Perspective

The historical shift towards human rights in occupational therapy with special reference to the Capabilities Approach and its implications

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There has been a shift in the perspective of care of people with disabilities, specifically, from an emphasis on biomedical needs for human rights. Although occupational therapists have had a tradition of empowering people’s capabilities, only recently has a human rights perspective been advanced within the profession. In this review, we describe the historical shift over recent decades in approaches to rehabilitation services including occupational therapy, from traditional biomedical and social approaches to progressive socio-political and human rights approaches. Of the human rights approaches, Nussbaum’s Capabilities Approach appears particularly consistent with contemporary occupational therapy professional values and perspectives. Further, its systematic adoption has implications for teaching and research as well as practice in occupational therapy. The integration of a human rights approach, such as the Capabilities Approach, within occupational therapy would clearly align occupational therapy with human rights initiatives of the United Nations and World Health Organization.

Keywords: Human rights, Capabilities approach, Rehabilitation services, Occupational therapy

Introduction

Disability is a human rights issue (United Nations, 1993, 2007). People with disabilities in much of the world lack the support to ensure their basic human rights are respected and their fundamental capabilities are maximized. They are more likely to experience failure in fundamental capabilities such as those described by Nussbaum as the Central Human Functional Capabilities (CHFCs) (Nussbaum, 2000). These include living a normal life expectancy, being healthy, being able to move freely from place to place, being able to experience self-expressive and creative activities, having attachments to people and things, being able to plan for one’s life, being able to show concern for other human beings and engage in various forms of social life, being able to live with concern for and in relation to the world of nature, being able to laugh, play, to enjoy recreational activities, to participate effectively in political choices that govern their lives, having the right to political participation and having the right to seek employment on an equal basis with others (Nussbaum, 2000). People with disabilities, ‘like other human beings, have needs in the areas covered by all the capabilities’ (Nussbaum, 2006, p. 169). The deprivation of such rights can be disabling in terms of a person’s functioning effectively in society.

The purpose of this article is to describe the historical shift over recent decades in approaches to rehabilitation services including occupational therapy, from traditional biomedical and social approaches to progressive socio-political and human rights approaches with particular reference to Nussbaum’s Capabilities Approach. We examine compelling features of this approach and describe some implications for teaching and research as well as practice in occupational therapy. The integration of a human rights approach, specifically the Capabilities Approach, within occupational therapy could help align its practice with human rights initiatives of the United Nations and World Health Organization.
Background literature

In the early twentieth century, rehabilitation services for people with disabilities were dominated by the biomedical approach. In the late twentieth century, the social approach to rehabilitation services has dominated. In recent years, with the contemporary disability rights movements inspired by the Universal Declaration of Human Rights, the human rights approach to rehabilitation services has emerged. A description of these approaches and how they informed each subsequent approach follows.

Biomedical approach

During the nineteenth century, people with disabilities were ostracized from society and housed in institutions such as shelters, hospitals and workhouses. Such practices continued well into the twentieth century (Braddock & Parish, 2001). Over the past century, the biomedical definition of disability emerged.

The essence of disability in the biomedical approach is that people with disabilities are abnormal or have something wrong with them (Bickenbach, 1993; McColl & Bickenbach, 1998). In this approach, disability is understood as sickness, and people with disabilities tend to be considered as invalids (Hughes, 2002, p. 58). People are regarded as disabled on the basis of being unable to function as ‘normal’ people (Marks, 1997, p. 86; McLean & Williamson, 2007, p. 12). The normal–abnormal dichotomy is the basis of the biomedical approach which is problematic in the context of disability. Accordingly, this dichotomy is not unbiased but is associated with normality being related to ‘virtuousness’, and abnormality with guilt and ‘shame’ (McLean & Williamson, 2007). Therefore, when impairment is negatively construed, people with disabilities are subjected to negative social responses (Shuttleworth & Kasnitz, 2006). In this approach, disability is viewed as ‘a defect inherent in the individual’ and people with physical disabilities are regarded as ‘defective’ rather than distinct (Bickenbach, 1993, p. 87). Since disability is associated with illness or impairment, people with impairments may be viewed as needing correction (McColl & Bickenbach, 1998). Furthermore, addressing the needs of people with disabilities depends on ‘trained professionals and well-equipped facilities’ (McColl, Gerein, & Valentine, 1997, p. 511; McLean & Williamson, 2007).

Advantages and disadvantages underlie the biomedical approach to the provision of rehabilitation services. This approach may be considered as a basis for ‘diagnosing disability, influencing treatments, and guiding access to disability benefits’ (Herr, Gostin, & Koh, 2005, p. 291). The disadvantage is that this approach fails to reflect a comprehensive view of ability or disability, thereby limiting effective intervention and care. Scholars and disability advocates have argued that disability is more than impairment and more a variant of ability. In their perspectives, people with disabilities experience greater disability as a result of negative attitudes and social and environmental barriers than from their functional losses. Consequently, the biomedical approach has not only been criticized on the grounds that it imparts considerable power to medical professionals, disempowers people with disabilities, and depends on experts, but also because many dimensions of disability, such as social, economic, and cultural, are absent (Liachowitz, 1988; Oliver, 1990, 1999; Williams, 2001).

Social approach

Over the latter part of the last century, the social definition of disability emerged in industrial countries and began to consider the context of the individual and his or her rights. The construct of disability within the social approach is largely associated with social oppression and barriers (Oliver, 1990). Disability is not strictly associated with impaired body parts, but rather with addressing an oppressive social environment. If disability is associated with social oppression, then people with disabilities can be viewed as ‘the collective victims of an uncaring, discriminatory society’ (Williams, 2001, p. 128). In this view, society and its institutions through legislation, and social attitudes and barriers are thought to create disability. Therefore, society’s failure to provide appropriate services is thought to exclude and marginalize people, hence, disable them.

From the perspective of the role of the social environment in creating disability, rehabilitation services have a primary role in addressing social and environmental challenges and removing barriers. The social approach to rehabilitation services is inherent in the independent living and community-based rehabilitation models, which have emerged from critiques of rehabilitation services based on the biomedical approach (Batavia, De Jong, & McKnew, 1991; Lysack & Kaufert, 1994). Despite their common beginnings, these models have distinct historical contexts with distinct underlying social and political conditions.

Compared to the biomedical approach, the social approach better reflects the experiences of people with disabilities, and better elucidates deficiencies of the biomedical model in relation to the delivery of health services for people with disabilities.

Several disadvantages underlie the social approach to the provision of rehabilitation services. First, a common criticism is that it neglects the role of impairment. The social approach distinguishes between impairments and the oppression experienced...
According to this perspective, disability is a problem as a rights issue (Bickenbach, 1993, p. 232). Disability and handicap, are integrated to formulate disablement, i.e., impairment, disability and handicap, would still be disadvantaged. The socio-political approach broadens our understanding and appreciation of disability, capturing a full understanding of this construct does not appear to be a matter of simply adopting a single approach. The socio-political approach is more encompassing and inclusive than the biomedical approach. It provides a means of examining various dimensions of disability in conjunction with the biomedical approach.

In the socio-political approach, the three elements of the concept of disablement, i.e., impairment, disability and handicap, are integrated to formulate disability as a rights issue (Bickenbach, 1993, p. 232). According to this perspective, disability is a problem of equality. Bickenbach described equality as having three dimensions: equality of respect, equality of opportunity and equality of capability. Equality of respect was conveyed as ‘a respect in which everyone is relevantly equal, a respect which is unaffected by any manifestation of human difference’ (Bickenbach, 1993, p. 243). Equality of opportunity was derived from John Rawls’ discussion of principles of justice; the priority of basic equal liberties and fair opportunity for all citizens (Rawls, 1972). According to Rawls, a just society must protect equal basic liberties and fair equality of opportunity for all citizens (Rawls, 1972).

Sen argued that equality of opportunity is better understood in terms of ‘equality of what’ (Sen, 1980). According to Sen, ‘equality of what’, means equality of capabilities. The idea of ‘capability’ means ‘the opportunity to achieve valuable combinations of human functioning, i.e., what a person is able to do or be’ (Sen, 2005, p. 153).

**Capabilities approach**

The concept of human rights has been understood in various ways. One way that appears consistent with the contemporary philosophy of rehabilitation workers is Nussbaum’s Capabilities Approach. The Capabilities Approach embraces the language of rights in the context of human functioning and the main conclusions of contemporary international human rights movements, as well as the content of many international human rights documents (Nussbaum, 2011, p. 67). The idea of capability has been argued to be central to the understanding of human rights (Nussbaum, 2000; Sen, 2005). According to the Capabilities Approach, human rights can be seen as claims to certain basic capabilities or as entitlements to capabilities (Nussbaum, 2000, 2006; Sen, 2005).

Sen’s original Capability Approach on which Nussbaum’s ideas were founded was deliberately incomplete (Alkire, 2002; Sen, 2004). His main concern was showing how the Capability Approach can be shared among scholars, even those with opposing philosophical ideas. A common conceptual base enables scholars from various backgrounds to work on common issues (Alkire, 2002; Robeyns, 2006).

Questions about what are basic capabilities, and how they can be identified, operationalized, and put into practice, have remained at the core of Nussbaum’s Capabilities Approach (Alkire, 2002; Gasper & Staveren, 2003). Through this approach, Nussbaum attempted to address these questions. She detailed 10 CHFCs with the intention of providing a basis for ‘constitutional principles that should be respected and implemented by the governments of all nations, as a bare minimum of what respect for human dignity requires’. Nussbaum’s description of
the CHFCs was an effort ‘to summarize the empirical findings of a broad cross-cultural inquiry’ (Nussbaum, 2000, p. 5). She believed that the CHFCs can be considered among the most important elements that should be secured to all citizens. The CHFCs include domains encompassing the life spectrum: ‘Life; Bodily Health; Bodily Integrity; Senses, Imagination, and Thought; Emotions; Practical Reason; Affiliation; Other Species; Play; and, Control over One’s Environment’ (pp. 78–80).

Unlike the elements of the biomedical approach and the social approach, the key elements of the Capabilities Approach are broader and more directly reflect people’s basic needs and rights through their capacity to function in their worlds.

Discussion
There are challenges with respect to the practice of human rights within an occupational therapy framework. The literature emphasizes that occupational therapists need to consider human rights issues in their practices (Galvin, Wilding, & Whiteford, 2011; Wilcock, 2006; World Federation of Occupational Therapists, 2006). There is a need to pay further attention to human rights perspectives to engage theoretically and practically in this discussion (Galvin, Wilding, & Whiteford, 2011). There is debate however about the integration of human rights into occupational therapy practice particularly in the context of occupational rights (Galvin, Wilding, & Whiteford, 2011; Pollard, Alsop, & Kronenberg, 2005; Townsend & Wilcock, 2004; Wilcock & Townsend, 2000). Wilcock (2006) noted that occupational rights can be considered as basic needs.

As noted earlier, CHFCs consist of ‘beings and doings’, so basic needs can be reflected as claims to the CHFCs. We contend that occupational rights can be seen as enabling people to achieve the CHFCs. Hammell (2008) noted, ‘Occupational therapy could be the profession committed to attaining occupational rights[…]’ (p. 63). This section discusses the role of occupational therapists in promoting the rights of people with disabilities through expanding and enhancing their rights to engage in the CHFCs. Finally, we describe implications for occupational therapy education and research.

Central human functional capabilities and occupational therapy practice
Nussbaum’s CHFCs are listed below in relation to their potential roles in framing contemporary occupational therapy services. This role largely reflects the philosophical base of occupational therapy and are consistent with its theory and practice.

Mousavi, Dharamsi, Forwell, and Dean (2015a) recently reported that occupational therapists perceive the CHFCs as being consistent with their practices, and that they have implications for re-thinking existing models and approaches within the profession.

Nussbaum’s first capability is life, which is defined as ‘Being able to live to the end of a human life of normal length; not dying prematurely, or before one’s life is so reduced as to be not worth living’ (Nussbaum, 2000, p. 78). This capability is not only about a normal life expectancy and longevity, but also it is about quality of life. Occupational therapy can administer interventions to promote the quality of life of people with disabilities and allow them to enjoy a healthy life expectancy. Occupational therapists can contribute to enhancing the Life Capability of people with disabilities through promoting health and preventing injuries and disease, and providing a supportive environment.

The second capability is Bodily Health, which is described as ‘Being able to have good health, including reproductive health; to be adequately nourished; to have adequate shelter’ (Nussbaum, 2000, p. 78). This capability can be understood as the right to be physically healthy, have shelter and have enough food. It is similar to the right to health (Art. 25) of the 1948 Universal Declaration of Human Rights. According to the UN proclamation, ‘Persons with disabilities face various challenges to the enjoyment of their right to health’ (United Nations & The World Health Organization 2008, p. 16). Occupational therapy could encompass a broad social perspective to assess whether a person’s basic necessities for Bodily Health are being met.

Similar to the Life Capability, the Bodily Health Capability involves longevity and survival. This capability is related to health promotion and can be described as a physical conception of health. People with disabilities are more likely to experience failure in being healthy and being able to achieve this capability in terms of basic needs.

Occupational therapists could contribute to enhancing Bodily Health Capability through promoting health and preventing disease; addressing feeding and eating issues; addressing physical health, advocating for adequate shelter and basic nutrition; and addressing reproductive health.

The third capability is Bodily Integrity, which is defined as ‘Being able to move freely from place to place; having one’s bodily boundaries treated as sovereign, i.e. being able to be secure against assault, including sexual assault, child sexual abuse, and domestic violence; having opportunities for sexual satisfaction and for choice in matters of reproduction’ (Nussbaum, 2000, p. 78). This capability can be understood as a basic human right to protect individuals against violations, harm and injuries. This capability is essential to our rights as citizens. Here, basic
Rights include moving freely from one place to another, and protecting the body against violation, abuse and harm. People with disabilities are more likely to be treated differently than people who are able-bodied. They experience more violations of bodily integrity than people without disabilities. They are more vulnerable to physical violence and sexual abuse. Many women and children with mental health issues have been sexually assaulted, abused as children and subjected to domestic violence. Occupational therapists could improve the Bodily Integrity Capability through building basic skills, addressing mobility issues, providing training to reduce safety risks in moving freely from place to place, giving clients necessary tools, providing communication devices, advocating for reasonable accessibility and empowering people with disabilities to advocate for themselves.

The fourth capability is Senses, Imagination and Thought, which is described as ‘Being able to use the senses, to imagine, think, and reason – and to do these things in a “truly human” way, a way informed and cultivated by an adequate education, including, but not limited to, literacy and basic mathematical and scientific training. Being able to use imagination and thought in connection with experiencing and producing self-expressive works and events of one’s own choice, religious, literary, musical, and so forth. Being able to use one’s mind in ways protected by guarantees of freedom of expression with respect to both political and artistic speech, and freedom of religious exercise. Being able to search for the ultimate meaning of life in one’s own way. Being able to have pleasurable experiences, and to avoid non-necessary pain’ (Nussbaum, 2000, pp. 78–79). This capability can be understood as the ability to determine our meaning of life and the freedom to express our emotional, social and political thoughts. In her book, Frontiers of Justice, Nussbaum stated: ‘For humans, this capability creates a wide range of entitlements: to appropriate education, to free speech and artistic expression, to freedom of religion. It also includes a more general entitlement to pleasurable experience and the avoidance of nonbeneficial pain’ (Nussbaum, 2006, p. 396).

Occupational therapists could have a role in promoting this capability by promoting literacy, providing a range of recreational activities, and helping people with disabilities and their families have pleasurable experiences.

The fifth capability is Emotions. Nussbaum (2000) defined it as ‘Being able to have attachments to things and people outside ourselves; to love those who love and care for us, to grieve at their absence; in general, to love, to grieve, to experience longing, gratitude, and justified anger. Not having one’s emotional development blighted by overwhelming fear and anxiety, or by traumatic events of abuse or neglect’ (p. 79). This capability means the right to have the sense of safety, love and belonging. The Emotions Capability reflects baseline and bottom level of needs. People with mental health issues and children with disabilities are examples of population that are emotionally vulnerable. This capability is important in early childhood development and leads to the development of healthy personalities. Thus, enhancing the Emotions Capability is a fundamental component of children’s well-being. Occupational therapy can support the Emotions Capability by developing basic skills in early childhood development. In addition, this capability could be addressed by helping to improve families’ relationships and friendships, helping people with disabilities engage in activities and groups, and providing knowledge, sympathy and support to help people with disabilities and their families to manage their fears and anxiety.

The sixth capability is Practical Reason, which is defined as ‘Being able to form a conception of the good and to engage in critical reflection about the planning of one’s life’ (Nussbaum, 2000, p. 79). This capability means making good choices and having the ability to exercise control over one’s environment. It is about factors that impact one’s reasoning to make decisions. Nussbaum argued that this capability is ‘a key architectonic entitlement in the case of human beings. It pervades and informs all the others, making their pursuit fully human’ (Nussbaum, 2006, p. 398). Occupational therapy practitioners can provide people with disabilities with the necessary information to make their own decisions and assist them to exercise the autonomy and control over their environment as much as possible.

The seventh capability is Affiliation, which is described as

A. Being able to live with and toward others, to recognize and show concern for other human beings, to engage in various forms of social interaction; to be able to imagine the situation of another and to have compassion for that situation: to have the capability for both justice and friendship.

B. Having the social bases of self-respect and non-humiliation; being able to be treated as a dignified being whose worth is equal to that of others. This entails, at a minimum, protections against discrimination on the basis of race, sex, sexual orientation, religion, caste, ethnicity, or national origin. In work, being able to work as a human being, exercising practical reason and entering into meaningful relationships of mutual recognition with other workers (Nussbaum, 2000, pp. 79–80).
This capability is about belonging and how people belong. It is about social relations and means being treated with dignity and having a sense of belonging. Occupational therapists can contribute to promoting the Affiliation Capability through helping people with disabilities identify their interests and needs, facilitate their developing social skills and friendships, advocating for them, educating family members to develop their social network and providing assistive technology as needed to reintegrate into society.

The eighth capability is Other Species, which is described as ‘Being able to live with concern for and in relation to animals, plants, and the world of nature’ (Nussbaum, 2000, p. 80). It is about people’s relationship with the environment including animals, plants and nature. It can be defined as the relationship with the living environment. As relationships with animals and nature affect health (Maller, Townsend, Pryor, Brown, & St Leger, 2006), occupational therapists need to identify and respect people with disabilities’ beliefs, values and interests in order to maximize the Other Species Capability.

The ninth capability is Play, which means, ‘Being able to laugh, to play, to enjoy recreational activities’ (Nussbaum, 2000, p. 80). This capability can be considered as meaningful activities that enhance the individual’s quality of life and well-being. Play Capability cannot only be considered as bringing joy into one’s life thereby improving life satisfaction, but it may also reduce stress and pressure in daily life. It could be considered as a powerful therapeutic tool in promoting health. Play is important for both children and adults as it affects individuals’ health. It provides learning opportunities to develop basic physical and mental skills for children and helps adults to develop positive attitudes towards themselves through activities and contributes to work/life balance and avoiding and managing stress. Occupational therapists need to engage people with disabilities in leisure activities and recreational activities to maintain their quality of life and to achieve life balance.

Finally, the tenth capability is Control over One’s Environment, which is described as

A. Political. Being able to participate effectively in political choices that govern one’s life; having the right of political participation, protections of free speech and association.

B. Material. Being able to hold property (both land and movable goods), not just formally but in terms of real opportunity; and having property rights on an equal basis with others; having the right to seek employment on an equal basis with others; having the freedom from unwarranted search and seizure (Nussbaum, 2000, p. 80).

This capability can be interpreted as citizenship rights in which every citizen has the right to control his/her environment and be able to make personal decisions. It can be described as meaning rights to privacy and freedom of expression, that is, political thought to be able to govern, contribute to and participate in one’s environment. Some people with disabilities or individuals with acute conditions do not have control over their environments and they lose their power to make decisions. Occupational therapy can improve the Control over One’s Environment Capability by promoting relevant skills, developing awareness and decision-making, helping people with disabilities gain and retain employment, empowering them to advocate for themselves and supporting their caregivers to advocate for them, identify barriers and adapting their environments to participate in society and assisting them to access to available resources.

The capabilities approach and occupational therapy education and research

The CHFCs subsumed by the Capabilities Approach reflect and extend existing occupational therapy theories and models of practice as well as its professional values (Mousavi, Forwell, Dharamsi, & Dean, 2015b, 2015c). Occupational therapy scholars need to examine the alignment of this approach in terms of its utility in informing occupational therapy professional education curricula and research paradigms. The Capabilities Approach provides a novel and compelling perspective for informing contemporary occupational therapy practice and addressing contemporary societal values and needs for the foreseeable future.

Conclusion

Occupational therapy has led the way in being particularly responsive to societal change as seen in the shift from a biomedical approach to approaches that are psychosocial and encompass consideration of human rights and functioning as a human right. The next step would be embracing a human rights approach such as that described by Nussbaum in the Capabilities Approach and its ten CHFCs. Further exploration of the congruence of this approach is warranted given its close alignment to occupational therapy practice and values, arguably making it an ideal fit. This approach may well have potential to inform occupational therapy professional education and research as well as practice.

References

