APPENDIX: Results of value analysis grouped into five main themes

THEME 1: The DB processing within NAV worsens the claimant’s health

1. ‘He is still **marked** (affect, negative: unhappiness/dissatisfaction) by the long struggle (with NAV) against being disbelieved; it is **hard** (affect, negative: displeasure) for him having to explain everything again to a new GP’.
2. ‘Due to a **stressful** (affect, negative: unhappiness) and **long-lasting** (appreciation, negative: overdue) process, she has become **depressed** (affect, negative: unhappiness) **and anxious**’ (affect, negative: insecure)
3. ‘After ten years of treatment without improving his health, he does **not** **feel ok** (affect, negative: misery, unhappiness, etc.) at all’.
4. ‘His afflictions are mostly of a **subjective** (appreciation, negative value: not qualified) kind and hence there are no **objective** (appreciation, positive value: qualified) findings by which to assess his working capacity.

All previous measures taken to resume work have been **unsuccessful** (appreciation: neg. value: ineffective). He **struggles** (affect, negative: insecurity, unhappiness) with real problems, and **with being understood** **so that he can get sufficient help**’ (pos. social sanction: veracity, honesty).

THEME 2: The patient “deserves” DB for possessing values that are “NAV-specific”, and for having values accepted as universally positive.

1. ‘If she **pushes herself or tries to do things** (pos. social esteem: tenacity, capacity, will to activate) she gets worse. She has **held herself back** (pos. social esteem: tenacity; pos. social sanction: veracity, credibility) from applying for DB, even though it has been a **probable** (modality: writer’s evaluation) outcome for many years. She now applies for permanent DB, which **seems** (entertain, dialogically expansive) **reasonable** (appreciation, positive); there is no opportunity for her to work in foreseeable future’
2. ‘He has a few **good** (appreciation, positive) days now and then, **thinking that** **he might have been working then** (pos. social sanction: veracity; moral, will to work). But then, the next day, **it will again be impossible** **for him**’ (pos. social esteem: blamelessness).
3. ‘**Struggles** (affect, negative: insecurity, unhappiness) with his motivation due to pain in hips, knees and back, but **at the same time he wants to stay in job**’ (pos.social sanction: veracity, a will to work)
4. ‘The patient **has been fighting** throughout the years **to stay in work as much as possible**’(pos. social esteem: tenacity; positive social sanction: honesty, a will to work)
5. ‘She still has changing levels of myalgia, but is now familiar with them and **masters them well**’(pos.social esteem: capacity, having control, mastering abilities)
6. ‘He **does not want** (reported speech, attribution) to be treated with addictive pain-killers’ (pos. social esteem: tenacity).
7. ‘[He is] a **positive fellow** (pos. social esteem: capacity, mentally sound) who **looks forward to** **get into work and be useful to society’** (pos. socal sanction:good moral, will to work). Mentally and emotionally he is **doing well** (pos. social esteem: capacity, sound).
8. ‘She is **good** at keeping herself active’ (pos. social esteem: capacity, healthy; tenacity, persevering)
9. ‘The patient **wishes** (reported speech, attribution; acknowledged, dialogically contractive) **to keep his 40 % part-time work** as self-employed (pos. social esteem: a will to work)
10. ‘He **is motivated** for his own health’ (pos. social sanction: sincerity) ‘He has **paid with** **his own money** (pos. social esteem: tenacity; a will to sacrifice) for physiotherapy, acupuncture and several MRIs to **prove** (pos.social esteem: tenacity) that he has physical, medical problems that cause pain’.

THEME 3: Low social esteem: DB will make life better for the patients.

1. ‘She is still **having problems with meeting at the time agreed** (neg. social esteem: capacity, not reliable). She **is unconcentrated, “uneasy” or hectic** (neg. social esteem: low capacity, low tenacity)**,** has a **positive attitude** (pos. social sanction: veracity)**,** but has **reduced ability to implement** (neg. social esteem: low capacity, low tenacity). Bothered by pain. She is **easy to divert** (neg. social esteem: tenacity low). [I] request NAV to assess her eligibility for DB. **It is difficult** (Appreciation: negative. Writer’s stance: objectifying, dialogically expansive) to see that she has any chance of getting a work. **I am uncertain** (writer’s subjectivity, dialogically expansive) about **how she manages her economy’** (writer’s stance, *suggesting* neg. social esteem: low capacity, incompetence)’
2. **‘Alcohol directs her life**’ (neg. social esteem: low capacity)

The patient **should have** 100 % DB (writer’s stance, modality: obligation). It is **possible** (modality, hedging; writer’s low commitment) for her to get an **“engagement”** (quotation marks: vague language, hedging) by the local AA and this **will be** (epistemic modality, hypothetical/irrealis)very good (appreciation) for her. **Not least** (grading up) to her **self-esteem** (affect attributed to the patient). It **could** (modality; hedging; dialogically expansive) also, **to some extent** (hedging by grading), act as a deterrent to her alcoholism’

THEME 4: Granting DB at the patient’s wish or as a pragmatic solution.

1. ‘The patient **claims** (reported speech: dialogically expansive) to have extensive and intense (grading up) pain that prevents him from resuming work’. He **claims** (reported speech: dialogically expansive) to be tired and exhausted (affect) and that he cannot do any kind of work. **One has not managed, for more than ten years, to get the patient back to work, and hence, permanent DB** **should be** (modality: obligation) evaluated’.
2. ‘The patient has tried various (grading up) measures to resume work, but – according to **his saying** (reported speech; dialogically expansive) – he had to break because of **“bad health”**’ (vague language: quotation marks; hedging). ‘Now **he wants** (reported speech, dialogically contractive) to have DB’.
3. ‘**The patient does not consider it possible** (reported speech; dialogically expansive) to resume work, due to his chronic back pain’.
4. ‘The patient works in a small company where making **special** (appreciation negative: irregular) adaptions is **difficult** (appreciation, negative: not sustainable). Granting him DB by 50 %, therefore, **seems** (entertain; dialogically expansive) **appropriate** (appreciation, positive: balanced) to **maintain a residual** **capacity of work’** (social sanction, positive: will to work).
5. **‘It seems** (entertain; dialogically expansive) **most realistic** (appreciation, positive valuation: balanced) that she be granted DB by 100 %’.

THEME 5: Addressing the reader through authoritative statements and negotiations.

1. ‘**There is** a clear causal relation (objectifying, bare statement; dialogically contractive) between the patient’s afflictions and her reduced working capacity’.
2. ‘ **It is recommended** (objectifying; dialogically contractive) that temporary DB is prolonged’
3. ‘**He is** 100 % work incapacitated’ (bare statement: dialogically contractive).
4. ‘**I see** (writer’s subjectivity; dialogically expansive) no reason why he should continue rehabilitation or courses. The patient **must have** (modality, obligation; subjective, dialogically expansive) DB now’.
5. ‘**I consider** (writer’s subjectivity, dialogically expansive) that further investigation of her psychic afflictions will not shed new light on her troubles. **Most probably** (modality, highly graded)**, she must live** (modality, inclination; dialogically expansive) with them and accept them.’
6. ‘**One must now realise** (objectifying; modality: obligation) that there is no real chance for her of resuming work. **She is now recommended** (objectifying) to apply for DB’.
7. ‘(….) after more than 10 years of treatment without significant improvement of his health, **I see** (entertain; writer’s subjectivity; dialogically expansive), no reason why he should continue with rehabilitation/courses’.
8. ‘The patient **should get** (modality, obligation; dialogically expansive) a 100% disability benefit’.
9. ‘The undersigned **does not see** (writer’s subjectivity; dialogically expansive) that the patient has any residual (appreciation) work capacity’.
10. ‘A DB by 60 % **will not be** (modality; dialogically expansive) **unreasonable**’ (appreciation, positive valuation: appropriate).
11. ‘The **specialist thinks** (reported speech; dialogically expansive) that **he should have** **(**modality:necessity) **at least** (grading up) 50 % DB**.’**