Well-Being, Public Policy and the Capability Approach

1. Introduction

The capability approach is often seen as an account of well-being. The approach argues that we should have capabilities to perform certain valuable functionings (activities or states of being), which can be interpreted to mean that an individual’s well-being consists in the capabilities available to them. It is on this basis that Cohen mounts his criticism of the approach. He argues that by focussing on capabilities – and so the freedom to control our life – capability theorists ignore passively-achieved benefits, and provide an excessively ‘athletic’ account of well-being. By contrast, Cohen insists our well-being does not depend on the world conforming to our will because it is our will, or as a consequence of our choices or actions: “[t]here are many benefits I get which I do not literally succeed in getting” (Cohen 1993, p.23).

Yet Cohen’s criticisms are based on a fundamental misunderstanding of the purpose of the capability approach: it is not a comprehensive account of all factors that contribute to our well-being, but is concerned, too, to delineate the legitimate bases of government action. Thus, even if passively-achieved benefits do contribute to our well-being, the capability approach’s failure to account for them is no reason to reject it if such benefits are an inappropriate policy goal which, I will argue, they are.

We may ‘unambivalently welcome’ the world coincidentally conforming with our will, without similarly welcoming the government ensuring such conformity without reference to our will. Such lack of consultation displays a paternalistic disrespect of citizens that should be avoided. This paper will argue that the capability approach is a political doctrine, aiming to guide policy, and that insofar as this is the case its focus on control is justified, and Cohen’s criticisms of it, as an inadequate account of well-being, simply lack purchase.

2. Cohen’s Critique

Cohen commends Sen for his identification of a space between resources and utility in answer to the ‘equality of what?’ question. He agrees with Sen that resourcist approaches fail to take account of individuals’ different resource needs, and so that we should consider not what we possess, but what goods do for people; yet, that the welfarist assessment of goods, in terms of the utility they generate, takes too narrow a view. Thus, that we should reject these two standard approaches and focus instead on the (valuable) activities or states of being that goods enable us to achieve: the functionings they give us the capability to perform.

Where Cohen disagrees with Sen is in calling this space, between resources and utility, ‘capabilities’, implying that what matters is what goods enable us to do for ourselves. Cohen (1993, p.19) insists that the space Sen has identified is broader than the categories of either capabilities or functionings implies: “[w]hat goods do to people is identical neither with what people are able to do with them [their capabilities] nor with what they actually do with them [their achieved functionings]”. Goods may also provide us with passively-achieved benefits. For example, babies do not maintain themselves through the exercise of capabilities, but nonetheless get more from goods than just utility: they also experience (without participating in the achievement of) valuable
functionings, such as nourishment or health. Adults too can get benefits from goods without the exercise of capabilities: the health from being in a malaria-free environment or from the rays of the sun, or the nourishment from a nutrient drip.

This broader concept, Cohen calls ‘midfare’. On this view, it is not always our capability to achieve functionings that matters, but sometimes merely their achievement. Midfare, then, incorporates three valuable categories:
(a) the capacity and opportunity to perform a valuable functioning (capabilities);
(b) a (valuable) activity or state of being (functioning), achieved:
   (i) through an individual’s activity (exercised freedom to function); or
   (ii) without their participation (passively-achieved).
Cohen argues that this final category (bii) does contribute to individual well-being, but that Sen ignores it, being concerned only with our freedom and that, as such, his account of well-being is excessively ‘athletic’. By freedom, here, I will mean that our choices (or preferences) must determine an outcome, and so accept Cohen’s contention that insofar as the capability approach promotes freedom it will not promote passively-achieved benefits.

However, whilst it may be a weakness of an account of well-being to fail to take passively-achieved benefits into account, the capability approach is not aiming to provide a comprehensive guide to all factors that will have a positive impact on our well-being. The capability approach aims to direct governments towards appropriate policy goals, and I will argue that freedom (as control) over central domains of our life is not implausible as an aim for policy: such freedom has value, and does not require excessive ‘athleticism’.

3. Defending the Importance of Freedom as Control

Why is it so important that the government ensures we control our environment, rather than simply promoting our well-being? For simplicity, I will focus on the passively-achieved benefits that most concern Cohen: ‘freedoms-from’ environmental obstacles, in particular the freedom-from diseases such as malaria. Freedom-from malaria seems like a prime example of something the government ought to promote regardless of our preferences. Yet, I will argue, whilst such a freedom-from can be valued (as a possible contributor to well-being), it should not be unilaterally promoted by governments. Thus, I must demonstrate, first, that a capability approach can accommodate the value of freedoms-from (§3.1) and, second, that citizens’ preferences should be decisive in determining whether such policies are carried out (if we are to avoid paternalism) (§3.2).

3.1 Freedoms-from and Capabilities

Cohen argues that given that capability theorists aim to provide individuals with capabilities, or freedoms to function, they cannot promote ‘freedoms-from’ since whilst they may enhance our freedom, they are not freedoms in themselves, and so not the direct concern of the capability approach. Indeed, it is true that although freedoms-from may contribute to our freedom, by removing an obstacle to choice, their value is instrumental: they are not freedoms.
However, the capability approach aims to provide freedoms in the sense of *substantive opportunities*, which include the physical and psychological conditions of making a choice. This seems likely to include the removal of numerous obstacles that prevent people from making such choices: we cannot have the capability for good health whilst living in a malarial environment, for example, unless we have access to anti-malarial drugs. Thus, it is perfectly acceptable for capability theorists to value (and even promote) ‘freedoms-from’ as a means to their end of promoting capabilities, without having to concede that freedoms-from are, themselves, capabilities.

A possible objection is that capability theorists cannot value freedoms-from, even as a prerequisite to some capabilities, because removing some obstacle from an individual’s environment may make a functioning unavailable, and so remove their capability to perform it, in direct contradiction to what the capability approach aims to achieve. In most cases, this seems unlikely to be true: making an individual free-from starvation does not prevent them from fasting; making an individual free-from malaria does not stop them choosing ill-health by some other means. In most cases, it will simply give them better control over whether they function. In rare cases, however, the change in an environment necessary to achieve a ‘freedom-from’ may make an individual compelled to perform a functioning.

Yet even this does not imply capability theorists must insist such freedoms-from are impermissible: a commitment to individual control does not entail a commitment to the *maximisation of this control*, and so does not rule out the elimination of some options. We frequently allow individuals to make decisions that limit their future option sets, or future opportunities to control their lives. For example, allowing sterilisation, though this removes individuals’ opportunity to control whether they have children.

On my interpretation of the capability approach, we allow individuals to control central domains of their life, where this may include the removal of this capacity to choose. This should arise, though, only as a result of the choice of the affected individual. A capability for health, for example, should consist of the ability to autonomously determine what degree of bodily health is appropriate for us, and the capacity to achieve it. It is not an opportunity to achieve the functioning of ‘healthiness’, which can never be sacrificed.²

For this reason, sterilisation (‘freedom-from fertility?’), is acceptable if chosen by the person to be sterilised, and completely unacceptable were it the result of some government policy concerning population control. In collective cases, too, such as policies leading to the freedom-from malaria, it is the affected individuals who should exercise control. In these cases, however, we may be said to be sufficiently in control when our preferences are amongst those that are decisive in the democratic process, as opposed to our choices directly determining an outcome.

The reason the capability approach insists that we have control over central domains of our life, then, is not simply to ensure that we get what we want in these domains. Rather, it is to ensure we are treated in an appropriate (non-paternalistic) way. Enforced sterilisation is not just problematic because of the loss of a desired opportunity (to have children), but also because the failure to consult, and take account of, the preferences of the affected individuals insults their agency in a characteristically paternalist way. Similarly, the problem with the undemocratic introduction of an anti-malarial policy is not that some people lose a desired opportunity,³ but that they do not
get the respect they deserve, as agents capable of choice. Failing to have our preferences met may be detrimental to our well-being, but it need not be paternalist.

3.2 Democracy, Paternalism and Control

The capability approach, then, allows individuals control in central domains, which comprises their choices or preferences playing a role in determining an outcome. In this way individuals are respected and paternalism is avoided. More needs to be said, though, about the nature of this control, and about why Cohen is wrong to think that it should not be promoted. First, it is important to that note that preferences should be formed under the right procedural conditions. Roughly, these can be seen as analogous to Feinberg’s (1986, pp.104-6) requirements of voluntariness: choices should be made without coercion, with knowledge of the relevant empirical facts, in a clear emotional state, not based on mistaken reasoning, and be carefully considered. Thus, the functionings we subsequently endorse can be said to reflect our considered and informed preferences.

When our process of preference-formation meets these requirements, to whatever degree is deemed appropriate, I would suggest, first, that they are likely to be a reasonably reliable guide to what is in our best interests. However, even when this is not the case, a government’s aim should not necessarily be the achievement of individual well-being by any means: they should also permit citizens to control central domains of their life out of respect for individual agency.

Further, for an individual to be free (in the sense of controlling their lives) their choices or preferences must also be decisive independently of their content and context. To be independent of content accords with my view that capabilities are not the opportunity to achieve specific functionings – such as health – but to control a central domain of our life – such as our bodily health. Thus, whatever the content of our preference, whether we prefer good health or ill-health, to have the relevant capability, this preference must be decisive.

To be independent of context, the decisiveness of our preferences should not depend on the ‘gratuitous favour’ of others. Thus, if our preferences are decisive only insofar as we retain the favour of some other(s), then this is insufficient for freedom. This would rule out our being said to possess capabilities under a dictatorship, however benevolent. Pettit (2007, pp.13-5) gives an example of a benevolent potentate who uses his wealth to improve the healthcare and education systems of his country. As long as our having access to these benefits depends on his favour, however, we cannot be said to truly possess the capability for health or education, even if for as long as his favour lasts we are able to achieve these functionings.

As a citizen of a democratic state, on the other hand, our preferences can be said to be sufficiently decisive. As Pettit (2007, p.18) notes, “[a] democratic government is passively forced to respect what are assumed to be my preferences or the preferences that we in a certain group – perhaps the citizenry as a whole – share”. Thus, even if citizens do not have direct control over policy, their preferences play some role in determining the shape policy takes. A natural worry is that such collective freedom to control government policy gives each individual very little ‘real’ control, over determining what the outcome will be. However, as discussed above, the value of
control is not that we determine an outcome but that we are treated appropriately (respected).

Thus, it need not be the case that if our preference changed, policy would change, but simply that our preference is given equal worth to that of other citizens. To be in the minority in a democratic vote is not to be subject to a paternalistic insult when the government acts on the majority decision. In contrast, when the government acts on what it considers to be for the good of the majority without taking account of anyone's decisions, all citizens are insulted, even those who would have supported the policy if they were given the chance. Thus, as §3.1 discussed, an anti-paternalist capability approach need not ensure that no desires are ever frustrated – even in the domains of the central capabilities – but that desires or preferences in these domains are respected.

There are, of course, more complicated cases. First, we may think that some sorts of choices have more value than others: for example, my choice to be healthy has more value than your choice to smoke in public. It is possible to consider some concerns as more important than others in this way without paternalism, however, since this does not commit us to the view that any individual or their choices are worth less than any others: the choice of anyone regarding their health has this special value.

Second, we may worry that some domains are not appropriate subjects of government action: for example, a policy of population control that requires forced sterilisation is not legitimate, even if it is endorsed by the majority. In such cases – primarily those that are self rather than other-regarding – collective decision-making seems the wrong model, and the actual decisiveness of our choices is what matters. In these cases a capability theorist would aim to allow us to form an autonomous choice and ensure this were decisive in our functioning achievement. It is only in ‘group’ or other-regarding cases, such as Cohen’s freedom-from malaria, when participation in the democratic process is sufficient to say that we have a capability.

For a preference to be decisive means different things in these two sorts of cases, therefore. In the former, our preferences should cause the outcome and, in the latter, preferences should merely play an appropriate role in the process of causing an outcome. Even if our preference is for a seemingly valueless option, I believe it is problematic if a government fails to respect it. Thus, we should both be allowed to refuse medical treatment, and have our vote against an anti-malarial policy counted, if the government is to give us capabilities and to avoid paternalism. Neither of these conclusions seem implausibly athletic, as Cohen suggests.

4. Conclusion

Cohen’s criticism of the capability approach for its athleticism, then, is misplaced: as a guide to policy we ought to be provided with the ‘athletic’ freedom as control over decisions in central parts of our life. It may be that an account of well-being should place more value on benefits that are passively-achieved, but this is not the approach’s focus. When considering how governments ought to treat us it is important that we achieve for ourselves benefits, such as the freedom-from disease, and that the government does not simply assume it is the best judge of our interests without reference to, or consultation of, our preferences. A commitment to this degree of control is not implausibly athletic: our preferences should be formed ‘actively’, where this merely requires some careful
consideration of a central area of our life; and these preferences can then be decisive simply through the ‘passive empowerment’ of democratic citizenship.

References


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1 I am following Pettit here in arguing that it is sufficient for freedom that our preferences, and not just our choices, be decisive. Roughly, a choice can be defined as our explicit selection of an option, and a preference as what we “counterfactually would have chosen” (Pettit 2010, p.92). Thus, we can be said to freely achieve an outcome if my preference is satisfied because it is my preference, even if I do not directly cause the outcome: for example, if someone acts on my behalf to ensure I receive the medical treatment I prefer even if I am unconscious and so incapable of choosing.
2 This is in contrast to most versions of the capability approach according to which to have a capability is to have the opportunity to endorse one of a pre-determined list of valuable functionings. I believe that this view leads to paternalism, but will not provide a full critique of the view here.
3 It is rather difficult to imagine someone regretting the loss of malaria from their environment, though some may enjoy the risk, or wish to carry out research that requires its continued prevalence.
4 There are practical problems with identifying the threshold at which the procedural conditions of autonomous choices are sufficiently met, yet the approach can still function as a guideline.
5 I will not fully defend my assumption in favour of anti-paternalism here, but two things should be noted. First, that avoiding paternalism is an express aim of the capability approach, and so seems worth maintaining (e.g. Nussbaum 2000, pp.55-9). Second, that liberals more generally tend to favour anti-paternalism, unless a lack of paternalist interferences is thought to be frequently and hugely damaging to well-being. Thus, though being treated with respect seems likely to contribute to individual well-being, it is not necessary to argue that non-interference would always cause the net balance of well-being to be higher, to justify such lack of interference.
6 As Shiffrin (2000, p.214) points out, we can treat someone paternalistically when we act on someone’s behalf without allowing them to form a preference and make a choice, as well as when we override a choice they have in fact made.