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Disability, capability, and special education: towards a capability-based theory

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The main objective of the article was to investigate the claim that the capability approach fares better with an understanding of disability as presented by the World Health Organization's *International Classification of Functioning, Disability and Health* (ICF) than by the social model, which has been promoted within disability studies. Scholars have looked to the capability approach as innovative and important perspective for re-examination of disability within special needs education and disability studies. Based on a critique of the social model, scholars point to the capability approach as an alternative and suggest that the ICF is a better framework for the conceptualisation and understanding of disability within special needs education. In this article, I investigate these claims and analyse which understanding of disability is most apposite to a capability-based theory as a framework for special education. In response, I propose a refined version of the social model, the social-*relational* model, as a better framework for an understanding of disability because this understanding is more in line with the insights and contributions of the capability approach.

Keywords: capability approach; empowerment; disability; ICF-CY; social-relational model; philosophy of special education

In May 1979, Amartya Sen's landmark lecture 'Equality of what' drew immediate attention to his concept of 'capability'. In that lecture he explored an approach to well-being and advantage that centred on a person's ability to do valuable acts or to reach valuable states of being (Sen 1993). This understanding of the term 'capability' has its roots in an ancient Greek word used by Aristotle to discuss an aspect of the human good, *dunamis*, which can be understood as 'capability' (Sen 1993, 30 n2). Subsequently, this approach to well-being has come to be known as the 'capability approach'.

Lorella Terzi (2005a, 2005b) has introduced the capability approach as an innovative perspective in special education. She believes it provides fundamentally new insights into the conceptualisation of impairment and disability. Of particular interest is how the capability approach goes beyond the dilemma of difference by conceptualising difference as a specific variable of human diversity. Florian et al. (2006, 42) have also suggested that the capability approach can be an innovative supplement to the *International Classification of Functioning, Disability and Health* (ICF) of the World Health Organization (WHO) with regard to education as a cross-cultural

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perspective for children with disabilities. Florian et al. have argued that the ICF offers a universal model of functioning and disability and represents an interactive model, unlike other classification schemes currently applied in special education that are one-dimensional and locate the problem of difference solely within the individual (Florian et al. 2006, 42).

Before I analyse further their claim that the ICF in its present form is a better platform for an understanding of disability within education than other perspectives grounded in social models, I shall examine the rationale behind Terzi's advancement of the capability approach as a viable, innovative alternative to existing perspectives.

There are currently two main perspectives on disability within special education. One perspective emphasises the *additionality* for the individual child, here identified as the individualist approach to disability, the other the *inclusivity* of the system, here identified as a social approach to disability (Norwich 2002). The main difference between these approaches is in how they explain the interplay between impairment and disability. A proper understanding of disability theories requires the appreciation of both the distinction between individual and social approaches and the distinction between materialist and idealist explanations. From these distinctions, four models of disability emerge (Priestley 1998). In a previous study (Reindal 2008) I have elaborated on the different models, and I have proposed a social-relational model of disability as a framework for special education because it can incorporate both additionality and inclusivity. I shall not, then, discuss the different models in this article; rather, I shall address the critique and the rationale for advancing the capability approach in special education.

Recently, Terzi (2004) has criticised the social model for uniformly conceptualising disability as caused by social factors, such as oppression and discrimination. According to her, this is a flawed understanding of the relationship between impairment, disability, and society, and it actually hinders the achievement of the aim of the social model: inclusion (Terzi 2004, 141). In her discussion of the internal and external critique of the social model, Terzi has identified three limitations: (1) the overemphasis on the social aspects of impairment and disability; (2) the overlooking of effects of impairment; and (3) the rejection of the concept of normality in the sense of average human functioning. Several authors from various research fields (Bury 1996; Hughes and Paterson 1997; Reindal 1995; Richards 2002; Thomas 2004) have similarly pointed out these problems within the social model.

From the start, one central theme within the social model has been the critique of the ideology of normalisation as a guiding principle for special education and rehabilitation. Yet, proponents of the social model do not totally deny the concept of normality in the sense of average functioning, as Terzi holds; rather, the critique targets the assumption that society is designed by and for non-disabled people. In short, it is the *ideology* of normalisation as a norm for special needs and rehabilitation that is the target of the critique (Drake 1996; Fulcher 1996), and the chief task is to question critically 'by whom and for whom' is society organised and designed. The proponents of the social model consistently reject the concept of normality as a *norm* for policy-making for schools in particular and for society in general because it is discriminatory, oppressive, and a hindrance to inclusion.

Terzi's philosophical critique asks us to engage in a thought experiment in which barriers and discrimination against disabled people were totally overcome and thenceforth nonexistent. Notwithstanding such improvements, people's impairments would persist. Even though people with impairments would experience neither oppression

nor discrimination, they would continue experiencing restrictions solely because of their impairment (Terzi 2004, 150). Terzi's critique, however, is a misunderstanding of the social model. Proponents of the social model do not deny an underlying reality or experience that differentiates disabled and non-disabled people (Barnes and Mercer 2003, 78–9). 'A disabled body and identity do have a "material reality"' (Barnes, Mercer, and Shakespeare 1999, 94). Instead, they identify and criticise the understanding and the policy-making in society constructed from biological differences between the disabled and non-disabled:

The social model is not about showing that every dysfunctioning in our bodies can be compensated for by gadget, or good design, so that everybody can work 8-hour day and play badminton in the evenings. It's a way of demonstrating that everyone – even someone who has no movement, no sensory function and who is going to die tomorrow – has the right to a certain standard of living and be treated with respect. (Vasey 1992, 44; cited in Barnes and Mercer 2006, 38)

The main concern of the social model is justice and human dignity. In order to reach this goal for all, proponents of the social model emphasise the importance of criticising the view that the relationship between impairment and disability is not merely one of necessity, as individual models do. Instead, they point to inequalities in society between the disabled and the non-disabled and, instead of reducing them to the impairments themselves, they interpret them as effects of oppression and discrimination. In general, proponents have held on to at least two central contentions: (1) the break-up of the causal link between impairment and disability is imperative; and (2) disability is a result of discrimination and oppression rather than the restrictions caused solely by the effects of impairment (Burchardt 2004; Thomas 2004; Reindal 2007, 2008). Whether one is disabled is, therefore, contingent on other factors than the effects of a given impairment.

Terzi has argued that the problem with rejecting the concept of normality and exchanging it for a celebration of difference is that it in effect obstructs the pursuit of justice:

Ultimately, in my opinion, the total rejection of the concept of normality, and either the lack of a reference concept or its substitution with an unspecified concept of difference, show not only theoretical and political limitations, but also a mismatch between the theoretical basis of the social model and some of its practical, political aims. (Terzi 2004, 155)

In proposing difference as an aspect of human diversity, Terzi has insisted that the social model is ambiguous about what constitutes difference and consequently makes proposals that are more rhetorical than substantial (Terzi 2005a, 203). From this critique, Terzi has called for the capability approach because it abrogates the dilemma of difference. The capability approach is crucially different because it considers disability as a specific variable of human diversity and evaluates its impact on individuals within institutional and social arrangements (Terzi 2005a, 203). The upshot is that the capability approach permits an understanding of difference as a function of comparisons between people rather than distinctions based on fixed categories (Florian et al. 2006, 43). Drawing from the various perspectives on disability, including the capability approach, we can conceptualise the term 'difference' in three ways (see Table 1).

In my opinion, the assumptions held by Florian et al. (2006) are partly correct. The criticisms directed against individual models for their one-dimensionality, lack of

Table 1. Understanding of difference.

Individual model	Social model	Capability approach
Difference is a deviation from normal functioning	Difference is an aspect of human diversity	Difference is a specific variable of human diversity

interactivity, and the locating of differences within the individual are quite appropriate. However, their assertion that the social model unilaterally conceptualises disability as an effect of oppression and discrimination while disregarding the effects of impairment themselves is simply incorrect.

Regardless of the shortcomings of Terzi's critique of the social model, I welcome her analysis of the potential of the capability approach for special education and disability theory. Its potential, in my opinion, lies in the understanding of difference as a specific variable of human diversity, as Terzi has rightly pointed out. This understanding is crucial because it addresses the issue of empowerment and the enhancement of human agency. I believe, however, that the full potential of the capability approach would become manifest if it were situated within a refined version of the social model, the *social-relational* model (Reindal 2007, 2008; Thomas 2004). This model is preferable to the framework of the ICF, which Florian et al. (2006) have proposed, because, like all social models, it explicitly addresses the issue of empowerment. Before making the case for this claim, I shall elaborate on the capability approach.

The capability approach: impairment and disability

There has been growing interest in the capability approach and its significance for education (Hinchliffe 2007; Saito 2003; Terzi 2005a, 2005b; Unterhalter 2003; Walker 2006). Originally, Amartya Sen formulated the capability approach above all as an alternative to the economic, utilitarian approaches, which continue to dominate discussions of quality of life in policy circles (Nussbaum 2006).

The capability approach is a theoretical perspective within the theory of justice that attempts to answer the question of 'equality of what'. How is one to evaluate equality, quality of life, well-being or social justice? In order to evaluate such questions, one must be able to answer what people consider valuable, i.e., the *object* of value. Different theories of justice give various answers to this question. Utilitarian theory, for example, emphasises utility as the object of value (that is, happiness, satisfaction, and fulfilment of preferences). The capability approach proposes to replace utility with capabilities as the objects of value (Burchardt 2004).

Amartya Sen developed the capability approach in economics and Martha Nussbaum in philosophy. There are substantial differences between Sen's and Nussbaum's capability approaches. By presenting a typology of capability analysis based on different epistemological assumptions regarding the role functionings and capabilities, Ingrid Robeyns has shown that the main difference between Sen and Nussbaum is their engagement in different kinds of theoretical projects (Robeyns 2005). Sen's capability approach is, according to Robeyns, a general framework that can guide our evaluative exercises but remains unspecified, while Nussbaum's is a philosophical theory of justice, rather than a framework for evaluation (Robeyns 2005, 198). Nussbaum herself does not have the ambition to develop a comprehensive moral doctrine but a political doctrine of basic entitlements (Nussbaum 2006, 155).

Nussbaum has acknowledged that social-contract theories do better than many various forms of utilitarianism, but unresolved problems remain within John Rawls' contract theory. By asking the questions, 'By whom are society's basic principles designed?' and 'For whom are society's basic principles designed?' she has examined the shortcomings of the tradition within the social-contract theory of justice (Nussbaum 2006, 16). The problem of disability is prevalent in contract theories because the core of these theories is mutual advantage and reciprocity between groups. Yet, weaker groups, such as disabled people, women, and children, have less power and resources in relation to a mutual contract, and this makes it difficult to include fully the interests of, for example, people with physical and mental impairments. In *Frontiers of justice: Disability, nationality, species membership*, Nussbaum has specifically tried to solve these problems through the capability approach. For this purpose, she has developed a well-defined list of 'central human capabilities' (CHCs). Her version of the capability approach that includes a list of CHCs is one species of a human-rights approach (Nussbaum 2006, 284).

The two main concepts of the capability approach are 'functioning' and 'capability'. In particular, the capability approach focuses on the *capability to function*, what a person can *do* or can *be* instead of the more conventional concentration on material wealth, e.g., real-income estimates, or on utility, e.g., traditional welfare economic formulations (Sen 1999, ix). This approach begins with 'functionings', what a person can do and be. Functionings can involve some quite basic characteristics – such as being well-nourished, being in good health, and receiving an education – or they may involve quite complex activities and states of being – such as having self-respect, the preservation of human dignity, participating in social and community life, and so on (Nussbaum and Sen, 1993). Based on this understanding, a person's capability refers to the different combinations of functionings a person can choose to have; 'In this sense the capability of a person corresponds to the *freedom* that a person has to lead one kind of life or another' (Nussbaum and Sen 1993, 3; emphasis in original). Interpreting capabilities as opportunities to live a valued life is fundamental for empowerment. While Sen has not employed the term 'empowerment', it closely relates to an increase in human agency, which is at the core of the capability approach (Alkire 2005, 220). Others have also highlighted this aspect of the capability approach and its potential for education (Saito 2003).

The capability approach holds that resources are inadequate indicators of well-being because human beings have both varying needs for resources and varying resources to convert them into functionings. Consequently, two people with the same quantity of resources may differ greatly in the ways that matter most for social justice. Although the difference in commodities may not be significant, the real opportunities, i.e., the capabilities, to live a valued life may differ significantly:

A disabled person with a given bundle of commodities is not just 'subjectively' worse off than a non-disabled person with the same bundle of commodities (or the same total income or overall resources) and same preferences, but in fact, the former will tend to have lower levels of many capabilities and less material opportunities. (Sen 2002, 82)

The strength of the capability approach in relation to disability theory, as pointed out by Tania Bucharth (2004), is that it is able to highlight inequalities without sacrificing familiar evaluations of standard of living with reference to resources. This richer description is possible because the capability approach focuses on the ends instead of the means of well-being, that is, on capabilities instead of resources. For example, the

capability approach concentrates on ends, say, mobility and nutrition, rather than the resources or means, like walking, and food. This focus bears a relation to the core of the social model, that is, the issue of oppression and discrimination. Because the capability approach assesses inequalities with regard to ends (capabilities) rather than means (resources), capability egalitarianism automatically includes those inequalities that are caused by social endowments, since the social endowments are a constitutive factor in the process of the creation of individual well-being (Pierik and Robeyns 2007, 147). In the following, I shall concentrate on Nussbaum's argument on the application of the capabilities approach to disability theory and its significance to the issue of justice and disability.

At the core of Nussbaum's capability approach is an intuitive idea of human dignity. With this basic intuition as a starting point, she has proposed a list of 10 capabilities as indispensable for a life with dignity: life; bodily integrity; senses, imagination and thought; emotions; practical reason; affiliation; related to other species; play; and control over one's own political and material environment (Nussbaum 2006, 75–7). Each of these is fundamental; if someone is below the threshold with any one of these capabilities, then there is a failure of basic justice. This point is difficult to underemphasise. According to Nussbaum, the capabilities are radically non-interchangeable, for 'lacks in one area cannot be made up simply by giving people a larger amount of another capability' (Nussbaum 2006, 167).

The concept of a life of dignity, which underpins Nussbaum's list of capabilities, is more Aristotelian than Kantian. For Nussbaum, human rationality is not the quintessence of human dignity as it is for Kant. In relation to people with a mental illness or a learning impairment, this difference plays a crucial role for developing a notion of human dignity. Aristotelian rationality sees the rational as simply one aspect of the human animal; it is not the only one pertinent to a notion of truly human functioning (Nussbaum 2006, 159). Just as virtues are intrinsically valuable for a good life in Aristotelian thinking, so are the capabilities for Nussbaum. They are not instrumental, since they are not merely means to dignity, but have worth in themselves because they are ways of realising a life of human dignity in the different areas of life within which human beings typically engage (Nussbaum 2006, 161). For Nussbaum, dignity is not defined prior to and independently of the capabilities but is intertwined with them and their definitions. In this way, the right and the good are bound together. The chief concern for Nussbaum is the justice for each individual. Her capabilities approach asserts the basic principle that each person is an end. Taking a strongly anti-utilitarian standpoint, she has insisted that we must reject policies that aim to improve the majority a group; instead, we must look to policies that account for the central capabilities of each and every person (Nussbaum 2006, 216).

The capability approach asks a different set of questions with regard to people with impairments. Instead of evaluating resources and means, the capability approach is concerned with questions of this sort: What are impaired people actually able to do and to be? What kinds of life are they able to live under their present circumstances? Do they have the ability to realise valued goals? When the answers to such questions are clear, the next step is to identify and investigate the obstacles hampering their ability to function at the appropriate threshold level (Nussbaum, 2006). This step is an entirely public task because it really means the integration of people with impairments into public space, which requires public planning and a public use of resources. Regardless of the impairments involved, the central question regarding each impaired person should thus be, 'Has the public political arrangement in which she lives

extended to her the social basis of all the capabilities on the list? If so, then the public conception has done its job, even if her own impairments may prevent a full choice of functioning in one or more areas' (Nussbaum 2006, 194). The difference in capabilities should thus be anticipated primarily in relation to social adjustments. This is clearly in accordance with a social model of disability because it regards lacks of capability (disability) as constructs of material and cultural barriers.

Although Nussbaum's capability approach raises unconventional questions and illuminates inequalities, her understanding of impairment and disability remains in line with the definitions given previously by the WHO:

I shall try to observe these distinctions in what follows, although the line between impairment and disability is difficult to draw, particularly when the social context is not held fixed but is up for debate. As I shall argue, we cannot prevent all disability: for some impairments will continue to affect functioning even in a just social environment. What we ought to do is to prevent handicap with regard to basic entitlements. (Nussbaum 2006, 423 n5)

Nussbaum interprets impairment as the loss of functioning and disability resulting from the restriction of function. In her view, handicaps should be diminished by increasing the basic entitlements above the threshold of capability, similar to the appropriate social goal for every citizen. Society should work tirelessly to bring 'all children with disabilities up to the same threshold of capability that we set for other citizens' (Nussbaum 2006, 190). This set of capabilities should be non-negotiable social entitlements. Nussbaum also rejects the idea that there should be different lists of capabilities for various people in society – i.e., one for 'normal' people and another for people, say, with Down's syndrome – because they would reinforce type characteristics and contribute to stigmatisation. Therefore, she has argued for the importance of a species norm as a common denominator (Nussbaum 2006, 191). Although Nussbaum really adheres to an understanding of disability that fits with the WHO's definition of 1980 (distinguishing between impairment, disability, and handicap), the framework of capabilities and difference as a function of comparisons between people is germane with social models. This is so because the issue of capability-poverty points directly to social inequalities.

Let us return to Terzi's argument that the capability approach goes beyond the dilemma of difference. Within the capability approach, impairment is but one among many differences that interact together with social, economic, and physical environments and produces a profile of advantage or disadvantage for individuals. Within the perspective of the capability approach, the phenomenon of disability is, therefore, a subset of capability-poverty (Burchardt 2004, 746). As pointed out by Terzi, the capability approach recognises disability as a part of the human condition rather than a deviation and thereby contributes to the recasting of difference in a relational way.

The capability approach, the social-relational model, and the ICF

Terzi has rejected the social model as a framework for the capability approach because it unilaterally conceptualises disability as a social phenomenon caused by oppression and discrimination. Because of this restrictive conceptualisation, the social model is one-dimensional and lacks interactivity, unlike the ICF (Terzi 2004; Florian et al. 2006). Yet, imputations that allege the social model both considers social barriers as the sole cause of the restriction of activity (i.e., the disability) and deems impairment

as irrelevant are largely results of oversimplifications or straw-man arguments. According to Thomas (2004), the reason for this is the blunt:

... social modellist assertions to the position that 'all restriction of activity are caused by social barriers'. It is then easy to slide into making logical counter assertions such as this: *impairment does not cause restrictions of activity because the social models tell us that ALL restrictions of activity are caused by social barriers.* (Thomas 2004, 579; emphasis in original)

The creationist position, initially the social model, has denied neither the issue of impairment nor its restrictiveness, thus it holds that the problem is not solely one of impairment but also one of social barriers (Oliver 1996, 38). Yet, Thomas has pointed out that the relational element has been lost in course of theorising the social model (Thomas 2004, 579). To shore up this weakness, some scholars have developed a social-relational model that stresses both the personal and social effects of impairment because of the recognition that disability is something imposed on top of the restrictions caused by impairment (Thomas 2004; Reindal 2007, 2008). In the social-relational model of disability, a reduced function (i.e., impairment) is merely a necessary condition that has both personal and social implications for the individual. However, a disability is contingent upon sufficient conditions brought about by social, cultural, environmental, and religious mechanisms that restrict and hinder the individual's pursuit of vital goals and achievements in life (Reindal 2008, 144). This implies an understanding of the phenomenon of disability as something imposed on top of the impairments effect. For example, if I were to have a reduced physical function in mobility, there would be fewer possibilities for me to meet with my friends than for them to meet with me, because they could just come over as often as they liked to socialise. I should, however, have to use different kinds of aids, such as a wheelchair, crutches, etc., and I should personally experience restrictions in my mobility, leading to fewer opportunities to engage socially. On a day-to-day basis, I should experience both personal and social restrictions owing to my impairment. This would not necessarily imply that these restrictions of activity would result in the disability for me in the neighbourhood. For the sake of illustration, however, let us assume that the housing cooperative wanted to renovate the neighbouring site by laying cobbled stones and stairs with garden terraces between the houses and apartments. If this plan were realised, it would imply that they did not take into consideration my situation and that they constructed the new site assuming only non-impaired dwellers. Without a doubt, I should experience the addition of stairs and cobbled stones as a social barrier and a disabling effect imposed on top of the restrictions the impairment gives me.

From a capability perspective, the housing cooperative would have lessened my capabilities of mobility in my own neighbourhood. This is because the capability of a person reflects the alternative combinations of functionings the person can achieve and from which he or she can choose one collection (Sen 1993, 31). Consequently, the plan of the housing cooperative would be a factor of capability-poverty for me in relation to my opportunities to realise vital goals, like participating in the social and community life of the neighbourhood. If the board were to continue with the plan but wanted to compensate for my loss of mobility by offering me resources (like transport aid and personal assistants) that would enable me to make visits in the neighbourhood, they would still have failed in enhancing my capability. What they would have accomplished is merely to have augmented my resources, because, as mentioned above, capabilities are radically non-interchangeable. In other words, the capability of a

person refers to the various alternative combinations of functionings the person can choose to have. The board's proposition would reduce my combination of my 'doings and beings'. Consequently, if the housing cooperative were to realise such a plan, they would be inflicting capability-poverty onto me. What matters for justice is the value of a person's capabilities, i.e., the real opportunities one has to live a life that one values.

Undoubtedly, the life I should value would be one in which there would be a neighbourhood without cobbled stones and many stairs surrounded by garden terraces, which would obviate the need for transport aid and personal assistants in this particular case. The social-relational model recognises this because it is more important to empower people through capabilities than through functionings. This view of empowerment implies the importance of reducing the social, cultural, environmental, and religious barriers that hinder the development of capabilities for impaired people.

I shall now turn to the ICF model. The ICF in its present form is a result of many revisions, the latest version being in 2007, the ICF for children and youth (IFC-CY). Although the ICF-CY has taken into account aspects important for children and youth, the understanding of impairment and disability has not changed from the ICF endorsed in 2001. ICF is a 'bio-psychosocial' model, which is an attempt to make a synthesis of the individualist and social model, and it focuses on two parts: (1) functioning and disability; and (2) contextual factors. In the framework of the ICF, *functioning* is an umbrella term encompassing all body functionings, activities, and participation; similarly, *disability* covers impairments, activity limitations, and participation restrictions (WHO 2001, 3). 'Activity limitation' has replaced the term 'disability', which was used in the 1980 version of the ICF. 'Participation restriction' has also replaced the term 'handicap', used in 1980 version of the ICF (WHO 2001, n17 n18). The revision process of the WHO in 1980 abandoned the term 'handicap' and used 'disability' to cover all three perspectives: bodily, individualist, and social. Disability is thus conceived as the interaction of health characteristics and contextual factors (WHO 2007, 255):

ICF can assist in identifying where the principal 'problem' of disability lies, whether it is in the environment by way of a barrier or the absence of a facilitator, the limited capacity of the individual himself, or herself, or some combination of factors. (WHO 2007, 256)

In the ICF, there is an interaction between individual and social elements. The 'problem' of disability can be both individual and social. In other words, the phenomenon of disability can be a result not only of barriers but also of individual restrictions. This view confirms Thomas' (2004) critique, that even though disability is viewed in relation to social barriers, the interplay between impairment and disability is restrictive in the ICF model. This perception of this interplay as restrictive implies an understanding of disability as a disadvantage and not as injustice and a form of oppression (Reindal 2008; Thomas 2004). The moral implications of the difference between *oppression* and *disadvantaged* are crucial for the social model, because Paul Hunt and Vic Finklestein had initially formulated it as a relational specificity (Thomas 2004).

Tables 2 and 3, using ICF's own framework, illustrate the difference between the social-relational model and ICF.

The ICF table (Table 2) indicates that, although the interplay between impairment and disability is interactive, disability is not imposed upon the individual but rather is

a result of restriction, as the phenomenon of disability, is placed within Part 1. The contextual factors in Part 2 can thus either facilitate or hinder the individual disability. The issue of disability is not contingent on contextual factors but is a result of restriction. In Table 3, where I conceptualise the social-relational model into the framework of ICF, disability is a phenomenon that *emerges*, contingent on whether contextual factors facilitate or hinder the personal and social effects of impairment.

The issue of action, moreover, supports the argument that the capability approach would be better suited within a social-relational model than the ICF. Nordenfelt (2003) has criticised the ICF for its definitions of activity and participation. In his view, the model confuses the capacity for action and the actual performance of the action. The ICF is inadequate for a theory of action because the aspect of intention and volition is not within the conceptual framework of activity and participation (Nordenfelt 2003, 1079). This oversight is prevalent in the reflection on quality of life in the ICF-CY, which does not emphasise subjective elements:

Links with quality of life: it is important that there is conceptual compatibility between 'quality of life' and disability constructs. Quality of life, however, deals with what people 'feel' about their health condition or its consequences; hence it is a construct of 'subjective-well-being'. On the other hand, disease/disability constructs refer to objective and exteriorized signs of the individual. (WHO 2007, 264 n30)

The framework of the ICF links disability and restriction of activity to general norms. Activities and roles that are statistically normal or considered positively desirable in the relevant cultural context constitute the norm. Again, within theories of action, considerations of volition and intention are indispensable. Therefore, Nordenfelt has suggested that the individual's *vital* goals should be integral to our concept of disability (Nordenfelt 2000, 126). The issue is not how to understand activity and participation in relation to standard circumstances defined by authorities, but rather how to understand them in relation to what is *vital* for the individual. Edwards has noted that Nordenfelt's approach is sensitive to individuals' own views about what is valuable precisely because he has emphasised the individuals' vital goals in a way that the ICF does not (Edwards 2005, 26). This aspect is crucial in moral theory, as it addresses the issue of autonomy and empowerment.

Concluding remarks

The present article has investigated the claim that the capability approach makes a fruitful contribution to special education and that the ICF is a suitable framework for conceptualising the capability approach within special education. While the rationale for this claim has its strong points, it is also partly lacking. This rationale for proposing the capability approach is that it has a better understanding of diversity and it rejects both an individualist model of disability and social models. This investigation has accepted both the critique directed at individualist models and the alternate view of difference but has rejected, in part, the critique addressed to the social model. In particular, this article has found merit in the understanding of human difference as a specific variable because this perspective views disability as a specific aspect of capability-poverty. This investigation has, however, rejected the critique of the social model as one-dimensional and dismissive of the effects of impairment. As a response, this article has proposed the social-relational model as a better framework for the capability approach within special education rather than the ICF, which conceptualises disability

Table 2. An overview of the ICF (WHO 2001, 14).

		Part 1: Functioning and Disability			Part 2: Contextual Factors	
Components	Body functions and structure	Activities and participation	Environmental factors	Personal factors		
Domains	Body functions Body structures	Life areas (tasks, actions)	External influences on functioning and disability	Internal influences on functioning and disability		
Constructs	Change in body functions (psychological) Change in body structures (anatomical)	Capacity executing tasks in a standard environment Performance executing tasks in the current environment	Facilitating or hindering impact of features of the physical, social, and attitudinal world	Impact of attributes of the person		
Positive aspects	Functional and structural integrity	Activities participation	Facilitators	Not applicable		
Negative aspects	Impairment	Functioning	Barriers/hindrances	Not applicable		
		Activity Limitation Participation Restriction				
		Disability				

Table 3. The social-*relation* model illuminated within the framework of the ICF

Components	Part 1: Functioning and impairment effects			Part 2: Contextual Factors Disability	
	Body functions and structure	Activities and participation	Environmental factors	Personal factors	
Domains	Body functions Body structures	Life areas (tasks, actions)	External influences on functioning and <i>impairment effects</i>	Internal influences on functioning and <i>impairment effects</i>	
Constructs	Change in body functions (psychological) Change in body structures (anatomical)	Capacity executing tasks in a standard environment Performance executing tasks in the current environment	Facilitating or hindering impact of features of the physical, social, and attitudinal world	Impact of attributes of the person	
Positive aspects	Functional and structural integrity	Activities participation	Facilitators	Not applicable	
Negative aspects	Impairment	<div style="border: 1px solid black; padding: 2px; display: inline-block;">Functioning</div> Activity Limitation Participation Restriction	Barriers/hindrances	Not applicable	
		<div style="border: 1px solid black; padding: 2px; display: inline-block;">Impairment effects</div>	<div style="border: 1px solid black; padding: 2px; display: inline-block;">Disability</div>		

as a restriction. There are two reasons for choosing this social-relational model. First, both the capability approach and the social-relational model stress the importance of vital goals in how one wishes to live. The ICF neglects this aspect because the issues of volition and intention are not within its conceptual framework (Nordenfelt 2003). This deficiency renders the ICF an unsatisfactory model of disability for special-needs education because the issue of empowerment is difficult to incorporate. Secondly, because the capability approach and the social-relational model attribute capability-poverty of impaired people to social inequalities, an understanding of disability as discrimination and oppression is possible within the capability approach but difficult within the framework of the ICF.

However, further investigations are needed in order to explore those capabilities that require strengthening in order to prevent disability understood as capability-poverty, both within school settings and society generally. These investigations imply a host of challenges in relation to the issue of basic-capabilities criteria (Vallentyne 2005; Walker 2006).

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