

Zeitschrift: Schweizerische Zeitschrift für Soziologie = Revue suisse de sociologie
= Swiss journal of sociology

Herausgeber: Schweizerische Gesellschaft für Soziologie

Band: 39 (2013)

Heft: 1

Artikel: Decommodifications and welfare state : the case of workplace accident victims

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DOI: <https://doi.org/10.5169/seals-814991>

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Decommodification and Welfare State: the Case of Workplace Accident Victims

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1 Introduction

The questions discussed in this paper arose when several workplace accident victims we were interviewing told us that their standard of living was dramatically reduced after their accident. They argued that they could not live decently on social benefits, felt insecure and added that life had lost its real meaning for them. These remarks led us to the initial question raised in this article: to what extent does the social treatment of workplace injury in Switzerland enable victims to be decommodified in the sense given by Esping-Andersen (1990) to this concept, i. e. enable them to leave the labour market in a way that allows them to uphold a socially acceptable standard of living?¹

In order to give a sociological answer to this question, we will first discuss various concepts that have evolved around commodification. We will then examine the workings of Swiss accident insurance, through the empirical data we have gathered, using the lens provided by these concepts; we intend to show that the social problems accident victims encounter do indeed prevent them from enjoying a socially acceptable standard of living. We will conclude by showing that social protection provided, whilst it does not sustain decommodification, does serve a highly useful function for the two interlocking systems of capitalism² and patriarchy³: in fact,

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1 This article is based on a research project supported by the Swiss National Science Foundation: The Work Accident: a Multidimensional Analysis (no. 114087). Many thanks to Elisabeth Hirsch Durrett who helped us to improve our English. All non-English quotations are translated by the authors.

2 Capitalism is defined as a set of social relations produced by a mode of production characterized by the commodification of the product of labour (Marx 1976 [1867]).

3 Patriarchy is defined by Hartmann (1976, 138) as “a set of social relations which has a material

we shall argue that it allows for the persistence of generalized commodification of the male workforce and partial commodification of the female workforce, thus reinforcing familisation of women.

The approach of this article can be seen as original for two reasons. First, social protection against workplace injury is rarely integrated into debates about decommodification and welfare state regimes (Gal 2004); an analysis of this specific branch of social security can contribute to provide a fresh look at commodification of labour. Second, the use of qualitative data gathered through interviews and analysis of case files helps us cast a new light on debates on commodification and decommodification – debates which have so far mostly been based on comparative analyses of quantitative data⁴.

2 Theoretical framework: commodification, decommodification, recommodification

In the absence of capital, pensions or other means of livelihood provided by close or distant kin, men and women must hire out their labour to an employer in order to survive financially – i. e. become wage-earners. About 85% of persons between 15 and 64 years old who participate in the workforce in Switzerland – or in the European Union – are wage-earners, or salaried employees in 2011 (own calculation from Eurostat 2012a).⁵

Salaried labour is founded in law on a work contract between two parties. In the case of the private sector, this contract is concluded between a “corporation”, an organization with a capital structured as a business, and an employee, a “human being”, representing only him or herself. In other words, a contract is concluded between a business that offers a job on the market and looks for labour to fill it, and a person, an individual who offers his or her labour in the same market.

Such a contract is passed between two fundamentally unequal parties. Firstly, one of the parties owns goods, or wealth in the form of capital, while the other only has his or her labour to sell. Secondly the hiring party has the goal of profiting from the work of the other. The process here is that of “commodification” described by Karl Marx (1976 [1867]). He states his reasoning as follows: “In order to extract value out of the consumption of a commodity, our friend the money-owner must be lucky enough to find within the sphere of circulation, on the market, a commodity whose use-value possesses the peculiar property of being a source of value (...). The possessor of money does find such a special commodity on the market: the capac-

base and in which there are hierarchical relations between men, and solidarity among them, which enable them to control women. Patriarchy is thus the system of male oppression of women”.

4 Detailed information about our methodology and empirical data is given in section 3.

5 64% of the population aged 15–64 in Europe is actively employed in 2011. This figure ascends to 79% in Switzerland (Eurostat 2012b).

ity for labour, in other words labour-power. (...) the possessor of labour-power, instead of being able to sell commodities in which his labour has been objectified, [is] rather (...) compelled to offer for sale as a commodity that very labour-power which exists only in his living body.” (Marx 1976 [1867], 270–272).

The concept of commodification was revisited by the economic historian Karl Polanyi in 1944.⁶ According to him, commodification is a problem because when the principles of the market develop within a society, the latter tends to function as “an economic system controlled, regulated, and directed by markets alone; order in the production and distribution of goods is entrusted to this self-regulating mechanism. (...) Production will then be controlled by prices, for the profits of those who direct production will depend upon them (...)” (Polanyi 1944, 68). Such a system, if it does not include regulation mechanisms, leads to the destruction of society, because “to allow the market mechanism to be sole director of the fate of human beings and their natural environment (...) would result in the demolition of society. For the alleged commodity ‘labour power’ cannot be shoved about, used indiscriminately, or even left unused, without affecting also the human individual who happens to be the bearer of this peculiar commodity” (Polanyi 1944, 73). Polanyi’s thesis is that commodification brings about the destruction of commodities themselves. The intervention of the state via, for instance, welfare protections (e.g. accident insurance) aims to counteract these negative effects in order to allow the market to endure while preserving “the human character of the alleged commodity, labour” (Polanyi 1944, 177). Social policies implemented by welfare states are crucial to the constitution and stability of markets, they are essential elements for the functioning of capitalist societies (Papadopoulos 2005).

Following Polanyi, Claus Offe has discussed the complex role of the welfare state in mitigating the negative effects of commodification since the 1970s (see e.g. Offe 1984). In his view, the welfare state mitigates the most harmful effects of commodification by offering an escape from the labour market to some members of society (decommodification). For example, workplace injury victims are protected by accident insurance: they are not abandoned to their fate after an accident and can live without being compelled to sell their labour. This argument was taken up in the ’80s by the economist and sociologist Gøsta Esping-Andersen, who proposed a version of the concept of decommodification which we view as problematic; he did not use it to describe global mechanisms underpinning market-based societies, but rather to compare characteristics of modern welfare states. According to him, welfare states allow decommodification, which he defines as “the degree to which individuals, or families, can uphold a socially acceptable standard of living independently of market participation” (Esping-Andersen 1990, 37).

Esping-Andersen’s use of the concept of decommodification has been amply discussed in the literature. We will limit ourselves here to two main discussions

6 Yet without using the term, as Knijn and Ostner (2002) point out.

calling this concept into question; the first deals with the gendered character of the concept and the second focuses on the role of the welfare state.

2.1 The gendered character of the concept of decommodification

The first issue to be discussed about the concept of decommodification hinges on the gendered character of the concept of labour upon which it is founded, being blind to the fact that men and women are not equal on the labour market. For instance, in the EU, the employment rate by sex in 2011 is 70,1% for men, but only 58,5% for women (Eurostat 2012b)⁷; these figures probably still overestimate female workforce participation because many women work part-time. Moreover, the concept only considers one type of work: employment. Yet commodification is only possible if labour is actually available for employment, thanks to unpaid domestic work.

Since domestic work is largely carried out by women, men are freed from constraints associated to tasks that are basic to family life (housework, cooking and care of children...); they can thus freely access salaried employment (Delphy 1998; Delphy 2001). This division of labour also reduces the demand for state intervention in the field of social protection, since many tasks are carried out for free by women, thus not necessitating coverage by state benefits. The commodification/decommodification dichotomy can be interpreted as “a masculinist tradition of social rights” (McLaughlin and Glendinning 1994, 63) because it obscures the economic dependency of women within the family (Orloff 1993; Bambra 2007).

Later in this article we will focus on this issue using our data on workplace accidents to understand to what extent benefits offered to workplace injury victims take into account family burden; we shall examine whether workplace injuries result in an added burden for families, more precisely for women in families.

2.2 Is there any decommodification?

The second issue to be discussed focuses on the social effects of social policies.

As Knijn and Ostner (2002) noted, commodification and decommodification are not polar opposites: leaving a job implies having had one in the first place. Moreover, the welfare state largely offers services designed to send people back to work. For instance, temporarily removing workers from the job market after a work injury can allow time for “repairing” the labour force so that it can be brought back into the market.

According to Offe (1984, 124), the dominant strategy of states since the sixties has been one of “politically creating conditions under which legal and economic subjects can function as commodities”, particularly by heightening “the general adaptability of labour power” and henceforth its “saleability”. Holden (2003) notes

⁷ The employment rate is calculated by dividing the number of persons aged 15 to 64 in employment by the total population of the same age group.

that activation policies implemented since the '90s mostly link access to welfare services and financial support to a willingness to participate in the labour market; he states that the circle of persons allowed to legitimately stay out of the labour force has become much smaller: persons such as single mothers or persons with disabilities are now the target of incitements to return to work. Holden concludes by emphasizing that recommodification is not due to a withdrawal on the part of the state, but rather to its active intervention aimed at steering people back into the labour force.

The goal of the welfare state is not to free individuals from the market, but rather to bring them back into the market: this statement radically questions the validity of the concept of decommodification. In order to discuss this affirmation in depth, we will confront this argument to the data we collected on workplace accident victims in order to understand whether the assistance they receive is basically aimed at giving them a right to be decommodified or at steering them back into the labour market.

In order to be able to tackle this question, we first have to examine the kind of decommodification proposed to workplace accidents victims. As we have seen, Esping-Andersen (1990) uses this concept in a limited materialistic sense,⁸ explaining that decommodification is achieved whenever a socially acceptable standard of living independent of market participation is provided by the welfare state.

Graham Room (2000) critiques this narrow use of the concept of decommodification as pertaining only to income by using the concept of alienation through work. According to Marx (1970 [1844]), alienation stems from the fact that work is estranged from the worker first because it does not fulfil a need but is a means to satisfy needs outside the work realm, and second because the worker does not "own" himself but is owned by another. Room (2000, 337) then proposes a concept he calls "decommodification for self-development"; he asserts that true decommodification should not only provide freedom from needs to consume but also allow for the fulfilment of one's aspirations.

Esping-Andersen (2000) replied to this criticism by emphasizing the importance of "decommodification for consumption" as a prerequisite for any true development of one's aspirations. Esping-Andersen also challenges the Marxist thesis that wage work necessarily limits creative opportunities. He argues that the issue underlying commodification/decommodification revolves mostly around "human dependency" (Esping-Andersen 2000, 357) on the market as well as around the degree of control individuals are able to exert over their own lives. In the empirical section of this article, we will discuss this question in depth.

8 Sen (1992) with the concept of "shame" and Honneth (1996) with the concept of "perceived injustice" have shown the limits of purely material definitions of socially acceptable standard of living.

Room (2000) also points to the poorly defined material notion of “socially acceptable standard of living”; it may refer to the provision of an egalitarian minimum income (in systems defined as “Beveridgian” (Join-Lambert et al. 1994; Merrien 2007)), or to the maintenance of previous income differentials (in systems known as “Bismarckian”). For example, in a system that only insures a percentage of previous income, the consequences of loss of revenue due to leaving the labour market depends on the place previously occupied in the income hierarchy; when accident insurance replaces 80% of previous salary, people whose salaries were low will experience more financial difficulties.

Our criticism of Esping-Andersen goes further than Room's. We point to the lack of a precise sociological definition of the concept of “socially acceptable” standard of living: Esping-Andersen relies on common sense only to endow this notion with an indisputable and universal character. In other words, in his perspective a “socially acceptable” standard of living does not necessitate any references to the needs of individuals. The social acceptability of a level of income is merely institutionally defined (in particular by lawmakers). Power relationships are not discussed, the process of defining what is a “socially acceptable” standard of living remains invisible (and unconceptualised); this perspective makes it impossible to measure the effects of the imposition of such a standard on individuals, such as the kind of social reaction this imposition provokes.

These discussions about the gendered character of the notion of commodification and about the definition of decommodification will help us to reach a sociologically grounded understanding of the social treatment received by workplace accident victims. They will give us the opportunity to confront these theoretical constructs to our empirical data. We will begin in section 4 by examining whether our data shows evidence of any kind of decommodification; we will then test whether the concept of recommodification helps us understand the impacts of social policy. Finally we will see whether the social treatment given to workplace accident victims reinforces patriarchy in society.

3 The empirical framework

3.1 Pertinence of the empirical framework

Social protection in wealthy countries for victims of workplace injury provides cash benefits, in the form of pensions or other compensatory benefits, and in-kind benefits such as medical treatment and professional re-training. Two main goals are pursued: insuring an alternative source of income to victims of accidents while they are unable to work, and enabling them to get back into the labour market.

Two reasons justify a closer examination of workplace injuries in this article.

First of all, workplace injury is a socially visible form of destruction of commodity – in this case labour – by private enterprise (Harvey 1998). This is why work accidents have been at the heart of political debates about the social consequences of industrialization since the late 19th century in many countries such as France (Ewald 1986), Great Britain (Titmuss 1974) or Switzerland (Lengwiler 2006). Accident insurance was the first social insurance implemented on all continents (Kangas 2010).

The first piece of Swiss legislation about industrial work dates back to 1877. It introduced the principle of employers' civil responsibility in case of workplace injury, and already met the requirement – according to the Swiss government – of protecting workers from “exploitation that is not always kept within reasonable limits” (Conseil fédéral 1875, 967). Later on, the limits of a system based upon civil responsibility led to the implementation of an insurance system. This was because proving responsibility for the accident was a contentious process that exacerbated social strife, whereas insurance allowed for collaboration between capital and labour and reduced social conflict. In 1918, workplace injury became the first social risk⁹ in Switzerland to be covered by insurance offering income substitution. This risk was also covered by early insurance legislation in other countries such as Germany in 1884, England in 1897 and France in 1898.

Secondly, benefits provided in case of workplace injury in most wealthy countries are higher than those given to persons whose disability stems from other causes (Gal 2004). This may be explained by the fact that employer responsibility comes into play. In theory, higher benefits provide greater independence from the labour market. In Switzerland, workplace injury victims are exempted from paying for any medical costs, and social insurance schemes financed solely by employers provide substitution income during medical treatment. In cases of lasting disability, the pension level will be calculated on the basis of the previous salary.

Switzerland is of particular interest for an empirical investigation, because federal coverage of workplace injury in this country protects all employees, whatever their residency status might be (and not only some occupational groups, or only permanent residents).

3.2 Data

Empirical data is drawn from a study about consequences of workplace injuries we conducted between 2007 and 2010. Data collection was made possible by collaboration with various partners (trade unions, organizations supporting migrants' rights and a rehabilitation centre run by accident insurance).

We will mainly rely on data gathered by analyzing 54 case files concerning accident victims (17 women and 37 men, average age 41 at the time of the most recent injury) and by conducting 24 semi-structured interviews with accident

9 Except for risks linked to military service.

victims (6 women and 18 men, average age 38 when the last accident took place). Most of these victims were experiencing one or more important social problems as a consequence of the workplace injury they had suffered (in relation to their employer, the insurance system, rehabilitation, job training, etc.). We did not try to obtain a representative sample in terms of sex, age or previous profession but rather sought theoretical saturation with the highest diversification of situations possible (Strauss 1987) in work areas where accidents are more frequent (construction industry, industrial firms, catering industry, etc.).

Five topics were covered in interviews with accident victims: the sequence of events which led to the accident(s), medical treatment after the accident(s), social security benefits, professional work before and after the accident(s) and consequences of the accident(s) on everyday life. The case files contained many different documents, e.g. results of medical tests, social security decisions, letters to employers, etc. These were systematically analyzed. Interviews and case files were subjected to a classical content analysis (integral transcription, pre-analysis, setting of analyses units, coding and elaboration of typology).

In order to discuss the issues raised in this article, we have subjected our data to a systematic analysis of the social and financial consequences of the accident (decommodification), the rehabilitation process and employment situation (recommodification) and the allocation of household chores before and after the accident (gendered perspective).

4 Results and discussion

4.1 Is there any decommodification?

Swiss accident insurance provides for two types of salary compensation in case of workplace injury. The first is temporary; it fits into a range of policies aimed at bringing workers back into the labour market: the insurance scheme pays a compensatory salary during medical treatment and rehabilitation which amounts to 80% of the previous salary; it ceases as soon as the victim has regained his or her full work capacity. In 2008, work accident insurances paid daily cash benefits in 102 380 cases (CSAA 2012). Daily cash benefits were given in 40% of 257 809 accidents registered for that year (figures for previous years are similar).

The second type of compensation (a disability pension) could be said to have a decommodifying character in the long run: if a victim is deemed disabled, i.e. when the insurance considers that his or her labour force can no longer be sold on the market and that no medical or rehabilitation measures are likely to alter this fact, a compensatory income is provided, which may amount to up to 90% of the previous salary.¹⁰ This situation is rare: accident insurance awarded only 1 153 new

¹⁰ The accident insurance pension may in some cases complement pensions from disability insur-

pensions in 2008. Moreover, the officially assessed degree of disability rate is low: on average, victims were assessed as 25% disabled (CSAA 2012), i.e. entitled to only a small fraction of their previous income.

Strictly defined criteria are set in the law for the definition of disability; they represent an indication that permanently leaving the labour market is meant to remain an exceptional occurrence. Important health problems caused by the accident *per se* are not viewed as sufficient cause to justify withdrawing from the job market, since the legal definition of disability is economic: the accident victim's earning capacity must be directly reduced by the health problem caused by the accident (other criteria affecting job opportunities, such as level of qualification and mastery of the local language, are excluded). The level of disability is calculated by comparing earning capacity before the accident with earning capacity in a job compatible with the current health status of the worker concerned. The evaluation of residual earning capacity is itself based on a medical assessment of functional capacities, and on types of positions the person could theoretically occupy; concrete opportunities for finding such a position on the job market are not taken into consideration. Moreover, accident insurance can rule on the basis of medical reports produced by doctors accredited by insurance companies stating that the victim is able to work, even though the person's own physician holds a different opinion.

Only one of the 24 persons we interviewed (Daniel¹¹) receives a relatively high disability pension (about 80% of his previous salary) an amount apparently sufficient for guaranteeing decommodification for consumption as defined by Esping-Andersen. Only one of the 54 case files we examined concerns the case of a person receiving a similarly high pension.

Let us first examine Daniel's situation. He had an accident after working for many years on building sites as a machinist carrying out excavations and earth clearing. His accident, incurred while driving a bulldozer, involved cranial trauma and neck injuries. Nine years later, Daniel suffers from chronic pain in his neck and back, blurred vision, tinnitus and vertigo. He also has to deal with side effects of medication for chronic pain. After a two-year process characterized by a high degree of uncertainty and a spell during which he had to go on social welfare (public assistance), he now receives a disability pension for himself and his children. His monthly income has gone down by between 150 € and 230 € in comparison with his previous salary, but he states that this "doesn't change anything much". At first glance, Daniel benefits from measures of social protection that enable him to maintain a standard of living he views as acceptable outside of labour market participation.

Several other victims (9 out of 24) we met receive a relatively high temporary substitution income. At the time of the interview, 4 receive an income similar to

ance, the latter providing coverage to victims of workplace injury as well as to persons disabled from other causes.

11 All first names have been changed.

their previous salary and 5 get 80% of their previous salary. Among the case files studied, 25 persons out of 54 get a comparatively high level of pension of this type. May one then speak of decommodification in these situations?

Not entirely, since many of these victims have encountered problems with their financial compensation. The problems mentioned are caused by various factors, sometimes combined: long periods during which no insurance benefits were served, expenses deriving from the accident but not covered by insurance, e.g. reduction in spousal income or withdrawal from the job market by the spouse in order to be able to care for the victim, level of replacement income awarded by the insurance viewed as too low (e.g. 80%), impossibility to reimburse debts contracted prior to the accident and mostly uncertainty concerning the future; they do not know whether they will have to go back to work or be able to stay out of the labour market. Among the case files studied, we found financial problems mentioned in 7 of the 26 cases; these files concerned persons getting a relatively high level of substitution income, temporary or permanent. This shows that receiving insurance benefits – even at a relatively high rate of substitution – is often not enough to maintain an acceptable standard of living.

We observe that persons who had a low salary before the accident say that they are in particularly difficult straits afterwards, a few percentage points of income reduction having such an impact on their budget that some of them express desperation. Oscar, a stonemason who fell at work and has numerous health problems resulting from the accident, does not see how he can make it financially, “I’m going to steal I think... Me, I have never stolen anything, me! Or else I’ll kill someone and then they’ll put me in prison and at least they’ll give me enough to eat and all that”. Room’s (2000) remark comes to mind here and seems very pertinent: the choice to participate in the labour market or withdraw from it is directly related to the financial situation before the accident.

Out of 24 persons interviewed, 9 state that they are financially dependent on relatives at the time of the interview. Married victims of accidents who are not, or no longer, receiving pensions from insurance but were not able to find a new job are entirely dependent on family members. Such a situation may have the consequence of compelling the spouse to increase his or her labour market participation. Dependency is partial where victims have to borrow money from relatives. In Esping-Andersen’s terms (2000), “human dependency”, for these persons at least, increases as a result of the accident.

Let us go back to Daniel’s case and see whether insurance benefits allow for decommodification in the sense of personal development (Room 2000, see 2.2). While Daniel’s financial situation seems to have been satisfactorily settled as we stated earlier, he says that his situation as a person who is not economically active is a cause of suffering: “I had to go the psychiatrist (...). Because I did not like to stay at home without work. Because what are you going to do? You get sick, just

thinking. (...) On the building site, it's better. You're outside, you eat, you're with your buddies, the day goes by faster. Then you don't have time to think about illnesses and stuff like that. At home, you watch TV (...). I can't get out and all (...) Here you go out, you don't know a lot of people, those my age they're at work. (...) Me I'm not made to be at home. I used to like working."

Daniel's exit from the labour market does not mean, for him, a re-appropriation of his life. On the contrary, he perceives the lack of professional activity as forced idleness, which hinders self-fulfilment. The opportunity to receive means of subsistence without having to hold down a job does not alter the central place occupied by work. For Daniel, salaried employment seems to represent the only source of status, of meaningful activity, of social relationships.

The other victims we met who have encountered long-term withdrawal from the labour market express similar feelings. Most men, particularly, seem unable to envisage a meaningful life outside of employment. For instance, even after several years, most male accident victims who worked on building sites cannot imagine a meaningful life away from the building trade, despite severe injuries and health problems. The data directly questions Esping-Andersen's theory about the control individuals are able to exert over their own lives.

Economic decommodification of workplace injury victims is thus limited; most of the victims we encountered do not live in circumstances they find comfortable. Insurance benefits are not sufficient to reach a standard of living viewed as acceptable by them, even if the level of replacement for workplace accident victims in Switzerland is higher than in other countries (Korpi and Palme 2003). Furthermore, the benefits they receive do not give them feelings of restored independence.¹² As they do not have access to satisfying work and to human self-development, decommodification is not realized.

4.2 Is recommodification real?

Since decommodification, in our view, is not realized, what about recommodification? We have seen that one of the goals of accident insurance is to restore the work capacity of the labour force; this branch of insurance thus includes a recommodification aspect in the sense given to the term by Offe (1984) and Holden (2003). Just as in the case of unemployment insurance, which Esping-Andersen analyzed, the goal pursued by accident insurance is a return to employment. Temporary benefits are available as long as medical treatment improves the health of the victim; they may also be offered during retraining for another job.¹³ Measures are put into place to "actively" promote the reintegration of accident victims into the labour force. These

12 This feeling is probably also linked to the fact that, for people we encountered, work identity was linked to the use of physical strength.

13 In cases of retraining for a new trade, benefits are normally served by another branch of Swiss social security, i.e. disability insurance.

measures are implemented by insurance companies or by physicians, in particular through medical rehabilitation centres.

The analysis of case files gives us an idea of what is offered in these centres. Two kinds of measures can be identified. The measures of choice have the following types of goals: helping injured workers to regain strength and fitness (for instance, “regaining physical condition for workers requiring strength for heavy work”), and/or assisting them in looking for a new job, initiating retraining, inciting the elaboration of new professional goals, motivating the victim. Measures less frequently mentioned are aimed at employers, e.g. asking them to modify the previous job description.

As we can see, the repair work on bodies that takes place does not include questioning the conditions of previous exploitation, nor does it examine what it might mean for these damaged bodies to be placed back within the work setting. Working on the bodies’ repair is accompanied by working on the victims’ disposition to reintegrate the labour market at conditions dictated by the insurance, particularly in terms of switching to a different occupation. After rehabilitation measures, the victims are not only incited to find a new job, they are made personally responsible for committing themselves to seeking employment.

Out of 24 persons interviewed, 9 were in retraining at the time of the interview, and 5 others had completed a round of retraining measures. Most of them expressed criticisms at the actions of training structures they were attending, or had attended; Cyril, for instance, had an accident on a roof while working as a temporary employee. He felt that the retraining placement he was offered was “just a way to kill time I think (...) You’re there, placed for three months but at the end of it you have nothing. They help you to find another placement. And you just drag on like that (...) You play along like that (...). It’s just like playing with kids, like playing with marbles, roll it this way, roll it that way. (...) And at the end you still don’t have a job”.

Criticism expressed revolves around the lack of fit between training measures offered and job possibilities, or between the measure proposed and the residual health problem victims are still experiencing. It usually focuses on the inappropriate nature and lack of efficacy of measures proposed, rather than on the necessity of recommodification itself. Victims seem to have integrated and accepted this necessity, which is proof of the core-value character of employment as the only legitimate source of income as well as the source of positively perceived activities. In short, recommodification is viewed by the system as well as by the work injury victims as the solution to problems caused by commodification. We will come back to this point in the conclusion of this article.

Yet recommodification is far from self-evident and the process it implies must be questioned and examined. Evaluations of the residual work capacity carried out by insurance are based on factors related to physical health in the organic sense, and take place in a context which is only distantly related to ordinary job market require-

ments. The evaluation is carried out over a short period of time, often not in the workplace. When such evaluations do take capacities and incapacities into account, it is often because they are explicitly mentioned in medical or psychological expert reports. Evaluations that do take place in a real work environment are usually very brief. Testing also ignores fatigue due to actual work conditions, and underestimates employers' reactions to diminished performances. Moreover, insurance rulings tend to minimize links between chronic pain and the onset of symptoms of depression, considering that such symptoms result from personal risk factors anterior to the injury; yet several studies demonstrate complex links between chronic pain and depression (Truchon and Côté 2005; Roth et al. 2008; Jenewein et al. 2009).

This process may result in paradoxical injunctions, which authors we quoted did not specifically discuss: victims are enjoined to find jobs which may in fact not exist on the labour market. For instance, insurances tell building site workers to find part-time employment in jobs that do not necessitate carrying heavy loads. But such jobs are practically unheard of in the building trades. Lightening the workload is the result of a medical evaluation, which allows insurance to force the worker to go back to work, but implementing such an injunction then falls on the individual responsibility of the injured worker. As Vanessa, who used to work in a cardboard factory and has lost the strength in one of her hands due to an accident, puts it: "The problems are there. So everyone says to me: 'Ah, but (...) you look fine (...)'. I just can't... I say, find me a job I can do and I'll be OK..."

Notification by a physician and/or an insurance of some residual work capacity marks a shift in the way victims are considered. As soon as they are deemed employable, they lose their status as victims worthy of receiving care: they are told to put themselves back on the job market. This injunction is not self-evident when there are disagreements about work capacity between insurers and victims. Oscar, a stonemason who has multiple health problems resulting from a fall, has doubts about what he is being told by his insurance. "I can't walk, honestly what am I going to find? (...) Me, I started work on building sites at 14, 14 or 15. (...) I'd like to go back to building but that's work I can't do". As Julien, a plasterer who has a herniated disc, says "everyday on the train I think of asking my social worker (...) if they might have a psychologist or someone because, because I have stuff going around in my head and I'm afraid it might go wrong. Because sometimes I have, I have... I don't want to live, sometimes it is very very complicated. (...) It is a black hole without seeing the light at the end. There is no light, there is no light". Being ill would have given these victims some degree of social recognition; being denied this status, and the ensuing necessity of recommodification, is then felt as social violence.

Finally, the process of recommodification does not have the same consequences for all social groups. The way in which cases are individually handled reinforces social inequalities between Swiss citizens and immigrants because it obscures the

specific social problems experienced by migrants; the latter may encounter difficulties because of the nature of their work permit, their lack of mastery of the language or their low level of training, all factors that may not have hindered them from being hired in the job where the accident occurred. Their disability diminishes the market value of their labour, but not the added value extracted from their labour. The case files we analyzed and the interviews we conducted show that the foreign workers are the ones, who are often in the most unstable work situations (types of contracts, salaries, type of work), who run the highest risk of not obtaining recognition of their injured status from insurance and who are then faced with having to forcibly reintegrate the labour market, having to apply for assistance or being financially dependent on their relatives.

The main impact of the recommodification process is thus more symbolic than real. Its goal is to render absence of employment unbearable for the victims, highlighting that for them the only acceptable status in our society is that of a paid worker – even if it is unattainable. The process thus has the dual goal of heightening saleability, as Holden (2003) or Offe (1984) would put it, and of reinforcing a social norm.

4.3 What about the impact on domestic work?

The category “workplace injury”, which implicitly defines employment by specifying its locus, fails to take into account domestic work carried out for the benefit of others. In cases where workplace accidents occurred, the burden of domestic work often increased because the victim needed care.

At the time of the interview, only one of the victims was encountering some form of renegotiation of domestic tasks due to the consequences of the accident. Cyril pays someone to take care of domestic chores he previously carried out himself. This is not an in-kind benefit provided by the insurance, but a private recourse to a service outside of the family. Household help is the only kind of renegotiation mentioned in any of the files (in the cases of one man and one woman).

In 7 out of the 24 interviews, the consequences of the accident have led to an increased burden for the family, many tasks previously carried out by the injured person having to be handled by other relatives. In 11 of the 54 cases studied (7 women and 4 men), we found evidence of an increased burden on the family as a consequence of the accident. Activities concerned are almost always in the housework realm and not in the personal care field. In one of these cases, help for activities of daily living was proposed by the insurance but refused by the family. As far as the other cases of injured women are concerned, activities are delegated to husbands and/or children, or to other persons such as a sister, a neighbour, or unspecified persons. With regard to the other 4 files concerning men, they were living by themselves before the accident. In two of the cases, their wives who were living abroad came to join them in order to take charge of some of the domestic chores; in the other

two, help was provided by the brother's family, or by a friend. Domestic work is rendered doubly invisible, first because it is not recognized by insurance and second because it falls mostly on women and is chalked up to feminine natural qualities, and thus not viewed as real work.

Work accidents do thus actually mean an increased burden for relatives, reinforcing the familisation of women in the meaning of the word proposed by Bambra (2007). Rationing of care and priority given to ambulatory treatment mean that injured workers often come out of hospitals or rehabilitation centres in a relatively poor state of health and require assistance for activities of daily living.

The accident does not result in any new distribution of domestic work and does not seem to lead to questioning gendered roles within the family. For example Julien, who cannot work, feels that his wife cannot find a job because she must take care of their two children. We have found no perceptible reinvestment of home and family oriented activities by victims as a result of their injuries: only employment matters to them. Gendered roles are not challenged. As noted by Fraser (2010), oppression is not only in the market, but also in society, and decommodification has no effect on gender relationships.

5 Conclusion

Our results point to the heuristic value of reappraising the notions of decommodification, and recommodification with the help of qualitative empirical data. The main purpose of the social treatment of workplace injury is not decommodification, but reinforcing wage labour as a social norm while ignoring domestic work. The main solution to the health problems caused by commodification is an incitation to more commodification, even if jobs are scarce. This shows that the welfare state does not arise in opposition to the two interlocking systems of capitalism and patriarchy, but in synergy with them. Therefore the development of the welfare state cannot simply be viewed as reducing the social violence brought to bear by capitalism.

Basically, our data also point out that commodification/decommodification/recommodification should not be viewed as a true triad for several reasons that we shall briefly mention.

Firstly this is because decommodification is a systemic process complementing commodification. This definition, consistent with Polanyi's findings, has theoretical consequences: if there is no continuum between commodification and decommodification, decommodification cannot be measured in terms of degrees. The kind of index proposed by Esping-Andersen in order to compare welfare states is then based on a faulty premise.

The second reason is because recommodification must be understood primarily as a motto. This characterization of its nature emphasizes the strength of the

social norm of employment, with its ensuing marginalization of persons who are not employed. It also serves to emphasize the fact that recommodification is very difficult to implement in society. Policies meant to promote recommodification are primarily ideological tools; their contribution to reproducing the prevailing social order may be more important than their real impact. Social policies may not lead to recommodification, but they certainly help to promote the value of work and to deflect any contestation of the capitalist social order.

Finally, this is because the social treatment of workplace injuries actually reinforces the familisation of women. Welfare state mechanisms implemented to deal with the victim after the accident emphasize the central place of employment in our society; exemptions from the duty of hiring out one's labour, such as recognized family duties, must remain exceptional. Social insurance participates in the reproduction of the sexual hierarchy of labour by recognizing only paid labour and by contributing to the invisibility of domestic work, as well as by ignoring the additional unpaid work necessary to help accident victims in their everyday life.

In order to understand how social policy functions in society, a systematic analysis of the relationships between capitalism, patriarchy and social policy must be conducted; this article must be viewed as an attempt at such a sociological analysis.

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