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'Claiming new things': how bureaucratic technologies make objects and persons

"[Y]ou've got to have an A level in, like, claiming new things?"
Frank

In this paper I will draw on research conducted in northwest England with a group of people who had been diagnosed with multiple sclerosis (MS). Multiple sclerosis is a disease of the central nervous system with around 85,000 sufferers in the UK (MS Society 2004). It damages the myelin sheath – the protective coating around nerve fibres which ensures the reliable and fast transmission of nerve impulses. MS can cause a vast array of symptoms, including balance problems, spasticity, and blurred vision. It is unpredictable, frequently progressive, and there is no cure for it.

I carried out fieldwork in three sites, combining participant observation with in-depths interviews at a private location of the interviewees' choice. My first field site was an independent therapy centre offering a range of alternative treatments. The second was a weekly yoga class that was followed by a light lunch, and was run by the branch of a national MS charity. The third site was a course for people who had been living with MS for a number of years. This course had been designed with the aim of improving these patients' skills at managing their illness and was run by an NHS specialist team. All three sites catered overwhelmingly for people with MS.

The vast majority of my participants depended on one form of state support or other. Only a tiny minority, roughly 10%, were either in full- or part-time employment. All other participants had either been made redundant or had retired on the grounds of old age or ill-health, though the last cause was in fact, quite rare.

However, irrespective of the way the participants had left paid employment, they all had to engage with the state and its bureaucracy to some extent. Either in a small way, because they wanted to get a sticker allowing them to use specially designated disabled parking spaces; or

because they were requesting a reduction of their Road Tax or Council Tax. Or in a bigger way, if they decided to put in an application for Disability Living Allowance.¹

DLA is a non-means tested and “tax-free form of social security benefit for people with an illness or disability, who need help with getting around, or help with personal care, or help with both of these” (Department of Social Security 2002, p. 1). Applying and re-applying for DLA was highly stressful for the people I worked with, as a following conversation between Marie and Dorothy shows:

Dorothy Every three years you’ve got to fill in this effing form...

Marie I’ve got a booklet to fill in from the DSS...

Dorothy ...and I mean I rang them up last time and said: ‘Why? [My MS]’s the same...

Marie ...I’ve just thrown it...

Dorothy ...as before...

Marie ...on the table for the moment.

Dorothy ...and they’re so patronising at Blackpool, because they’re only clerical staff. They call themselves administrators - they’re clerks!

Marie But don’t you find you’re having to explain yourself all the while?

Dorothy No, no, no, oh no, this person at Blackpool explained to me, very, very condescendingly: ‘You see, Mrs Evans, you’ve got remitting and relapsing MS so consequently it could be remitting, so therefore you wouldn’t need the benefits that you’re having now. And I thought: ‘Don’t you...!’

¹ This research is based on the DLA form of April 2001, which was valid for most of my fieldwork. DLA used to be handled by the Department of Social Services (DSS). However, since June 2001, the DSS and parts of the Department for Education and Employment (DfEE) have merged into the Department of Work and Pensions (DWP). The creation of the DWP is part of a government drive to get as many claimants off welfare and into work (The Guardian 2002).

Dorothy and Marie and most of the other people considered themselves to be members of the upstanding (morally and otherwise) community of 'normal people': the undefined, English, white, straight, working, tax-paying majority, who actively supported 'official' notion of what it means to be a persons, for instance in terms of autonomy and productivity. They were the kinds of people for whom welfare *should* have worked and yet it didn't and their frustration at being denied a form of support they felt they legitimately deserved is well illustrated by Irene's angry complaint. Irene has been living with MS since 1996 and the previous year her husband Frank had been made redundant:

[We] hate it because we've never really claimed anything all [in] our lives, haven't we? 'Cause we just worked and got on with it, but now we're in - when you have to start claiming, they just make it harder and harder and harder.

In theory, state welfare should have worked for people such as Irene and her husband who had for many years held down jobs in the wage economy, brought up children, and paid their taxes. People who subscribed to and actively tried to conform to hegemonic ideas of personhood and productivity. Yet in practice dealing with disability living allowance was a constant vexation and interaction with state bureaucracy frequently set people up for failure: failure in the eyes of the state and its representatives, but also failure in their own eyes. This was not a simple case of a lack of information or training, or people being brutally forced to do something that was not necessarily in their best interest, but rather a more ambiguous and often contradictory combination of necessity and coercion, compliance and active support. In some ways the people I worked with had to accept state benefits, because they could no longer participate in the labour market, but they also actively and tacitly supported a discourse on welfare that was predicated on individual productivity.

Distributive agency

At this point I should clarify what I mean by persons and by individuals. Following Strathern, I think, not all persons are individuals.² Rather individuals are particular expressions of personhood, that become manifest in certain contexts. In Euro-American culture, persons are axiomatically taken to be autonomous bounded entities. Yet, even under these circumstances alternative forms of personhood exist and examples

² Not sure that all individuals are persons. What about legal persons such as corporations?

can be found of how individuals are generated. I draw on my fieldwork here, because for the people I worked with it was increasingly difficult to produce themselves as individuals and with their illness progressing the distributive nature of personhood and of agency became increasingly noticeable.

For instance, Gary who for five years told no-one that he had MS even though he 'kept falling over'. When his work colleagues noticed that he was sometimes unsteady on his legs they attributed it to Gary having overdone his fitness training - he was keen runner - even though at this point Gary had stopped practicing outdoors because he kept running off the track. Or Karen who at her job as a home carer was teamed up with a colleague. Karen told me:

'Cause when I think in hindsight, you know, we had to do shaves [...] and me, I shake that much there is no way I could, you know, do a shave on the chap which is part of my job to do. I mean the girl I were working with, she was probably carrying me for... as long as I got to, as soon as I started that job, you know. But we weren't aware of that anyway, it's only with hindsight you can look round.

While Karen, like Gary, stressed that their colleagues failed to notice 'the obvious', this was not always the case as I learned when I interviewed Gary's wife Veronica. When Veronica accidentally heard of her husband's diagnosis from their GP, she did not confront Gary, but waited for *him* to come clear, even though this 'caused a bit of a strain' in their marriage. Veronica ostensibly treated Gary 'as if she didn't know', but the collaborative effort that went into maintaining his person(a) as an autonomous individual cast doubt over its authenticity. Gary did what he could in order to ensure he appeared to be the person he used to be with a little bit of help from family and friends, but with the illness progressing, it was becoming debatable where his agency was situated, which in turn cast doubt over the intended aim of their creation.

Another example of distributive personhood would be Carolyn and her sister Christine who had MS. Both sisters used to work in the creative industries in London, Christine as a journalist and Carolyn as a theatre designer but as Christine's MS got worse she moved back to her hometown in the Northwest. Carolyn was still living in London, working free lance.

Carolyn used to arrange visits to London for Christine and organise opportunities for her to catch up with her work colleagues who used to

know her as a quick witted, cheeky young woman who always enjoyed good banter. Yet, even though Carolyn facilitated these occasions and the work colleagues were trying to connect with Christine as they knew her, the last time this had been rather difficult:

I mean the last time, a couple of times, she's...she was very tired so that wasn't so...so easy [...] I mean the way I do it with Christine is almost like, you know, I tell her about, you know, friends' troubles and stuff almost as if she's somebody else around the table who just wasn't there. So I'm filling her in, as it were, you know, chit-chat and stuff, you know, I try to involve her in, you know, the life of her peers, but they're not her peers, because they're not her friends, they're my friends, but she knows them, so, you know, that kind of things, the troubles that we're having and that I try to involve her in that, just to keep her hooked into what we're all going through, or whatever, just our lives, because her life is so artificial now, really, you know.

However, Carolyn and Christine not only show how distributive personhood helps to maintain the person with MS, but also how it affects others involved in generating it. Recently Christine had deteriorated to the point where she needed 24 hour care. Most of this care was provided by the sisters' elderly mother with some support from social services (home care). While working free lance allowed Carolyn to return temporarily her hometown whenever she was 'between jobs', it also meant that she constantly needed to hustle for work - something best done in London where there were more opportunities and where she had managed to establish connections and made a name for herself:

So I don't know whether to - you know keep...keep trying and keep my career going completely independently of the situation [in my hometown] and just when I can come, come and stay and not be part of a to-be-relied-on package, or to be part of a to-be-relied-on package in the sense of try to locate my work physically closer to [the Northwest], or, you know, even change my work, I don't know. I feel it's sort of like...it's becoming kind of crucial the stage I'm at in my career and the age I am if I am going to make any changes, you know, it can just not be ...it can just become more difficult sometimes to change. Your options can narrow if you leave it too late, basically, I feel, but I'm not clear in my own mind how, you know, how I should and try to position myself.

Carolyn faced a dilemma. Should she give up a career she had worked very hard to build and return to her hometown to play a greater role in her sister's care? Or should she stay in London and realise her ambitions

and leave her sister's care to their elderly mother and more distant relatives, such as her cousin Rosemary? Unlike Rosemary, who was much older and worked as a nurse, Carolyn found being a carer difficult to reconcile with being a young, independent, professional woman working in the creative industries. There was no way for Carolyn to escape from the expectations of herself and others, suggesting that the agency of people close to someone with MS was distributed in similarly ways as the agency of the sufferer.

Acting 'as if they didn't know' in order to preserve the person with MS as unchanged, required those with MS and their families and friends to *think* about what normality and person with MS had been like before the diagnosis and this changed things. The new normality negated the effort people put into generating it, because previously normality, like persons, was considered to exist 'naturally'. Hence, not only where many people with MS no longer able to be productive as autonomous individuals by participating in the wage economy, but also the more successful they were at presenting themselves as autonomous individuals (for instance by drawing on distributive agency) the less their efforts were recognized, because what they produced was not intended to change anything, but to maintain the status quo.

Forms as technologies for creating multiple separate entities

Disability Living Allowance was a form of financial assistance for people who had difficulty caring for themselves or getting around. It was ostensibly for individuals [carers could apply for a separate carer's allowance] and appeared to be designed with the intention of not being daunting or threatening. The main body of the form was concerned with learning from the applicants about any problems they had and the kind of help they needed, using non-specialist language and giving examples.

Do you have problems with coping with your toilet needs? Some examples might be getting to the toilet, using the toilet, using something like a commode, bedpan or bottle instead of the toilet, using a catheter, cleaning yourself, or something else (Department of Social Security 2002, p. 32)?

My first impression on reading the form was that it seemed accessible and could successfully be filled in by anyone with average cultural competence. However, this contrasted starkly with Karen's experience. She was not only sceptical that she would qualify for DLA, but also found the application process very stressful:

I've applied for DLA, whether I get it is something else, but the actual form it was horrendous [...] Have you seen [the forms]? Well, they're about *that* big!

What Karen indicated with her fingers as being roughly an inch thick, in fact measures less than half an inch. Irrespective of this discrepancy, the DLA form comes in at a formidable 47 pages, 8 of which are taken up by meta-commentary - "notes" - detailing further information demanded in the preceding sections and specifying the kinds of additional documentation and certification required. Yet at the same time claimants were repeatedly told that if they struggled to fill in the form, staff were at hand to help them. I want to suggest that this hinted at the existence of a different, distributive, form of agency that though implicit was also a pre-requisite for successfully appearing to exercise individual agency.³ Karen was aware of this, when she reflected on the application process:

Fortunately, my best friend, she's a social worker and she was able to help me and she says that you can't fill this in! I wouldn't be able to, because there's that much writing involved [and my writing's all up the pole anyway] so she's done it. [I]f I wouldn't have the knowledge, the know-how of my friends, if I would think like little Annie Bloggs out there, little, dithering nervous wreck, that DLA form would have just got left. And it's all that, it's all the system and it's so wrong!

Karen's ability to elicit the support of her friend, the social worker, makes the point about how the individuality and agency of the person are distributed and multiple. Yet in order to prove that an individual as an individual is unproductive, he or she has to engage their agency productively, in terms of their agency of sociality, in order to support their case. Furthermore, Karen's recognition that she was not able to deal with the form on her own, goes beyond being literally not able to fill it in, but also refers to other resources and skills she had to marshal. An example of such specialist know-how is the ability to transform everyday actions into measurable units.

Measuring, assessing and documenting, distances and times, even roughly, is not what people commonly do in their everyday lives. For instance Irene, judged the efficacy of a recent course of steroids on the

³ It was also common knowledge that one's first application would invariably be rejected.

grounds that it allowed her to make her way to the pub down the road and back without a wheelchair:

I've now walked from the Greyhound [the pub down the road] up to here [her home] four, five times. Couldn't do that, a couple of weeks ago.

In the context of applying for DLA, Irene's concern about making it to the pub and back turned into a question of how far she was able to walk in meters. The imperative of quantifying every action led to exchanges such as this between Frank, Irene's husband, and an administrator handling their claim:

Well, I said to him you want me telling you [about how often Irene needs help when going to the toilet]? and he said: 'Yeah. When did this - what dates did this start?' 'Are you serious?' I said, 'She's had MS for five years!' I said: 'It's getting on for six years now and she's always needed help, so I can't remember the dates.'

Frank's exasperation is a reminder of the way by which forms serve to produce 'truths' by separating and re-assembling previous entities.

Examining the files of cancer patients, Berg and Bowker have argued that these files do not simply represent the bodies they document, but that they play an important part in their reorganisation and rewriting (Berg and Bowker 1997). A typical cancer file contains logs, charts, reports, diagrams and other evidence of test results, bodily processes, treatment actions, and patient progress, with every new report or form adding to the history of patient and file. The file is not only agent and expression of a person's/patient's history, but also creates a new geography of the body, by breaking the patient's body up into various functions, such as its "renal function," or its "pulmonary function," as well by rearranging it into "organ systems." It thereby performs an "in vivo dissection, fleshing out a map to the terrain that is hidden under the patient's skin" (Berg and Bowker 1997, p. 7). The new, rearranged body is then acted upon in daily medical practice and the file becomes a repository of the new reconfigured body, as well as having been an agent in its creation.

In addition to producing new bodily geographies, histories, hierarchies and truths, forms and files, according to Berg and Bowker, also create multiples bodies. For instance, time flows faster in some sections of the medical record than in others: temperature and fluid balances are being measured daily, but bacteriological tests have only to be carried out on a

weekly basis and even where these notes and numbers share the same page, they often remain unconnected and in their own time zones.

The idea of medicine separating out elements of the body and turning from a system of relationships into one governed by the principles of reductionism has been developed by Foucault in *Birth of the Clinic*. In *Birth of the Clinic* Michel Foucault contended that during the French Revolution medicine had undergone fundamental changes which amounted to a whole new way of seeing (Foucault 1994 [1973]). Whereas previously the human body had been understood as a “system of relations, involving envelopments, subordinations, divisions, resemblances,” it now became a disaggregated assembly of organs and causal agents (Foucault 1994 [1973], p. 5). And the patient who used to be the focus of medical investigation, now became a mere “accident of his disease” (Foucault 1994 [1973], p. 59).

Not only do forms help to create multiple medical bodies by dividing them into functions and systems, but also multiple bodies politic, for example through the involvement of researchers, insurance agencies, government departments, or employers as Marie found out:

I tell you what! My employers knew more than I did, because they wrote to [my neurologist] for a medical report on whether I would be able to return to work. And he sent me a copy of the report that [the neurologist] gave *my* employer and that he sent to me so that I could read it. And they knew more than I did!

In this way, the multiple bodies of Marie the patient, Marie the welfare claimant, and Marie the unproductive employee, were generated and bureaucratically kept apart. However, in practice, that is in the life of Marie and other patients, they intermingled. The ‘new’ body and the ‘old’ person were impossible to separate completely.

Removing connections and creating objectivity

However, according to Strathern, the way ‘bodies’ seem to multiply is fundamentally linked to the way Euro-Americans employ scales as conceptual devices (Strathern 1991). She distinguishes between scales of magnitude and scales of domain. The first are comparable to ‘zooming in’, for instance, when society is understood as an aggregate of individual persons. Domaining, on the other hand, requires a ‘switching’ of scales, for example, between analysis and explanation or nature and culture. Both kinds of scales imply the existence of constancies and the need to impose limits. Changing scales always makes the information gained appear to

have multiplied; yet at the same time it also makes it appear more partial, because the quantity of information gained by the operation remains the same (Strathern 1991, p. xv).

As a Melanesianist, Strathern considers this a rather idiosyncratic way of creating worlds, because in Melanesia persons are not parts of a whole, but already contain the whole within them. In fact, in Melanesia Strathern argues, no whole, such as society, exists. Unlike Euro-Americans concepts Melanesians ones are not concerned with cutting or separating out, but rather with controlling the flow. There are no limits, and no centres to Melanesian persons. Under these circumstances, separation becomes a creative act that reveals the multitude of relationships otherwise hidden inside. In contrast, Euro-American assumptions suppose that parts, if separated out, had been part of a whole, such as a person, a body, or a nation. Here, cutting becomes an act of mutilation, of making incomplete.

Roy Wagner has termed these different modes of making persons “fractal” and “statistical” and offers reproduction as an example (Wagner 1991). A fractal person is a combination of his or her parents, who themselves contain within them their parents. In such a system, a person can never be a single ‘unit’ because all persons are composites of the whole. Bringing them all together in a statistical way will never reveal how many people there are, because each contains many combinations of many other persons, alive, dead, or not yet born. In contrast to this ‘fractal’ view, where the whole is embedded within each person, the statistical view generates people as aggregates, with each person as a discrete unit, an individual.

This ‘statistical’ view of making persons in the Euro-American context is not a ‘natural’ development, as Mary Poovey has demonstrated, but required a combination of certain political, economic and intellectual conditions which all establish the concept of abstract space (Poovey 1995). The creation of abstract space represented a new epistemology that allowed for the reorganisation of space itself and the bodies in it would have been inconceivable, Poovey suggests, without the scientific method, geometry, and commodity fetishism.

The core tenet of the scientific method is that it can be applied irrespective of its subject matter. Geometry’s models were based on the assumption of space being continuous and uniformly governed by universal mathematical laws. Commodity fetishism refers to a form of abstraction by which the social relations (of production) are separated from the commodity, which then becomes invested with powers and life of its own:

Against an imaginary geometric grid, which was conceptually imposed upon people and behaviors as well as space, productivity became the measure of value, repetition made time stand still, bodies disappeared into labor power, and norms began to dictate the criteria by which individuals were evaluated (Poovey 1995, p.31).

In Victorian England, the new technique of separating or in Poovey's terms abstracting people, as well as objects and spaces, from the relationships of their (re)production did not mean that all individuals were equal, or in fact equally individual. Faced with the dilemma of how to explain how liberal theories seemed to be promoting the self-government of one segment of the population, while simultaneously advocating greater coercion for another, Adam Smith developed a concept of morality based on visibility. Theoretically, all working men are capable of self-government, he argued. In practice however, the division of labour caused the working man, as an individual, to disappear. Instead, he can only be visible either as a whole, such as the poor, or as an abstract entity devoid of uniqueness, a representative of "human nature" (Poovey 1995, p. 34).

If the 'ordinary man' (cf. De Certeau) was bound to disappear from the moralizing gaze of others, but at the same time was more in need of guidance than those still visible, how could such control be exercised and with as little interference with the 'natural' laws of the market as possible? The answer lies in what Michel Foucault referred to as "disciplinary individualism" that "paradoxical configuration of agency whereby freedom is constituted as 'voluntary' compliance with a rationalized order" (quoted in Poovey 1995, p. 99).

The New Poor Law of 1834 was one way of conditioning the invisible masses to behave in a modern, rational and controlled way. The administrative apparatus established for the New Poor Law became the structure on which a permanent English civil service and the bureaucracy associated with it was founded. The New Poor Law's ultimate goal was not to deprive poor individuals of their agency, but to ensure they would act in accordance with laws of the market.

Although the New Poor Law was couched in the rhetoric of rationality and designed for 'the common good', it was neither as popular nor was it applied as indifferently as its architect Edwin Chadwick had anticipated.

Although Chadwick had designed the Law as an infallible and machine-like apparatus embodying and enforcing reason, the testimonies of local poor officials tell a different story. They show that 'pre-modern' attitudes towards charity, morality and justice, as well as ideological and interested assumptions about how the poor should behave seeped in (Poovey 1995, p. 107-109). The case of the Poor Law and its architects is also a historical example of how bureaucratic, statistical and organisational procedures are continually represented as ways of 'objectively' assessing and providing for the needs of 'citizens', yet in their design, their rational, the policies that inform their implementation and in their execution in practice, they are part of the means by which the state attempts to define and manage 'persons' in strongly subjective and culturally-marked ways that have changed over time, a feature that provides the historical link to contemporary welfare-to-work policies (despite operating under rather different circumstances).

The history of the 1832 Anatomy Act provides another example of the effects of new ways of seeing and of organising space and bodies through acts of, often literal, disaggregation. It also showed how these modern practices had a more profound impact on the lives of some people than on others.

The Act recommended that the bodies of those too poor to pay for their funeral and of those who had died in the workhouse, be confiscated by the government for the purpose of dissection. It effectively rendered dissection a punishment for poverty and instilled in the poor a violent fear of the workhouse and the pauper funeral. Not only were poor people more likely to end up on the dissecting table, but they were also considered to be more physical, and by implication less rational, more body and less mind, than the educated and the wealthy. Furthermore they were also less individual, less visible, and consequently more like each other, all attributes that made them in fact more suitable as objects of anatomical inquiry than their betters. Personhood, though according to Enlightenment philosophy universal, remained a matter of degree, with some bodies possessing more of it than others, which provides another example of how 'older', relational notions kept seeping back into modern ones.

Returning to the present and the issue of scales, some people are more adept at operating within certain scales and keeping away others. This has consequences in terms of whose voice is able to speak with the greatest authority, as Peace's study of the operation of a review process in Ireland illustrates (Peace 1993). [see also my LREC experience]

In late 1980s, a US corporation (Merrell Dow) was granted permission to build a large chemical plant in rural Ireland. Feeling that their way of life was under threat, the residents transformed their concerns into organised protest. Though no admission of a connection between the planned development and the locals' resistance was acknowledged, *An Bord Pleanála*, the Irish Republic's national planning review body, decided to conduct an oral hearing. This was interpreted as good news by the residents, because the Review Board presented itself as an impartial, independent and autonomous institution unaffected by petty political squabbles or tainted by any conflict of interests.

Residents had mobilised public support and presented their case at the hearing by connecting the prospect of the new chemical plant, with the corporation's environmental track record, and other local and global events such as Chernobyl, the Piper Alpha catastrophe, or the pollution of a nearby Harbour which all served to highlight modern technology's potential for disaster and destruction. However, the strategy was unsuccessful and when appellants made mention of the above reference points at the hearing, they were repeatedly interrupted and criticised by the inspector in charge, on the grounds of being unconnected to 'the facts' and representing merely "subjective opinion" (Peace 1993, p.198).

The residents had hoped and agitated for no chemical plant at all, but due to the chairman's intervention, the hearing's objective shifted to the question of modifying the plant in order to make it more acceptable. The logic and authority of political discourse and of science were working hand-in-hand here and helped to discriminate against local folk's concerns and to privilege the technical and scientific arguments of experts.

When the Board finally reached its verdict, no one involved in the hearing was surprised that Merrell Dow had been given the go-ahead. Peace sums up the case in the following words:

[T]he determinant phase in this conflict between discourses turned on the advent of the independent review body, which proclaimed its impartiality and concern for a just outcome while imposing criteria of assessment, demanding modes of presentation, and encouraging types of dialogic exchange, which all worked in different ways yet also in concert, to the advantage of those with economic and political power and at the expense of those who enjoyed neither (Peace 1993, p.202).

I think the case of the Chemical Plant in rural Cork makes two points. First that in order to appear 'unconnected' it is necessary to draw on multiple relationships, such as the "tertiary qualifications and professional association memberships" as the Chemical corporation's representatives did. Second, the residents lost their cause because they were not able to represent their arguments as objective, that is as not based merely on personal relationships and 'subjective opinion'.

This point about the centrality of 'objectivity' connects back to the form's imperative of quantification. Ted Porter has argued that in western democracies, committed to ideals of equality, quantification can become a powerful substitute for trust based on personalised relationships. Porter distinguishes between two kinds of objectivity: disciplinary and mechanical objectivity. Disciplinary objectivity, objectivity is claimed by an elite of experts whose position of privilege is secured by their specialist knowledge. This form of objectivity requires trust in the ability and skills of those experts, shared amongst themselves, but also by non-members of the group. However, the less experts are trusted, the more credence is given to numbers:

Disciplinary objectivity is made conspicuous by its absence. Where a consensus of experts is hard to reach, or where it does not satisfy outsiders, mechanical objectivity comes into its own. Mechanical objectivity has been a favourite of positivist philosophers, and it has a powerful appeal to the wider public. It implies personal restraint. It means following the rules. Rules are a check on subjectivity: they should make it impossible for personal biases or preferences to affect the outcome of an investigation (Porter 1999, p. 4).

The most credible strategy for rendering the nature of Euro-American society objective is by strict quantification, through measurement, counting and calculation. Under conditions of mistrust, numbers and the techniques by which they are produced, such as statistics, gain increasing influence. Examples are the almost obligatory use of statistics in many areas of medical research, especially in the US in response to legal, political and disciplinary challenges and the rise of Evidence Based Medicine (EBM) (Porter 1999, p. 208). According to the precepts of EBM all professional clinical practice should be based on sound research evidence that proves the efficacy and efficiency of an intervention (Harrison 1998).

Though EBM makes health care rationing visible, it also moves it beyond criticism and secures the involvement of doctors, as well as the compliance and even support of the general public, including patients, because it

distributes responsibility over many shoulders but more importantly bases the decisions themselves in 'objective numbers' rather than subjective expert knowledge.

EBM is underpinned by the principles of sound evidence ensuring that a practice is reliable and valid and a hierarchy of evidence with Random Controlled Double Blind Trials as offering the most valid form of proof. EBM is disseminated through clinical guidelines based on statistics. Rather than revealing cause-effect mechanisms and provide knowledge of what *ought* to be effective, it demonstrates statistical relationships from past relationships and provides knowledge of what is *likely* to work, irrespective of why (excerpts from Table 2, original emphasis Harrison 1998, p. 25).

Statistical methods are used in accordance with rules and regulations, but the trust they can command is limited. Clinical doctors, for example, are more likely to be influenced in their practice by their own experience and reasoning or that of close colleagues when dealing with a similar case than by "the publication of meta-analyses of large number of cases" (Harrison 1998, p.26). Lastly, no matter how transparent or clear the instructions for the production of statistics are "an element of unarticulated expertise is built into every attempt to solve problems according to explicit rules, not excluding computer analysis of quantitative data" (Porter 1999, p.214) (see also LIMA). Hence, absolute clarity can never be achieved and even impersonal numbers have to rely on institutional or personal credibility in order to become trustworthy.

Similar to the 'independent inquiry' into the matter of a chemical plant in an Irish dairy district that set the remit of what was counted as evidence and what did not, an alternative interpretation is also possible that there are certain things the numbers *must* show, while not showing, or excluding others, as Munro has argued for the case of budget deficits (Munro 2001). Munro understands a deficit as a variance, or 'gap' that needs to be silenced. Numbers, he asserts, can only be dislodged by other numbers, and budget deficits can therefore only be closed by other numbers and not by verbal explanations. In addition, only certain forms of numbers will do. Depending on who or what is held responsible for the deficit different kinds of numbers will be preferred. If the whole business unit is held responsible, suitable numbers will reflect general trends either inside or outside the company. Conversely, if the numbers are said to reflect the performance of a specific person, such as the manager of the unit, variances will be divided into 'controllable' and 'uncontrollable' variances. Uncontrollable variances will then be subtracted from the

deficit, eventually leaving only controllable factors (Munro 2001, p. 477). Unless the residue can be explained away further, it threatens to turn into a 'monster' – an account that cannot be accounted for (Munro 2001, p.482).

Munro's article is situated in the context of the rise of the budget, as a management technology, and its refusal to accept verbal accounts. Budgets are part of the inventory of business, and in the UK, business - the pursuit of profit in the capitalist market place - has in recent decades come to play a significant role in government discourse. Accounts and budgets are not the only area in which degrees of objectivity have become synonymous with quantifiability. Welfare has similarly been the subject of rigorous a cost-benefit analysis, with the implicit and often explicit effect of reconfiguring the relation between the state and its citizens.

Clients into customers

In its 8 June 2001 press notice, the recently re-elected Labour government announced major changes to the organisation and brief of a number of government ministries, including the creation of a new Department for Work and Pensions (DWP)⁴:

[The reorganisation] will bring together the previous Department of Social Security and the Employment Service to enable the Working Age Agency (now Jobcentre Plus) to be established with a single and clear line of Ministerial accountability. The Department will combine the employment and disability responsibilities of the former DfEE with the welfare and pensions responsibilities of the DSS (The Prime Minister's Office 2001).

The merger between government agencies responsible for work is part of the government strategy to make benefit recipients rejoin the workforce or in the words of the Prime Minister: "We believe passionately in giving people the chance to get off benefit and into work" (The Guardian 2002).

As Ruth Richardson's work on the 1834 Anatomy Act and Poovey's work the New Poor Law showed, equality, or 'indifference' in Herzfeld's terms was never a reality, and some people have always been more equal than others. However, the new element was that by redefining claimants as consumers - as so many individuals acting according to the laws of the market - the government divested itself of the *moral* responsibility for the

⁴ New reforms, same tenor:
<http://www.guardian.co.uk/guardianpolitics/story/0,,1635891,00.html>

powerless. Now the powerless did not only have very little say, but they were also told by the government they had only themselves to blame.

Blair's Labour government took the ideology of individual responsibility further and the concept of governmentality provides a useful framework for gaining a better understanding of the changes. Governmentality, an idea developed by Foucault, suggests that power resides less than ever in the formal aspects of the state, but reaches beyond into the various networks and alliances through which government by proxy becomes possible (Morison 2000, p.123).

Disabled people, lone parents or the unemployed can become one such avenue through which state power is exercised. In a speech on welfare reform, Tony Blair painted the vision of an "enabling welfare state – one which helps people to help themselves" and emphasised that "an active welfare state" cannot simply hand out a giro cheques, but has to treat individuals as customers and provide them with the skills and services necessary to help them to get back to work. Referring to the New Deal for Disabled People, Disabled Person's Tax Credit, and the introduction of the Disability Discrimination Act and the Disability Rights Commission, the Prime Minister continued:

And in return for that investment we expect those on Incapacity Benefits [...] to come in and discuss their work prospects with a Personal Adviser – when they first become sick or disabled and every three years for a review (The Guardian 2002)

Elsewhere in his speech, the Prime Minister clarified the obligation linked to the government's offer:

[W]ith the chance [to return to work], comes a responsibility on the individual – to take the chance, to make something of their lives and use their ability and potential to the full (The Guardian 2002).

By turning benefit recipients into economic agents who take responsibility, the government's transformation of the welfare system seems to be explicitly aimed at creating new subjectivities. Increased pressure on claimants to attend meetings, courses, and interviews, draw up lists of prescribed goals, decide on timeframes to achieve them, and above all ensure that their benefits are reviewed on a regular basis are the techniques used to ensure this objective is accomplished.

Though the techniques used to accomplish these goals are bureaucratic, due to the principles according to which they operate and the artefacts they use, it is the ability to switch scales that conceptually allows agents, such as the government, to demand that people operate according to the statistical principles of measuring quality and productivity.

The emphasis underlying welfare provision is no longer, it would seem, that there will always be some people in need of assistance. Rather, welfare is mostly designed as a form of emergency help, something people move in and out of, and that only tides them over a particularly hard patch. However, most people with MS find themselves at odds with this understanding, because for many, the termination of their working life is not so much a question of if, but of when.

Teresa now blames the fact that she forced herself to work right up to and beyond exhaustion for the way her MS has progressed since:

I got to the point where I was just existing just to work. I was resting all the time, all weekend, getting home doing absolutely nothing, just so that I was able to go back to work. And I wish I hadn't done that now.

But she is also clear why she did it:

I wish I'd given up work earlier, but I didn't. I think because that's quite a final thing, isn't it? Once you decide giving up, there's no going back there.

Karen too, is aware that a return to her much loved job is impossible:

I am a liability if I was to go to work now with the job I was doing. I honestly don't see what job I could do.

Teresa and Karen both have been diagnosed with primary progressive MS, but even for those with relapsing-remitting MS, full recovery is not guaranteed. As Dorothy, Sally and Marie explained to me, the usual categories of benign, relapsing-remitting, secondary progressive or primary progressive MS are misleading, and Dorothy offers the following example:

You can have relapsing-remitting and go back to normal or relapsing-remitting and not recover fully. Therefore, you have relapsing-remitting, but also have a progressive form.

Relapses tend not to fit in well with the regularity and standardisation of bureaucratic procedures. They are by definition unpredictable, yet in order to claim DLA it is necessary for an applicant to have needed help for three months and be likely to need help for at least six months after the claim (Department of Social Security 2002, p. 1). Given the uncertainty surrounding the progression of MS, such predictions are impossible to make. Dorothy, Marie and Sally agree, “no-one wants to tell you [what kind of MS you’ve got]. Nobody wants to commit themselves.” Irrespective of the health professional’s willingness to commit themselves, a diagnosis always implies a prognosis of the course of the illness and hence the sufferer’s future. Bridget recounted a chance meeting with her neurologist during a recent hospital stay, when he greeted her with the following words: “‘Ah, Bridget, primary-progressive...’ and I thought: ‘No, I haven’t, or I have and you haven’t told me!’” After the encounter Bridget decided to request insight into her file, “because if I have got primary progressive, I need to know, because I might not see 40 and I want to plan.”

However, even when the diagnosis is both, of a progressive form of the disease and known by the sufferer, this does not represent an unlimited entitlement to benefits, as Marie complained in the opening pages of this chapter:

I was diagnosed as having secondary progressive MS and yet [...] in April 2002 my Disability Living Allowance is being reviewed.

Choice is pivotal if customers are to exercise influence in any given market. However, in the welfare sector such choice is fictitious. This is not only because of the specifics of welfare provision that often make large local and regional monopolies necessary in order to ensure the viability of the service, but also because choosing an ‘exit’ strategy by paying for one’s own care provision, is too expensive to even consider for the vast majority. As Hudson argued, turning social service clients into ‘customers’ did not only *not* deliver according to the standards of the (ideal) marketplace, and tip the balance in favour of the “contributing citizen” at the expense the “entitled citizen,” but it also made successful protest more difficult (Hudson 1998, p. 463).

In conclusion, the current welfare system devalues Marie and other people with MS as persons, because the only valid form of productivity it recognizes is by participation in the market. It obstructs their access to government assistance by expecting them to re-join the labour market, and in addition makes sufferers responsible for being unable to do so. Lastly,

by restricting their means of income, it denies them the right to become productive as consumers. At the same time, the objections of people with MS do not matter, not only because they are no longer productive, but also because their actual means to voice their objections have been undermined.

Conclusion

In this paper I have argued that bureaucracy makes objects by cutting relationships. This happens through bureaucratic technologies, such as forms, which introduce 'indifference' into the administration of welfare and make it possible to treat everyone as an individual and according to the same standards. However, I have also shown that the concept of persons as autonomous individuals on which this administration is officially based is not exclusive. Rather, in order to successfully present themselves as self-contained units, persons have to draw on other, distributive forms of agency. Furthermore, 'indifferent' treatment has always been more an ideology than a reality.

Modern bureaucracy works (at least most of the time) because it has behind it the combined power of the state, but also because it draws on shared conceptual notions of scales (i.e. you lose sight of something by focusing in, but also because they make things comparable, i.e. people are already always part of something else). In other words, bureaucracy works because it draws on a shared culture, that allows for a shared understanding, for instance in terms of what is a person.

For the people I worked with adherence to the 'official' version of a such a shared culture had gained an essential dimension for two reasons. First, and this applied to people with and without MS, developments such as New Reproductive Technologies have made certain aspects of personhood an issue of personal choice, that previously laid outside the individual's control (as Strathern and Lury have argued). Second, MS had made it increasingly difficult for people to meet the standard's of personhood set by official rhetoric, because they found it harder and harder to be productive in certain culturally specific ways, i.e. as individuals in the wage economy.

It is against this background that any claims about the popularity of welfare to work policies have to be judged. While the people I worked with certainly wanted to work, they were also very clear that this was no longer an option for them. Such a recognition implied change, but at the

same time they worked very hard to make things appear unchanged. In other words, in order to appear 'normal' they were constantly erasing the signs of their own non-hegemonic productivity.

In early November this year, Tony Blair promised that the government's incapacity benefit reforms will remove the "incentives" in the system that keep 2.8 million Britons on incapacity benefit, encouraging them to return to work. (Wintour 2005). Yet Tony Blair also acknowledged that some people who have had a very serious accident or illness are not going to work again, and he recognised that the government should do more to help them.

However, going by my research, and by the experience of Dorothy, Sally and Marie, at the beginning of this talk, who is or is not able to go to work again is a fiercely contested and ambiguous matter. Not only between claimant and the state, but also for the claimants themselves, because if they are successful in establishing their claim to benefits on the grounds of incapacity, they will also have lost the claim to be 'normal', i.e. productive in the same ways as 'everybody else'. And I think this kind of detailed, in-depths research that is grounded in people's everyday experience and practices that is one of the contributions anthropology can make to the study of welfare lies.

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