Supporting Capabilities for Flourishing: Philosophical Foundations of Equity in Health and Well-being for People with Disabilities

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Abstract

There remain many inequities and challenges for people with developmental disabilities in health and well-being. While acknowledging that access to health services is a real concern, this article argues that our very conception of health might at times be in contention with supportive outcomes for people with disabilities. Rather than a narrow focus on health, with the help of the capabilities approach in ethics, we suggest a broader view of well-being and flourishing that might better serve more equitable outcomes. Finally, we look to pragmatist meliorist ethics to explore how interventions like outdoor recreation might contribute to greater well-being for people with disabilities.

Key words: well-being, outcomes, ethics, flourishing

It is no surprise that health inequalities remain a major ethical issue for people with intellectual and developmental disabilities. Research is rife with analyses of the dimensions of these inequities, and there is no shortage of ethical theories that could be leveraged in an explanation of why these are, at the very least, a significant moral problem. Frequently, our focus is on the susceptibility of people with disabilities to disease, mental stressors, or lack of resources, knowledge, and opportunity to seek and sustain effective treatments. Moreover, conversations surrounding Medical Assistance in Dying (MAiD) seem to reveal a eugenic impulse, undergirded by a conception of a life with disability as “not worth living.” As we consider ethics, disability, and health, there are ample problems with access, frameworks, and even how we define health and disabilityl. As Burton Blatt (1987) suggested, when people lack access it may be society that is disabled, rather than individuals. Likewise, perhaps our conception of health is too narrow to be accessible or useful to all. As a value, it does justificatory work, legitimating medical and other interventions, while at the same time seeming to underlie at least some of the intuitions that disabled lives are not worth living.

National Goals Context

In a meeting with researchers, ethicists, advocates, and self-advocates at the 2024 AAIDD conference, these topics continually returned to a central theme: the meaning of “health” and its role as a, sometimes constricting, value in myriad decisions and policies. These conversations motivated a re-consideration of the concept itself and of the moral work that we attempt with it. In our conversations at AAIDD, the criticism of the narrow meaning of “health” did not necessarily center on undermining medical interventions writ large.

As we explore the concept of health equity, the focus on health narrowly construed may justify medical interventions at the expense or in place of other forms of support, while those could also contribute to a well-lived, equitable human life. Here, we propose that a notion of health closer to a *eudaimonistic* account of well-being or flourishing could better capture the range of programs, resources, and opportunities that could contribute to a well-lived life. In particular, we maintain that, taking inspiration from the capabilities approach to human flourishing, we might offer a more nuanced picture of how health relates to well-being that might motivate supporting a wider scope of opportunities in addition to traditional medical interventions.

After presenting some criticisms of a narrow conception of health as absence of disease, we draw on the capabilities approach to human development to sketch an account of well-being less inimical to the experiences of people with disabilities. We then draw on social work pioneer and philosopher Jane Addams' work to show how a more expansive conception of health rooted in the capabilities approach and disability experience might motivate support for programs focused on recreation as a way to bolster well-being. Without denying a role for medical support, a re-orientation in the operative notion of health could help to motivate the necessity of other supports, including access to nature and recreational opportunity.

Contesting Conceptions of "Health"

In some conceptions, health can be understood in a way that seems to preclude the possibility of being both healthy and disabled. Christopher Boorse's influential functional conceptions of health and disease, for example, casts disease as "an internal state which [...] reduces one or more functional abilities below typical efficiency" (1977, 555). As the absence of disease or impairment, this concept of health would address biological sources of diagnosable medical conditions, focusing on mitigating recognized impairments and restoring or supporting bodily capacities. Such a view is a version of negativism, wherein health is the lack of disease or bodily condition impeding functioning (as opposed to positivism, which maintains health involves the presence of some capacity) (Varga and Lathan 2024, 2). While this view can be used to leverage criticisms with respect to health inequalities, suggesting that people with disabilities are less likely to be free of diagnoses other than impairment, a narrow conception of health constrains the kinds of initiatives that might be impactful. Certainly, resources ought to be directed towards more equitable health outcomes of people with disabilities regarding illness or prevalence for risk factors. At the same time, construing disability as antithetical to health seems to suggest that impairment is the single site of intervention or rehabilitation.

There are some obvious failures of a model emphasizing typical functioning. People age, for instance, and can appear to be living healthfully even if they experience some typical effects of aging (e.g., diminished eyesight). More forcefully, we might struggle to articulate a notion of "typical" function, as well as what kinds of deviation from that guidepost might count as inimical to health (Barnes, 2016).

More to the point for our discussion, absence of disease or impairment can contribute to a focus on cure rather than quality of life. A major concern is that the conception of disability as a health *problem*, as Joel Michael Reynolds (2022) puts it, "exteriorizes one from both natural and social life" (75). A purely medical understanding of disability excises one from the world and our communities. The resulting pressure can lend itself towards overly emphasizing medical interventions in order to better approximate "normalcy," or even undergird a eugenicist logic. Conceiving disability as contrary to health, health as absence of disease/impairment, along with the apparent dominance of health as a value, motivates a singular focus on removing disability (understood as a medical problem).

Other conceptions of health jettison reliance on notions of "typical" functioning in favor of a focus on a broader state of well-being or flourishing. The World Health Organization, for instance, offers, "Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity." In this definition, the WHO leverages a positive conception of health, equating health with well-being more broadly. As we develop here, there are ethical advantages to tying together health and well-being with respect to disability. Before addressing those, there are a few reasons to refrain from collapsing health and well-being into a single concept.

Equating health and well-being raises its own difficulties. Elizabeth Barnes (2023), for instance, criticizes definitions like WHOs, which collapse the two notions, maintaining the importance of their distinctiveness. For Barnes, there is a biological reality to disease or impairment that a concept of health tries to capture. Simultaneously, one could make decisions that sacrifice health for well-being, or some aspect of well-being for the sake of one's health. For instance, we might be really into online video games. Perhaps they provide an opportunity for social interaction, or a playful and imaginative engagement even by ourselves. We might also realize that gaming promotes a kind of sedentary lifestyle that could have other problems, but we could be willing to take those on in order to have a greater sense of well-being in other domains.

The matter becomes more complicated when trying to articulate ties between health as a value and an account of well-being. Well-being seems to embrace a broader range of components. One might argue that health is *the* central component of well-being; however, specifying exactly how is fraught. Disability theorist Tom Shakespeare forcefully maintains, "Without health, nothing else is possible. Access to health is specified in human rights treaties because without meeting the human right to health, it is hard for someone to enjoy their other rights" (2012). Such a position, though, seems to place an overriding importance on health, neglecting the possibility that another aspect of well-being might trump health.

Quill R. Kukla likewise urges caution in equating health and well-being (2024). Expanding the concept of health risks enabling those with social power to enforce norms in the name of some conception of health. In effect, tying health to well-being risks collapsing the idea of well-being into health, rather than proposing health as a component of well-being. Elsewhere, Kukla proposes an institutional notion of health:

> A condition or state counts as a health condition if and only if, given our resources and situation, it would be best for our collective well-being if it were medicalized—that is, if health professionals and institutions played a substantial role in understanding, identifying, managing and/or mitigating it. In turn, health is

> a relative absence of health conditions (and concomitantly a relative lack of dependence upon the institutions of medicine). (2015, 526)

Very roughly, the notion of health here is context-dependent and pluralistic. Medicalizing a particular state, in some circumstances, can be helpful, as leveraging the power and expertise of medical institutions can positively impact people's lives. In other contexts, however, that process invites abuses of power. Kukla follows Jonathan Metzl (2010) in warning against "health-ism," fetishizing health as a value such that interventions for the sake of health seem to get the benefit of the doubt, and legitimate the use of different forms of social power.

Navigating this relationship between disability and well-being, we might ask what the ethical or political goals are and why. At this point, returning to the WHO's descriptions of disability and health is telling. In some respects, it seems as if subsuming disability as a health issue might helpfully bring to bear the resources and expertise of the medical establishment. At the same time, there is an understandable hesitation to do so. With regard to disability, the World Health Organization locates disability at the intersection of embodiment and social features of one's environment. Examining some of the recommendations of the Global Health Equity Report for Persons with Disabilities is telling. That disability and health are connected will hardly surprise anyone. The WHO offers:

> Disability is a major health issue. When global assessments are made for burden of disease, more than half of the burden of premature mortality is due to overall disability. People generally seek health services because a disease makes it difficult for them to do what they used to do beforehand (i.e. because they are disabled) rather than because they have a disease. Health-care providers consider a case to be clinically significant when it limits a person's daily activities, and they use disability information as the basis of their evaluation and planning (3).

The WHO goes on to state that “for public health reasons, disability has become as important as mortality” and that an increase in longevity has led to the need to manage care for aging populations. For this reason, “Public health has to move beyond mortality and take into account disability, to set priorities, measure outcomes, and evaluate the effectiveness and performance of health systems” (3). Disability here seems fated to be in tension with a goal of health. In particular, the guidelines for disability assessment seem to belie an inference that the goal of public health systems is the prevention of disability. The WHO does, however, follow the UN Convention on the Rights of Persons with Disabilities in its description of disability. The UNCRPD offers, “Persons with disabilities include those who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis with others” (Article I). This description fits a social model of disability, locating disability at the intersection of physical impairment and the ways in which physical and social environments interact to produce limitations in broader participation. A social, or social constructivist, model does not deny individual characteristics, but recognizes the importance of environment and environmental supports in providing opportunities for people with ID. In conjunction with the health assessment guidelines of more medical models, we might take the “health” portion of disability to focus primarily on impairment.

By virtue of this brief review, we suggest that a pluralistic approach to health informed by the capabilities framework can help bolster programs serving people with disabilities by providing some structure within which we might evaluate whether alternatives to medicalization might better promote well-being, or where such supports might be mutually reinforcing. Before proceeding, however, we offer a brief comment on disability and well-being. Too frequently, disability can be conceived as antithetical to living a good human life. These intuitions seem to endorse a conception of well-being as equivalent to health, and disability as best understood as a health problem.

Disability and Well-Being

This relationship between well-being and disability is long contested. Disability is often construed as something that necessarily makes one's life worse. One major question here is whether disability necessarily makes one's life worse by virtue of its health impacts, or if intersections with other variables (such as social networks and access to supports and opportunities) are part of a more complicated picture. Recent work in philosophy of disability highlights the complex relationship between disability and human flourishing.

Clearly, disability can significantly impact our embodiment. It can do so in ways that make life hard, and in some cases shorter. Still, it is possible to acknowledge that disability can contribute to some negative experiences without suggesting that disability, as a whole category with wildly varying attributes, is inherently in conflict with well-being. For example, Campbell and Stramonda (2017) contend that disability is intrinsically value neutral. However, they remind us that this position does not entail that disability lacks impact on well-being:

> This is because disabilities do not exist in a vacuum. In combination with people's internal constitutions and external environments, the conditions that we label disabilities tend to have very real and very momentous consequences for people's lives—for their lived experience, their sense of self, their life-satisfaction, the contours of their relationships, their range of opportunities, their interests, and so on (163).

Since disability is not a monolith–there are a variety of different disabilities and distinct circumstances in which people find themselves–disability could contribute negatively (or positively) to well-being depending on presence of impairment, the circumstances, and the interface thereof. Likewise, Elizabeth Barnes (2016) maintained a neutral relationship between disability and well-being.

Tom Shakespeare attempts to formulate a "balanced" approach to disability and well-being (2013, 108) by suggesting both that impairments are often worth treating or preventing, and that disability itself is compatible with a well-lived life. Shakespeare reminds us that many medical conditions involve pain or suffering; impairment is a broad category and resists easily suggesting that mitigating impairment should not be a priority. In this kind of treatment, health appears to track the impairment side of disability, it mitigates the feature(s) of embodiment or mental comportment that then mis-align with the environment.

Part of the difficulty in articulating a relationship between disability and well-being can stem from variance in the nature of disability, people's circumstances, and the broader environment. But part also stems from a philosophical conundrum concerning the nature of well-being (Wasserman and Asch, 2015). Some accounts of well-being focus on subjective, first-person assessments, possibly emphasizing pleasure or enjoyment. Others tend to focus on an objective list or description of one's state of being. In effect, one might be living a good life but not have the subjective "feel" that one is flourishing; likewise, one may feel that they are flourishing in a way that is invisible or inconceivable to others. This can be a problem with some ethical approaches to mitigating suffering, such as utilitarianism, which aims to maximize a perceived good that may be easier assessed by fixing impairment.

For our purposes, we suggest that a particular conception of well-being inspired by the capabilities approach to social justice can help to navigate some of the tensions surrounding an over-emphasis on health as a component of well-being at the expense of other features of a well-lived life, and the tension between disability and well-being. Shaping our understanding of the capabilities approach through pragmatist ethics, particularly the work of social work pioneer Jane Addams, affords an opportunity to reflect on how a pluralistic account of well-being can be leveraged to support a broader array of support. Additionally, this approach stands a better chance of acknowledging and supporting the autonomy of people with disabilities regarding well-being.

Capabilities and Ethical Foundations for Flourishing

Health operates at a nexus of concepts that relate to a notion of well-being. In recent years, analyses of human development leverage a capability approach to understanding well-being. Our suggestion is to take inspiration from the capability approach in order to develop a notion of health that more strongly motivates an expansive account of support for people with disabilities. Very roughly, the capabilities approach affirms a “thick” notion of a well-lived life. In effect, well-being can be analyzed by whether or not one has the opportunities to exercise particular capabilities.

At its center, the capability approach affirms that well-being consists in a set of “capabilities,” or possibilities of action or states that could be achieved should someone choose to do so. By contrast to accounts of well-being in the development literature that focus on wealth, this approach leverages a notion as human flourishing as normatively valuable, and that this flourishing consists in the exercise of some set of capabilities. While philosophers like Martha Nussbaum advance a list of central capabilities, others, such as Amartya Sen, resist a comprehensive list. While remaining agnostic about such a list, it is illustrative that Nussbaum’s list includes capabilities that are not bodily functioning, including relationships to nature, political affiliation, imagination, engagement of the senses, play, and thought; “health” is just one element of a flourishing life (Nussbaum, 2011).

On the capability approach, one has a possibility of enacting these possible functions or actualizing these states by virtue of the support of the physical and social environment. Take, for example, Nussbaum’s example of a central capability, play. In order to actualize play, not only do we need to consider an individual capacity, but we also have to evaluate whether the social, physical, and economic environments provide the necessary support that would allow someone to play. “Conversion factors” influence the extent to which one can enact a particular capability. You might live in a place where space is limited, or you have to work in drudgery for long hours in order to survive, or any number of other limitations in the environment that might undermine the possibility of engaging in play.

Immediately, one might worry that such an approach risks an ableist privilege, contending that by virtue of disability, individuals could not exercise the freedoms in the same way. However, we might re-conceive the stated capabilities in more constructive terms. People often engage in public deliberation, for instance, as a way of contributing to public decision-making. These contributions need not solely be understood in idealized terms that exclude people with disabilities and, in fact, many people with developmental disabilities contribute fully to communities and civil life (Keith and Keith, 2020). Many of these capabilities can be interpreted in ways that are more compatible with disability.

The capability approach draws our attention to those features of our circumstances that impede the exercise of capabilities constitutive of well-being. In the context of disability, it has been used to call attention to lack of economic opportunities as a constraint on well-being (Mitra 2006). Here, we suggest that the emphasis on health that people with disabilities encounter, an emphasis that frequently seems to override other capabilities, can itself function as a kind of impediment to flourishing.

First, a single focus on health, understood as the restoration of typical functioning, can motivate interventions that seek to redress impairment at the expense of supporting other capabilities. Recalling the charge of "health-ism," the use of health as a dominant value that justifies interventions, combined with a conception of disability as solely or primarily a health problem, masks the support that might be lent to the exercise of other capabilities.

Second, the capabilities constitutive of a well-lived life are not necessarily ranked in a way that some items trump other items. Here, we might worry about health-ism supporting other capacities as only valuable insofar as they contribute to health. Imagine justifications of supporting meaningful relations, for example, only insofar as they help to restore "typical" functioning. For example, some assessments of outdoor programs for individuals with intellectual disabilities solely focus on health benefits, traditionally understood (e.g., Barak and Dunsky, 2023). Of course, there are clear intersections among aspects of well-being. However, the risk here is in treating the development of one capability as valuable only by virtue of promoting bodily health outcomes. We can imagine that, should these programs fail to produce these outcomes to a sufficient degree, that could impact motivations for supporting them. And, if the sole purpose of these kinds of opportunities is to promote health, that could affect the content of the program and redirect attention from other valuable ends.

Nussbaum, for instance, lists bodily health as a central capability, including reproductive health, having adequate shelter, or the like. Health here is a “being or doing,” supported (or not) by environmental factors. It is not the same as well-being in this analysis. This short description of health as a capability also suggests a broader account than the absence of disease. Further, studies leveraging the capability approach to measure health do not necessarily operationalize health in the same way (Mitchell et. al, 2016). Others argue that health has a central role, insofar as other capabilities seemingly rely on bodily health. While questions remain, the approach holds some promise for delineating when medical interventions might be appropriate and when other supports might better serve well-being. At the very least, the capability approach attempts to tie notions of health and well-being without necessarily collapsing one into the other. Below, we briefly examine how the capabilities approach might be used to help support a broader array of opportunities and programs for people with disabilities, especially outdoor recreation and play. Beforehand, though, we suggest that reading the capabilities approach through the lens of pragmatist ethics, especially the work of Jane Addams, can further elucidate connections between well-being and a pluralistic approach to support.

American pragmatism, very broadly, eschews reliance on abstract principles or values as central to ethical deliberation, focusing instead on amelioration, engaging the problems people confront in our lived experiences. The goal is less to ensure that actions and policies comport with a pre-established principle, and instead to rely on experience, experimentation, and working to change our social structures and institutions to address the needs of living together in a changing world. Jane Addams is an especially important figure here, as one of the founders of social work and democratic social ethics in the American philosophical tradition, as well as an advocate for recreational space and opportunity as essential to human community and flourishing.

As the founder of the Hull House settlement house in Chicago, Addams supported a variety of programming aimed at enhancing well-being. Much of that we would recognize as advocacy for public health work, such as recognizing that disease and illness were tied to the unsanitary conditions of the west side Chicago streets. But Hull House also featured educational lectures, support for art and cultural events, and, interestingly enough, sports. In *Democracy and Social Ethics* (1902), Addams affirms, “action is the sole medium for ethics,” and we can look to her actions and experiments in fostering the Hull House community, as well as her reflections, to enrich the picture of well-being and the capacities being developed.

Centrally, for Addams, life in a pluralistic community meant a shift from “individual morality” to “social morality” as an ethical outlook. Individual morality prized individual virtue, and was a view encapsulated by people like philanthropists and charity visitors. Here, individuals impose a vision of what might be good for an object of charity. By contrast, social morality demands a sympathetic understanding of our neighbors and their circumstances. On Addams’ account, this kind of morality is authentically democratic; it requires “[...] mixing on the thronged and common road where all must turn out for one another, and at least see the size of one another's burdens. To follow the path of social morality results perforce in the temper if not the practice of the democratic spirit, for it implies that diversified human experience and resultant sympathy which are the foundation and guarantee of Democracy” (7). This reliance on experience, taking seriously the ways in which others encounter problems and joys in their experiences, combined with the variety of work that Addams does, belies a commitment to an idea of something like well-being that emerges in her efforts. Marilyn Fischer helpfully elucidates: “This complex understanding of equality underlies Addams' theory of social democracy. Encompassing far more than constitutional guarantees or governmental procedures, democracy is realized when all persons can develop and contribute their unique capacities and participate fully in social life" (1997,54). For Addams, social morality motivates constructing a community wherein individual capacities are fostered and expressed, and that expression further finds meaning and value in a shared environment.

By contrast, take Jane Addams' analysis of recreation as a starting point for analysis. Hull House offered more than emergency interventions, but opportunities for advocacy, education, community development and other programming, including indoor and outdoor recreation. For Addams, recreation, play and connection to nature are central capacities that a community is called to support in order to better support flourishing.

In her ethical outlook, Addams emphasizes a need to arrange social relationships such that individuals could cultivate any number of what we might think of as capacities of freedoms or, perhaps, capabilities. Regarding recreation, for instance, she maintained that cities have an obligation to provide recreational space and opportunity in order to promote "humanizing relationships," the work of the imagination, greater solidarity with other members of the community, and a sense of political belonging (1912). Hull House administered the first public playground in Chicago, and Addams was a co-founder of the Playground Association of America (Henderson, 1982). Outdoor space and recreation were an expression of how Addams addressed challenges in her community by incorporating the perspective that a person was always situated within an environment, and that the environment affected health and well-being: "People, physical places, and programs had mutual influence upon the well-being of those served by recreation and sport programming at Hull House" (Reynolds, 2017, 16). In an Addamsian sense, access to nature is a boon not only to physical health, but to well-being, and even fostered greater social and pro-social behaviors. We might draw from Addams a lesson that recreation and play are pluripotent, contributing to multiple important ends, without at the same time affirming that recreation is important *only because* it does so.

Likewise, Richard Louv (2005) explores the effects of nature on physical and emotional well-being, including pro-social behavior. And Wells and Evans (2003) assessed the degree and effect of nature around the homes of rural children. They found that children with more access to nature had fewer problems with behavior, less anxiety and depression, and rated themselves higher on a global measure of self-worth. Sport and play provide an opportunity to build social connections, as Erin Tarver and Shannon Sullivan (2022) argue, beyond individual psychological or physical health benefits. In part, they do this by providing an arena of life in which people can reveal both commonalities and unique attributes, while simultaneously participating in activity that incorporates their efforts into something socially recognized as valuable. Applying Addams' work on recreation to disability motivates supporting recreational opportunities and access to the outdoors not as a health value, but as a capacity whose exercise is central to flourishing in a democratic community (Whelan-Jackson, 2020).

Outdoor Recreation, Nature, and Well-Being

Unsurprisingly, several studies have noted important links between outdoor recreation and health outcomes (Barak & Dunsky, 2023; Kwon, et. al., 2019). In particular, outdoor recreation has been linked to positive outcomes in physical health, mental health, and psychosocial functioning (Armstrong et. al., 2023). In these kinds of motivations for supporting outdoor recreation for people with developmental disabilities, health understood as a lack of disease does the justificatory work.

This role for health as a lack of disease might, often enough, be sufficient to justify funding and support (though that is questionable), but we want to suggest that the moral meaning of a narrow definition of health elicits a eugenicist impulse. Beyond that, a notion of health as well-being more accurately captures the kinds of support that would accord with people with disabilities' embodied authority and self-determination (Rogers, et. al., 1998).

Advocacy groups and non-profit organizations promoting access to nature and outdoor activities for people with disabilities acknowledge the health benefits, but not exclusively. Community Mainstreaming, a New York-based organization, motivates outdoor programs leveraging multiple outcomes; they cite "[...]improved family life, improved social life, enhanced quality of life, and better health for participants with intellectual/developmental disabilities who participated in adaptive and organized recreational activities" (communitymainstreaming.org). Here, health outcomes are listed alongside the development of other capabilities. Similarly, America Outdoors expands beyond notions of health in motivating programs that provide outdoor activity, including stress relief, confidence building, and the like (Americaoutdoors.org). These organizations seemingly embrace a pluralistic approach to the value of these programs, suggesting that they contribute to well-being in multiple distinct ways.

More importantly, studies suggest that participants in these kinds of programs, or even in general outdoor education programming, seem to find multiple ways in which they benefit. These facets of well-being seem to be highlighted in the actual experiences of people with disabilities. In a study of outdoor educational programming in Sweden, for example, Jane Brodin (2009) reports that participants generally had a positive experience with these opportunities, inferring from interviews and people signing up for subsequent experiences that people enjoyed it. Even amidst acknowledging some communication barriers, this acknowledgement suggests that deferring to the experiences of people with disabilities in these programs suggests a recognition of multiple, possibly overlapping, ways in which these programs contribute to well-being.

Other work shows more dimensions in which this kind of activity contributes to flourishing while also affirming people with disabilities as capable of recognizing the ways in which such work contributes to a well-lived life. In a 2023 study of individuals with developmental disabilities' experiences of outdoor programming, subjects participated in a pair of interviews with researchers and a facilitator, offering details on multiple axes by which the programming might have contributed to a valuable experience. Beyond having fun (which, like both Nussbaum's and Addams' emphasis on play, we shouldn't diminish as part of a well-lived life), participants cited connection to others, including family members, a sense of empowerment, learning new skills, and a sense of a "mental reprieve" as valuable aspects of the experience (Amstrong et.al. 2023, 51-52). Again, these kinds of studies suggest that participants themselves see beyond a narrow definition of health in the value of recreational activities, and subsequently, we might imagine that there are circumstances where it could be feasible and understandable to pursue broader well-being outcomes, even if there were tensions with traditional health outcomes, and to support and build organizations and interventions that promote a multitude of capabilities for flourishing, such as outdoor recreation and experiences in the natural world.

Self-determination as an element of well-being cannot be discounted in recreational activity. In one study, participants, reflecting on sport and recreational activities on offer at a particular school, commented to the effect that they had choices not only in the kinds of activities they participate in, but also how they participate in them (e.g., playing a particular position in a team sport) (Gaede and Surujlal 2011, 351). Even small recognition of the importance of choice and autonomy here is valuable, even if not reducible to a tangible health benefit.

The capabilities approach alongside Jane Addams' pluralistic pragmatist view of well-being provides a helpful lens for theorizing why these kinds of opportunities and supports are valuable. Outdoor activities and recreation allow for the exercise and development of some central features of a well-lived human life. More importantly, a broader definition of well-being allows space for justifying these kinds of interventions without reducing their benefits to health effects. The tendency to legitimate interventions by subsuming them under the value of health carries risks. At the very least, it shapes programs and opportunities in ways that can neglect other valuable outcomes. At worst, construing disability as solely a health problem encourages an impairment approach could lead to further inequities in healthcare and beyond.

Recommendation

Without collapsing notions of health and well-being, we suggest that working from a capabilities framework, particularly shaped by the ameliorative ethical outlook of pragmatist ethics, can provide motivation to better support non-medical interventions and opportunities for people with disability. This framework allows room for opportunities that might support both health and well-being more broadly, such as outdoor recreation. Second, this approach cautions against overly focusing on interventions aimed at approximating “typical” comportment at the expense of other components of well-being.

Conclusion

Our notions of health, well-being, and disability are diverse, and as a matter of shared social imagination, these concepts are hardly settled with a universally shared meaning. Still, we can be cautious about the risks of understanding disability in contrast to health and well-being, and in collapsing the two latter concepts. Plenty of questions remain about how exactly health and well-being might be connected, as well as how disability might affect well-being in different circumstances.

For our part, a major ethical need is to create space in our shared understandings of these and related concepts for disability to be understood and addressed outside the framework of medical conceptions. We are hardly unique in this view. Still, we often confront the experience of seeing opportunities for people with disabilities motivated solely or largely in medical and impairment terms. Not only do these justifications miss myriad elements that could contribute to a flourishing life, as the capabilities approach and Addams’ work suggest, but they further contribute to a kind of exiling of people with disabilities from the bounds of our shared community. By shifting our emphasis to allow for diverse elements of well-being, including the recognition of people’s unique contributions to our shared life, we might be in a better position to confront the myriad ethical issues and inequities facing people with disabilities.

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