. A literature review of RTW-processes among non-chronic back pain sufferers point out expectations to what the future will bring of work life participation as the strongest predicator for successful RTW (Iles, Davidson & Taylor 2008). Research on chronic back pain show similar results (Waddel and Burton, 2001; Dionne et al., 2005). This contrasts with research on entry into sick leave, where health-realted variables are much more important predictors. Hence, we aim to emphasize the *turn* from sick leave towards work: Rather than deriving RTW insights from sick leave research, as if RTW was simply a reversal of the trajectory towards sick leave, we explore the desire to work as it plays out in life on sick leave.

From that rather individual-focused outset, recent research has come to emphasize social aspects. On the one hand, analyses resembling classic understandings of the sick role argue that people on sick leave adhere to the expectations of health personnel and take a break from your social roles as worker and family member (Flinkfeldt, 2017). On the other, large bodies

of research have included a wider variety of social dimensions. These include family relations, health services relations and the organization of the work place (Toye et al., 2016; Frank, 2013; Eriksson, 2015; Dionne et al., 2013).

This study analyzes the narratives of informants with low back pain (LBP). Recent estimates of chronic musculoskeletal pain, where LBP is one form, point to figures as high as 25% of the working age population (Breivik et al. 2006). LBP seems to comprise 2/3 of this prevalence (Hoy et al. 2010). These high prevalences, and the serious consequences for work life participation, make LBP a well-suited case. We approach the data with three descriptive research questions:

- What visions, expectations or values are expressed in individual meaning-making?

- How do the narratives refer to different social arenas?

- What imaginary futures are involved?

In these analyses, we put particular emphasis on an *urge to work,* and analyze this urge as individual meaning-making, field-specific practices, and culturally embedded images, respectively.

Theoretical perspective

Literature reviews indicate that qualitative research on sick leave and RTW rarely discusses theoretical issues (Andersen, Nielsen & Brinkmann, 2012; Wells et al., 2013). Moreover, most of the theoretical frameworks, such as phenomenological or cognitive theory, will facilitate individual-centered analysis.

Although it was pointed out, more than a decade ago, that 'research into social and psychological aspects of RTW are, generally, in need of theoretical contextualization' (Svensson, Müssener & Aleksandersson, 2006, p. 58), available sociological research provide few clues: In sociology of health and illness textbooks, for instance, the intersection between ill health and work life participation plays a surprisingly meagre role (see i.e. Weitz, 2013; White 2017).Similarly, voices on issues about absence from work life are still often absent in research on illness narratives (Garthwaite, 2015).

However, the empirical research still suggest at least four requirements for the choice of theoreticaL contextualization:

- The growing interest in agency in RTW (Berglind & Gerner 2002: Magnussen, Nilsen & Råheim, 2007) suggests that we need theories that shed light on the social ordering of individual agency
- Strong findings on motivation and how 'individuals' subjective perceptions of personal and environmental issues influence return to work behavior' (Shaw et al. 2002:185) suggest that theoretical frameworks should highlight meaning-making.
- Several literature reviews suggest that normative aspects – often described as 'moral economy' or 'work ethic' - are important RTW predictors (MacEachen et al 2006, Johns 2010, Liaset & Lorås 2016).
- The fact that sick-leave is at once an individual mismatch (between personal functioning and labor market demands) and a policy-related position (with the welfare state). Hence, theoretical frameworks must be sensitive to the personal as well as to the political.

The frameworks most used today – interactionist theories and various inductive frames labelled as grounded theory – are excellent matches for the first two requirements. They are however much less sensitive to the social *ordering* wherein individual agency depend upon macro level 'economies' or systems. To remedy this, , we turn to the theory of justification. This theory is outlined by the French sociologists Luc Boltanski and Laurent Thévenot (1999, 2006). Their work offers a perspective that encompasses social ordering – in the sense that one analyzes 'the action of persons in society' – and emphasizes 'reasons for acting' and 'moral exigencies' (Boltanski, in Blokker 2011, p. 251). These 'exigencies' are more than contextual factors, they explicates how micro level of social interaction invokes and relies upon 'orders of worth'.

Boltanski and Thévenot conceptualizes six orders of value: *the industrial order*, wherein expertise, productivity and principles of rational organization are key reference points for worthy actions. Within this order, dignity is 'specified' as 'the *potential for activity* that nourishes *the human machine* in its work' (Boltanski & Thévenot, 2006, p.303). On an individual level, then, this order demands that worthy social agents become effective,

productive and reliable cogwheels of the organization. *The civic order*, wherein the equal citizen holds center stage and the welfare of the many is an overarching principle of worth. This order legitimizes social actions within a system of individual rights guaranteed by the state, as well as by formal rules and procedures. (Boltanski and Thévenot 2006, p. 185ff). *The domestic order* is characterized by trust and authority as the most important forms of relation and qualification. Here, social actions are primarily judged by their direct and indirect effects on social relations in and around the family. *The inspirational order* highlights creativity and social actions are legitimated by being innovative. In *the order of fame*, to be known and recognized are the ultimate warrants for worthy actions. Finally, the theory of value orders is complete with *the commercial order*. To be rich is the highest goal and the order is characterized by valuation of desire and purchasing. Actions are worthy if they secure the goal of maximizing profit.

Together, the six orders systemizes a social structure of which actors legitimize, consciously or tacitly, their actions. This does not mean, however, that this structure is homogeneous, stable or transparent. To the contrary, Boltanski and Thévenot's framework is often used to analyze 'situations of moral multiplexity' (Reinecke, van Bommel & Spicer, 2017): Orders of worth repeatedly contradict or compete with each other, leaving both organizations and individuals with a need for compromise.

Although Boltanski and Thévenot argue that all six orders are omnipotent in the social life of late capitalism, the industrial, civic and domestic orders are particularly important to this study. These value orders are all integral to sick leave as a social phenomenon. Most people on sick live large parts of their daily lives at home, absent from a workplace where they are still employed, and dependent upon specific welfare state rights such as sickness benefits and medical treatment. As for the moral exigencies of daily life and a possible return to work, these orders demand that social actions are efficient (exact), legal and meaningful within the interdependencies that often characterize family life (Boltanski and Thévenot 2006, p. 164–178).

Data

This article belongs to a research project that recruited 14 informants. This group consists of 10 women and 4 men, with an age span between 24 and 63 years of age. Ten of them had secondary education as their highest completed level of education. This includes specialized curricula such as auxiliary nurse and internship in the state run postal service. Four had lower level post-secondary education, such as applied computer science and nursing.

The participants were recruited from a treatment program named 'Quicker Return [to work]' for people with long lasting back pain and long periods of sick leave, which is developed and carried out by a department of rehabilitation medicine at a hospital located in an urban area of Norway. The doctors working in the program introduced the study to the participants, and encouraged them to read an information leaflet about the study. Approximately one third of the participants asked agreed to take part in the study. Those who were willing to meet with the authors gave permission to their doctor to give their phone number to us.

The interviews mostly took place in a small meeting room at the college where one of the authors is employed. A few took place either in the home or at the work place of the participant. The interviews lasted between one and one-and-a-half hours. In most cases, both authors were present at the interview and took active part in the conversation. The interviews focused on the career in education and work, the onset and development of health problems, and the management of ill health and work life participation. We took effort in adhering the interviews to standards of narrative interviewing (Riessman 2008) and the active interview (Holstein and Gubrium 1997). At the onset of the interview, as suggested by Riessman (2008, p. 25) we made a biographical grid together with the interviewee by drawing a timeline indicating key instances in the life course regarding education, work and illness. This biographical drawing was used as a key reference point during the interviews. The conversations were audio recorded and transcribed by an assistant skilled in social science studies.

Analysis

The process of interpretation employs a four-stage methodology. In Hsieh and Shannon's terminology (2005), we describe the different stages as conventional (inductive) and directed

(more or less deductive), respectively. After one conventional stage, and two directed stages guided by the theory of justification, the analyses concludes with a final conventional stage.

As a first conventional stage, initial interpretations of the material began immediately after each interview; as the authors routinely sat down to discuss the stories before they had been distracted from the situation. A more thorough interpretation of the completed material confirmed and deepened some of the initial interpretations – while also discarding others – and finally led to a set of key thematic findings such as the joy of work, strained family relations and the possibility of altered work life participation in the future. (Coffey and Atkinson 1996).

After the initiating conventional analysis, two directed re-interpretations took place: First, we reframed the thematic findings through Boltanski and Thévenot's framework. This directed stage also brought in categories from the theory of justification that were not emerging in the material. Second, we mediated or reframed key findings from other available research in the same way. Boltanski and Thévenot's framework is applied as a prism, linking and reframing both our interpretations and key implications of available research.

As fourth stage, our analyses emphasize indications that are *contrary* to what one would expect based on the existing knowledge base (Timmermans and Tavory 2012). Following Lindesmith's argument that 'the progressive refinement of theory' – in our case: of theoretically informed understandings of RTW – requires a focus on 'negative instances' (Lindesmith 1968:20), we ask: How can our findings contribute to further understanding? Again treating the theory of justification as a prism, but then in a more explorative or inductive way, we outline future potentials in RTW research as well as in the sociology of health.

Findings

Built to work

When we asked the informants to draw a biographical line, outlining their qualification trajectory towards their present position, we expected them to emphasize the *variations*

throughout this trajectory. This seemed plausible, since the drawings mostly covered more than two decades, and the lives and occupations of the informants had changed repeatedly through those years. However, must of them were very preoccupied with a constant factor, which they viewed as a continuous underpinning of the biographical line: that they have always enjoyed work. When back pain and sick leave causes biographical disruption, the value of work proves crucial to the continuity that the pain disrupts:

> I've always liked work, […] work is so, have been so, important to me, both for my identity and for using my mental powers. And I enjoy my job; it is a part of my life and has been for a long time. (…) [Participant (P) 4: man, 45, Public service employee]

This informant highlights a key value in the industrial value order; the hope that participation in work life can bring out one's full potential. The failure of this hope, when pain makes it impossible to bring out one's potential through paid work, threatens human dignity in a more generalized sense (Boltanski and Thévenot, 2006, p. 203–211).

To retain this dignity, he and all our other informants attempt to go on being productive: Only in this way can their biographical narrative remain a narrative of professionalism and high productivity. This is an emotional issue for many of our informants: they express that they appreciate working actively, and that they find it troublesome to move around in the world when they 'should' (or could) have been working:

> I will teach myself how to sit down with a cup of coffee and *not* do anything. I put down my cup, and then I do something else in the meantime, and then I take a sip, and then I carry on. Because you need to… I need to be so efficient. I don't know, but I like to do things all the time. [P 8: woman, nurse, 39]

In our view, this quote crystallizes the industrial order of worth. When the painful body no longer can become the *human machine* that this order values, many of our informants still identify with a possible or remembered body that satisfies the industrial order of value and its demands of effectivity and productivity.

The language of the industrial order, typically dominated by phrases such as 'getting things done', 'all the logistics' and 'do something', also pertains to doing in specific arenas or 'worlds'. Interesting, the narratives are not restricted to the industrial world. Many of our

informants' stories were not only saturated with an urge to go into paid work, but also with a more general urge for this 'potential for activity':

> But, of course. What bothers me the most is that I… That I would like to get something done from time to time. […] to take care of things, or lift something, or take the kids skating on a Sunday, pushing them around on the rink [P 9: Man, 33, carpenter]

The industrial order is not the only one to be disturbed and evoked when pain *gets in the way*. The *usefulness* that our informants desire is also very relevant to domestic life and parental work. This confirms previous findings from LBP research, that repeatedly indicate that frequent pain leads to distress in intimate relations and sick leave simultaneously (De Souza, & Frank, 2011; Svensson, Müssener & Alexanderson, 2010). Boltanski and Thévenot's argument – that 'a test of worth […] engages persons, in their bodily existence' (2006, p. 131) – opens up to an important insight: Embodied troubles disturbs every 'world'.

Trouble at home

It seems that sick leave legitimacy resides at the intersection of three aspects of life: (Paid) work, domestic life and health. When working is difficult, and working often leads to increased pain and fatigue, one might imagine that the domestic order would provide relief and healing, and hence a possibility to legitimize absence form pain inducing work life demands. However, the domestic order is of little use in justifying life on sick leave.

Our informants rarely speak about the home setting as a resource, and very rarely of it as an arena of relief. Instead, the key issue in the stories about home is emptiness or absence. This comes in two versions; absence of meaning when being at home during office hours in the weekdays, and lack of social contact during the day. This happens both to those living alone and those living in a family setting. 'To be at home, it ain't much fun. Nothing happens. None of my friends are at home in the daytime. Only pensioners are. And how much fun is it to watch TV and read in the long run….? [P 3: Woman 40, IT-consultant]. She lives in a single household and the way she gets out of the experienced emptiness is to turn on the computer, check her e-mail, and do some work tasks. Another woman, living in a family setting, has tried to gain meaning of being at home by structuring her daily life. Together with her husband, she has made a weekly schedule with physical exercises and housework, but it turns

out to be difficult to carry out: 'It does not come anything out of it. There is not enough structure. The only thing I really do every day is reading the paper' [5: Woman 35, HR consultant]. What these two women do is introducing the industrial orders of worth in their home life. Either by bringing in work-tasks in a home office setting or planning the everyday life with scheduling, future orientation and accountability, approaches highly valued in the industrial world. In order to preserve the 'structure' of domestic life, several of our informants make the absence from work bearable by scheduling domestic daily activities *as if* they were paid work.

The industrial and the domestic order turns to intertwine in legitimizing paid work. The stories about working are not only about the joys of being productive, but also about providing the necessary contrast to leisure time.

> I now work 50%. That's not because my body can handle it, but I get so depressed if I shall stay at home any longer. That's crucial for my mental well-being. To be part of society. The Friday ain't the highlight of the week it you don't work. You ain't there, you don't get that Friday feeling. I miss that very much. When I work I get that 'Thank God it's Friday', and I feel great. [P 7: woman 46, auxiliary nurse]

When biographical disruption exposes the underlying social order of daily life, the logic of the industrial world proves important even to the domestic world. In this example, the domestic harmony is brought into being by the contrast to the hardships at work. The promise of work coming to an end – of *free time* as the industrial order of value delineates it - makes the home more meaningful: Next week holds the promise of a new Friday.

This valuation implies, of course, a devaluation of life on sick leave. This devaluation is not only bound up with experiences of emptiness, but also with interpersonal interactions in the domestic arena. One of our informants emphasize that

> When I can't go to work my back is so troubled that I have to stay at home. It exhausts the family, we are living on top of each other, our daily life becomes burdensome [4: Man 45, public service employee].

A woman with a similar occupational status tells about being at home as relationally empty, and when family members finally return home after school and work: 'I bombard my

daughter…, I sit down at the kitchen table, 'oh finally, come on…', but she wants to see a film, "mummy, was it more you wanted to say?" ' [5: Woman 35, HR-consultant]. The activities of domestic life are disturbed. When out of work, it becomes difficult to keep the highly valued harmony in the domestic world.

This absence of harmony also engenders normative claims (value statements), as when this informant's husband conclude that "you have to get back to work soon'. The gaze of the other family members can be burdensome if one is at home full time, even if those family members have never even see you do the work that you are now absent *from*.

The urge to work is less *about work* than one might imagine. Instead, it is about a *turn* away from life on sick leave. Hence, the narratives evoke not only the demands and values associated with work (the industrial order) but also demands and values associated with the welfare state (the industrial order). After describing how dull it is being at home in the daytime a female project manager pointed out:

> I do some work on my home computer. I am allowed to this by NAV [The Norwegian welfare and labor administration managing sick leave compensation] as long as my boss don't tell me to do it. I can go into the computer from time to time and respond to e-mails and things like that. By this I stay in touch with my job. That's a good thing because you don't miss out on so much when you return to work again. [P 6: Woman, 41, project manager]

She manages a fine balance between the legal restrictions on employers with employees on sick leave paid for by welfare benefits, and on the needs to stay in touch with the work place in order to make re-integration smoother. Hence, the norms within her narrative constitute a compromise between the industrial and civic orders of worth.

The possibility of permanent non-work

Our informants rely heavily on the civic order of value. They clearly meet the demand that people with pain and other health problems should try to re-enter the labor market, only being relieved from the demands of work life (by government disability pension schemes) if this return proves impossible. Just as most of the informants envision a sufficiently productive *I* in

the future, the majority also describe the other possibility as the possibility of becoming *ufør*. This term is neither a broad term, like the English *disabled*, nor a strictly health-related term like *ill*, but a strictly civic term applicable to those who – within the specific criteria set up by Norwegian authorities – are entitled to disability pension.

This personal obligation emerges even more explicitly, as some of our informants had actually avoided opportunities for welfare benefits. After describing several encounters with the welfare authorities, encounters that suggested she might be eligible for disability benefits, one informant nevertheless chose to reduce her hours without seeking benefits. She, too, hesitates when interpreting her own agency:

> Informant: "I do not want to be…. to be given disability pension [være uføretrygdet], can you see? The whole idea, that word has taken… (laughs)'
>
> Interviewer: "What is it about….?'
>
> Informant: 'Nuh, I don't know. Then I feel I in a way….then I will be sick. I label myself as sick, point out clearly, "she is not able to manage"
>
> [P 12: woman, 42, Make-up artist]

Some might see this informant's story as a triumph for the industrial order of worth. The informant herself refers to stigma – and some perspectives might even see some of her statements as perpetuations of such stigma. Even in a less 'suspicious' interpretation, it is striking how she identifies the good life as a state that includes her workplace:

> Informant: 'I feel that I have the best job I could have had.'
>
> Interviewer: 'Mm.'
>
> Informant: 'It fits me as a person, and I can do the things I like to do, and everything. So I am very, like, satisfied. At the same time, I feel that the body can't really keep up, you know. '
>
> […]
>
> Informant: 'So, I can't find any [work] that is more optimal for me as a human being, than what I am doing now'
>
> [P 12: woman, 42, Make-up artist]

However, the industrial order of worth is not as triumphant as it might seem. This informant – as many others – acknowledge that the fluctuating troubles of LBP might lead towards non-work. Assuming that her urge to work was generalized, the interviewer asked her if she could be interested in work where LBP perhaps would be less problematic. When the industrial order of worth is evoked in that generalized sense, the domestic order of worth suddenly seems to triumph: 'I feel that I would not want that. […] Then, I would concentrate on my family, and try to enjoy the time I have with my daughter.' While this statement refers to traditional norms for motherhood, it also testifies to the importance of the civic order: The future outlined here – wherein she does not wish to work and therefore concentrates on her family – depends upon certain rights in the welfare state. While her urge to work pointed away from disability pension in the past, and still does, the civic order of worth is still at work in her storytelling.

As a final note, however, it is worth noting that the industrial order of worth is omnipotent in the stores of our informants. The gravity of this order is perhaps most tangible in the urge to work, but its power also emerges when it points towards permanent non-work. Painful and problematic embodiment, which structures the lives of our informants, can be incompatible with the urge to work. If so, the industrial order of worth suggest that it would be more worthy to leave the labor market, so that you could be replaced by another, more functional 'machine' with higher potential for activity:

> It won't go away. Even they, my supervisors, start to think, although I have very tolerant supervisors, they'll have to look into it… They have a responsibility for the work environment, and they have to think about it, if you are employed 100%, you have to be able to work 100%. If you can't, then it'll be a different path.(…) It's been 18 months now, and that's completely different, it means that you think like…ok, maybe I… [P 4: man, 45, public service employee]

Simultaneously, this notion of 'a different path' also shows how connected the industrial order might be to the civic order. Our informants urge to work belong to the context of the welfare state. The workplaces they want to return to are regulated, sanctioned and (sometimes) even funded by the Norwegian welfare state.

The possibility of non-work instigates two types of meaning-making. First, the existential meaning in life provided by work is accentuated. Second, the productivity troubles among partly fit employees become a possible context for an outgoing trajectory. In both cases, what comes to the fore is the triumph of the industrial order. The key discursive strategy among the interviewees is justifying their situation by referring to the values of the industrial order of worth. This said, the ground seems to be laid for openings to ingoing trajectories to non-work. There are matches between work life and the impaired body that is not legitimate to fight for, even if this was doable according to the civic value order.

Discussion

In the eyes of our informants, the urge to work is a deeply personal phenomenon. For our sociological analyses, the purpose is to unpack the social aspects of this urge. In this analytical unpacking, we apply the sociological notion of micro, meso and macro levels of analysis (Collins 1996). Relying on previous work in the sociology of rehabilitation (Solvang, Hanisch and Reinhardt, 2017), we supplement the descriptive questions with three analytical questions framed by distinctions between societal levels:

- How is the urge to work located on macro level? (policy frameworks, wider sets of cultural norms).

- How is the urge to work located on meso level? (family situations, health services, social insurance services)

- How is the urge to work located on micro level? (personal history, emotional experiences, physiological impairment status)

Macro level research on meaning-making often track societal relations between specific notions. RTW researchers have tracked how sick-leave narratives intertwine with notions of femininity (Cunningham-Burley, Backett-Millburn & Kemner 2006), normative ordering of masculinity (Ahlsen 2012) and normative expectations about the duty of work life participation (Hansson, Boström & Harms-Ringdahl 2006). Several researchers often emphasize antagonistic relations between different value orders (and, implicitly, between the different worlds). Marie Flinkfeldt, for instance, argues that 'those who claim the right to sickness benefit are thus faced with a twofold legitimacy requirement' at the intersection

between a (more or less) healthy body and a (more or less) inclusive labor market (2011, p. 761).

Our findings do not confirm this antagonistic imaginary. We expected, for instance, that each order of value would legitimize its 'own' form of social agency – since several pieces of RTW research have suggested that domestic requirements contributed to non-return, while work-related requirements or experiences contributed to RTW – but this was not the case in our material. Each order of value legitimizes *both* sick leave and RTW. While one might expect that the industrial order would underpin RTW and domestic and health-related concerns would underpin further sick leave or disability pension, this is not the case: For instance, life does not seem to gain value within the domestic order when it is relieved from its commitment to the industrial order. Instead, the domestic order seems weakened and disrupted when it loses its integration with the industrial order. Each order facilitates not only the arena to which it *belongs*, the orders of value do much more than maximize their 'preferred' form of social agency.

The meso level findings, on the other hand, do demonstrate potential conflicts between arenas or action-contexts: When the informants worry about their future, they repeatedly imagine that different worlds and orders may pose conflicting and incompatible demands. So doing, some of them did acknowledge that *things might not add up* in the long run: Working might induce pain, and pain might intensify conflicts between work-related demands and domestic demands such as childcare.

On the one hand, these conflicts resemble conflicts from *work* narratives (Moody et al., 2017). Arlie Hochschild's now classic study *Time Bind* (1997), for instance, maps how 'work becomes home and home becomes work'. If working parents perceive family life as laborious and burdensome, while experiencing work as predictable and meaningful, the experiences of our informants might be an exposure of a larger value dynamic in contemporary work life. On the other, these role-disturbing conflicts suggest that RTW is also a response to meso level deprivation. For the sick-listed person, a shared experience with fellow co-workers, and not least the daily time structure, is taken away. In short, social status and identity are interrupted and threatened. This process is also framed by society's prevailing work ethic. As Bauman

(2004) points out, working is good, not working is evil. To rest is meaningful only when framed as an activity necessary to gain power for more work.

That family activity become unsatisfying when not interacting with work life participation may be understood as colonialization of the life world of the family by the system world of work (Habermas 1987). What happens to our informants is not that paid work suppress family life and leisure activities, but domestic activities seem to gain meaning from being contrasted with work. There is an ongoing colonialization of the life world in subtle ways that demonstrates the structural power of the system world, as well as characteristics in how the compromise between the industrial and domestic value orders is composed.

Finally, the micro-level findings – that is, the negotiations within individual narratives – challenges common assumptions in RTW research. RTW research is often published in work research journals, and often imagines sick leave as a deviance from a more 'original' state of work, and describe RTW as a move towards work rather than as a move away from sick leave. However, our informants spend little time recalling how domestic life was like when they were in employment. Instead, they speak about the troubles of domestic life on sick leave. Hence, our findings resonate with research on *unemployment*. During unemployment, threats of material deprivation, loss of a socially integrating framework and biographical instability occurs, and such activities outside the work sphere lose meaning and enjoyment (Jahoda 1982, Paugam and Russell 2000). Without sufficient sensitivity to what RTW attempts to *turn away from*, RTW research will suffer from work-emphasizing bias.

Needs for further research

We would like to point out three needs for further research. First, an adequate understanding of the urge to work must entail an understanding of stories that are not saturated with that urge. Although our informants often contrasted themselves with people less interested in RTW, the design of the present study made it difficult to collect such stories: When a project title includes the phrase *Return to work*, and the information material necessarily emphasizes and values paid work, one is likely to alienate potential informants that mainly identify with care or unpaid work. Previous studies on unemployment narratives have pointed to the importance of framing the narration differently to changing audiences (Ezzy 2000), and studies on RTW-narratives have identified both restitutive narratives with a pro-active stance

towards work life inclusion and contingent narratives where several changes in life takes place and the importance of work is lessened (Ståhl and Stiwne 2014). Hence, it is also possible that the site of recruitment, a hospital program designed to accelerate RTW, pushed participants to portray themselves as more motivated or 'constructive' than they really were. Additionally, one of the researchers carrying out the interviews has himself a visible impairment (cerebral palsy). That, in itself, might make impaired informants less inclined to discuss non-work. Finally, there is a normative idea about the human nature of the adult male lurking behind the way studies in psychology and sociology outline the consequences of unemployment (Cole 2007). When the orthodoxy of the challenges of unemployment is questioned, what happens to the problems of sick leave? This is a question well suited to empirical study.

Second, there is a need for meso level research designs. Although this study addresses meso level questions, the research design combines micro level data (personal narratives) with macro-level research (on orders of worth). Given that, RTW dynamics often depend upon localized organizational factors (Abma et al 2013); the stage might be set for investigating orders of worth *in action* within specific organizations and workplaces. Similarly, empirical research on family life (for instance with ethnographic or participatory methods) might give other insights than our individual narrative data.

Third, we see a potential for theoretical development. Boltanski and Thévenot (2006) themselves underline the initial design of their theory as provisional, and suggestions for additional value orders have been made, for example a green value order which refers to environmental concerns (Thévenot et al. 2000). This study – and in fact most empirical work in medical sociology and interdisciplinary health research – suggest that health-related concerns could be another additional order. Without understanding how the unquestioned goal of life long well-being of the body and mental health legitimize larger patterns of social action – and not only the other way around – our understanding of RTW and related social processes remains immature.

References

Abma, F., Bültmann, U., Varekamp, I., van der Klink, J.J.L. (2013). Workers with health problems: three perspectives on functioning at work. *Disability & Rehabilitation*, 35(1), 20–26.

Ahlsen, B. (2012). Troubled bodies – troubled men: a narrative analysis of men's stories of chronic muscle pain. *Disability & Rehabilitation*. 34(21), 1765–1773.

Andersen, M. F., Nielsen, K. M., and Brinkmann, S. (2012). Meta-synthesis of qualitative research on return to work among employees with common mental disorders. *Scandinavian Journal of Work, Environment & Health*, 38(2), 93–104.

Berglind, H. & Gerner, U. (2002). Motivation and return to work among the long-term sicklisted: An action theory perspective. *Disability and Rehabiltation,* 24(14), 719–726.

Blokker, P. (2011) Pragmatic sociology: Theoretical involvement and practical application. *European Journal of Social Theory*, 14(3), 251–261.

Boltanski, L. and Thévenot, L. (1999). The sociology of critical capacity, *European Journal of Social Theory*. 2, 359–77.

Boltanski, L. and Thévenot, L. (2006). *On justification. Economies of worth*. Princeton N.J.: Princeton University Press.

Bonoli G and Natali D. (2012). The politics of the 'new' welfare states. Analysing reforms in Western Europe. In Bonoli G and Natali D (eds) *The politics of the new welfare state*: Oxford University Press.

Breivik, H., Collett B., Ventafridda V., Cohen, R., Gallacher, D. (2006). Survey of chronic pain in Europe: prevalence, impact on daily life, and treatment. *European Journal of Pain,* 10, 287–333.

Brodkin EZ and Marston G. (2013) .Work and the Welfare State. In: Brodkin EZ and Marston G (eds) *Work and the Welfare State Street-Level Organizations and Workfare Politics.*: Georgetown University Press, 3-16.

Coffey, A., & Atkinson, P. (1996). *Making sense of qualitative data: Complementary research strategies*. Thousand Oaks, CA: Sage.

Cole, M. (2007). Re-thinking unemployment: A challenge to the Legacy of Jahoda et. al. *Sociology*, 41(6), 1133–1149.

Collins, R. (1996). *Theoretical sociology*. San Diego: Harcourt Brace Jovanovich.

Cunningham-Burley, S., Backett-Millburn, K. and Kemmer, D. (2006) Constructing health and sickness in the context of motherhood and paid work**,** *Sociology of Health and Illness*, 28, 385–409.

de Souza, L. and Frank, A.O. (2011). Patient's experiences of the impact of chronic back pain on family life and work, in *Disability and Rehabilitation*, vol. 33, no. 4, pp. 310–318.

de Vries HJ, Brouwer S, Groothoff JW, et al. (2011) Staying at work with chronic nonspecific musculoskeletal pain: a qualitative study of workers' experiences. *BMC musculoskeletal disorders* 12: 1.

Dionne, C. E., Bourbonnais, R., Frémont, P., Rossignol, M., Stock, S. R. & Larocque, I. (2005): A clinical return-to-work rule for patients with low back pain, *Canadian Medical Journal,* 172(12), 1559–1567

Eriksson, L. (2015). Diagnosis at work – On sick leave in Sweden. *Social Theory and Health*, 13(2), 162–179.

Flinkfeldt, M. (2011). 'Filling one's days': managing sick leave legitimacy in an online forum, *Sociology of Health and Illness*, 33(5), 761-76.

Flinkfeldt, M. (2017). Wanting to work: Managing the sick role in high-stake sickness insurance meetings, *Sociology of Health & Illness*, 39(7), 1149–1165.

Ezzy, D. (2000). Fate and Agency in job loss narratives. *Qualitative Sociology*, 23(1), 121–134.

Garthwaite, K. (2015). Becoming incapacitated? Long-term sickness benefit recipients and the construction of stigma and identity narratives, *Sociology of Health and Illness*, 37(1), 1–13.

Habermas, J. (1987). *The theory of communicative action 2: Lifeworld and system: A critique of functionalist reason*. Boston, MA: Beacon Press.

Hansson, M., Boström, C., Harms-Ringdahl, K. (2006). Sickness absence and sickness attendance—What people with neck or back pain think. *Social Science & Medicine* 62 (2006), 2183–2195.

Hochschild, A. (1997) *Time Bind. When Work Becomes Home and Home Becomes Work*. New York: Metropolitan Books.

Holstein, J.A. & Gubrium, J.F. (2011). Animating interview narratives, in Silverman, D. (ed.) *Qualitative Research. 3rd edition*. London: Sage.

Hoy, D., Brooks, P., Blyth, F., Buchbinder, R. (2010). The epidemiology of low back pain. *Best Practice & Research Clinical Rheumatology*. 24 (2010), 769–781.

Hsieh, H., Shannon, S. (2005) Three Approaches to Qualitative Content Analysis, *Qualitative Health Research*,15,1277-88

Iles, R. A., Davidson, M. & Taylor, N. F. (2008): Psychosocial predictors of failiure to return to work in non-chronic non-specific low back pain: a systematic review, *Journal of Occupational and Environmental Medicine*, 65, 507-517

Irvine, A (2011). Fit for Work. The influence of sick pay and job flexibility on sickness absence and implications for presenteeism, *Social Policy & Administration*, 45(7), 752–769.

Jahoda, M. (1982). Employment and unemployment. A social-psychological analysis. Cambridge: University of Cambridge Press

Johns, G. (2010). Presenteeism in the workplace: A review and research agenda. *Journal of Organizational Behavior*, 31, 519–542

Kananen J. (2012) Nordic paths from welfare to workfare: Danish, Swedish and Finnish labour market reforms in comparison. *Local Economy*: 0269094212445351.

Liaset, I.F, & Lorås, H. (2016) Perceived factors in return to work after acquired brain injury: A qualitative meta-synthesis. *Scandinavian Journal of Occupational Therapy*, 23(6), 446–457,

Lindesmith, A. R. (1968) *Addiction and Opiates*. Chicago: Aldine-Atherton.

Lodemel I. and Moreira A. (2014) *Activation or Workfare? Governance and the Neo-Liberal Convergence*: Oxford University Press.

Magnussen, L., Nilsen, S. and Råheim, M. (2007) Barriers against returning to work – as perceived by disability pensioners with back pain: A focus group based qualitative study, *Disability and Rehabilitation*, 29(3), 191–197.

Moody, L., Saunders, J., Leber, M., Wójcik-Augustyniak, M., Szajczyk, M. & Rebernik, N. (2017). An exploratory study of barriers to inclusion in the European workplace. *Disability and Rehabilitation,* 39(20), 2047–2054.

Paugam, S. and Russel, H. (2000). The effects of employment precarity and unemployment on social isolation. In Duncan, G. and Paugam, S. (eds.) *Welfare regimes and the experience of unemployment in Europe*. Oxford: Oxford University Press.

Reinecke, J., van Bommel, K. and Spicer, A. (2017) When Orders of Worth Clash: Negotiating Legitimacy in Situations of Moral Multiplexity. In Colutier, C., Gond, J.-P. and Leca, B. (eds) *Justification, Evaluation and Critique in the Study of Organizations: Contributions from French Pragmatist Sociology*. Cambridge: Emerald Publishing.

Riessman, C. (2008) *Narrative methods for the human sciences*. Los Angeles: Sage.

Shaw, L., Segal, R., Polatajko, H. and Harburn, K. (2002) Understanding Return to Work behaviours: promoting the importance of individual perceptions in the study of return to work, *Disability and Rehabilitation*, 24(4), 185–195.

Solvang P.K., Hanisch, H. & Reinhardt J.D. (2017) The Rehabilitation Research Matrix: Producing knowledge at micro, meso and macro levels, *Disability and Rehabilitation*, 39(19), 1983–1989

Ståhl, C., Stiwne, E.E. (2014). Narratives of sick leave, return to work and job mobility for people with common mental disorders in Sweden. *Journal of Occupational Rehabilitation*, 24, 543–554.

Svensson, T., Müssener, U., Alexanderson, K. (2006). Pride, empowerment, and return to work: On the significance of promoting positive social emotions among sickness absentees, *Work*, 27(1), 57–65.

Svensson, T., Müssener, U., Alexanderson, K. (2010). Sickness absence, social relations, and self-esteem: A qualitative study of the importance of relationships with family, workmates, and friends among persons initially long-term sickness absent due to back diagnoses, *Work*, 37(2), 187–197.

Thévenot, L., Moody, M. and Lafaye, C. (2000) Forms of valuing nature: arguments and modes of justification in French and American environmental disputes. In Lamont, M. and Thévenot, L. (eds) *Rethinking comparative cultural sociology. Repertoires of evaluation in France and the United States*. Cambridge: Cambridge University Press.

Timmermans, S., & Tavory, I. (2012). Theory construction in qualitative research from grounded theory to abductive analysis. *Sociological Theory*, *30*(3), 167-186.

Toye, F, Seers, K., Allcock, N., Briggs, M., Carr, E & Barker, K. (2015). A synthesis of qualitative research exploring the barriers to staying in work with chronic musculoskeletal pain, *Disability and Rehabilitation*, 38(6), 566–572.

Waddell, G. (2004): *The back pain revolution* (2nd ed.). Edinburgh: Churchill Livingstone.

Waddell, K & Burton, A. K. (2001): Occupational health guidelines for the management of low back pain at work: evidence review, *Occupational medicine*, 51(2), 124-135

Weitz, R. (2013). *The sociology of health, illness and health care. A critical approach. Sixth edition.* Wadsworth: Cengage Learning.

Wells, M., Williams, B., Firnigi, D., Lang, H., Coyle, J., Kroll, T. & MacGillivray, S. (2013): Supporting 'work-related goals' rather than 'return to work' after cancer? A systematic review and meta-synthesis of 25 qualitative studies, *Psycho-Oncology*, 22(6), 1208-1219

White, Kevin (2017). *An introduction to the sociology of health and illness. 3rd edition.* London: Sage.