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Analyzing Language within Social Security Disability Insurance Denial Notices

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An abstract of
A thesis submitted to the Faculty of Emory College of Arts and Sciences
of Emory University in partial fulfillment
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Bachelor of Arts with Honors

Department of English

2010

Abstract

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This thesis examines the construction and content of Social Security Disability Insurance (SSDI) denial notices in order to gain a better understanding of the culture of the Social Security Administration (SSA) and the government's conception of disability. I approach this study from a rhetorical standpoint and combine a close textual analysis with a review of the creation of the SSDI program. By breaking down the notices into a series of speech acts through genre analysis, I have studied why each portion was incorporated into the text. Understanding why certain phrases and sentences were included or omitted from the notices reveals that the work aspect of the SSDI definition of disability is most important to the government. I conclude that the flaws within the language of the correspondence result from problems in the creation and implementation of the disability insurance program. Claimants have often complained about the correspondence from the SSA due to the confusing information conveyed, and this study reveals that this is because the government uses a definition of disability that has not been updated since the 1950's. My analysis shows that while the government successfully defends its definition of disability in the notices, the letters justify a meaning that no longer corresponds with today's understanding of the term. The disconnect between the current and past ideas of disability are a source of the problems in the language of the notices. While these notices were supposed to be useful tools for prospective beneficiaries, over time this intention has been waylaid by other problems in the SSDI system, like controlling approval rates or using an outdated conception of disability.

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Introduction

Over 11.1 million beneficiaries were provided money and Medicare coverage in 2009 through Social Security Disability Insurance (SSDI), the only federal disability benefits program in the United States (Papas). The goal of SSDI is to alleviate the hardships a person experiences when he or she loses earnings due to disability. In 2006, nearly 1.5 million applicants applied for disability benefits, but only 35.5 percent were initially approved (Pickett). Claimants have several opportunities to appeal the denials, and after each cycle, a notice explaining the reasons for denying the applicant is generated. Over 350 million denial letters are mailed out each year (Bertoni & Astrue). By law, the Social Security Administration (SSA) must explain why an applicant was denied disability (Bertoni 2). In order to justify their decisions, the SSA has to defend its definition of disability, and these notices are an attempt to do so. Many applicants have been critical of these letters, because they are thought to be uninformative (Delfico, *Social Security Administration: Many Letters Difficult to Understand*). While research has been conducted on the appearance of the notices, there has been little analysis of the content of the correspondence (Shuy 25). Aspects of the SSDI program, like studies of administrative law judge decisions, have been researched in order to better understand the culture of the SSA, but such studies of the notices are "all but invisible in the literature" (Mashaw 19). These letters are a truer reflection of the bureaucratic culture of the SSA than the administrative law judge hearings, because the people who compose the notices are part of the SSA rather than the judicial branch. Applying a textual analysis to the notices allows me to understand why claimants are frustrated by the correspondence, and it illuminates an aspect of SSA culture that has not been studied by other researchers. One can see that the language in the notices reflects flaws within the SSDI system stemming from the difficulty of establishing evaluation standards under the SSA definition of disability.

A close reading of the denial notices reveals more about the culture of the Social Security Administration than what can be seen solely through a historical analysis. Since the letter is personalized for each applicant, identifying repeated themes and phrases in the correspondence can show what factors are most important to the SSA. In addition, examining the structure of the letters reveals what aspects of disability are emphasized. The notices create a genre of bureaucratic correspondence with its own cultural norms and standards. I propose that by using genre analysis as a theoretical background, one can break the correspondence down into individual speech moves, seen throughout the data pool, to better understand the SSA culture. Genre analysis combines close textual analysis with historical background knowledge to enhance one's comprehension of the text. In doing so, one can thoroughly understand how the history of the SSA has affected the composition of the notices and also what the letters project about federal disability. From this analysis, it is clear that the concerns about funding the program have been the driving factor in the development of SSDI, which in turn has affected the construction of these letters. The lack of clarity in the notices results from problems in the original development and current administration of the SSDI program.

To show this, I will be applying genre analysis to my sample pool of thirty-two[1] denial notices given to me by the Legal Aid Society of Orange County[2]. These letters were de-identified of all personal information including applicants' names, addresses, and treating physicians before being released to me[3]. There were nineteen applicants who received initial and

[1] Two of the notices were not considered to be part of the data pool because they were atypical responses which did not respond to the applicant's conditions but rather simply stated that he or she was not found disabled.

[2] I would like to thank the attorneys at the Legal Aid Society of Orange County for allowing me to use the de-identified notices for my research. Specifically, I would like to acknowledge Jami Teagle-Burgos for helping me collect the data and for inspiring this research project. Also, thank you to Nancy Rimsha, Kathie Tarbell, Tam Tran, and Dan Venezuela for providing me with copies of the notices. Without their help, this research would not have been possible.

[3] IRB clearance was not needed since I did not have any direct interaction with human subjects or their personally identifiable information. This was confirmed by the Emory IRB on October 1, 2009.

reconsideration notices from the Southern California Social Security offices sometime between 2002 and 2008. The samples span such a wide range of years because it takes the average applicant 1,100 days before a final decision is reached, if the applicant goes through every appeal cycle (*Commissioner of Social Security's Proposal to Improve the Disability Process*). I will be using these notices in combination with the historical background of the program to argue that the letters are a reflection of the culture of Social Security Disability Insurance. To best understand the origin and purpose of the notices, one must first have an overall understanding of the Social Security Disability Insurance program.

Creation of the Social Security Disability Insurance Program

Currently the Social Security Administration has a system supporting disabled citizens, but when the Social Security Act was first passed in 1934, disability benefits were not included (Cowles 3). Though the economic council had debated incorporating such provisions into a law, proposals providing disability benefits for the everyday citizen were struck down for twenty years [4] (Cowles 3). Examining the history of the creation of the SSDI program helps one understand the intended purpose of the disability benefits and denial notices.

Congress was reluctant to include disability in the Social Security Act for multiple reasons, and not until 1954 were these concerns satisfactorily resolved. After the Great Depression, legislators wanted to support citizens but were also cautious about creating an unemployment program (Mashaw 52). Proposals were removed due to disagreement over the definition of disability and how to administer the program. In 1938 there was agreement over whether disability benefits should be provided, but the Senate Advisory Council was wary of how much money such a system would cost, and thus no action was taken (*The Development of*

[4] During 1944 and 1945, disability benefits were provided to civilian casualties of World War II. (Dewitt 1977)

the Disability Program Under Old-Age Survivors Insurance 1935-1974 110). The issue was tabled for the majority of the 1940's, though the Social Security Board did recommend in its annual reports that benefits should be provided to disabled persons (108).

It is within these annual reports that the guidelines for the current Social Security Disability Insurance program were formulated. Also during this time, the board began to define how disability should be conceived. Concerned about the cost of the program, the advisory members deemed that a "permanent" disability defined solely through a medical prognosis was not satisfactory (*The Development of the Disability Program Under Old-Age Survivors Insurance 1935-1974* 110). They suggested that instead, benefits should be paid for lost earnings after a suitable waiting period (110). In a 1948 advisory report, further steps toward forming the disability program were taken when the committee suggested that rather than having the benefits limited by age, any citizen should be eligible for disability (111). This recommendation was opposed by some members of the committee due to their belief that disability should be state-run (110). The report did provide several specific recommendations which would come to be adopted in the SSDI program. These suggestions included the qualifications an applicant would have to meet to qualify for disability, the waiting period before approval, and the provision and financing of rehabilitation services (110). A working definition of disability was also suggested, which stated that a person would be considered disabled if his or her condition was "medically demonstrable by objective tests, which prevents the worker from performing any substantially gainful activity and which is likely to be of long-continued and indefinite duration" (109). This definition set the precedent for federal disability to be considered in terms of work. Here, there is a balance between the medical condition afflicting the applicant and its relation to whether the

person would be able to work. In later revised definitions, there is a shift towards an emphasis on the inability to find gainful employment.

In 1949, based on the recommendations from the 1948 report, the House of Representatives passed HR 6000 (*The Development of the Disability Program Under Old-Age Survivors Insurance 1935-1974* 110). This bill contained changes to the Social Security Act, some of which would create a disability insurance program. The Senate struck out these provisions over concerns about whether there would be sufficient funds and resources to provide rehabilitation services to disabled beneficiaries (109). While they continued to acknowledge the need for disability insurance, nothing in the final incarnation of HR 6000 addressed this issue. Instead the bill extended more federal aid to the states to provide certain disabled individuals with public assistance (109).

Twenty years after the creation of the Social Security Administration, Congress passed the Social Security Amendments of 1954. These additions created the disability insurance program, and many of these provisions are still effective today. Disability was defined exactly as HR 6000 had defined it: a person is disabled if he or she has "an impairment of mind or body which continuously renders it impossible for the disabled person to follow any substantial gainful occupation," and it is likely to last for "the rest of a person's life" (Berkowitz, Edward D.). This conception of disability deemphasized the importance of a "medically demonstrable impairment" and focused more forcefully on the impossibility of employment. In addition, Congress stressed the need for rehabilitative services and mandated that those who were deemed disabled under the law be referred to state rehabilitation services (*The Development of the Disability Program Under Old-Age Survivors Insurance 1935-1974* 111). Providing for rehabilitative services shows that Congress did not intend for beneficiaries to remain on SSDI.

Also, it demonstrates that there was already an attempt to restrict how many applicants would be approved a year and remain on the disability payrolls. The amendments also placed the responsibility for determining disability on local, state agencies. The state agencies were instructed to follow plans for making disability determinations under the Vocational Rehabilitation Acts (111).

Concerns about funding arose once again in 1956 as the Senate Finance Committee considered expanding the eligibility rules of the program (*The Development of the Disability Program Under Old-Age Survivors Insurance 1935-1974* 112). For this to occur, Congress had to find a way to continue to fund the program. Money could be drawn from the old-age and survivors' insurance system to pay cash benefits, but members of the committee were wary of creating a program which could become costly to maintain, and they preferred to provide rehabilitation services(112). A compromise was reached through a House bill, which stated that disability benefits would be paid from a separate fund set aside solely for that purpose.

While there was agreement that disabled persons should be provided for in some way through the Social Security Act, for twenty years there was debate over how this should be done. The primary concern for members of Congress was how to feasibly sustain the disability program. Defining disability and implementing a system to approve beneficiaries continues to be an issue with which Congress grapples. Though the initial intention of the disability system was to provide rehabilitation services, this goal proved much harder to implement than people had anticipated. In a 1965 Senate Committee Report, it was found that only 3,000 beneficiaries were annually receiving any rehabilitative services (*The Development of the Disability Program Under Old-Age Survivors Insurance 1935-1974* 116). This was an especially low number, since the SSA reported that there were over 1.1 million disability beneficiaries. State agencies were

unable to provide services to claimants, because they were unable to match the funding provided by the federal government (116). An amendment in 1965 attempted to resolve this problem, but since then, offering rehabilitation has become less important.

As the Social Security Disability Insurance program continued to grow, Congress became increasingly concerned with the discrepancy between administrative law judges approving claimants during appeals and social workers initially granting benefits. Congress was especially worried that court interpretations of the program were beginning to create a definition of disability that would be overly inclusive. In 1967, following a House Ways and Means report, Congress revised the original definition of disability to expand on the meaning of available work as "work existing in the national economy" *(The Development of the Disability Program Under Old-Age Survivors Insurance 1935-1974* 117). The definition of disability was amended to state:

> An individual shall be determined to be under a disability if his physical or mental impairment or impairments are of such severity that he is not only unable to do his previous work but cannot considering his age, education, and work experience, engage in any kind of substantial gainful work which exists in the national economy, regardless of whether such work exists in the immediate area in which he lives, or whether a specific job vacancy exists for him, or whether he would be hired if he applied for work. (Social Security Act, sec. 223(d) (2) (A))

Though work had been mentioned in past definitions, this revision placed a greater importance on this factor. The emphasis on a "medically determinable impairment" is decreased with the increased detailed explanation of what is considered to be work. The expanded section shows that Congress wants to stress work and make very clear what the interpretation of the law is. In

addition to expanding the definition of disability in the Social Security Act, Congress also sought to clarify their intended meaning by amending the law to place a greater emphasis on medical factors as the reason for awarding benefits *(The Development of the Disability Program Under Old-Age Survivors Insurance 1935-1974* 117).

Congress had wanted to support disabled persons and the elderly when the Social Security Administration was first created, but fiscal and administrative concerns prevented the Social Security Disability Insurance program from being formed, and these same problems continue to stress the system. In an attempt to make a definition of disability unique relative to typical state and private guidelines, the SSA decided that people would be considered disabled if they were unable to do the work they did before, they could not adjust to other work because of a medical condition, and the disability was expected to last for at least a year. To counter criticism that the program would simply distribute money, the SSA tried to implement a rehabilitation program that ultimately failed. Since then, the SSA has been trying to walk the line between being an unemployment program and a disability insurance program. This balancing act is reflected in the applicant evaluation process and the denial notices as the SSA continues to try to provide disability to only "those who have medical problems and because of those ailments are neither 'substantially gainfully employed' nor able to work" (Mashaw 52).

Applying for Disability Benefits

Since 1954, the Social Security Disability Insurance program has grown to serve several million people through an application process which screens claimants and awards benefits. Applications began to be accepted online through the Social Security website in 2009 (ORDP. ODP, "Benefits for People with Disabilities"). Though online submissions have helped to streamline the process, there has been little change in the way that claimants progress through the

application process. I have become well versed in these steps from my work at Legal Aid, and instructions for applying are easily accessed on the web. Since the denial notices result directly from the application process, a brief overview is provided for contextual understanding.

When a claimant first files for disability benefits, it is done either through a local Social Security office or online. An applicant must provide information regarding his or her employment history, reasons for claiming disability and relevant personal information. A social worker, assigned to the case file, then requests medical documentation from the claimant's doctors. In addition, the worker examines the financial history of the applicant to see whether he or she has met the required amount of time paid into the Social Security fund. The worker also checks to see if the claimant is engaged in any substantially gainful activity, which in 2009 was defined as a job making more than $980 per month ("2010 Social Security Changes"). If this is not satisfied, then the applicant is automatically rejected, but if this requirement is met, the file is sent to a disability evaluator.

Once all of the medical information from the doctors has been gathered, the social worker forwards the file to a State Disability Determiner. In each state there is a central Disability Determination Services (DDS) office responsible for making disability determinations for a variety of state and federal programs. Disability determiners are not trained doctors, attorneys or rehabilitation counselors, though they must be able to understand and apply aspects of each field (*Commissioner of Social Security's Proposal to Improve the Disability Process* 49). The SSA provides extensive training in the most complex areas of disability adjudication for disability evaluators, but these efforts have diminished since 1997 (DeVault15). Evaluators are trained to be able to assess symptoms, expert opinions and the claimant's remaining work capacity (15). DDS workers are responsible for making determinations for a variety of disability programs with

different eligibility guidelines. They must be familiar with the SSA guidelines for determining disability, since the standards differ widely from those set for other disability programs.

An examiner reviews the information, ignoring the treating physician's conclusions of disability or illness (Mashaw 44), and decides whether the claimed medical conditions and data support any of the listed impairments in the Social Security Blue Book. This book, designed by a Social Security commission committee, lists different ailments (also known as listed impairments) and what level of severity a claimant must possess in order to automatically qualify for disability. While parts of the listed impairments are updated periodically, the last overall revision occurred in 1986 (Cowles 18). If the applicant does not meet any of the listed impairments, then the evaluator looks to see whether the combination of conditions is considered severe enough to result in a disability. This is calculated by evaluating the number of pounds one can carry, and how long one can sit and stand. These numbers are combined to determine the claimant's Residual Functional Capacity (RFC). By evaluating the RFC, considering the applicant's work history, and examining the available jobs in the economy, the disability examiner decides whether the applicant is indeed disabled. Once the determination has been made, the file and decision are returned to the social worker, who then writes an approval or denial notice. In summary, the five questions that must be answered when making a disability determination are: 1) Is the person engaged in a substantial gainful activity? 2) Does the person have a severe impairment? 3) Does the impairment meet or equal a listed impairment? 4) Can the person despite the impairments perform the work that he or she did in the past? 5) Can the individual do *any* other type of work?

The application process can be very frustrating for claimants, because the approval rate is so low. In 2006, only 35.5 percent of applicants were approved in the first round (Pickett). After

receiving a denial, an applicant has sixty days to file for reconsideration. When this is done, a social worker, not necessarily the same one as in the first round, returns the file to the Disability Determination Services, where it is assigned to a new evaluator. This person looks over the documentation and any new information that the applicant may have decided to provide. From the data, the evaluator determines whether the first decision was correct. The file is then returned to the social worker, who drafts either an approval letter or a denial notice. Being accepted into the program during the second appeal is quite rare, since only 8.8 percent of appeals were approved in 2006 (Pickett). A denied applicant has the option to file another appeal through the Social Security office.

For the final level of reconsideration, rather than having the file return to DDS, the case is assigned to an administrative law judge. Due to the backlog with the administrative law judges, this assignation process can take up to one year, and then a hearing date is set a year in advance (Ross 5). At a hearing, the applicant can submit more documentation, testify and have an advocate's assistance. Also, a disability evaluator may be present as a representative for the government. After the hearing, the administrative law judge writes a decision either in favor of or against the claimant. Rather than replying in notice form to the applicant, the court issues a legal decision. Some applicants may choose to pursue further appeal through the federal court system, but almost all appeals end after the administrative law judge's decision.

Writing the Denial Notices

The disability determiner at the Disability Determination Services offices is responsible for deciding whether a claimant is disabled or not, and then the social worker must convey the decision to the applicant. Federal regulations require that the Social Security Administration provide information explaining in understandable language the evidence used to reach a

determination (Bertoni 2). For the first two levels of application and appeal, this information is presented in a notice format. This correspondence has been widely criticized by researchers and applicants for the confusing presentation of information (Delfico, *Improving the Quality of Social Security Administration Notices* 10). Understanding how these notices were designed and how the social workers go about writing the texts helps to reveal the way that the Social Security Administration attempts to justify denying applicants by defending the SSDI definition of disability. The letters are unique, since each one is personalized with information intended to help clarify why the applicant did not meet the standards for disability. Analyzing the language of the notices can give one a better understanding of how the letters are formulated and written.

The formats of the initial and reconsideration notices are identical except for the header identifying which stage of application the claimant is at. Most of the text in the notices consists of boilerplate language, or standardized pre-written text. Generally the notices total three to four pages, but the majority of the information is generic. Only within the first few paragraphs under the section entitled "The Decision on Your Case" is the information personalized. This portion lists all of the doctors the SSA contacted for medical records and explains why the claimant was denied. Following this is an "About the Decisions" section briefly explaining that the decisions were made by state employees who used federal guidelines. Also there are paragraphs which state the rules for social security disability, supplemental security income, disability or blindness programs, information on what is considered to be substantial work, information about Medicaid and other government benefits, what to do if one disagrees with the decision, how to file a new application, how to receive help with an appeal and what to do if one has any questions. Even though the letters are composed by social workers, every notice is signed by the regional commissioner of the Social Security Administration.

Even in the personalized portion of the text, one can see a regular pattern in the format. The personalization relates mainly to the applicant's medical conditions and Residual Functional Capacity. Even with differing ailments, there is still uniformity in the passages. In the case of claimant A, who applied for SSDI based on her diagnosis of breast cancer, her initial denial states:

> The evidence shows that you have undergone a left breast mastectomy due to breast carcinoma. Though you do have discomfort, the evidence shows you are still able to move about and to use your arms, hands and legs in a satisfactory manner. Based on all the evidence in your file and the guidelines that we must follow under Social Security Law, we have determined that you are able to occasionally lift 20 pounds and frequently lift 10 pounds, stand and walk up to 6 hours in a normal 8 hour work day, and sit for about 6 hours in a normal work day. We realize that your condition keeps you from doing your past work as a home attendant but it does not preclude you from all work activities. Based on your age, education, and previous work experience, you can do other work.

Her reconsideration notice says that based on her claims of breast cancer, wound over left breast area, and pain of lower extremity she was still denied because:

> The medical evidence shows that you had surgical removal of your left breast in 6/07 due to cancer. There has been no evidence of any recurrence of the cancer or other complications. You have some tenderness in that area but that is all. There is no evidence of any swelling or infection. You have no other complications. You have good use of both arms and legs.

> You can walk all right and without assistance. It is determined that you have the physical capacity to occasionally lift 20 pounds and frequently lift 10 pounds, stand and walk up to six hours in a normal 8 hour work day, and sit for about 6 hours in a normal work day. It is determined that you have the physical capacity to perform the usual job duties as a chore worker per your description.

While the sentences are not identical in the two letters, the notices share many features and relay the same information. Both use similar key terms and phrases and order the paragraph in nearly the same way, even though the decisions were made by separate disability evaluators and possibly written by different social workers. Even comparing claimant A's notices to those of another applicant who applied based on psychological disabilities rather than physical ones, like applicant E who applied based on bipolar, schizophrenia, depression, anxiety, and mood disorders, one can see that there are still similarities in the notices. E's notice reads:

> Your statements about your ability to perform work related activities are not fully supported by the other evidence in [sic] file. Though you may be depressed, anxious, bipolar, schizophrenic and have attention problems at times, your records show that you are able to think, communicate and act in your own interest while sober. The evidence shows you are able to adjust to ordinary emotional stresses and to get basic instructions. Regarding your physical problems, we have determined that your condition is not so severe as to prevent you from working. We realize that you have no work experience, but you should be able to work at some jobs which are not difficult to learn and remember.

His reconsideration notice states:

> The medical evidence shows though you may be depressed at times, your records show that you are able to think, communicate and act in your own interest while you remain sober. The evidence shows you are able to adjust to ordinary emotional stresses and to get along with others, as well as to do your usual activities and to remember and follow basic instructions. We realize that you have no work experience but you should be able to work at some jobs which are not difficult to learn and remember.

Even though applicant A's social worker was based and trained in the Santa Ana district office and claimant E's worker was in Mission Viejo, there are similarities in the structure and wording of the notices because of the training that all workers must undergo to write these letters. The claimants applied based on very different ailments, with applicant A applying due to physical impairments and E claiming benefits due to mental illness, and still the social workers make sure that the notices have a uniform appearance. The letters begin with some type of acknowledgement of the claimant's medical ailments and then move to a discussion on work. Many phrases like "medical evidence shows," "we have determined," and "we realize that" are repeated throughout the notices. In recent years, the Social Security Administration has put an increased emphasis on conformity in the letters by setting forth writing guidelines. These standards along with changes in technology affect the way that the notices are produced.

During the 1980's there was great backlash against bureaucratic correspondence, because many people found the letters to be confusing and unreadable. The majority of the criticism was related to the way that the information on the pages was conveyed. During this time period, the

SSA tried to improve their forms and notices by consulting linguistic experts (Shuy). In addition, a clear writing staff was implemented in order to enforce language clarity and consider ways to revise the notices. Over the years, changes like a shift in vocabulary, the elimination of synonyms and the removal of overly large fonts, have helped to clarify the notices. A Clear Notices Project was established in April 1984 to standardize notice content and catalogue the language used in the letters (Delfico, *Improving the Quality of Social Security Administration Notices* 2). Since then the SSA writing standards have included requiring that letters have conversational language not above a sixth grade reading level, simple vocabulary and a clean design (6).

While the SSA has always provided extensive training to social workers and administrative law judges in an effort to have uniformity in the notices, in 1996, amidst concerns that decisions were not uniform, there was a push for stricter training. An increase in approvals of applicants at the hearing level caused the SSA to wonder whether the two different systems were using the same standards for determining disability. In 1994, the administrative law judges approved seventy five percent of cases, an abnormally high percentage of acceptances for claimants who had already been denied during the first two rounds of appeals (Ross 8). For this reason, the SSA tried to pass regulations dictating how many cases a judge could approve (Ross, Jane 10). This was struck down in court, however. Two years later, the SSA issued nine Social Security rulings meant to regulate how an applicant should be evaluated and the way that decisions should be justified (*Disability Decision Making: Data and Materials Part 2* 118). They also mandated a second round of training for all Disability Determination Services workers and administrative law judges. Closely monitoring the judges' decisions was only one way for the SSA to control allowances. The administration also pushed for disability determiners to

better document the reasons for their decisions (DeVault 18). The SSA believed DDS decisions were poorly documented and that if better explanations were provided as to why benefits were denied, the accuracy of the disability evaluator's decisions would improve (De Vault 18). Since the examiners did not write the notices, a more detailed explanation for why a claimant was found not disabled would help the social workers compose the letters. This in turn was supposed to make it easier for the notices to justify the reason for finding a claimant not disabled.

The guidelines for writing notices reveal that the administration was especially concerned with the number of approvals that were made each year. SSA's primary goal was to have clearer notices as a means of reminding disability evaluators to be especially aware of how many applicants were granted disability. While they did respond to applicants' complaints about the formatting and readability of the letters, these concerns were secondary in regulating the notices. Based on the concern that Congress had about funding when first formulating the SSDI program in combination with rising approval rates, it is clear that fiscal issues were the most important factor in the formulation of the notices.

As the use of computers became more prevalent, the SSA began to design a database of form letters and phrases that could be easily used to generate notices (Shuy 29). The social workers have templates which are edited to be more content-specific depending on each applicant's situation. For this reason, I would consider these notices to be flex form, boilerplate language edited for context, due to their mainly generic wording that is changed slightly to fit each situation. The SSA database not only contains templates of the entire denial notice, but also has phrases pertaining to each listed impairment which the worker can use to "cut and paste" into the letter (Shuy 29). Most letters for the program are generated from one of fifteen different

databases which house 10 to 250 stock paragraphs (Delfico, *Social Security Administration: Many Letters Difficult to Understand* 5).

Since the letters are mainly prewritten, with different options to insert, I believe that the sentences in the "About Your Decision" section are revealing of the way that the government conceives of disability since they have essentially been preapproved by overseers of the system. Roger Shuy suggested that the notices sent out by the SSA are a product of many influences, including the impact of congressional laws, attorneys who attempt to enforce the acts, policy specialists who develop the listed impairments and computer system specialists who design the databases. I believe that since there are so many parties involved in the construction of these notices, one can see the culture of the SSA projected in the letters. The repeated portions of the text demonstrate whose input has the greatest influence over the denial correspondence. An examination of the denial notices in the sample pool shows that while there is a general consistency in the format of the notices, many of the individual sentences vary enough in word choice and structure that I would argue through a close comparison of the lines and by applying genre analysis, one can see that the government tries to protect its unique definition of disability by emphasizing work. The SSA deems applicants disabled only when they have some type of impairment which causes them to be unable to find substantially gainful employment anywhere in the United States. By repeatedly addressing work in the notices, the social workers try to justify the denials by reiterating the definition. In addition, one is able to observe the different stresses on the system and how they manifest themselves in the notices.

Applying Genre Analysis to Disability Notices

Thus far no research has been done on how the Social Security Disability Insurance notices reflect and defend the government's definition of disability, though there are analyses of

why applicants criticize the notices. Most of that research has focused on the formatting or word choice used in the letters. While some people have suggested that the information being conveyed in the notices is the source of the problem, no one has done research on the content of the letters. By applying genre analysis to these notices, I intend to see what they, as a genre of bureaucratic correspondence, reveal about the Social Security Administration's culture.

Genre analysis emphasizes not only a close textual analysis; it also stresses that one should examine the "rationale for why genre texts have acquired certain features" (Swales 6). The theory has traditionally been used to better understand how different discourse communities utilize language and how these uses can be taught to others. This technique is most often applied to help discover what different moves, or textual components, are central to a discourse in order to teach foreign language learners how to assimilate into a speech community. The origins of genre analysis draw on a variety of English fields like variety studies, skill and strategy studies, notational/functional approaches, discourse analysis, sociolinguistics, and writing context studies (Swales). To better understand why certain words and phrases are used, genre analysis relies on the fields of psychology and cultural anthropology (Swales). Genre analysis breaks a text down into different speech acts, or moves, and tries to understand why they are employed and what dictates their usage. This is also done by gaining a thorough understanding of why a certain genre was created and its function for those who create and receive it.

By applying this theoretical method to the Social Security Disability Insurance notices, I believe that not only will there be a better understanding of why these notices are designed the way they are, but also one can see what is actually reflected to readers who are not accustomed to bureaucratic language, much less the SSA discourse community. While genre analysis typically stops at understanding how to replicate the moves in a text, I propose that the

information that one learns from the notices can also be useful for discovering more about the culture of an organization. The theory pushes one to learn about why certain moves are made, but I intend to extend the approach to encompass how the intentions of the moves actually manifest themselves. René Galindo has done similar work through his analysis of Amish newsletters to see how they represent the values of Amish culture. I will be breaking the notices down into three moves to show that the SSDI notices are designed to emphasize the work aspect rather than the medical factors in the definition of disability in an attempt to remind disability evaluators to be critical of approving people. In addition, I will show that the problems in the language of the notices are a result of stresses in the SSA system.

Breakdown of the Components of the Letters

In my analysis I will only be concentrating on the edited portion of the notices, since the correspondence consists mainly of boilerplate language, standardized prewritten text. The other sections of the letter are not as revealing, because the information included is indirectly utilized in the personalized portion of the text, or it only gives instructions on steps to take after being rejected. I have broken the text down into three speech acts which are the discussion of medical conditions, the explanation of Residual Functional Capacity (RFC), and the analysis of work capacity.

To give an overview of what these three acts look like, in Applicant I's initial denial notice I will use boldface type for the sentences pertaining to the medical conditions, italics for the RFC portion and underlining for the analysis of work capacity. Applicant I applied through the Fountain Valley, California office claiming disability because of cancer, multiple myeloma, a tumor in the spine and a steel rod in the neck. The letter states:

> "**The medical evidence shows that you underwent chemotherapy and treatment as a result of tumor in cervical spine; however, your current condition is now stable.** *Although you may be experiencing some discomfort; however, your condition does not significantly limit your ability to lift and/or carry 20 pounds and can frequently and/ or carry 10 pounds with standing and walking, with normal breaks for a total of at least 4 hours in an 8-hour workday. You can sit with normal breaks, for a total of about 6 hours in an 8 hour workday. Your ability to push and/or pull including operation of hand/or foot controls is not limited.* We realize that your condition keeps you from performing your past job as a Veterinary Technician, but it does not prevent you from performing all work activities. Based on your age (31 years old), education (11th Grade), and previous work experiences, we have concluded that you still have the ability to perform certain types of work related activities. Therefore, we find that you are not disabled within the definition of disability based on the Social Security guidelines."

Each section of the letter originates from one of the steps that a disability examiner takes in order to rule whether a claimant qualifies for the program. Here the social worker structures the notices so that each move mimics the process that the DDS worker goes through to establish disability.

Move 1: Discussion of the Medical Conditions

Nearly all of the denial notices open with a brief discussion of the applicant's claimed medical conditions. A disability evaluator must first consider whether the claimant's medical conditions meet the listed impairments, so addressing this issue at the beginning of the paragraph

mirrors the determination process. When the applicant lists his or her ailments, the examiner is supposed to compare the medical data gathered from the doctors against the listings in the Social Security Blue Book.

In the case of claimant I, who claimed cancer, multiple myeloma, a tumor in the spine and a steel rod in the neck, the Social Security Blue Book lists the impairment requirements as a:

> A. Failure to respond or progressive disease following initial antineoplastic therapy OR
>
> B. With bone marrow or stem cell transplantation. Consider under a disability under at least 12 months from the date of transplantation. Thereafter, evaluate any residual impairment(s) under the criteria for the affected body system. (ORDP. ODP, “Listing of Impairments - Adult Listings (Part A)”)

This must be confirmed by appropriate serum or urine protein electrophoresis and bone marrow findings. In addition, they consider the following factors:

> 1. Origin of the malignancy 2. Extent of involvement 3. Duration, frequency and response to antineoplastic therapy. Antineoplastic therapy means surgery, irradiation, chemotherapy, hormones, immunotherapy, or bone marrow or stem cell transplantation. When we refer to surgery as an antineoplastic treatment, we mean surgical excision for treatment, not for diagnostic purposes 4. Effects of any post-therapeutic residuals. (ORDP. ODP, “Listing of Impairments - Adult Listings (Part A)”)

The DDS worker also must look at the listing for disorders of the spine, since the applicant claimed to have a tumor in the spine and a steel rod in the neck. For disorders of the spine which

result in the compromise of a nerve root or the spinal cord, the SSA would consider applicants to be disabled if they also have:

> A. Evidence of nerve root compression characterized by neuro-anatomic distribution of pain, limitation of motion of the spine, motor loss (atrophy with associated muscle weakness or muscle weakness) accompanied by sensory or reflex loss and, if there is involvement of the lower back, positive straight-leg raising test (sitting and supine); OR
>
> B. Spinal arachnoiditis, confirmed by an operative note or pathology report of tissue biopsy, or by appropriate medically acceptable imaging, manifested by severe burning or painful dysesthesia, resulting in the need for changes in position or posture more than once every 2 hours; OR
>
> C. Lumbar spinal stenosis resulting in pseudoclaudication, established by findings on appropriate medically acceptable imaging, manifested by chronic nonradicular pain and weakness, and resulting in inability to ambulate effectively, as defined in 1.00B2b. (ORDP. ODP, “Listing of Impairments - Adult Listings (Part A)”)

Ambulating effectively is:

> An extreme limitation of the ability to walk; i.e., an impairment(s) that interferes very seriously with the individual's ability to independently initiate, sustain, or complete activities. Ineffective ambulation is defined generally as having insufficient lower extremity functioning (see 1.00J) to permit independent ambulation without the use of a hand-held assistive device(s) that limits the functioning of both upper extremities.

> (Listing 1.05C is an exception to this general definition because the individual has the use of only one upper extremity due to amputation of a hand.)
>
> (2) To ambulate effectively, individuals must be capable of sustaining a reasonable walking pace over a sufficient distance to be able to carry out activities of daily living. They must have the ability to travel without companion assistance to and from a place of employment or school. Therefore, examples of ineffective ambulation include, but are not limited to, the inability to walk without the use of a walker, two crutches or two canes, the inability to walk a block at a reasonable pace on rough or uneven surfaces, the inability to use standard public transportation, the inability to carry out routine ambulatory activities, such as shopping and banking, and the inability to climb a few steps at a reasonable pace with the use of a single hand rail. The ability to walk independently about one's home without the use of assistive devices does not, in and of itself, constitute effective ambulation. (ORDP. ODP, “Listing of Impairments - Adult Listings (Part A)”)

The language within the Social Security Blue Book shows that while there is a significant amount of explanation about the standards for establishing disability for each illness, they do little to clarify how the disability evaluator should decide. There are no specified numbers, weights, or test results that would be considered to be debilitating. For example, ambulating effectively is defined by “sustaining a reasonable walking pace over a sufficient distance to be able to carry out activities of daily living.” Every person’s perception of a sufficient distance and

a reasonable pace varies. Though examples of ineffective ambulating are given, these are very specific instances which are difficult to generalize for every applicant. With only suggestions to guide the disability evaluator in the evaluation process, he or she must make the decision that feels most appropriate. This then becomes very subjective, because the evaluator must rely on gut instinct. In addition, these listed impairments use terms which are not easily understood by the lay person. For example, one standard for finding a person disabled based on a spinal injury is if he or she has "lumbar spinal stenosis resulting in pseudoclaudication" (ORDP. ODP, "Listing of Impairments - Adult Listings (Part A)"). Someone not trained in medicine would have a difficult time finding evidence of this in a medical file, especially if it is not well documented by a doctor. All of the listed impairments are described in similar medical terminology. This makes navigating these restrictions on awarding disability difficult, especially since as noted earlier in the paper, the evaluators are not trained physicians and must disregard the treating physician's opinion (Mashaw 44). While there are some doctors on staff at DDS, the decisions are left mainly up to the disability evaluators. Claimants are dependent then on their doctors to have accurately documented their symptoms and diagnoses[5]. Disability evaluators must search through the patient files for data corroborating the Social Security Blue Book guidelines. For this reason, the disability process is very subjective. In fact it was found that about 65 percent of awards are based on the medical listings, yet there are people with identical impairments working (Ross, Jane 17). This flexibility in interpreting the listed impairments makes it difficult to justify disability in the denial notices.

[5] While disability evaluators are told to disregard treat physician's opinions, this appears to be only relevant if the physician makes any conclusions about the applicant's disability status. This point is not entirely made clear though in the literature or handbooks for SSDI.

In comparison to the length of the Social Security Blue Book listed impairments for I's medical conditions, the one sentence in the notice dedicated to the issue seems to oversimplify the process. The social worker only writes:

> The medical evidence shows that you underwent chemotherapy and treatment as a result of tumor in cervical spine; however, your current condition is now stable.

Even though I had claimed four different conditions, one sentence glosses over all the ailments. A variety of factors influence why there is so little mention of the medical conditions. First, the imprecise nature of the guidelines in the Social Security Blue Book makes it difficult for a disability evaluator, and in turn the social worker, to fully articulate concrete reasons for the denial. In order to deny claimant I solely based on multiple myeloma, the DDS worker would have to establish that the origin of malignancy, extent of involvement and duration, frequency and response to antineoplastic therapy are not severe. However, without more specific guidelines, the disability evaluator cannot cite numerical values or test results that the claimant has failed to meet. Instead, the explanation blankets these factors by stating that I's condition is stable.

I would also suggest that there is little incentive for the social worker to be more specific in the denial. If the notices were more detailed, then the applicant could find concrete ways to show that the decision was incorrect. Historically, the SSA has been difficult toward those who have a sudden increase in approval rates. With the emphasis on retraining workers when too many applicants are granted disability, it is more beneficial for the workers to be vague in their denial responses. Listing specific criteria that the applicant has failed to meet would make it easier for claimants to adjust their claims or for them to ask their doctors to document their

conditions in a certain manner. This may raise the approval rate for potential beneficiaries during the appeal process, which in turn could affect the stability of the social worker's job. Thus the workers have much greater incentive to be vague in the notices, rather than specific.

In some of the sample notices, the move related to the listed impairments does not address all of the applicants' medical conditions. In I's letter, the sentence avoids any mention of the steel rod in the applicant's spine rather than addressing how the rod fails to meet the guidelines for disability. This lack of attention to certain ailments can be very frustrating for claimants, because it appears that the SSA is disregarding their pain. It can also project the impression that the SSA failed even to consider those issues. Initially one may think that the social worker did not include any references to those ailments because the applicant had met the Social Security Blue Book guidelines for those factors, but it must be kept in mind that only one listed impairment needs to be met to be approved for disability. Clearly the applicant must have failed to meet the listing, since he or she was denied eligibility. It is unknown, then, why social workers choose to address certain conditions and ignore others. By doing so, they create a feeling of frustration in claimants, who already find that the sentences addressing their medical conditions are vague.

Within the first move of addressing the medical conditions, the social worker tends to rely on several key words to convey the denial. Applicant B's denial, based on claims of morbid obesity, right knee gives out, sleep apnea, high blood pressure, memory problems, heart murmur, and diabetes, illustrates which words are commonly seen. The move states:

> The medical evidence shows that you are able to move about and use your arms, hands and legs in a satisfactory manner. There is no evidence of any significant complications due to sleep apnea or memory problems. Your

> blood pressure and diabetes can be managed with medication. There is no evidence of any significant end organ damage…

The terms "satisfactory," "significant," and "evidence" are seen repeatedly throughout the notices. The choice to use these words is revealing of the way that the disability process functions. By using the words "satisfactory" and "significant," the social worker avoids articulating specific reasons for the denial. This results from the fact that the listed impairments do not provide precise guidelines for making determinations. Unfortunately for claimants, they are also unable to tell what is considered to be satisfactory or significant. There is a lack of understanding about when a condition is considered to qualify under those terms. Only when there are more quantitative measures to determine disability will these words be utilized less often. Also seen repeatedly in the notices is the word "evidence," which highlights the SSA's emphasis on making decisions based on medical records. It plays upon the legal connotations of the word, since the term "evidence" appears to be more respected and unbiased than "statements." The use of this word gives the social worker's response greater weight and attempts to mask the vagueness in the letters. These key words are further evidence that the SSA worker cannot be more articulate in the notices without better defined listed impairments.

Within the first move, one can see that while the listed impairments are lengthy, they are not detailed enough for social workers to cite directly in the denial notices. There is a lack of specificity in the notices because of a flaw within the decision process, which makes it difficult for the workers to articulate exactly why an applicant is denied. Since the law requires that the SSA explain the reason for the rejection, the notices try to do so. This attempt can be frustrating for claimants who expect more detail from a document that is already partially personalized. Applicants do not know why at times certain medical conditions are not addressed, and feel that

from the wording in the statements their ailments were not taken seriously. One may wonder why the second sentence in I's notice is not considered to be part of the medical conditions. The paragraph states:

> Although you may be experiencing some discomfort; however, your condition does not significantly limit your ability to lift and/or carry 20 pounds and can frequently and/ or carry 10 pounds with standing and walking, with normal breaks for a total of at least 4 hours in an 8-hour workday.

It is not included because while the opening words briefly touch on the medical aspects, it is really a transition to a discussion of the Residual Functional Capacity.

Move 2: Residual Functional Capacity

When a claimant fails to meet the listed impairments, disability evaluators are instructed to consider whether the overall sum of the ailments would be severe enough to warrant disability. One component in determining this is calculating the applicant's Residual Functional Capacity (RFC). A Disability Determination Services worker calculates the RFC by evaluating the applicant's medical records and from there makes estimates about how many pounds he or she can lift along with the number of hours of walking, standing and sitting that can be done in a normal workday. The pound estimates are rounded to the nearest five. Since the DDS worker is not a trained medical professional, these numbers are then checked by a staff physician. These calculations in combination with the claimant's work history are used to determine whether to grant disability benefits. Within the denial notice, the social worker will sometimes document the estimates made by the disability evaluator, which while meant to be helpful is actually frustrating for applicants.

The calculation of the RFC is the least defined aspect of the disability evaluation. There are very few guidelines on how to decide the numbers for the RFC, unlike the medical portion of the notices, which at least have the listed impairments to direct the evaluation. It seems as though the social workers are aware of this, and avoid mentioning the step in the notices. In only fifteen of the thirty-two denial letters examined is there any mention of the RFC. Since the RFC is calculated from the DDS worker's estimates, there is no actual documentation that would verify that the claimant is even capable of that level of physical exertion. The RFC is not based on any direct information provided by the applicant. In some of the applicants' files, the initial notice cites different numbers from the reconsideration letter. Reading this second move can be confusing to those who do not have prior knowledge of the way the RFC is calculated. The sentences appear to have little relevance to the information that the applicants provided in their file. Also, claimants are often unaware of why these numbers are mentioned or where they originate from, since the notices rarely give any explanation for the RFC.

In a majority of the notices that mentioned the RFC, there was no transition from the first move to the second one. A typical RFC section, like the one from claimant P who applied based on PTSD, left shoulder pain, hernia, depression and anxiety, states:

> We have determined that you are able to occasionally lift 20 pounds and frequently lift 10 pounds; stand and walk up to 6 hours in a normal 8 hour work day, and sit for about 6 hours in a normal work day.

This sentence was preceded by a statement about P's ability to use his limbs in a satisfactory manner. The switch from the medical conditions to RFC can be abrupt to applicants who are unaware of the source of the numbers. In only four of the notices was there a brief preface similar to the one in N's reconsideration letter, which says "Based on the total medical evidence

and guidelines we must follow under Social Security law, we have determined your condition allows you to do work involving lifting/carrying 10 pounds…" Two other letters in the sample pool alluded to the fact that the data was determined from evidence in the claimant's file. Beginning the move with an explanation of the origin of the numbers helps clarify why they are being mentioned in the denial notice. For those who are unaware of the origin of those numbers, it appears as if the focus is being removed from their disability and redirected toward work.

The wording, within the RFC move, reminds claimants that being approved for SSDI benefits is dependent on one's inability to work. Rather than saying that the applicant is able to walk or sit for a certain number of hours per day, the move includes the phrase "in a normal work day." This phrase helps to shift the focus of the disability from medical concerns to work ability. In this way, the RFC move follows the determination process and mirrors the Social Security definition of disability, since disability is established by a medical condition that prevents a person from working. Some social workers may avoid including the RFC, since the final move will already stress the importance of work in establishing disability.

Though the RFC is an essential component in the decision process, this move is not always mentioned within the notices, perhaps because it is a stepping stone towards the final move of addressing work capability. Since the calculations for the RFC are subjective and the numbers themselves are only one component of the disability determination, social workers may be reluctant to include this move. Independently, the RFC has no bearing on whether an applicant will be approved, but taken in combination with the claimant's work history, it is crucial to the process.

Move Three: Analysis of Work Capacity

The third move, the discussion of an applicant's ability to work, encompasses the final two steps that a disability evaluator makes when reviewing a file. After calculating the RFC, the evaluator asks the final two questions: "Can the person despite the impairments perform the work he or she did in the past? Can the individual do *any* other type of work?" The affirmative answer to just one of these questions automatically results in a denial. The RFC is compared to occupational databases to determine whether the claimant can work. The resulting decisions are conveyed in the final move--analysis of work capacity.

Most social workers seem to prefer to use the text provided in the SSA database when addressing the third move. There are three stock sentences that are consistently seen in the analysis of work capacity. The phrase most commonly seen in the notices is: "Based on your age, education and previous work experience, you can do other work." This sentence normally is preceded by one that begins by stating "We realize that…" The information completing the sentence depends on whether the claimant has had prior work experience. An example of an analysis of the work portion for a claimant with work experience can be seen in applicant L's initial denial, which states:

> We realize that your condition keeps you from doing your past work, but it does not preclude you from all work activities. Based on your age, education and previous work experience, you can do other work.

Claimant M, who has never been employed, has a similar response, which says:

> We realize that you have no work experience, but you should be able to work at some jobs which are not difficult to learn and remember.

The final move emphasizes the applicant's ability with the repetition of the word "work." In claimant L's notice, the term appears four times out of thirty-six words. Though M's letter only repeats "work" twice in a twenty-seven word sentence, it also uses the word "jobs," which is commonly associated with work. The inability to maintain employment is key in the SS definition of disability, and the focus on whether the claimant can work mirrors the importance that this factor plays in the determination process.

The third move stresses the claimant's ability to find any job, ignoring whether this job is actually attainable. The language appears to be very straightforward, but the origins of how this portion of the notice is determined reveals that the sentences actually mask flaws within the decision process. The message in the third move is that the applicant can find a job, and for this reason is not disabled. In order to decide whether a claimant can find employment, the disability evaluator uses the RFC in conjunction with an occupational database. Since the Disability Determination Services worker is not a trained occupational therapist, the SSA instructs that workers use the Department of Labor's Dictionary of Occupational Titles (DOT) to help make these determinations (Robertson, Robert 10). This database lists the average physical requirements that each occupation involves and approximately how many jobs are available. Unfortunately the DOT has not been updated since 1991, and there are no plans to do so (Robertson, Robert 10). The Department of Labor has created the Occupational Information Network as a replacement for the DOT, but this system does not have a record of the number of pounds and hours that each job entails (11). The SSA has not yet created or found a replacement for DOT, so the disability workers continue to evaluate applicants with this database. This is quite problematic, since this is how the writing in the notice is justified.

Using outmoded data to determine the available number of jobs is clearly an unproductive method of establishing disability. Since 1991, the landscape of the economy has continued to shift towards white collar jobs (Robertson, Robert 6). These jobs are less dependent on the physical capabilities of the claimant and instead rely on the mental attributes. While the RFC provides concrete numbers for the physical attributes, the conclusions about mental capabilities are quite vague. Because the system of determining whether an applicant can obtain a job is outdated, claimants may be unfairly judged, but this flaw in the system is not reflected in the notices.

Many applicants apply for disability because they are disabled and cannot find employment. This thinking plays into Congress' concern that the disability insurance program might become an unemployment system. Unlike in state disability, where people can receive benefits if they are unable to perform their current jobs, when applicants are denied SSDI, they are not always conscious that to qualify for disability, they must be unable to find a job *anywhere* in the country.

When they apply for SSDI, claimants are not necessarily aware that finding work means gaining any form of employment anywhere in the United States. The SSA definition of disability hints at this fact, but it is not explicitly stated that the employment can be found everywhere. Conventionally, applicants would believe that since they cannot find jobs in their cities, they would qualify as being unable to find substantially gainful employment. It can be frustrating, then, for claimants to be told that they are capable of finding work. In a select number of notices, the social worker does decide to include the fact that the work can be found "in the national economy." The inclusion of this phrase helps to convey exactly what finding employment means.

The third move overemphasizes the general term “work,” because it is too difficult to specifically state what types of jobs are available in the economy when an outdated system is being used. This focus on work also reminds applicants of the SSA definition of disability, which is based on the inability to work.

Move Four: Mental Health

The first three moves--medical conditions, RFC and analysis of work capacity--focus on the physical capabilities of an applicant, but for those who apply based on mental health conditions, their notices read slightly differently. The mental health speech act is a variation of a combination of the medical conditions and the RFC. Sentences typically seen in this move are ones similar to those found in claimant H’s notice, which states:

> Though you may be depressed at times, your records show that you are able to think, communicate and act in your own interest. The evidence shows that you are able to adjust to ordinary emotional stresses and to get along with others, as well as to do your usual activities and to remember and follow basic instructions.

These sentences tend to acknowledge that the applicant does have some impairment, but then dismiss the conditions by countering that he or she is still mentally fit enough. The use of “though” and “however” is seen frequently in the mental health portion of the text. This most likely is because for a claimant to apply solely on mental claims, there must be medical documentation submitted. Thus, it would be false to say that the person does not have any ailments; it is the degree of severity which is insufficient. For this reason, the social worker must acknowledge some presence of the symptoms.

When evaluating mental conditions, the DDS worker assesses the severity of the disorders according to how they affect activities of daily living, social functioning, concentration, persistence or pace, and episodes of decompensation, the deterioration of mental health in a person who has previously been able to manage his or her illness (ORDP. ODP, "Listing of Impairments - Adult Listings (Part A)"). The disability evaluator is supposed to see whether the applicant has a marked limitation in order to be considered disabled. A "marked" condition is defined as "more than moderate but less than extreme" (ORDP. ODP, "Listing of Impairments - Adult Listings (Part A)"). Applying this standard to determine whether a person is affected by his or her mental disorder can make it difficult to come to a clear conclusion. In order to defend denials, the social worker is forced to respond with vague phrases like "ordinary," "may be," and "basic," since there is no definitive way to deem a person not sufficiently mentally affected. Once again the words used need to have more qualified meanings, but there is no standard for how many times being "depressed at times" would render a person unable to find work. It is difficult to determine exactly how many minutes a person would need to concentrate to perform a job. Being able "to remember, follow and carry out simple instructions" is helpful for a job, but it is unclear how well an applicant would be able to do so. Even with the ability to follow instructions, it in no way guarantees that a person would be hired.

Normally these sentences are found interspersed between or following the sentences regarding the RFC. One may claim that these sentences should be included in the RFC move, since they are used to determine whether an applicant can do any work. I have separated these sentences from the RFC, because unlike the RFC statements, they do not state specific weights or times. Also, at times the mental health move is the only move made within the personalized portion of the notice. This is typically seen when an applicant only claims mental ailments.

Claimant Q's application is an example of a person who applied purely on mental conditions, since she cited a mental disorder and an inability to concentrate or remember as her ailments. Her reconsideration notice states:

> The medical evidence shows though you may be depressed at times, your records show that you are able to think, communicate and act in your own interest. The evidence shows you are able to adjust to ordinary emotional stresses, and to get along with others, as well as to do your usual activities and to remember and follow basic instructions. Based on your description of the job you performed as a fundraiser, we have concluded that you have the ability to perform this same type of work as it is usually preformed in the national economy.

The mental health speech act reads quite similarly to the discussion of the medical conditions move, since it generically glosses over the applicant's mental faculties. It does not specify the number of minutes during which the claimant is able to concentrate or the extent to which she can act in her own interest. The mental health move replaces the RFC and medical conditions speech acts when an applicant applies solely based on mental conditions, since it is repetitive to include the two moves. Even though the wording of the mental health move is similar to the medical conditions speech act, it is not considered to be part of the first move, because these sentences are used to justify whether he or she can obtain a job.

One interesting difference between the mental health and physical notices is that there seems to be a harsher tone in those dealing solely with mental illness. Claimant O's initial denial letter is the most overt in casting doubts on the validity of his claims. The correspondence states:

> The medical evidence shows that your condition is severe enough to limit your work related activities to simple and repetitive tasks with minimal social contacts. As a result, you are unable to return to your past work as a store clerk…Therefore, you are not disabled according to our rules. In our evaluation, we found that you are credible to the extent that you have the alleged conditions. However, your allegation of work-ending disability is not supported by the objective medical evidence in file.

The tone of this notice is much more accusatory and hostile when explaining the denial. By using words like "credible" and "allegation," the social worker projects the impression that he or she is attacking the claimant. Also, unlike in most of the other letters, this particular notice states "objective medical evidence" rather than "medical evidence." The inclusion of "objective" tries to show that the party making the decision is impartial, but in reality it adds to the feeling that the applicant had in some way not been truthful. Even though the letter uses phrases that are similar to the other notices, the inclusion of certain key words changes the tone of the notice to be much harsher. Most of the other mental illness denials are not as severe as O's, but they do use some similar phrases, though not as often. This difference in tone may result from social worker frustration at having to decide whether applicants are trying to take advantage of the system. I would be hesitant to extend this observation to all mental health notices, though, because only two of the five in the sample pool were written so harshly.

The lack of specificity in the mental health move and the isolation of the speech act reveal the difficulty in establishing disability based on psychological ailments. Estimating the amount of time a person can concentrate or socialize is much more difficult than approximating

the number of hours for which a person can stand. Without a revised DOT system that has this information, a social worker is hard pressed to be able to explain exactly why an applicant is denied. The economy's transition to white collar jobs which require much more mental concentration rather than physical labor also complicates the way that psychological problems are addressed. Navigating these issues is especially daunting, and addressing the claimant in vague terms makes it easier for the social worker to justify decisions.

Additional Moves

In nearly all of the notices, the three moves or just the mental health speech act compose the entirety of the personalized portion, but in three letters the social worker decided to include an additional summary or closing sentences. Applicant F's notice concludes with: "Therefore, disability has not been established within the meaning of the law." This closing move attempts to summarize the disability process, but its application can have a different effect. These sentences are supposed to express the purpose of the denial notice to the claimant. This summary sentence changes the way the moves in the personalized paragraph are viewed. Rather than closing with work as the emphasis, as in other notices, this phrase makes it appear as if all the factors were evenly weighed to decide to deny benefits. Normally the personalized paragraph would end with a statement from the work move similar to applicant B's notice, which states: "Your condition does not limit your ability to work at this time." This sentence does not summarize the entire disability application process. Instead, it abruptly concludes the section without any explanation of how work connects to disability. Work closes the discussion, but in H's, M's, and I's notices there is even greater stress on the importance of work in the closing sentences. H's notice says:

> Your statements about your ability to perform work related activities are not supported within the file. Therefore you are not disabled under the guidelines of Social Security Administration.

While the first sentence is seen in many of the notices as the final phrase in the personalized paragraph, here the social worker decides to include a summary sentence connected by "therefore." This implies that because the applicant's statements about work were not supported, then he or she was found not disabled. The sentence places even greater emphasis on work being the primary determinant of disability than a typical denial notice. The decision to include summary sentences for these applicants' notices works to shift the emphasis of what is most important in making a disability determination.

Most of the social workers choose to forgo including a summary sentence in the denial notices, which shifts the overall perception of the paragraph. A typical notice will close with the work analysis move, which leaves the final impression in the reader's mind that work is the most important aspect of the disability. Work, rather than the medical conditions, is certainly the emphasis in the SSA definition. Including a closing sentence typically stresses even further the importance of the inability to work.

Overall Examination of the Notices

The organization of the notices reflects the DDS worker's decision process. The letters begin with the first move, proceed to the second, and then the third one, just as the disability evaluator first assesses the medical conditions, RFC, and then work capabilities. This structure is probably utilized by social workers because it best follows the SSA guidelines for making a disability determination. Though the notice can be divided into three or four unique speech acts, each move is written in the same style and manner.

Only one social worker is responsible for writing the denial letter, yet the notice always uses the term "we" when responding to the applicant. This may be because several parties are involved in making the decision and by using this term, it attempts to encompass everyone. Even with the use of "we" throughout the notice, one person signs the notices: the regional commissioner of the SSA. In Southern California, from which the sample pool is taken, Peter Spencer's signature closes the letter. By having a social worker write the letter, a disability evaluator make the decision, and the regional commissioner sign the notice, it distributes the responsibility of the outcome over a variety of sources. Also, it masks the identity of the people involved and removes any personal connection when everyone is grouped together as a "we." This informal language helps to distance the deniers from the denied person, but it can also be negatively viewed by applicants.

The social worker tends to rely on an informal tone by referring to the claimant as "you," but in conjunction with the use of "we," this can make applicants subconsciously feel segregated. While this seems to be intended to create an intimacy or dialogue with the applicant, it also imposes a barrier between the SSA and the beneficiaries. This separation between the two parties creates the impression that the applicant is being patronized. Throughout the notice, the social worker refers to the applicant as "you," while the SSA is known as "we" even though the letter is written by one person. An example of this can be seen in the letter of claimant F, who applied based on AIDS, peripheral neuropathy and chronic fatigue. Her notice states:

> The medical evidence shows that you are suffering from pain and discomfort. You have been under medical treatment for your illnesses and with adequate medical treatment and medication your condition is under control. You are able to move about and use your arms, hands and legs in

> a satisfactory manner….Based on the medical evidence in file and the guidelines we are required to follow under Social Security law, we have determined that you can… We realize that you cannot perform your past work but can do other work…Therefore disability has not been established within the meaning of the law.

This use of "we" immediately isolates the applicant, since it juxtaposes the individual against a collective entity. It also helps to insulate the view of the writer from the critiques of the reader, because it plays upon the protection of a group. "We" suggests that a multitude of people have come to the agreement that the claimant is not disabled. This can be daunting for a reader, since "you" stresses solitariness. The applicant finds himself in an adversarial position, where he must be able to overcome the "we" in order to prove disability.

The intention of utilizing the terms "we" and "you" seems to be to attempt some semblance of a dialogue to create intimacy, but it actually alienates the reader further from the writer. The notice states that "You said you are unable to work because of," which shows that the Social Security Administration has taken into consideration the facts presented by the claimant. The notice produces an informal tone through the use of the word "you" rather than "one" or "the applicant." This is negated, though, by the fact that the notice takes care to refute each statement presented by the applicant. The interplay between the "we found" and "you said" juxtaposes the two entities. While this is an effective way of proving that the beneficiary is not disabled, distinguishing between the two parties in terms of "we" and "you" also creates the impression that the applicant is untrustworthy. An alternative to using "we" and "you" would be simply stating, "the file reflects…" and "from the data, it is concluded that…" Removing these pronouns would make the notices seem less adversarial, but it would decrease the conversational

tone. Most likely this would not have a negative impact on claimants' views of the notices, since the SSA attempt to create an intimate dialogue has actually been detrimental to the correspondence.

The manner in which the social worker employs "you" and "your" can also have the unintended effect of undermining the applicant's credibility. In some of the notices, there is a sentence stating: "Your statements about your condition (s) and how they limit your ability to perform work related activities are not fully supported by the evidence in file." The use of "your" places greater ownership of the claims on the applicants and implies that the statements were in some way untrue. By comparing the claimant's statements to the evidence in the file, the notice continues to stress the power imbalance between the two parties. The information submitted by the applicant is labeled merely as "statements," whereas the Social Security data is "evidence." "Evidence" appears to be more respected and unbiased than "statements," since statements can be true or false. The notice needlessly stresses the difference between the two parties, which conveys the tone that the claimant is in a subservient position. The sentence can be revised not to include any reference to the claimant and still explain why the applicant is denied. An example of such a revision is: "There was insufficient information in the file to show that you are unable to perform work related activities." Using a sentence like this would shift the tone from implying blame or fault on the applicant's part to a more neutral position. The notice tries to be informative and defend the denial, but the tone and word choice in the letter negate any appreciation that a claimant may have for the explanation.

When a person applies for Social Security Disability, it is already clear that he or she is in a disadvantaged position. One is dependent on the decision from the administration in order to gain the benefits of the program. Through the language of the denial notice, this fact is

continually stressed. This highlights the imbalance of power when an applicant is already aware of the situation. An ongoing emphasis on this situation does nothing to aid the clarity of the letter or the information presented. An applicant might tolerate the tone of the letter if it were more informative, but since it is composed mainly of boilerplate language, which seems impersonal, the annoyance felt by a claimant when denied is compounded.

The SSA attempts to maintain an informal tone when communicating with applicants, but the use of such language actually works against the intentions of the administration. Social workers were probably instructed to use words like “we” and “you” through the Clear Notices Project in an effort to clarify the letters. Overall, though, the intentions fail, because this creates a barrier between the applicant and the adjudicators. It highlights the difficulty of being approved for disability.

What the Notices Reflect About SSDI

From an analysis of the notices and history of the SSDI, it is clear that the moves show that the program is stressed by the expectations of Congress, and these problems in turn manifest themselves in the SSA correspondence. The social workers are overly concerned with documenting the denials in order to avoid being censured by the SSA, and thus the clarity of the notices is sacrificed. Instead of being an informational tool for applicants, the correspondence takes an adversarial tone in an attempt to justify the denial. The lack of defined and specific guidelines for making a decision makes it difficult for the social worker to defend the denials, while also fulfilling Congress’ expectations that applicants receive satisfactory explanations of why they were denied. Walking the line between being informative and revealing too much information in a system explicit in some areas and vague in others makes it difficult for the social workers to produce the notices.

The uniform ordering of the moves is indicative of the pressures that the social workers face when composing the notices. The concerns that Congress had when creating the disability insurance program have impacted the way the notices are written. The desire to avoid creating another unemployment program makes it especially important that the standards for disability be rigidly maintained. After the intense focus on retraining disability evaluators and social workers with high approval rates, the social workers are especially careful to stick to the writing guidelines issued by the SSA. While it is unclear whether the workers are mimicking the write-ups from the disability evaluators or composing the notices from scratch, there clearly is an emphasis on a uniform structure. Nearly all of the notices are arranged in the order of the moves. Even the letters that do not mention the RFC begin with the medical conditions, then transition to the analysis of work capability. Also, the workers are careful about revealing too much information about the process, since explicitly telling the applicants the problems in their applications could help them reapply correctly. A balance has to be struck between explaining the denial and explicitly stating what factors would be considered disabling.

The imprecise language utilized in the notices reflects the problems of defining disability. The overall process for approving applicants is one that is inherently subjective, due to Congress' definition of disability. Applying the narrow definition which requires that the claimant be unable to work anywhere in the United States forces the disability evaluator to have to consider a greater number of variable components. Tools like the DOT system and the Social Security Blue Book, which are supposed to help evaluate these factors, are outdated. This makes the decision process even more dependent on the disability worker's feelings and gut instinct. This makes it nearly impossible for the process to be objective, and explains why two claimants applying with the same conditions can have different outcomes. In turn, justifying these denials

in concrete language is difficult without updated quantifiable standards to refer to. Revising the guidelines for approving applicants would help to alleviate some of the subjectivity in the process, because it would give the evaluators a current picture of the economy and make it easier to decide whether applicants could truly be employed. I believe that one reason the notices avoid citing standards or facts is because the social workers are also aware that the guidelines are outdated. Using this data would be an unfair justification of the denial, which could easily be challenged by applicants, something that the workers wish to avoid.

The social workers rely on terms which have no strict definitions and interpretations that do not need to be supported by facts. Words like “satisfactory” or “significant” have to be used because there are no definitive reasons for denying an applicant. Though the claimant fails to meet the listed impairments, this is not because he or she does not meet certain numerical standards. Instead, the disability worker must make an educated decision as to whether the applicant would be able to work. The SSA has struggled with laying down guidelines for establishing disability in medical terms, and the listed impairments are not specific in their definitions. Instead, the disability evaluator has to evaluate whether the disability benefits are warranted. This makes it difficult to articulate reasons for denying an applicant when the decision is based on a gut instinct. The lack of specific terms in the notices shows that justifying the decisions is difficult to do when the definition of disability depends on evaluating a person’s work capacity, which can vary with every individual. Since not much information is revealed to the applicant within the personalized portion of the text, I wonder whether it would be advantageous to delete the section. This would save the social workers the effort of having to attempt to justify the SSA definition of disability. Also, it would alleviate the frustration that claimants feel when they read the notices. Providing these notices seems to be well intentioned,

but other stresses on SSDI have made it so that providing informative correspondence to the claimant is a secondary concern. The personalization of the text shows that the initial goal of the notice was to help the applicants understand the process and feel that their claims were given serious consideration. Over time, though, the feelings of the prospective beneficiaries have been waylaid by the emphasis on reducing approval rates. Removing this portion of the text would save time and money, which then could be reallocated to reducing wait times or hiring more disability evaluators. Currently, the SSDI system is hampered by a series of concerns, and these problems are reflected in the composition of the notices.

What the Notices Reflect about Disability

The notices struggle to defend a definition of disability that is difficult to evaluate, and these attempts are further complicated by the fact that the conception of disability has drastically changed since 1954. As the demands of the economy have changed, so has the public's view of disability. When Congress had first considered creating the SSDI program, Karl Marx's conceptualization of the human body as an economic figure shaped the way disability was defined (Davis 13). This combined with the widespread unemployment during the Great Depression led Congress to consider disability in economic terms. The Social Security definition placed an emphasis on medical conditions which prevent a person from working, a conception of disability that accurately mirrored the concerns of Congress in the 1950's.

The SSA has stated that their definition of disability is strict ("Disability Planner"), and the notices attempt to convey this. Work is the primary emphasis in the definition, which is not surprising since this was how disability was conceived during the creation of SSDI. The letters project the impression that disability is established mainly through one's inability to work. A person is considered disabled by the SSA if he or she cannot do the work done before, he or she

cannot adjust to other work because of medical conditions, and the disability has lasted or is expected to last for at least one year or result in death ("Disability Planner"). One can see this reflected in the notices. The applicant's medical conditions are glossed over, since they are addressed with vague terms and sometimes not even acknowledged. With two moves about the applicant's ability to work, it is clear that a majority of the notice is dedicated to work criteria. Also, throughout the notice the word "work" can be seen repeatedly in just a few sentences. This emphasis on work capabilities draws from the Social Security definition, but to readers, it addresses an issue that seems unrelated to disability.

In 1990, the passage of the Americans with Disability Act altered social expectations of disability (Robertson5). It encouraged the belief that people with disabilities can work and should work, which stands contrary to the Social Security definition of disability (Robertson). Applicants can be frustrated when they receive a notice focusing on the way their disability does not limit their ability to work. Also, claimants can be approved for disability under a variety of other programs but still be denied under Social Security rules (Fallavollita). Since 1955 there has been a shift in the available types of work. The economy has shifted towards service-type industries rather than employment involving physical labor (Robertson). These changes in American culture have altered the way that applicants perceive disability when they apply for SSDI. Applicants think of the current conception of disability when they apply for SSDI, which varies greatly from the SSA definition.

The SSA definition of disability is well defended by the notices, but the conflict between the applicant's understanding of the term and the actual definition creates tension. Many claimants have been critical of the notices. One reason denied people find the information in the letters confusing is probably that the applicants bring in preconceived notions of disability. By

opening right away with the personalized portion of the text, the social workers offer the applicant no definition of disability. So while the notice does defend the SSA definition well, there is no context for the claimant. It is not until the second page of the letter that one sees it stated. By moving this portion of the text to preface the personalized paragraph, one could alleviate some of the confusion felt.

Conclusion

Applying genre analysis to the Social Security Disability Insurance denial notices shows that they offer a true glimpse into the Social Security Administration culture. By examining a product from the Social Security Administration, one gains further insight into what thinking drives this part of the government. Until now little, if any research, has been done on the content of the notices and what they reflect about the system. SSDI is a system plagued by outdated rules which affect the composition of the notices. One can see that the letters successfully defend the unique SSA definition of disability by emphasizing work throughout the paragraph. This is countered, though, by the fact that since the creation of SSDI, the conception of disability has shifted while the program has not evolved. For this reason, applicants can find the notices to be uninformative and irrelevant. It would be difficult to change the definition of disability, since it would require a complete reevaluation of the determination process and administration of the program. However, some frustration can be alleviated if the social workers move the paragraph on the definition of disability to preface the personalized “About Your Decision” portion of the text. The notices also reflect the difficulty in maintaining this definition of disability. The uniqueness of every person’s situation and the lack of detailed guidelines force social workers to be vague in their responses to claimants. In addition, the outdated system for determining the available jobs in the national economy along with the infrequently revised listed impairments

complicates the decision process. Overall, the flaws within the language of the notices result from the origins of the Social Security Disability Insurance program. The conception of disability through work makes it difficult to justify denials fairly, especially when American culture has shifted and the guidelines have not been updated to reflect changes over the years.

Bibliography

Bertoni, Daniel. Rep. *Disability Programs: SSA Has Taken Steps to Address Conflicting Court Decisions, But Needs to Manage Data Better on the Increasing Number of Court Remands*. United States General Accounting Office. Web. 18 Feb. 2009.

Bertoni, Daniel. "Social Security Disability: Improving Notices to Denied Claimants." Letter to Michael Astrue. Jan. 2009. *GAO-09-183R Social Security Disability*. Baltimore: United States General Accounting Office, 2009. 1-10. Web. 18 Sept. 2009.

Cameron, Deborah. *Working with Spoken Discourse*. London: SAGE, 2001. Print.

Chimombo, Moira, and Robert L. Roseberry. *The Power of Discourse: An Introduction to Discourse Analysis*. Mahwah, N.J.: L. Erlbaum Associates, 1998. Print.

Copeland, Lois. *Defining Disability: A Cross Country-Study*. Rep. no. SSA 77-11853. Baltimore: U.S. Department of Health, Education and Welfare, 1977. Print.

Cowles, Alan. *A History of the Disability Listings*. Rep. Lawrence: Social Security Administration, 2005. Print.

Davis, Lennard J. *Enforcing Normalcy: Disability, Deafness, and the Body*. London: Verso, 1995. Print.

Davis, Lennard J. *The Disability Studies Reader*. New York: Routledge, 1997. Print.

Delfico, Joseph. *Improving the Quality of Social Security Administration Notices*. Rep. Baltimore: United States General Accounting Office, 1985. Web. 6 Oct. 2009.

Delfico, Joseph. *Social Security Administration: Many Letters Difficult to Understand*. Rep. Baltimore: United States General Accounting Office, 1994. Web. 18 Sept. 2009.

Denial Letters from Social Security. Raw Data. Legal Aid Society of Orange County, Santa Ana. Spring 2009.

DeVault, Julie. *Social Security Administration: More Effort Needed to Assess Consistency of Disability Decisions*. Rep. Baltimore: United States General Accounting Office, 2004. Web. 18 Sept. 2009.

The Development of the Disability Program Under Old-Age Survivors Insurance 1935-1974. Rep. Social Security Administration. Web. 18 Nov. 2009. <http://www.socialsecurity.gov/history/pdf/dibreport.pdf>.

Fallavollita, Brett. *SSA and VA Disability Programs: Re-Examination of Disability Criteria Needed to Help Ensure Program Integrity*. Rep. no. GAO-02-587. Baltimore: United States General Accounting Office, 2002. *SSA and VA Disability Programs; Re-Examination of Disability Criteria Needed to Help Ensure Program Integrity*. United States General Accounting Office. Web. 18 Sept. 2009.

Flowerdew, John, and Alina Wan. "Genre Analysis of Tax Computation Letters." *English for Specific Purposes* 25.2 (2006): 133-53. *Scientific Direct*. Web. 11 Nov. 2009.

Galindo, René. "Amish Newsletters in "The Budget": A Genre Study of Written Communication." *Language in Society* 23.1 (1994): 77-105. *JSTOR*. Web. 20 Nov. 2009.

Hamilton, Heidi E., Deborah Schiffrin, and Deborah Tannen. *The Handbook of Discourse Analysis*. Malden, Mass. [u.a.]: Blackwell, 2003. Print.

Henry, Alex, and Robert L. Roseberry. "A Narrow-Angled Corpus Analysis of Moves and Strategies of the Genre: 'Letter of Application'" *English for Specific Purposes* 20.2 (2001): 153-67. *Scientific Direct*. Web. 11 Nov. 2009.

H.R. Doc. No. One Hundred Eighth Congress Second Session-108-64 at 1-161 (2004). Print.

H.R. Rep. No. One Hundred Ninth Congress First Session-109-141 (2005). Print.

H.R. Rep. No. One Hundred Tenth Congress Second Session-110-197 at I-142 (2008). Print.

Hu, Jianting, Kajal Lahiri, Denton R. Vaughan, and Bernard Wixon. "A Structural Model of Social Security's Disability Determination Process." *Review of Economics and Statistics* 83.2 (2001): 348-61. MIT Press Journals. Web. 23 Sept. 2009.

Kaplan, Deborah. "The Definition of Disability." *Center for an Accessible Society*. Web. 13 Feb. 2010. <http://www.accessiblesociety.org/topics/demographics-identity/dkaplanpaper.htm>.

Keiser, Lael R. "The Determinants of Street-Level Bureaucratic Behavior: Gate-Keeping in the Social Security Disability Program." Proc. of National Public Management Research Conference, Georgetown University, Washington. Web. 16 Oct. 2009. <http://www.pmranet.org/conferences/georgetownpapers/Keiser.pdf>.

Mashaw, Jerry L. *Bureaucratic Justice: Managing Social Security Disability Claims*. New Haven: Yale UP, 1983. Print.

Pinto Dos Santos, V.B.M. "Genre Analysis of Business Letters of Negotiation." *English for Specific Purposes* 21.2 (2002): 167-99. *Scientific Direct*. Web. 11 Nov. 2009.

Rep. No. One Hundred and Seventh Congress-GAO-02-826T at 1-15 (2002). Print.

Shuy, Roger W. *Bureaucratic Language in Government and Business*. Washington, D.C.: Georgetown UP, 1998. Print.

Social Security Act 404. 1520 Evaluation of Disability in General CFR, § 20 CFR 404.1520. Print.

Social Security Act 404. 15665 Your Work Experience as a Vocational Factor, § 20 CFR 404. 1565. Print.

Social Security Act 404.1521 What We Mean by an Impairment(s) That Is Not Severe, § 20 CFR 404.1521. Print.

Social Security Act 404.1527 Evaluating Opinion Evidence, § 20 CFR 404.1527. Print.

Social Security Act 404.1545 Your Residual Functional Capacity, § 20 CFR 404.1545. Print.

Social Security Disability: Management Action and Program Redesign Needed to Address Long-Standing Problems, Testimony Before the Subcommittee on Social Security Committee on Ways and Means House of Representatives Cong., 1-23 (1995) (testimony of Jane Ross). Print.

Social Security Ruling: SSR 1996-04 (1996). Print.

Social Security Ruling: SSR 1996-07, § SSR 96-7p. Print.

Social Security Ruling: SSR 2006-3p, § SSR 06-03p. Print.

Social Security Ruling: SSR 2006-3p, § SSR 06-03p. Print.

SSA Disability Programs: Fully Updating Disability Criteria Has Implications for Program Design, Testimony Before the Subcommittee on Social Security Committee on Ways and Means House of Representatives Cong., 1-15 (2002) (testimony of Robert Robertson). Print.

Swales, John M., and Priscilla S. Rogers. "Discourse and the Projection of Corporate Culture: The Mission Statement." *Discourse Society* 6.2 (1995): 223-42. *Sage Publications*. Web. 21 Nov. 2009.

Swales, John M. *Genre Analysis: English in Academic and Research Settings*. Cambridge [England]: Cambridge UP, 1990. Print.

USA. Social Security Administration. *Annual Performance Plan for Fiscal Year 2010*. Baltimore: Social Security Administration, 2009. Print.

USA. Social Security Administration. Office of Retirement and Disability Policy. *Annual Statistical Report on the Social Security Disability Insurance Program, 2008*. Baltimore: Social Security Administration, 2009. Print.

USA. Social Security Administration. Social Security Advisory Board. *Allowance Data: 2007 SSI Report*. Social Security Advisory Board. Web. 13 Sept. 2009.

USA. Social Security Administration. Social Security Advisory Board. *Disability Decision Making: Data and Materials*. Baltimore: Social Security Administration, 2006. Web. 17 Oct. 2009. <http://www.ssab.gov/documents/chartbook.pdf>.

USA. Social Security Administration. Social Security Advisory Board. *Social Security Definition of Disability*. Baltimore: Social Security Administration, 2003. Print.

USA. Social Security Administration. Social Security Advisory Board. *A Disability System for the 21st Century*. Baltimore: Social Security Administration. Web. 15 Oct. 2009. <http://www.ssab.gov/documents/disability-system-21st.pdf>.

USA. Social Security Administration. Social Security Advisory Board. *Disability Decision Making: Data and Materials Part 2 Selected Aspects of Disability Decision Making*. Baltimore: Social Security Administration, 2006. Print.

Woods, Nicola. *Describing Discourse a Practical Guide to Discourse Analysis*. London: Hodder Arnold, 2006. Print.

Zayatz, Tim A. *Social Security Disability Insurance Program Worker Experience*. Baltimore: Social Security Administration, Office of the Chief Actuary, 2005. Print.