

## Research Articles

### ‘No longer disabled’ – Reflections on a Transitional Process Between Disability and Aging in Switzerland

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**Abstract:** Switzerland’s social security system categorizes seniors with disabilities according to the onset of the disability. The transitional point between the disability insurance and the old age insurance is retirement. The paper describes the underlying assumptions leading to this transition as well as the ways in which seniors with mobility disabilities deal with its effects.

**Keywords:** social security, Switzerland, successful aging

#### Introduction

In 2015, Switzerland was ranked Number 1 on the Global Age Watch Index. Comparing areas such as income security, health status, capability of seniors and the enabling environment for people above 60, the Global Age Watch ranking suggests that Swiss seniors age under comparatively favorable conditions. One of the main pillars of the tripartite Swiss pension system guaranteeing income security is the old age insurance, a solidary social insurance based on redistribution of income from the younger working population to benefit the older retired population (Moeckli, 2012). Political and public debates about this so-called AHV (Alters- und Hinterbliebenenversicherung, lit. old age and survivor’s insurance) and the dependency ratio effected by an aging population are relatively vigorous and resulting in ensuing reforms of the old age insurance (Altersreform 2020). Gerontologist Stephen Katz identifies this narrative of the “aging population”, describing it as the “burdensome and cumbersome behemoth that roves greedily across fiscal territories, demanding and consuming resources” (2005, p.13), and he sees it as being typical of Western countries.

In this context, the idea of successful aging which posits that the cohort of the ‘baby boomers’ have the potential to age in an active, healthy and productive way, is an appealing counter-narrative for both state and population. The term, originally coined by Rowe and Kahn (1987), holds the promise that agers which strive themselves for a period of self-fulfillment, healthy lifestyles and activity place less strain on the challenged welfare state and social security system (Rubinstein & de Medeiros, 2015).

Meanwhile, the World Report on Disability (2011) of the World Health Organization (WHO) and the World Bank states that due to the rise of non-communicable and chronic diseases and the simultaneous improvement of biomedical and technological possibilities to prolong life, the percentage of aging people experiencing disabilities is ascending. In

Switzerland, there are 317,000 People with disabilities aged 65 and older living at home, 104,000 of which are considered “heavily impaired” (Federal Statistical Office, 2011). While these people may lead fulfilling lives, their bodily conditions and often higher dependency on the welfare state excludes them from the model of successful aging.

In this article<sup>1</sup>, I attempt to examine the complex relationship between disability and aging for seniors with mobility disabilities in Switzerland and their ways of aging in place. By examining the social security system and the transition people with disability make as they become retired, I will show how on a structural level, they are not enabled to age successfully.

### **Successful Aging – For All?**

The term successful aging was brought to fame by John Rowe & Robert Kahn (Rowe & Kahn, 1987; Lamb, 2014; Katz & Calasanti, 2015). As a physician and a psychologist Rowe and Kahn had a biomedical approach to physical and mental wellness and identified ways with which health could be attained and disease and disability defined through individual action (Rubinstein & de Medeiros, 2015, p. 34). Thus, suspending the then prevalent idea of age equaling decline and replacing it with the possibility of control over one’s own health and abilities, the model of successful aging quickly informed public policy on a global scale (e.g. WHO World Health Day in 2012). Today, successful aging has inspired a plethora of ways of thinking about aging – Katz and Calasanti identify successful aging as informing “theoretical paradigms, health measurements, retirement lifestyles, policy agendas, and anti-aging ideals” (2015, p. 26). Additionally, since its rise, successful aging has not only been renamed and adapted into “productive”, “healthy”, “active” or “positive” aging amongst others, but has increasingly been subjected to criticism (Minkler & Fadem, 2002; Lamb, 2014; Katz & Calasanti, 2015; Foster & Walker, 2015). Minkler and Fadem (2002) criticize the paradigm for being excluding of people living with a disability or experiencing other forms of dependency. Anthropologist Sarah Lamb goes one step further by asking the question whether aging successfully carries a conclusively

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#### **Endnotes**

The goal of my PhD is to be able to make statements about how seniors with disabilities understand processes of becoming old and disabled, effects of these processes on daily life and on their personhood and how they manage to live in their place of choice for as long as possible. The results, which will be generated through the empirical examinations of case studies of seniors with mobility disabilities, will provide the possibility of extending contemporary ideas and politics (*Leitbilder*) of aging in Switzerland with a view which goes beyond (un)successful aging.

excluding component, as experiencing bodily change and health problems while aging automatically marks a person as less successful (2014). Lamb terms successful aging a “public cultural discourse” which “highlights specific individualist notions of personhood especially valued in North America, emphasizing independence; activity/productivity; the avoidance or denial of decline and mortality; and the individual self as project” (2014, p. 42). She argues for analyses of successful aging, which take into consideration cultural assumptions about both personhood and what it means to age well.

### Methodology

For this article I analyzed data gathered over eight months of my PhD research. I conducted extended narrative interviews and up to three home visits with 24 seniors with disabilities (between 64 and 81-years-old) living in the German-speaking part of Switzerland. Among them were pensioners who experienced polio as children, individuals who experienced brain injuries with lasting effects, persons with paraplegia, and individuals with hereditary diseases or cerebral palsy. The majority of the seniors live with their husbands or wives; only one of the nine men I worked with lives alone. Yet, eight out of the fifteen women live without a partner, pointing to a gendered experience of aging with a disability. I interacted with four couples, where both partners have a mobility disability. In addition, I extensively examined the Swiss social security system and its implications for seniors with mobility disabilities, participated in several conferences and meetings concerning the issues of living at home as a senior with a mobility disability and conducted interviews with various stakeholders and experts in the field. Since participant observation is often a crucial method for understanding participants’ subjectivity and perspectives in social anthropology (DeWalt & DeWalt, 2011), I spent as much time as possible in the seniors’ homes, listened to their life stories and recorded their daily routines, watched them perform household activities, went for strolls in the neighborhoods, ate copious amounts of cake and realized how important drinking coffee is in Switzerland as it was offered every single time.

In this article, I focus on the question surrounding what rationale and with which consequences seniors with disabilities are categorized and treated in the Swiss social security system at a transitional point between disability and aging. This transition will be looked at in three different fields: firstly, the structural transition in the social security system; secondly, the socio-cultural models of the body and ideas of personhood justifying the transition in the system and thirdly the perspective and possibilities of action for seniors with disabilities dealing with the transition. Eventually, through the scrutiny of the social security system, the question of whether aging successfully with a disability in Switzerland is enabled will be critically addressed.

## Who Pays for What? – Structural Transition in Social Security Payments

Social security benefits for seniors with disabilities in Switzerland are regulated according to the commencement of the disability in an individual's life. Between eighteen years and retirement, the disability insurance (Invalidenversicherung; IV) is responsible for the payment of disability benefits. The most important indicator for the payment of disability benefits are the so called activity of daily living (ADL) criteria, which describe the extent to which a person is able to perform the activities of daily living (Heller & Parker, 2011; Höpflinger & Hugentobler, 2005). If these daily activities can not/no longer be performed by a person themselves leading to a need for assistance, a person is categorized as disabled (Federal Statistical Office, 2009) and may claim benefits, either in the form of assistive technologies, adaptations to the home environment, assistance for the workplace, or in the form of pensions, in case the individual is no longer fit to work. The following first part of the case story of Lina exemplifies the role of the disability insurance during the working phase of an individual's life course.

After Lina O. had a stroke at 57 she moved to L. from Z. so as to be closer to her sisters, who provide her with a feeling of security. Today, at age 67, she still lives alone in the spacious apartment and manages her day-to-day life with hemiplegia on a strict self-imposed schedule: She meditates, goes for a one hour walk and plays the piano daily, striving to maintain her health and abilities. Through home care (SPITEX<sup>2</sup>), food delivery, paid household help and occasional aid by neighbors and family members, she manages her day-to-day life. No longer able to work after experiencing the stroke, she started receiving disability benefits.

Lina, who had a stroke at age 57 was, at the time, categorized as disabled with the ensuing disability benefits granted to her. At 64, the time of her retirement, there was a structural change of responsibility for benefits granted to her from disability to old age insurance, which at the time seemed to have an impact only on paper.

After reaching the retirement age Lina has been receiving old age pension for the last three years. On our first meeting she was unaware of a change in treatment since the transition from disability insurance to old age pension on her 64<sup>th</sup> birthday. Later in the year, however, heavy rain made the close-by lake flood. The basement of her apartment building was inundated and her electric wheelchair, parked in the garage, broke. Two months later, on our next meeting, she was desperate, because she did not know what to do about her wheelchair which is the gatekeeper to the world beyond her apartment – neither her personal insurance nor the old age insurance wanted to pay for a replacement. Another two months later, she told me that the supplier of her first electric wheelchair had helped her write a request to the disability insurance.

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<sup>2</sup> SPITEX: spital- und heimexterne Gesundheits- und Krankenpflege, i.e. organized care outside of hospitals and homes; outpatient care

The good news: they would pay for it after all. Some weeks later, I received a phone call by an employee of a large Swiss insurance company, asking me about the best way to insure Lina's new wheelchair, they both did not know where else to receive this information from. On my last visit, the new wheelchair had finally arrived and Lina was again able to go for her slow, but steady strolls along the lake.

Lina's story first of all points to the uncertainty regarding entitlements experienced by people with disabilities after changing from disability to old age insurance. They often are not only unaware of who is responsible for providing them with information about their concerns, but also which institutions actually need to cover costs related to their disabilities. Secondly, it shows the importance of financial relief in situations where assistive technologies are vital for participation in daily life. Paradoxically, as the upcoming case of Heinz exemplifies, a similar medical history experienced at age 65 does not lead to the same entitlements.

It was only four months after his retirement from a leading position in the energy sector that Heinz H. had a brain hemorrhage and was left heavily impaired, unable to speak or eat by himself and is now, seven years later, cared for 24/7 by his wife Vreni. In order to bring her husband home from the hospital after rehabilitation, Vreni, a nurse by training, had to adapt the house, install a stair lift and level the thresholds in their family home among many other major and minor adjustments. Upon asking at the social welfare office for possibilities about financial support, she was told that Heinz had bad luck twice; because he was already officially retired at the time of the hemorrhage, the disability insurance would not pay for anything. The social worker suggested that they sell the family home, in order to pay for a nursing home for her husband, and then, with the rest of the avails from the house sale live in a two-room apartment herself. Faced with this option, she decided to do the job of caring for her husband herself in order to not lose their home and be able to stay close together. She started to care for Heinz herself, with two hours of daily help from home care service, which is paid for by the health insurance.

Paired against each other, the cases of Lina and Heinz point to an important transition. With their 64<sup>th</sup>/ 65<sup>th</sup> birthday women/men in Switzerland officially retire. By entering the retirement age, "disabled" as a status no longer exists and (old) age is now the marker entitling every Swiss citizen to old age pension (Alters- und Hinterbliebenenversicherung; AHV). Individuals who acquire a disability after entering retirement, such as Heinz, (who experienced brain hemorrhage with 65) are therefore not categorized as disabled, because this category no longer exists. The transition has consequences for their entitlement to assistance, for example, while disability insurance covers an extensive variety of assistive technologies, there is only a very limited catalogue of basic devices paid for by the old age pension. The livelihood security, which had been provided by the disability insurance (in various degrees of pensions and amounts of money), is now provided by the old age pension. In cases of individuals who were formerly

categorized as disabled, the additional benefits a person received from the disability insurance, especially assistive technologies, can still be claimed, but only to the same degree as before. Through this guarantee of vested rights (*Besitzstandgarantie*), Lina O. can receive another electric wheelchair if the old one breaks but is not entitled to a different wheelchair if her disability advances or is complicated. Heinz H. on his part is no longer entitled to disability related benefits as his brain hemorrhage happened when he was already 65.

In Switzerland, both disability and old age insurance are social insurances and therefore carry the following traits: (a) the entire (working) population is insured, (b) both insurances are mandatory and (c) the premiums are not only according to risk, but contain an important element of solidarity, that is, a person who earns less pays less, yet regardless of what they had paid, everyone has the right to receive the same merits in case of inability to work (Moeckli, 2012).

The disability insurance exists since 1960 and its main purpose is to “use rehabilitation measures or financial support to ensure the livelihoods of those who suffer from disabilities” (Federal Social Insurance Office, 2016). Thus, the insurance aims at integrating individuals with a disability into the labor market (with (re-)training, support of assistive technologies and personal assistance). If (re-)integration is not/ no longer possible, their livelihood is covered.

The old age insurance is said to stand on three pillars: the first one is the state provision; the second is the professional provision while the third is the private provision (Moeckli, 2012). The focus of this paper is on the state provision for the old age insurance, as the state paid pension can be understood as replacing the role of the disability insurance in terms of covering livelihood.

The two insurances are cut out to support individuals at different points in the course of their lives. However, when a person retires, and therefore transitions structurally speaking from disability to old age insurance, the status of the disability is bureaucratically “frozen” and transported to the old age insurance. Somehow, the fact that disabilities continually change over an individual’s life course, and thus necessitates changes in support is neglected in the structural transition from disability to old age insurance. Therefore, in order to understand where this neglect is rooted, the underlying assumptions of the two insurances must be grasped.

### **Before the Transition – Disability in Disability Insurance**

With regard to apprehending disability in local worlds, anthropologist Richard Jenkins calls for the scrutiny of socio-cultural models of (in-)competence, the body and connected ideas of human-ness (1999). In his view, bodily norms are connected to expected competences of individuals and show in turn how a society treats those termed ‘incompetent’. In Disability Studies as well as Cultural Anthropology, the investigation of norms and deviance from it are often taken as the starting point to reveal the construct that is disability (Davis, 2006; Barnes,

Oliver & Barton, 2002; Whyte & Ingstad, 1995). Thus not only disability, but also the corresponding norm is constructed according to local expectations of personhood. Michael Oliver (1996), for example, convincingly argues that rehabilitation and with that also integration of individuals with disabilities into the mainstream of society is always an issue of a power (im-)balance: the goal of the rehabilitation process, i.e. to become as norm-like as possible, is defined according to the ideology of those in power (Oliver, 1996, p. 104).

In German<sup>3</sup>, the disability insurance is called Invalidenversicherung. Invalide derives from Latin invalidus and means infirm, impotent, feeble, or weak. Furthermore, it carries the connotation of being in-valid; worthless. Jenkins' approach asks for an examination of competences, "the capacity or potential for adequate functioning-in-context as a socialized human" (1999, p. 1), in order to understand the expectations placed on individuals within their society. Asked differently, which competences does an individual need to have in order to count as a valid member in the Swiss context? In the case of the "invalid" person in the Swiss state, the incompetence to work is the deviant from the desired norm, namely an independent and self-sufficient person, who can earn his or her own living. The next case study shows what it means to live a life with the pressure of proving one's own work value.

Edith B. has just turned 64 and lives with Charcot-Marie-Tooth disease. This neurological disease leads to muscle loss, leaving Edith with little muscular strength at her age. She needs assistance in many of her daily tasks, such as getting in and out of bed, showering, cooking, cleaning and other activities. Due to the heritability of her disease Edith was already discouraged from having children at a young age and decided herself she would not have a husband. After working as a home economics teacher for ten years, she became a nun and joined a convent for twelve years. Working in the kitchens and housekeeping of various locations of the religious order led her to live in Germany and even India for a while. When her bodily limitations became more and more pronounced, they were ignored by her sisters and brothers and she still had to work exhaustively. She was scolded for spilling milk, when actually, the milk can had become too heavy to carry or was made to work for hours standing in the kitchen, when she needed to sit and rest her paining feet. The disappointment of realizing that leading this life would mean the certain end of her strength was only underlined by the fact that she had to face exiting the order with no support and livelihood to fall back on. Trying to find her way back in the "outside world," Edith felt no longer fit to work and received a full disability pension until she entered pensioner status.

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<sup>3</sup> The focus of my work is on the German part of Switzerland. The French (assurance-invalidité) and Italian (assicurazione invalidità) versions use the same term.

Edith B. worked for as long as possible, expressing the pressure to work fulltime in the monastery in the following way: "...this need to perform... you are a broom, which is used constantly, once it is not important any longer, it can be thrown into a corner and forgotten about. This is what has happened to me, this is how I felt. Performance is what counts and everything else is irrelevant" (Interview EB 23.4.15). Although feeling the need to reduce her workload earlier, she also experienced a strong moral obligation and pressure to work full time. Many other seniors with disabilities who participate in my study feel similar repercussions, now as they are older, despite feeling like they were fit to work at the time. The pressure to work, to prove that despite their disability they could perform as well as their peers, was so high that they had to work against society's' expectations that they were different. This threat of becoming "invalid" is so ingrained, that many of the people who participated in the study tell tales of going to work, even when they were ill, because being incapable of working would automatically be linked to their disability and reinforce the idea that they were incompetent to work. Consequently, their bodies were worn out before retirement age, which often forced them to quit their jobs and to rely on a disability pension. The constant, excessive demand of their bodies during their working years has as they often call it "quickenened the aging process", affected their disabilities adversely, or led to secondary disabilities, e.g. all interlocutors with polio are today experiencing Post Polio Syndrome (cf. Jeppsson Grassman & Anna Whitaker, 2013).

Relinking the pressure to perform in the workplace to Jenkins' call to analyze the local models of personhood, it seems like the Swiss social security system is an ensuing product of, and reproduces the societal order which sees individual diligence and ability to contribute to the workforce as critical not only for humaneness, but also in order 'to deserve to profit' from the system.

In line with the idea of integration or rehabilitation ((Wieder)-Eingliederung), the first priority is for an assistive technology to maintain a person's ability to work, the second—regardless of the ability to work—to assist in moving and engaging with the environment and in their self-care (Federal law on the Disability Insurance). A set catalogue of assistive technologies can be claimed to these ends, the need for which must be either attested by a medical doctor or a social worker. As was mentioned above, the assistive technologies paid for range from (electric) wheelchairs, to lifts for bathing and can even contribute to alterations of individual with disabilities' homes, in order to be accessible. An individual's claim to assistive technologies changes in line with the progressing nature of their disability—until they retire. Before the transition, stating claims and being aware of one's entitlements thus becomes crucial:

Only in the last months before her 64<sup>th</sup> birthday, Edith B. started to realize that she had to sort a few things out and was encouraged by the disability insurance social worker to do so because she would need more assistance in the future in order to stay independent. One of her electric wheelchairs (for outside use) was supposed to be withdrawn from her possession, her



bathroom needed to be more accessible and she had to figure out which parts of her care would be taken over by home care (SPITEX) and which paid through assistance money. None of these issues were necessarily pressing at the time, but she would no longer be entitled to the disability insurance, nor could Edith claim them from the old age insurance, despite the progressive nature of her disability.

### **After the Transition – Disability in Old Age Insurance**

With the beginning of retirement in Switzerland and within the regime of the old age pension, only a set catalogue of quite simple assistive technologies are paid for (one hearing aid, a manual wheelchair, and so on). In the case of a newly acquired or a progressing disability, assistive technologies, which support and enable active participation in society, are not funded by the old age insurance. Returning one last time to Edith's case shows how strict this transition is:

Some weeks after entering the status of pensioner, she called the local chapter of Pro Infirmis, the largest organization specializing on people with disabilities, which had been advising her for the last decades and was told that they were no longer there for her. Anything concerning her is now regulated through Pro Senectute, the corresponding organization specializing on issues associated with old age. "One month ago I have turned 64. Apparently, I am now no longer ill, or disabled - I am now just old".

As Edith B. illustratively explains, the Swiss social security system no longer categorizes her as a person with a disability. Jenkins notes that "(in)competence is likely to be entangled with other domains of classifying persons" (1999, p. 3), a fact which can be seen clearly when looking at the transition from disability insurance to old age insurance: while people with disabilities were labeled as invalid by the state in their working years, with retirement this status is obliterated and only one category remains—old (betagt). Following Jenkins' argument, different stages in the life course are defining for the performance of expected roles. Jenkins assumes that "older people may also be defined as less competent, they may become more physically dependent and, perhaps, (...), impaired" (ibid). In contrast to "incompetence" during the working years of a person, the dooming incompetence of the senior population was, for a long time, understood as the outcome of a linear process culminating in the social role of "the old" (Katz 2005, p. 14). This normalization process, however, evolved further in the course of successful aging models. As was noted above, the aging paradigm has increasingly shifted to understanding senior citizens in two differing age sets: people in their third age are expected to be healthy, fit, active, productive - while only in their fourth age are seniors thought to become less competent, that is frail, dependent and subject to decline (Loe, 2011; Giljeard & Higgs, 2010). It could then be assumed that this understanding of the senior citizen as still contributing to and participating in society and the economy through various activities is also expected from

seniors with a disability (i.e. babysitting grandchildren, going hiking, biking and travelling, buying appropriate equipment for these activities, volunteer work, computer courses, going to church, participating in senior citizen's meetings and so on).

In order to participate, contribute and be active, assistive technologies remain and become increasingly more important for seniors with disabilities. In her work on assistive devices, anthropologist Susan Long (2012) describes the material culture of elderly Japanese people as "silver devices". Long (ibid) as well as Meika Loe (2010) describe the meaning of assistive technologies for seniors as somewhere between "dependence and independence" (2012:130); "I live here with my things, without them I would be lost" (Interview with KS, 16.04.15), as 75-year-old Karin described her ability to live on her own in a 2-bedroom flat. With the practice of no longer paying for new assistive technologies, the social security system in Switzerland misconceives the fact that a disabled body – as every other ever-aging body – underlies constant changes and processes, leading to changing needs in order to still fulfill a social role. Certain assistive technologies, which had been paid for during the working years, can no longer be claimed once an individual is retired. Edith's second wheelchair for example, is a case thereof. The underlying rationale behind this cut by the old age insurance is that she no longer needs to participate in society; her role is now to stay at home. In today's changed social environment where senior citizens are supposed to lead a healthy, active lifestyles, seniors with disability are denied support by the state to "adequately function-in-context" (Jenkins, 1999) and therefore, to age in the same normative "successful ways", as their peers.

To conclude; the defining difference between disability and old age insurance can be seen in their goals- to integrate and to sustain livelihood on the part of the disability insurance, but only to sustain livelihood on the part of the old age insurance. In the case of the disability insurance, the disabled body is regarded as the deviant from the norm; therefore people with disabilities receive compensation in order to be able to achieve social participation and to perform the expected social role as far as possible. When a person acquires a disability once they are retired, however, the bodily deficits are seen as the norm and the comparison to a "healthy" aged body is not taken into consideration.

Yet, as the following remarks will show, engaging support as a senior with a disability is not straightforward and requires a certain degree of competence and knowledge about the system, as well as strength and a bit of luck.

### **Dealing With Transition**

In the last section of the article, I would like to trace the ways by which seniors with disabilities circumvent the structural pitfall surrounding the rights to social security support. This is aimed at espousing how seniors manage to make claims from public authorities, in order to receive sufficient support and live an independent life especially as the right to support by the

social security is grounded in laws and anything which is not granted within these realms needs to be found in non-institutionalized settings.

After having belonged to an often looked down-upon category which has singled them out for a large part of their adult life, the bodies of seniors with disabilities are normalized before the law and can no longer serve as a grounds to make claims for assistance. With this elimination of the status “disabled”, the social membership of being a disabled citizen is also lost. In anthropologist Adriana Petryna’s (2002) book on negotiations of citizens affected by effects from the Chernobyl disaster with the ex-soviet Ukraine to health claims compensating consequences of radiation, she argues that the system in place is laid out in a way that people are supposed to identify themselves as disabled, by showing as much medical proof as possible in order to make claims and eventually benefit from the compensation for their suffering. One of the main outcomes of her work is the concept of biological citizenship, “(...) the damaged biology of a population has become the grounds for social membership and the basis for staking citizenship claims” (2002, p. 5). Thus, through the creation of a new kind of citizenship, new subjects are formed and as a byproduct, it becomes eligible to be disabled. In the Swiss case of seniors with disabilities however, a category which used to benefit and protect individuals with disabilities and make them as fit as possible for working is retracted. While seniors whose disability has occurred earlier are still entitled to their vested rights, older individuals who age into a disability are not even understood as disabled and never categorized as such.

For individuals aging with a disability, the most effective way to claim support within the social security system is to exhaust the entitlement to assistance while the category ‘disabled’ still exists. As was demonstrated in Edith’s case, this leads to the curious effect that persons with disabilities are preoccupied with organizing and claiming everything they can, before they enter their age of retirement –that is if they are aware of this change in entitlement. This strategy is also advocated by the social workers of the disability insurance, often informing their clientele of the fact that no new claims can be made after the transition to the old age insurance and encouraging them to think about possible future needs for assistance. For those seniors who knew about this and organized additional assistance before it was necessarily needed, the transition does not have to lead to a change. In fact, the effects of the transition are only noticeable once a change in the ability to perform activities of daily living arises, as was the case for Lina when her wheelchair broke. Others, as the example of Eva below shows, apprehended the transition and are ready to pass on their knowledge.

Eva G., age 71, is the head of the Swiss Interest group for Post Polio Syndrome. She lives with her husband, who is almost 80 years old and who usually cooks lunch and does some of the cleaning, in an apartment in a small city. Eva uses her two small scooters and a wheelchair power unit to move around the house and race to meeting, and she has a stair lift which brings her down the stairs of her apartment building. The Post Polio Syndrome affected her body

greatly- her shoulders are damaged, she has vision problems and her walking ability is decreasing, but she is relentless in her work for a better future for seniors with disabilities. With two colleagues, she lobbies, for example, with National Councilors to finally change the law on the limitation of assistive technologies for seniors with disabilities. In daily phone calls and emails with other seniors who experienced polio as children from all over the country, and also seniors with other forms of disability, she advises them on where to receive counseling and financial support, points them to their rights, encourages them to fight for their rights and discloses possible money sources for impending alteration of houses or for further assistive technologies.

A long disability history and engagement with the system, with a social network expanding to various organizations in the field helps Eva to find ways to claim support which is indirectly sponsored by the state sector through performance mandates. Through years of advocacy, by dealing with the disability system and with the respective representatives from different levels, Eva knows the gaps and opportunities the disability landscape offers, resulting in her ability to find financial support whenever she is in need of it. Specialized organizations and interest groups, such as the Multiple Sclerosis Society (MS Gesellschaft) or the wealthy Swiss Paraplegic Center offer their members not only specific practical advice and financial support for their individual needs, but also sustain from excluding categorization according to age. Individuals with rare disabilities or anachronistic ones, such as individuals who experienced polio, however, do not have powerful lobbies and donors and thus need to have more luck in their endeavors to engage support. As the examples of Lina and Edith demonstrate, knowing their rights is one important element; being confronted with a competent or even pragmatic social worker is another. In Lina's case, the first representative of the disability insurance she called in order to receive a replacement for her wheelchair simply shrugged her off. Only on her second, and more formal request was she able to claim what was her vested right. In Edith's case, the legal basis did not foresee a second wheelchair. Her social worker, however, convinced of its necessity, pragmatically decided to grant her this assistance. Other care providers such as health insurances are further sources of support. In negotiations with these providers, medical proof by doctors is needed in order to state claims.

### Conclusion

As I have shown in this article, an institutional transition in status from 'disabled' to 'old' at a bureaucratically relevant point, but an arbitrary stage in a person's disability history, leads to a confrontation with the social security system within a new, yet less entitling category of citizenship. Through this change in status, wide-ranging financial implications in terms of availability of support for participation in daily life results. The transition thus, has effects on the personhood of individuals with disabilities, as they are once more seen as the 'other' in society.

While everyone else is encouraged to age in successful ways, seniors with disabilities are not structurally supported to do the same.

Nevertheless, micro-strategies to circumvent these transitions have been established by seniors with disabilities and are passed on within informal networks, as well as self-help groups. In order to claim their rights as citizens, they have to go beyond the usual citizenship relationship between individual and state, and have to employ pre existing social networks. To conclude, it can be said that the success of navigating the system of the old age insurance at the transitional process between categorizations depends on previous experience, pragmatic decision-making and a well-established social network.

While it cannot be denied that good health and vivid participation in society are also desirable for seniors with disabilities, the normative and absolute paradigm of successful aging is not a helpful way of describing their ways of aging. Firstly, seniors with mobility disabilities are not expected to perform and function according to the rationale of the successful aging paradigm; as per definition, their bodily limitations are working against them. Secondly, successful aging in its normative sense is not structurally supported for seniors with disabilities in the social security system, because with the transition from the regime of the disability insurance to retirement and the ensuing old age insurance, crucial means for integration and participation in society are cut off and can no longer be applied for. Thirdly, successful aging seems so absolute, there is no leeway, no relative individual point from which a person can aspire to age successfully on his or her own terms.

Due to the article's focus on the social security system, the creativeness and strategies of seniors with disabilities with which they manage their daily lives, their resilience to adapt to an ever changing body and the support systems which they have put in place in order to age at home have not been mentioned enough: for it is with the support of the intricate systems which the people who participate in this study have built around themselves, that they do succeed in their day to day lives at home.

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## References

- Barnes, C., Oliver, M., & Barton, L. (2002). Introduction. In Barnes, C., Oliver, M., & Barton, L. (Eds.), *Disability studies today* (1-17). Cambridge: Polity Press.
- Davis, L.J. (2006). *The disability studies reader*. New York: Routledge.
- DeWalt, K., & DeWalt, B. (2011). *Participant observation: A guide for fieldworkers*. Plymouth: AltaMira Press.
- Federal Social Insurance Office. (2007). Alterspolitik in der Schweiz. Retrieved from: [http://www.bsv.admin.ch/themen/kinder\\_jugend\\_alter/00068/?lang=de - sprungmarke0\\_34](http://www.bsv.admin.ch/themen/kinder_jugend_alter/00068/?lang=de-sprungmarke0_34)
- Federal Social Insurance Office. (2014). Reform: Die Reform im Überblick. Retrieved from: [http://www.bsv.admin.ch/altersvorsorge\\_2020/03263/index.html?lang=de](http://www.bsv.admin.ch/altersvorsorge_2020/03263/index.html?lang=de)
- Federal Social Insurance Office. (2014). AHV Statistik. Retrieved from: <http://www.bsv.admin.ch/dokumentation/zahlen/00095/00440/?lang=de>
- Federal Social Insurance Office (2016). Retrieved from: <https://www.ahv-iv.ch/en/Social-insurances/Disability-insurance-DI>
- Federal Statistical Office. (2009). Behinderung hat viele Gesichter: Definitionen und Statistiken zum Thema Menschen mit Behinderungen. Neuchâtel: Bundesamt für Statistik.
- Federal Statistical Office. (2011). Menschen mit Behinderungen. Retrieved from: <http://www.bfs.admin.ch/bfs/portal/de/index/themen/20/06/blank/key/01.html>
- Foster, L., & Walker, A. (2015). Active and successful aging: A European policy perspective. *The Gerontologist*, 55 (1), 83-90.
- Gilleard, C., & Higgs, P. (2010). Aging without agency: Theorizing the fourth age. *Aging and Mental Health*, 14 (2), 121-128.
- Global Age Watch. (2015). Global age watch index. Retrieved from: <http://www.globalagewatch.org>
- Heller, T., & Parker, S. (2011). *Disability through the life course*. London: SAGE Publications.
- Höpflinger, F., & Hugentobler, V. (2005). *Familiale, ambulante und stationäre Pflege im Alter. Perspektiven für die Schweiz*. Bern: Verlag Hans Huber.
- Höpflinger, F. (2014). Wandel des Alterns – neues Altern für neue Generationen. Retrieved from: <http://www.hoepflinger.com/fhtop/Wandel-des-Alters.pdf>

- Jenkins, R. (1999). Questions of competence: Culture, classification and intellectual disability. Cambridge: Cambridge University Press.
- Jeppsson Grassman, E., & Whitaker, A. (2013). Ageing with Disability: A lifecourse perspective. Bristol: Policy Press.
- Katz, S. (2005). Cultural aging: Life course, lifestyle and senior worlds. Petersborough: Broadview Press.
- Katz, S., & Calasanti, T. (2015). Critical perspectives on successful aging : does it “appeal more than it illuminates”?. *The Gerontologist*, 55 (1), 26-33.
- Lamb, S. (2014). Permanent personhood or meaningful decline? Toward a critical anthropology of successful aging. *Journal of Aging Studies*, (29), 41-52.
- Loe, M. Doing it my way: old women, technology and wellbeing. *Sociology of Health & Illness*, 32 (2), 319-334.
- Loe, M. (2011). Aging our Way: Independent Elders, Interdependent Lives. New York: Oxford University Press.
- Long, S. (2012). Bodies, technologies, and aging in Japan: Thinking about old people and their silver products. *Journal of Cross Cultural Gerontology*, 27, 119-137.
- Minkler, M., & Fadem, P. (2002). “Successful aging”: A disability perspective. *Journal of Disability Policy Studies*, 12 (4), 229-235.
- Moeckli, S. (2012). Den schweizerischen Sozialstaat verstehen. Zürich/ Chur: Rüegger Verlag.
- Oliver, M. (1996). Understanding disability: From theory to practice. New York: St. Martin's Press.
- Petryna, A. (2002). Life exposed: Biological Citizens after Chernobyl. Princeton: Princeton University Press.
- Rowe, J.W., & Kahn, R.L. (1987). Human aging: Usual and successful. *Science*, 237 (4811), 143-149.
- Rowe, J.W., & Kahn, R.L. (1998). Successful aging. New York: Pantheon Books.
- Rubinstein, R.L., & de Medeiros, K. (2015). “Successful Aging”, Geontological Theory and Neoliberalism: A Qualitative Critique. *The Gerontologist*, 55 (1), 34-42.
- Whyte, S., & Ingstad, B. (1995). Disability and Culture. Berkley: University of California Press.
- World Health Organization (WHO). (2011). World report on disability. Retrieved from [http://www.who.int/disabilities/world\\_report/2011/en/](http://www.who.int/disabilities/world_report/2011/en/)