

The Language of Percentages: Ranking Bodies, Shaping Realities, and Limiting Opportunities

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(rannveig.svendby@stk.uio.no) **Abstract**

Purpose: This exploratory study is situated in a critical tradition. It aims to describe and analyse the reliance on percentage assessments of functional capacity among a group of young adults in rehabilitation after serious motor vehicle accidents. **Methods:** Qualitative interviews and participant observation. Thematic and theoretically informed analysis was carried out. **Results:** The concept of percentages played a significant role in the study participants' meaning-making processes as they went through rehabilitation. Percentage scores below a hundred made a strong impression on them and were associated with strong emotions. They also strove to prove their scores wrong, often by attempting to function in full time (hundred percent) employment positions. Significantly, many talked as if they "were" their percentage scores. **Conclusions:** The utility of percentage logics is to describe parts of that which is full and whole, and we argue that this logic provides for specific and problematic ways of seeing and understanding impairment and disability. When scored on hierarchical scales, functional tests by necessity rank bodies and bodily functions as better or worse while precluding alternative understandings of affected function.

Keywords: normality, young adults, rehabilitation, work, functional testing, patient experiences

Introduction

Drawing on qualitative research with and among young persons in rehabilitation after severe motor vehicle trauma, this article critically examines how tests for and measurements of functional capacity may contribute to shape our understanding of disability and what it means to be disabled. While carrying out fieldwork for a study aiming to explore the rehabilitation experience more generally, the first author came to notice that study participants invoked the concept of percentages when describing themselves and their conditions and circumstances. They did so in implicit and explicit reference to a range of tests and assessments that were carried out in the course of the rehabilitation process, such as the Functional Independence Measure (FIMTM), the ASIA Impairment Scale, the Trail Making Test (TMT) and the Mini Mental State Examination (MMSE). These are “instruments” that aim to measure various aspects of functional capacity in patients, including sensation, attention, cognition and motor function [e.g. 1–4]. Although the results of many tests were reported as scores on numeric rating scales, they were often translated into percentages (i.e. to reflect what fraction of the test’s maximum or normal score that had been attained). At the rehabilitation hospital, these measurements were used by health professionals to assess and communicate functional capacity, and to monitor rehabilitation progress.

In addition to tests at the hospital, the Norwegian Labour and Welfare Administration (NAV) [5] conducted evaluations where the aim was to develop, document and convey prognosis regarding future work capacity. This was needed in order to provide disability benefits based on medical assessments of occupational work capacity. According to a consultant at NAV, whom we interviewed about this process, the nature of these evaluations would vary, but it

could typically entail individuals being clocked when crating fruit or closing a bunch of envelopes. The result of the evaluation was settled in a percentage score that indicated what fraction of full employment the individual would be able to attain.

The study participants explained that they often first received tests results via documents in the mail, or in meetings with health professionals. Test results from the evaluations about working capacity was, according to the consultant from NAV, sent in writing to the tested individual. While the percentage scores thus emanated from the clinic and the welfare administration, they circulated far beyond the settings in which they were developed. The study participants recited, discussed and reacted to the scores in a range of ways and instances in their daily lives, and it is their overall discursive engagement with the conceptual framework of percentages we deal with in this article. We have come to call this discursive form “the language of percentages”, because reference to percentages worked as a socially shared resource that was used to denote, describe, explain, and make sense of disability. In this article, we aim to add to the exploration of functional capacity testing and its work and implications through an examination of this very language.

While a number of previous studies have explored patient experiences of rehabilitation after spinal cord or brain injuries [e.g. 6, 7], just a few have investigated the nature and work of the tests and measures used to assess functional capacity. Previous critical research into test like the ones mentioned above has highlighted them as constituents in relational practices that have significant implications for those involved. Among other things, functional testing appears to be implicated in the production of insecurity about own functional level among children [8] and of stress and pressure among elderly patients [9]. In a different type of critical exploration, Abrams [10] has unpacked the ontological difference that separates the

“lived” knowing of muscle disease from the “abstract” knowing of such disease engendered by the “Patient-Specific Functional Scale” and other similar tests.

Our investigation of “the language of percentages” falls into, and draws on, a long-standing tradition in disability studies that recognizes the socially constructed and socially productive nature of culturally shared categories. Although many of the categories that are drawn on in clinical practice may easily become naturalized and regarded as fact, they are always the result of processes localizable in space and time [11, 12, 13]. Also, while it is often assumed that observational work is separate from conceptual work, the observational may be abundantly involved in the materialization of that which is being measured. For example, Rosengarten [14] has shown how the viral load test used in HIV care works to materialize both the virus it measures and the body in which it resides. Drawing on insights like these, our aim in this article is to contribute to a continuing discussion of what testing *does* – by exploring “the language of percentages.”

Methods

This article draws on fieldwork for an exploratory study carried out in South-Eastern Norway in 2013 and 2014. Over a period of one year, the first author engaged in qualitative interviewing and participant observation with 14 young persons who at some point in the past had sustained severe, multi-traumatic injuries in the course of a motor vehicle accident in which they had been drivers.

Study participants and recruitment

The study participants, 12 men and two women, were from 20 to 36 years at the time of fieldwork. Between two and 15 years had passed since their accidents occurred, and ten out of

the 14 were still receiving medical care while participating in this study. Three had incurred spinal cord injury, another three had sustained multiple traumatic injuries, and eight had been diagnosed with moderate traumatic brain injury. Three in the latter category had suffered additional severe trauma of the face, legs, back, neck and/or hips.

Recruitment of participants occurred in part through a rehabilitation hospital and in part with the help of an advertisement in a periodical published by an interest organization for persons with disabilities.

Qualitative interviewing

All the 14 study participants took part in one or more interviews. Five were interviewed once, five were interviewed twice, and four participants were interviewed on three or more occasions. To interview participants more than once offered opportunities to investigate topics in more depth. Also, it provided opportunities to think about topics that were addressed over time and get back to them on later occasions. The interviews were semi-structured, in the sense that some overarching themes had been identified ahead of fieldwork and were listed in an interview guide, but this guide was not considered fixed, nor used to structure the flow of conversations. Instead, opportunity was provided for study participants to bring up issues they found relevant and meaningful, and the interview guide was used primarily as a checklist to ensure that some key perspectives had been covered. The interview guide was modified on several occasions during fieldwork, with new topics and perspectives being added as fieldwork progressed. For instance, issues pertaining to (un)employment had not been included in the first version, but were added later because the study participants often brought up their situation in the work market. The issue of percentage assessments, which we focus on

in this article, was not something we had had in mind when the interview guide was prepared, but something we became aware of well into fieldwork.

The first author took scratch notes [15] during interviews, and later expanded these into fuller, more coherent interview records. When an interview had been typed up, the document was sent to the study participant, and he or she was invited to take part in its further processing in an on going written dialogue with the researcher. Some of the study participants chose to add thoughts and explanations, or modify wording, in this process, and their modifications often shed new light on the topics under discussion.

Although a few interviews early in the fieldwork were also audio recorded, most conversations were documented following the approach just mentioned. When we opted to do it in this way, it was to prioritize time and room for ideas to be developed and explained by the study participants rather than for their statements to be captured verbatim. As Middelthon has argued, a problem with transcripts of recorded conversations is that they become “a frozen presence deprived of fluidity; of a possibility for alteration, modification, or change” [16].

In addition to the study participants, the first author also interviewed variously positioned experts. Of particular relevance for this article was a conversation with a neuropsychologist working at a rehabilitation hospital. The aim of the conversation was to learn more about professional perspectives on testing and evaluation of injuries, impairment, and work (in)capacity. All the interviews were conducted in Norwegian. Quotes from these conversations, and field notes, have been translated into English.

Participant observation

During participant observation, the first author spent time with the study participants in different everyday contexts. Among other things, she visited people at home and at the rehabilitation centre, went for walks with them, and hung out with them in cafés and restaurants. Also, as part of the relations that developed between the first author and the study participants, there was extensive ongoing communication between them via telephone, text messages and email throughout the fieldwork period.

The first author took scratch notes in the course of interaction with the study participants and used them as input when writing detailed field notes at the end of each field day. Interviewing and participant observation stood in a dialogical, interactive relation with each other, so that issues that had been discussed during interviews were at times further explored in the context of an everyday life situation, and, conversely, joint experiences were sometimes revisited in a subsequent interview.

Ethical considerations

The protocol for this study was approved by the Norwegian Social Science Data Services [17] and the Data Protection Official for the hospital at which (most of the) participants were recruited. All participants provided informed consent to take part in the study after having been informed about the research objectives, the methods to be used, and how one could withdraw from participation at any time without explanation or adverse consequences. All names used in this article are pseudonyms, and other information that could directly or indirectly lead to the identification of study participants has been either omitted or modified.

Data analysis

Analysis and theorizing was considered an integral part of the research from the beginning to the end of this study [18]. Thematic data analysis [19] was carried out with inspiration from Braun and Clarke's guidelines [20]. The data material was read and re-read in a process that aimed to develop detailed overview of and close familiarity with the data. The material was then thematically coded manually by the first author in a process that entailed repeated rounds of review and refinement. In the first phase of this process, the main themes were broad, such as experiences with un/employment, disability and rehabilitation. In the second phase, we discovered that talk about percentages emerged within these themes. We sorted "talk about percentages" into one separate theme. Emerging patterns and sub-themes within this theme were discussed by the researchers, and organized into sub-themes such as "being one's percentages", "opposing one's percentage score" and "struggling with fractions".

Many of the study participants were consulted in the analysis process. In this way, they could address misunderstandings, clarify vagueness, and contribute to further exploration of the themes under consideration. Data were also discussed in an ongoing, reflexive dialogue between the three authors. In this exchange, various literature and theoretical perspectives were continuously brought into the discussion and assessed for their ability to illuminate emerging themes [21].

Theoretical framework

This article draws on and from the critical research tradition, a significant strand of which aims to put under pressure "the ordinary, taken-for-granted assumptions and understandings that position us in certain ways, narrowing a potentially wide range of human being to a limited set of identities and practices" [22]. In line with this, our aim here is to identify and characterise a discursive practice – i.e., the one we refer to as "the language of percentages" –

in order to reveal and analyse the assumptions it rests on, and inspired by Gibson's post-critical approach to rehabilitation research, to try to grasp what this language is capable of *doing*. Indeed, instead of "establishing the truth or falsify different conceptual commitments, a post-critical approach asks 'what do they *do*' considered in the broadest sense possible" [23]. In our analysis, we thus conceive of "the language of percentages" as an actor. Envisaged as something that acts, that language might for example be able to "authorize, allow, afford, encourage, permit, suggest, influence, block, render possible, [and] forbid" certain ways of being and understanding [24].

Results

As the study participants grew into a new culture at the rehabilitation hospital, they soon became part of a discourse that focused intensely on their bodily condition and their present and future capacity to participate in the job market. A striking feature of this discourse was that it regularly invoked the concept of percentages, the mathematical way of representing a part of the whole as a fraction of one hundred. Percentages were used to measure and communicate physical and neuropsychological function, to develop and convey prognosis regarding future work capacity, and in daily speech among the study participants. Before we move on to the findings, we emphasize that variation was a characteristic of the sample. The study participants faced dissimilar health challenges and had individual reactions to "the language of percentages". This diversity should be taken into consideration in any reading of the findings.

Unchallenged conceptual resource

There appeared to be no disagreement about the aptness of the concept of percentages in discussions about disability. That percentages could meaningfully be used to make sense of their conditions and situations was never questioned or criticized by the study participants. It seemed to be fully taken for granted among them, and to draw on the logic of percentages was very commonplace indeed. As soon as the first author had come to notice the percentage talk, she started to register that it was used rather extensively.

Associated with emotions

That percentages were unquestioned as a conceptual resource did not mean that percentage scores were considered trivial. On the contrary, they made strong impressions on people and were associated with a range of feelings. Many study participants could reference the exact scores that had been communicated to them even years earlier, and plentiful stories highlighted the scores' ability to provoke emotions.

When a score was below a hundred percent, which was most often the case, the emotions were in negative territory, and often markedly so. Lars, for example, a man in his early twenties who had been diagnosed with TBI, had been variously irritated, enraged and despaired by his percentage scores,

Lars was calm and soft-spoken when he described his dramatic accident, his injuries, the wrecked state of his car, and the troubles he and his family had lived through later. The contrast was striking when he started telling me about the results of his work capacity assessment. Lars raised his voice, straightened his back and seemed upset when he said, 'When a doctor says I cannot work in a hundred percent position, I get so irritated inside. How can that person say that when he does not know how I

function on the job? How can anyone judge that without me having tried?’ When he first received his test score, Lars had become so angry that he had locked himself inside his room, where he ended up throwing stuff around. (Summary of field notes)

High percentage scores on the other hand, especially 100 percent results, were typically associated with considerable relief, contentment and satisfaction,

Thomas (a man in his late twenties who had been diagnosed with TBI) told me today about his long road towards recovery. He had completed a bachelor’s degree after the accident, and had thereafter been able to get a full-time job. He smiled and laughed when telling me about this. He referred to himself as ‘normal’ – because, he said, ‘I am able to work one hundred percent’ ... ‘like everyone else.’ (Summary of field notes)

Producing disability as fact

Percentage scores had often played a role in producing long-term disability as fact for the study participants. While all had sustained serious trauma, none had initially doubted that they would recover fully. Martin, a man in his mid-twenties who had been diagnosed with SCI, was typical when he explained how, at the beginning of rehabilitation, he had not even considered it an option that he would not eventually recover,

I thought more like, sure, OK, I’m injured, but things will work out in the end. They always do. The thought that things would not work out was never an option. (Martin)

It was in interaction with his doctor that Martin realized that he was not temporarily injured, but disabled in the eyes of the expert. Functional capacity tests, including FIM and the ASIA Impairment Scale, came out far below hundred percent, as did his work capacity assessments. Most of the study participants had had similar experiences. At some point, there had been a confrontation between their own anticipation of full recovery on the one hand and expert

opinion on the other. The latter had usually been articulated with reference to one or more percentage scores.

Being one's percentages

Recurrently, rather than saying that they “had” or “had obtained” a certain percentage score, many study participants talked as if they “were” their percentages. Thomas, for example, introduced himself in the following way the first time he met the first author: “My name is Thomas, and I am 100 percent.” This was early on in fieldwork, and the first author was not sure what to make of his unusual introductory remark, but in the course of fieldwork, this way of talking gradually came to seem trivial. Several of the study participants repeatedly made an explicit connection between a percentage figure and who they “were”, for example Lars, who was determined to “become” one hundred percent again, and Thomas, whom the first author met many times in the course of fieldwork, would at least one time (and often several times) in every conversation explicitly describe himself as being one hundred percent. Once it occurred in the following way:

*I was out with a friend today, and stumbled across Thomas at one of the take-away restaurants down town. When Thomas saw me and my friend, whom he had never met before, he came over with a big smile, hugged me and then he introduced himself to my friend, shook his hand and said: ‘Hi, I am Thomas, I am part of the project Rannveig is working on. I am 100 percent.’ I was startled to find that again, he introduced himself as being 100 percent, just like he had done the first time he met me.
(Summary of field notes)*

It seemed to be a strong relation between the percentage score and the sense of who a person *is*, when an individual, like Thomas, presented the score together with his first name when he introduced himself to another person for the first time.

Opposing one's percentage scores

While some study participants talked about percentage scores as facts, others questioned their objectivity and accuracy. In one interview with Lars, for example, he explained:

I wouldn't say that I am 34 percent disabled. But I am on paper. But it is not how I function, in a way. A doctor has sentenced me according to all my ailments and the medical documents, but it is not how I have sentenced myself. [...] I decided that I don't give a damn what they say (the experts in the hospital). I WILL become one hundred percent again. (Lars)

In this conversation, Lars referred to a specialist assessment of his functional level. He did not agree with that evaluation, and felt the percentage score misrepresented the way he “was” and “functioned.” Yet, this score had been written into his medical and social security records, and once it had been formulated in writing, the score he had been given was somehow who he had been made to become. In his own words, “the language of percentages” had been used to “sentence” him. However, he had decided that he was going to refute the alleged fact, and strive to “become one hundred percent again”, as he phrased it himself.

Striving towards one hundred percent

Like Lars, many of the study participants had mustered impressive efforts to prove their percentage scores wrong, and to “become” one hundred percent again. In many cases these efforts focused on achieving the ability to work in hundred percent jobs. Indeed, working full

time was, or had been, the most important future ambition for many in the period after the accident. Aleksander, a man in his late twenties who had been diagnosed with TBI, described how he had been almost obsessed with this goal:

It was all I could think about after rehabilitation – to return to a hundred percent position. (Aleksander)

Aleksander had experienced fatigue and pain, but he had worked very hard to regain employment. He had initially hoped to return to his previous occupation, and he tried for two years to work in a hundred percent position for relevant companies in his local community. When it became clear that he was not able to carry out this kind of work with sufficient speed (he needed more time than before due to fatigue), he returned to school with the aim of getting a new profession and establishing his own company, which he eventually accomplished.

Struggling with fractions

The study participants who, unlike Aleksander, had been unable to “beat” their percentage prognoses found this highly distressing. Tom, for example, a man in his mid-twenties who had been diagnosed with SCI, found that this was in fact the toughest experience associated with his accident,

Tom has completed a bachelor’s degree while in rehabilitation, but he explained me today that he has given up the hope that he will be able to work full time. For a while, he struggled hard to work 50 percent, but it was too exhausting. Reluctantly, he had given up. When he asked his employer if he might work 30 percent instead, the answer was no and the explanation that this would mean that the company would lose money on the arrangement. To Tom, this message was tough. He said that he felt like a

burden to society: 'Throughout the entire time since the accident, it's this most recent period, after I didn't manage the job, that has been the toughest time I've experienced.' He said he felt that he was not contributing 'as one should' to society and that he did not 'deserve' either to rest or to engage in leisure activities. The most stressful time of the day was when he felt he ought to be working: 'The time between 8 and 4 is when I sit at home and feel stressed. Because other people are at work while I'm sitting at home. I didn't have that feeling when I was studying. But when you actually should be at work ... it's unpleasant. Then I think 'shit', this is not where I should be sitting. I should be trying to explore all my options. The stress and pressure I feel is not a conducive process to finding a job.' (Summary of field notes)

Overall, we found that the study participants who did not work at all, like Tom, gave the most negative portrayals of their situations. They often ascribed their negative assessment of their situation to stereotypes associated with receiving social welfare and being defined outside the norm, as exemplified in this quote from an interview with Tom:

It's very hard for me to accept (that I don't work). This is probably mostly because of all the negative focus on people who get welfare benefits. It's not cool to be a person on welfare. It has to do with the self-image you've got. I want to be seen as useful, resourceful and...yes, the kind of person you're supposed to be. (Tom)

In this quote, Tom invoked a discourse of normality and expressed a desire to live up to normative standards, and he linked this to whether or not he was working. To work zero percent of his time, Tom found, was not consistent with being the kind of person you're supposed to be.

Discussion

The concept of percentages played a significant role in the study participants' meaning-making processes as they underwent rehabilitation after the severe injuries they had sustained. They actively referred to their percentage scores, and percentages were fully taken for granted as conceptual resource when they communicated about impairment and disability in general, and about their individual conditions and situations in particular. "The language of percentages" had, in other words, become an established part of everyday conversational practice. In the words of Foucault, it formed part of the "discursive practice" the study participants were subject to and part of because it contributed to define "a legitimate perspective for a subject of knowledge" [25].

The origin of "the language of percentages" is in the clinic, where rehabilitation practitioners habitually perform standardized tests as part of their engagement with the consequences of injury. Function and dysfunction is measured and scored, and the measurements feed into processes that bring about diagnoses, interventions, and monitoring of rehabilitative progress (or lack thereof). Our aim here is not to explore or question the clinical utility of these tools, but rather to ask what wider consequences they may be partaking in bringing about. To speak any language is to *do* something [26], and we will now follow Gibson in asking "what are you doing when you do what you are doing" [23]. What *do* we do when we speak "the language of percentages" in the context of rehabilitation?

If we were to consider "the language of percentages" as a linguistic system, it would stand out by its striking paucity of morphemes. It has only thirteen; the ten numbers from 0 to 9, and the three words "point", "per" and "cent". These morphemes can, on the other hand, be combined

into a boundless number of “words” – because another decimal can always be added to specify any given fraction in finer detail. Significantly, moreover, the vocabulary of the language is ranked, with every word it consists of referring to a fixed position on a one-dimensional, hierarchical scale from zero to a hundred. Only one position on this scale refers to that which is complete, full and whole, and the main utility of percentages is therefore – as any introductory text to percentages will explain – to describe parts of a whole – the whole being made up of a hundred equal parts. The normative quality of “the language of percentages” is thus unmistakable. When functions are measured in percentages, they are at the same time ranked. Some “levels” of functioning are better than others, and only the 100 percent mark identifies a functional level that can pass as complete, whole and full. The flipside of this coin is that “the language of percentages” lacks a way of expressing that different ways of functioning may not *need* to be ranked. Indeed, “the language of percentages” cannot express the idea that a difference could be considered an instance of human diversity, a qualitative dissimilarity rather than a quantified and ranked one. If one wanted to say that moving from A to B with the help of a wheelchair was not necessarily any *worse* (or better, for that matter) than moving the same distance without one, one could simply not do that with the resources available in “the language of percentages”.

A basic consequence of this idiom, therefore, is that it enforces a particular way of seeing and understanding impairment and disability. It functions as a lens through which some bodies and functions cannot escape emerging as fractions of “normal” bodies and functions. For this reason, “the language of percentages” is of little help if one’s aim was to trouble the normal/disabled divide [23]. “The language of percentages” would seem capable of nothing but to reinforce that divide.

Closely linked to this, a reliance on percentage logic also contributes to shape the understanding and logic of rehabilitation in a specific way. The only meaningful hope given a strictly normative understanding of function is rehabilitation that brings function back. As Stiker has pointed out, for rehabilitation understood in this way to be successful, it must ensure that the person in question recovers the possession of something that is lost [27]. Yet another striking characteristic of “the language of percentages” was its lack of precision in practical use. As we have shown, percentage scores refused to “stay put” and refer specifically to anything resembling narrow categories. Instead, they leaked into wide territory. Rather than taking them to denote a lack of a few isolated skills or corporeal competencies, the study participants often talked about themselves as *being* their percentage scores. It was as if “the language of percentages” signified – in the words of Goffman – that they had been reduced “from a whole and usual person to a tainted, discounted one” [28], or – in the words of Lars – that they had been “sentenced” to become incomplete persons. This aspect of “the language of percentages” raises significant questions. There is always a “model of the subject at work in operation at any given time and in any given context” [21]. “The language of percentages”, as used in the context of rehabilitation, was clearly not able to fend off, but rather seemed to evoke, the idea that the value and integrity of the disabled subject is in the balance. Dismal percentage scores from function testing seeped into the life worlds of the study participants and questioned whether they could perceive of themselves as full and whole, normal human beings. In “the language of percentages”, not only did bodily functions easily emerge as fractions of that which is complete, the study participants’ personhood threatened to follow suit.

The subject, the self, the mind and the soul are concepts used to articulate what it means to be human [29]. If it is the subject that is understood to be injured or fractured, something

essentially human has been lost. Sirnes [30] points out that a basic normative discourse in western societies revolves around the dichotomy between normality and deviance. Normality, the positive side of the dichotomy, may easily encompass both sides of another dichotomy, the one between sickness and wellness. You can be ill or injured and still be normal. However, the same hardly pertains if you are a fraction, however large, of what it means to be human. The alternative to this, however, is dramatic. The non-normal in Sirnes' account is the irregular, the prohibited and the monstrous that threatens to overturn the social. Culturally, the normal must be guarded from the irregular, and to fall on the wrong side of the normal/irregular divide therefore means that one's very belonging to that which is human, and to human community, is under threat [31]. Seen in this perspective, it is hardly surprising that none of the study participants wanted to be associated with percentage scores below one hundred. Such scores gave rise to a range of negative emotions, including sadness, frustration, anger, and despair, and they sent the study participants scrambling to prove their scores wrong. For many, the proof they strove to produce was to be able to beat their work capacity prognosis by landing hundred percent jobs. They mounted enormous efforts to achieve this: took new educations, defied fatigue, and worked through pain and exhaustion. The logic behind their strategy seemed clear: to *become* one hundred percent by *doing* one hundred percent, that is, to reach normality by performing normality. As Sacks has pointed out, being ordinary is a social enterprise, it is "the way somebody constitutes themselves, and, in effect, a job that they do on themselves" [32]. The efforts that went into that job appeared to be multiplying under the influence of "the language of percentages", which acted like a whipping stick by putting so much at stake.

Let us end by acknowledging that it is not difficult to present arguments supporting the provision of rehabilitation services. Studies find that medical treatment and rehabilitation may

be of great value to individuals [33–35]. However, what is helpful in one instant can easily prove to be detrimental in the next. Discourses matter for how disability is perceived (by people with as well as without disabilities), and they hold great power over how we feel, think and, act towards disability [36, 37]. When asking, inspired by Gibson [23, 38], what we are doing when we speak “the language of percentages”, we find that it simply cannot be ignored that it is a language that by its logic and structure ranks and devalues bodies, limits the opportunities to understand disability in creative ways, and reproduces ideas of difference as less valuable, to the extent that it may work to pose an existential threat to the individual.

Implications for rehabilitation

- Measurements expressed in numbers and percentages are used in rehabilitation by professionals to depict and convey functional capacities to patients, but this ‘language’ also leaks into the wider context of patients’ lives and understandings of themselves.
- The act of measurement may work to rank bodies in specific and normative ways that are unable to express difference as a valuable instance of human diversity, and may make rehabilitees question whether they are complete human beings.
- Medical professionals should address and take into consideration the wider consequences of the act of measurement when they provide guidance and support for patients’ in their rehabilitation processes.

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Declaration of interest

The authors declare no conflicts of interest.

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