Introduction

In 1943 my dad was 10 years old. One day he woke up and was unable to walk to my grandmother who was calling to him from the kitchen. A doctor came, and it was established that my dad had Polio. After having spent a couple of months isolated at a hospital, he was sent to a hospital school in Helsingborg, a city 145 miles away from the small town where he grew up. There he spent two years of his life.

My dad had the possibility to attend what is now known as an upper secondary school and after graduation he went on to Stockholm University, studying to become a teacher. He graduated in 1959.

At my department, which is the Department of History and Cultural Studies, we do what is known as “history from below”.

At my Department, which is the Department of History and Cultural Studies at Malmö University, I am the only one doing disability history or anything linked to the subject. This really isn’t surprising. In Sweden Disability History in general, and more specific what is known as “the New Disability History”, is not a big field of research.

Generation, Ethnicity and Sexuality, together with the more common Class and Gender, are perspectives which all already have been incorporated in the academic historical research. What’s missing is Ability. Sadly, I think this is due to the fact that disability still is seen as something personal rather than cultural or societal.

This makes me feel divided. On the one hand I can’t hide the fact that it is my personal background that influenced me to choose disability history as my field of research. On the other hand I am convinced that we must see disability as not only connected to persons but to societies and cultures and I am surprised at the lack of understanding for this in the Swedish academic world.

Aim or Purpose for my research

If boiled down to the essence, I can say that I (as a researcher) am interested in three things only: experiences, discourses and the interactions between them.

How can I then implement this into my research? Well, the purpose of my work is
First - to investigate discourses concerning bodies and bodily variations in a given society - the Swedish 1940s (and probably the surrounding decades).

And second – to investigate experiences of having a body which do not fit inside the narrow norm of the same society (the norm - in turn – of course shaped and created by these discourses of bodies).

I have further delimited this project by focusing on vocational training and work therapy. My intention is also to only or mostly use materials linked to persons living with Polio. The reason for this is the exceptionally big role Polio had in shaping the Swedish discourse about disability during the period I am interested in.

**Material(s)**
In this pilot study I have used two kinds of materials - written life narratives from the collection “Polio Memories” housed by Nordiska Museet in Stockholm and a series of seven Reports published as a part of The Swedish Government Official Reports. The studies proceeding these reports were being conducted between 1916 and 1948. The first report came 1920.

I have chosen these two very different kinds of materials, because I want to get a broad picture and because I believe that they together make good combination which can help me answer questions related to me research interest. Through these materials I get both an inside and an outside view.

**Context**
The most important context for my research is the so called “Peoples Home of Sweden”, or:

The Swedish welfare system

**The Swedish welfare system**
The starting point to what now is known as the Swedish welfare system was the hygienic-focused science of the late 19th century. Public Health became an important part of the ideological aspects of the Swedish welfare system. The thought was that when the effective society had been created, neither class, education nor money would have any
effect on health and sickness. And by getting healthier, the people would be more likely to fulfill their duty as citizens – which was to work. The responsibility lay both on the individual and on the society and there were many ways in which the ideology of hygiene turned into reality.

- Compulsory school bath and school lunches were introduced.
- The housing had to have a certain standard, so that families didn’t live too crowded. This ideology turned into a demolition frenzy where almost all Swedish city centers were torn down to give space to this new “modern” kind of architecture.
- People who were seen as “disturbing elements” were institutionalized. Between 1930 and 1950 it is estimated that shockingly 25 000 persons, mostly women, were forced to become sterilized.

During the first three decades of the 20th century, the number of hospital beds in Sweden tripled. Previous research has identified three reasons for this;

First - the industrialization which altered what was demanded of the individuals physically.

Second - the new life styles and family patterns that followed and made care within the families impossible.

And Third - the discoveries and specialization in medicine.

But there are of course other reasons more linked to ideology, for example the previously mentioned institutionalization and sterilization.

**A Swedish inventory**

In 1912 a governmental committee founded a system of so called “social representatives” whose tasks were to make an inventory of the country to find and register all “crippled”. This was an important step. First after “the crippled” had been counted could governmental reforms, aiming at giving a more structured aid, be made. This inventory is also important since it was here that “the crippled” were created as a distinguished group in Sweden. Previously they had unidentified belonged to the larger group of “the poor”.


Well worth mentioning is that the representatives didn’t have to have a medical education to be able to find the “crippled” persons.

Further on in my research I am going to look deeper into how these investigations were being carried out and how “the crippled” were defined by the representatives.

About ten years later, in the Swedish official discourse two kinds of “crippled” had been identified. Individuals that could support themselves were called “crippled”, and individuals that couldn’t support themselves were called “socially crippled”. Where to draw the line between these two groups was not an easy task, and it was soon concluded that what made largest influence were “individual differences”;

“One individual can, despite severe crippledness, provide for himself without aid from the society. The other individual, with the same kind of crippledness, will be ruined without such aid”

Since the goal was to eliminate poverty and to get as many people as possible in the work force, the ”socially crippled” became the focus for the vocational training and work therapy provided by the state. I recognize this as an important part of a longer train of thoughts which starts by the willingness of society/state/government to, for a short period of time, provide for certain disabled persons, and lead to the expectation that these persons could be asked to perform tasks that were decided by the state and not by the individuals and/or their families.

**Vocational training and work as therapy.**

One of the goals for the Swedish welfare state was, as previous mentioned, to get more people incorporated in the work force. The motivation to work became one of the absolutely most important parts of a so called moral lifestyle. By being unable to perform “work” an impaired body was per se immoral and could also provoke immorality among other persons.
The individual with an “immoral” body could, however, overcome this by taking part in activities known as vocational training or “work therapy”. This worked in two ways; the individual got a chance to turn immorality into moral and was at the same time kind of isolated and hence could not provoke immorality amongst others.

During the forties a new definition emerged and replaced “socially crippled”; “partially able to work”.

The Swedish word for “crippled” is “vanför”. This word implies very clearly an inability to work. The opposite is a word meaning “capable of working”. The new term was “partially capable to work”. This term points at the capability, when the previous term pointed at the incapability, showing a change in strategy. If people were defined as partially capable of working, and then didn’t work – their immorality would be very evident.

In 1947 it was established that work therapy was supposed to be a direct continuation of the medical treatment, since it, for example, could replace massage. This indicates that the state of the bodily capability was seen as important for the result. It also shows us that the vocational training served a double cause; not only was it supposed to lead to a profession, it was also supposed to make the “crippled” healthier.

Work therapy should in other words lead to a healthier body. But what is interesting is that the disabled person, in my material, consequently is valued by the capacity of the personality. “A positive attitude” was, it is stated, the most important reason for a good result. Having an enterprising attitude, ambition and possibility to make the right judgments and adaptations were seen as crucial dispositions. I find it very interesting that there is so much importance put on the personality. In the texts I have examined, personality is constantly discussed, and bodily capability is almost completely absent. Since what I so far in my research have don, only is a pilot study I am not ready to draw any real conclusions, but what I now think this shows, is that the so called “crippled” or “partially able-bodied” went through several valuation processes.

First the body was inspected and valued.
Second the personality was inspected and valued.
And this second inspection kind of aimed at hiding the first.
Life stories.

Several of the life narratives I have read contain stories emphasizing the urge and struggle to become an active individual on the work market. A man writes, for example, that it was very hard for him to everyday do his exercise, go school, work and ride his bike every day back and forth, but that he felt that he was getting closer to his goal, which was a job and a regular income. I find it interesting, but not surprising, that many of the informants’ falls into this story of morality. My plan is to see if there are other stories as well, perhaps even contradicting ones, among the life narratives.

I am also interested to, further on, more structuralized compare the life narrative material with the governmental material to see what kind of similarities and differences I hereby find.