

Zuzana PALOVIČOVÁ

Institute of Philosophy Slovak Academy of Sciences, Bratislava, Slovak Republic

palovicz@gmail.com

## RETHINKING DISABILITY IN SEN'S APPROACH: IMPLICATIONS FOR PUBLIC POLICIES

**Abstract.** This study evaluates the concept of disability and discusses the contribution of the Sen's capability approach to social policy, making on this example of disability policy. It introduces the traditional understanding of disability as an problem constrained exclusively to the field of medicine and the more recent interpretations of disability as a social construct. Departing from these approaches, this study then critically reappraises the concept of disability through the concepts of capability and social functioning. The study argues that disability indicators based on the capabilities and social functioning allow for new perspective in social policy making.

**Keywords:** quality of life, disability, capabilities, social functioning, public policies

## ROZUMIENIE NIEPEŁNOSPRAWNOŚCI ZDROWOTNEJ WEDŁUG SENA: PERSPEKTYWY DLA POLITYKI PUBLICZNEJ

**Streszczenie.** W artykule podjęto próbę analizy pojęcia niepełnosprawności i przedstawiono wkład koncepcji *capabilities* A. Sena w tworzenie polityki, w szczególności polityki w zakresie niepełnosprawności. Artykuł ukazuje rozumienie niepełnosprawności jako problemu, który ograniczony jest wyłącznie do dziedziny medycyny oraz do koncepcji niepełnosprawności jako konstruktu społecznego. Wychodząc z tych założeń, niniejsze opracowanie krytycznie oddaje pojęcie niepełnosprawności poprzez koncepcje zdolności i funkcjonowania społecznego. Badania wskazują, że wskaźniki niepełnosprawności oparte na możliwościach i funkcjonowaniu społecznym pozwalają na nową perspektywę w kształtowaniu polityki społecznej.

**Słowa kluczowe:** jakość życia, niepełnosprawność, zdolności, funkcjonowanie, polityka publiczna

## 1. Introduction

One of the main objectives of the sustainable development is to promote social development and the quality of life. The study offers an analysis of the term disability and examines the contribution of the capability approach to the making of public policy. On the basis of the critical examination of traditional models of disability from the medical one, in which disability was seen as strictly a matter of medicine through latter interpretation of disability as a social construct, we offer a redefinition of the term disability through the terms capabilities and functioning. This approach was initiated by A. Sen, who suggested to focus on the freedom of choices that an individual has when interpreting it. Elaboration of indicators of disability such as capabilities and functioning opens up new perspectives for public policymaking.

## 2. The terms impairment, disabilities and handicaps

Before we begin to discuss the various types of disabilities, it is necessary to clarify the very concept of disability and its relation to the terms impairment, disability, handicap and functioning. Although these terms are often used as synonyms, it should be stressed that each word has its own meaning and is used in the field of health and health care. Not distinguishing between them and their uncritical carrying into debates on social policy have very different practical consequences.

Definition of the term disability has since 1980 undergone considerable development. For health care needs the term disability was defined by the World Health Organization in the *International Classification of impairments, disabilities and handicaps* (ICIDH) in 1980. This classification is used three terms: impairment, disability and handicap. The order of these terms highlights their mutual links, as well as specificity. The term impairment describes the problems of bodily functions such as the physiological functions of body systems (including psychological) respectively impairment in terms of damage to the anatomical structure or function. In other words, it can be understood as physiological or anatomical anomalies. "In the context of health experience, an impairment is any loss or abnormality of psychological, physiological, or anatomical structure or function"<sup>1</sup>. Impairment are classified in categories that have definite medical identification criteria. This may be a loss of limbs, reduced physical performance etc. It should be added that the disorder may be part of a health problem, but do not necessarily mean that a person is sick. The term disability describes "any restriction or lack (resulting from an impairment) of ability to perform an activity in the manner or within the

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<sup>1</sup> ICIDH – International Classification of Impairments, Disabilities and Handicaps. World Health Organization, Geneva 1980, [http://apps.who.int/iris/bitstream/10665/41003/1/9241541261\\_eng.pdf](http://apps.who.int/iris/bitstream/10665/41003/1/9241541261_eng.pdf), p. 27, 18.11.2016.

range considered normal for a human being. In providing the link between impairment and handicap, it is fairly easy for the concept of disability to appear somewhat vague, variable, or arbitrary. As already noted, however, functional limitation is now regarded as an aspect of impairment, and this should resolve most of the difficulties. Impairment is concerned with individual functions of the parts of the body; as such it tends to be a somewhat idealistic notion, reflecting potential in absolute terms. Disability, on the other hand, is concerned with compound or integrated activities expected of the person or of the body as a whole, such as are represented by tasks, skills, and behaviours<sup>2</sup>. This may be limitations in mobility, communication, care about their own, etc. The term handicap is used to express the extent of the social consequences of disability. Handicap in the context of health experience, a handicap is a disadvantage for a given individual, resulting from an impairment or a disability, that limits or prevents the fulfilment of a role that is normal (depending on age, sex, and social and cultural factors) for that individual. Handicap is characterized by a discordance between the individual's performance or status and the expectations of the particular group of which he is a member<sup>3</sup>. This may be a handicap in employment, social integration etc.

International Classification of Functioning, Disability and Health (ICF) brings a different view on disability. This is a classification of the World Health Organization (WHO) approved in 2001, which replaced the original version of ICIDH disability classification<sup>4</sup>. The revised classification replaced the previously used terms impairment, disabilities and handicaps with the terms functioning, disability and health. The new version of the classification ICF assesses mainly the functional ability of the individual, which is reflected in various impairment of body functions and structure by the reduced activity of certain activities. It also evaluates activities that a person is able to do. In other words, it evaluates health. Thus, it leaves the term handicap in order to accentuate the preserved functional capacity and does not purport to pathological situations. It does not emphasize what a person is not able to do, but what they are capable of. In this respect, the functional capacity of the individual is "the interactions between health conditions (diseases, disorders and injuries) and contextual factors. Among contextual factors are external environmental factors (for example, social attitudes, architectural characteristics, legal and social structures, as well as climate, terrain and so forth); and internal personal factors, which include gender, age, coping styles, social background, education, profession, past and current experience, overall behaviour pattern, character and other factors that influence how disability is experienced by the individual"<sup>5</sup>. From this perspective, disability is "a complex phenomenon, that is both a problem at the level of a person's body, and a complex and primarily social phenomenon. Disability is always an interaction between features of the person and

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<sup>2</sup> Ibidem, p. 28.

<sup>3</sup> Ibidem, p. 29.

<sup>4</sup> Due to the ICF following the original version, an acronym ICIDH-2 is sometimes used.

<sup>5</sup> ICF – International Classification of Functioning, Disability and Health. Towards a Common Language for Functioning, Disability and Health ICF. World Health Organization, Geneva 2002, <http://www.who.int/classifications/icf/icfbeginnersguide.pdf?ua=1>, p. 10, 18.11.2016.

features of the overall context in which the person lives, but some aspects of disability are almost entirely internal to the person, while another aspect is almost entirely external. In other words, both medical and social responses are appropriate to the problems associated with disability; we cannot wholly reject either kind of intervention"<sup>6</sup>.

A fundamental change in the definition of disability was brought by the Convention on the Rights of Persons with Disabilities. Persons with disabilities include those "who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others"<sup>7</sup>. The Convention explicitly emphasizes the equal right of all persons with disabilities to live in the community with equal choices on the equal basis with others.

### **3. Current disability models are insufficient to inform policy makers**

Although the definition of disability significantly affects social policy, there is yet no commonly accepted definition<sup>8</sup>. In the theory, there are three relevant disability models introduced – medical model, social model and ICF model<sup>9</sup>. Each of these models have different practical consequences for a person with disabilities.

Medical model of disability starts from four fundamental postulates. First, disability is defined as an impairment and completely in medical context. Difficulties and problems of people with disabilities are directly related to the individual body, sensorial or mental impairment. Second, disability is considered "abnormality" that deviates from normal human functioning, and therefore, it should be corrected. The task for the classification was then to find grading criteria for determining the extent of an individual "abnormality" and their transfer to a specific level of "limitation of physical abilities" and "extent of damage" of the individual. Third, such definition of disability anticipates any norm or standard of "normal biological functioning", that a person with disabilities is not capable to achieve. Such an understanding of disability then disqualifies individuals in relation to the "normal" majority. Fourth, the phenomenon of disability is visualized as a personal tragedy. Within the purviews of this approach, disability mechanistically predicts mental trauma of a man with disability and their family. Medical care is viewed as the main basis and in the political view it is based on the reform of health care policy<sup>10</sup>.

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<sup>6</sup> Ibidem, p. 9.

<sup>7</sup> The Convention on the Rights of Persons with Disabilities, <http://www.un.org/disabilities/documents/convention/convoptprot-e.pdf>, 18.11.2016, Convention of OSN. 2006, Article 1.

<sup>8</sup> Degner T.: Definition of Disability. E.U. Network of Experts on Disability Discrimination 2004, <http://edz.bib.uni-mannheim.de/daten/edz-ath/gdem/04/disabdef.pdf>, 18.11.2016.

<sup>9</sup> The concept model is understood here to mean a paradigm.

<sup>10</sup> Laing R.D., Esterson A.: *Sanity, Madness and the Family: Families of Schizophrenics*. Penguin Books, 1990, p. 5.

A concomitant feature of this approach has been an increase in various therapeutic experts, consulting agencies as well as businesses growth with disabilities<sup>11</sup>. "Psychiatrization" associated with having to succumb to various therapies has become an integral part of the everyday life of a person with disabilities. Such an interpretation of disability decreases the importance of social reforms and legislative guarantee of human rights for people with disabilities. It is expected that a person with disabilities will accustom to adverse circumstances through adapted medical and psychological guidance<sup>12</sup>.

The social model of disability sees disability as a socially created problem. Disability is then no problem of physical, mental or sensory impairment, but rather caused by complex conditions, many of which are formed by social environment. It means that it is located in such social interactions, which disadvantage people with disabilities<sup>13</sup>. Bases must be sought in a change of the environment, attitudes and ideologies. At the political level, the problems of persons with disabilities are an issue of human rights. In this view, policymakers must legislatively promote the integration of people with disabilities into society and ensure equal rights and opportunities.

A common feature of both models is that they understand disability as a state different from the "normal" state of the individual. In contrast to these two models, ICF model does not classify persons, but is based on the situation of a particular man and evaluates their current functional capabilities. This means that each person has a certain medical condition that confronts them with various facts and due to this they come into various disadvantageous situations. For example, four people with a similar diagnosis may reach different level of functioning. The differences will be, in particular, in the activities and opportunities to participate with regard to the conditions in the environment. For example, at the first man, the problems are caused by inadequately adapted workplace. The second man has to face the negative stances towards the employment of disabled people. The third man has to cope with the accessibility of buildings in the vicinity and the last one with the negative attitude to disability in general. In this regard, the functional ability of the particular man is the interaction between health problem and interacting factors, these are environmental factors and personal factors. The environmental factors are the attitudes of society, social and health systems, disabled facilities etc. Personal factors (i.e. gender, race, age, habits, education, life experiences and other characteristics) also determine the extent of individual performance. These interactions are always specific in relation to a particular man.

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<sup>11</sup> Albrecht G.: *The Disability Business: Rehabilitation in Amerika*. Sage, London 1992.

<sup>12</sup> Balák R.: *Medzi životom a smrťou – bioetická dimenzia zdravotnej starostlivosti o onkologického pacienta*, [in:] *Právne otázky rozhodovania v onkologickej starostlivosti*. Wolters Kluwer, Bratislava 2015, p. 102-103; Pawlovska E., Perzanowska K.: *Respect of the patient's rights in independent public health care facilities – Case study*. Scientific Papers of Silesian University of Technology, Organization and Management Series, No. 100, 2017, p. 383-396.

<sup>13</sup> Oliver M.: *Social Work with Disabled People*. Palgrave Macmillan, New York 1983, p. 15.

The advantage of the ICF model is the creation of space for the individual's abilities. This model recognizes that damage of biological functions may have no impact on an individual's ability to achieve full social functioning. The term disability is an umbrella term that covers both damage of biological functions as well as the restrictions to which a person is exposed to in everyday life situations because of this damage. The damage of biological functions is only one dimension of disability that does not necessarily need to be reflected in the restriction of social activities of the individual<sup>14</sup>. This approach also takes into account the atypical modes of functioning without referring to the concept of normality or abnormality. The goal is not the rejection of the idea of an average human functioning as a parameter for determining the degree of disability from a medical point of view. Rather it is the rejection of the value connotations of the idea of normality and the rejection of the idea that human functioning is defined solely by biological parameters. This means that it is necessary to distinguish between the anti-discrimination policy because of health status and the practical implications of this model in the field of entitlement to social services and social security benefits.

The fundamental problem of the ICF model is that it does not address a fundamental aspect of human life – freedom of choice. ICF model is not suitable for defining policies the aim of which is to empower the competences of individuals. It does not consider what the person with a disability can do when the environment would facilitate their functioning. The emphasis on the degree of freedom which an individual does not only provide more information about the real opportunities of an individual but it is also an indicator of justice and the degree of inequality in a particular society.

#### **4. Disabilities through the Capability Approach lens**

The basic starting point of Sen's approach is the quality of human life in its plural forms. It conceptualizes human welfare through the terms *functioning* and *capabilities*. *The functioning* is defined as a certain status that one has reached (for example, they are educated) or activity that they are able to do (e.g. travel)<sup>15</sup>. Functioning expresses different aspects of satisfaction of human needs, desires, preferences, and concerns various dimensions of human welfare from survival to self-expression in art and culture. According to Sen, functioning is subject to the available material resources, their characteristics and depends on so called conversion factors that may be personal (age, gender, disability, etc.); social (legislation, population density, criminality, etc.) and environmental (climate, environment, infrastructure). These changeable factors, along with varying resources and their characteristics

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<sup>14</sup> Wolff J.: Disability among Equals, [in:] Brownlee K., Cureton A.: Disability and Disadvantage. Oxford University Press, Oxford 2011, p. 127.

<sup>15</sup> Sen A.: Development as freedom. Oxford University Press, Oxford 1999, p. 75.

determine what level of functioning one is able to achieve and thus their capabilities. The term *capabilities* then represent the various combinations of functioning that a person has the potential to achieve. It defines them as "a person's ability to do valuable acts or reach valuable state of being. Capabilities represent alternative combinations of things that a person can do or be"<sup>16</sup>. In fact, they reflect the "freedom to choose lives that they have reason to value"<sup>17</sup>. It is the capabilities that reflect the real opportunities available to humans in a given situation and at a specific time. In other words, they represent the potential to choose and achieve various ways of functioning, which one appreciates.

One advantage of this approach is that it allows us to divert our attention to the reasons which caused the loss of freedom, respectively deficit of capabilities, thereby helps to determine the manner of compensation on the side of society. The second benefit is that it can reflect the pluralism of human lives. Disability is understood as an aspect of human diversity that – I use the formulation of Amartya Sen "is not a secondary complication to be ignored or taken into account later. It is a fundamental aspect of our considerations of equality"<sup>18</sup>. We can see another benefit of this approach in that the problem of disability is interpreted as a problem of social justice and human rights. If the restriction in the functioning due to health status results in narrowing the scope of capabilities thus limited freedom of choice, it is a problem of justice. From this point of view, if one must use wheelchair due to mobility, providing adequate wheelchair from public sources and disability facility environment is the question of equitable access in terms of the equality of all citizens to pursue their own conception of the good life.

Finally, an approach focused on the functioning and capabilities has significant implications for public policy. It enables to overcome the dilemma, which involves choosing between what is identified as a specific entitlement to compensation from the society and the requirement of equal approach, which requires equal treatment for all at the risk of rejection of specific needs. The results of specific policy should be evaluated in terms of extending the choice and positive freedoms of persons with disabilities. This requires a radical change of the way in which the information is collected and the data analysed.

## **5. A Capability Approach framework for a comprehensive understanding of policy**

Provided, that the social and economic environment affects the scope of capabilities of individuals raises the question to which capabilities people attribute value and give the highest

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<sup>16</sup> Sen A.: *Capability and Well-Being*, [in:] Nussbaum M., Sen A. (eds.): *The Quality of Life*. Clarendon Press, Oxford 1993, p. 30.

<sup>17</sup> Sen A.: *Inequality Reexamined*. Harvard University Press, 1995, p. 81.

<sup>18</sup> *Ibidem*, p. XI.

priority and which ones are relevant to the policies and institutions? Another question is how to operationalize the capability approach for practice. Measurement of functioning and capabilities is relatively new, so it's still been the subject of debate. The methods of measurement of capabilities are not so developed to be comparable to standard econometric techniques. For the measurement of functioning within the approaches initiated by Sen the following methodologies are used: Human Development Index, the theory of fuzzy sets, principal component analysis, and the time series clustering<sup>19</sup>. However, even at the actual measurement of the functioning a number of problems occur. First, on which functioning to focus within the measurement of welfare, by which methodology to measure the individual functioning and which indicators to use? Another problem is how to determine the numeric value of a particular level of functioning and how to calculate the individual functioning of the overall well-being of the individual? Another type of problems is how to compare measurement using the functioning with the standard results of welfare economics, that is in what relationship these multidimensional indicators are, for example Human Development Index towards standard one-dimensional factors as income or gross domestic product? How to operationalize the concept of capabilities and therefore how to determine the level of capabilities from the measurement of the functioning? The actual investigations have tried to develop a methodology that takes into account variable factors that affect the functioning the individual. They also laid down the conditions under which Sen's capabilities can be measured. They proved that measurement focused on capabilities is significantly different from the traditional measurement by income and they questioned the assumption of classical economics that individuals differ only by income. They showed that by measurement using the functioning which is based on obtained results takes into account the intrinsic value of the possibility of choice, and choice increases the benefit of individual. At possible replication of these studies in the Slovak conditions in order to provide a basis for social policy, it would be necessary to collect own data set. We see two reasons for this: First, this research must work with current data which takes into account the latest political developments, otherwise it may happen that the measured standard of living does not represent the real standard of living in Slovakia influenced by the current legislation. Second, the current data set would allow us to include a wide range of functioning that would capture detailed standard of living in Slovakia.

## 6. Conclusion

In this paper, we defended the thesis, that the capability approach brings a new perspective to the interpretation of disability and consequently formulates conditions for the form of public

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<sup>19</sup> For details see: Kuklys W.: Amartya Sen's Capability Approach. Theoretical Insights and Empirical Applications. Springer, Berlin 2005, p. 31-57.



policy. Capability approach allows us to capture multi-dimensionality of disability and shifts the attention from the specificity of disability to the creation of equality in terms of opportunities and choices. Thus, it constitutes a functional tool to identify important dimensions of well-being and restrictions within the broader spectrum of human development. The practical application of this methodology provides additional information to conventional methods based on revenues or gross domestic product.

## Acknowledgements

This publication was funded by the Scientific Grant Agency of the Ministry of Education, Science, Research and Sport of the Slovak Republic and the Slovak Academy of Sciences: VEGA 2/0017/16 Phenomenon of Culture in Philosophical Reflection.

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