THE CURIOUS CASE OF CAPABILITY APPROACH: REEXAMINING ABILITY IN DISABILITY

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The existing literature of disability studies and rehabilitation provides various definitions and models of disability, where disability can be defined and assessed differentially when located in these models (Weeks 2016). In the medical model, disability is viewed as a defect in an individual, wherein the defect needs to be treated or corrected. The social model, in response to this individual centric view, looks at disability as caused by social and environmental barriers. Disability in this context can be conceptualized in terms of social inequality and not as reduced to only health limitations. This indicates that the focus of rehabilitation should move from remediating disabilities through a medical approach to also examining and incorporating economic, social, political and cultural factors in rehabilitation work (Brown, DeLeon, Loftis, & Scherer 2008). The biopsychosocial model represents a marked change, where it not only accepts the role of biophysical and social factors in the experience of disability, but also recognizes the role played by psychological factors.

With the advent of the biopsychosocial model, changes have also been seen in the conceptualization of disability from the earlier classifications of disabilities by the World Health Organization (WHO, 1980) called the International Classification of Impairments, Disabilities, and Handicaps (ICIDH), to the more recent classification of the International Classification of Functioning, Disability and Health (ICF) (WHO, 2001). Here the idea of impairment remains constant, however the concept of *disability* is changed to "activity limitations", while the concept of *handicap* is changed to "participation restrictions". The latter two are caused by both personal (i.e. physical and psychological) and environmental

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factors. Earlier, disability was conceptualized as restrictions in carrying out any activity because of impairment. Similarly handicap was used to denote a condition in which disability interferes with what is expected at a particular time in one's life (WHO 1980). Both these explanations are clearly assimilated in the medical model of disability. A clear representation of the ICIDH as an embodiment of the medical model can be seen in the conceptualization of rehabilitation by the "Scientific Committee, World Association for Psychosocial Rehabilitation" (1991). According to them, "Rehabilitation consists of reducing the possibility of relapse and overcoming a deficit, a chronic disability, a handicap, so as to enable the person to function as effectively as possible in his environment, to minimize the functional decrement resulting from the disabling disorder or condition and the differences between the person's functioning and that of other" (p. 83). The definition focuses on the idea of *deficit* and makes the *other* a point of reference for the person with disability, with rehabilitation being aimed at normative appropriation.

Rehabilitation as a system, practice and process tries to help persons with disabilities to engage with life, by enhancing functional capacities, developing a sense of independence, increasing social participation and facilitating well-being of persons with disabilities. Rehabilitation as a whole would include a series of responses to disability, ranging from interventions to improve body function to comprehensive steps taken to improve inclusion and social participation. By increasing social participation, we also make a reference to addressing barriers, encountered by a person with disability (WHO 2011). However, in the1950s, the doctrine of '*compensation*' was active, in which people with functional loss in one area, were expected to make up for the loss by gaining special abilities in another area, for e.g. a person with visual impairment was expected to do exceptionally well with their tactile and auditory senses (Shontz 2003). This approach looked at ability as functioning using residual capacities of an individual, with an emphasis on impairment as the disabling condition. This is a view dominantly embedded in the medical model of disability.

Subsequently, literature in rehabilitation adapted to the concept of functional ability, which focused on personal characteristics and skills. The assessment of functional ability can be understood with reference to a medical rehabilitation setting in relation to activities of daily living or in a vocational rehabilitation setting for related work functioning (Vash & Crewe 2004). This would include being able to use your body and senses effectively, the cognitive abilities in terms of attention, perception, language and communication and other intellectual functions. It would also include the ability to use

your personality to influence others and manage situations. Some psychological literature also looks at ability in terms of task mastery, which implies what a person can do, achieved by effort and learning and evaluated by one's perception of competence or by comparing oneself with a normative group, (Nicholls 1978; Nicholls 1984). Such understandings of ability have guided service planning and related interventions in rehabilitation. However, the problem with such conceptions of ability is that, first, it is limited in its potential to judge outcomes, as a person does not always determine realities. Secondly, ability here is positioned in the individual, something that the medical model does with the concept of disability.

Hence, it's important to disengage from this dominant position and re-engage in personal constructions of one's reality embedded in and regulated by the larger social construction of disability. *Ability*, hence, can originate from the broader idea of 'being'. *Being* here is one's identity, existence, functioning, relation with the external world, meeting the challenges the external world poses and, overall, one's well-being or *being well*. First, we do not look at ability to have an antonymic relationship with disability. Secondly addressing the problem from the lens of ability, located in the context of disability, gives rehabilitation professionals a positive outlook in engaging with rehabilitation practices, defining rehabilitation goals and outcome expectations, which are person-centred rather than standard or normative.

For a decade and a half, researchers engaging with 'disability' have taken keen interest in the 'capability approach,' a framework in Economics formulated by Amartya Sen. The framework is an alternative to welfare economics in the evaluation of well-being in general. Nevertheless, researchers have derived implications for practices and policies related to persons with disabilities across age groups (see Morris 2009; Rosano, Mancini, &Solipaca 2009; Trani, Bakshi, Bellanca, Biggeri, &Marchetta 2011). At a conceptual level, researchers have employed the capability approach to spell out the meaning of disability (see Bellanca, Biggeri, & Marchetta 2011; Biggeri, Bellanca, Bonfanti, Tanzj 2011; Mitra 2006; Terzi 2005; Trani et al., 2011). Rather, what remains missing is, the emphases on constructing an idea of ability using this approach, which can conceptually bridge the gap from 'disable' to 'enable', from limitations to achievements. Here, it is important to point out disciplinary differences. Those in disability studies would focus on 'disability', in order to understand the meaning, contributing factors and consequences of disabilities, which would have policy implications. At the same time, those working in the area of

rehabilitation would need to understand disability and related limitations, but work with a framework of ability, in order to enable and empower persons with disabilities.

Hence, we need to construct the idea of ability beyond what can be prescribed in terms of the medical model of disability, with a focus on opportunities rather than limitations. Given the shortcomings in the present conceptions of ability, one needs to re-examine the idea of ability with reference to the capability approach which gives a framework of the 'capability to function', in terms of what a person 'can do' or 'can be' (Sen 1999), what in lay man's terms we understand as ability. However, the concept of ability would require a deeper examination, for which it's imperative we understand the capability approach in general and the idea of capability in particular.

Understanding Capability Approach: The framework and its Elements

The capability approach for the assessment of well-being can be observed in terms of the quality of a person's '*being*', where functioning represents the constitutive elements of one's *being*. In other words, how *well* a person is, is dependent upon the kind of life he or she is living. Thus, as a part of living, there exists a combination of functioning a person chooses and tries to achieve, in terms of being and doing (Sen 1990; 1992; 1993; 1999; 2005).

However, mere functioning or functioning achievements is not what the capability approach looks at; it takes into account the value attached to that functioning, i.e. valuation of the functioning vector to be achieved (Sen 1985; 1992; 1999) beyond the utilitarian view of desire fulfillment and happiness, or the opulence view of commodity command, which Sen (1994; 1999) considers just a means to the end. For e.g. a person with disability may receive welfare measures in its optimal form or may have affluent, providing parents, which may lead to desire fulfillment. However, he may lack a sense of purpose in life, something that he personally values or a sense of fulfillment for accomplishing something of value. Hence, as the capability approach in the true sense would evaluate one's *ability* to achieve *valuable* functioning in one's life (Sen 1993), the well-being of the person with disability here would be subjectively weighed as a function of the latter.

Needless to say, to appreciate the capability approach, understanding what *capability* means is paramount. Capability is freedom, i.e. real opportunities to achieve functioning. Here, the notion of freedom for functioning would also encompass the act of *choosing*

amidst that of *doing* and *being* (Sen 1999). It is important to note that having genuine choice or opportunity for reflective choice, and acting freely may be a valued aspect of living, thus implying well-being in itself (Sen 1992). For example, when someone says "I have no other choice than to do this" or "I have no choice left with me," it clearly reflects a sense of helplessness experienced by the person. Therefore, the quality of life of a person is not only a matter of what one has achieved; but also the opportunity for genuine choice, to choose from options of living (Sen 1999).

The assessment of capability for a person brings our focus on two important elements, discussed before. One, the notion of real choice which is related to *selection* of relevant functioning, achievements and related capabilities, Secondly, valuation which suggests *weighting* or dominance ranking of different capabilities and functioning's as value objects (Sen 1992; 1999). We should consider the latter to be subsumed in the former, if freedom is to be meaningful. This means that a range of choice should not only have alternatives, but should constitute of alternatives, which are of value to a person (Sen 1993). Therefore, *capability* as reflected in freedom to pursue well-being should be understood in terms of freedom to choose a type of life one values or wants to lead (Sen 1992; 2000).

In this framework, the *capability set* is an available set of alternatives in functioning combinations or functioning vectors, from which a person can choose one functioning combination (Sen 1985; 1994). These functioning vectors can address both elementary achievements related to one's survival and existence, for e.g. sufficient nourishment and good health and also more complex forms of achievement such as gaining self-respect, participation in community life, etc. (Sen 1992; 1993), both of which constitute parts of any person's life, even a person with disability. However, it is important to know that *freedom* here refers to only the extent a person is free to choose any level and combination of functioning, and not what the person actually opts to choose (Sen 2005).

Given this understanding, we try to address two fundamental questions. First, through the lens of capability approach and related literature, how do we address the idea of ability as being multifaceted? Second, given that one's well-being is a central concern of one's life, we need to explore how this understanding of ability is related to the well-being of persons with disabilities.

In an attempt to engage with these primary questions we would delimit the scope of deliberation here to physical and sensory impairments, permanent conditions, considered static over time.

Disabilities are of varied types, varying intensity, co-morbidity, differential functional modalities and challenges, etiology, prognosis and the interaction of these factors. Therefore, one needs to set the boundaries of discourse for such a complex phenomena. For example, researchers have pointed out that the capability approach demonstrates limitations, when considering persons with severe or profound disabilities; or those with mentall illness or intellectual disabilities (Trani et al 2011; Vorhaus 2015). For instance, as previously discussed, choice can be understood as an important component of capability, and having choice by itself may influence well-being. Sen (1993) explicates that people with intellectual disabilities might not be in a position to exercise this reasoned or reflective freedom of choice; hence this proposition may be of no relevance to them. However, keeping the physical-medical condition constant does not imply ignoring the variations in disabilities due to differential nature, intensity and functional limitations of different physical and sensory impairments.

Capability, Disability and Ability: Interconnectedness and Distinctiveness

Disability can be understood as the converse of capability, which is why it is also called as dis-capability by some, in order to represent disability as limited capability (Bellanca et al 2011). This is because, first, disability occurs when a person with any type of impairment is deprived of practical opportunities and, second, deprivation in the form of required personal characteristics, resources and conducive environment could be disabling for any person, in relation to the goals he/she is pursuing and the functions related to that (Mitra, 2006). Disability can, thus, be understood to be embedded in the existence of human heterogeneity at the level of commodities as well as personal, social and environmental factors (Terzi, 2005), which pose limitations (disability) to some and represent capabilities to others, each to a different degree. Environmental factors here refer to physical, cultural and policy environments (Weeks, 2016). Thus, while assessing disability through the lens of ICF, measures in rehabilitation take a holistic look at body structures and functions, activities, participation, personal and environmental factors (WHO, 2011).

The capability approach addresses a conversion problem between resources and the freedom to achieve. Even achievement per se, that can be attributed to interpersonal variations (Sen 1985; 1994). Sen

(2005), suggests that if we assume equality in personal means (i.e. goods and resources), variability in capability to function can be attributed to reasons such as mental and physical heterogeneities (for example, disability type, intelligence), disparities in non-personal resources (for example, altruism in community or educational resources for persons with disabilities), environmental diversities (for example, universal design in man-made environments for accessibility or the geographical terrain in a locality) and differential positioning in relation to others (for example, people who use sign-language may be more disadvantaged in communication and socialization as compared to people who use a common spoken language).

Hence, it needs to be realized that freedom for a person with disability cannot be limited to only availability of goods and resources. One may have the basic resources but may be still limited as a result of one's impairment to reflect capability in real terms (Sen 1992). Secondly, it must also be noted that functionings are also influenced by the choices and doings of others, such as public policy and action (Sen 1993), a notion also reflected in the social model of disability. However, one shortcoming of the social model of disability is that, despite it speaking of attitudinal barriers and social arrangements which are disabling in nature, it hardly focuses on personal economic resources (Bickenback 2014), something that the capability approach augments.

Evaluating capability for a person with disability firstly entails the physical, sensory and mental capacity to achieve the valued object, pertaining to the type, intensity and nature of disability and related functional limitations, as it defines the real alternatives one would have. In fact, Nussbaum (2003) in her list of central human capabilities makes a mention of two human capabilities in this context. One being "bodily integrity" referring to being able to move freely from one place to another, and second "senses, imagination and thought", which refers to being able to use one's senses, think, reason out and use one's imagination. Secondly persons with disabilities may be at a disadvantaged position in terms of capability as they are most likely to have poor living conditions and lesser sources of income (Rosano et al 2009). World Health Organization (2011) in its "World Report on Disability" suggests that across the world, empirical evidence projects that persons with disabilities and also their families are more vulnerable to socio-economic disadvantage. These projections are as a result of poverty being a risk factor to disability in itself, and also by the consequences of disability such as lack of opportunity,

unemployment and employment barriers, discrimination in employment, cost incurred as a result of the disability, lack of productivity due to the disability, environmental and transportation barriers, etc. Therefore, persons with disabilities are more likely to be doubly handicapped, one because they may have poor conversion rates from incomes and resources to functioning and secondly they may have adverse income generating prospects (Sen 1994). This would make them handicapped at the level of "means to freedom" and secondly at the level of "freedom to achieve" in itself.

In Sen's framework, discussed till now, we observe two central components, one is functioning and second is the capability to function, both of which need to be congruent to reflect some form of *ability*. According to Sen (2005), the *ability* to pursue one's objective can be understood to be contingent on different circumstances in terms of capability. First, whether a given person is able to do those things which they value doing, for e.g. a person with visual impairment wanting to learn to drive a car as compared to a person with speech and hearing impairment wanting to do so. Secondly, whether she has the means or permissions (i.e. non-violation by others) to do the same.

Given the first condition, a person with visual impairment may not be able to drive a car, because she does not have the required functional capacity of vision to do so, while a person with speech and hearing impairment, has the basic essential functional capacities of vision and motor movements of limbs, along with required mental capacity of judgment and reasoning required for driving on roads. But based on the second condition, a person with hearing impairment may not have the means in the form of money to buy a car, or the permission to learn to drive or to drive by an authoritarian family member. The violation of one's freedom may be also by a driving instructor who refuses to give you driving instructions rationalized around communication barriers, or refusal to grant a driving licence by the concerned official for reasons of problematizing hearing impairment as "unfit to drive". Given the nature of limitations in functional capacity of the person with visual impairment in relation to the objective "to learn to drive" all or some of the circumstances in the second condition discussed above are quite likely to be also true for her. Hence, she would have lesser power than the person with hearing impairment in ones freedom to achieve ends, which translates into lesser ability in this vector of functioning. Other variations in persons with disabilities such as gender, age, socio-economic status, health conditions, etc. may also contribute to the

level of power to build freedom, in a way influencing the level of ability to be or to do.

Before we move on to addressing the relationship between ability and well-being, one point of contention that remains to be addressed is "how can ability and capability be viewed as different and yet related concepts?" That is the "capability to function" and the "ability to achieve functioning" or the ability "to be" or "to do". Till now our discussion on capability centered on "freedom as opportunities", which also includes the aspect of choice. The idea of freedom comprises both the real *opportunities* a person has been given by one's personal and social conditions (i.e. the opportunity aspect of freedom) and also the *processes* that permit freedom of decisions and actions (i.e. the process aspect of freedom) (Sen 2000). The second aspect of freedom relates to agency, which portrays people as active actors pursuing one's objectives, not as a mere beneficiary of freedoms (Biggeri et al 2011). Sen (2005) submits that the idea of capability falls short of addressing the process aspect of freedom. Two people with the same type of impairment and residual functional capacities, and other primary goods, may use different strategies to attend to a life problem, and therefore end up having different outcomes. In this sense, we can comfortably conclude that ability is beyond what is defined by their physical impairments, because the achieved functioning was different, even though their physical impairment and resources were the same.

Therefore, for conceptual purposes, if capability refers to practical opportunities, than ability as determined by capability, translates these opportunities into achievement, which is guided by the process aspect of freedom. The process aspect of freedom is embedded in the concept of agency. Agency as having a sense of control and instrumentality, and agency that is realized due to factors which are not in one's control, but which also facilitates the process, all of these in totality represent ability. Sen (1992) differentiates between "instrumental" agency success and "realized" agency success; where, in the latter, factors external to a person's control may also lead to achieved functioning in what we choose or get what we value. According to him, "freedom as control" cannot be realized for each person in every area of functioning given the complex nature of the social organization and its influences.

We could consider the following scenario to clarify the same. A student with quadriplegia may enjoy "freedom as opportunity" by ways of which he himself values education, has self-belief's guiding educational decisions, makes choices of courses which suits his

interests and aptitudes, has support and encouragement from parents to avail education, the institutional authorities grants admission and he also has the financial backing for educational fees, materials and technological support. When it comes to the process aspect of freedom, he has the required intelligence to learn, has a positive sense of self-efficacy which regulates learning, knows how to work around ones disability in learning and for mobility, knows how to use e-resources and assistive technology while learning, has the right attitude, methods and required effort for learning which constitute his control aspect of agency. The realized aspect of agency could be achieved through the teacher who needs to provide inclusiveness, support, assistance, and unbiased attitude during the learning process. If the teacher in this case fails to do so, we can identify it, as the disabling factor, which frustrates the *ability* to learn, which is the valued functioning one wants to achieve.

A similar distinction between ability and capability is provided by Bellanca, et al (2011), distinguishing ability from what they call capabilities as opportunities (i.e. actual, accessible, available chances), capabilities as potentialities (i.e. imagined prospects, conceivable chances), entitlements (i.e. resources and rights) and external capabilities (i.e. social environment). Even though we agree with the distinction and the causal nature of their framework (Bellanca, et al 2011:168), we disagree with their conceptualization of ability at two levels. First is the idea of limiting the understanding of ability as innate talents and acquired competencies of skills, which we have discussed earlier. Here we would rather stick to Sen's (2005) idea of physical and mental heterogeneities. Second, our disagreement is also with looking at ability as a type of capability, rather than a consequence of it. Therefore, as discussed, ability, in our understanding is more of a dynamic condition, as a result of interaction between internal and external factors of capability in relation to the vector of functioning and regulated by physical, psychological, socio-political and environmental processes, which results in our ability "to be" or "to do".

Capability, Ability and Well-Being of Persons with Disabilities

Sen (1992) postulates that choosing to have a lifestyle does not necessarily correspond to the life one has. Thus, one's well-being needs to be understood in terms of how the present lifestyle emerged. For persons with disabilities, this may be reflected in social responsiveness; environmental design; technological assistance;

institutional, transportation and recreational accessibility; and bodily conditions, which interact to determine the type of lifestyle a person with disability would have, and may entail the role of non-choice factors over and above choice factors. All these factors in a way also constitute the extent of freedom a person has.

The biopsychosocial model of disability emphasizes the role of psychological factors and psychological response of an individual to such biological and social factors. For instance, Dodds (1991) in his article, "The Psychology of Rehabilitation", exemplifies how loss of sight would deprive people from normal range of things that they can do, leading to loss of control over one's environment, loss of one's job and the resultant loss of economic support in life and certainty about the future. This may lead to lack of self-efficacy, which may be in turn demoralizing. Such a perception may also lead to perceived incompetence, anxiety, loss of self-esteem and depression.

However, by psychological response we also mean how people would accept, cope or adjust to one's conditions of deprivation. In fact, from the early days, rehabilitation psychologists became interested in understanding psychological reactions to disability and adjustment to disability (Shontz 2003). Sen (1992) makes a congruent submission when he refers to prolonged unequal and deprived human conditions; wherein people may accept hardships, resign to a non-grieving and non- grumbling position and adjust their desires and expectations to modest and realistic levels. With this logic, people with disabilities may be content and cheerful if they do not look at their life as that of frustrated desires, see that their desires adapt to the reality of the disability (Sen 1985) and adjust the valuation of functioning accordingly. One can, therefore, claim that the psychological response of an individual to his conditions mediates a state of achieved functioning and well-being.

The premise of the meditating role of psychological factors could be accepted through the concepts and role of 'choice' and 'valuation' in the capability approach discussed earlier. We recognize well-being to be an index of achieved functioning if it represents what one chooses and values, as compared to achieved functioning for what does not characterize one's choice or valuation. A very extensive review of literature of 39 studies done by Nair (2003) has come up with some striking revelations on this understanding in particular and capability approach at large. First, that pursuit and achievement of conscious life goals, which fits the idea of choice and valuation discussed here, was found to affect one's sense of well-being. Second, the role of choice and valuation can be further

validated as studies reviewed revealed that concurrence between a person's "life-goals" and the "rehabilitation goals", affected motivation to actively participate in the rehabilitation programme and also better outcomes in rehabilitation. Personality, gender, age, experience, health, environment and society, some of which we earlier discussed as factors causing interpersonal variation in capability, tend to influence choice of and commitment towards life goals, which in turn had an effect on their well-being. And disability, which is another source of interpersonal variation in capability, was found to interfere with the perception and pursuit of life goals and consequently causing emotional distress, which can influence well-being (Nair 2003).

While relating capability to well-being, it's important to point out that what one values or wants to achieve can also be located beyond one's own welfare. As Sen puts it, "There are goals other than wellbeing, and values other than goals" (Sen1985: 186). Here we can make a reference to ones agency freedom, i.e. the ability to promote one's goals, whether or not it is related to one's well-being (Sen 1985; 1992), which distinguishes between promotion of ones well-being and striving to achieve overall agency goals (Sen 1993). Particularly in collectivistic, interdependent cultures, where there is a sense of "we consciousness", the self is seen in relation to others, one's behaviour is determined and contingent on others related to us. In such cases, the goals of others may be given priority and individuals may operate in terms of agency freedom over well-being freedom (Hofstede 1980; Markus &Kitayama 1991; Triandis 2001).

As dependence may be fostered in persons with disabilities, especially with overprotective families or significant others, the ability for a person with disability may also move beyond the idea of being independent, being able to function independently and meeting one's needs. For some, ability could also be oriented towards being able to meet the needs and wishes of others or pursue goals related to others who are related to them. For example, a person with disability may not only be concerned about being dependent upon her aging parents, but on the contrary see how she herself could take care of her aging parents, which may be not directly concerned with one's well-being, but the well-being of her family.

However, Sen (1993) also argues that *other-regarding*, or doing good to others, may also give us a sense of being content or fulfilled, as these functioning achievements are of value or importance. This in turns influences our state of well-being, and hence, agency achievement and well-being achievement cannot be seen as

exclusively independent. This relationship nevertheless can also be viewed inversely. Pursuing agency goals, may also lead to reducing one's well-being (Sen 1992), especially where pursuing goals related to others, may entail some sought of physical or social risk.

Conclusion

The capability approach provides a framework in order to recognize disabling conditions and also locate ability beyond an individual. Therefore, we suggest that ability should be viewed as a *condition*, which is not static but dynamic, determined by an interaction of personal factors and external factors. It should not be looked at only as a characteristic aspect of a person, which is innate, congenital or attained at a particular point of time and is relatively enduring, which psychological literature enunciates as traits or skills. At a theoretical level, the capability approach brings a depth into understanding the biopsychosocial model. At the same time, it provides a basis to address the dignity of an individual in rehabilitation with focus on their choices and value objects. Based on this framework, the following recommendations for rehabilitation professionals are proposed:

1. Rehabilitation professionals can determine a listing of capabilities and required abilities corresponding to the vector of functioning, and in line with elementary needs, value the objects and goals of a person with disability. A case or person-centered approach would be beneficial as value objects would differ from person to person located in their phenomenological context, their subjective world view.
2. Assessment of capabilities and value objects should, therefore, include self-generated lists and interpretive phenomenological interviews apart from using functional assessments, standardized tests and self-report techniques such as scales, checklists and card sort techniques which are normally bound to structured and generalized understandings of theoretical or observational nature. This approach should be used over and above standard assessment practices in rehabilitation, which in turn could be used to guide value driven rehabilitation programmes, set rehabilitation goals and clarify outcome expectations.
3. Choices in life and valuations should be reality tested. Setting unrealistic goals, which do not fit in the frame of reality for a person with disability may lead to frustration, withdrawal from

the rehabilitation programme, and may also cause long-term distress. Choices should be reflective and rational. This would also require contextualizing choices and other capabilities in the socio-political and cultural ethos to which a person belongs.

4. It's important to determine the personal characteristics that a person needs to have or develop and determine strategies that a person needs to know and learn so that one could be an instrumental agency for success and well-being.
5. Moreover, ability in its true sense can only be realized if society, institutions and families are driven to create optimal conditions which, along with personal characteristics, determine *capability*. Democratic external agencies facilitate the ability to achieve functioning of purpose and value and, in a way, contributing to the well-being of persons with disabilities.

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