Disability in Individual Life and Past Society

Life-Course Perspectives of People with Disabilities in the Sundsvall Region of Sweden in the Nineteenth Century

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In memory of my dad
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Abstract

What did a life with disability imply for individuals in a past society? Since disabled men and women have long been hidden in history, the aim with this thesis is to uncover them and their living conditions in nineteenth-century Sweden, represented by the Sundsvall region. The data consist of parish registers, which help to trace people’s life courses and the consequences if disabilities interfered with their lives. These records are digitized and stored by the Demographic Data Base (DDB), Umeå University, Sweden. The dataset under analysis comprises a population of some 36,000 observations from non-disabled and disabled individuals. Life-course perspectives and labeling theories are applied in all four studies in this thesis, even if different methods and events in life are taken into account. Studies II and IV examine the marriage propensities and the spouses, and show that disabled people did marry, and usually with a non-disabled partner in similar age and from similar socio-economic origin. However their marital chances were significantly smaller compared to their non-disabled counterparts. Study I reveals that disabilities implied significantly higher death risks, in particular among the men and those with mental disabilities of both genders. In Study III, the three events of getting a job, marrying and giving birth to a child were explored in parallel. The results reveal that even if some disabled people experienced all these events, they did so to a lower extent than non-disabled persons. Variations were found between men and women and different disabilities. The major conclusion of the thesis is that disabled people constituted a most heterogeneous group of individuals with different obstacles and opportunities in life in a past society, where gender and type of disability seem to have played a part in their level of labeling beyond the impairment itself.
Finally, I am sitting here trying to summarize my time as a PhD-student. A project like this is not a work done on one’s own, there are many persons I am grateful to who have helped me both in great as in small things. First of all, I want to thank my supervisors for their valuable guidance. My major supervisor has been Professor Lotta Vikström, who has always found time to advise me in all kinds of issues and questions. I am also grateful to her thorough reading of all my texts, and for never having lost her faith in me, that I could do this thesis and complete it. Professor Tom Ericsson acted as my assistant supervisor during the first two years, and he helped me to get started with my thesis research. After Tom’s retirement, Erling Häggström Lundevaller, doctor in statistics, took on the role as my assistant supervisor. He has taught me all about R and the interesting things possible to do in that program. I would never have been able to conduct my statistical analyses without Erling’s great guidance.

My texts have also been presented and discussed at some seminars at Umeå University. I would like to thank all colleagues who have been commentators to my papers. You have provided me insights on how to improve my analytical approach. David Sjögren and Åsa Össbo commented on my initial research plan, while Anna Lundberg and Martin Almbjär gave fruitful feedback on my first empirical paper. Lena Karlsson and Olivia Ekman acted as commentators to my second paper, while Mojgan Padyab and Maria Sanchez Dominguez read and reviewed my third paper. At my “mid-seminar”, Associate Professor Sam Willner from Linköping University acted as opponent providing me constructive critique, and Tom Ericsson, Lena Karlsson and Ingrid Svensson who also read my work gave me valuable comments. At my “end-seminar”, Sören Edvinsson, Jonas Liliequist, and Marie Lindqvist read and commented my work. Their feedback has helped me a lot to finish this thesis.

Beside the seminars at Umeå University I have presented my papers at conferences. My first presentation took place at an international workshop (2012) in Umeå, and my second presentation was at the ESSHC-conference in Glasgow (2012). At both occasions I was so nervous that my legs barely could hold me up. Further on, I presented papers at the PhD-conference in Mölle (2013), a workshop in Gothenburg (2013) and at the SSHA-conference in Chicago. The next
year (2014), I presented a paper at a conference in Helsinki and at the ESHD-conference in Alghero, Sardinia. In 2016, I presented a paper at a workshop hosted by the Graduate School of Population Studies and Public Policy, Umeå University, held in Brussels. My last paper as a PhD-student was presented at the ESHD-conference at Leuven (September 2016). I have not presented all papers by myself. Some of them I presented together with my major supervisor Lotta Vikström. Besides inspiring networking with researchers, I have received precious comments from discussants and participants at these workshops and conferences. However, all my international networking and dissemination of findings would not have been possible unless the Faculty of Arts and Humanities and the Graduate School of Population Studies and Public Policy at Umeå University had supported me financially. I am also grateful to the recent financial support I have got from the project “Experiences of disabilities in life and online: Life course perspectives on disabled people from past society to present”, led by Lotta Vikström, which enjoys funding from one Wallenberg Foundation (Stiftelsen Marcus och Amalia Wallenbergs Minnesfond).

I would also like to thank all colleagues at the Centre for Demographic and Ageing Research (CEDAR) and at the Department of Historical, Philosophical and Religious Studies, for all nice discussions at seminars, at the coffee-table and elsewhere. To be part of CEDAR, a cross-disciplinary environment, has been very fruitful. There are three persons who I would especially like to express my thanks to, and they are Mattias Sandström, Carin Hedlund and Maria J. Wisselgren at the Demographic Data Base (DDB) who have made it possible to retrieve a dataset to analyze. Another three persons who I need to mention are Pär Vikström, Roger Eriksson and Johan Junkka for all their help when my computer and I were not so good friends. Beside my assistant-supervisor, another statistician Göran Broström, has also showed me about what is possible to do in R. Another person who have influenced me to begin this PhD-project is Anna Lundberg. If she had not triggered my curiosity for research during my examination work at the bachelor-level in history, I would probably never had applied for a PhD position.

I would also like to thank David, my ex-husband, for having encouraged me when I was going to apply for this PhD position. He has also read some of my texts and given me valuable comments. I will never forget one of his first comments: “Are you aware of all things this text is lacking?”, while I thought I had given him a text I found to be finished.
There and then, I learned that a text can be improved over and over again.

I would also like to thank all of my friends who have stood by my side, in particular Magdalena and Katariina, who have helped me to think about other things than my PhD-project. I am also grateful to my friends in Sävar who have always been willing to help me in taking care of my son, when I needed it; Maria, Mathias, Marlene, Lars Olof, Hanna, Jerry, Erik, and Ingalill. I would also like to send a special thank to Olle Holmgren, who has painted the cover to my thesis with the brush in his mouth. Thank you, Olle!

Last but not least, I send a thought to my beloved father who is not here anymore. You did always wonder what I wanted to “be” as a grown-up person. I know now. Finally, I would like to give my son Edvard a huge hug for being so patient with having a mother who have had little time for tidying up back home, cooking proper meals and for forgetting about his activities. I love you, Edvard!

Umeå in January, 2017
1 Introduction

One day in October 1820, a little girl was born in a small rural village in northern Sweden. The girl was baptized Anna Märta, and was the first baby girl in the family, with four older brothers. Later, the family grew, with two more sisters. Of the seven siblings, only five reached adulthood. When Anna Märta was 11 years old her father died, at which time the parish minister noted for the first time that Anna Märta was deaf. At the age of 18, she left her parental home and took a position as a maidservant (*piga*) in a neighboring village. Anna Märta stayed there for eight years. Eventually she met Petter, a crofter (*torpare*), from a nearby village. They were married in the summer of 1846, and settled down at his place. Anna Märta gave birth to their first child, a girl, in 1849, but the daughter died after just 13 days. A year later a son was born, and the next year another daughter. In 1860 when Anna Märta was 40 years old she gave birth to her last child, a stillborn son. One February day in 1877, about six months before her 57th birthday, Anna Märta died. Her husband, Petter, lived on for another seven years.¹

What Anna Märta died of, the parish records do not tell. However, they do detail other information in her life, for instance that she was employed as a maidservant in her youth, eventually married and started a family with a non-disabled man, and that she stayed in the parish until she died in her 50s. This information reflects Anna Märta’s life course. Compared to non-disabled individuals living in the nineteenth century, it seems that she lived the expected life of a woman despite her disability; but was this life course representative of other disabled people living in the same space-time context as Anna Märta? The present thesis aims to clarify this.

1.1 Positioning the thesis within the field of disability history

Previous researchers in the field of disability history have mainly studied disability from a medical, pedagogical, or rehabilitation point of view.² This thesis belongs to the field of history, but takes on a cross-

¹ Parish records from 1780-1894
disciplinary approach that offers an extended “window” onto nineteenth-century society. By combining quantitative statistical analysis with theories and methods from history, sociology and demography, this thesis obtains knowledge that complements previous research in disability history. The findings can be summarized twofold. On the one hand, the results show that the presence of a disability could render an individual marginalization and exclusion from social life. The results reflect past society’s attitudes towards “the other”, and display the prevailing living conditions and environmental circumstances for disabled people in the past. On the other hand, the results reveal that all people with disabilities did not share the same life path. Not all of them were marginalized and excluded from social life. Instead, people with disabilities show a heterogeneous picture of different life courses, with altered opportunities and obstacles in life.

To extend the picture of disabled people’s lives, this work contains comparisons with a non-disabled layer of the population who lived in the same time-space context as the disabled individuals. The Sundsvall region is chosen as the research area, and the time period covers the nineteenth century. With longitudinal analyses, it is possible to observe young people across their lives and illuminate their living conditions. The sections below show the aim and research questions of the thesis, and the disposition of the thesis, followed by some conceptual and ethical considerations.

1.2 Aim and research questions

The overarching aim of this thesis is to provide knowledge on a long hidden minority group in society and their living conditions. By exploring disabled people’s life courses in nineteenth-century society, it is possible to reveal the consequences the disabilities could have on their lives. Based on the traces people have left in the Swedish parish registers, it is possible to detect life events such as marriage, family-building, occupations, migration, and death. Individual characteristics and environmental circumstances beyond disabilities could also have an

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effect on the life course; thus, the findings of this work will show how the presence of disability impacted people’s lives with regard to individual features and contextual circumstances. By comparing them with people who were non-disabled, it is possible to reveal whether the disabled men and women experienced lower survival chances as well as fewer opportunities on the marriage and labor markets, which could indicate a marginalization and exclusion from social life for those who looked different and/or behaved differently than the mainstream population. As this thesis is based on a substantially large quantity of individuals with disabilities, it will be possible to not only tell a story about disabled people but also to create a picture that mirrors a past environment that confronted disabled people. To attain the overarching aim, the following research questions are stipulated and grouped together in accordance with the studies included in the thesis:

I) Did disabled people experience premature death compared to the non-disabled? How did the propensity to die vary according to individual characteristics, such as type of disability, gender, and/or socio-economic origin? Did environmental factors, i.e. residence and/or period of time (pre-industrial or industrial), have any impact on the mortality risk?

II) To what extent did disabled people marry in comparison to the non-disabled? How did marital propensity vary for people according to individual characteristics, such as type of disability, gender, and/or socio-economic origin? Did environmental factors, i.e. residence and/or period of time (pre-industrial or industrial), have any impact on the marriage chances?

III) Did the life course of young disabled and non-disabled people vary with regard to whether and when central events in the life course happened, such as getting a job, marrying, and/or having one’s first child?

IV) Whom did disabled people marry? Did the differences between the spouses involve age and/or socio-economic origin? What were the spouse’s features – i.e., was he or she also disabled?
1.3 Disposition of the thesis

The remaining part of this first chapter outlines the structure of the thesis. Chapter 2 covers the contextual background and previous relevant research on disability history, historical demography, mortality, marriage patterns and partner selection. Chapter 3 discusses the theoretical considerations focusing on the labeling themes developed within sociology, such as the concepts of stigma and deviance. Special attention is also given to the life course concept. The chapter concludes with a discussion of different perspectives used in analyzing disabled people’s lives, such as gender aspects and intersectionality. Chapter 4 presents the sources that are used, and especially how the disabled people were detected in the parish registers. The fifth chapter discusses the methodological considerations, with special attention to event history analysis and sequence analysis. The quantitative and statistical models used in the thesis are also described. Chapter 6 concerns issues of how to define and categorize the various disabilities found in the dataset, to be followed by Chapter 7, where the outlined dataset is summarized. This chapter also includes a description of the chosen research area, the Sundsvall region, and how individuals’ socio-economic status is categorized. Chapter 8 summarizes the papers included in the thesis, while Chapter 9 provides a concluding discussion. The tenth chapter offers a summary in Swedish, and at the end a reference list. Finally, the published articles and unpublished manuscripts are attached. An overview of the analytical design of the included papers/studies and their correspondence to the major research questions of the thesis to fulfill its major aim is shown in Table 1.
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| I  | Gendered death risks among disabled individuals in Sweden                      | Helena Haage, Erling Häggström Lundevaller, Lotta Vikström             | - Did disabled people experience an untimely death compared to the non-disabled?  
- How did the propensity to die vary according to type of individual characteristics, i.e. disability, gender and/or socio-economic origin?  
- Did environmental factors such as residence and time period have any impact on the mortality risk? | Event history analysis (Cox regression) and descriptive statistics                                                      |
| II | Disabled and unmarried? Marital chances among disabled people in nineteenth-century northern Sweden | Helena Haage, Lotta Vikström, Erling Häggström Lundevaller              | - To what extent did disabled people marry, and in comparison to non-disabled?  
- How did the propensity to marry vary for people according to individual characteristics, i.e. disability, gender and/or socio-economic origin?  
- Did environmental factors such as residence and time period have any impact on the marital chances? | Event history analysis (Cox regression) and descriptive statistics                                                      |
| III| Sequence analysis of how disability influenced life trajectories in a past population from the nineteenth-century Sundsvall region, Sweden | Lotta Vikström, Helena Haage, Erling Häggström Lundevaller              | - Did the life course of young disabled and non-disabled people vary according to whether and when central events occurred, such as entering the labor market by getting one’s first job, marrying for the first time, and/or having one’s first child? | Sequence analysis and descriptive statistics                                                          |
| IV | Whom to marry? Partner selection of people with disabilities in nineteenth-century northern Sweden | Helena Haage                                                            | - Whom did disabled people marry?  
- Was there endogamy or exogamy according to age and socio-economic origin between the spouses?  
- What were the demographic features of the spouse – for instance, was he or she also disabled? | Descriptive statistics                                                                                                           |
1.4 Disabled people or people with disabilities?

When discussing disability and people, there has been some debate over whether the expression “people with disabilities” or “disabled people” should be used. Robert D. Dinerstein, for instance, discusses this dilemma, noting that particularly people with mental disabilities often prefer to be called “people with disabilities”, as they see themselves as individuals who happen to have a certain characteristic, such as a disability. He further notes that some people with disabilities of a physical kind prefer to be called “disabled people” as this expression indicates that it is disabling and limiting environments, rather than an inherent personal feature, that disable the person. British disability researchers Colin Barnes and Geof Mercer (2010) state that in their writings they prefer to use the expression “disabled people”:⁴

As a result, we avoid the phrase ‘people with disabilities’… because it both blurs the conceptual division between impairment and disability and implies that impairment defines an individual’s identity.⁶

Disability researchers Michael Oliver, Kristjana Kristiansen and Rannveig Traustadóttir, among others, also prefer the expression “disabled people”, arguing that using the expression “people with disabilities” makes the individual instead of the environment carry a certain disability.⁷ On the contrary, Paul T. Jaeger and Cynthia Ann Bowman, also disability researchers, prefer the expression “people with disabilities”. They argue that the changing attitudes towards people with disabilities have changed the concepts to use when describing them, from identifying them with their disabilities to seeing them as having a disability. They assert that, when the expression “disabled person” is used, the focus lands on the disability itself:⁸

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⁶ Barnes and Mercer, Exploring Disability. 11.
⁸ Jaeger and Bowman, Understanding Disability, 4.
The use of person-first terminology linguistically reinforces that the person is more than, and more important than, the disability. Changes in commonly used terms may not seem revolutionary, but they reflect and reinforce slowly evolving social attitudes toward persons with disabilities.

To sum up, researchers in the field of disability do not completely agree whether it is more adequate to say “disabled people” or “people with disabilities”. Special education researcher Kim Wickman used both expressions in her thesis. However, she concludes that gradually in her work she chose the expression “disabled people” since she recognized disability more as a social and discursive construction. Matilda Svensson, a historian who wrote her thesis on people with polio and their life histories, preferred “people with disabilities”, according to the definitions by Dinerstein. In line with Svensson, Linda Vikdahl, a researcher in religion, has also preferred to use the “people with disabilities” expression, since she studied people with intellectual disabilities, who themselves prefer to be referred to as such. In this thesis, the two expressions are used interchangeably when referring to the group of people under analysis.

Another important issue, especially when studying disability from a historical perspective, involves the terms commonly used by past society to indicate disability. In past-time England, for instance, the words cripple, spastic and Mongol were frequently used, but today many of these terms have lost their original interpretation and some have even come to be viewed as derogatory. There is a similar situation in Sweden, where some of the medical concepts used by nineteenth-century society have, deprecating and offensive meanings with today’s interpretations, for example the term “idiot”. In the present work the terms commonly used in nineteenth-century Sweden are used when discussing the different disabilities under study. Some concepts may be offensive due to their modern derogatory meanings, but there is no intention here to be

9 Jaeger and Bowman, Understanding Disability: 4.
12 Vikdahl, Linda, Jag vill också vara en ängel. Om upplevelser av delaktighet i Svenska kyrkan hos personer med utvecklingsstörning (Skellefteå: Artos, 2014), 36-37.
13 Barnes and Mercer, Exploring Disability: 11.
offensive and it is impossible to satisfy all readers in this matter.\textsuperscript{15} The aim is to use the concepts that were used by nineteenth-century society, and with their past-time interpretations. The concepts used in this thesis are further discussed in Chapter 6, concerning the issues of defining and categorizing disabilities.

1.5 Ethical considerations

The Codex of the Swedish Research Council and the Swedish Law of Personal Integrity (PUL) stipulate the necessary ethical considerations when collecting individual data that can be regarded as sensitive. The purpose of the PUL is to protect individuals’ integrity when personal information – such as ethnicity, political opinions, religious or philosophical beliefs, or membership in labor unions – is collected. Also included in these so-called sensitive data is information on individual health and sexual orientation. The PUL stipulates that this law not only considers living persons, but also covers information that can be traced to a person living now. The individuals collected in the dataset used in this thesis have long been dead, and are not themselves covered by this law. However, since information about disabilities can be regarded by some as sensitive information with regard to the PUL, all names of individuals mentioned in this thesis have been changed to minimize any possibility to trace them to people living today.

\textsuperscript{15} Compare for example with Eggeby, "Avvita, galen, sinnessvag."
2 Background and previous research

This chapter will sketch the contextual background for all analyses included in the four papers of this thesis, starting with previous research within disability history in an international context, followed from a Nordic perspective. The next two sections cover previous research within historical demography, explicitly on mortality and marriage patterns in history, as well as partner selection.

2.1 Disability history – a hidden history?

Disabled people have been present in societies as long as there have been human beings; for instance, stories about them can be found in the Bible. Nevertheless, disabled people’s history has often been part of the so-called “hidden history” and is extensively absent in historical scholarship. As Douglas C. Baynton puts it:

Disability is everywhere in history, once you begin looking for it, but conspicuously absent in the histories we write… disabled people have a history, and a history worth studying.

This chapter continues with an overview of the works that have been conducted in the field of disability history, starting from an international point of view.

2.1.1 Disability history from an international perspective

In the 1960s the focus of researchers in the field of disability, explicitly in the Western world, was on activism and politicism. Gradually, their work increased the visibility of disabled people’s lives and living conditions, which resulted in improvements to civil rights and an increased attention to obstacles in the environment of disabled people, educational

16 Stiker, Henri-Jacques, A History of Disability [Corps infirmes et sociétés], trans. William Sayers (Ann Arbor: The University of Michigan Press, 1999), 23-37. See, for example, Matthew 11:5 in the Bible: The blind receive sight, the lame walk, those who have leprosy are cleansed, the deaf hear, the dead are raised, and the good news is proclaimed to the poor.


18 Baynton, "Disability and the Justification of Inequality in American History," 52.
campaigns, and a greater responsiveness in attitudes from the surrounding society. A European contribution that received a great deal of attention in the 1960s was *Madness and Civilization: A History of Insanity in the Age of Reason* (published in English in 1964) by philosopher Michel Foucault. His book contributed to the progress of disability history in taking on approaches focusing on deviant and marginalized people in history. At about the same time in the US, in 1968, the Society for Disability Studies was founded and several journals, such as *Disability Studies Quarterly*, *the Journal of Disability Policy Studies* and *Disability and Society*, were established. Gradually, this attention to disability issues led to disability researchers from different fields being brought together, for instance from the humanities and the political and medical fields. In *The New Disability History* (2001), historians Paul Longmore and Lauri Umansky argued that during the 1990s the US disability history has moved from the margins to more conventional historical research. Disabled people had now succeeded in breaking their historical isolation, segregation and exclusion from social life. The protest movements also pursued the policy to incorporate other concepts such as class, gender, ethnicity and sexuality in many disciplines.

With influence from postmodernism and the introduction of intersectional concepts such as gender, class, ethnicity and sexuality, historian Catherine J. Kudlick has provided useful perspectives in the research on disabled people’s history. She argues that historians still have a great deal of work to do, while researchers in the fields of anthropology and literature have studied this group of “others” more and treated the concept of disability as a historical subject. Kudlick also argues that the focus in the American disability research since the 1980s has been on the categorization of disabled people into different social categories instead of seeing them as individuals, which has had the consequence that many scholars have been more interested in, for

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23 Kudlick, "Disability History," 763.
example, the rehabilitation and special education of disabled individuals. Historians Julie Anderson and Ana Carden-Coyne agree that disability history scholars have focused almost exclusively on an institutional and professional point of view, as disabled people are mostly visible in these kinds of sources. This focus on disability as a personal medical issue gradually came to change to a concern that disabled people’s environmental barriers prevented them from fully participating in society. Beginning in the 1970s these thoughts came to dominate the field of disability history, with researchers regarding disabled people as an oppressed social group, and American disability history researchers defining them as a minority group.

It was not until 2005 that the first British conference devoted to disabled people’s history was held. The meeting came to focus on the two competing models the “medical model” and the “social model”, of which the former was first and the second originated in the 1970s. The social model moved the attention from the impact of the impairment itself to the environmental barriers a disabled individual confronts in daily life. Criticism was expressed regarding the social model being difficult for historians to use, because it did not take into account individual differences such as gender and culture in a satisfying way.

Historian Anne Borsay from Britain has researched disabled people’s discrimination and exclusion through how politics and citizenship have developed from the onset of industrialization until present day. In her research, she criticizes the medical model and the uncritical history writing originating from the activist movement.

An overview of disability history was published in 1997 by French historian Henri-Jacques Stiker. He argues that disability as a concept represents a social construction of difference, which has not been linguistically stable in history. He outlines a disability history that begins with the words on disabilities in the Bible and ends with rehabilitation issues in the twentieth century. He argues that in premodern time disabled people were characterized by society as unclean, and dirty individuals, as opposed to heavenly and clean. Meanwhile, during the

27 Anderson and Carden-Coyne, "Enabling the Past," 451; Borsay, Anne, Disability and Social Policy in Britain since 1750 (Houndmills, Basingstoke, Hampshire: Palgrave Macmillan, 2005).
rehabilitation era, disability was seen as something curable or possible to correct medically. Historian Iain Hutchison contributed to the field of disability history in 2007. In his study, he concludes that the experiences of disabled people living in nineteenth-century Scotland did not share a homogenous pattern of life courses. He argues also that the concept of disability was corresponding to one’s ability to work and support oneself, which implies a more economic than medical character. However, Hutchison concludes that the individual experiences of disabled people portray one common denominator: they were all regarded by society as someone “other”, which impacted their lives, hopes and dreams in a marginalizing way.

One of the latest disability history contributions is Sofie De Veirman’s thesis from 2015. She explores deaf people’s experiences in East Flanders during the period 1750 to 1950 from a life-course perspective. Her study shows that deafness could render people vulnerable and exclude them from society, mainly depending on individual and contextual circumstances. For instance, they experienced decreased options in both marriage and on the labor market. De Veirman used various advanced statistical analyses in her work, similar to those conducted in this thesis, and it is very interesting to compare her results with those of the present study.

2.1.2 Disability history research in a Nordic context

Eva Simonsen has conducted an overview of disability research from a Scandinavian point of view. The Scandinavian welfare system has often been seen as different from what exists in the rest of the Western world, but Simonsen finds that there is broad consensus between Nordic and international disability research. The historical, political and cultural differences that nonetheless are visible need to be researched in comparative studies. According to Simonsen, research has unfortunately focused too much on the work of pioneers and on institutions for the

disabled.\textsuperscript{31} She concludes that disability history has moved from being about specific disabilities, such as blindness and deafness, to a more analytical and complex approach focusing on the social processes of categorization, professionalization and the influence politics have on disabled people. Being disabled concerns not only the disabled identity and social phenomena; it also involves power and access to material resources. It is therefore important to conduct comparative studies and place them in an international historical context, to find new theoretical perspectives and patterns. Simonsen further argues that, from an academic point of view, an interesting and promising new research field involving disabled people has developed, which can show the mechanisms behind not only their marginalization and social exclusion, but also their inclusion in society.\textsuperscript{32}

In Sweden disabled people’s history has been highlighted in a number of publications, such as the historical thesis \textit{Att leva som lytt} by Ingrid Olsson (1999).\textsuperscript{33} She explored disabled people’s living conditions in nineteenth-century Linköping, a town in the southern half of Sweden. Her aim was to reconstruct these people’s life paths based on the traces they have left in the archives. By clarifying this group’s living conditions, Olsson argues that her research can contribute to revealing the attitudes towards the socially deviant that are also present in our own society today. She made use of parish registers to study the disabled as a collective group, but also took into consideration individual circumstances and social attempts from society. According to Olsson, the lives of disabled people have been a hidden history, a fate they share with other marginalized groups in society. Nevertheless, they were not all invisible. Olsson argues that there were many disabled people who worked for their livelihood in Linköping, but most of them remained unmarried and childless. For instance, a great proportion of crippled men worked as craftsmen, but were excluded from more qualified occupations. The degree to which the disabled individuals in Linköping participated in society depended largely on how severe their impairments were. For example, feeble-minded persons were institutionalized to a high degree. Olsson also describes that there were various medical improvements and


\textsuperscript{32} Simonsen, "Disability History in Scandinavia," 143 and 149-151.

\textsuperscript{33} Olsson, Ingrid, "Att leva som lytt. Handikappades levnadsvillkor i 1800-talets Linköping," (PhD Diss., Linköping University, 1999).
contributions by authorities and the Church to help disabled people. Olsson’s study and the present work share many similarities, but the present work covers different geographical environments while Olsson’s study covers mainly urban residences; furthermore, this work comprises a larger geographical region of urban, industrial, and rural areas. Different time limits are applied, with this work addressing a shorter time span compared to Olsson’s, but with a more extensive research area, which made it possible to cover an adequate number of disabled people in order to explore life courses over time. This work also uses other statistical methods to answer more holistic demographic research questions.

Claes G. Olsson published his thesis in 2010, comprising studies on society’s perceptions of disabled people from 1750 to 1930 from an ethnological point of view. He used articles published by the Royal Swedish Academy as his main source to establish a picture of disabled people’s living conditions. With his approach, Olsson identifies ideas about disabled people, and practices and concepts of normality that predominated in the past in Sweden. He further uncovers histories about disabled people’s lives, with a special focus on the blind and deaf. Olsson concludes that the attitudes towards disabled people he found in both scientific and public discourses in the eighteenth century were also traceable in the 1930s. People put their trust in scientific explanations, folklore beliefs, and religious explanations when it came to the concept of disability.

Another researcher with an interest in disabled people is historian Staffan Förhammar. In his thesis (1991), he explored deaf people’s possibilities to get an education and their political implications in Sweden during the nineteenth century. He argues that people’s working abilities and their possibilities to contribute to society were central questions for politicians during that time. The goal was that disabled people should support themselves in order to decrease the cost to society. In his overview of previous research, Förhammar concludes that before the 1990s disabled people and their living conditions were not a topic of great interest in academic studies; thus, his study and those that followed

It are important contributions to the field. Together with historian Marie C. Nelson, Förhammar has edited a publication on how disability history was researched in Sweden until the 2000s, and in relation to international work. According to them, disability history was then approaching a turning point, from a focus on medicine, rehabilitation and pedagogical improvements to new perspectives concerned with the consequences of disability, both on an individual level and regarding the impact of the time the individual lives in. Important questions to answer involve power and access to material resources. Their work covers the contextual frames of the medical developments, pedagogical improvements, and the onset of industrialization, urbanization and secularization.

Historian Anita Pärsson studied the education of deaf children during the period 1889-1971, aiming to analyze the development of the educational systems for both deaf and blind people, and deaf people’s role in society. She argues that deaf people’s possibility to get an education emancipated them and that they developed their own identities and felt more integrated into the hearing world, both at work and in social contacts. These positive changes for the deaf took place in the contextual frame of the political, economic and social improvements in Sweden that were enacted beginning in the 1880s.

One of the latest contributions to disability history is Utanförskapets historia – om funktionsnedsättning och funktionshinder, an anthology covering the disability history research front in a Swedish context. In the book, the chair of the disability history association concludes that research in this field in Sweden needs more studies covering structural and societal issues, as well as accessibility and participation in social life for disabled people. Other studies contributing to Swedish disability history are used in the present work to complement the contextual environment disabled people have lived in, and are discussed later in this thesis.

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2.1.3 Blind and deaf people in the past

From ancient times in folklore beliefs disabled children were seen as a punishment by God, a consequence of one or both of the parents having sinned. They were seen as incomplete individuals and unwanted in society. Thus, disabled children were sometimes killed or left in the forest to die. Nevertheless, differences between various groups of disabled people gradually developed, with the blind generally being held in higher esteem than other disabled people. In the Middle Ages negative attitudes towards the disabled decreased slightly, and institutions dedicated to caring for disabled people were established. Yet, blind people had a special position among the disabled, since it was seen as a higher Christian deed to help the blind. For instance, hospitals and monasteries were expected to care for the poor and the sick, and blind people were included among them.

Deafness was more difficult for past societies to understand. Deaf people could not hear and sometimes could not speak, but usually showed no visible dysfunction, so the general belief was that deafness and muteness had the same origin, which led to the conclusion that if one of these two disabilities was dysfunctional the other one also was. This is likely why past societies used the concept *deaf mute* for this kind of disability. Another unfortunate misunderstanding, originating from ancient times, was the idea that deaf people lacked common sense. As expressed by sociologist Paul C. Higgins:

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43 e.g. Pärsson, "Dövas utbildning i Sverige 1889-1971," 53.

44 Kretschmer, *De blinda historia*: 33-38.


Thinking cannot develop without language. Language, in turn, cannot develop without speech...Speech cannot develop without hearing. Therefore, those who cannot hear cannot think. Consequently, those lacking the ability to hear and/or speak could not develop a fully functional intellect. This perception persisted during the first centuries AD, even if the attitudes towards the deaf and other disabled people gradually became less negative. However, the opinion was that they could not benefit from education since they could not hear God’s words and, consequently, could not experience faith. Nevertheless, there were some early attempts to educate deaf people; for instance, some of the monks in the monasteries taught deaf people using signs.

The ancient beliefs that impairments were a punishment from God, and that disabled children were possibly possessed by devils, still existed among people in the eighteenth century. Influence from the Church came to slightly undermine such thoughts, and it became more uncommon to neglect disabled children or deliberately allow them to die. During the eighteenth century, knowledge about deafness developed and medical experts came to believe that no one lacked all their hearing capacity. They performed surgical operations and/or trained the deaf to achieve better hearing. In Sweden, the antiquated idea that deaf people were unable to understand the meaning of Christianity disappeared during the nineteenth century. Additionally, philanthropic institutions worked to teach the deaf to support themselves and thus better adapt to society. Blind people were still held in higher esteem than the deaf, since they managed their catechetical examinations better than deaf people did and could thus become good Christians. Also in this century, medical practitioners began arguing that there were

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53 Pärsson, "Dövas utbildning i Sverige 1889-1971," 52. At catechetical examinations, the parish minister checked on a yearly basis whether his parishioners were good Christians and could read the Bible. More about these examinations in Chapter 4.
possibilities to prevent hearing impairments, or at least decrease their prevalence, by curing ear disorders.\textsuperscript{54}

Like in most other countries, in Sweden the blind and the deaf constituted the group of disabled people to first be addressed in new ideas about education, in the hopes that this would lead to work and opportunities for them to make their own livelihood. Already in 1808, a school for blind and deaf children was established in Stockholm.\textsuperscript{55} According to the Royal Ordinance of compulsory elementary school from 1842, \textit{Folkskolestadgan}, all children in Sweden were obliged to attend an elementary school, established in every parish. Despite the regulation, these schools were not accessible for disabled children. Nevertheless, as mentioned above, blind and deaf children had some opportunities to attend special schools. In 1889 it became compulsory for the authorities to offer disabled children an education as well.\textsuperscript{56} At the special schools or educational institutes for the blind, students had different degrees of visual impairments.\textsuperscript{57} The Royal Ordinance of 1878 and a law from 1896 regulated the management of the school for the blind, stating that the education was meant not only for completely blind pupils but also those whose ability to see was so weakened that they could not participate in the lessons at mainstream elementary schools.\textsuperscript{58}

\section*{2.1.4 Crippled people in the past}

Physical impairments cover both congenital deformities or those caused later in life, for instance decreased physical ability due to accident or disease. The earliest images of deformed bodies are found in Stone-Age cave drawings, showing mysterious and marvelous bodies. The scientists from ancient time called them “monsters”.\textsuperscript{59} From the Middle Ages and onward legends of deformed people, “monsters”, were spread among

\textsuperscript{54} Pärsson, "Dövas utbildning i Sverige 1889-1971," 49; Förhammar, \textit{Från törande till närande}: 88.
\textsuperscript{55} Andersson, \textit{Myter i dagsljus}: 48-49.
\textsuperscript{57} Olsson, "Omsorg & Kontroll," 193-196.
people. Later, in the late nineteenth century, so-called “freak shows” were held, where people with deformities such as giants, dwarves and Siamese twins, signifying the unusual body, were put on display for public amusement. An old folkloristic explanation for congenital deformities was that the mother must have done something wrong during her pregnancy. She might also have had nightmares or seen something frightening or outrageous, which would have impacted the development of the fetus. Contagious illnesses that could cause deformities and/or disabilities included smallpox, tuberculosis and polio. Smallpox, raging mainly during the eighteenth century, killed almost 300,000 people in Sweden between 1750 and 1800. The prevalence of the disease decreased during the nineteenth century, thanks to the gradually increasing use of the vaccine invented by British medical practitioner Edward Jenner in 1798. For those who survived a smallpox infection, the most common complication was a disfigured face due to pockmarks. Historian Peter Sköld has found that those who were pockmarked were stigmatized, for instance on the marriage market, as physical appearance had a great influence on the attraction between people when seeking a partner to marry. Pockmarks are probably the most well-known consequence of smallpox, but those who are infected can also have other physical, as well as mental, complications. Blindness, eye complications, limb deformities and problems with the gastrointestinal and nervous systems were common consequences of the disease, as were respiratory deficiencies.

Tuberculosis is another important disease that could cause disability, and was most prevalent in the Western world during the nineteenth and

64 Bengtsson Levin and Nelson, "Orsaker till funktionshinder och deras förändring över tid," 110.
65 Sköld, "The Two Faces of Smallpox," 207.
twentieth centuries. This disease is mostly dependent on the environment. The combination of malnutrition, overcrowding and poverty were the perfect conditions for infection to spread; thus, the negative effects of early industrialization as well as urbanization are often used to explain the high mortality and morbidity in society during this time.\textsuperscript{68} Physicians had long suspected that the infection was contagious, and in 1882 Robert Koch found the tubercle bacillus; this soon gained the attention of physicians and authorities. Motivated by this, sanatoriums were established in Sweden on high hills and in forests.\textsuperscript{69} Pulmonary tuberculosis was the most common form of the disease, and in Sweden about 70-80 percent of all cases of tuberculosis were of this type. Other forms could be in the lymph nodes, or the skin, bones or limbs, and could all result in lifelong disabilities.\textsuperscript{70} Polio, on the other hand, is caused by a virus manifested as the inflammation and destruction of nerve cells, which results in weakness and paralysis in the muscles in the arms, legs or trunk. It can also be lethal if the muscles and nerves controlling a person’s breathing are affected.\textsuperscript{71} Before John Salk’s invention of the polio vaccine, epidemics of the disease infected people in the late summer and fall, and it was generally mostly children who were affected. The first polio epidemic in Sweden came in the late nineteenth century, and another occurred during the early twentieth century.\textsuperscript{72} The virus paralyzed the body, and since children were those most commonly affected, the disease was often called infantile paralysis (barnförlamning). The paralysis could be permanent or transient, but was disabling in both cases. If it affected the respiratory organs, it could also be lethal.\textsuperscript{73} The general idea regarding individuals suffering from polio was that the virus affected not only the muscles but also the intellect, so that the illness not only gave rise to physical dysfunctions but also led to social consequences.\textsuperscript{74}


\textsuperscript{69} Puranen, "Tuberkulos," 76-77.

\textsuperscript{70} Bengtsson Levin and Nelson, "Orsaker till funktionshinder och deras förändring över tid," 113.

\textsuperscript{71} Bengtsson Levin and Nelson, "Orsaker till funktionshinder och deras förändring över tid," 114.

\textsuperscript{72} Axelsson, Per, "Do not eat those apples; they’ve been on the ground!: Polio epidemics and preventive measures, Sweden 1880s-1940s," Asclepio Revista de Historia de la Medicina y de la Ciencia LXI, no. 1 (2009): 24-25.

\textsuperscript{73} Axelsson, Per, "Polioepidemier och postpolio" in Utanförskapets historia - om funktionsnedättning och funktionsbilder, ed. Kristina Engwall and Stig Larsson (Lund: Studentlitteratur, 2012), 73-74.

\textsuperscript{74} Axelsson, "Polioepidemier och postpolio," 79-80.
Physical disabilities could also be caused by external violence or accidents. For instance, frostbite, burns, crush and fall injuries, and scalding were common accidents reported beginning in the mid-eighteenth century. Poisoning, by accident or self-inflicted, was also common, and could result in lifelong disabilities if the person survived. The onset of industrialization gave rise to further types of accidents, such as the lung disease silicosis and poisoning from arsenic and mercury, but also accidents related to the rough and sometimes dangerous environment predominant in factories. In the late nineteenth century, a philanthropic initiative began in order to support those who were crippled (lytta och vanföra). One of these initiatives involved a school where cripples learned handicrafts so that they could hopefully become self-supporting.

2.1.5 Mentally disabled people in the past

In ancient societies, people suffering from mental illness were treated as if they were possessed by the devil or by enemies to society. However, people labeled mad could also be seen as divine and were therefore treated with indulgence. Their treatment varied greatly, from calm talks with those who were ill to more violent treatments. The mentally ill were commonly cared for by their relatives in their own homes, but if this was not possible some cities maintained prisonlike buildings to house the sick. During the Age of Enlightenment, however, the general view of mental illness began to gradually change. Now, it was believed that mental deficiencies originated from the body itself. The human body was a machine that could be fixed if it was “broken”. Stiker points out that the medicalization of mental illness began with Ambroise Paré (1517-1590), called the “father of modern surgery”, who is most remembered for his developments in the field of surgery. Paré stated that mental illness must have material causes, since it was possible to inherit it. With this view he eradicated the idea of demonology, and the medicalization progress began.

75 Bengtsson Levin and Nelson, "Orsaker till funktionshinder och deras förändring över tid," 115-117.
76 Holme, Konsten att göra barn raka: 107-108.
78 Nilsson and Peterson, Medicins idéhistoria: 129.
In his work on the history of madness, Foucault argues that, in the past, mental care was an instrument for society to normalize and discipline mentally ill individuals. He suggests that in the middle of the seventeenth century a major turn occurred between the ideas of reason and unreason, and concludes that a modern human being could not communicate with a “mad” person. This led to “mad” people – such as beggars, criminals, vagrants, the unemployed and prostitutes – being institutionalized in hospitals and separated from society. This practice and attitude introduced the idea in seventeenth-century society that the mentally ill were unwanted, and should be kept out of sight through confinement. Foucault further argues that individuals regarded as insane were defined as being equal to the unreasonable, and that their institutionalization was seen as common social practice. However, the “insane” were not defined as sick, so there was no intention to try to cure them at these institutions.

Foucault further found that the treatment at these institutions came to have a greater element of morality during the nineteenth century, characterized by the idea that mentally ill people could be raised and transformed into good citizens. Medical staff, especially doctors, were seen as fathers or gods, with great power in morality issues, and as guards rather than medical scientists. This view profoundly influenced the field of psychiatry at the expense of its medical ground, according to Foucault. His critique of the civilization processes in society came to have a great impact on research in the humanities and has inspired researchers in the history of psychiatry, often called the revisionist approach. Today, researchers on the history of psychiatry have more or less turned away from the revisionist approach to take on more unpolitical and nuanced perspectives, arguing for the need to highlight the daily interactions between local society and the mentally ill, to reveal society’s attitudes towards deviants. The local context for insane persons, including social networks such as family, neighbors and local authorities, came to play an important role in institutionalization processes. The post-Foucauldian, or post-revisionist, tradition is now a vivid research

80 Foucault, Vansinnet Historia under den klassiska epoken; Riving, Icke som en annan människa: 17-18.
81 Foucault, Vansinnet Historia under den klassiska epoken: e.g. 92-97.
84 Riving, Icke som en annan människa: 18.
85 Riving, Icke som en annan människa: 19.
field, especially in the history of psychiatry where many works have been produced, such as the thesis by historian Cecilia Riving (2008). She argues that during the latter half of the nineteenth century the interplay between local society and the social network of those recognized as mentally ill played a major role in when and whether they should be diagnosed and/or institutionalized. As early as 1863, Gustaf Kjellberg wrote a thesis covering the classification of mental illnesses. He begins the thesis by stating that the treatment of the insane at the beginning of the nineteenth century was violent and heartless. He further argues that in the 1860s the care had become more humane and that the insane were now treated without disgust. Historian Eva Eggeby, who explored the insane people admitted to Danvikens hospital in Sweden, argues that between 1750 and 1860 physicians did not separate those deemed insane into categories; they were all treated as a single group. Later, medical superintendent Carl Ulrik Sondén at Danvikens hospital published in an article that “idiots” (so-called sinnesslöa) should be separated from those who were insane (so-called sinnessvaga). This division of these concepts will discussed be more clearly in the categorization in Chapter 6, of this thesis.

The discussion on the care of mentally ill individuals progressed throughout the latter part of the nineteenth century, and continues today. The idea that people recognized as idiots or insane should make their own livelihood persisted well into the late nineteenth century, and children who were seen as educable were sent to schools to learn basic tasks. The thought was to protect them from the dangerous and uncomprehending society, and give them an education for more practical occupations. Eventually, authorities realized that it was not possible for all mentally disabled people to accumulate the knowledge needed to be able to support themselves, so caring homes were established for those who were deemed uneducable. The education for those regarded as educable continued, and was integrated into elementary school as late as the 1960s; by 1985 these pupils were completely integrated in elementary school, with shared rules and regulations.

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87 Kjellberg, Gustaf, "Om sinnessjukdomarnes stadier. Utkast till en psychiatrisk diagnostik," (PhD Diss., Uppsala University, 1863), 1.
88 Sondén, Carl Ulrik, "Om Idioters uppföstran och undervisning," *Hygiea*, no. 5 (1857).
89 Engwall, "'Asociala och imbécilla'," 38-39.
2.2 Previous mortality research

This section discusses previous research within the demographic theme of mortality. The mortality fluctuations during the eighteenth and nineteenth centuries have been examined by many researchers, especially in the Western world, in studies based on both the macro and the micro level. The mortality decline during the demographic transition has been particularly explored. The first sub-section in this section, discussing mortality fluctuations from an international perspective, is followed by a national overview. The last sub-section discusses mortality and disability.

2.2.1 Mortality in an international perspective

The demographic transition is a model that describes that high mortality, high fertility and low population growth have gradually been replaced by low mortality, low fertility and high population growth.91 The mortality patterns have varied across space and time contexts, and also among different ages and genders. Economic and social conditions, but also disability and sicknesses, have played important roles in the individual life course and when death occurred.92 One of the classic works in this field was conducted by epidemiologist Abdel R. Omran in 1971, in which he outlined the epidemiological transition to explain the mortality and morbidity variations in the Western world.93 This transition describes how the health and disease pattern interacts with demographic,

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economic and societal changes. Omran stipulates three stages concerning mortality and morbidity, whereby the first – *The Age of Pestilence and Famine* – was when mortality was high and fluctuating. Population growth was thus small. During this stage, deaths were mainly caused by epidemics of infectious diseases, famines and malnutrition, or wars. Life expectancy was 20-40 years. The second stage – *The Age of Receding Pandemics* – covers the time when mortality gradually decreased, mainly due to lower frequencies of, and less powerful, epidemics. Thus, life expectancy gradually increased and the population grew. In the third and final stage – *The Age of Degenerative and Man-Made Diseases* – mortality continues to decrease and the causes of death are more chronic diseases caused by how we live and eat, such as cardiovascular disease and diabetes. In this stage, life expectancy is over 70 years. Another classic work on the mortality decline was conducted by Thomas McKeown. In *The Modern Rise of Population* from 1976, he argued that the decreasing mortality and the growth of the population during the industrialization era could mainly be explained by better nutrition. Better food and increased access to it made the human body more resistant to infectious diseases. In a more recent study, Roderick Floud and colleagues agree with the nutrition explanation, and also argue that humans have become both stronger and healthier over the centuries, with higher reproduction capacities, due to improving diets. Further, they say that if one generation achieves better health the next generation will as well.

How to explain the mortality decline has thus been extensively debated. Omran explained it with changes in morbidity – from infectious to chronic diseases – and McKeown and others with better nutrition. Many of today’s scholars contend that the increasing life expectancy and decline in mortality during the nineteenth century were related to improved living conditions such as better diet for the lower classes in

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society, thanks to the introduction of new crops such as potatoes and corn, as well as to improvements to the sanitary and water systems in towns, which made urban areas less unhealthy to live in.⁹⁸

A more global study of mortality variations has been conducted by James Z. Lee with colleagues, who explored the mortality and living standards in Europe and Asia between 1700 and 1900. They show that mortality was highly dependent on a complex combination of determinants such as age, sex, socio-economic status (landowner or landless) and environmental context, for instance family constitution. Further, they conclude that choices regarding the distribution of the resources, made at the individual, household, community and state levels, highly affected the mortality risks as well as individual opportunities to find employments. Nevertheless, they also argue that all societies contained certain groups of people who were more vulnerable than others, for instance abandoned and orphaned children, the poor, and disabled or sick people.⁹⁹

### 2.2.2 Mortality patterns in Sweden

Mortality was of great concern for Swedish authorities in the eighteenth century, and population calculations began in 1749.¹⁰⁰ Compared to many other countries, this was remarkably early in time. The origin of the practice was the mercantilist ideas that dominated the debates in Europe and Sweden between 1650 and 1750, and began having a great impact around 1720.¹⁰¹ Previous wars had been devastating to the Swedish population, with a great loss of manpower. The national authorities realized it was important for a society to have a large working population to produce all necessary goods within a country and limit its


⁹⁹ Lee et al., "New Malthusian Perspectives," 19-20.

¹⁰⁰ Tabellverket later changed its name to Statistics Sweden. See e.g. Sköld, Peter, Kunskap och kontroll. Den svenska befolkningsstatistikens historia (Stockholm: Almqvist & Wicksell International, 2001).

import. To increase the population, they encouraged an expansion of immigration and propagated increased nativity. This first phase saw no signs of efforts to encourage health services for the existing population to survive to a greater extent. However, in Parliament in the 1750s the College of Physicians in Sweden discussed how many lives had been lost as a result of the epidemics that had raged in the country, such as smallpox and measles. This emphasized an increasing concern to decrease Sweden’s death rates. It was this increasing awareness of demographic issues that led to the establishment of Tabellverket, the Tabular Commission, in 1749. The death rates were of the most interest to this new commission, explicitly the number of inhabitants who died each year and why.

The cause-of-death statistics were further elaborated on in a Royal Ordinance in 1860. From around 1750 the Swedish authorities began noting the scarcity of medical practitioners, and that the distances between them were great. Another problem was that they were unwilling to care for poor people, who could not pay for their treatment. People had to turn to local barber surgeons, bonesetters or old, wise people. The improvements aiming to strengthen the health of the population came slowly over the next decades, with education for medical practitioners and the first hospital dedicated to cure the sick established in 1752. The awareness among nineteenth-century authorities and physicians laid the foundation for other improvements later in the century, concerning personal hygiene and health, with expansions of, for instance, water supply and sewage systems. Historian Hans Nilsson


103 Johannisson, "Why Cure the Sick?,” 323-324.


106 Johannisson, "Why Cure the Sick?,” 327-328.

107 Johannisson, "Why Cure the Sick?,” 329.

has explored the improvements in health issues and mortality rates in Linköping for the period 1860 to 1894. He concludes that, even though large health improvements were made in the 1870s, the mortality decline did not begin until after the turn of the century. Nevertheless, an important improvement was the establishment of a Royal Ordinance in 1874 (Hälsovårdsstadgan) considering health issues in the cities, and a new public health committee (Hälsovårdsnämnden). However, the countryside would have to wait for the same kind of improvements.\(^\text{109}\)

Sweden witnessed a huge population growth from the mid-eighteenth century. In 1750 there were 1.8 million people in the country, a figure that had increased to 2.3 million by 1800 and to 5.1 million by the turn of the nineteenth century. Sweden’s mortality decline started in the 1810s, while the fertility decline began in the 1880s. Nevertheless, the mortality decline did not start simultaneously in all age groups. It began with decreasing infant mortality in the 1810s and was followed gradually by lower child mortality, while the adult mortality did not start decreasing until the 1850s.\(^\text{110}\)

Historian Sam Willner, exploring the relationships between gender and adult mortality in Sweden during the nineteenth century, shows that women on average lived longer than men.\(^\text{111}\) This fact was difficult for people to understand in the eighteenth and nineteenth centuries, since they saw the female body as the weaker one.\(^\text{112}\) The higher male mortality is often regarded to be caused by biological or genetic differences in the sexes in favor of females. But social circumstances, like the factories established during industrialization, also often had rough and dirty working conditions. Men were also perceived as having a more disorderly life, with high consumption of alcohol, which was cited as also causing the excess in male mortality.\(^\text{113}\) This higher male mortality

\(^{111}\) Willner, Sam, "Det svaga könet? Kön och vuxendödlighet i 1800-talets Sverige," (PhD Diss., Linköping University, 1999), 283.
continued during the nineteenth century, but the gap between the genders gradually decreased.\textsuperscript{114} Willner concludes that there is no isolated determinant that explains the gender differences in mortality. Instead, they are caused by a complex interaction of numerous structural factors and social contexts, such as biological differences between the sexes and socio-economic circumstances, as well as the cultural and gendered expectations in society. This complexity is found on both an individual and a group level, depending on factors such as man/woman, married/unmarried, old/young, urban/rural residence, and low/high socio-economic status. Nevertheless, Willner did not find that welfare factors could explain the gender differences during the nineteenth century.\textsuperscript{115}

Other studies of mortality in Sweden include, for example, the one by historian Sören Edvinsson, whose thesis explored social differences and mortality in Sundsvall during the nineteenth century. He concludes that the mortality decline was due to cultural factors such as lifestyle and attitudes in society instead of socio-economic differences. Industrialization, urbanization, and sanitary improvements had an influence mainly on the mortality among children aged 1-14 years. The sanitary improvements during the latter part of the nineteenth century did not affect mortality instantly; it was not until the 1880s and 1890s that this began to bring about a decline in mortality.\textsuperscript{116}

A more recent study considering mortality issues is the thesis by economic historian Luciana Quaranta. She explored how early life conditions, such as insufficient nutrition in the fetal stage and exposure to disease in infant years, impacted health during an individual’s life course, manifested in socio-economic status, reproduction and mortality.\textsuperscript{117} Her study was set in Scania, in southern Sweden, during the period 1813-1968. Quaranta found, for instance, that disease in early life affected a person’s longevity to a higher degree than did socio-economic

\textsuperscript{114} Willner, "Det svaga könet?," 9-10.
\textsuperscript{115} Willner, "Det svaga könet?," 297.
status at birth or poor nutrition. For women, exposure to diseases like whooping cough early in life not only affected their own reproduction, but also affected the reproduction in later generations.\textsuperscript{118} Quaranta’s work and the first paper of this study are similar in that they both explore the consequences on survival when difficulties interfere with human life.\textsuperscript{119}

\subsection*{2.2.3 Mortality and disability}

While many researchers have explored the mortality patterns in different countries with regard to social inequalities, few have addressed mortality questions when it comes to disabled people, as the present study does. However, in her thesis Olsson (1999) presents some mortality results among disabled individuals in nineteenth-century Linköping. She finds that the life expectancy among disabled women was higher than among disabled men. This corresponds to the general pattern found among the nineteenth-century population in Sweden. Of Olsson’s 234 individuals with disabilities, the expected longevity of a 15-year-old young man was 38 years and for a disabled young woman 48 years. This is indeed lower for men than the national average, whereby a 15-year-old man was expected to live to 41-45 years of age, while among women this figure was 45-48 years.\textsuperscript{120} Olsson shows that the life expectancy for disabled men was lower than for their non-disabled counterparts, while the life expectancy for women was almost the same, disabled or not. She explains the lower expected longevity among disabled men as being caused by the urban environment in Linköping that impacted men negatively.\textsuperscript{121} In a recent study, De Veirman examines the life courses of deaf people in Flanders, Belgium, during the period 1750-1950. Comparing the deaf individuals with their hearing siblings, she finds that the impairment did not seem to impact their survival chances.\textsuperscript{122} De Veirman argues, however, that the presence of a disability could influence an individual’s health and thus impact his or her mortality. The present study shows that disability substantially increased individuals’

\textsuperscript{118} Quaranta, "Scarred for Life," 118 and 193.
\textsuperscript{120} Olsson, "Att leva som lytt," 184-187.
\textsuperscript{121} Olsson, "Att leva som lytt," 184-187.
\textsuperscript{122} De Veirman, "Breaking the Silence," 526-534.
risk of experiencing an untimely death. These findings are further discussed in Paper I.

2.3 Previous research on marriage patterns

This section discusses marriage patterns, particularly in nineteenth-century Sweden. To explore the relation of these patterns to international ones, a brief overview of previous international marriage research will open this section. The latter part of this section includes an overview of regulations on marriage in Sweden. The possibility for disabled people to marry is addressed in the next sub-section, followed by a discussion of partner selection for those disabled men and women who actually did marry.

2.3.1 Marriage patterns – international and national perspectives

In 1965, John Hajnal presented a landmark paper in which he identified two different marriage patterns in Europe around 1900. The two patterns were geographically separated with an imaginary line, from St. Petersburg in the north to Trieste in the south. High marriage ages and a great proportion of people who never married characterized the western side of this line, while the eastern side displayed lower marriage ages and a lower number of people who never married. Hajnal explained these differences as being due to different household types.\textsuperscript{123} He confirmed his theory in 1983, presenting a model comprising two types of pre-industrial family formation systems. He called the household type that dominated the northwestern parts of Europe the \textit{simple household system} while the \textit{joint-family household system} was widespread elsewhere, particularly in Eastern Europe and the Balkans.\textsuperscript{124} Hajnal’s work still impacts and inspires researchers to elaborate and revise this theory.\textsuperscript{125}


Historian Beatrice Moring agrees with Hajnal’s model of a Western European marriage pattern, which she finds fits rather well for the Nordic countries, concerning the lifecycle servant system and the high ages at marriage. Moring argues, however, that other parts of the model are too general for the Nordic contexts, as geographical location and the possession of land impacted the household structure. She concludes that, for the Nordic countries in the past, people’s main goal was to seek opportunities to support themselves and to secure their future by producing offspring, rather than to create the nuclear household of the twentieth-century model. Although the present work does not include studies of family formation systems, it is important to keep in mind that the prevailing system of family formation had effects on individuals’ marriage chances as well as their age at first marriage.

Historian Christer Lundh, who has studied marriage patterns in a past Swedish context, argues that they mirror many of the characteristics Hajnal outlined for Western Europe. The most common family formation was the so-called nuclear family, consisting of one married couple and their children, which relates to the Western family formation system. Consequently, so-called joint households with more than one married couple were unusual, mainly because spouses tended to marry rather late in life after the parental generation had died or moved away from the farm to live on retirement contracts. The formation of a nuclear family depends on the establishment of a separate household, and will thus cost more than joining the household of the married couple’s family, as in the joint family system. In the former family


formation, the future husband and wife had to gather enough material resources before they could marry. The prevailing nineteenth-century lifecycle servant system in Sweden was an important incorporated part in the agricultural context, whereby young men and women took positions as farmhands and maidservants outside their parental homes to gather enough savings, capital and/or property to be able to establish a self-sufficient household. As for Western Europe as a whole, historical demographers usually agree that nineteenth-century couples did not marry until they had obtained material resources. Historian David S. Reher, for instance, argues that the timing of marriage was due firstly to the social and economic context, and secondly to proximate determinants. In the former he includes the demographic regime, economic factors and cultural constraints, while the proximate determinants cover the availability of a spouse as well as the social and economic ability to marry.

In numbers, Lundh has presented a Swedish marriage pattern based on official statistics provided by Statistics Sweden. Marriage data, by gender, age and marital status, began being collected in 1861 and, according to Lundh’s calculations, the mean age at marriage in Sweden in the 1860s was 28.8 years for men and 27.1 years for women. The average age at marriage for men remained virtually the same until the turn of the century in 1900, while for women it slightly decreased. Estimations of marital ages prior to 1861 have been made by Lundh and other scholars using two methods, the first of which is called family reconstitution and the second covering analyses of the “singulate mean age at first


129 Reher, "Marriage Patterns in Spain, 1887-1930," Fig. 5 on page 18.

marriage” (SMAFM). Lundh argues that even if the two methods give divergent results, the marriage pattern in Sweden likely paralleled Hajnal’s outlined pattern for Western Europe. Consequently, the general age at first marriage probably also increased in Sweden between 1750 and 1900.

**2.3.2 Institutional barriers to marriage**

In marriage regulations in the seventeenth and eighteenth centuries, a young age of the spouses and kinship prevented marriage. From 1734, it was stipulated that the minimum age for marriage was 20 for men and 15 for women, and in the nineteenth century this changed to 21 years for men and 17 years for women. The Swedish Church Law of 1686 was the first to state any other impediments for marriage; unfortunately, however, it was unclear, merely prescribing that individuals with incurable and contagious diseases were not permitted to marry. It was not until the Law of Impediment for Marriage from 1757 that it was more precisely stated that if an individual suffered from epilepsy or idiocy, this constituted an impediment to marriage. The common practice in Sweden during the nineteenth century was that primarily those with mental deficiencies (*sinnessjuk* and *sinnesslö*) or those suffering from epilepsy were not allowed to marry. The purpose of this law was likely that authorities wanted to eradicate illnesses like “falling sickness” (epilepsy). Individuals suffering from these impairments/illnesses thus became increasingly recognized as undesired in society.

Historian Ingrid Markussen argues that the preparations for confirmation in the Church constituted yet another institutional obstacle that prevented young individuals from marrying in past centuries. When it became common to participate in the preparation for confirmation in the Church during the eighteenth century, a general practice was established regarding marriage, entailing that both spouses must have passed confirmation before marrying. For some disabled young men and

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131 SMAFM, presented by Hajnal in the 1950s, is an approximate measure of when the first marriage occurred in men and women’s lives. See also Lundh, "The Geography of Marriage," 321-323.
134 Hafström, *Den svenska familjerättens historia* 32-33.
135 Olsson, "Att leva som lytt," 119.
women, the chances to pass confirmation were most likely limited, due to their inability to read, speak and understand the meaning of the Bible, for instance if they were blind, deaf mute, or suffered from certain mental dysfunctions, resulting in their not being permitted to marry.\textsuperscript{136} According to Markussen, only young individuals who achieved confirmation were seen as “normal” citizens by adults and society.\textsuperscript{137} The situation improved in the latter half of the nineteenth century, however, as Swedish law was reformed in 1880; from this point on, civil marriage was legal. Now, even if the spouses had not been baptized or confirmed, they could marry.\textsuperscript{138}

2.3.3 Realizing marriage from a disability perspective

As discussed above, the gathering of sufficient material resources before marriage was a prerequisite for most young people in nineteenth-century society. Previous research has shown that this could be a particular barrier for people with disabilities, if these disabilities had a negative impact on their ability to find employment and possibly earn their own livelihood.\textsuperscript{139} Sociologist Colin Barnes and disability researcher Michael Oliver argue that the onset of industrialization created a more troublesome situation for disabled individuals than during pre-industrial times. In eighteenth-century England, unemployment and poverty broke out amongst this group when the pre-industrial agricultural and domestic occupations and production changed in favor of factory work and industrialized production outside the home. Since this shift in production made disabled people less able to cope with the new, growing economic system, their chances to fit into society became limited. Gradually, they became an increasing responsibility for society to take care of, and a growing concern for charitable and philanthropic organizations and/or various institutional solutions.\textsuperscript{140} Disabled people’s working opportunities in nineteenth-century Scotland have been explored by Hutchison, whose results show that the economic barriers

\begin{footnotes}
\item[137] Markussen, "Handikapp och äktenskapspolitik i Norden," 184-185.
\item[138] Hafström, \textit{Den svenska familjerättens historia}: 45.
\item[139] e.g. Olsson, "Att leva som lytt," 118-126; Barnes and Mercer, \textit{Exploring Disability}: 16-18; De Veirman et al., "Deaf and unwanted?,” 246-247.
\end{footnotes}
were crucial for disabled people, mainly involving problems finding an occupation and an income and thus the possibility to support themselves. Hutchison concludes that disabled people did not want to be treated differently than those without disabilities, and that they also wanted to be self-sufficient and eventually marry. Some of the marriages between a disabled person and a non-disabled spouse seem to have been due to economic conditions, with the disabled party needing the economic support of the non-disabled spouse. Interestingly, Hutchison finds married couples in which the man was disabled and enjoyed the economic support of the non-disabled wife.¹⁴¹

Authorities and politicians in nineteenth-century Sweden claimed that a proper education for individuals with disabilities would offer them opportunities to become decent and productive citizens. Disabled people were therefore increasingly encouraged to engage in work and/or education so that they could support themselves through employment.¹⁴²

In her study of individuals living with disabilities in nineteenth-century Linköping, Olsson argues that authorities only permitted disabled people to marry if they were able to provide for themselves. Furthermore, she finds that authorities worried about disabled people’s reproduction. The belief was that children could inherit the parent’s impairment, which would undermine the government’s intentions to generate a healthy population. Another fear was that disabled spouses and their offspring would constitute an economic burden to their relatives and/or their parish if they were unable to earn a livelihood.¹⁴³ The marital propensities disabled people are analyzed in study II of this thesis.¹⁴⁴

**2.3.4 Partner choice at marriage**

Partner selection is not only an important event for the spouses themselves but also of great concern for the family and society, both in the past and today. This time period in life has interested not only

¹⁴³ Olsson, "Att leva som lytt," 121 and 125-126.
historians but also ethnographers, sociologists and demographers.\textsuperscript{145} In Western societies during the nineteenth century, the years between childhood and marriage formed the specific period in life during which many young people got their first job and participated in courtship, which could result in marriage, after which the spouses were seen as full members of the adult sphere in society. Consequently, for many young people the time before marriage was a period of socializing, for instance by working together or attending dances.\textsuperscript{146}

For many families, choosing a so-called “right” partner was an important decision. Partner selection was ruled by several factors, for instance the economic interests of the parents and family according to family wealth and inheritance, but also socio-spatial factors such as networking and geographical residence. In the wealthier stratum the spouse should match the family’s social position and, as with a profitable choice, the family wealth could grow.\textsuperscript{147} There were also other circumstances in which a certain spouse was desirable, for instance a farmer looking for a daughter-in-law with a proper dowry, a minister marrying his precursor’s widow or daughter, or a journeyman (gesäll) marrying into the family of his master artisan (mästare).\textsuperscript{148} A classical work on family formation is \textit{The Making of The Modern Family} by historian Edward Shorter, in which he presents a theory that love gradually came to be the most important criterion in choosing a marriage partner during the nineteenth and twentieth centuries.\textsuperscript{149} Some studies have failed to confirm Shorter’s theory, however, as will be discussed below. Historian Josef Ehmer agrees with Shorter, that ideas of romanticism flourished during the nineteenth century in Western Europe, for instance in poetry and literature, and thus the interest factors for marriage were gradually replaced by individual concerns and love. However, Ehmer argues that legislation and policies in Europe were ruled by other ideals, and the authorities found it necessary to regulate marriage through laws to


protect the moral and legal order, instead of allowing the free choice of the spouses. With many European countries establishing laws around the constitution of marriage, this resulted in a politicization of marriage and the political debate as well. Ehmer further argues that during the nineteenth century the power relations between social strata impacted the choice of a marriage partner more strongly than individual choice or institutional concerns. These facts opened up for an important discourse, discussing, whether all people should be allowed to marry at all, or if it should be possible only for those who had reached a certain standard or had certain personal attributes.

However, in Sweden, like in many countries during the eighteenth century and the first half of the nineteenth century, women (except widows) did not have an age of majority (myndiga); this meant that they were under their father’s guardianship before marriage, and under their husband’s guardianship after marriage. Thus, a woman’s father (and mother) often decided who her future husband should be. In 1734 Swedish law prescribed, firstly, that young men and women should follow their parents’ wishes in marriage issues. Secondly, sons and daughters living in their parents’ household should obey their father; and thirdly, a self-supporting man who had reached the age of majority could more or less himself decide who to marry. The same praxis was common for adult daughters who were widows and able to support themselves, as they reached the age of majority through being widowed. All other daughters had to have their father’s permission. In 1863 the authorities decided that all unmarried women would automatically reach the age of majority at 25 years, but could apply to be placed under someone’s guardianship. However, even after 1863, if a woman then married she lost her majority and came under her husband’s guardianship. In 1884 unmarried women reached the age of majority at 21 years (the same age as for men), but the possibility to apply for guardianship did not disappear until 1921.

When studying partner selection for marriage, many scholars have focused their research on studies concerning endogamy and/or

exogamy. By *endogamy* they mean “within-group” marriages, such as when the spouses come from the same socio-economic stratum in society or the same geographic origin, or are of similar ages. *Exogamy* refers to the opposite.  

Economic historians Martin Dribe and Christer Lundh argue that inheritance, land transformation, kinship alliances, and occupational attainment constituted important factors favoring endogamy in the choice of marriage partner, which often rules over the marriage candidate’s attraction to any special person. This was common both in the upper classes and among peasants.  

Marriage endogamy by social origin has interested, for instance, sociologist Ineke Maas, who together with historian Marco H. D. van Leeuwen studied partner choices in six countries/provinces in Europe during the nineteenth century.  

Making use of the classification of occupations, HISCO, and ordering them into social strata according to HISCLASS, Maas and Leeuwen were able to compare the pattern of endogamy by social origin, but also exogamy in a good number of countries and provinces. The endogamy appears to have been the strongest in the rural stratum of the population, and decreased over time. The level of urbanization does not seem to affect either the pattern of relative endogamy or the exogamy counterpart.  

Dribe and Lundh also studied homogamy of social origin between spouses in five rural Scanian parishes in southern Sweden during the nineteenth century. They conclude that marital unions were not only a matter of love; financial circumstances were certainly also important, as there was a pronounced tendency of homogamy by social origin between spouses of the landowning stratum compared with the landless stratum. The farming families had more to risk if a son or daughter married downward in the socio-economic strata. Dribe and Lundh also found that homogamy was more evident in first marriages.

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156 Their study comprises the Netherlands (Zeeland), Sweden (Scanian parishes), France (rural and urban parts + Basque country), Belgium (urban and rural), Austria (Innichen), Norway (Rendalen), and Switzerland (Winterthur).

than remarriages. This result is likely related to lower parental control at remarriage and a larger sample of potential spouses at first marriage.\textsuperscript{158}

In a following study, Dribe and Lundh explored the choice of marriage partner based on intergenerational occupational mobility (classified according to HISCO and HISCLASS). They argue that occupational homogamy was present in rural Scania in Sweden during the nineteenth century, but that there were also indications of heterogamous marriages both upward as downward. Maas and van Leeuwen have also studied partner choices in the Sundsvall region in northern Sweden during the nineteenth century. They argue that, even if these parts of Sweden witnessed a huge economic transformation during the nineteenth century, parental control did not seem to decline during the time period and neither did the homogamy in partner choice. Neither did their findings support Shorter’s theory that growing romantic affection markedly influenced the choice of a marriage partner during the nineteenth century.\textsuperscript{159} Historian Denise Z. Davidson, exploring partner selection for marriage among bourgeois families in nineteenth-century France, concludes that property and lineage were the most important factors taken into consideration when parents/family chose a future spouse for a young man or woman. However, ideas that the marriage should also be based on affection and love between the future man and wife came to be more common during this century; but it was a kind of bourgeois love, whereby a young person was expected to feel affection for the person he or she was presented with.\textsuperscript{160}

Until now, the discussion has concerned love and socio-economic similarities among spouses, but another question is whether the spouses were homogenous in age. Sociologists Bart van de Putte and Koen Matthijs, studying age homogamy in marriages in Leuven, Belgium, during the nineteenth century, found tendencies of a cultural change there during the second half of the century. An increasing age homogamy was seen, and likely paralleling the decline in age at first marriage that occurred during the same period of time. The trend to marry someone of the same age is explained by van de Putte and Matthijs as indicating a higher influence of romantic love. This increase

\textsuperscript{158} Dribe and Lundh, "Finding the Right Partner," 149-150 and 175-176
\textsuperscript{159} van Leeuwen and Maas, "Partner Choice and Homogamy in the Nineteenth Century," 101 and 119.
was most evident in the cultural middle classes, while among the economic middle class and the lower classes the trend was not as clear. Sociologist Frans van Poppel with colleagues show results from the Netherlands that also reveal a decreasing age gap between spouses after about 1850.

Partner choice among deaf people in Belgium during the eighteenth and nineteenth centuries has been explored by historian Sofie De Veirman. She argues that discussions were held by the Belgian authorities from the 1860s onward regarding the inappropriateness of marriage between two deaf spouses. As far as into the mid-twentieth century, students at Belgian schools for the deaf testified that the schools prevented deaf boys and girls from coming into contact, all to stop them from taking a fancy to each other and marrying. However, De Veirman concludes that deaf Belgian men and women married to a lesser degree than their hearing siblings did, and generally to a spouse with a greater age gap than the hearing siblings did. Looking at socio-economic status, upward on the social ladder deaf men and women married to a lesser degree than their hearing siblings did. Whether the deaf men and women in De Veirman’s dataset married other deaf individuals is to some extent unclear, but she did find a few cases in which both spouses were deaf.

In her study of disabled people living in nineteenth-century Linköping, Sweden, historian Ingrid Olsson states that it was uncommon for disabled people to marry a disabled spouse. On the contrary, in his study of smallpox, historian Peter Sköld found that those with similar smallpox immunity preferred to marry individuals with the same immunity. Sköld concludes that, as smallpox could both disable and disfigure the body, his findings show that infected and probably pockmarked individuals preferred to marry each other on a separate marriage market, and that those who were not infected constituted

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161 van De Putte, Bart and Koen Matthijs, "Romantic love and marriage. A study of age homogamy in 19th century Leuven," Belgisch Tijdschrift voor Nieuwste Geschiedenis 31, no. 3-4 (2001): 611-612 and 605. In the cultural middle class they include, e.g., teachers, artists, clerks, state administration employees, and bookkeepers. In the economic middle class they include, e.g., shopkeepers, merchants, and high-skilled craftsmen. The lower class covers low unskilled workers.


165 Olsson, "Att leva som lytt," 176.
another marriage market from which to choose marriage partners.\footnote{Sköld, "The Beauty and the Beast," 152-155 and 160.} Olsson also studied the working conditions, and found that both disabled men and women who had an occupation before marriage preferred to marry spouses who had also worked before marriage.\footnote{Olsson, "Att leva som lytt," 177.} In this thesis, the characteristics of the spouses of the disabled people who did marry are explored in study IV.
3 Theoretical framework

This chapter starts with a section discussing “the environmental turn” among disability scholars, from the medical model to the social one. Since many of them argue that disabled people were often afflicted by stigmatization and exclusion from society and social life, the next section concerns the labeling theories and the concept of stigma that is essential in the present work. The chapter ends with a section discussing the gendered expectations that prevailed in past society, and how an intersectional approach was conducted in this thesis.

3.1 Understanding disability – from medical to a social model

The two most commonly applied analytical models used by disability scholars are the “medical model” and the “social model”. The former (sometimes called the individual model) focuses on the disabled individual’s medical status, such as physical abnormality, disorder or deficiency, and its functional limitations in the environment. The medical model refers to the definition and categorization of the impairment the person is afflicted by. To clarify this, it is necessary to go back to 1948 when disability was used as a generic term for the first time by in the National Assistance Act in reference to those who were blind, partially sighted or hard of hearing, and a major part of those with mental disabilities. The reason for this Act was to establish eligible criteria for those who were to benefit from welfare provisions or social services. In the late 1960s in Britain, the Office of Population Censuses and Surveys (OPCS) outlined a scheme for how to distinguish between impairment, disablement and handicap, in an early attempt to classify disability. The OPCS scheme prescribed that an impairment “lacking part or all of a limb, or having a defective limb, organ or mechanism of the body”. Disablement was defined as “the loss or

170 Barnes and Mercer, Exploring Disability: 19.
reduction of functional ability”, while a handicap referred to “the disadvantage or restriction of activity caused by disability”.171

In the 1970s, disabled people started mobilizing politically to protest the negative attitudes and the disabling barriers in society, such as in the education systems, labor markets and/or transportation systems. Until then, disability had been seen as a personal tragedy that transformed disabled people into passive victims, to be socially excluded and to a great extent dependent on assistance from family and friends. These protests increased the interest among sociologists to explore disabled people’s social lives, mainly the interplay between their everyday life and surrounding society. This way of viewing disabled people laid the foundation for the analytic model that dominate today’s disability studies, called the “social model”. It has moved the focus from the individual’s impairment to the societal environment where the values, views and practices, often socio-culturally constructed, in daily life are of central interest.172 The criticism of the medical model by disabled activists in the 1970s led to the establishment of the Union of the Physically Impaired against Segregation (UPIAS) in 1976.173 The UPIAS advocated the social model, and structured it by through a differentiation between impairment and disability as:

In our view, it is society which disables physically impaired people. Disability is something imposed on top of our impairments by the way we are unnecessarily isolated and excluded from full participation in society.174

However, the most influential work to pave the way for the implementation of the social model was the World Health Organization’s (WHO) 1976 publication of the International Classification of Diseases, which shows a detailed scheme involving the consequences of diseases. This work later resulted in the International Classification of Diseases.
Impairments, Disabilities and Handicaps (ICIDH), first published in 1980. The latter scheme is shown in Figure 1.

**Figure 1:** The ICIDH definitions from 1980

<table>
<thead>
<tr>
<th>Classification</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Impairment</td>
<td>In the context of health experience, an impairment is any loss or abnormality of psychological, physiological, or anatomical structure or function.</td>
</tr>
<tr>
<td>Disability</td>
<td>In the context of health experience, a disability is any restriction or lack (resulting from impairment) of ability to perform an activity in the manner or within the range considered normal for a human being.</td>
</tr>
<tr>
<td>Handicap</td>
<td>In the context of health experience, a handicap is a disadvantage for a given individual, resulting from an impairment or a disability that limits or prevents the fulfilment of a role that is normal (depending on age, sex, and social and cultural factors) for that individual.</td>
</tr>
</tbody>
</table>

Source: *International Classification of Impairments, Disabilities and Handicaps (ICIDH)*, 1980, 27-29

The scheme in Figure 1 was developed by WHO into a model demonstrating a causal chain with separate but linked units. The model corresponds to the process of disablement, shown in Figure 2.

**Figure 2:** The ICIDH’s model of the process of disablement

<table>
<thead>
<tr>
<th>Situation</th>
<th>Classification</th>
</tr>
</thead>
<tbody>
<tr>
<td>DISEASE or DISORDER</td>
<td>IMPAIRMENT</td>
</tr>
<tr>
<td>(intrinsic situation)</td>
<td>(exteriorized)</td>
</tr>
</tbody>
</table>

Source: *International Classification of Impairments, Disabilities and Handicaps (ICIDH)*, 1980, 30

WHO commented that the outlined linear progression in the model did not always correspond to a linear development for each individual with disability; the situation could be far more complex. For example, a

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handicap could arise from an impairment without the mediation of a disability. It is also possible that the path could be interrupted in some way. “Thus one can be impaired without being disabled, and disabled without being handicapped”.¹⁷⁶

In 1985 and 1988 in Britain, the Office of Population Censuses and Surveys (OPCS) developed a new scheme based on functional limitations and outlined ten areas of impairment. This work influenced the Western world; for instance resulting in the Americans with Disabilities Act of 1990, which focused on the consequences of the impairments disabled people experienced in daily life.¹⁷⁷ However, the definitions of disabilities have been debated among sociologists for being founded on something that deviates from the “normal”, which raises the question of whether being normal should be based on an ideal state or the average within the population. For example, today, for those who are visually impaired it is completely normal to wear glasses, and they are no longer seen as deviating from the normal.¹⁷⁸ Barnes et al. conclude that the major concern was still that people with disabilities have health and/or social problems that should be cured, treated, or even prevented. From a health perspective, this means that disability was seen in a pathological way, and in welfare issues it was regarded as a social problem.¹⁷⁹

Michael Oliver, one of the first spokesmen for the social model, points out that the model did turn the focus from the disabilities a person may have to the difficulties caused by disabling surroundings, through physical as well as cultural barriers. However, one downside associated with the model is that it leads to the isolation of one issue at a time. For instance, for a disabled person unemployment is not only due to the social organization at the workplace; the opportunities for transportation and attaining the proper education also impact on occupational opportunities.¹⁸⁰ The social model has also been debated by Julie Anderson and Ana Carden-Coyne, who argue that when this model is used in historical studies, for instance, it focuses primarily on the surrounding society of disabled people and does not include the person’s cultural and individual identities and gender in a satisfying way. Thus,

¹⁷⁶ ICDIH 1980: 30.
¹⁷⁸ Barnes and Mercer, Exploring Disability: 22.
Anderson and Carden-Coyne believe the social model is tricky for historians to use.\textsuperscript{181}

Historians, Staffan Förhammar and Marie C. Nelson argue that in Sweden disability history studies have been few, but those that have been conducted have mainly focused on different definitions of deviance from a medical, rehabilitation or pedagogical point of view, which echoes the “medical model”. Even if historians have gradually changed towards a more social model approach, they are still dependent on the sources available to them. However, Förhammar and Nelson argue that with wider research questions and an extended use of sources, it would be possible to apply a more social model approach in historical disability history as well.\textsuperscript{182}

When exploring disability history in the present work, it is not possible to either neglect the medical model or completely use the social one, since the studies included are based on historical data. Instead, it is necessary to combine these two models, whereby the medical model is used to detect disabled people in the sources and categorize them as the data reports their disabilities. The impairment itself could of course impact their medical health, which may have further limited their chances of, for instance, finding a partner to marry, being able to support themselves, and avoiding an untimely death. According to the social model, the environmental factors that disabled individuals experienced must be considered, such as socio-economic structures and restrictions advocated by the state and/or the Church. Another important environmental aspect was the attitudes towards disabled people. Such attitudes were primarily culturally constructed, and referred to prevailing norms in society.\textsuperscript{183} Normative systems could promote the stigmatization or even exclusion of people regarded as somehow deviant, which may add to impeding their life chances beyond the impairment itself. Previous disability research shows that disabled individuals were subject to intolerant attitudes from society and people around them because they did not match contemporary perceptions of normalcy.\textsuperscript{184} Also in past society, the consequences of deviance and stigmatizing attitudes and norms relate to a social model perspective.

\textsuperscript{181} Anderson and Carden-Coyne, "Enabling the Past," 447.
\textsuperscript{182} Förhammar and Nelson, "Introduktion," 13.
\textsuperscript{184} e.g. Susman, "Disability, Stigma and Deviance."; Kudlick, "Disability History."
3.2 Labeling theories and the concept of stigma

The labeling theories refer to the stigmatization of individuals caused by their behavior or attributes that are considered deviant by surrounding society.\textsuperscript{185} Howard S. Becker, a pioneer in sociological research on deviance, argues that the deviance is created by society and that social groups make rules about who is to be deemed deviant or not.\textsuperscript{186} Becker argues further:

\textit{… deviance is \textit{not} a quality of the act the person commits, but rather a consequence of the application by others of rules and sanctions to an “offender”… Deviance is not a quality that lies in behavior itself, but in the interaction between the person who commits an act and those who respond to it.}\textsuperscript{187}

Another sociologist, Edwin M. Lemert, divides the labeling outcome into a primary and a secondary type of deviance. The primary type refers to society’s response in different social settings, such as social, cultural and psychological contexts, resulting in small effects for those who are labeled. When a given label results in a new social role or status and/or a changed self-identity for the person afflicted by it, Lemert categorizes this as the second type of deviance; he concludes that this secondary deviance can be seen as a consequence of the primary one.\textsuperscript{188} Sociologist Erving Goffman explored how social interactions interplayed with society’s categorization of people, and concluded that behaviors diverging from the norm in society could be regarded as the foundation for deviance. Such behaviors, or the persons performing them, run the risk of being associated with a “stigma”, as Goffman called it.\textsuperscript{189} He further argues that the perception of what a “normal” human being is originates from a medical basis and/or from normative structures in societies that make stigmatized persons appear “not quite human”.\textsuperscript{190} Disability scholar Joan Susman argues that Goffman’s theories demonstrate an overriding theme in the social sciences that suggests that the major hardships disabled persons face are caused by the societal

\textsuperscript{185} Barnes and Mercer, \textit{Exploring Disability}: 45-47.
\textsuperscript{187} Becker, \textit{Outsiders}: 9 and 14.
\textsuperscript{190} Barnes and Mercer, \textit{Exploring Disability}: 42-44; Goffman, \textit{Stigma}. 
response from the environment and not by the impairment itself. While Goffman has been criticized for treating disabled people as passive and as victims, Susman also proposes a view whereby the social reaction is contingent on time, place and audience.\(^{191}\)

Labeling theories benefit the present work, as social exclusion can be seen as a consequence of labeling and the subsequent stigma made up of the surrounding context. Such stigma and negative attitudes can be difficult for disabled people to overcome in their daily life, such as in occupational options and social networking. Previous research indicates that disabled individuals in past societies constituted a group that did not match perceptions of normalcy and were thus likely to be stigmatized, which confirms the theory of “secondary deviance”.\(^{192}\) In this study, the ministers’ marks of impairment identify the disabilities and thus signify the primary deviance.\(^{193}\) However, the focus lies more on the labeling effect of the secondary deviance, which concerns the major consequences a primary label can have for those it afflicts.\(^{194}\)

### 3.3 Life-course perspectives

In population history, the pioneer works have often covered large-scale transformations in society and different demographic regimes. Gradually, however, the research focus has switched to more longitudinal analyses of micro data to construct so-called “life histories”. The life-course perspective is well-established and used in many disciplines, for instance by historians, sociologists and demographers, when analyzing human life paths, especially together with longitudinal data.\(^{195}\) In general, the life course can be described as how a person’s life develops over time and how it is socially organized into phases, such as childhood, adolescence,

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\(^{191}\) Susman, "Disability, Stigma and Deviance," 16-17 and 20-21.


\(^{194}\) Becker, Outsiders; Goffman, Stigma.

education, career, adulthood, parenthood, and life in old age. However, scholars have long debated whether the life course concept refers to a theory, a method, or a perspective.

One of the most influential life course researchers, Glen H. Elder Jr., argues along with his co-authors that the life-course concept has theoretical implications. To them it is a framework to use when dealing with descriptive and explanatory research problems and rationales, and for designing the strategies for selecting research variables and data for analysis. What is clear is that life-course analysis concerns both contextual and individual conditions when it comes to studying social life paths, as these are shaped by social structures, historical time, individual human development, and ageing. George Alter sees the life course as an approach that is especially fruitful to use in analyses with longitudinal data in order to conduct statistical analysis. He compares life-course studies with a film, with each single frame corresponding to a frozen time point in life. With several frames in a row, it is possible to see the life course. Karl Ulrich Mayer and Nancy Brandon Tuma combine event history analysis with life-course perspectives, and argue that in life course research two main objectives can be outlined: firstly that individual life events can be explored, and secondly, the social processes that produce these events. Thus, the main goal of the life-course perspective is to identify the complex processes that shape people’s life trajectories and how these processes relate to each other. Historical demographer Jan Kok views the life course as a twofold concept, arguing that it has both theoretical claims and methodological practices. He asserts that it is possible to conduct life-course analysis including


family formation across generations with the help of extensive databases comprising longitudinal data and advanced statistical analysis. Swedish researchers in history, demography and sociology have also used life-course perspectives in their studies, in both quantitative and qualitative analyses.

So far, the discussion in this section has mainly covered life-course analysis with quantitative data. Sociologist Mark Priestley conducts contemporary disability research with qualitative methods, and uses the life-course perspective as a conceptual framework. He concludes that a life-course perspective opens up for considering that disability effects people differently according to when in life it appears and the context in which the disabled individuals live. A Swedish historian who conducted life history studies on narrative material is Matilda Svensson (2012). She based her analyses on questionnaires collected in 1947, in which people who had been infected by the polio virus had answered questions about their lives. She also used material from collected memories of people stricken by polio, edited in 1993. Based on these life histories she concludes that it is possible to detect how people define the prevailing normalcy and norms in society, based on how the individuals with polio answered the questions.

Elder et al. present five paradigmatic principles for use in life-course studies that describe the complex interplay between different phases in life. These principles originate from the behavioral and social sciences, and are fundamental in studying the links between individual pathways and societal changes, which is also essential in the present work. Elder et al. emphasize that these principles give researchers opportunities and guidelines for gaining a more holistic understanding of the individual life course over time.

201 Kok, "Principles and prospects of the life course paradigm," 203.
203 Priestley, Disability 4-5.
The first principle is called *The Principle of Life-span Development: Human development and aging are lifelong processes*.\(^\text{206}\) This principle is based on a long-term perspective of individual progress, and changes throughout life. This requires longitudinal data, which is not always available in contemporary sociological studies with data often covering only parts of the individual life, resulting in incomplete life courses.\(^\text{207}\) However, this principle is more suitable when exploring life courses in the past; with particular Swedish historical demographic sources, it is often possible to follow individuals’ lives in longer sequences, sometimes even from cradle to grave. This principle is most relevant in the present work, as it is a longitudinal study including a considerable amount of individual-level data across time. Even if the individuals not are followed over their entire life, they are followed during an important phase of their adult life. The observation starts when they are between 15 and 35 years old, from which point they are observed for a maximum of 18 years.

The second principle is *The Principle of Agency: Individuals construct their own life course through the choices and actions they take within the opportunities and constraints of history and social circumstance*. All people, in both historical times and the present day, make decisions in life based on who they are, the contextual frames they live in, and the opportunities that are provided. Thus, planning and decision-making impact the individual life trajectories as well as when in life the decisions are made.\(^\text{208}\) This principle is applicable in this study, for example when exploring the event of getting one’s first job and entering the labor market.

*The Principle of Time and Place: The life course of individuals is embedded and shaped by historical times and places they experience over their lifetime* is the third principle stipulated by Elder et al. It focuses on the impact of the environmental context, based on both geography and/or historical time.\(^\text{209}\) The industrialization processes can serve as an example of this, as both the geographical place and the time period may have determined people’s life paths in different ways. The rural pre-industrial countryside provided occupations in mainly farming or fishing, while after the onset of industrialization, for many people agricultural work was replaced by factory work.

The fourth principle concerns *The Principle of Timing*: The development antecedents and consequences of life transitions, events, and behavioral patterns vary according to their timing in a person’s life. Events occurring in people’s lives have different levels of influence depending on when in life they happen.\(^{210}\) For example, the presence of a disability would impact the life course differently at different ages. If a person became disabled in childhood this could negatively impact his or her opportunities to get a job or marry later in life, while it might have other implications if the person acquired the disability in adulthood when he or she was already part of the labor market and/or married. Consequently, the present thesis consistently accounts for the age at which people were recognized as being disabled.

The last principle is *The Principle of Linked Lives*: Lives are lived interdependently and socio-historical influences are expressed through this network of shared relationships. Even if lives are experienced individually, transitions in human life interfere with other individuals’ life courses and may cause changes for them as well.\(^{211}\) This principle demonstrates the importance of understanding that individual lives are linked, for instance through family ties, expectations from other people, and the prevailing norms in society and of social networking. How the individuals included in this study networked and met each other is almost impossible to detect, but it is possible to explore the consequences of the supposed networking, for instance by studying whether they actually did marry and work outside the parental home, and thus established social ties with other people. To sum up, it is interesting to consider these principles when conducting historical demographic analyses employing life-course perspectives, of which this thesis is an example (see Chapter 5).

### 3.4 Gendered expectations

As discussed in Chapter 2 of this thesis, marriage candidates had to gather enough resources to be able to marry. However, it was generally the men who were expected to support a family through wage work outside the family residence, or agricultural work at their own farm. Most scholars agree that a socio-culturally constructed gender division, called the male breadwinner ideal, was prevalent in past societies. The gendered

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expectations relating to this ideal were expressed on both the labor market and the marriage market. It idealized the man to be an independent, responsible and disciplined worker, and a husband who could support a wife and children. Women were primarily expected to work in the home, performing domestic duties and taking care of the children, whereas men were to take up employment beyond the domestic sphere to secure the family income.\textsuperscript{212} According to sociologist Colin Creighton, the breadwinner ideal was the foundation of economic and social life in Britain from the 1850s.\textsuperscript{213} He argues that at the time it was primarily in the wealthier working classes that the breadwinner ideal was possible to achieve. If the husband was unemployed and lacked income, or if his income was insufficient, both the wife and the children had to contribute to the family income by taking up work.\textsuperscript{214} Historians Sara Horrel and Jane Humphries, who also studied Britain, add to the discussion that women’s independence decreased during industrialization, due to low earnings and limited employment opportunities for female workers, which made them and their family economically dependent on the income of male relatives. In the pre-industrial society, both men and women contributed to the family through self-provisioning work.\textsuperscript{215} Historians Louise A. Tilly and Joan W. Scott outline three economic steps. In the pre-industrial family economy in England and France, all family members worked in the productive sphere to contribute to the family income. This was replaced with a family wage economy at the beginning of industrialization, with the establishment of mainly textile industries, which hired mostly female workers. When more heavy industries were established, men were attracted more as the labor force and the family economy transformed into a consumer economy.\textsuperscript{216}


\textsuperscript{213} Creighton, "The rise and decline of the 'male breadwinner family' in Britain," 519-520.

\textsuperscript{214} Creighton, "The rise and decline of the 'male breadwinner family' in Britain," 521-522


In a Swedish context, historian Andreas Marklund, for instance, argues that even if married couples in pre-industrial society shared the daily and often hard work on the farm, the man was still seen as the head of household.\footnote{Marklund, Andreas, *I hans hus. Svensk manlighet i historisk belysning* (Umeå: Boréa, 2004), 128-129.} Economic historian Lena Sommestad, who has compared Sweden with the US, discusses that the male breadwinning system originates from the household practices and reproduction regimes, whereby the women were responsible for reproduction and the men for the economic support of the reproduction unit. Since much of women’s work, such as domestic work, was generally unpaid, it made them financially dependent on the husband. Sommestad adds, however, that this male ideal was generally not strictly adopted in practical life; often, both the man and the woman were more or less responsible for the family’s welfare and economy.\footnote{Sommestad, Lena, "Welfare State Attitudes to the Male Breadwinning System: The United States and Sweden in Comparative Perspective," *International Review of Social History* 42, Supplement 5(1997): 153.} Sociologist Birgit Pfau-Effinger presents a three-step process that she argues is a common historical view, that during pre-industrial time women were integrated into the societal production, then excluded during industrialization, and then included again after further modernization of the state. She argues that this outlined process ought to be questioned, since the development of female participation in the family economy is far more complex. She concludes that in Western societies, the housewife model and the male breadwinner family were related to cultural factors and social practices. The wealthier classes in the towns, the bourgeoisie, stood as role models for family-building, with a housewife who was financially dependent on her husband. This cultural and desirable ideal gradually trickled down to the lower classes, such as industrial class families, and became the general social practice that was also reinforced by the state.\footnote{Pfau-Effinger, Birgit, "Socio-historical paths of the male breadwinner model - an explanation of cross-national differences," *The British Journal of Sociology* 55, no. 3 (2004): 377-378 and 393-395.}

Regarding the Sundsvall region, it is reasonable to take into account the phases of pre-industrial productive family economy and the family consumer economy, since this region did not witness any considerable industrialization that attracted female workers, such as the textile industry. However, the region came to be heavily industrialized by industries that attracted male workers, such as sawmills. With the male breadwinner ideal in mind, it is likely to assume that it was more crucial for men to earn an income than it was for women. Thus, in the present
work the male breadwinner ideal can help explain any gendered differences among the disabled and non-disabled. It is possible that the male ideal might have more impact on disabled men, as their impairment might jeopardize their ability to take up work and become self-sufficient and thus be able to support a wife and children to a greater extent. This section has discussed an important variable: gender. However, the analyses in this thesis take into account more variables, and the next section discusses how these variables can intersect.

3.5 Disability from an intersectional perspective

Historian Catherine J. Kudlick says that since the 1980s, the concept of disability has increasingly been seen by disability scholars as a social category on par with ethnicity, class and gender, rather than a personal feature.\(^{220}\) One person could belong to different social categories that “intersect”, in other words interact, in life. Basically, this is what “intersectionality” is about. However, sociologists Mårten Söder and Lars Grönvik argue that disability is not completely on par with social categories such ethnicity, class and gender. All people in society can identify themselves with a certain gender, social class or ethnicity, whereas disability is something only those who are disabled can relate to, since this social category only concerns this particular group in society. Some scholars argue that it would be more adequate to use the concept functional ability instead of disability, since everyone in society can relate to the former. Everyone has a functional ability, be it more or less.\(^{221}\) Söder and Grönvik do not regard intersectionality as a theory, but more as an approach or a perspective. Such use will offer several definitions of, and possibilities to explore, intersectionality. The interpretation of the word intersectionality is a cut-off point or crossing where the categories meet and intersect.\(^{222}\) Nina Lykke, a researcher in gender studies, disagrees with the crossing metaphor, since it means that the categories meet and then continue, moving away from each other.\(^{223}\) However, for categories such as gender and class it does not work in this way.\(^{224}\) Lykke further argues

\(^{220}\) Kudlick, "Disability History," 764-765.


\(^{222}\) Söder and Grönvik, "Intersektionalitet och funktionshinder," 12.


\(^{224}\) Söder and Grönvik, "Intersektionalitet och funktionshinder," 12.
that the concept of intersectionality has historically been used when analyzing how socio-culturally constructed hierarchies and power structures in society interact to result in inclusion or exclusion based on categories such as gender, ethnicity, class, sexuality, age, and nationality. Lykke points out that it is important to analyze how the categories work to construct each other. She argues that in studies in which scholars seek to uncover changes in social and power relations, they must be aware of how to use the concept of intersectionality, since if it is pinned down too hard it may lose its ability to work. Economic historian Paulina de los Reyes and sociologist Diana Mulinari contend that in gender studies it is important to not construct the gender category without taking into account notions of ethnicity, class and national borders. They argue that an intersectional approach helps to reveal power and inequalities in society and between individuals. Sociologist Lori Wilkinson argues that researchers and policymakers should consider all kinds of intersectional characteristics and reveal how they interact in order to understand the various social phenomena and human experiences in life in a more enriched way. According to her studies, intersectional perspectives provide a more holistic picture of the complexity in social life. If the researcher focuses on a single isolated category effect instead of the effects of intersections, there is a danger that he or she will miss the whole picture.

Sociologist Leslie McCall has also discussed how to use the intersectionality perspective, and has outlined three different ways of applying it. She calls the first anti-categorical, and here includes the postmodern constructivism approach, the ambition of which is to show that an intersectionality analysis is complex and is not manageable to conduct simply through categorizing something. In the second approach, the intra-categorical, the categories are seen as socially constructed and the categorization will impact individual lives. In this approach, the intersection is most important. It means that the focus is on the consequences a person would experience when being at the intersection point between different categories. In the third approach, the inter-categorical, the socially constructed categories are accepted as they stand

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225 Lykke, "Nya perspektiv på intersektionalitet," 8 and 17.
226 de los Reyes, Paulina and Diana Mulinari, Intersektionalitet. Kritiska reflektioner över (o)jämlikhetens landskap (Malmö: Liber, 2005), 7 and 12.
and are used in mainly empirical analyses to explore how they interact with each other. Within McCall’s two first approaches the main focus lies on one or two categories, while her third approach concerns how the categories interplay. McCall argues that the intersectional perspective can be interpreted differently depending on which theoretical orientation the researcher has.  

Regarding the third of McCall’s approaches, Grönvik argues that if statistical quantitative studies are performed in a fruitful way it is possible to obtain valuable intersectional knowledge. To him, quantitative methods such as regression models have the intersectional approach embedded in their own construction. Using regression analyses it is possible to explore the impacts of several intersectional variables, such as gender, disability, ethnicity and sexuality, and to reveal an unequal distribution of power, oppression and exclusion in social life and society. Regression models can help detect general patterns of intersections in society that qualitative studies cannot show. However, Grönvik also admits that there is a risk of not seeing the intersectionality in the results, if one elects to show the effect of only one variable in the presentation of the results. Presenting an intersectional result may be a more complex task, but he argues that it is worth the effort because it is then that intersectionality is truly presented. However, in studies analyzing questionnaires, for instance, it can be tricky to gather a sufficient empirical basis, to be able to divide cases into sub-groups identifying different intersectional categories so that the different categories do not become too small in number.

The analytical approach in this thesis echoes McCall’s third intersectionality approach, in that it recognizes categories as they appear in the sources, i.e. the parish records. These sources report different individual attributes, such as gender, socio-economic origin, age, disabilities, environmental characteristics, residence, and the time period in which they lived. Individuals regarded as not having a disability are categorized as non-disabled. Since the non-disabled people constitute a sub-category within the disabled category, it can be studied on par with

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230 Grönvik, "Intersektionalitet och statistik," 175-183.
other social categories. The different attributes are then used as variables in the statistical analyses applied in this work, to reveal the effects of how they shaped disabled people’s lives in a past context.
4 Sources

A major and general challenge for scholars exploring disabled people in the past is to find traces of them in the sources. In Sweden we have a great advantage in this, thanks to the parish registers and their marks of impairment, indicating disabilities that could be found among the parishioners. This benefits the analyses in the present work, as the sources show a comparatively substantial number of people with disabilities. This chapter starts with a description of the parish registers, which provide information about parishioners through a number of church records, of which the catechetical examination records are important to this thesis as they show disabled individuals through the marks of impairment. The chapter ends with a brief discussion of the ministers’ medical knowledge.

4.1 Parish registers

The parish registers consist of records of birth and baptism, marriage, migration, death and burial, and catechetical examination records, the last of which are unique to Sweden from an international perspective. It is not known how long ministers in Sweden have maintained registers over their parishioners; a few church financial records from the Middle Ages have survived until today. In Europe, the oldest registers of baptisms, marriages and funerals originate from the fourteenth century, but these are very rare and fragmentary in time. The custom of maintaining church registers continued, however, and the ministers developed local practices for doing it. The Swedish Church Law from 1686 prescribed that, besides registers of births, baptisms, marriages, deaths and funerals, ministers should keep catechetical examination records:

The catechetical examination records were compiled on a yearly basis by the ministers in the parishes. The background for keeping these examinations was the ministers’ obligation to test parishioners’ knowledge of the catechism as well as their reading ability.

233 Nilsdotter Jeub, Parish Records. Digitalised material from the Demographic Data Base. 3-4; Kyrkolagen af den 3 september 1686, (Stockholm: P. A. Norstedt & söner, 1885), Cap. 2 §10 and Cap. 24 §18.
Prästerna skola hålla visse längder på alle sine åhörare, Huus ifrån Huus, Gård ifrån Gård, och veta besked, om theras framsteg och kunskap uti theras Christendoms stycken; drifva med fljt ther på at Barn, Drängar och Pigor, låra låsa i Book, och see med egna ögon, hvad Gud i sitt helige Ord biuder och befaller.\textsuperscript{234}

While the Church Law from 1686 was rather detailed regarding what the ministers should keep records of, it did not prescribe how they should do this. At the time, the registers were seen as the minister’s private documents, written to help him fulfill his duties. For this reason, many of them have been discarded and only a few of the oldest records have survived until today. The ministers from some parishes did not even maintain complete catechetical registers until the latter half of the eighteenth century. In 1749 the Tabular Commission (\textit{Tabellverket}), the forerunner to Statistics Sweden, was established. The Commission asserted that the basis for population statistics/censuses should be the church registers, especially the catechetical examination records.\textsuperscript{235} This use of the church registers created demands of uniformity regarding the ministers’ reports. Since the earliest church registers were kept in writing by hand, the Tabular Commission started introducing printed forms in the 1780s.\textsuperscript{236} However, the practice of how the ministers kept the registers was still determined by local custom. Thus, in 1860 Statistics Sweden tried to systematize the recordkeeping so that the information they received from the parishes would be more uniform and comparable between parishes.\textsuperscript{237} This regulation was followed by more extensive and precise guidelines, for instance in 1880 and 1890, comprising the information Statistics Sweden required in order to make census calculations, which derived mainly from extracts from the catechetical examination records.\textsuperscript{238} However, in 1894, regulations were published for

\textsuperscript{234} Kyrkolagen af den 3 september 1686: Cap. 2 §10. Translated into English, the quotation roughly means that the ministers should keep books over all present, from house to house, from farm to farm, and detect their progress in and knowledge about Christianity, and inspire children, farmhands and maids to read Book so they would be able to see with their own eyes what God, through his holy words, gives and takes.

\textsuperscript{235} Nilsdotter Jeub, Parish Records. Digitalised material from the Demographic Data Base. 4.

\textsuperscript{236} Nilsdotter Jeub, Parish Records. Digitalised material from the Demographic Data Base. 4; Lext, Gösta, \textit{Studier i svensk kyrkobokföring 1600-1946} (Göteborg: Landsarkivet, 1984), 89-9

\textsuperscript{237} SFS64, "Kongl. Maj:ts nådiga kungörelse, angående meddelande af uppgifter till Rikets officiela statistik."

\textsuperscript{238} SFS17, "Kongl. Statistiska Centralbyråns cirkulär till rikets samtliga kyrkoherdar och församlingsföreståndare, utom i Stockholm och Göteborg, angående allmän folkräkning i riket vid utgången af året 1880," (Bihang till svensk författningssamling, 1880); SFS52, "Kongl. Statistiska Centralbyråns cirkulär till rikets samtliga kyrkoherdar och församlingsföreståndare,
how all church registers – not only those used for census purposes – should be kept. Registries of in- and out-migration to and from the parish were to be maintained as well. Statistics Sweden published commentaries to the censuses from 1851 onward, which provides more information on the background of the census calculations. The censuses were conducted about every tenth year. The guidelines published by Statistics Sweden concerning the information they needed for census purposes instructed the ministers in how to keep the church records, especially those on the catechetical examinations. The guidelines concerning census calculation, regulations strictly concerning how to keep church registers together with commentary from Statistics Sweden, have been useful in the present work, offering help in interpreting the information in the parish registers.

4.2 The catechetical examination records and the marks of impairment

In 1807-1808, Scottish evangelist John Patterson wrote about a catechetical examination meeting in a parish near Malmoe in Sweden, having had the opportunity to accompany the parish minister.

240 Nilsson Jeub, Parish Records. Digitalised material from the Demographic Data Base. 4; SFS64, "Kongl. Maj:ts nådiga kungörelse, angående meddelande af uppgifter till Rikets officiella statistik."
...I one day went with him to attend an examination of his parishioners. It was held in a peasant’s house, in a large hall, where a goodly number were collected. The people, old and young, answered the questions put to them readily in general; those who were deficient in their knowledge were severely dealt with, and exhorted to be more diligent... After the examination was over, all the heads of families sat down to a sumptuous dinner, provided for the occasion...

In the catechetical examination records the minister made basic notes about his parishioners concerning their residence, birth date, date(s) of marriage, date of death, and whether they migrated to or from the parish. Other notes the ministers made concerned when the parishioners partook of Communion and when they participated in the catechetical examinations. Often, the ministers made notes on other special conditions involving the parishioners, such as illnesses and disabilities, and whether they belonged to other religious affiliations. The notes documenting disabilities were called _lytesmarkeringar_, marks of impairment. These marks reflect concepts commonly used in the nineteenth century to identify limitations in people’s bodily function, both physically and mentally. Young men and women of this time were obliged to pass confirmation in the Church, at which point they entered adulthood. Since some young people with disabilities did not succeed at this, they came to be distinguished from the mainstream. It was common for the minister to note their failure and make a mark of it in his church registers, even if they had suffered from their impairment since childhood.

Another ground for the minister to make marks of impairment originates from The Servant and Masters Act (_Tjänstehjonstandgan_) which stipulated that men and women were obliged to take up jobs to support themselves if not self-employed or lived out of property. If a person was unable to fulfill this regulation due to disability, the ministers probably made a note of the cause, the marks of impairments.

As discussed above, the regulations on how ministers should maintain the catechetical examination records developed successively throughout

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244 Grunewald, _Från idiot till medborgare_: 31.
the nineteenth century, and in parallel with the guidelines for the censuses. The information from the latter impacted the marks of impairment. The Church Law from 1686 contained no guidelines as to which disabilities the ministers should document. According to the commentaries to the 1855 census, it was in 1840 that ministers were first required to make notes on impairments as the Tabular Commission wanted to know how many insane, blind, and deaf mute parishioners there were; however, it was not until the 1855 census that any such figures were published.\textsuperscript{246} The Royal Ordinance of 1859 prescribed more uniform guidelines for how to record the catechetical examination records, which were to consist of the individual’s name, residence, official position, occupation, branch of business, nationality, and especially the cause of death.\textsuperscript{247} However, it prescribed nothing regarding the marks of impairment. This issue was clarified in an additional Royal Letter in 1860, prescribing which marks of impairment the ministers should document in the catechetical examination records, i.e. feebbleminded, blind, deaf mute and leprosy. In the commentaries to the censuses of 1856-1860, Statistics Sweden listed a summary of the different kinds of marks of impairment the ministers were to report.\textsuperscript{248} In 1880 a Royal Ordinance acknowledged that they should use a printed form with columns for different data, with one column each for notes on the parishioner’s impairments, nationality, and religious beliefs. The marks of impairment of interest were mental illness, blindness, and deafness.\textsuperscript{249}

The same marks of impairment were listed in the 1885 and 1890 Royal Ordinances, but with the clarification that mental illness should be distinguished into either idiocy or insanity (described further in Chapter 6).\textsuperscript{250} In a Royal Ordinance published in 1894, the regulations were more stringent than before; now, the ministers should also document whether any of the parishioners suffered from falling sickness (epilepsy). During

\textsuperscript{246} Bidrag till Sveriges officiela statistik A) 1851 med 1855: 53.
\textsuperscript{247} SFS64, ”Kongl. Maj:ts nådiga kungörelse, angående meddelande af uppgifter till Rikets officiela statistik.” (Valid from 31 of december 1860)
\textsuperscript{248} Bidrag till Sveriges officiela statistik A) 1856-1860: XXXIV-XXXIX.
\textsuperscript{249} SFS17, ”Kongl. Statistiska Centralbyråns cirkulär till rikets samtliga kyrkoherdar och församlingsföreståndare, utom i Stockholm och Göteborg, angående allmän folkräkning i riket vid utgången af året 1880,” 2.
\textsuperscript{250} SFS76, ”Kongl. Maj:ts nådiga kungörelse, angående särskilda årliga uppgifter å sinnesslöa eller s.k. idioter, ” (Svensk författningssamling, 1885); SFS52, ”Kongl. Statistiska Centralbyråns cirkulär till rikets samtliga kyrkoherdar och församlingsföreståndare, utom i Stockholm, angående allmän folkräkning i riket vid utgången af året 1890,” 1 and 4.
the latter part of the nineteenth century, the commentaries to the censuses published by Statistics Sweden also became further detailed concerning the marks of impairment needed for census purposes. The printed form used for the 1900 census prescribed that the marks of impairment the ministers were obliged to note were: epilepsy, insanity, idiocy, blind, and deaf mute. The vague instructions in the first regulations led to the development of different local practices, and even when the regulations became clearer, many ministers continued reporting more marks of impairment than they were obliged to. This circumstance makes it possible to identify more types of disabilities from the marks of impairment than the regulations prescribed. However, it is sometimes difficult to interpret the disability concepts, and almost impossible to conclude how severe and painful these disabilities were for those who had them. Basically, the concepts show commonly used terms in nineteenth-century society indicating people’s physical and mental dysfunctions.

4.3 The ministers and their medical knowledge

It is worthwhile to note that the marks of impairment were noted by ministers and not professional physicians with a medical education. However, the Church and medicine have a long history together. In the writings of Homer, already in ancient time we find stories of medical procedures being performed by priests. During the Middle Ages, with the spread of the Christianity, the monks at the monasteries were told to care for the sick and the poor. Thus, monks began studying ancient books on medicine and healing herbs. Beginning at this point and for many years, medicine was an issue for the Church. Thirteenth century Sweden saw monks from the continent move in and establish monasteries, where they cared for the sick and the poor, cultivated medical herbs, prepared medicine and wrote medical books, with the monasteries in the rest of Europe as their model. At the beginning of the sixteenth century, no educated medical physicians were to be found in Sweden. This was highlighted by Bishop Peder Månsson, who edited a book of medicine in 1522, in which he also encouraged the Swedish King (who was Head of State) to recruit physicians to the country. In 1527, in relation to the Reformation of the Swedish Church, the

251 Bidrag till Sveriges officiella statistik A) 1900: II.
252 Pontén, Johan, Gudar, präster och läkekonst (Södertälje: Fingraf, 1980), 7-8 and 13.
monasteries were closed and thus their provision of care to the sick and the poor ceased.\textsuperscript{253}

It was still long time until the rural population in Sweden had access to educated medical physicians. In 1663 there were only 8 Swedish and 12 foreign physicians in Sweden, all of them practicing in the relatively large cities. Apart from the folkloristic medicine at hand, the rural population normally had only one man in the parish who was educated, and this was the parish minister. He knew his parishioners well and was regularly consulted in matters of curing illnesses. The ministers had medicine books to consult, but they also used prayer as a treatment.\textsuperscript{254} In 1686, at the same time that a new Church Law was established, the first pharmacopeia was published in Sweden.\textsuperscript{255} Two years later, 1688, the province physicians (\textit{provisiellläkarna}) was for the first time mentioned in the medical regulations. These physicians were assigned with, for a small fee, practicing medicine among the population in a specified province. The number of the physicians in the countryside developed slowly; in 1738 there were only 12 practicing province physicians in the whole of Sweden. The lack of medical expertise in the countryside resulted in the ministers, who had regular contact with all parishioners still having to be very involved in medical issues.\textsuperscript{256} From 1755, ministers were obliged to immediately inform the medical authorities (\textit{Collegium Medicum}) or the province physician if an epidemic had broken out in their parish. They were also encouraged to learn simpler treatments and assist the province physicians and \textit{jordegummar} (old women who helped women in childbirth). In 1774 the regulation was further elaborated, with the parish ministers now obliged not only to report to the authorities outbreaks of contagious disease, but also to distribute the medicine supplied by the province physicians and also to keep registers of the numbers of the sick, dead and recovered in their parish.\textsuperscript{257}

In the period 1750 to 1815, the authorities had a great interest in allowing the ministers to receive medical education. In some areas in Sweden, courses for studying medicine were held at \textit{gymnasium} (studies

\textsuperscript{253} Pontén, \textit{Gudar, präster och läkekonst}: 14-15; Puranen, "Tuberkulos," 54.
\textsuperscript{255} Puranen, "Tuberkulos," 55.
\textsuperscript{256} Pontén, \textit{Gudar, präster och läkekonst}: 20.
\textsuperscript{257} Pontén, \textit{Gudar, präster och läkekonst}: 20-23.
following elementary school).\textsuperscript{258} In 1805, Sweden and Finland had 282 medical practicing physicians.\textsuperscript{259} In addition, a number of surgeons (\textit{fältskärare}) and medical journeymen (\textit{gesäller}) were also practicing in Sweden at this time.\textsuperscript{260} From 1860, the parish ministers were also obliged to note the cause of death on death certificates; before this they had made notes on the cause of death in the church registers, but now they had a regulation to follow regarding the terms to use for each death cause.\textsuperscript{261} Hence, there is reason to assume that nineteenth-century ministers had some level of knowledge about medical conditions, especially compared to the rest of their parishioners.

\textsuperscript{258} Hjelt, Otto, \textit{Svenska och finska medicinalverkets historia 1662-1812}, vol. 1 (Helsingfors 1891), 496f; Puranen, ”Tuberkulos,” 62-64.
\textsuperscript{259} Finland was part of Sweden for about 600 years. This ended in 1809, when Sweden lost the War to Russia, and Finland became an autonomous part of the Russian Empire.
\textsuperscript{260} Pontén, \textit{Gudar, präster och läkekonst}: 25.
\textsuperscript{261} SFS64, ”Kongl. Maj:ts nådiga kungörelse, angående meddelande af uppgifter till Rikets officiela statistik,” 1; Rogers, ”Reporting Causes of Death in Sweden, 1750-1950.”
5 Analytical approach and methodological considerations

To help answer the research questions defined in Chapter 1, this chapter outlines the analytical approach and the methodological considerations in the present work. The first section details the analytical approach. Section 2 explains how the life-course perspective (discussed in Chapter 3) is applied methodologically through event history analysis. Finally, the chapter ends with a presentation of the statistical methods employed in this work.

5.1 Analytical approach

The analyses in this thesis are structured at individual and contextual levels in accordance with the life-course perspective as concerns both disabled and non-disabled individuals. Besides the presence of disability, the individual level also concerns gender and age. For those labeled with a disability, it is also beneficial to detect what type of disability they had. Individuals’ socio-economic background is also treated as an individual feature. However, type of residence i.e. rural, urban or rural/industrial setting – is regarded as local context (see Chapter 7). Regulations by local authorities such as the parish ministers as well as local practices and norms are also included in the local contextual level. On the national level, laws and guidelines prescribed by the Church and/or the state are included.

Time is also essential in this thesis, both individual and historical. The individual time level considers the age when a person acquired the disability, as it may impact his or her life differently if, for instance, the impairment was recognized in childhood or in adulthood. The historical environmental contexts, both locally and nationally, are also impacted by time. Before industrialization people lived mainly in rural environments, while for many this changed to more industrial settings after the onset of industrialization. An individual’s life is seen in this work as being influenced by both his or her individual characteristics and the local and national contexts he or she lived in, as the life-course perspective proposes. To quantitatively apply perspective on individual-level data, which is this thesis’ main source, event history analysis and sequence analysis are sufficient. The following sections will discuss the methods.
5.2 Event history analysis

Today, event history analysis is a method that many sociologists and demographers use for exploring, for instance, family-building and the impact of developments of the social welfare systems on fertility, mortality and migration. This research has been possible because computers have become more powerful since the 1970s, allowing more advanced statistical programs to be developed, for instance, Cox regression models.262 Another important cause for the upswing of event history analysis was the building of extensive databases that made it possible to follow individuals the longest, from birth to death.263 However, are survival analysis and event history analysis equivalent? Both concepts are frequently used by scholars. According to sociologist Melinda Mills, both event history analysis and survival analysis can be seen as umbrella terms for various statistical models. Different terms are used in different fields of science. In biostatistics, medical science and epidemiology it is usually called survival analysis, while in engineering works it is called rehabilitation analysis and in economics it is called duration models. In sociology, demography, psychology and political science, event history analysis is the most commonly used expression.264 In this work, survival analysis is used interchangeably with event history analysis.

Conducting event history analysis from a life-course perspective implies detecting whether and when a certain event happened in life. Statistically this can be done through, for instance, Cox regressions, which is a statistical method that makes it possible to conduct longitudinal analyses, whereby the major aim is to determine the hazard rates of a certain event’s occurrence.265

The life events explored in the present work are: first occupation, marriage, birth of children, and death. The time from the start of observation to a certain event’s occurrence is called the duration. The occurrence of an event is always by definition preceded by a time of non-occurrence. The time before the event occurs can consist of two alternatives: firstly, a risk period during which a certain event can happen, for example the time period until divorce occurs for a married couple; secondly, when the time period consists of no risk, such as for an unmarried person who cannot experience a divorce since no marriage has occurred. The probability that an event will occur can gradually increase or decrease over time.\(^{266}\) For example, the chance of getting married is higher in young adulthood than in old ages. In classical survival analysis, the focus is on one single event and the outcome is often presented in survival curves and hazard rates, often dependent on covariates in a regression model.\(^{267}\) Even if the term “survival” in survival analysis indicates death, these analyses can be conducted on other events such as marriage, migration, birth of a child and so on. Event history analysis can be defined as the analysis of the probability that an event will occur during a time period of risk.\(^{268}\)

In a dataset, it is not unusual that some of the observations are incomplete; the event in question may occur before or after the period constituting the observation time. These incomplete observations are called censored data.\(^{269}\) Censoring means that the event did not occur during the observation period, but rather before or after it. With “right-censoring” the event of interest did not occur during the observation time and may have happened later, but this is unknown. “Left-censoring” is when a certain event occurred before the observation period. For example, analyzing the event of marriage, those married before the observation time are left-censored and are not included in the analysis. Those who did not marry during the observation time are right-censored and are present during the whole observation time as unmarried.\(^{270}\) Another common concept is “left-truncation”, or “delayed entry”, which means that the individual observation starts at individual


\(^{268}\) Aalen et al., Survival and Event History Analysis: 2; Vermunt, "Event history analysis," 3.

\(^{269}\) Broström, "Livsförollspanaly," 37; Aalen et al., Survival and Event History Analysis: 3.

ages. The individual observation time might start after the onset of the observation period.\textsuperscript{271} Both censoring and left-truncation are important to consider, as has been done in the present study, as they can bias the results.\textsuperscript{272}

### 5.3 Cox regression model as a statistical tool

For performing quantitative event history analysis, several statistical methods are applicable. Descriptive statistics are performed in all four studies in this thesis, for instance, when detecting the presence of different types of disabilities in the population under study. In event history analysis, when analyzing the relative risk that a certain event will occur, the Cox regression model is often useful. This is a semi-parametric statistical model in which the impacts of different covariates on the hazard rates for a certain event are analyzed. The advantages of this model are that it is flexible and allows the use of multiple variables.\textsuperscript{273} Explanatory variables that are continuous are called continuous covariates (e.g., age). The other type of covariate is the categorical type, which can take only distinct values (e.g., marital status, gender).\textsuperscript{274} The estimations from the Cox regression are generally shown as hazard ratios that indicate the effect of the explanatory variables/covariates on the propensity to experience a certain event, such as death or marriage. Since age is important for the propensity of the events studied, and as the data used in the present work are both right-censored and left-truncated (see discussion above; the dataset is explained in more depth in Chapter 7) it is adequate to use the age as the time scale in the Cox regression models, which means that the entry and exit values in the model correspond respectively to the individuals’ age when their individual observations start and stop.\textsuperscript{275}

\textsuperscript{271} Mills, \textit{Introducing Survival and Event History Analysis}: 6-7.
\textsuperscript{272} Broström, \textit{Event History Analysis with R}: 6-7.
\textsuperscript{273} Mills, \textit{Introducing Survival and Event History Analysis}: 12.
Cox regression models constitute the statistical analyses in Studies I and II of this thesis. The event of interest in Study I is death, and in Study II marriage. The explanatory variables (i.e. covariates) chosen in both Studies I and II are presented in Table 2. The covariates of major interest are the presence of disability and what type of impairment it shows, and gender.

### Table 2: Explanatory variables used in the Cox regressions

<table>
<thead>
<tr>
<th>Covariates</th>
<th>Categories*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Disability</td>
<td>- Non-disabled</td>
</tr>
<tr>
<td></td>
<td>- Blind</td>
</tr>
<tr>
<td></td>
<td>- Deaf mute</td>
</tr>
<tr>
<td></td>
<td>- Crippled</td>
</tr>
<tr>
<td></td>
<td>- Idiot</td>
</tr>
<tr>
<td></td>
<td>- Insane</td>
</tr>
<tr>
<td></td>
<td>- Multiple disabilities</td>
</tr>
<tr>
<td>Gender</td>
<td>- Man</td>
</tr>
<tr>
<td></td>
<td>- Woman</td>
</tr>
<tr>
<td>Socio-economic status</td>
<td>- Upper strata</td>
</tr>
<tr>
<td></td>
<td>- Middle strata</td>
</tr>
<tr>
<td></td>
<td>- Lower strata</td>
</tr>
<tr>
<td></td>
<td>- Unknown/undefined strata</td>
</tr>
<tr>
<td>Residence</td>
<td>- Rural</td>
</tr>
<tr>
<td></td>
<td>- Urban</td>
</tr>
<tr>
<td></td>
<td>- Rural/Industrial</td>
</tr>
<tr>
<td>Cohort</td>
<td>- Pre-industrial time</td>
</tr>
<tr>
<td></td>
<td>- Industrial time</td>
</tr>
</tbody>
</table>

Notes: *) Some of the categories are merged together in the analyses. See Papers I and II.

Interactions between covariates can occur and mean that the effect from them together are different than the total effects from the each of them, hence they interact with each other. An interaction can be found both between continuous and categorical covariates.  

### 5.4 Sequence analysis

In event history analysis it is only possible to analyze one event at a time, in for instance, Cox regressions. Sociologists Anette E. Fasang and Silke Aisenbrey argue that the actual “course” in the life-course concept is brought back with the use of sequence analysis. According to them, a

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general view in the social sciences is that sequence analysis is a tool for exploring “events in a context.” Fasang and Aisenbrey further argue that sequence analysis is a highly powerful complementary method along with event history analysis because it, for instance, reflects and demonstrates the actual life trajectory. It is not based on any assumptions concerning the processes that generated the data, and it offers a beneficial method of analyzing sub-groups in societies that are not presumed to experience a certain event. With sequence analysis, it is possible to analyze several events in the same time sequence and their continuity. This analysis suits the life-course perspective very well, because the individual life courses are presented as sequences of different states. A sequence is thus defined as a list of different states whereby an event gives rise to a shift in the row of states. One great advantage to this statistical method is that the outcome offers a holistic picture of the event history and provides sequences of complete life trajectories. Among its disadvantages is mainly that it is still highly descriptive if not combined with, for instance, regression analysis. In Study III the sequence analysis is applied and the outcome demonstrates descriptive results, showing different life trajectories among people with and without disabilities in the dataset.

Furthermore, sequence analysis makes it possible to explore when in time different events occurred, and the order in which they occurred. The time between two events is called the duration. Events that can only occur once, such as death, are called non-recurrent; and events that can occur several times, like marriage and the birth of children, are recurrent. Sequence analysis can handle both recurrent and non-recurrent events. In Study III the time unit is one year, and corresponds to individuals’

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ages. The three events under study are treated as non-recurrent, which means detecting the occurrence of the first occupation, the first marriage, and the birth of the first child. Table 3 presents the sequence of Anna Märta, the woman highlighted in the introduction, who experienced all three events during the age span of 15 to 30 years. Table 3 reveals that she had no job and was unmarried and childless when the observation started when she was 15 years old. When she was 18 she got her first job, and when she was 26 she married for the first time. Three years later, when she was 29, she gave birth to her first child. Every time an event of interest happened in her life, the state changes accordingly.

Table 3: The sequence of Anna Märta, 1835-1850

| Age | 15 | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 |
|-----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|
| State | 0 | 0 | 0 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 1 | 101 | 101 | 111 | 111 |

States: 0=no occupation, no marriage, no child
1=occupation, no marriage, no child
101=occupation, marriage, no child
111=occupation, marriage, child

5.5 R – a useful statistical software

Both the Cox regressions and the sequence analysis are performed in the computing environment of R (explicitly R-studio). To conduct the statistical analyses, R is complemented with the packages of EHA (Event History Analysis) and TraMineR (Life Trajectory Miner for R). The EHA package made it possible to conduct Cox regressions with both right-censored and left-truncated data, which occur in the dataset used in this thesis. The latter package, TraMineR, enables analyses that explore categorical sequential data through sequence analysis to visualize the individual life trajectories. The TraMineR package also offers possibilities to transform the data into different formats, create usable plots, and handle individual longitudinal data in an adequate way. The analyses, events and required variables used in the different studies in the present work that employ statistical models such as Cox regressions and

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286 Gabadinho et al., "Analyzing and Visualizing State Sequences in R with TraMineR."
sequence analysis are presented in Table 4. In Paper IV, descriptive statistics are performed in the analyses and are therefore not presented in Table 4.

**Table 4: A scheme showing methodological approaches in Studies I–III**

<table>
<thead>
<tr>
<th>Study</th>
<th>Demographic theme</th>
<th>Events</th>
<th>Explanatory variables</th>
</tr>
</thead>
<tbody>
<tr>
<td>I</td>
<td>Mortality (i.e. the propensity to die) using Cox regression models</td>
<td>Death</td>
<td>Presence of disability/Type of disability, Gender, Socio-economic status, Residence, Cohort</td>
</tr>
<tr>
<td>II</td>
<td>Marriage pattern (i.e. the propensity to marry) using Cox regression models</td>
<td>Marriage</td>
<td>Presence of disability/Type of disability, Gender, Socio-economic origin, Residence, Cohort</td>
</tr>
<tr>
<td>III</td>
<td>Occupational opportunities and family-building, analyzed through sequence analysis</td>
<td>First occupation, First marriage, Birth of first child</td>
<td>Presence of disability/Type of disability, Gender</td>
</tr>
</tbody>
</table>
6 Defining and categorizing disability

This chapter discusses how the concepts indicating disability are defined and categorized in the present work. As discussed in Chapter 4, the ministers’ marks of impairment constitute the foundation of the work in this thesis to define disability in past society. In the tables in this chapter, the respective quantities of the different marks of impairment are specified, originating from the outlined dataset; this is discussed further in Chapter 7. It is important to bear in mind that a generalization and categorization of people is of course one way of looking at them; however, there is a risk that the categorization may contribute to deepening their differences rather than limiting the borders between them. Therefore, it is significant for a historian to present how and why a certain categorization is used. In the following sections, the categorization applied in this thesis is motivated and discussed.

6.1 Identifying and categorization disabilities

In every society throughout history, people have used social categories to identify themselves or others as belonging to certain groups. This can have consequences, such as stigmatization in society and/or loss of power, but can also entail the opposite, serving as a way to gain rights and power. Thus, “category” is a term with a defined interpretation based on the criteria determining those who belong in the category. Social categories can have biological foundations, for instance based on gender, and/or medical foundations. Historian Anders Berge argues that social categorization in a society is mostly based on three standpoints: firstly, which social groups should exist in society; secondly, what the criteria are for belonging to them; and thirdly, what the consequences are for being a part of a certain group. Historian Birgitta Svensson points out that a categorization based on social or cultural attributes has its origin in the social norms prevailing in society at any time in history. For example, for people categorized as “criminals, tinkers and the tattooed” in the past, this categorization played an important role in shaping their individual cultural identities and/or marginalization from mainstream

289 Berge, ”Säg mig vem jag är...’,” 616-620 and 627.
society. Historian Adrienne Phelps Coco has studied lawmakers’ social classification of disabled people in the so-called Ugly Law in Chicago in the late nineteenth century. Phelps Coco argues that the concept of disability was a culturally defined category that was not fixed across time. In the 1870s and 1880s, Chicagoans did not categorize physical disabilities in one solid category as we do today; instead, they based the categorization on social roles in society.

In today’s disability studies, the focus lies primarily on issues the disabled individual experiences according to his or her impairment, and its interplay with the environment. In other words, how disability obstructs the individual from acting and participating in society to the same extent as non-disabled individuals (the social model; see Chapter 3). Even today, it is difficult to classify and categorize disability; an important institution dealing with this issue is the World Health Organization (WHO), which has established the International Classification of Functioning, Disability and Health (ICF). The ICF aims to provide a unified framework for describing health and health-related issues (see Chapter 3).

Sociologist Lars Grönvik, who has researched issues of defining disability, argues that the concept of disability is highly contingent, unstable over time, not global, and is associated with contradictory meanings. Another troublesome issue according to Grönvik is generalization, especially when conducting cross-sectional comparisons. He distinguishes three different definitions that are commonly used in disability studies. The first entails categorization based on *functional limitations*, which stem from changes in bodily function, e.g. blindness and deafness. This definition is a common foundation used worldwide in censuses and surveys. Secondly, Grönvik recognizes *legal and administrative definitions*, which stem from the development of welfare systems. Authorities need definitions to divide people into those who are entitled to support with those who are not. Only those who fulfill certain criteria are regarded as disabled and are thus eligible for support from

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291 Phelps Coco, "Diseased, Maimed, Mutilated," 23.
293 ICDIH 1980: 3.
the state, and these criteria vary greatly between states. Also, since different eligibility criteria are established for different disabilities, a various number of disabilities could be prevalent in one country’s welfare system but not in another country’s. This kind of definition is mainly applied in studies of how the benefits in welfare systems are provided, for instance the studies by sociologist Marianne Hedlund and political scientist Deborah A. Stone.\textsuperscript{295} The third definition Grönvik stipulates is the \textit{subjective definition}; here, individuals who recognize themselves as disabled are categorized as such. Accordingly, inclusion in this definition is voluntarily. It is possible to include this definition when exploring disability in, for example, reports comprising self-labeled persons.\textsuperscript{296}

However, the definitions and categories we use today did not exist 150 years ago, which is a challenge for researchers in the field of disability history.\textsuperscript{297} The present work focuses on Grönvik’s first definition, \textit{functional limitations}, as the parish records and the ministers’ marks of impairment are the foundation. This study’s pre-welfare context precludes the opportunity to apply the second definition, and there are no available written sources of self-perceived disability from the nineteenth century, which also disqualifies the third definition.

Another issue in this work is that the concepts used in past societies to indicate disabilities use old-time Swedish words. They sometimes have vague meanings, and are occasionally of a more descriptive character. The English translations to in this work are therefore approximate; furthermore, the concepts are often translated verbatim from the Swedish to the English, which sometimes results in rather odd expressions for a modern native English speaker. Also, Grönvik and Jerome Bickenbach et al. argue that it can be difficult to conduct comparative disability studies across cultures, since the definitions and concepts of disability are inconsistent.\textsuperscript{298}

\textsuperscript{295} Grönvik, "Defining disability," 2-3; Hedlund, Marianne, "Disability as a Phenomenon: A discourse of social and biological understanding," \textit{Disability and Society} 15, no. 5 (2000); Stone, \textit{The Disabled State}

\textsuperscript{296} Grönvik, "Defining disability," 3.

\textsuperscript{297} e.g. Phelps Coco, "Diseased, Maimed, Mutilated," 24.

What terms did nineteenth-century people use, then, and what were they referring to when they used them? They certainly did not use the concept “disabled”; instead, the disabled person was ascribed as having some kind of impairment (lyte in Swedish). A common term before “disability” came into use was “handicapped”. This term originates from an Old English term, handicap (hand in cap, hand i mössa), which was first the name of a hazard game played in the seventeenth and eighteenth centuries. Later in eighteenth-century England, the concept was used as a sports term, and came to be used this way in Sweden as well. The Swedish Academy’s glossary (SAOL) from 1950 refers to the sports term, but by the 1973 edition the concept had come to signify someone with physical or mental impairments and/or obstacles caused by invalidity, for example. The impairments that can be found in the nineteenth-century parish records were often of either the physical or mental kind. A frequently used term to depict physical impairments was “crippled” (in Swedish, for instance hytt, menför or ofärdig). The ministers often describe impairments as they observe them, for instance “cannot speak” instead of “mute”, and “cannot see” instead of “blind”. Mental deviances were far more complex to define for the ministers, which is discussed further below. Based on the marks of impairment it is not possible for today’s researchers to interpret how severe the different disabilities were for the individual persons, but it is possible to conclude that the persons had some kind of disabling dysfunction, since the ministers indeed made the marks.

6.2 Categorizing different types of disabilities

The sections below details how the different marks of impairment found in the parish registers are identified and categorized. A summarized picture of the disabilities included in this work and how they are grouped is shown in Table 5. The following sub-sections present the disabilities recognized from the ministers’ marks of impairment by group, and discuss their interpretation more thoroughly.

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300 Förhammar, ””Lytt, abnorm, invalid, handikappad, funktionshindrad”, 35.
301 Olsson, ”Att leva som lytt,” 18.
Table 5: Categorization of disability based on marks of impairment in parish registers from the Sundsvall region, 1800-1874

<table>
<thead>
<tr>
<th>No.</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Blind</td>
</tr>
<tr>
<td>2.</td>
<td>Deaf mute</td>
</tr>
<tr>
<td>3.</td>
<td>Crippled</td>
</tr>
<tr>
<td>4.</td>
<td>Idiot</td>
</tr>
<tr>
<td>5.</td>
<td>Insane</td>
</tr>
<tr>
<td>6.</td>
<td>Multiple disabilities</td>
</tr>
</tbody>
</table>

Source: Digitized parish registers, the region of Sundsvall, Demographic Data Base (DDB), Umeå University, Sweden

6.2.1 From weak-sighted to totally blind

In the winter of 1851, Brita Lena was born as the third child of a farmer in the parish of Hässjö. Already when she was a small child, the minister marked in the parish records that Brita Lena was weak-sighted. When she was about 20 years old, the minister changed the mark to blind. When she was over 40 years old the minister wrote in the catechetical registers that she was excused from reading at the catechetical examinations, likely due to her blindness. Brita Lena serves as an example of people in the dataset who are categorized as blind. This group comprises individuals that the minister reported as having visual impairments, ranging from weak-sighted to blind. The interpretation of being blind was probably the same in the nineteenth century as it is today: lacking the ability to see. The term “blind” came to be replaced with “visually impaired” in the 1970s, as “blind” was inaccurate since most people who were regarded as blind could see at least something, even if it was very little. Also in the past, the concept of being blind covered a wide range of visual impairments. For instance, at the special schools for blind pupils established in the nineteenth century, students

303 Bidrag till Sveriges officiella statistik A) 1900: XLV; Drugge, *Om husförhörslängder som medicinsk urkund*.
304 Förhammar, Från tärande till närande: 23.
had different degrees of visual impairments. Children with visual dysfunctions who were not able to assimilate in the elementary schools could attend these special schools. Thus, this category includes concepts indicating blindness and near blindness, but also visual defects such as short-sightedness and having one eye. Table 6 presents the distribution of the different types of marks indicating visual impairments found among the individuals included in this study.

Table 6: Distribution of marks of impairment in the group of blind people in the Sundsvall region 1800-1874

<table>
<thead>
<tr>
<th>Marks of impairment</th>
<th>Men N</th>
<th>Women N</th>
<th>Total N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blind (blind)</td>
<td>1</td>
<td>10</td>
<td>11 (24.4)</td>
</tr>
<tr>
<td>Almost blind (nästan blind)</td>
<td>1</td>
<td>0</td>
<td>1 (2.2)</td>
</tr>
<tr>
<td>Weak-sighted (svag syn, svagsynt)</td>
<td>8</td>
<td>6</td>
<td>14 (31.1)</td>
</tr>
<tr>
<td>Short-sighted (när syn)</td>
<td>3</td>
<td>2</td>
<td>5 (11.1)</td>
</tr>
<tr>
<td>Bad/wrong with sight (dålig syn, fel på syn, felaktig syn)</td>
<td>4</td>
<td>4</td>
<td>8 (17.8)</td>
</tr>
<tr>
<td>Sees badly (ser illa)</td>
<td>3</td>
<td>0</td>
<td>3 (6.7)</td>
</tr>
<tr>
<td>Has weak eyes (har svaga ögon)</td>
<td>0</td>
<td>1</td>
<td>1 (2.2)</td>
</tr>
<tr>
<td>One-eyed (enögd)</td>
<td>1</td>
<td>0</td>
<td>1 (2.2)</td>
</tr>
<tr>
<td>Visually impaired (synskadad)</td>
<td>0</td>
<td>1</td>
<td>1 (2.2)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>21</strong></td>
<td><strong>24</strong></td>
<td><strong>45 (100)</strong></td>
</tr>
</tbody>
</table>

Source: Digitized parish registers, the region of Sundsvall, Demographic Data Base (DDB), Umeå University, Sweden

Note: Based on marks of impairment the individuals had at observation start (see Chapter 4)

According to Table 6, the concept of total blindness covers only 24 percent of the concepts found in the group, and all but one of these referred to female individuals. Based only on the marks in the parish registers is impossible to know how severe the visual impairment was among those recognized as weak-sighted, but it was obviously evident enough for the ministers to make a mark about it. The fact that it was not only those who were completely blind who were defined as such was pointed out by the Tabular Commission in its commentaries to the census of 1856-1860. Hence, the categorization in this work is in line with the recommendation that all concepts indicating some kind of visual dysfunction be categorized in one group, here called “blind”.

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305 Olsson, "Omsorg & Kontroll," 193-196; Förhamnar, Från tärande till närande: 162-166; Ek, Den svenska blindvårdens uppkomst och utveckling: 25 and 80.


307 Bidrag till Sveriges officiela statistik A) 1856-1860: XXXVIII.
6.2.2 Deaf and dumb or simply mute?

In 1844 a farming family moved to the parish of Tynderö. Of the family’s five siblings, three were noted by the minister as being deaf mute: Nils Johan (born 1835), Anna Maria (born 1837), and Anders Gustaf (born 1843). These three siblings exemplify one part of this category, covering concepts indicating hearing impairments such as deaf, deaf mute, and other hearing dysfunctions. The other part of the category includes concepts indicating communication dysfunctions, such as “difficulty speaking”, “stammers” or “dumb”. Two sisters, Cajsa (born 1819) and Ingrid (born 1827) from Njurunda, received marks from the minister indicating hearing and speaking dysfunctions. Cajsa had something “wrong with her speaking ability” while it was “hard (for Ingrid) to hear”. The concepts indicating hearing and/or speaking dysfunctions are difficult to divide into two different categories in an adequate way. Some terms cover both conditions at the same time, as with Sven (born 1811) from Sättna, who was marked as both deaf and dumb. When nineteenth-century people used the concept of deaf mute, they were not always referring to both hearing and speaking dysfunctions. Those who had a severe hearing dysfunction had often not had training in speaking, and were thus regarded as “dumb”. The concept of deaf mute can therefore be seen as a result of something people in the past regarded as a natural connection.308

In its commentary to the 1856-1860 census, the Tabular Commission emphasizes that ministers should also include “dumb” among the concepts of deafness; previously, this had commonly been seen as the same as being deaf.309 In this thesis, the terms indicating any kind of hearing or communication dysfunctions are included in the group called “deaf mute”. The distribution of the marks of impairment indicating hearing and speaking dysfunctions are shown in Table 7.

Table 7 shows three marks of impairment that stand out: deaf (15.7 percent), stammers (18.5 percent), and deaf mute (28.7 percent). The distribution by gender indicates that it was more common for men to be noted as having hearing and speaking dysfunctions (64.7 percent) than women. The most common mark of impairment among the men was deaf mute (32.9 percent), and among the women deaf (28.9 percent).

308 Förhammar, Från tärande till närande: 23; De Veirman et al., "Deaf and unwanted?,” 245.
309 Bidrag till Sveriges officiella statistik A) 1856-1860: XXXVIII.
### Table 7: Distribution of marks of impairment categorized as denoting deaf in the Sundsvall region 1800-1874

<table>
<thead>
<tr>
<th>Marks of impairment:</th>
<th>Men N</th>
<th>Women N</th>
<th>Total N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deaf (döf, döv)</td>
<td>6</td>
<td>11</td>
<td>17 (15.7)</td>
</tr>
<tr>
<td>Slightly deaf/almost deaf (lite döf, ganska döf)</td>
<td>2</td>
<td>0</td>
<td>2 (1.9)</td>
</tr>
<tr>
<td>Hears badly (höver illa)</td>
<td>6</td>
<td>1</td>
<td>7 (6.5)</td>
</tr>
<tr>
<td>Hard of hearing (lomhörd)</td>
<td>1</td>
<td>2</td>
<td>3 (2.8)</td>
</tr>
<tr>
<td>Wrong with hearing (fel på hörsel)</td>
<td>0</td>
<td>1</td>
<td>1 (0.9)</td>
</tr>
<tr>
<td>Mute (stum, dumbe, dummer, dumbon, dumbe, dum)</td>
<td>3</td>
<td>3</td>
<td>6 (5.6)</td>
</tr>
<tr>
<td>Stammers (stam, stammande, stammar)</td>
<td>15</td>
<td>5</td>
<td>20 (18.5)</td>
</tr>
<tr>
<td>Great deal of stammering (mycket stam)</td>
<td>1</td>
<td>0</td>
<td>1 (0.9)</td>
</tr>
<tr>
<td>Stammering with bad pronunciation (stam o oredigt uttal)</td>
<td>1</td>
<td>0</td>
<td>1 (0.9)</td>
</tr>
<tr>
<td>Wrong with the speaking organ (dålig i talorganen, fel på talgåfvan, klen talgåfva, klen talförmåga)</td>
<td>3</td>
<td>3</td>
<td>6 (5.6)</td>
</tr>
<tr>
<td>Bad speaking (talar illa, talar klost)</td>
<td>3</td>
<td>1</td>
<td>4 (3.7)</td>
</tr>
<tr>
<td>Very bad speaking (talar mycket illa)</td>
<td>1</td>
<td>0</td>
<td>1 (0.9)</td>
</tr>
<tr>
<td>Has difficulty speaking (har svårt att tal)</td>
<td>1</td>
<td>1</td>
<td>2 (1.9)</td>
</tr>
<tr>
<td>Difficulty speaking, whispers (svårt att tal, viskar)</td>
<td>0</td>
<td>1</td>
<td>1 (0.9)</td>
</tr>
<tr>
<td>Cannot speak (kan ej tala)</td>
<td>3</td>
<td>0</td>
<td>3 (2.8)</td>
</tr>
<tr>
<td>Cannot speak correctly (kan ej tala riktig)</td>
<td>0</td>
<td>1</td>
<td>1 (0.9)</td>
</tr>
<tr>
<td>Deaf mute (döfstum, döf o dumb)</td>
<td>23</td>
<td>8</td>
<td>31 (28.7)</td>
</tr>
<tr>
<td>Mute and hard of hearing (stom och lomhörd)</td>
<td>1</td>
<td>0</td>
<td>1 (0.9)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>70</td>
<td>38</td>
<td>108 (100)</td>
</tr>
</tbody>
</table>

Source: Digitized parish registers, the region of Sundsvall, Demographic Data Base (DDB), Umeå University, Sweden
Note: Based on marks of impairment the individuals had at observation start (see Chapter 4)

### 6.2.3 Crippled – indicating body dysfunctions

The last group of disability concepts from the parish registers comprises concepts indicating physical impairments. In the nineteenth century, people suffering from such impairments were called “crippled” or “cripples” (ofärdig). All these types of disability concepts document dysfunctions regarding the body structure and/or the person’s working ability. An example of this is Daniel from Indal, whom in 1834 the minister noted to be crippled and useless for performing work. Another example is Lars Erik, who was born in 1811 in Njurunda and was noted as crippled from a young age; but the minister never noted how severe the disability was. Frequently used marks of impairment in this group are presented in Table 8.
Table 8: Distribution of marks of impairment among the group of crippled in the Sundsvall region 1800-1874

<table>
<thead>
<tr>
<th>Marks of impairment</th>
<th>Men N</th>
<th>Women N</th>
<th>Total N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crippled (ofärdig, vanför, menför)</td>
<td>68</td>
<td>42</td>
<td>110 (65.5)</td>
</tr>
<tr>
<td>Cripple (krympling)</td>
<td>18</td>
<td>7</td>
<td>25 (14.9)</td>
</tr>
<tr>
<td>Crippled in legs/one thigh (ofärdig i benen, ofärdig i ena läret)</td>
<td>4</td>
<td>0</td>
<td>4 (2.4)</td>
</tr>
<tr>
<td>Crippled in one arm (menför i övre armen, ofärdig i ena armen, vanför i armen)</td>
<td>2</td>
<td>1</td>
<td>3 (1.8)</td>
</tr>
<tr>
<td>Crippled in the back/hunchbacked (ofärdig i ryggen, ofärdig – knöl på ryggen, puckelryggig)</td>
<td>0</td>
<td>3</td>
<td>3 (1.8)</td>
</tr>
<tr>
<td>Severely crippled (illa ofärdig)</td>
<td>1</td>
<td>0</td>
<td>1 (0.6)</td>
</tr>
<tr>
<td>Crippled, had a stroke (ofärdig-haft slag)</td>
<td>1</td>
<td>0</td>
<td>1 (0.6)</td>
</tr>
<tr>
<td>Crippled, useless for work (ofärdig-till arbete oduglig)</td>
<td>1</td>
<td>0</td>
<td>1 (0.6)</td>
</tr>
<tr>
<td>Crooked (smed)</td>
<td>0</td>
<td>1</td>
<td>1 (0.6)</td>
</tr>
<tr>
<td>Cut oneself (har huggit sig)</td>
<td>1</td>
<td>0</td>
<td>1 (0.6)</td>
</tr>
<tr>
<td>Deformation of the head (missväxt i anseende till huvudet)</td>
<td>0</td>
<td>1</td>
<td>1 (0.6)</td>
</tr>
<tr>
<td>Disfigured by burn and crippled by stroke (vanstållad af brännsår ok menför genom slag)</td>
<td>1</td>
<td>0</td>
<td>1 (0.6)</td>
</tr>
<tr>
<td>Has had stroke and right arm three times broken (haft slag o bögra armen 3:e gåa ggr afbruten)</td>
<td>1</td>
<td>0</td>
<td>1 (0.6)</td>
</tr>
<tr>
<td>Hare lipped (harmynt)</td>
<td>1</td>
<td>1</td>
<td>2 (1.2)</td>
</tr>
<tr>
<td>Injured by damage (af åverkan skadad)</td>
<td>1</td>
<td>0</td>
<td>1 (0.6)</td>
</tr>
<tr>
<td>Limps (baltar)</td>
<td>1</td>
<td>0</td>
<td>1 (0.6)</td>
</tr>
<tr>
<td>Missing one arm (har ena armen borta)</td>
<td>1</td>
<td>0</td>
<td>1 (0.6)</td>
</tr>
<tr>
<td>Paralyzed/lame (lam, lam af slag)</td>
<td>2</td>
<td>1</td>
<td>3 (1.8)</td>
</tr>
<tr>
<td>Paralyzed in right hand (förkramad i högra handen)</td>
<td>0</td>
<td>1</td>
<td>1 (0.6)</td>
</tr>
<tr>
<td>Smaller in size (bedrande liten, liten till växten)</td>
<td>4</td>
<td>0</td>
<td>4 (2.4)</td>
</tr>
<tr>
<td>Walks with crutches (går på kryckor)</td>
<td>1</td>
<td>0</td>
<td>1 (0.6)</td>
</tr>
<tr>
<td>Weak and crippled (svag och ofärdig)</td>
<td>1</td>
<td>0</td>
<td>1 (0.6)</td>
</tr>
<tr>
<td>Total</td>
<td>110</td>
<td>58</td>
<td>168 (100)</td>
</tr>
</tbody>
</table>

Source: Digitized parish registers, the region of Sundsvall, Demographic Data Base (DDB), Umeå University, Sweden

Note: Based on marks of impairment the individuals had at observation start (see Chapter 4)

As seen in Table 8, many of the marks of impairment in this group are unspecific. The old-time Swedish term ofärdig is generally interpreted as “crippled”, and was frequently used in past society to depict people with physical dysfunctions. Another two unspecific marks of impairment with almost the same meaning are vanför and menför. Originally in old Swedish laws and regulations, the concept vanför was similar to “unfit for work”, and as late as the nineteenth century this term was used to denote a person with reduced working ability. By the end of the nineteenth century, however the concept had gradually come to denote those who...
were physically disabled.\textsuperscript{310} In this work all three marks – ofärdig, vanför and menför – are translated as “crippled”. A fourth similar mark is krympling, which means a crippled person – a “cripple”. The number of marks noting “crippled” and “cripple” in the dataset corresponds to 80 percent of all marks of impairment categorized as denoting physical dysfunction. It is likely that the ministers used the unspecific term crippled for those with limitations in their ability to work. This group also includes concepts such as hare lipped or smaller in size. Compared to a person with a severe dysfunction, such as missing a leg or being lame, being hare lipped or small in stature could be regarded as less significant for an individual’s working ability. Nevertheless, this category includes all marks of impairment indicating the physical impairments/dysfunctions, minor or severe, that the minister regarded as necessary to note in the parish registers.

\textit{6.2.4 Impairments indicating mental dysfunctions}

Identifying and categorizing marks of impairment indicating mental disorders from the nineteenth century is even more difficult. The first issue is to interpret what conditions the old Swedish concepts actually indicate. Second, the medical knowledge in the nineteenth century did not differentiate or classify mental disorders like we do today. Statistics Sweden commented upon the problems of categorizing these disorders in their work with the censuses in the latter part of the nineteenth century. The commentaries to these censuses have been a most useful base for the categorization in this work, as will be evident below. Third, it is difficult to translate these terms into English so that they mean the same as the Swedish. This sub-section attempts to clarify and describe how the concepts are interpreted and categorized into two different groups of mental disabilities.

Starting with the classification of mental disorders and the medical knowledge about mental conditions in the nineteenth century, it was first in 1840 that the Tabular Commission became interested in recording the numbers of insane people living in the parishes, but they did not prescribe any differentiation within the concept of insanity.\textsuperscript{311} The concept seems to have represented both mental retardation and mental...

\textsuperscript{310} Förhammar, Från tärande till närande: 24; Hellquist, Elof, Svenskt etymologisk ordbok. (Lund: Gleerup, 1948).
\textsuperscript{311} Bidrag till Sveriges officiella statistik A) 1851 med 1855: 53.
illness. In a circular from the Tabular Commission from 1870, it was prescribed that the ministers should also report whether or not a person’s insanity had been discovered in childhood, whether the condition was of a periodic or an intermittent character, and whether it had been inherited. Since there still was some confusion regarding the disorders included in the concept, Statistics Sweden commented in 1880 that from that point on the ministers should divide the concepts of mental illness into “idiots” (those who have been recognized as insane already in childhood) and the “insane” (all others besides the idiots). Statistics Sweden also provided a list at that time containing the most common marks of impairment reported by ministers in the entire country, and guidelines for how to distinguish between idiots and the insane. In 1890 Statistics Sweden made it even clearer, as the concepts of mental deficiencies were separated into two different groups in accordance with when in life the mental disorder had been recognized. The guidelines prescribed that a person suffering from a mental disorder that had been recognized during childhood was to be categorized as an idiot. If the mental disorder was recognized in adulthood, the person was to be defined as insane. Thus, the time in life at which the mental disorder was acquired laid the foundation for Statistics Sweden’s categorization. In its commentaries to the censuses, Statistics Sweden further listed the reported marks of impairment that originated from the catechetical examination records the ministers had sent in. Statistics Sweden distinguished between concepts indicating idiocy and those indicating mental illness. They also listed a couple of marks of impairment that indicated both idiocy and insanity, and provided guidelines for distinguishing between them according to the age of the individual when the disorder had been recognized. For example, in the 1890 census a child with the mark “feeble-minded” was categorized as an idiot, while an adult with the same mark was defined as suffering from insanity. Statistics Sweden also pointed out that their guidelines had been established after consultation with people who had medical knowledge. In the 1900 census, Statistics Sweden provided an even stricter regulation. Now, it was clarified that the definition of an idiot was an individual who had only minor knowledge from childhood and never developed a fully functioning intellect as an adult. Mental illness,

312 Bidrag till Sveriges officiela statistik A) 1870: XLIX.
313 Bidrag till Sveriges officiela statistik A) 1870: XXVIII-XL.
314 Bidrag till Sveriges officiela statistik A) 1890: XLVIII-XLIX.
315 Bidrag till Sveriges officiela statistik A) 1890: XXXVIII-XLIX.
316 Bidrag till Sveriges officiela statistik A) 1890: XLVIII-XLIX.
or insanity, referred to individuals who had had a fully functioning intellect as children but had developed some kind of mental dysfunction as adults.\footnote{Bidrag till Sveriges officiella statistik A) 1900: XLIV-XLV.} A similar definition was used in nineteenth-century Wales: idiocy was both medically and legally defined as a condition present from birth or shortly after. It should also show signs of being permanent, irreversible and incurable.\footnote{Hirst, David and Pamela Michael, "Family, Community and the 'Idiot' in Mid-nineteenth Century North Wales," Disability and Society 18, no. 2 (2003): 147.}

Another two troublesome concepts are the Swedish words sinnessvag and sinnesslö, which directly translated would be “weak in the mind” and “slow in the mind”. The question is whether these two concepts were equivalent to each other. According to a dictionary from 1890, the concept sinnesslö was equivalent to denoting an idiot.\footnote{Nordisk familjebok, (Stockholm1890), 418 and 1116.} The concept sinnesslö was described by a physician for the first time in 1857.\footnote{Grunewald, Från idiot till medborgare: 20.} In the commentaries to the 1850-1860 censuses by Statistics Sweden, both idiot and sinnessvag were classified as denoting mental disorders.\footnote{Bidrag till Sveriges officiella statistik A) 1856-1860: XXXV.} In the commentaries to the 1880 census, Statistics Sweden made a division between the concepts “idiot” and “insane”, whereby sinnessvag was to be included among insane disorders. This division was promoted by Statistic Sweden for the rest of the nineteenth century.\footnote{Bidrag till Sveriges officiella statistik A) 1880.} Given this, the concept sinnessvag is interpreted as mental illness and categorized to the type of disability group called “insane”. Concerning the concept sinnesslö, there is less confusion. Most scholars interpret it as equivalent to mentally retarded or mentally deficient. The concept sinnesslö came into use in Sweden during the 1870s, and was to be regarded as equal to idiocyism. Furthermore, individuals recognized as sinnesslö were divided into educable and not educable.\footnote{Förhammar, Från tärande till närande: 23-24; Olsson, "Att leva som lytt," 57-61.} Historian Maija Runcis argues that concepts denoting mental dysfunctions such as sinnesslö did not always mean a person was mentally retarded. They could also indicate underachievers who did not need hospital care.\footnote{Runics, Maija, Steriliseringar i folkhemmet (Stockholm: Ordfront, 1998), 548-549.} In line with the discussion above, all individuals noted as sinnesslö are regarded as idiots in this work.\footnote{See also Drugge, Om busförbörslängder som medicinsk urkund: 3-4; Förhammar, Från tärande till närande: 23-24; Olsson, "Att leva som lytt," 57-61.} An example of the opposite, where the interpretation is
much clearer, is the term “idiot” (the same word in both English and Swedish). This refers to a person with an intellect that never developed completely during childhood. The Swedish words sinnesslö and sinnessvag are both usually translated as feeble-minded but, as mentioned above, sinnesslö was more equivalent to idiot whereas sinnessvag was more equivalent to feeble-minded. Rogers and Nelson discuss this confusion over the English concept feeble-minded, and are of the opinion that sinnesslö should be interpreted as mental deficiency or idiocy. In this work, when all these facts are taken into consideration, sinnessvag is translated and interpreted as feeble-minded and sinnesslö as mentally deficient (categorized as idiot). Both concepts were generally very common in Sweden during the nineteenth century, but the church registers chosen for this study (Sundsvall region) show no cases of sinnesslö. It is likely that the ministers in the Sundsvall region probably used other concepts to denote mental disorders, e.g. idiot. However, even if the confusion between the concepts of sinnessvag and sinnesslö was not visible in the research area, it nevertheless suffices to illustrate the issues one faces when interpreting difficult concepts from the past.

In the present work, the categorization of marks of impairment indicating mental disorders parallels the instructions from Statistics Sweden in the latter part of the nineteenth century. The lists of ministers’ marks have served as a guideline for categorizing the marks of impairment indicating mental dysfunctions in the parish registers into two groups: idiots and the insane. It is relevant to discuss whether there is reason to distinguish between concepts indicating idiotism and those indicating insanity, due to all the confusion in the matter. Olsson did not distinguish between them in her thesis (1999) on disabled people in Linköping in the nineteenth century. In this work, the mental deficiencies are divided into two groups of concepts, respectively indicating idiots and insanity. However, in some of the analyses they are merged together due to technical issues in performing the statistical analyses.

326 Kjellberg, "Om sinnessjukdomarnes stadier," 10-11.
328 Olsson, "Att leva som lytt."
6.2.5 Idiots

The word “idiot” has its origin in Ancient Greece, and derives from the Greek word *idios*, meaning “own”. Initially, it referred to a person who had no working skills and was uneducable. During the seventeenth century, it came to be associated with someone who was foolish, or someone born with an abnormally weak intellect. It was not until the eighteenth century in France that the term took on its psychiatric meaning, when it was interpreted as “a person born with an abnormally weak intellect”. The same development occurred in Sweden. According to Karl Grunewald, during the nineteenth century the concept of “idiot” denoted to severe mental retardation, while the concept of “imbecile” (*imbecil*) referred to moderate mental retardation. When children started learning to read, and later in their confirmation education, the ministers could observe whether there were any indications that they were less intelligent and should thus be regarded as idiots. However, those with dyslexia were also likely identified as idiots. In the present work, the word idiot is chosen for this category because it represents the concept commonly used in nineteenth-century society and for census purposes to denote a person with lower intelligence.

In her childhood Märtta Stina born in 1810, was recognized by the minister in Skön as less cognizant (*mindre vetande*), indicating some kind of mental disorder. Throughout her life the minister kept her mark of impairment in the records. Märtta Stina exemplifies a person regarded as an idiot. The term *mindre vetande*, commonly used in the nineteenth century, is difficult to translate into English; a suggestion is “less cognizant” which is chosen here to represent the concept. Other concepts that are easier to interpret and translate into English include “foolish” and “silly” (*enfaldig* and *fänig*). More complex marks of impairment within this group are those signifying some kind of limited ability to understand, a lack of memory skills, and/or some dysfunction with the intelligence. Based on the commentaries by Statistics Sweden

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329 Grunewald, Från idiot till medborgare 28.
331 Grunewald, Från idiot till medborgare 15.
332 Grunewald, Från idiot till medborgare 16.
333 e.g. Förhammar, Från tärande till närande: 23-24.
for the 1860 to 1900 censuses, the marks indicating such disabilities were categorized as idiots. Due to this, the marks of impairment indicating some of these dysfunctions, used either alone or in combination, are categorized here as denoting idiots. Table 9 shows the marks of impairment found among individuals in the parish registers who are recognized as idiots.

**Table 9: Distribution of marks of impairment categorized as denoting idiots in the Sundsvall Region 1800-1874**

<table>
<thead>
<tr>
<th>Marks of impairment</th>
<th>Men N</th>
<th>Women N</th>
<th>Total N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Foolish (enfaldig)</td>
<td>1</td>
<td>1</td>
<td>2 (1.6)</td>
</tr>
<tr>
<td>Idiot (idiot)</td>
<td>1</td>
<td>0</td>
<td>1 (0.8)</td>
</tr>
<tr>
<td>Less cognizant (mindre vetande)</td>
<td>20</td>
<td>20</td>
<td>40 (32.3)</td>
</tr>
<tr>
<td>Less cognizant and weak in the intellect (mindre vetande och svag till förståndet)</td>
<td>2</td>
<td>0</td>
<td>2 (1.6)</td>
</tr>
<tr>
<td>Silly (fänig, nog fänig)</td>
<td>3</td>
<td>7</td>
<td>10 (8.1)</td>
</tr>
<tr>
<td>Silly and weak in the intellect (har svaga förståndsgåvor och är enfaldig)</td>
<td>1</td>
<td>0</td>
<td>1 (0.8)</td>
</tr>
<tr>
<td>Slow natural gifts (trög naturgåvor)</td>
<td>2</td>
<td>0</td>
<td>2 (1.6)</td>
</tr>
<tr>
<td>Weak head (svag burud)</td>
<td>0</td>
<td>1</td>
<td>1 (0.8)</td>
</tr>
<tr>
<td>Weak or bad ability to comprehend*</td>
<td>12</td>
<td>8</td>
<td>20 (16.1)</td>
</tr>
<tr>
<td>Weak or bad memory ability**</td>
<td>9</td>
<td>4</td>
<td>13 (10.5)</td>
</tr>
<tr>
<td>Weak or bad in the intellect***</td>
<td>10</td>
<td>6</td>
<td>16 (12.9)</td>
</tr>
<tr>
<td>Weak or bad in the intellect and weak or bad memory****</td>
<td>5</td>
<td>2</td>
<td>7 (5.6)</td>
</tr>
<tr>
<td>Weak or bad ability to comprehend and weak or bad memory****</td>
<td>6</td>
<td>1</td>
<td>7 (5.6)</td>
</tr>
<tr>
<td>Other******</td>
<td>2</td>
<td>0</td>
<td>2 (1.6)</td>
</tr>
<tr>
<td>**Total</td>
<td>74</td>
<td>50</td>
<td>124 (100)</td>
</tr>
</tbody>
</table>

Source: Digitized parish registers, the region of Sundsvall, Demographic Data Base (DDB), Umeå University, Sweden

Note: Based on marks of impairment the individuals had at observation start (see Chapter 4)

*) including bar klara fattningssäror, ganska trög fattningssävor, små fattningssäror, har svagt begrepp, ringa svagt begrepp, mindre fattningssäror, mycket klen till sina fattningssäror, svag fattning, svag fattningssävor, svag till sin af mindre begrepp, svaga fattningssävor, trög fattning, läser osäkert och bar ringa svagt begrepp

**) including dåligt minne, trög minne, mycket svagt minne, svagt minne

***) including har svagt förstånd, mindre förstånd, missbildad till förståndet, svag till/ i förståndet, svaga förståndsgåvor, svagt förstånd, svaga förståndsgåvor

**** including svagt förstånd och trög minne, vanlottad på minnes och förståndsförmågan

***** including svagt minne och trög fattningssävor, har varken minne eller fattningssägor, svag fattningssäga och utan minne, svaga fattningssägor och svagt minne, svagt minne och begrepp, svåra fattningssägor och svagt minne

*******) kan ingenting, mindre för sig

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334 Bidrag till Sveriges officiella statistik A) 1856-1860: XXXV; Bidrag till Sveriges officiella statistik A) 1870: XLIX; Bidrag till Sveriges officiella statistik A) 1880: XL; Bidrag till Sveriges officiella statistik A) 1890: XLVIII-XLIX; Bidrag till Sveriges officiella statistik A) 1900: XLV.
According to Table 9, the concept “less cognizant” (mindre vetande) is the most frequently used by the ministers to denote idiots, 32.3 percent. Other commonly used marks were associated with the ability to comprehend, dysfunctions in the intellect, or bad or weak memory skills.

6.2.6 Notes on insanity

A common trait of the marks of impairment in the category indicating insanity is that they show some kind of mental illness recognized in the afflicted individual’s adulthood (as described above). For example, Carl from Hässjö, born 1812, was noted in the parish registers as insane when he was 20 years old. The distribution of marks of impairment categorized as denoting insane is shown in Table 10. The concept “feeble-minded” stands out as the most common concept in this category, at 61.4 percent. It is also distributed equally between the genders. The second most common concept is “insane”, at 13.6 percent.

Table 10: Distribution of marks of impairment categorized as denoting insane in the Sundsvall region 1800-1874

<table>
<thead>
<tr>
<th>Marks of impairment:</th>
<th>Men N</th>
<th>Women N</th>
<th>Total N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crazy (rubbad till förståndet, rubbad…)</td>
<td>1</td>
<td>1</td>
<td>2 (4.5)</td>
</tr>
<tr>
<td>Feeble-minded (svagsint, svagind, sinnessvag, sinnesswaghet, sinnesbruten)</td>
<td>14</td>
<td>13</td>
<td>27 (61.4)</td>
</tr>
<tr>
<td>Insane (vansinnig, wansinnig)</td>
<td>3</td>
<td>3</td>
<td>6 (13.6)</td>
</tr>
<tr>
<td>Weak (svag)</td>
<td>2</td>
<td>2</td>
<td>4 (9.1)</td>
</tr>
<tr>
<td>Other*</td>
<td>2</td>
<td>3</td>
<td>5 (11.4)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>22</td>
<td>22</td>
<td>44 (100)</td>
</tr>
</tbody>
</table>

Source: Digitized parish registers, the region of Sundsvall, Demographic Data Base (DDB), Umeå University, Sweden
Note: Based on marks of impairment the individuals had at observation start (see Chapter 4)
*) including menlös, är ostadig i sitt lynne, vankelmodig, sinnelaget svärmodigt, underlig till sinnet

6.2.7 Multiple disabilities – more than one mark of impairment

According to the notes in the parish registers, Magnus, born in 1824 in Hässjö parish, was a stammer, an idiot, and a cripple in his twenties. When he was about 40, the minister changed the mark of impairment to merely “less cognizant” (mindre vetande), categorized here as idiotism.
Magnus’s case is an example of the minister noting more than one mark of impairment at the same time. Since the categorization in the dataset in the present work originates from the first marks of impairment the individual received, in Magnus’s case this means that he will be categorized as multiply disabled (more than one mark of impairment). It is reasonable to assume that some of the cases noted with multiple marks of impairment are merely symptoms of some kind of mental retardation. The distribution of combinations of marks of impairment found among the individuals in the parish registers of this study are shown in Table 11.

**Table 11:** Distribution of multiple disabilities according to type of disability in the Sundsvall region 1800-1874

<table>
<thead>
<tr>
<th>Marks of impairment:</th>
<th>Men N</th>
<th>Women N</th>
<th>Total N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blind/deaf mute*</td>
<td>0</td>
<td>1</td>
<td>1 (3.8)</td>
</tr>
<tr>
<td>Blind/crippled*</td>
<td>1</td>
<td>0</td>
<td>1 (3.8)</td>
</tr>
<tr>
<td>Blind/idiot*</td>
<td>1</td>
<td>2</td>
<td>3 (11.5)</td>
</tr>
<tr>
<td>Blind/insane*</td>
<td>0</td>
<td>1</td>
<td>1 (3.8)</td>
</tr>
<tr>
<td>Deaf mute/crippled**</td>
<td>3</td>
<td>0</td>
<td>3 (11.5)</td>
</tr>
<tr>
<td>Deaf mute/idiot**</td>
<td>6</td>
<td>5</td>
<td>11 (42.3)</td>
</tr>
<tr>
<td>Crippled/idiot***</td>
<td>2</td>
<td>1</td>
<td>3 (11.5)</td>
</tr>
<tr>
<td>Crippled/insane***</td>
<td>2</td>
<td>1</td>
<td>3 (11.5)</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>15</td>
<td>11</td>
<td>26 (100)</td>
</tr>
</tbody>
</table>

Source: Digitized parish registers, the region of Sundsvall, Demographic Data Base (DDB), Umeå University, Sweden

Note: Based on marks of impairment the individuals had at observation start (see Chapter 4)

*) including döf och nära blind, ofärdig och svag synförmåga, mindre vetande och blind, nästan blind och mindre vetande, trägt minne och svagt förstånd och närsynt, blind och sinnessvag

**) including ofärdig och fel på hörseln, stammar och menför, stämman och ofärdig, hortkommen och fel på talet, döfstum och mindre vetande, fel på förståndet och talegäfvan, fel på talegäfvan och liivet begrepp, har svag hörsel och svagt förstånd, har svårt uttal och dåligt minne, stum och mindre vetande, svag hörsel och klen till sina fattningsgäfvan, svag till förståndet och har svårt att tala, svårt att tala och svårare förstå, talar illa och svagt förstånd

***) including krympling och fänig, ofärdig och i saknad af sundt förnuft, ofärdig och svag till förståndet, krympling och svagsinn, lytt och svag till kropp och själ, menför t kroppen och vansinnig

About 42 percent of the multiple marks of impairment consist of a combination of marks indicating deafness and idiocy, which is the most common combination in the dataset. It is important to remember that the category of marks of impairment indicating deaf mute also includes individuals marked for speaking dysfunctions.
7 A dataset of disabled and non-disabled individuals

This chapter starts by describing the outlined dataset from the Demographic Data Base, Umeå University, Sweden, which is more or less the foundation of all analyses conducted in this thesis. The first section also covers how the dataset is divided by the key variables, which are disability and gender. The next section covers the categorization of socio-economic status and how the dataset is divided according to this variable. The section further below comprises Table 13, which offers a summary of how the individuals included in the complete dataset are distributed by disability, gender, time period (cohort), socio-economic origin, and residence. The chapter ends with a description of the area under study, the Sundsvall region, and how the dataset is divided by residence.

7.1 The outlined dataset

The parish registers used in this thesis are digitized and stored at the Demographic Data Base (DDB) at Umeå University, Sweden. These records are collected and digitized from selected parishes in Sweden originating from the eighteenth and nineteenth centuries. A collection of these parishes is situated around the town of Sundsvall and constitutes a geographical area, in this work called the Sundsvall region. It is in this region that the four studies included in this thesis are placed. More information on this region can be found in Section 7.3. The digitized data cover records of births, baptisms, betrothals, marriages, deaths, funerals, in- and out-migrations, and catechetical examination records. These records are linked on the individual level, and provide demographic data summarized for each parishioner. The catechetical examination records are the main source for identifying disability through the ministers’ marks of impairment. From the Sundsvall region, the catechetical examination records from Ljustorp parish cover the longest period at almost 100 years (1803-1901), and those from Njurunda parish cover the shortest, 76 years (1816-1892). Thus, these parish records cover almost the whole nineteenth century, which is the time period chosen for this thesis. Using these records a suitable dataset was extracted from the DDB comprising 36,118 observations, of which 515 were from individuals identified with marks of impairment.
indicating disabilities. The marks that are taken into account to identify disabilities are described thoroughly in Chapter 6, and are categorized into six major categories: blind, deaf mute, crippled, idiot, insane, and multiple disabled. The non-disabled individuals did not hold any of these selected marks of impairment, but could have other marks in the registers, such as “sick”. Explicitly, this means that the non-disabled people in the present work were non-blind, non-deaf mute, non-crippled, and so on. Since the individuals included in the studies could in- and out-migrate from parishes, an individual could give rise to two or more observations, one from each parish he or she was present in. Thus, the dataset consists of 36,118 observations generated from 31,790 unique individuals.

The complete dataset covers both disabled and non-disabled individuals, aged 15–35 years at the beginning of their observation. A vast majority of them were under 16 years old, and the reason for choosing rather young people is to target individuals when they were in the phase of beginning to leave the natal home to seek work, marry, and so forth. All individuals were followed over time in the parish registers for 18 years at the longest. The male individuals identified as disabled number 312 (61 percent), compared with 203 (39 percent) women. By comparison, in the gender distribution among the non-disabled, the male observations constitute 17,597 (49 percent) and the female 18,006 (51 percent). The reason why disabled men are overrepresented among the disabled cases is probably that men were generally expected to hold an occupation and/or act as breadwinner, which made the ministers more thorough to reporting disabilities among men if impairments prevented them from working. How the individuals’ types of disability are distributed according to gender is shown in Figure 3.

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335 e.g. Harnesk, Legofolk; Dribe, "Leaving Home in a Peasant Society."
**Figure 3:** The percentage distribution within gender per type of disability in the complete dataset, the Sundsvall region, 1835-1844 and 1865-1874

![Percentage Distribution Chart](chart.png)

Source: Digitized parish registers, the region of Sundsvall, Demographic Data Base (DDB), Umeå University, Sweden

Note: Based on marks of impairment the individuals had at observation start (see Chapter 4)

The complete dataset is divided into two cohorts. Cohort 1 covers the pre-industrial time period with individuals born in 1800–1829, whose individual observation starts when they were 15–35 years old between 1835 and 1844. Cohort 2 is selected from the industrial time period and covers individuals born in 1830–1859, whose observation starts when they were 15–35 years old between 1865 and 1874. Figure 4 shows the percentage distribution within type of disability for people with disabilities per cohort.

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336 The design of the outlined dataset was mainly conducted by the head supervisor of the author of this work.
**Figure 4:** Percentage distribution within type of disability per cohort, the Sundsvall region, 1835-1844 and 1865-1874

Source: Digitized parish registers, the region of Sundsvall, Demographic Data Base (DDB), Umeå University, Sweden

Note: Based on marks of impairment the individuals had at observation start (see Chapter 4)

It is notable that it is only in the disability type insane there is a great difference between pre-industrial compared to industrial time. An explanation could be that the ministers became more observant to make notes of insanity since the regulation was strengthened in the latter part of the nineteenth century.

The complete dataset is used in Studies I and II, while an extracted dataset covering individuals who were 15 years old at the start of observation is used in Study III. This means that the observation period started on the individual’s fifteenth birthday and followed for a maximum of 18 years. In Study IV, another extracted dataset is used. This last dataset originates from the complete dataset, but covers only the disabled individuals who did marry. Information was then supplemented by hand for the disabled individuals’ lives from age 15 to 50, which made it possible to detect more marriages than were accessible.
in Study II. For instance, those who were already married when the observation started in Study II were followed in Study IV from a younger age to capture when they had married. Disabled individuals who remained unmarried at the end of the observation period in Study II were followed until age 50 in Study IV, which identified some late marriages.

7.2 Categorization of social origin

A characteristic that is rather complex to categorize is the one presumed to reflect individuals’ socio-economic status (SES). However, scholars have worked out standardized classification schemes that help to group persons and allocate them into a social hierarchy. This study makes use of the occupations the ministers reported in the parish registers to picture the individuals’ social origin. Since the individuals under study are mainly young people and many had not yet entered the labor market, their social origin is manifested by their father’s occupation when the individual observations start. The occupational codes the researchers at the DDB have developed originate from the parish registers, and correspond largely to the two commonly used classification schemes in historical studies, SOCPO and HISCLASS.337 The DDB codes facilitate the construction of social groups ranging from the higher to the lower social strata. The categorization of socio-economic origins is thus based on these codes. The two socio-economic categories in the upper strata comprise occupations associated with large-scale entrepreneurs (Group 1) and higher civil officials (Group 2). As there were so few people holding these occupational positions in the dataset, these two groups are collapsed into one stratum. The middle strata cover, firstly, those who owned a farm or ran a business, such as small-scale entrepreneurs and farmers (Group 3). The second group of socio-economic categories included in the middle strata comprise the lower civil officials (Group 4), whose occupational titles suggest that they held no property of their own. The lower strata distinguish between skilled laborers (Group 5) and those the ministers recognized as unskilled workers (Group 6). They were either employed in trade and industry or held occupations

associated with agriculture. Similar to Group 3, it is possible to differentiate urban-industrial from agrarian occupations in Group 6, but this subdivision is not accounted for in this thesis. Besides the occupational categories above, there are two more imprecise groups. These comprise individuals who lack occupational information in the parish registers (unknown cases) and those who were only given a title (unspecified cases), who were impossible to classify according to the occupational structure used here. Women are particularly frequent in these imprecise groups, as Sweden’s parish registers constitute no exception to the under-registration of women’s work in past population registers.338 Table 12 shows a summary of the socio-economic categories used in this work, divided by strata.

### Table 12: The social classification scheme based on the DDB’s occupational codes.

<table>
<thead>
<tr>
<th>Strata</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Upper strata</strong></td>
<td>1. Large-scale business entrepreneurs</td>
</tr>
<tr>
<td></td>
<td>2. Higher civil officials</td>
</tr>
<tr>
<td><strong>Middle strata</strong></td>
<td>3. Small-scale entrepreneurs in trade and industry, master artisans</td>
</tr>
<tr>
<td></td>
<td>and craftsmen; farmers, tenant farmers</td>
</tr>
<tr>
<td></td>
<td>4. Lower civil officials</td>
</tr>
<tr>
<td><strong>Lower strata</strong></td>
<td>5. Skilled laborers, craftsmen and artisans below the rank of master</td>
</tr>
<tr>
<td></td>
<td>6. Unskilled laborers in trade and industry; farmhands, crofters, maidservants</td>
</tr>
</tbody>
</table>

Source: Digitized parish registers, the region of Sundsvall, Demographic Data Base (DDB), Umeå University, Sweden

The socio-economic group with the largest representation among the part covering disabled people in the complete dataset is Group 3, which comprises the farmers, with 250 observations. The percentage distribution in Figure 5 shows the percentage distribution within type of disability per socio-economic origin of those labeled as disabled.

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**Figure 5:** Percentage distribution within type of disability per socio-economic strata, the Sundsvall region, 1835-1844 and 1865-1874

Source: Digitized parish registers, the region of Sundsvall, Demographic Data Base (DDB), Umeå University, Sweden

Note: The socioeconomic strata are described in Table 13. Based on marks of impairment the individuals had at observation start (see Chapter 4)

A summary of how the included individuals are distributed per disability, gender, socio-economic origin, cohort, and residence is presented in Table 13. The distribution according to residences is shown in Figure 9, further below in this chapter.
Table 13: Distribution in numbers of observations of disabled and non-disabled individuals according to gender, cohort, socio-economic origin, and residence in the complete dataset

<table>
<thead>
<tr>
<th>Covariate</th>
<th>Categories</th>
<th>Disabled N (%)</th>
<th>Non-disabled N (%)</th>
<th>Total N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Man</td>
<td>312 (60.6)</td>
<td>17,597 (49.4)</td>
<td>17,909 (49.6)</td>
</tr>
<tr>
<td></td>
<td>Woman</td>
<td>203 (39.4)</td>
<td>18,006 (50.6)</td>
<td>18,209 (50.4)</td>
</tr>
<tr>
<td>Cohort</td>
<td>1: Pre-industrial, 1835-1844</td>
<td>234 (45.4)</td>
<td>13,054 (36.7)</td>
<td>13,288 (36.8)</td>
</tr>
<tr>
<td></td>
<td>2: Industrial, 1865-1874</td>
<td>281 (54.6)</td>
<td>22,549 (63.3)</td>
<td>22,830 (63.2)</td>
</tr>
<tr>
<td>Socio-economic origin by strata</td>
<td>Upper</td>
<td>3 (0.6)</td>
<td>518 (1.5)</td>
<td>521 (1.4)</td>
</tr>
<tr>
<td></td>
<td>Middle</td>
<td>250 (48.5)</td>
<td>10,751 (30.2)</td>
<td>11,001 (30.5)</td>
</tr>
<tr>
<td></td>
<td>Lower</td>
<td>184 (35.7)</td>
<td>7,491 (21.0)</td>
<td>7,675 (21.2)</td>
</tr>
<tr>
<td></td>
<td>Unknown/Undefined</td>
<td>78 (15.1)</td>
<td>16,843 (47.3)</td>
<td>16,921 (46.8)</td>
</tr>
<tr>
<td>Residence</td>
<td>Rural</td>
<td>246 (47.8)</td>
<td>17,477 (49.1)</td>
<td>17,723 (49.1)</td>
</tr>
<tr>
<td></td>
<td>Rural/Industrial</td>
<td>226 (43.9)</td>
<td>10,213 (28.7)</td>
<td>10,439 (28.9)</td>
</tr>
<tr>
<td></td>
<td>Urban</td>
<td>43 (8.3)</td>
<td>7,913 (22.2)</td>
<td>7,956 (22.0)</td>
</tr>
</tbody>
</table>

Source: Digitized parish registers, the region of Sundsvall, Demographic Data Base (DDB), Umeå University, Sweden

7.3 The Sundsvall region

This section describes the Sundsvall region, which has been chosen as the research area for the present study. The region’s borders are defined in the Demographic Data Base, Umeå University, and include the town parish and 12 parishes situated around the town area. Figure 6 shows a map of the parishes included in this work. This region witnessed a dynamic nineteenth century, with both great population growth and rapid industrialization. It also covered a variety of different living environments, such as a rural countryside, an urban town and a coastal area, which industrialized rapidly during the latter part of the nineteenth century. These different contextual frames may have shaped the living conditions for people there, disabled or not. Digitized church records are available for this region, stored at the Demographic Data Base at Umeå University, which made it possible to detect a substantially large number of disabled people and non-disabled references to study. Overall, this area suits the analyses performed in this study very well.
7.3.1 A dynamic region

The Sundsvall town, along with its surrounding area, is situated in northern Sweden, in the province of Medelpad, about 400 kilometers north of Stockholm, Sweden’s capital (see Figure 6). The pre-industrial society was dominated by extensive agricultural and forestry production and the landscape was characterized by two rivers, Ljungan and Indalsälven. These rivers were used to transport timber, and the water supply laid the foundation for sawmill expansions. The coastal line and the archipelago outside Sundsvall offered excellent harbor possibilities, and shipyards were established along the coast very early on. The most important ones were found in Sundsvall, Svartvik in Njurunda parish and Wifsta in Timrå parish, with Wifsta shipyard established as early as 1798. The sawmill expansion led to an expansion of the size and number of shipyards in the region.339 From the 1860s onward, this region and especially its coastal parts underwent a large-scale industrialization.

process due to a combination of technological advancements and economic modernization, such as the invention of the steam-driven sawmill, the introduction of free trade in 1864, and an increasing demand for sawn timber in Europe. The four coastal parishes where this industrial development mainly took place were Alnö, Njurunda, Skön and Timrå, where the economic structure changed from primarily rural at the beginning of the century to industrialize in the latter part of the century. These four coastal parishes will be called rural/industrial in this thesis, since their economy transformed from rural to industrial during the nineteenth century and the period of study in this thesis.

The parishes situated inland, relatively untouched by the expansion of the sawmill industry, depended primarily on agricultural production throughout the century. Eight rural parishes are included in this work: Attmar, Hässjö, Indal, Ljustorp, Selånger, Sättna, Tuna and Tynderö. However, the region also has a long history of iron-making due to good deposits of bog ore, and a small industrialization took place in the rural inland parishes. During the seventeenth century, many foundries were established all around the area. Many of these foundries were self-supporting and were combined with farming work. Due to new production methods, most of these early iron foundries were shut down in the late nineteenth century.

The industrial development caused a shift of common occupations connected to agriculture and fishing. People’s traditional occupations were replaced with industrial wage work, and many of them had to move to urban-industrial areas to seek employment. The town of Sundsvall and its surrounding areas witnessed a fast increase in population, due to a large influx of migrants combined with the nineteenth-century decline in mortality. The region’s 13,272 inhabitants at the dawn of the nineteenth century had grown to 18,793 by 1840 and to 46,418 by 1880. Figure 7 shows the population growth in a comparison between rural, urban and rural/industrial areas. The fastest growth took place in the coastal areas (rural/industrial), which were industrialized in the latter part of the century.

340 Alm Stenflo, *Demographic description of the Skellefteå and Sundsvall regions during the 19th Century*: 8.
342 Alm Stenflo, *Demographic description of the Skellefteå and Sundsvall regions during the 19th Century*: 9-11.
343 Alm Stenflo, *Demographic description of the Skellefteå and Sundsvall regions during the 19th Century*. 
The gender structure of the population in the rural/industrial parishes was influenced by the in-migration. As the newly established industries attracted mainly male workers, a male surplus was generated in these areas. Figure 8 shows the male proportion of the population divided into urban, rural/industrial, and rural areas. The comparison is based upon the proportion of males aged 15 to 50 years, as this thesis concerns individuals in this age interval.

**Figure 8**: Percentage of men aged 15-50 years among the population in the Sundsvall region 1805-1890

![Percentage of men aged 15-50 years among the population in the Sundsvall region 1805-1890](image)

Source: Indiko, Demographic Data Base, Umeå University, Sweden

Note: Rural/industrials parishes: Alnö, Njurunda, Skön & Timrå.
Rural parishes: Attmar, Hässjö, Indal, Ljustorp, Selånger, Sättna, Tuna & Tynderö.
Urban parish: Sundsvall town.

### 7.3.2 The town of Sundsvall

Archaeological remains show that people have lived at the place where Sundsvall would be built for centuries, long before the town was established. In 1621 Sundsvall was recognized as a town, when Swedish King Gustav II Adolf granted it town privileges. The state’s ambitions for the new town originated from ideas of mercantilism, such as the administration of taxes, controlling the trade, and the possibility to accommodate soldiers when necessary. Before 1621 the town had consisted of only a few small wooden houses, but eventually a town hall, customs accommodations and a church were built.\(^{345}\) In the mid-seventeenth century the town of Sundsvall consisted of about 200 inhabitants and some 50 households. In the years that followed, the

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number of inhabitants grew slowly and official buildings were increasingly established, as were factories such as blacksmith workshops and mills, especially sawmills. At the beginning of the nineteenth century, 1,468 persons made up Sundsvall’s population, which by 1850 had doubled to 2,837. In 1860 there were 4,432 townspeople, and 20 years later this figure had more than doubled to 9,116. The large immigration to the town, and especially a great number of seasonal workers, gave rise to an under-registration of inhabitants; thus, the population was likely larger than the official statistics reflect. Previous studies have shown that migrants moving to a town during industrialization generally came from neighboring rural areas. However, Sundsvall also attracted a good number of long-distance migrants from within Sweden as well as other countries, such as Finland. Both the urban and the rural parishes in the Sundsvall region benefitted from the expansion of the sawmill industry. The town expanded in trade and businesses, which stimulated its commercial life. The rural parts benefitted from an increased agricultural production of food for the town markets. The working class grew rapidly, but so did the middle class, among whom new consumers were found for the new markets in town.

However, one warm, dry, windy day in June 1888, a fire broke out and burned virtually the entire town to the ground. Five people died in the fire, and about 9,000 lost their homes. The town was rebuilt over the following years, according to the new building regulations from 1874. The in-migration reached a new peak after the disastrous fire, when almost 2,000 new inhabitants arrived: in 1890 the town’s population was just over 13,000, and by the turn of the century it was almost 15,000.

348 " 113; Vikström, "Gendered Routes and Courses."
349 Vikström, "Gendered Routes and Courses," 73-77
350 Vikström, "Gendered Routes and Courses," 74.
However, in the late nineteenth century the flow of in-migrants to the town began to slowly decrease.\textsuperscript{352}

\textit{7.3.3 Residences in the outlined dataset}

In the complete dataset, the individuals’ residences comprise three types: those living in the town are categorized as urban; those living in the four coastal parishes that underwent industrialization during the latter part of the nineteenth century are defined as rural/industrial; and those who mainly lived in rural settings during the century are categorized as rural. How the included individuals in the complete dataset are distributed per residence and type of disability is presented in Figure 9.

\textbf{Figure 9:} Percentage distribution within type of disability per type of residence, the Sundsvall region, 1835-1844 and 1865-1874

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{figure9}
\caption{Percentage distribution within type of disability per type of residence, the Sundsvall region, 1835-1844 and 1865-1874}
\end{figure}

Source: Digitized parish registers, the region of Sundsvall, Demographic Data Base (DDB), Umeå University, Sweden

Note: Based on marks of impairment the individuals had at observation start (see Chapter 4)

\textsuperscript{352} Vikström, "Gendered Routes and Courses," 73-74.
8 Summary of papers

This chapter starts with a short discussion of the co-authors’ contributions to the included papers in this thesis. The next four sections consist of summaries of the results of each study. All four studies are set in the nineteenth-century Sundsvall region, with Study I covering the end of the life course by exploring the death risks among disabled people and their non-disabled counterparts. The next three studies concern disabled people’s life before death. Study II examines the marriage chances for disabled and non-disabled people, while Study III explores a complete part of the life course by detecting the occurrence of first occupation, first marriage, and birth of first child across an 18-year observation period of disabled men and women starting when they were 15 years old. In Study IV, the spouses of the disabled men and women who married are investigated.

Beside the four studies included in this thesis the author has contributed to yet another two publications in peer-review journals in addition to an extended abstract and a full paper published in a conference proceedings, all of which originate from the thesis work.353

8.1 Contribution by co-authors

Three of the four papers included in this thesis were written in collaboration with two other authors: Lotta Vikström, Professor of History; and Erling Häggström Lundevaller, PhD in Statistics. The fourth and final paper was written by me alone (the author of this thesis). The order of the authors reflects the work done by each of them. As for both the first and second papers, entitled “Gendered death risks among disabled individuals in Sweden: a case study of the 19th-century

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Sundsvall Region” (2016) and “Disabled and Unmarried? Marital Chances among Disabled People in Nineteenth-Century Northern Sweden” (2016), I conducted all the analyses and generated the results. The major part of the text in both papers was authored by me in collaboration with Vikström and Häggström Lundevaller. For the third paper, entitled “Sequence analysis of how disability influenced life trajectories in a past population from the nineteenth-century Sundsvall region, Sweden” (forthcoming), I conducted all analyses and generated the results. The major part of the text was authored by Vikström and Häggström Lundevaller in collaboration with me.

8.2 Paper I


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This study makes use of Sweden’s longitudinal parish registers and the ministers’ recognition of disabilities among their parishioners during the nineteenth century to uncover the death risks among over 500 disabled individuals and over 30,000 references consisting of non-disabled individuals living in the same time and space context. The aim of the paper was to detect whether disabled people ran higher risks of meeting premature deaths, than non-disabled. To examine whether and how the sufficient variables – such as presence and type of disability, gender, socio-economic background (manifested by their father’s occupation), period of time (pre-industrial and industrial), and residence – were used as covariates to control for whether such features also had an impact on the mortality, beside disability. Firstly, the results show that disabled people did experience higher death risks in comparison with the non-disabled population. Of course, the impairment itself may have increased the death risk, but according to previous disability research it is plausible to believe that people with disabilities were also marginalized and excluded from social life, caused by prevailing norms and intolerant attitudes in society, and that a stigma would negatively impact their possibilities in life and in the long run result in higher death risk. Secondly, the findings demonstrate some gender differences where the
disabled men witnessed higher risks than disabled women. This higher male death risk may be explained by the fact that disabilities had more serious consequences for men than for women. Thirdly, the findings reveal that the disabled men and women did not comprise a homogenous group of people. The results show that both men and women identified as being blind or deaf mute show lower hazard ratios of dying while those labeled as idiots or insane show the highest. Having a mental disability seems to have been more stigmatizing and excluding from social life than it was having any other disability. This is evident as the results show significantly higher death risks among both men and women labeled with mental disabilities.

In conclusion, the results of this study are unique as it applied an event history analysis of a population comprising a comprehensive number of both disabled and non-disabled individuals. The findings both exemplify and add to the complexity of individuals with disabilities in history, and remind us that they do not constitute a homogenous group of people. Both type of disability and gender impacted mortality differently, and in a profound way. The main result of the study is that disabled people did have lower survival chances, caused by their disabilities coupled with prevailing norms and negative attitudes from the surrounding society.

8.3 Paper II


For most young people in nineteenth-century society, marrying and forming a family were expected events in life; but were these also common events for disabled people? The descriptive statistics in this paper show that disabled people did marry despite their impairments, but not to the same extent as their non-disabled counterparts (25 percent vs. 40 percent). Looking at the mean age at first marriage, no substantial differences were found between disabled and non-disabled people. It seems that if a person with a disability did marry, he or she did so at almost the same age, on average, as a non-disabled person.
Also in the event history analyses, the above results remain and show significantly lower marital chances for disabled men and women compared to the non-disabled. Some interesting differences were found according to both gender and type of disability. Obviously, the crippled men and the blind and deaf mute women had the highest chances of marrying, while both the men and the women labeled as idiots or insane had the lowest chances. The lower marital propensities people with disabilities witnessed compared to the non-disabled can be explained threefold. Firstly, the impairment itself could cause the person difficulties in founding a spouse. Secondly, disabled people’s impairments might exclude them from the marriage market, since they may act differently and look different than mainstream society; thus, they ran the risk of being marginalized and excluded from social life. It is necessary to distinguish between different disabilities since this group does not present a homogenous picture. Men and women labeled with mental deficiencies showed the lowest marital propensities. Thirdly, gender differences were found, where crippled men and blind and deaf mute women showed the highest marriage propensities.

The results of this study are exceptional in identifying the marital chances for a great number of disabled people. The main finding is that, despite disabilities, a quarter of the disabled men and women did find someone to marry and the marriage propensity varied according to both gender and disability, which again shows the heterogeneity in this group of people. Those who actually did marry – with whom did they marry? This question and more concerning partner selection among disabled men and women will be discussed in Study IV.

8.4 Paper III


This paper is primarily a methodological contribution concerned with the use of sequence analysis to identify findings on how disabilities influenced the life trajectories of young adults in history, represented by the nineteenth-century Sundsvall region, Sweden. The transition from childhood to adulthood was, and still is, an important phase in young
adult life when events such as getting a job, marrying and starting a family are supposed to happen. The first aim of this paper is to detect such events in young disabled people’s life trajectories and to compare the results with non-disabled people living in the same time-space context. Sequence analysis constitutes the tool used to explore the occurrence, timing and ordering of three events of major interest to this study: the first occupation, first marriage and first child. The study also checks for death and out-migration from the parish, even though these two events are of minor interest to this particular paper. Its second aim is to discuss the advantages and disadvantages associated with applying sequence analysis on the type of demographic data that this study is based on, i.e. digitized parish registers stored by the Demographic Data Base, Umeå University. The dataset consists of 8,874 fifteenth year old men and women, both disabled and non-disabled, who are observed for 18 years to investigate whether and when the above events of interest occurred.

Of those individuals that were possible to follow across the entire observation period of 18 years, the results reveal substantial differences between disabled and non-disabled people that help to fulfill the first aim of the study. The latter individuals experienced the three major events of interest to a greater amount than their disabled counterparts and more often in the expected order, hence first a job, then marriage followed by family formation. Some gender specific findings appear, such as that disabled women bore illegitimate children to a higher extent than their non-disabled sisters. Disabled men who got a job and thus would have had the economic prerequisites to move on to marriage and family formation, did to a lesser degree experience these events than their non-disabled working brothers. Among individuals censured before 18 years of observation, a lesser proportion of the disabled individuals out-migrated than their non-disabled counterparts. The disabled people also met premature deaths to a higher degree compared to non-disabled men and women.

As for the second aim of this study, the results reveal that sequence analysis is highly beneficial tool when it comes to both identify and clarify how disabilities influenced young people’s lives. The greatest advantage is that the actual outcomes work to reflect the life course in a most holistic and even pedagogic way, when several life events are analyzed in sequences, as in this study. Consequently, it contributes valuable knowledge of how the life courses developed for disabled
people in a past society. Similar to study I and II in this thesis, the results of this paper stress the need to treat disabled individuals as a heterogeneous group of people having different opportunities and obstacles in life.

8.5 Paper IV

Helena Haage “Whom to marry? Partner Selection of People with Disabilities in Nineteenth-Century Northern Sweden” (unpublished manuscript)

For any young people in the nineteenth century, one expected life event was to find a partner, marry, and start a household of one’s own. However, just a few previous studies have researched whether, and whom, disabled people married. Paper II and III in this thesis showed that disabled people living in the nineteenth-century Sundsvall region did marry, but to a lesser extent than their non-disabled counterparts did. The aim of this paper is to explore the people the disabled people married. An impairment itself could of course cause people to have trouble finding an “appropriate” spouse, but previous research has shown that disabled people were subject to stigmatization or even exclusion from social life to various degrees. Their appearance and behavior caused them to be labeled as deviant based on the prevailing norms and attitudes in society, and caused them to have disadvantages on the marriage market, with a smaller number of possible partners. This work uses the nineteenth-century Swedish parish registers (digitized and stored at the Demographic Data Base at Umeå University). The ministers’ marks of impairment in these records helped identify not only the disabilities but also when life events such as marriage occurred. In the extracted dataset used in this thesis and some additional information, 188 marriages were detected. The spouses’ individual features were also noted. Commonly used theoretical concepts when studying partner selection are endogamy and exogamy. Endogamy means “within group” marriages according to social status/origin, similar ages and/or coming from the same geographical area. Exogamy refers to the opposite. As for age at first marriage, the conclusion is that endogamy was prevalent since the differences in ages were small. The disabled men married more often with someone from the same socio-economic strata, while the disabled women married more often downward on the social ladder. The disabled men and women also did not marry other people, plausible subject to
stigmatization, such as those convicted of a crime, to any high degree. A few married couples consisted of two disabled spouses, and a few disabled individuals married someone with a criminal background. Also, a few of the disabled people married a widower or a widow. Thus, a main result found in this study is that the typical spouse of a disabled person is non-disabled and not criminal, and is also marrying for their first time and at a similar age.

However, the individuals in this study were those who actually did marry and were likely not those who were highly stigmatized. Since their spouses to a high degree seemed to be people without social disadvantages these disabled people, by marrying someone from the mainstream population, could have a chance to be included in social society.
9 Concluding discussion

At the beginning of this thesis the life history of a deaf woman, Anna Märta, was described. Her life came to include several of the events people commonly experienced in the nineteenth century, such as work, marriage and family formation with children. These events, among others, have been studied by previous scholars researching populations living in different time and space contexts, but very few studies have included a considerable number of people with disabilities living in a past society. However, previous research has shown that disabled people have long been a hidden group in society, often stigmatized by the prevailing norms and attitudes. The overarching aim of this thesis was to obtain knowledge of disabled people’s living conditions by providing an extended “window” into their lives and the society they had to confront. This thesis obtained this information by taking on a cross-disciplinary approach, whereby quantitative statistical analyses are combined with theories and methods used in demography, history and sociology, which very few studies within disability history have ever done.

In the analyses of the four studies included in this thesis, both disabled and non-disabled people were followed through life, in order to detect whether and when certain life events occurred. The non-disabled people constitute a reference group to reflect the results found among the disabled. The expected life trajectory for young people in the nineteenth century was to take up their first job and then marry and start a family. The reason for choosing rather young people to study was that they were at the beginning of adulthood, the point at which these events of interest to analyze usually occur. However, the disabled people under study experienced another crucial event in young age: being inflicted with a disability; some of them had even had it since childhood. To be able to examine the consequences a disability could have on individuals’ living conditions and how it impacted whether and when certain life events occurred, the recognition of a disability must have been noted before their observation period started.

The following discussion is structured in accordance with a life-course perspective. This thesis focuses on events such as first occupation, first marriage or birth of first child, but also the occurrence of premature death. The third study conducted in this thesis corresponded to the life-course perspective in the most holistic way of the four included studies, sequentially analyzing three events in the life course. Since the paper
covering the third study is written based on methodological interests, in this concluding discussion the results are interpreted more thoroughly and in relation to the results from the three other studies conducted in this thesis. However, a brief summary of the sources that played a highly important role in identifying disabilities and detecting life events opens up the discussion.

The main source in this thesis was parish registers, which are digitized and stored at the Demographic Data Base at Umeå University. For the analyses 13 parishes were chosen from these records, forming a geographic region with the town of Sundsvall centrally placed and surrounded by both rural and industrialized areas. The parish records are linked on the individual level, which makes it possible to follow the individuals longitudinally through life. In these records, and mainly those on the catechetical examinations, the ministers’ marks of impairment are used to identify disabilities. The chosen disabilities categorized to represent different groups were: blind, deaf mute, crippled, and mental disabilities such as idiocy and insanity. Individuals identified as having more than one mark of impairment were categorized as a separate group, similar to the non-disabled, who also constituted a group of their own in the analyses. However, these disability types include a rather wide range of disabilities. The extracted dataset from the DDB consists of slightly over 500 observations of disabled individuals and over 36,000 of non-disabled individuals. They were all 15 to 35 years old when the observation started, and were followed for a maximum of 18 years. For the disabled individuals, the recognition of a disability was before or at the start of the individual observation period. They were also divided into two cohorts, the first covering pre-industrial time and the other time period after the onset of industrialization. Individual features collected for each individual were: type of disability (or non-disabled), gender, socio-economic origin, and environmental factors such as residence.

9.1 Events during young adulthood

In all studies included in this thesis, a life-course perspective was applied and important events in the life path were detected. One important event for young people in the nineteenth century was to enter the labor market by getting their first job and thus be able to support themselves, but also to gather enough material resources to realize marriage. They were thus expected to take up work before marriage and family
formation. Non-disabled individuals experienced this life path to a
greater extent than their disabled counterparts, and also more often in
the expected order of job before marriage and first child after marriage.
The findings in Study III reveal that disabled people did appear to be a
vulnerable group, subjected to a stigmatization that implied fewer
opportunities in life, as they were unfortunate on both the labor and
marriage markets. Not getting a job and remaining unmarried and
childless was a common life path for both disabled men and women
compared to the non-disabled. Among disabled people another frequent
life trajectory was to get a job, but not marry or have children, compared
to non-disabled men. This indicated that even if disabled people did take
up work and thus would have had the economic prerequisites to marry
and start a family, they did so to a lesser degree than non-disabled.
Disability likely stigmatized them to be less desirable to marry than non-
disabled. The disabled women’s most frequent life sequence covered
marriage and childbirth, but no work. However, disabled women seem
to have also suffered from vulnerability, giving birth to illegitimate
children to a higher proportion than their non-disabled sisters. The fact
that one of five disabled women gave birth to a child out of wedlock
may also indicate that they were sexually abused. Also, different
disabilities influenced the life trajectories in various ways. A lesser
proportion of the mentally disabled individuals found an occupation,
made and started a family than among the disabled men and women
labeled as having physical impairments. Even if the mentally disabled are
small in number, these findings still indicate that they had smaller
opportunities on the labor and marriage markets compared to those with
other disabilities. The results in this thesis confirm and lend credit to
previous notions in disability research, which also shows that certain
disabled people are at more risk of being stigmatized and excluded from
social life than other disabled people, due to their behavior and
appearance diverging from the mainstream population.

Study II in this thesis explored the marital chances of both disabled and
non-disabled individuals in the Sundsvall region, and revealed that a
quarter of the disabled men and women did marry, compared to about
40 percent of the non-disabled. Concerning age at first marriage, the
disabled men and women married at almost the same ages as their non-
disabled counterparts. The lower marital chances found for disabled
people could be caused by consequences of their disabilities, whereby
different types of disabilities gave rise to different consequences. For
instance, those labeled as blind or deaf mute might have experienced
communication difficulties when networking with other people, and those labeled as crippled may have had difficulties coping with heavy work and/or the workload at factories. However, the lower marital chances could also indicate that disabled people were stigmatized and excluded from social life. Within the group of disabled people the crippled men witnessed the highest marital propensity, while among the women it was those labeled as deaf mute or blind who had the highest propensity. Both men and women labeled as having mental disabilities experienced the lowest marital chances within each gender, which again is an indicator that those labeled as idiots or insane seem to have suffered from higher marginalization from society than those labeled with other disabilities. Regarding the influence of other factors, such as socio-economic origin, residence and time period (pre-industrial and industrial time), these had no significant impact on the marital chances of disabled people. Hence, the impact of disabilities worked as a considerably stronger factor in shaping people’s living conditions than did the other examined factors.

In Study IV, the spouses who the disabled men and women did marry were explored. Indications of age endogamy were found between the disabled individuals and their spouses, with a rather small age gap. Disabled men married a woman about two years younger than themselves, while disabled women married a man about 1.5 years older than themselves. Scholars have argued for and against the theory that a smaller age gap between the spouses in a married couple is an indication of a higher level of love and affection in the choice of partner. However, studies from this region in Sweden (as well as from other areas) have shown that parental control persisted throughout the nineteenth century; so it is difficult to say whether the disabled men and women in this study married due to love. In the exploration of endogamy in socio-economic origin of the disabled men and women compared to their spouses, the results reveal that disabled men generally married women from the same socio-economic background as themselves, while disabled women more often married downward on the socio-economic ladder.

Since previous research has shown that disabled people in the past faced stigmatization from the surrounding society, which could result in lower chances on the marriage market, it is interesting to explore whether they married each other. However, the results revealed that disabled people married another disabled person to a very low degree, with only about 6 percent doing so. In the field of criminology, it is shown that criminals
living in past societies were also at risk of being stigmatized and excluded from the marriage market; so did the disabled men and women marry other people living on the margins of the society, such as those convicted of a crime? The results revealed that the disabled people frequently married those without a criminal record. Previous research has also shown that married men who became widowers remarried to a higher extent than widows did, which in turn could increase the opportunities for the disabled women to find a spouse among these widowers. The results revealed that a slightly higher proportion of the disabled women married a widower (10 percent) than disabled men married a widow (6 percent).

9.2 Premature death

The third study in this thesis also revealed what happened to those who were not possible to follow the entire observation period (censured). Firstly, it was shown that that non-disabled men and women moved out of the parish to a greater proportion than their disabled counterparts did. Secondly, the findings also showed a slightly higher proportion of premature deaths among the disabled compared to the non-disabled individuals. Since the individuals in the dataset were rather young and were followed for a maximum of 18 years, the outcome will mainly show premature deaths. In Study I, the propensity to meet an untimely death was explored. In line with the results from the third study, this study also revealed that disabled men and women experienced higher death risks than their non-disabled counterparts. The findings also showed gender differences, with disabled men having a higher risk of meeting a premature death compared to disabled women. Men seem to have been more stigmatized according to the labeling theories, but the gender expectations on men to be the family provider probably also worked in a negative way for them. Previous mortality research has also shown that men had higher mortality than women, which these results also reflect. The risk of dying also differed within the group of disabled people, whereby the men and women labeled blind and deaf mute experienced the lowest death risks, while those labeled with mental disabilities experienced the highest; this indicates that people labeled with mental disabilities again suffered from stigmatization to a higher degree due to the prevailing norms and attitudes in past society. Controlling for the effect of environmental factors, the results revealed that the individuals living in urban areas and in the coastal parishes who became
industrialized during the latter part of the century suffered from higher death risks than did those living in the rural parts of the region. This was not an unexpected result, as previous research has shown that the cities and other densely populated areas were unhealthy to live in, with both high morbidity and mortality for men as well as women. As regards the time period, disabled men experienced higher death risks during the latter part of the century after the onset of industrialization compared to pre-industrial time. The women showed an opposite pattern, with lower death risks during industrial compared to pre-industrial time. As previous researchers have argued, the living conditions for people with disabilities became worse during industrialization, when pre-industrial outdoor farm work was replaced by indoor factory jobs; thus, some disabled people had difficulty coping with this new economic system and therefore came to be at risk of being excluded from the labor market. This was found true for disabled men in this study, but not among disabled women. Controlling for the impact of socio-economic origin on survival chances, no significant differences were found. Socio-economic background seems to not have impacted the death risk for either the disabled or non-disabled people living in the Sundsvall region of the past, whereas previous research has shown this to be true for men and women living in this geographical area.

9.3 Levels of labeling

To summarize, all four studies show that disabled people probably did experience stigmatization and even exclusion from social life, in addition to the consequences of poor health the impairment itself could result in. The results revealed fewer opportunities on both the labor market and the marriage market. They also suffered from a higher risk of meeting a premature death compared to their non-disabled peers. The results also revealed gender differences, with disabled men witnessing higher death risks than disabled women. The barriers to marrying also seem to have been high for disabled men and the societal transformation that occurred during industrialization also seems to have impacted the marital chances of disabled men more negatively than those of disabled women, since disabled men’s chances of marrying decreased during the latter part of the century. Thus, the disabled men appeared to have paid a higher price due to their disabilities than disabled women did. However, in a comparison of socio-economic origin, the disabled women married more often downward than disabled men did. The conclusion is that the
consequences of having a disability in a nineteenth-century context were not equal for men and women.

Concerning type of disability, the findings also showed a heterogeneous pattern in the living conditions, whereby those labeled as having mental disabilities suffered from stigmatization from the surrounding society to a higher degree than those with physical disabilities. This was manifested in the lowest chance of marrying, as well as the highest risk of meeting a premature death compared to those with other disabilities. Of course, health issues resulting from their mental disabilities could have contributed to these consequences, but how they behaved and appeared in comparison with the mainstream population might also have caused them to be stigmatized by the surrounding society. Being less distinguishable from the majority of the population would likely result in a lower risk of stigmatization and exclusion from social life, as was found among the men and women with physical disabilities.

Thus, the disabled men and women did not show a homogeneous pattern, according to either type of disability or gender; some of them did find jobs, marry and form a family, while others did not. The findings in this thesis show the importance of treating this group as a heterogeneous group of people, with various levels of stigmatization that impacted their obstacles and opportunities in life differently. However, the opportunities to get a job seemed to be a crucial key for disabled people to be accepted with regard to society’s norms and people’s attitudes. For instance, lower opportunities to get a job might result in lower opportunities to support oneself, which in turn would result in lower marital chances, but would also indirectly impact one’s survival chances negatively. A future approach in the field of disability studies would be to explore disabled people’s opportunities and obstacles in getting a job, as well as their possibilities to support themselves. One alternative could be to marry someone who would support you if you were not able to support yourself. If a disabled person could not manage to make his or her own livelihood, the family and/or community had to assume this responsibility; but in the local communities of nineteenth-century Sweden, the welfare provisions were small. Analyses looking at these types of aspects would offer even deeper insight into the living conditions of disabled people living in the past.

After finishing the four studies in this thesis, the most surprising result is that the disabled men and women demonstrate remarkably differentiated
life trajectories. Some of them seemed to have been vulnerable and confronted with high barriers to getting a job, marrying and starting a family, but also at high risk of premature death. However, the findings also show individuals whose disabilities did not seem to have any greater impact their living conditions, since their life paths reflect the common life course of non-disabled men and women. By applying life-course perspectives, this thesis has revealed a great many different experiences that people could have due to their disabilities and that are indicative of their living conditions in nineteenth-century society. The thesis has provided some explanatory factors based on a comparatively large body of empirical findings, yet the question of why the lives of disabled people took different directions with regard to work, family and survival deserves further attention in future research.
10 Svensk sammanfattning


Dataunderlaget från DDB omfattar över 500 observationer av funktionsnedsatta individer och över 36,000 av icke-funktionsnedsatta i referensgruppen, som alltså inte påträffats med några av det utvalda lytesmarkeringarna. Samtliga individer i urvalet var i åldern 15-35 år när observationen av dem inleddes, varefter deras levnadsbanor följdes i maximalt i 18 år. För gruppen funktionsnedsatta anger kyrkoböckerna att funktionsnedsättningen fanns före eller precis samtidigt som observationsperioden startade. Samtliga individer i dataunderlaget indelades i två kohorter, varav dem i den första kohorten levde under den förindustriella tidsperioden medan den andra kohortens individer levde under den industriella tidsperioden. Annan generell men värdefull information återfinns också om individerna, såsom könstillhörighet, socio-ekonomisk bakgrund samt geografisk hemvist, avseende församling.

Både människor med och utan funktionsnedsättning ingår alltså i dataunderlaget. Analyserna är longitudinella eftersom individerna följs genom källorna för att fastställa om och när viktiga livshändelser inträffade i deras liv, eftersom dessa händelser indikerar vilka levnadsförhållanden de hade att hantera. Gruppen utan funktionsnedsättning är med som referenser som kan spegla de resultat som erhållits för gruppen funktionsnedsatta. Den förväntade levnadsbanan för de flesta unga på 1800-talet var att börja arbeta, sedan gifta sig och skaffa en familj, även om inte alla upplevde den banan av olika skäl, exempelvis en funktionsnedsättning. Anledningen till att valet föll på att inkludera ganska unga individer (15-35 år) i studien var för att de då befinner sig i början av sina vuxna liv och har de förväntade livshändelserna i fokus för avhandlingen framför sig. En annan central aspekt för studierna var att finna individer med funktionsnedsättningar, och som haft dem sedan unga år. För att kunna mäta och bättre förstå
konsekvenserna av att ha funktionsnedsättningar, förutsätts det att noteringarna av dem återfinns hos individerna före de livshändelser som analyserna undersöker har inträffat.

Den följande diskussionen är strukturerad enligt ett livsförloppsperspektiv och fokuserar på fyra avgörande livshändelser: första jobb, första giftermål, födelse av första barnet och förekomst av en för tidig död bland de funktionsnedsatta män och kvinnorna i jämförelse med dem i referensgruppen. Den tredje studien i denna avhandling tillämpar och exemplifierar ett mer holistiskt livsförloppsperspektiv eftersom flera händelser undersöks samtidigt med hjälp av sekvensanalyser. Utöver att erhålla nya resultat som klargör vilka liv och levnadsförhållanden som mötte funktionsnedsatta personer i jämförelse med andra, utgjorde den tredje studiens syfte att diskutera sekvensanalyssimetoden och dess för- och nackdelar. Resultaten sätts främst i fokus för denna sammanfattning samt hur dessa står sig i jämförelse med de resultat som framkommer i avhandlingens övriga tre studier.

10.1 Livshändelser i början av vuxenlivet

funktionsnedsatta kvinnor var att gifta sig och bilda familj men utan att först ha ett arbete, vilket också var vanligt bland de icke funktionsnedsatta kvinnorna men de funktionsnedsatta upplevde denna levnadsbana i betydligt lägre utsträckning. Även de funktionsnedsatta männen som upplevde levnadsbanan med jobb, giftermål och familjebildning, gjorde det i lägre utsträckning än män utan funktionsnedsättning. De funktionsnedsatta kvinnorna verkar emellertid ha varit mer sårbara i ett annat hänseende då de födde utomäktenskapliga barn i en högre utsträckning än kvinnor utan funktionsnedsättning. Att hela en femtedel av de funktionsnedsatta kvinnorna födde barn utanför äktenskapet kan möjliga indikera att de var sexuellt utnyttjade. Olika funktionsnedsättningar påverkade också levnadsbanorna olika, där till exempel människor oavsett kön med mentala funktionsnedsättningar upplevde jobb, giftermål och barn i en betydligt lägre grad än män och kvinnor med fysiska funktionsnedsättningar. Även om antalet individer med mentala funktionsnedsättningar inte var så stort, framgår av resultatens tydlighet att de hade det svårare på såväl arbetsmarknaden som på giftermålsmarknaden än dem med mer fysiska funktionsnedsättningar. Resultaten överensstämmer i huvudsak med tidigare forskning som visat att funktionsnedsatta individer mot bakgrund av deras avvikande utseende och uppförande bröt från normen, och därför betraktade med skepsis av det samtida samhället.

Studie I och II i denna avhandling undersöker närmare varsin enskild händelse, död och giftermål, där livsföroloppsanalyser har tillämpats för både funktionsnedsatta och dem utan nedsättning. Resultatet visade att ungefär en fjärdedel av de funktionsnedsatta gifte sig jämfört med 40 procent bland dem utan funktionsnedsättning. Angående åldern vid första giftermålet påträffades ingen större skillnad mellan grupperna. De funktionsnedsatta som gifte sig gjorde det vid ungefär samma ålder som män och kvinnor utan funktionsnedsättning. De lägre vigselchanserna bland funktionsnedsatta män och kvinnor förefaller vara en konsekvens av funktionsnedsättningarna. Det kan till exempel vara så att blinda eller dövstumma upplevde kommunikationsproblem när de skulle interagera med andra människor. De som klassats som ofärdiga kan ha haft svårigheter att utföra det många gånger tunga arbetet som bedrevs vid fabrikerna och inom jordbruket och fick man inte en inkomst försämrades möjligheterna att bli gift. Inom gruppen funktionsnedsatta upplevde de ofärdiga männen de högsta chanserna att bli gift, medan kvinnor identifierade som blinda eller dövstumma upplevde de högsta
chanserna bland de funktionsnedsatta kvinnorna. Både män och kvinnor med mentala funktionsnedsättningar upplevde de lägsta giftermålschanserna, vilket visar på att just dessa funktionsnedsättningar medförde stigmatisering i samhället jämfört med andra typer av funktionsnedsättningar. Angående andra faktorer som kunde påverka vigselechanserna, såsom socio-ekonomisk bakgrund, geografisk hemvist och ifall undersökningens individer levde under för-industriell period eller under industrialiseringen, visade sig inte ha några statistiskt signifikanta effekter på giftermålschanserna för de funktionsnedsatta männen och kvinnorna. Följaktligen förefaller funktionsnedsättningar ha avgörande inverkan på människors livsvillkor, åtminstone jämfört med de övriga undersökta faktorerna.


Eftersom tidigare forskning har visat att funktionshindrade människor i historien ofta blev utsatta för stigmatisering från det omgivande samhället, vilket exempelvis kan resultera i sämre giftermålschanser, är det intressant att se om människor med funktionsnedsättningar gifte sig med varandra. Resultaten visar emellertid att det inte alls var fallet, utan skedde mycket sällan. I endast 6 procent av fallet hände det att funktionsnedsatta män och kvinnor gifte sig med varandra. Inom
kriminologin har man också påvisat att brottslingar i historisk tid varit utsatta för stigmatisering och exkludering från socialt liv. Ett antagande i denna studie var att människor som levde i marginalen gifte sig med varandra, men resultatet visade att ytterst få funktionsnedsatta gifte sig med makar med ett kriminellt förflutet. Tidigare forskning har också visat att änklingar gifte om sig i högre utsträckning än änkor. Detta skulle möjlichen kunna medföra att funktionsnedsatta kvinnor kunde attrahera änklingar som äktenskapspartners. Resultaten visar på att en lite högre andel av de funktionsnedsatta kvinnorna (10 procent) gifte sig med änklingar jämfört med de funktionsnedsatta männen som gifte sig med änkor (6 procent).

10.2 Döden – den sista händelsen i livet

Den tredje studien i denna avhandling avslöjade att somliga individer inte var möjliga att följa under hela observationsperioden, antingen för att de flyttade från församlingen eller avled. För det första visade studien att en lägre andel av de funktionsnedsatta flyttade från församlingarna jämfört med dem utan funktionsnedsättning. För det andra hade gruppen funktionsnedsatta fler dödsfåll än de utan funktionsnedsättning. Eftersom individerna som är föremål för undersökningen var 15 år när observationen började och följs under max 18 år, var det endast dödsfåll före 34 års ålder som undersökes. I studie I analyserades sannolikheten att gå en tidig död till mötes med statistiska livsförloppsanalyser som omfattar ett mycket större underlag individer (inte endast 15-åringarna som i studie III), utan samtliga mellan 15-35 år. Denna studie visar på att funktionsnedsatta män och kvinnor löpte signifikant högre dödsrisker jämfört med dem utan funktionsnedsättning. Resultaten visade också könsskillnader, där funktionsnedsatta män hade väsentligt högre dödsrisker än män utan funktionshinder. Funktionsnedsatta kvinnor, hade också högre dödsrisker än kvinnor utan funktionshinder, även om påslaget från funktionsnedsättningen inte var lika stor som hos männen. För män verkar således funktionsnedsättningen ha inneburit en högre grad av stigmatisering än för kvinnorna. Möjligen sammanhänger resultatet med att männen på grund av funktionsnedsättningen hade svårigheter att infria förväntningarna på dem som inkomstbringande och självständiga individer och familjeförsörjare. Studie II och delvis III visade att giftermålsmöjligheterna försämrades till följd av funktionsnedsättning. Dödsresultaten i studie I kan tyda på att män med nedsättningar mötte svårigheter att klara sig och livhanken i de sociala
sammanhang som giftermål och familj innebär, medan kvinnor med funktionsnedsättning hanterade dessa försvarade omständigheter i högre utsträckning och därför överlevde längre än män i samma sits. Enligt tidens könsbundna ideal förväntades inte heller kvinnor vara självständiga familjeförsörjare och kanske en funktionsnedsättning inte förhindrade dem märkbart från att utföra de hushållsarbeten som förknippades med det kvinnliga könet. Tidigare forskning har dessutom visat att män i historisk tid hade en högre mortalitet än kvinnor, precis som denna studie över funktionsnedsatta individer gör. Dödsriskerna varierade dock inom gruppen funktionsnedsatta, där blinda eller dövstumma oavsett kön, hade de lägsta riskerna att dö tidigt i livet, medan män och kvinnor med mentala funktionsnedsättningar upplevde de klart högsta dödsriskerna. Detta indikerar återigen att mentala funktionsnedsättningar var särskilt förknippade med stigmatisering på grund av det omgivande samhällets normer och negativa reaktioner. Efter kontroll av andra faktorers inverkan på dödsriskerna visade resultaten att de som bodde i Sundsvalls stad eller i de industrialiserade kustförsamlingarna hade högre dödsrisk än de som bodde på landsbygden (rurala församlingar). Detta var inget resultat som förvånade, då tidigare forskning visat att städerna och andra tätbefolkade områden var direkt ohälsosamma att leva i. Denna studie ger belägg för att det även gällde män och kvinnor med funktionsnedsättningar. Angående tidsperiod visar studien att funktionsnedsatta män hade högre dödsrisker efter industrialiseringens genombrott, medan de funktionshindrade kvinnorna upplevde ett omvänt mönster med lägre dödsrisker under industrialiseringen jämfört med tiden innan. Tidigare forskning har visat att levnadsvillkoren för funktionsnedsatta människor försämrades i och med industrialiseringen då många lantliga sysselsättningar utomhus och inom hantverk ersattes med inomhusarbete i de nya fabriken. De funktionsnedsatta hade svårt att anpassa sig till detta nya ekonomiska system och riskerade därmed exkludering från arbetsmarknaden. Det finns goda skäl att anta att detta även gällde för de funktionsnedsatta männen i denna studie, förlagd till en ”manlig” sågverksmiljö, men gällde i mindre utsträckning för kvinnor med funktionsnedsättningar. Att socio-ekonomisk härkomst inte påverkade dödsriskerna i någon signifikant riktning ligger också i linje med vad tidigare forskning visat för denna del av Sverige under 1800-talet.
10.3 Grader av stigmatisering

Totalt sett visar denna avhandling att funktionsnedsatta individer antagligen upplevde stigmatisering som även innebar exkludering från det sociala livet och det omgivande samhället, utöver de konsekvenser av en dålig hälsa som funktionsnedsättningen i sig kan ha förorsakat. Resultaten visar att nedsatt funktionsförmåga medförde färre möjligheter på både arbetsmarknaden och på giftermålsmarknaden. Funktionsnedsatta individer löpte även högre risk att möta en tidig död i livet jämfört med dem utan funktionsnedsättningar. Könsskillnader återfanns också då påslaget från funktionshindret på dödsriskerna var större för de funktionsnedsatta männen jämfört med de funktionsnedsatta kvinnorna. Även på giftermålsmarknaden fick de funktionsnedsatta männen betala ett högt pris eftersom de inte fann en maka att gifta sig med i samma utsträckning som män utan funktionsnedsättning. Den sociala omvandlingen som industrialiseringen medförde verkar också ha försämrat giftermålschanserna mer för män med funktionsnedsättning jämfört med funktionsnedsatta kvinnor, eftersom männens chanser att gifta sig minskade under den andra halvan av 1800-talet. Det verkar som om män var mer negativt påverkade av sin funktionsnedsättning än kvinnor med funktionsnedsättningar. Emellertid när det gällde socio-ekonomisk härkomst gifte sig de funktionsnedsatta kvinnorna i högre utsträckning socialt nerät än de funktionsnedsatta männen som i stor utsträckning gifte sig med kvinnor från samma sociala skikt som de själva. Såldes kan det konstateras att ha en funktionsnedsättning på 1800-talet inte hade samma konsekvenser om man var man eller kvinna.

Resultaten i denna avhandling visar också på att typen av funktionsnedsättning hade avgörande betydelse. De funktionsnedsattas livsvillkor såg olika ut beroende på vilken funktionsnedsättning det var frågan om, vilket medför att denna grupp av människor uppvisar en stor heterogenitet. Mentala funktionsnedsättningar verkar ha varit särskilt förknippat med stigmatisering av det omgivande samhället, jämfört med dem som hade fysiska funktionsnedsättningar, att döma av giftermålschanserna och dödsriskerna. Naturligtvis kan den medicinska hälsan försvårat levnadsvillkoren för funktionshindrade, men deras utseende och uppförande, som antagligen uppfattades som annorlunda jämfört med genomsnittsbefolkningen, bidrog antagligen till deras stigmatisering, och särskilt dem med mentala funktionsnedsättningar. Om människor avvek mindre från det som uppfattades som det
normativa i samhället var de sannolikt mindre stigmatiserade, såsom resultaten för dem med mer fysiska funktionsnedsättningar indikerar.


Avhandlingen understryker därmed att funktionsnedsatta människor inte uppvisar något enkelt och homогent mönster varken utifrån typ av funktionsnedsättning eller kön. Resultaten erinrar om hur viktigt det är att betrakta funktionsnedsatta individer, även i historisk tid, som en heterogen grupp av människor som upplevde olika möjligheter och svårigheter i livet. Av resultaten framgår att möjligheten till jobb förefaller ha varit av största vikt för hur resterande livet skulle utveckla sig. Inget jobb resulterade i sämre försörjningsmöjligheter och därmed sämre chanser att hitta någon att gifte sig med och i det långa loppet påverkade det överlevnadschanserna negativt. Ett intressant område att förska vidare på utgörs av de funktionsnedsatta individernas möjligheter att få jobb och vilka jobb, för att kunna försörja sig själva. Analyser av detta slag skulle fördjupa förståelsen för de levnadsvillkor som funktionsnedsatta individer upplevde i historisk tid.

Efter att ha genomfört de fyra studierna i denna avhandling är det mest överraskande resultatet att funktionsnedsatta män och kvinnor uppvisade så anmärkningsvärt olika levnadsbanor. Vissa verkar ha varit mycket utsatta i samhället med små möjligheter till att försörja sig, gifta sig och bilda familj. De hade också många gånger högre dödsrisker än andra individer. Emellertid visade resultaten också på det omvända där funktionsnedsättningen inte påverkat levnadsbanorna i någon större utsträckning jämfört med män och kvinnor utan funktionsnedsättning. Baserat på dessa resultat, som knappast framkommit utan att införliva
statistiska livsförloppsanalyser på gamla digitaliserade kyrkoböcker, kan den här avhandlingen konstatera att funktionsnedsatta människor mötte vitt skilda levnadsvillkor i 1800-talets samhälle. Även om avhandlingens bidragit till att klara viktiga förklaringsfaktorer till levnadsbanornas olika utveckling på ett jämförelsevis stort empiriskt underlag, måste frågan om varför människor med funktionsnedsättningar upplevde sådan variation beträffande levnadsbanorna ytterligare utforskas i framtida studier, med hänsyn till arbete, familj och överlevnad.
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Catechetical examination records:

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- Hässjö 1814-1901
- Indal 1814-1900
- Ljustorp 1803-1901
- Njurunda 1816-1892
- Selånger 1813-1894
- Skön/Skönsmon 1803-1893
- Sundsvall 1803-1892
- Sättna 1806-1899
- Timrå 1803-1894
- Tuna 1804-1896
- Tynderö 1811-1900

Records of births and baptisms:

- Alnö 1767-1896
- Attmar 1770-1896
- Hässjö 1725-1895
- Indal 1780-1895
- Ljustorp 1779-1894
- Njurunda 1724-1894
- Selånger 1803-1894
- Skön/Skönsmon 1784-1894
- Sundsvall 1860-1894
- Sättna 1780-1894
- Timrå 1783-1895
- Tuna 1780-1898
- Tynderö 1780-1894

Records of betrothals and marriages:

- Alnö 1774-1900
- Attmar 1814-1894
- Hässjö 1797-1895
Indal 1814-1895
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Njurunda 1807-1894
Selånger 1803-1894
Skön/Skönsmon 1803-1895
Sundsvall 1803-1894
Sättuna 1806-1894
Timrå 1783-1895
Tuna 1804-1894
Tynderö 1688-1894

Records of deaths and funerals:
Alnö 1767-1900
Attmar 1814-1895
Hässjö 1787-1895
Indal 1814-1895
Ljustorp 1803-1894
Njurunda 1807-1894
Selånger 1803-1894
Skön/Skönsmon 1803-1895
Sundsvall 1860-1894
Sättuna 1806-1894
Timrå 1783-1895
Tuna 1804-1894
Tynderö 1811-1894

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