

FURTHERING SOCIAL JUSTICE FOR DISABLED PEOPLE. A FRAMEWORK BASED ON AMARTYA SEN'S CAPABILITY APPROACH

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ABSTRACT. Understanding disability as a social phenomenon opened up the way for disability studies and social justice theories to mutually benefit from each other. One of the most significant recent advancements in the field of social justice has been the capability approach (CA) of Amartya Sen. The present paper builds on the CA to analyse disability from a social justice perspective. We argue that the CA provides several advantages when conceptualizing disability and furthering justice for disabled people. The objective of the paper is to develop a framework for analysis on the basis of the CA and to apply it through the case of D/deaf and hard-of-hearing children and their carers in Szeged, Hungary. We demonstrate that the advancement of justice occurs through the scrutiny and comparison of feasible alternatives instead of arguing for principles or institutional guarantees of perfectly just societies.

Keywords: disability, social justice, capability approach, D/deaf and hard-of-hearing.

Introduction⁴

Disability is understood today as a social phenomenon, instead of being an individual characteristic. It emerges from the mismatch between certain

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individual traits and the environment, which often takes the “average” as granted both in the physical design, and in the mind-sets.

Embracing the social aspects of disability opened up the ways for understanding disability in terms of social barriers, minority, culture or the relation between impairment and the environment (Oliver 1996, Goodley 2017). This naturally linked disability to the issue of social justice. It is widely argued and also statistically underpinned⁵ that disabled citizens may not receive a fair share from the results of development, and have inadequate access to services or functions provided by the cities, towns and villages (e.g. jobs, education, healthcare, leisure time activities). Disabled citizens suffer from a dual disadvantage (Sen 2009): they have limited access to resources, and at the same time, they would often require more resources than the non-disabled people to be able to reach the same quality of life.

Arguments with regard to disability and social justice are not confined to distributional aspects. Disabled citizens may have limited ability to shape social choices. In addition, they experience various aspects of oppression: from exploitation and marginalization, through powerlessness, to cultural imperialism and even verbal and physical violence (Young, 1990; Imrie, 1996).

These forms of injustices are very often encoded into the design of the social institutions, the built environment or the technologies we use (e.g. Feenberg 1999; Sen 2009, Goodley 2017). Kitchin (1998) demonstrated that physical spaces are organized to keep disabled people ‘in their place’. As Butler (1994: 368) formulated ‘the blind live in a world built by and for the sighted’. Similarly, in connection with D/deaf⁶ and hard-of-hearing people, Harold (2013: 846) argued that ‘urban spaces were designed according to the needs of an assumed homogenous hearing public’.

The *capability approach* (CA) of the Nobel-laureate Amartya Sen (1999, 2009) and Martha Nussbaum (2000, 2006) is one of the most discussed advancements recently in the philosophy of justice. The original arguments of the CA are centred around human well-being and social choices. Their formulation in the CA is indispensable from the issue of social justice. This naturally led Sen to formulate his “Idea of Justice” (Sen 2009). This hallmarked the revival of the comparative tradition in the theories of justice, where the focus is on furthering justice (eliminating injustice) instead of depicting the rules of a perfectly just society.

⁵ For example, the disability statistics of the Eurostat provide ample evidence for the disadvantages of disabled people in terms of employment, education, income situation, etc.

⁶ D/deaf written in this way indicates the different understandings of deafness. Deaf (with capital D) refers to a linguistic and cultural minority group, while deaf (with lower case d) refers to a health condition (see e.g. Valentine and Skelton, 2003).

The present paper builds on the advancements the CA brought to the theories of social justice. We use the CA to understand how to further justice for disabled people, how to improve the lives disabled people can actually live. The objective of the paper is to develop a framework for analysis on the basis of the CA and to apply it through the case of D/deaf and hard-of-hearing children and their carers in Szeged, Hungary.

In Section 2. the paper explores the theoretical contributions of the CA to the idea of justice and to the conceptualization of disability. In Section 3. we describe the case and our methodology. Section 4. provides our results regarding the case of D/deaf and hard-of-hearing children and their carers. In Section 5. provides discussion and conclusions. We discuss how our empirical case highlighted certain advantages of the CA when studying disability compared to other theories of justice and other possible concepts of disability.

Disability and the capability approach

The *capability approach* is a 'broad normative framework for the evaluation and assessment of individual well-being and social arrangements, the design of policies, and proposals about social change in society' (Robeyns, 2005: 94). In contrast to other social studies that use multidimensional frameworks, the CA "offers the underpinnings of a multidimensional empirical analysis, and stresses to a far greater extent the need to integrate theory and practice, and to pay due attention to the philosophical foundations" (Robeyns, 2006: 371).

Hence, the CA provides a firm theoretical ground for the analysis of social justice, while putting direct attention on how well a life is going, and how could justice be practically advanced. The aim of Sen (2009: ix) in his '*Idea of justice*' is 'judging how to reduce injustice and advance justice, rather than aiming at the characterization of perfectly just societies'. Instead of the description of institutional settings, he is concerned with *actual social realizations*.

In the following, we demonstrate why it is important to focus on actual social realizations when examining justice and disability and what is the main added value of the CA in this respect. First, we focus on the contributions of the CA to the issue of social justice, then to the conceptualisation of disability.

Comparing actual social realizations

According to Sen (2009: 8), many of the contemporary theorists of justice (including Rawls, Dworkin, Gauthier and Nozick) "share the common aim of identifying just rules and institutions even though their identifications of these arrangements come in very different forms". Sen calls this approach *transcendental institutionalism*.

Instead of searching for perfect justice, Sen follows the tradition of *comparative approaches*. This approach also dates back to the age of Enlightenment. In the last century it was revived by Kenneth Arrow (1951) in the form of the social choice theory, which was followed by Sen's (1977, 1979, 1982) substantial contributions.

Sen (2009: 15) claims "if a theory of justice is to guide reasoned choice of policies, strategies or institutions, then the identification of fully just social arrangements is neither necessary nor sufficient". In his view the transcendental approach has both a feasibility problem (different arguments can be impartial and survive critical scrutiny and still lead to conflicting resolutions); and a redundancy problem (the identification of the best alternative is neither necessary nor sufficient for comparing feasible alternatives). So Sen argues for an approach that is based on *realization-focused comparison*. He does not state that institutions or rules would not be important. What he states is that it is *not enough* to confine attention to them when trying to advance justice (Sen 2009: 18):

The need for an accomplishment-based understanding of justice is linked with the argument that justice cannot be indifferent to the lives that people can actually live. The importance of human lives, experiences and realizations cannot be supplanted by information about institutions that exist and the rules that operate.

This reverberates the call of Iris Young (1990: 15), who argues that "while distributive issues are crucial to a satisfactory conception of justice, it is a mistake to reduce social justice to distribution". In Sen's view oppression and domination may be institutionalised, but it is not enough to create just institutions to eliminate them. The presence of remediable injustice may be connected with behavioural transgressions and other factors rather than with institutional shortcomings (Sen, 2009).

The CA makes an important analytical distinction between means and ends, and provides a way to link means (e.g. institutions, rights, distribution) to actual social realizations. In the CA, when assessing how well a life is going, and comparing citizens in this respect, the attention is focused on people's *capabilities* (Sen, 1993, 1999). The capabilities are the valuable options people may choose to do or be. In other words, they are valuable 'doings and beings'⁷ one has the freedom to achieve. Sen (1999) argues that people may have good reasons to value options they do not choose. The freedom to make decisions, to

⁷ Valuable 'doings and beings' are called *functionings* in the capability approach (Sen, 1999). However, in present paper we do not use this term, since in disability studies it bears a different meaning (see WHO, 2001).

act as an agent is not just instrumentally important for well-being, but it is an element of well-being.

Suffering from injustice is associated with *capability deprivation*. When the set of capabilities shrinks, the person will be deprived of the freedom to achieve the valuable 'doings and beings' she aspires for. Capability deprivation technically means a decrease in the size of the capability set. But for the purpose of analysis and policy making, it is worth introducing the concept of *opportunity gaps* when thinking about capability deprivation (Biggeri and Ferrannini, 2014). Opportunity gaps are the 'doings and beings' someone values but unable to achieve.

In order to achieve their goals, people utilize various means (income, wealth, goods and services, rights, artefacts etc.). The concept of means in the CA is similar to Rawls' (1982) concept of primary goods. However, the CA does not focus on the fair distribution of means, but on people's ability to convert means into capabilities. Sen (1999) emphasises the diversity of people and contexts in this respect. The same set of means may lead to different levels of freedom for leading a valuable life, depending on personal and environmental factors.

This argument is conceptualised in the form of *conversion factors*. These factors are the links from means and institutional settings to ends and actual social realizations. They can be (Sen, 1999; Robeyns, 2005): personal (metabolism, impairment, illness, age, etc.); social (norms, accessibility and quality of public services, differences in relational perspectives, power relations, distribution within the family etc.); and environmental (how much resources one needs for heating, clothing, or for defence against natural disasters, etc.).

From disability to capabilities and opportunity gaps

Sen (1999, 2009) paved the way for understanding disability as capability deprivation, which provided a new impetus for the social conceptualization of disability. Yet, he did not theorize explicitly on disability. Another salient theorist of the CA, Martha Nussbaum (2006, 2009), has been much more active in this field. She argued that the capability approach performs better when addressing disability than other theories of justice (including Rawls' theory).

The CA appreciates several merits of former disability models, but argues they are *not sufficient* when trying to understand disability or designing policies in this field. By today, the study of disability has largely moved away from the traditional *medical model*. Here disability is a physical condition that is intrinsic to the individual and the result of the deviation from the 'normal' (Dubois and Trani, 2009). Contrary to this, in the *social model*, disability is not the attribute of the individual, but created by the social environment (Mitra, 2006). Here, society needs to be redesigned to include 'differently abled' people (Oliver, 1996).

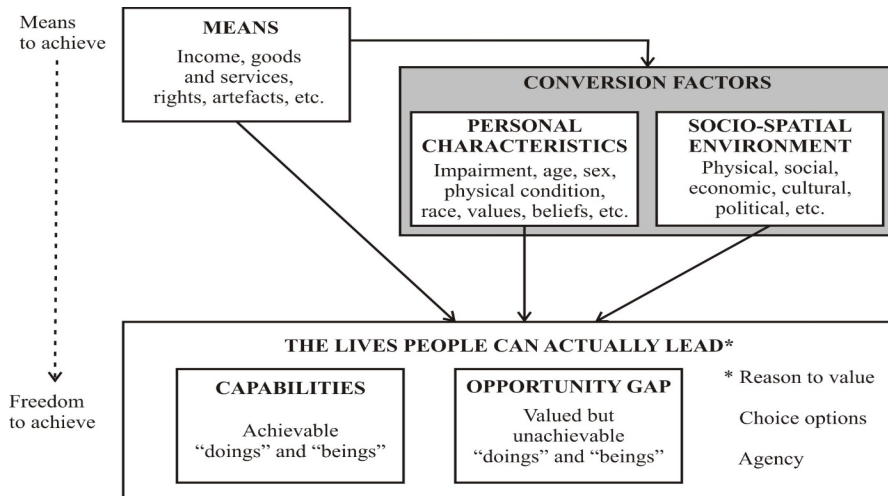
A further influential approach to disability was put forth by the World Health Organization as part of the International Classification of Functioning, Disability and Health (*ICF model*) (WHO 2001). In the ICF model, disability is a result of various individual and societal factors. Disability is an umbrella term here, which refers to impairments (problems with the structural and functional integrity of the body), limitations of activities (e.g. speaking, walking, driving, cooking) and restrictions in participating life situations (e.g. forming relationships, taking part in education, having a job). Disability is induced by health conditions; barriers imposed by the physical or the social environmental; and personal factors (e.g. age, gender, lifestyle, profession).

First attempts to highlight the added value of CA in the conceptualization of disability have already appeared in the literature (Mitra, 2006; Dubois and Trani, 2009; Trani et al., 2011). The CA is capable of encompassing several arguments of the social and the ICF models through the concept of the conversion factors. And it also shares the endeavour to focus attention on the lives people live. However, the CA is not primarily interested in the actual achievements of people, but their actual freedom to achieve. Having options to choose from, and thus having the freedom to act as agents and *lead* a life one has a reason to value, is vital for the CA.

Compared to other models of disability the CA calls for widening our attention and embrace further factors that are relevant for an analysis of social justice. We summarized the logic of a CA-based inquiry in Figure 1. by extending and rearranging the model put forth by Mitra (2006: 240).

Figure 1.

A framework for understanding (dis)ability in the capability approach



Data source: An extension and rearrangement of Mitra's (2006: 240) model

First, the CA takes the freedom to lead a valuable life as a point of departure. The lives of disabled people are assessed in terms of their *capabilities*. This embraces the freedom to achieve valuable 'doings and beings'; the freedom to choose from options and to act as an agent. This allows us to make a distinction between achievements and the freedom to achieve. Mitra (2006) referred to this distinction as actual versus potential disability. The identification of *opportunity gaps* helps to visualize the deprivation in capabilities.

In the CA, we must pay attention to what people actually value. People have different aspirations, and these aspirations interact with each other (for example the aspirations of disabled children and the aspirations of their parents). The focus on the opportunities and the importance of individual decision making are distinctive features of a CA-based conceptualisation of disability (Mitra, 2006; Trani et al., 2011).

Second, the CA urges us to assess the lives of people not with reference to their impairments, but their freedom to lead a life they have a reason to value. The former would over-emphasize opportunity gaps. For example, a hard-of-hearing child is probably deprived of several capabilities. But she may also be characterized by the fact that she likes building model airplanes or cooking or hiking. Furthermore, people without impairments may also suffer from capability deprivation that is associated to disability. For example, the single mother of an autistic or D/deaf child is quite likely to be deprived of capabilities, even though she cannot be characterized by any impairments.

As Mitra (2006: 242) points out, "there is a considerable interpersonal variation in the link between the given impairment and disability resulting from a variety of factors". It may be due to certain *personal characteristics*. For example, a constant severe pain may cause significant deprivation of capabilities (irrespective of any other social factors or the amount of possessed means). It can also be caused directly by the *socio-spatial environment*. For example, the negative attitude of the community may result in the loss of employment or friendships. And the *lack of means* also directly leads to capability deprivation. For example, the lack of a hearing aid for a hard-of-hearing person may certainly cause capability deprivation.

Third, the CA draws attention to the fact that access to the means does not necessarily imply the ability to achieve the aspired 'doings and beings'. Personal characteristics and the socio-spatial environment act as *conversion factors*, which may inhibit the person from utilizing his or her means. For example, the same amount of income may lead to huge differences in achievable 'doings and beings', if one is healthy, while the other must spend for medicines, treatments and therapies. Or the extent to which hearing impairment affects capabilities depends on several social factors (e.g. attitude towards D/deaf people, availability of financial support for assistive technologies, prevalence of sign language).

This implies that in order to eliminate capability deprivation, we need to understand and consider the peculiar interactions between the means, the conversion factors and the aspirations of a person; and we need to be aware of the diversity of people and contexts.

Case description and methodology

In the following we apply the capability approach-based framework (depicted in Figure 1.) to demonstrate the potential merits of a CA-based analysis in connection with justice and disability. We illustrate our arguments through the case of D/deaf and hard-of-hearing children and their carers in a middle-sized city of Hungary.

In the beginning of 2018, we established cooperation with a special school in Szeged, Hungary. The school is specialised in the education of D/deaf and hard-of-hearing children, but it also accepts children with various further forms of special needs. It provides education on three levels: kindergarten, primary school and vocational training (for children aged 3 to 23)⁸. It operates both in residential (boarding) and non-residential forms.

We carried out a multi-step qualitative analysis also containing participatory elements during a 16 months' period. In the first step, we carried out 16 semi-structured interviews with teachers and parents of children attending the special school. We had 11 female and 7 male interviewees (in two cases both parents were present). In the second step, we summarized the main results of the interviews in the form of a concise accessible report and a poster. We distributed them amongst the teachers of the school and the parents, exhibited the poster in the school, and asked for feedbacks. In the third step, we organized three workshops with teachers in order to validate our results and gain new insights. Participants were asked to work in groups alongside topics they identified as the most important challenges. All together 26 teachers participated these workshops (7, 8 and 11 respectively): special education teachers and carers of the residential children; primary school teachers; and teachers of the vocational training programmes.

Due to ethical considerations, we decided not to conduct interviews with the children. But one of the members of our research team took part in the life of the school as a mental hygiene expert. In cooperation with the class teachers, she conducted sessions for the children. This enriched our research process in various ways. Beside gaining additional information, this also allowed us to increase the usefulness of our process for the group we worked with and for.

⁸ In Hungary, the school leaving age for special needs students can be raised up to 23.

Results

We demonstrate our results in line with our CA-based framework. We focus on the three areas, which we identified as central for a CA-based perspective: the diversity of aspirations (and their interdependencies); the diversity of people and contexts (the variety in the interplay of personal characteristics and environmental factors in constituting disability); and the distinction between means and actual social realizations (how conversion factors may inhibit people from taking advantage of the institutional guarantees and the services and functions provided by the city).

We found that the carers of D/deaf and hard-of-hearing children, when talking about a valuable life, mostly mentioned values (e.g. inclusion) and valuable 'doings and beings' instead of means, institutional guarantees or different forms of support. The children's ability to live a whole and independent life was central for both the parents and the teachers. They mentioned numerous components of such a life: to do valuable activities (e.g. playing, reading, sports); to gather experience (school trips, theatre plays etc.); the opportunity to develop and utilize skills (to learn, work, and have the sense of achievement); to have integrity and mental equilibrium (to have dreams, self-acceptance, self-confidence and a prospect for the future); to live independently as part of a community (having friends and romantic relationship).

When going into details, we could identify the *diversity of aspirations*. Different 'doings and beings' were mentioned in connection with different children. Characteristics of the children and the carers were also reflected. While hearing and speaking were vital capabilities for some, they were less important for others. The same is true for sign language. Parents assigned different importance to safety, communication, independence or their opportunity to work or receive help. And parents, whose children suffered from severe health conditions, valued doings and beings that may be self-evident (hence unnoticed) for other parents. For example, the fact that the child is alive, the ability to communicate or to learn.

I'd like him to have a full time job; a work he likes and where he has company. I'd like him to be able to lead a life his brother can. '[Parent 6] My husband is also hard-of-hearing. I had a hearing boyfriend, but it's better this way. '[Parent 10] 'We were afraid that the focus will be on sign language in the school, but it's speaking. We are happy about this. [Parent 07]

The aspirations assigned to the children are not separated from the own aspirations of the carers. The ability of a child to hear or speak may also be the capability of the parents to communicate with the children. Or taking part in classes and being looked after in the school are valuable capabilities for the children. At the same time, these are also important opportunities for the parents in terms of having their children in safety, or being able to work. Receiving education that prepares for employment is valuable for a student. At the same time, it is a vital capability for teachers, who need to know that their work makes sense and makes a difference.

The aspirations are also connected to the social reality of the carers. All the actors had a good reason to attempt to equip children with skills that are useable in the labour market. But some believed that adequate job opportunities will not be available anyway and emphasized the safe environment and the community provided by the school, and their own ability to go to work while the child is looked after. In such a context a fail mark for the student provides the opportunity to stay at school for an additional year. Taking part in more than one vocational training programmes provides the same opportunity until the child gets 23.

Most of the parents and teachers are in favour of integrated education in principle. However, in reality they expect a 'make-believe integration', where the marginalization of the child will be even more severe, and they will not receive the necessary therapies and special education classes either. Such an integrated education would result in opportunity gaps also for the parents in terms of having their child in a safe environment.

We found that many of the valued 'doings and beings' are in fact opportunity gaps. The vast majority of the children, family members and teachers were deprived of certain vital capabilities. For example, many of the children lacked valuable 'beings' like self-confidence, a positive future vision, or 'doings' such as going to the theatre, playing sports or visiting other cities. Their hearing siblings sometimes experience less attention and care from their parents. Many of the parents also lack vital capabilities such as sufficient time for recreation, financial security, mental health or hope in future. And the teachers may lack appreciation for their work, or suffered from exhaustion.

However, this is only one side of the picture. The lives these people can lead cannot be characterized solely by the above (and further) deprivations. They all have capabilities that characterize them as well (or much better) than their deprivations. For example, when parents characterize their children they describe what they like, and emphasize their personal characteristics such as endurance, helpfulness more than referring to any impairments. Or some parents emphasized their activities in civil society organizations instead of their poor financial situation.

We found that capabilities / opportunity gaps are only marginally explained by the fact of being D/deaf or hard-of-hearing. The *diversity of people and contexts* needs to be considered to explain them, for example: further impairments and chronic illnesses (e.g. Down syndrome, autism spectrum disorder, type-1 diabetes, brain tumour); the type and quality of the assistive technologies they used (e.g. cochlear implant or hearing aid); their family background (e.g. having hearing parents or not, a family with a single mother or father; being in foster care; the social capital of the family, whether the parent is suffering from depression; whether the parent is unemployed); and whether they attend a day school or a residential school programme.

It's a catastrophe in this country. Children with diabetes are like stray dogs. [...] Many parents are unable to have a job just because of this. ' [Parent 03] 'Some of the children do not like to go home. At home they must work, or listen to endless fights of their parents. [Teacher 02]

For example, a pair of parents explained that type-1 diabetes of their son affects their life more significantly than the fact that he is also hard-of-hearing. Being diagnosed with diabetes decreased their school options, their job opportunities (at least one of the parents must always be available), and they even had to change their city of residence.

The capabilities and opportunity gaps of children and their carers are interconnected. Parents often lack the opportunity to devote time for themselves or to have a job. Sometimes they have to choose between avoiding severe poverty and total isolation or giving their child to the residential programme. In turn, the capability deprivation of D/deaf or hard-of-hearing children may be more linked to the marginalization of their parents than to the fact of their hearing impairment. A parent suffering from depression, or abandoning his child due to his disability, or not having enough resources to buy adequate assisting technologies, or to pay for private healthcare are all factors that immensely shrink the child's capabilities. We could detect similar mechanism with regard to the teachers.

We found that possessing or having access to means does not automatically lead to the realization of aspired 'doings and beings'. Several *conversion factors* inhibit children and their carers from utilizing the means provided by the city (in the form of services, policies, rights, support etc.).

Parents really have to go out of their way. The system does not work automatically. '[Parent 08] 'It's absurd. The children do not have time for anything. They have 8 or 9 classes a day then preparation for the next day

in the afternoon. And also in the dormitory, their whole day is structured, they are never alone, and they have nowhere to be alone. And no one has the time to take them outside. Some of them are residential from the age of 3 until adulthood. [Teachers 17 and 26]

We could identify personal and social conversion factors with regard to numerous means, such as healthcare, social care, education, public services, job opportunities, leisure time activities or assistive technologies. While having access to adequate means is important for the actors, it is the actual social realization and experiencing what means *do* to people that really matters.

For example, in terms of education opportunities the attitude of teachers, their expertise, whether they are motivated or close to burnout; whether the school accepts children with different chronic illnesses, whether some teachers help parents to find their way in the social care system are all important elements of the social realization. These factors depend as much on values, behaviours and attitudes and personal priorities as on rules. Or, in principle, the health care system should replace assistive devices in case of their failure. However, the replacement may still take months since hospitals cannot afford to keep devices in store, or do not have the capacity for an extra surgery in case of a cochlear implant.

The interplay of numerous factors may influence conversion. For example, mental equilibrium was identified as an important opportunity gap. In case of D/deaf children their difficulties in expressing emotions, the lack of mental health experts who know sign language and the difficulties of such therapies are evident conversion factors. However, the fact that many of the children (in the residential school) spend adolescence without time on their own, and the frustration of parents and teachers who do not have the capacity to bring change in this, are also vital factors in constituting the opportunity gap.

Discussion and conclusions

Interpreting our results through a CA-based framework offered several learning points. In the following we discuss how our empirical case highlighted certain advantages of the CA when studying disability. In line with the structure of the paper, we first argue for the advantages of CA compared to other theories of social justice. Then we argue for the advantages of CA compared to other models of disability.

Theories of justice, which are rooted in the tradition of transcendental institutionalism suggest that justice should be furthered by better rules and institutional arrangement. The *comparison of actual social realizations*, on contrary, highlight the importance of lived experience and sensitivity to the lives people can

actually live (Young 1990; Sen 2009). It is not enough to analyse the means people have or the rules and institutions in force. What matters is the possibility to convert them into valuable options for the diversity of people under various circumstances.

We found that it is not the rules and principles, but the actual social realizations that provide guidance for actors. For example, parents do not prefer integration or segregation per se. Instead, they compare the feasible alternatives (the choice options they have): opportunities provided and taken away by a given segregated school versus opportunities and deprivations associated to a given integrated school. These actual social realizations largely depend on people's behaviour, values, expertise etc.

Or parents do not decide between speaking and sign language per se. In principal they may accept that pushing speaking skills instead of sign language may even be oppressive (Valentine and Skelton, 2003; Harold, 2013). But they also consider that being a single parent, they do not have the time or the energy to learn the sign language. Thus the increasing difficulties in communication must be considered as opportunity gaps. Or they anticipate that the world will remain to be built for the hearing (oppressive as it is), or that their child will value the ability of hearing. So they may opt for a cochlear implant and speaking as a main form of communication.

Actually parents (and teachers) often find themselves in a situation where one of the options is pushing some children towards forms of communication which better suits the majority than the children. The other option is to opt for forms that may better suit the child, but which also imply the reduced communication between parents and children on the long run (because the parent does not see when she could have time and energy to improve her alternative communication skills). In such a case, making a decision alongside a principle may cause unnecessary suffering. What is needed is to identify the injustice embedded in such a situation. The resolution may be moving towards a third feasible option, where such a choice does not have to be made.

Focusing on feasible options does not mean that principles of justice would be unimportant. Supporting something in principle, and then claiming that it is not a feasible option, would be lame excuse for sustaining oppression. Our findings suggested that certain choices of the parents and teachers may have contributed to maintaining oppression towards D/deaf and hard-of-hearing people. However, reflection on majority norms or oppressive expectations was also part of their decision making. Actually, the argument of the CA is the other way round. What our argument stresses is that the advancement of justice happens alongside feasible alternatives. When scrutinizing such alternatives, drawing attention to oppression, reasoning for or against certain aspirations or considering both new capabilities and opportunity gaps are, of course, all vital.

Our case also highlighted the potential added value of the CA when *conceptualizing disability*. Focusing on people's freedom to lead valuable lives provides advantages. First, the CA-based framework showed that the way how D/deaf and hard-of-hearing children, their parents and other family members (and to a smaller degree teachers) became marginalized, was very similar. All these forms of injustice could be associated with disability, but not with impairment. This could only become clear, when the analysis takes the lives people can actually live as a starting point.

Second, the CA-based analysis draws attention to fact that the aspirations of disabled people and their carers are manifold, which cannot be met by one-size-fits-all measures, institutions or rules. Actually all endeavours are likely to bring about *both new capabilities and opportunity gaps*. The valuable 'doings and beings' provided or taken away must be assessed with regard to all those affected. A new capability for the parent (e.g. the ability to have a job) may be an opportunity gap for the child (can only see her mother on the weekends because she has to take part in residential education). At the same time, the new job of the mother allows her to pay for private therapy or a better hearing aid. There seem to exist no clear-cut principles by which such decisions could be judged objectively. It is rather the active participation and open deliberation among all those affected, which could further decision making (and thus justice).

Third, the CA-based analysis highlighted that the *actual achievements* of disabled people do not provide enough information on their lives. We found that people with the same achievements may be actually in very different situations. For example, choosing the residential school programme may be the only way for a parent to have a job and avoid extreme poverty. This situation may cause her bad conscience and severe suffering. While other parents may choose the residential programme without the sense of guilt.

In turn, very similar circumstances may lead to very different lives. In the difficult situation described above, some parents choose to have jobs and opt for the residential programme (however tough this decision may be); while others sacrifice their material needs and opt for the day school (however tough this decision may be). Furthermore, some may be overwhelmed by the weight of this decision and suffer from depression, while others are satisfied with their life and may even have energy for volunteering. Therefore, the outcomes can only be assessed from the perspective of possible choice options.

We can conclude that the capability approach provides a framework that allowed to examine justice and disability on the same conceptual basis. It can serve both as a framework for theoretical arguments and guidance for empirical analysis.

When assessing disability in terms of justice, the CA highlights the importance of people's aspirations, their diversity and interconnectedness.

Endeavours to improve the lives of disabled people may cause both the emergence of new opportunities and the loss of other valued life options. In order to advance justice such feasible alternatives should be scrutinized and compared. The CA also highlights that the lives of people should be assessed in terms of their freedom to achieve valuable 'doings and beings'. It is not sufficient to focus on the means (income, rights, provided institutional guarantees, available services of the city), neither on the actual achievements.

Due to the diversity of aspirations and conversion factors, understanding and choosing amongst feasible alternatives requires active participation of all those affected. Procedure and outcome is not a dichotomy in the CA. On the one hand, if actors have more room for agency they will be more likely to bring about change that is beneficial for them. On the other hand, the ability to further our own ends, to take part, to choose between option (to be agents) is itself a valued option, regardless of its instrumental value.

The CA draws attention to three possible omissions of the practical efforts in furthering justice for disabled people. First, pursuing goals that are not in line with the aspirations of those affected by disability. Second, being insensitive to the opportunity gaps (the loss of certain valued options) caused by the endeavours. This also includes the freedom of disabled people to act as agents. Third, due to the insensitivity to the conversion factors, the potential failure to realize if the endeavours only affect the means of a better life, but leave the actual choice options unchanged.

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