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THE ORETICAL PERSPECTIVES ON DISABILITY AND THE IMPORTANCE OF CAPABILITY MODEL

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ÖZET

Bu çalışmada, engelliler adına geliştirilmiş olan farklı teorik yaklaşım modellerini inceledik ki bunlar biomedikal, sosyal ve kapasite modelleridir. Bu modellerin güçlü ve eksik yönlerini tartıştık. İşitme engelli bireylerin ihtiyaçlarını göz önüne aldığımızda, kapasite modelinin diğerlerinden daha kapsamlı faydalar sağladığını gördük. Çalışmamız neticesinde vardığımız final kararına göre kapasite modeli, diğer modellerin en iyi yanlarını alması ve geniş bir spektrum da diğerlerinden fazla yararlar sağlamasından dolayı, işitme engelliler adına bu çalışmada yer alan uzmanların teorik method olarak seçimi olmuştur.

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INTRODUCTION

Theoretical Perspectives on Disability

The nature and challenges of disability and our approach to it differs in each society, which is likely to create different perspectives, practices, administrations and public investment. Hence, there have been many documented perspectives and approaches reflecting cultural points of references regarding disability. One of them defines disability as the biological defects of individuals who are mostly dependent on the support and care from others (Rioux & Valentine, 2006). According to this approach, the mobility of people with disabilities can be bounded on account of the reality of being dependant on the others' availabilities such as knowledge, resources, psychology etc. Another perspective determines disabilities as "normal variations of the human body" and describes it as follows: "it is not an aberration. It's a reality, not an anomaly or abnormality" (Potok, 2012). This approach has been supported by those who acknowledge disability as something that could happen during the lifetime of any human being. Supporters of this perspective especially welcome disability as normal, and support the designing and employing of adjustments to meet and accommodate the needs of the people with disabilities in society as far as possible (Iverson & Stahl, 2003). Universal adjustments, commonly called Universal Design, have been long discussed by governments and supporters of the rights of people with disabilities worldwide. Universal design in general concerns the full range of human diversity, not just people with disabilities, including physical adjustments, cognitive skills and the bodily differences in people. There is a wide range of possible adjustments that can be applied in universal design such as in architecture, urban planning, private residences, transportations and the digital and technological world, including computers, internet, educational materials, software and many of other areas. The most common examples of physical adjustments include curb cuts in pavements, automatically opening doors and door handles, visual alerting, sound alerting and signals such as in elevator or crosswalks, separate spaces for wheelchairs and guide dogs in buses, appropriately designed lifts and ramps in airports and public buildings, and many other adjustments. Universal design applies to all people by recognizing the full range of human diversity, and there might be times in which any person may use these designed facilities because of temporary or permanent illness, injury or old age.

The Biomedical Model

The biomedical model of disability has been investigated in the study of MacPherson, Pothiers and Devlin (2006) which stated that this model comprises the limitations and impairments of the human body and related treatments for the purpose of providing medical opportunities for transforming or curing disability. This approach has been supported in popular culture, where individuals with disabilities are considered to be biomedically different, and so called "defective" or "afflicted" in relation to normal people (Bohman, p.33, 2012). The doctrines of this approach advantages society in mainly medical contexts, to ensure that people with disabilities receive all the available treatments to be able to live in comfortable conditions. The criticism raised against this model is that the lack of cure for disabilities that people experience means that it has significant limitations. Since today's biomedical treatments cannot address all the health related problems of the people with disabilities, their current suffering might continue, which eventually restricts this model's effectiveness to meet the necessities of these people (MacOherson, Pothiers & Devlin, 2006).

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The Social Model

The core of this model is based on the idea that society itself creates and has to deal with the disabling conditions where individuals with disabilities experience social injustice or discrimination, known as "ableism" (Morgolis, 2001). The term "ableism" in this model refers to the discrimination of society against individuals with disabilities mostly in favour of typical people such as considering them as bodily or mentally different, strange or going beyond the politeness by referring to them as "inferior"(Morgolis, 2001).

The social model encourages society to rethink and redesign the physical and virtual environment to overcome the disabling conditions that create barriers for people with disabilities to fully participate in society. These conditions vary regarding the characteristics of the disability and the social environments. For instance, the absence of accessibility to public buildings causes physically disabling conditions, independent of the people with disabilities, such as for people with the inability to walk who need wheelchair accessibility, sound alerts, and visual alerts for individuals with deafness or hearing impairments. In terms of virtual environments, technology and any techno-related materials should be designed to focus on accessibility in a wider context to allow as many people with disabilities as possible to use technology in their lives. For instance, captioned and subtitled TV programs, educational videos, news, sign language converting materials, and so many other features of what the technology offer today can benefit people with DHI in various ways.

Hughes (2010) stated that technological and medical assistance may prevent discrimination against people with disabilities in a positive way, such as discovering some of the disabling issues before and just after the birth, so as to be able to deal with them more successfully without allowing them to suffer until it is too late. One example of this issue involves opponents of cochlear implants from the deaf culture, who consider medical devices as "an affront to deaf culture and their loyalty to sign language" (Bohman, p. 36, 2012).

The gap between the biomedical model and the social model may be closed to a significant degree by unifying both of their



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strengths in another model, referred to as the Capability Model.

The Capability Model

This model was first introduced by Sen in 1979 and last updated in 2009. He is one of the most influential supporters of this model through his studies in 1979, 1988, 1992, 1995 (Sen, 2009). The main standpoint of this model is based on establishing an environment where people with disabilities can take advantage of the strengths, social transformations and biological enhancements. Therefore, it offers a unified approach to both models by taking into account their strengths, and combines them to create a large spectrum of opportunities to benefit from. The main points covered in this model include developing social welfare and freedom for people with disabilities, ethical issues of justice, support for the human rights of these people, an interdisciplinary approach to unifying political and social philosophies, questioning economical conditions such as the level of poverty and inequality of economic power distribution, and improving the social relationships within societies (Bohman, 2012).

Sen (2002) addressed that the societies need to supply consistent freedom, such as healthy life, education, enhanced social relationships, opportunities to take part in politics and decision makings, improved economic welfare and general meanings of freedom (Sen, 2002). This model values the choices of people with disabilities to decide whether to accept, choose, or deny available freedoms in their lives since freedom means having 100% control over choices. Hence, this model appreciates any freedom, regardless of its source deriving from social channels or medical treatments.

CONCLUSION

Considering wide range of approaches, our team of experts in this study decided that capability approach is the best approach to enable disabled people fully participate in the society and receive necessary treatments and interest that they deserve. Social and biomedical methods lack significantly important points and adopting one of them will definitely create problems in different meanings. Also, people with disabilities must be given rights from a wide range of possibilities and we think that capability approach offer the best solution in this respect. Considering the disability form which is hearing impairment, we think that offering biomedical treatments are extremely important while clearing social discrimination and violation of rights of these people. We find that we can address both of these points in capability model, therefore it has a significant value in this respect. By adopting capability model, we can also address freedom of choice for hearing impaired people regarding choosing their mode of communication, whether they decide sign language or cochlear implant and aural mode of communication. This does not prevent them to also being a part of 'deaf culture' or 'hearing culture'. They can take advantage of them at the same time and do not have to decide for only one of them. This way of offering freedom of choice also benefit those who want to use both languages together as 'bilingual'. Because of above mentioned advantages, as a part of this study, we decided to adopt and implement capability approach in our institutions and advice those who work in disability field to consider adopting the benefits of this approach as well.

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