

## Don't downplay 'play'

### Reasons Why Health Systems Should Protect Childhood Play

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# Don't downplay 'play': Reasons why health systems should protect childhood play

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**Abstract** There has been much research on the importance of play for children's development. However, questions of its political importance and our public institutions' duties to protect it have been largely neglected. This article argues that childhood play is politically important due to both its intrinsic and instrumental value, and it suggests that the duty to protect the capability for play in childhood falls, at least partially, upon the public health system. If this argument holds, it follows that we have stronger duties towards our children than we currently believe.

**Keywords:** Play; Child development; Social inequality; Health systems, Social determinants of health.

## Introduction

Play in childhood and its value is something that is largely taken for granted. We take the enjoyment of playful activities to be a sign of a healthy childhood, and indeed consider its absence to be a troubling sign. But theorizing about the political importance and public value of play as well as about the substance of collective societal duties to protect and enhance that value have been largely absent from the literature. In fact, many believe that while play is generally good for children, it is not something that we have a societal duty to secure. And few of those who do accept that protecting childhood play is a societal duty place that duty upon the health system. This is unfortunate, since childhood play carries significant value, both intrinsic and instrumental, and does so in such a way that it places an enforceable duty upon society to protect the capability for play in childhood and enhance playful functioning where possible. This is an issue for the health system in so far as play has significant impact on individuals' opportunities to lead healthy lives.

In this paper, I explore the status of childhood play as a bioethical consideration. That is, I ask to what extent the protection of childhood play is an issue for medical politics and hence is a duty that lies within the responsibilities of the health system. My central claim is that societies have an enforceable collective duty to protect children's capability for engaging in playful activities, and that this duty also falls within the responsibilities of the health system. My defense builds on the existing foundations of egalitarian political philosophy—particularly the capability approach—and proceeds by three separate arguments. First, the *intrinsic importance of play* argument holds that the capability for play in childhood is a central part of any dignified human life and thus constitutive of a dignified childhood. This intrinsic importance gives us a collective enforceable duty to protect the capability for childhood play. This first argument is based upon the freestanding normative account of well-being suggested by Martha Nussbaum but is strengthened by the literature on the philosophy of play.

Second, the *instrumental importance of play* argument holds that the functioning of childhood play has significant instrumental importance—regardless of whether it carries any intrinsic value—because it is a very important, if not necessary, means for successful development of central cognitive skills and social capabilities that are in themselves prerequisites for any person’s ability to pursue valuable life plans. This argument is grounded on the empirical results of studies within pediatrics and child psychology.

The *intrinsic importance of play* argument and the *instrumental importance of play* argument give us separate but weighty objective normative reasons to protect children’s capability for play where we can and, not least, to reduce the negative impact of medical intervention on this particular capability. From these arguments, we can draw the conclusion that we should be protective of childhood play and should take care not to unnecessarily endanger children’s capability for play through medical interventions or unnecessary diagnoses.

In addition, the *duty of the health system* argument holds that the responsibility to protect childhood play is not only a collective duty we share, but also one that falls within the responsibility of a health system. This is so, first of all, because a health system is responsible for part of the collective duties all social agents share. Second, due to its highly significant impact on the development of social capabilities and cognitive skills, childhood play should be considered a very important early-life social determinant of health. This gives us an additional reason to include the protection of the capability for childhood play among the central responsibilities of the health system. Thus, if we accept the broadening of the health system’s responsibility to also include the securing of social determinants of health, this places a specific health-related duty on the health system to protect the capability for childhood play.

If my three arguments are sound, we should accept the conclusion that we have an enforceable duty to protect children’s capability for play, and that this duty falls, at least partially, upon the health system. Moreover, the third argument commits us to either reject the social determinant expansion of the health system in general, or to accept that the health system has a special duty to protect the capability for childhood play (although this is admittedly controversial in many cultural settings).

### **The *intrinsic importance of play* argument**

The aim of this section is to argue that the capability for play in childhood carries intrinsic value—that is, that something of central objective importance is missing when children do not have the capability to engage in playful activities typical of children—and that, therefore, we have an enforceable duty to protect this capability. The former part of this claim may seem reasonably intuitive, and thus the purpose here is only to elaborate how play carries intrinsic value before proceeding to the philosophical argument for why this value grounds an enforceable duty to protect the capability for childhood play. I shall take a fairly generic egalitarian approach to this question, based on Rawls’ political liberalism broadly conceived. More specifically, I take my cue from Martha Nussbaum’s well-known list of central human capabilities as justice-based entitlements and defend the importance of having play on such a list of entitlements. This approach will, of course, rule out certain positions, such as libertarianism and some forms of utilitarianism. After this defense, I shall conclude that we have an enforceable duty to protect children’s capability to engage in playful activities. Importantly, I use Nussbaum’s list as a point of reference rather than as a full-fledged theory of human well-being. Thus, one need not accept Nussbaum’s list—or the idea of having an objective list of

valuable goods in the first place—to agree with what I argue. It will suffice to share the reasonably egalitarian premises on which the argument is based—that is, it will suffice to accept the assumption that there are objective values and that play is one such.

Nussbaum has defended the following list of central human capabilities as justice-based entitlements: (1) *Life*; (2) *Bodily Health*; (3) *Bodily Integrity*; (4) *Senses, Imagination and Thought*; (5) *Emotions*; (6) *Practical Reason*; (7) *Affiliation (A: other-regarding; B: self-regarding)*; (8) *Other Species*; (9) *Play*; and (10) *Control over One's Environment (A: political; B: material)* (Nussbaum 1992, 202-246; 2000, 78-80; 2001, 416-418; 2006, 76-78; 2007, 21-24; 2011, 33-34). The listed items are in the form of functionings—that is, achievements of well-being-related functions—but importantly, the entitlements of justice—what people are entitled to receive—are in terms of capabilities understood as the effective freedom to achieve these functionings, not guarantees of the actual functionings. This framework for understanding entitlements as a relationship between valuable achievements and their relevant freedom-to-function was originally and famously developed by Amartya Sen (1985; 1992), and this distinction is now central to any engagement with the capability approach. In a philosophical account of central human entitlements—that is, where society has an enforceable duty to protect and provide the conditions for the items on the list for everyone—the distinction between functioning and capability is of central moral and political importance, because it implies that we need to seriously consider people's individual freedom, agency and personal choice, not only the enhancement of their well-being. For instance, the achievement of my bodily health functioning might very well be worsened through my choice to enjoy my daily handful of Lucky Strikes, but my capability for health is not constrained or threatened by this if the choice is effectively my own. The real freedom captured by this effective choice is, capability theorists argue, what we, in the name of justice, can require from one another. Building a theory of entitlements on capabilities rather than functioning achievements is necessary for taking proper stock of individual choice and responsibility and to appropriately accommodate the threat of state paternalism.

Nussbaum grounds her list of entitlements in the belief that the listed items are constitutive of a dignified and truly human life. That is, any state of being is essentially not to be counted as a *human* life in *dignity* without these central capabilities. This is, no doubt, a controversial claim. And Nussbaum is carefully explicit in saying that the list is not a conclusive, full-fledged account of human nature and also not a complete theory of justice. Rather, the list is meant as an open-endedly defined essential account of necessities of human life. "We do have," Nussbaum argues, "a broadly shared general consensus about the features whose absence would mean the end of a human form of life" (Nussbaum 1992, 215). Thus, although a human life can take many distinct forms and may be dignified in a variety of those forms, and we therefore have no way of making any direct comparison or complete ranking of different instances of decent lives, we do have a firm general understanding of the most central and necessary features, without which any life could not be called a dignified human life. This list of human entitlements, therefore, must represent our minimal account of entitlements of justice.

There are a number of objections one could raise against such a list. As a philosophical doctrine, the whole idea of an objective list might seem arbitrary or too vaguely defined (Robeyns 2011). This discussion, although philosophically relevant, is beyond my focus here. As I am not defending the philosophical doctrine, nor am I committed to the rest of Nussbaum's list specifically, I leave this objection aside. I use Nussbaum's list because it interestingly

highlights the importance of childhood play. The question here is not whether we should accept an objective list of entitlements from which enforceable duties arise, but whether the capability for childhood play should be on such a list; or, in other words, what place, if any, the capability for play should have on the list of central human entitlements.

In her original outline of the list, Nussbaum justifies the choice to include play with the rather general claim that the “inability to laugh is taken, correctly, as a sign of deep disturbance in an individual child; if it proves permanent, we will doubt whether the child is capable of leading a fully human life” (Nussbaum 1992, 220). In her later works, she emphasizes the importance of enjoying playful activities as a central part of a dignified childhood, of which unfortunately many girls living in poverty are deprived (Nussbaum 2000, 90-91). What Nussbaum is arguing here is that there is surely something constitutive of a genuinely human form of childhood about engaging in playful activities, developing one’s sense of humor and the ability to laugh. In other words, essentially, our common and shared human understanding of what a life consists of must entail some version of this capability.

Nussbaum’s reasoning is supported by the philosophical literature on the natural role of play for the human existence. Johan Huitzinga, for example, briefly entertains the idea that the enjoyment of playful activities is evolutionarily unnecessary—we could have had all the elements we gain from play without the laughter and the fun of playing. “But no,” he says, “she [nature] gave us play, with its tension, its mirth, and its fun” (Huitzinga 1949, 2-3). From this, Huitzinga implies that not only the valuable results of play but also the enjoyment of playful activities itself—its laughter and joy—is essentially human. Michael Polanyi, in a similar vein, emphasizes the importance and naturalness of a specific human form of playfulness, seeded and nursed in childhood, but further developed throughout the course of a human life (Polanyi 1962, 209). Polanyi believes this to be among the elements separating human lives from animal lives, and thus constitutive of a dignified human life.

John Finnis also includes play on his list of basic human goods. “An element of play,” Finnis argues, “can enter into any human activity [...] but is always analytically distinguishable from its ‘serious’ context: and some activities, enterprises, and institutions are entirely or primarily pure play. Play, then, has and is its own value” (Finnis 1980, 87). And, in more recent writings on the good of human lives, Richard Kraut follows the same line of thought as proposed by Huitzinga and Polanyi by stressing the constitutive importance of childlike playfulness and intuitive curiosity for human flourishing (Kraut 2007, 165). All these philosophical accounts rightfully stress the natural constitutive role of play for the dignified human life and thus support including the capability for play on Nussbaum’s list of central human entitlements.

But defending the intrinsic value of play in this way is not uncontroversial. Play, although both natural and pleasurable, is not necessarily an entitlement. Rutger Claassen and Marcus Duwell argue that the choice to include the capability for play on the list is arbitrary. They develop their argument around the example of the *humorless warrior*, who does not enjoy any playful activities and never laughs. He is instead highly aggressive. Both aggression and humor are natural human capacities, but “nonetheless,” they say, “the capability to laugh is on Nussbaum’s list while the capability to fight is not” (Claassen and Duwell 2013). Apparently, then, Nussbaum’s items are arbitrarily chosen. Indeed, many other elements of human nature, such as aggression, are not on the list, so it cannot be the natural status of the elements on the list that justifies their central importance.

This objection has some force only on the assumption that, to be included on Nussbaum's list of central human entitlements, it is *sufficient* that a capacity is a natural element of any truly human life. But this is neither a reasonable interpretation of Nussbaum's view nor a reasonable view in itself. The items on Nussbaum's and others' objective lists are *dimensions of value* that are essentially or naturally human; hence there is an initial normative inclusion criterion that rules out natural aspects that are not intrinsically valuable. Illness is a natural part of any truly human life, but it would be wrong to assert that, therefore, illness should be considered a central human entitlement. Similarly, aggression might be a natural human emotion—and importantly, emotional capacities are included on the list—but it would be false to interpret aggression in isolation as a human entitlement, as it is not a valuable dimension. In defense of Nussbaum, this was never her view. Her essentialism is historical and evaluative, not biological. That is, the items on the list render their justification from being part of our commonly shared historical understanding of what is normatively important for a life to be truly human and dignified.<sup>1</sup> Thus, if being natural plays any part in this account it is as a necessary, not a sufficient, condition.<sup>2</sup>

The argument here is that if playful activities are a necessary part of any healthy and dignified childhood, then we should protect children's capability for play. With children, we are often permitted (or even required) to enhance functioning achievement directly, rather than protect capability, because our duty is to protect future capability, which is sometimes best secured by enhancing functionings in childhood. Nevertheless, we should indeed be capability-protecting in the case of childhood play. This is so because the effective freedom to engage in playful activities is a necessary part of actually achieving this functioning, just as freely choosing recreational activities in adulthood is a necessary part of enjoying that functioning. In summary, since play is a central intrinsic valuable functioning in childhood, and because the effective freedom-to-achieve this functioning is a prerequisite for achieving it, we should consider the capability for childhood play to be a central human entitlement. It follows that we have an enforceable duty to protect children's capability for play.

### **The *instrumental importance of play* argument**

I have argued that society has an enforceable duty to protect children's capability for play. This duty falls upon societal institutions in general, which gives us a *pro tanto* reason to accept that this duty also falls upon the health system. My argument was based on the claim, following Nussbaum's account, that the achievement of playful functioning has intrinsic importance in any childhood and that the freedom-to-achieve this functioning is a necessary part of this achievement. My argument in this section is different, and it gives us a separate and additional reason to be concerned with childhood play. It claims that regardless of whether play has any intrinsic value, it has central instrumental importance. This is so because the social capabilities and cognitive skills that children need in order to be able to pursue valuable life plans as adults are all, to a significant degree, developed in childhood through the practice of playful activities.

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<sup>1</sup> This refers to her "internal essentialism" (see Nussbaum 1992). Later, she explicitly appeals to Rawls' reflective equilibrium as she perceives it as compatible with her essentialism (see Nussbaum 2011, 77). This, however, does not change anything for the line of argument here.

<sup>2</sup> This is evident in Nussbaum's recent writings on the emotion of anger, where she clearly makes a distinction between the naturalness of anger and its normative status (Nussbaum 2016, 15-16).

Here Jonathan Wolff and Avner de-Shalit have introduced a very useful pair of conceptions, *corrosive disadvantaged* and *fertile functionings*, in an attempt to capture where we should target our efforts in social policy (Wolff and de-Shalit 2007, 121; 2013; Nussbaum 2011, 44). A functioning is *fertile* if it is likely to have positive effects on other functionings. Conversely, a disadvantage is *corrosive* if it is likely to lead to further disadvantage. The argument here is that play is one such fertile functioning and that childhood play is thus especially important due to its role in early-life development.

Therefore, not only should we consider childhood play a valuable activity for the central role it has as a part of healthy childhood flourishing, we should acknowledge that the fertility of this early-stage functioning directly conditions the development of other capabilities that are already recognized as central to achieving an acceptable level of lifespan opportunities. We should conclude, then, that childhood play has ontogenetically instrumental importance for the achievement of acceptable lifespan opportunities. It follows that we have an enforceable duty to protect the capability for play and, to some extent, to directly enhance children's play.

#### *Cognitive development and educational performance*

One dimension of the wide-ranging positive effects of childhood play is the development of cognitive capacities. Many scholars of child psychology and mental development link the acquirement of cognitive skills to the activity of playing at a young age. Empirical studies show that childhood play contributes to verbalization and to the ability to understand others' use of language (Hughes 1999, 185; Weisberg et al., 2015); the ability to focus and to keep concentration; management of and control over impulses; and imagination and curiosity (Bedrova and Leong 2003). Moreover, other child development studies suggest that if teaching assignments are performed as unstructured playful activities, they enhance children's development of creativity and imagination (Howard-Jones, Taylor, and Sutton 2002). These are all crucial capacities for educational purposes. This leads to the conclusion that playful functioning is instrumentally fruitful, if not necessary, for educational potential. Since children's play is here considered a means to the end of healthy cognitive development, and not an end in itself (which was the purpose of the former argument), it is of course (at least theoretically) possible that we can realize the necessary cognitive development without the achievement of playful functioning. But the above-mentioned empirical evidence seems to suggest that enhancing playful activities might very well be the best practice for ensuring this development. Furthermore, even if this were not empirically the case—imagine for instance that we could secure development of these cognitive skills by having people take a pill—the *intrinsic importance of play* argument in Section 2 gives us additional reason to choose this means to cognitive development.

In addition, playful functioning is not only a fruitful and maybe even necessary way to ensure development of certain cognitive skills, which are in themselves necessary for educational potential; playful functioning is also instrumentally important for children's educational performance. As several studies conclude, children learn better in a classroom setting when routinely given recess and the opportunity to participate in playful activities (Barros, Silver, and Stein 2009; Burdette and Withaker 2005; Bjorklund and Brown 1998). Thus, importantly, if education is important for people's lifespan opportunities—i.e. their ability to design and pursue a valuable life plan—we have a strong reason to protect the capability for childhood play.

### *Social skills and affiliation*

Interaction with other children through the practice of playing has a major impact on the individual child's development of certain social skills that are essential for their ability to participate in social life. Studies within child psychology and pediatrics show that playful activities provide children the opportunity to acquire empathy and perspective-taking, and to learn how to cooperate, share, form groups and identify instances of unfairness (McElwain and Volling 2005; Pellegrini and Smith 1998; Hurwitz 2002; Ginsburg 2007). These skills are crucial for being able to understand social norms in a communal context and therefore for a person's capability for belonging. Through playful activities children investigate social norms and discover how rules work—when it is good to follow them and when it is necessary to break them (Lindsey and Colwell 2003). As described by Sally Hurwitz, children are like “natural anthropologists who have a need and desire to investigate the world through real experiences and natural environments” (Hurwitz 2002, 101). These anthropological endeavors enable them to develop the social capabilities they need for understanding social interaction and human interrelations. They learn how to behave in a social setting, how other people react to the way they behave, what it means to belong to a group and how that matters (Gray 2011; Burdette and Whitaker 2005). These empirical studies provide strong support for the conclusion that the functioning of playing in childhood is of central importance to the development of the capability for affiliation—the opportunity for belonging to a social community and enjoying a sense of belonging.

The ability to influence your environment is also highly influenced by skills learned through childhood play. Skills such as decision-making, negotiating and seeking compromise, and solving conflicts are practiced repeatedly through playful activities (Mainella, Agate, and Clark 2011; Ginsburg 2002, 183). The more subtle inherent social abilities such as social intuition and how to appropriately react and respond to other people's behavior are also developed in the playground. In a nutshell, children are learning how to play “social chess” (Bailey 2002). Many of these skills are intertwined with or overlap with the skills related to affiliation (empathy, social cooperation skills, etc.), but point importantly in another direction as well. All the social skills highlighted here provide the basis for understanding the tactics of social life and are thereby crucial for knowing how to function within the social system. Such skills are deemed to have significant impact on people's ability to compete for jobs (Lareau 2011). Again, then, there seems to be strong empirical support for the conclusion that children's play functioning is, if not necessary, then very fruitful for the healthy development of certain important social capabilities.

### *The social equality argument*

So far in this section, I have argued that children's play functioning has weighty instrumental value in terms of its positive impact on the development of certain very important social capabilities and cognitive skills. This might be all I need to make the case that we have strong moral reasons to be concerned with children's engagement in playful activities, and this may in addition even be enough to convince some that we have an enforceable duty to protect and enhance play. But others would be more skeptical. It is reasonable at this point to maintain that although the preceding sections show that play is instrumentally valuable, its value does not effectively ground the assertion that society has an enforceable duty to protect and enhance



that value. This is so because I have yet to establish that we have any justice-based reasons to oppose the absence of play in childhood. Although regrettable, absence of play in childhood does not necessarily seem unjust.

Let me first note that you could of course provide an argument for why the absence of play in childhood is a concern of justice on the basis of the intrinsic value of play in any dignified human childhood. This is the argument I gave in the previous section. But this will not suffice here, since I am defending the instrumental importance of play as an additional and separate reason for acknowledging our duty to protect childhood play. Thus I need a different argument that does not rely on any form of intrinsic value.

My argument is this: (1) if some state of affairs is unjust, we have an enforceable duty to attempt to rectify that injustice; (2) we should consider unjust a state of affairs where there are clusters of disadvantage, because any reasonable egalitarian<sup>3</sup> account of justice would oppose grave instances of social inequality and because clusters of disadvantage are grave instances of social inequality; (3) enhancing people's capacities for educational performance as well as their social capabilities and affiliation is a way to rectify the injustice represented by clusters of disadvantage; (4) the protection and enhancement of childhood play is a fruitful, if not necessary, way to enhance educational performance and social capabilities; and finally (5) thus, we have an enforceable duty to protect and enhance childhood play. In the two preceding subsections I have defended (4) on the basis of empirical results. Here I shall defend the rest of this argument. I am going to assume (1), defend (2) and (3), and conclude (5), which follows from (1-4).

First, to defend (2), what we know today from studies of social inequality is that disadvantages tend to cluster. In other words, social inequality is not one-dimensional but multidimensional, and people who are disadvantaged on one dimension are very often also disadvantaged on other dimensions (Marmot 2004; Wilkinson and Pickett 2010). This clustering is made up of a wide range of rather complex, intertwined relations between deficits in different social spheres, and it is difficult to construct an overview. However, the basic idea is rather simple and intuitive. Social inequality is not merely unequal income but a broader social phenomenon where comparatively low income coincides with unemployment, under-education, bad health and low societal status (Marmot 2004; Wolff and de-Shalit 2007). Disadvantages come in clusters, and when they do, they are obvious examples of grave social inequalities. That is so because these clusters create separate social classes and uphold systematic inequality between these classes. Such grave social inequalities are problematic on egalitarian grounds, even across disagreements on specific theories of justice. Whether you employ a sufficientarian (Axelsen and Nielsen 2015), egalitarian (Arneson 1989), relational egalitarian (Wolff 2015), or prioritarian (Parfit 1997) account of justice, you should oppose such grave social inequalities. Thus, whatever the egalitarian flavor of this reasoning, we have strong justice-based reasons to object to clusters of disadvantage. Consequently, if we can tackle such clusters of disadvantage, we have an enforceable duty to do so.

The next step (3) in my argument is to show that bolstering people's overall opportunities by enhancing their capacities for educational performance and their social capabilities is the most effective strategy for tackling clusters of disadvantage. This is the

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<sup>3</sup> Here the term "egalitarian" is central, since non-egalitarian accounts—such as utilitarianism or libertarianism—would not necessarily accept this premise of the argument.

purpose of Wolff and de-Shalit's dual concepts, *fertile functionings* and *corrosive disadvantages* (Wolff and de-Shalit 2007, 121). The importance of introducing these concepts stems from the very sensible reasoning that if disadvantages come in clusters over more than one dimension, the best way to break such clusters is to enhance those functionings that generate positive spillover enhancement of other functionings, and to prevent disadvantages that have negative spillover effects on other disadvantages. Thus, we should enhance fertile functionings and prevent corrosive disadvantages.

In reviewing the most central literature on the relationship between different capabilities, Wolff and de-Shalit conclude that affiliation and the capacities for educational performance are the most centrally fertile functionings. On affiliation, they write that "it serves as a sort of immunization in the sense that people who experience a high sense of affiliation are better equipped to cope with threats and risks to their functionings" (Wolff and de-Shalit 2007, 139). Other empirical studies provide further evidence to strengthen the conclusion that affiliation in the sense of belonging to a community has positive effects on people's social capabilities, their self-perception, and their mental health in general (Kia-Keating and Ellis 2007; Nuttman-Shwartz and Dekel 2009; Anderman 2002; Hagborg 1998).

On educational performance Wolff and de-Shalit show that this function is fertile for other valuable capabilities, especially health and employment. Based on empirical evidence of the positive effects of education, they conclude that although it may be too much to assume that education is necessarily a fertile functioning, a deficiency of sense, imagination, and thought due to lack of education is evidently a corrosive disadvantage (Wolff and de-Shalit 2007, 144).

Since I have already argued for (4), it will suffice here to repeat that there is strong empirical support for the conclusion that childhood play functioning has significant instrumental importance for the healthy development of certain important social capabilities and cognitive skills necessary for educational purposes. I can now conclude (5) by summarizing the argument on social equality. If disadvantages cluster, they are instances of grave social inequalities and thus unjust. Moreover, if we can tackle such clusters by enhancing fertile functionings and preventing corrosive disadvantages, we have an enforceable duty to do this. And since the protection and enhancement of childhood play is a fruitful, if not necessary, way to secure healthy development of those fertile functionings, we have an enforceable duty to protect childhood play. Thus, the instrumental importance of play complements the preceding argument on the intrinsic value of play in that it provides a distinct reason for the enforceable duty to protect the capability for childhood play. That is, even if one rejects the intrinsic value of play, or rejects that this value produces a duty to protect, it is still the case that egalitarian reasoning on distributive justice, when informed by the role of childhood play in targeting clusters of social disadvantage, will arrive at the very same conclusion: that we have an enforceable duty to protect the capability for childhood play. This concludes my argument for the instrumental importance of play.

This conclusion chimes well with the inclination to broaden our conception of the responsibility of the welfare state towards a child-centered social investment strategy. Gøsta Esping-Andersen argues that a rational and responsible welfare state must adopt a preventive life-course approach against social inequality. "First and foremost," he writes, "it all begins in early childhood. At this point, three factors are of crucial importance: health, income poverty, and 'developmental priming mechanisms' such as reading to children, social stimuli, and

guidance” (Esping-Andersen 2002). As my analysis here has revealed, childhood play functioning is one such developmental priming mechanism of immense importance for the long-term societal goal of breaking patterns of social inequality. Thus, upon Esping-Andersen’s conclusion, we must take the protection of childhood play to be a prime responsibility of the welfare state.

### **The *duty of the health system* argument**

In the preceding sections I argued that society has an enforceable duty to protect childhood play. This is so firstly because of the intrinsic importance play has in any dignified human childhood; and secondly because of the very significant instrumental value of play functioning for the development of necessary social capabilities and cognitive skills. However, at this point it is still reasonable to agree with this argument and yet see no reason to believe that this duty falls upon the health system. That is, one might still believe that however important play is for any childhood, the absence of play is not a health deficit or even a health-related problem, and therefore we have no reason to believe that the duty to protect childhood play is a duty of the health system. This section elaborates and discusses our reasons to place the duty of protecting childhood play within the responsibility of the health system.

To be sure, children have special rights to health system services for different reasons, which are not related to my argument here. First, children are eligible for special concern because they are among the more vulnerable societal groups (Brock 2001). Second, the importance and effect of—e.g. in terms of expected QALY output—preventive health initiatives is stronger when directed towards children than adults, both because they are easier to nudge, but also for the simple reason that they have more years to reap the benefits. My argument sets aside these reasons for the purpose of focusing narrowly on who has the duty of protecting the capability for childhood play.

This section identifies two possible reasons why the enforceable duty to protect childhood play falls upon the health system. Firstly, (i) health systems have this duty simply because they are part of the society that has this duty collectively and thus share this duty with other institutions and individuals. If accepted, this implies that the importance of childhood play should be taken seriously by health systems, but it places no special duty with this social institution. Secondly, (ii) since health systems are concerned not only with treatment but also with preventive initiatives and health enhancement, the instrumental importance of play for enabling people to develop necessary social capabilities and cognitive skills gives the health system a special duty to protect play, because of the way bad health clusters with other social deficiencies in adulthood. If we accept (ii), then it follows that the health system has a special duty to protect childhood play. This, however, runs the risk of making the health system an all-encompassing system for social protection, which is both politically controversial and normatively problematic. I shall say more about this below.

Before discussing (ii) in detail, let me turn to (i). The first reason that the duty to protect childhood play falls upon the health system is simply that, if there is such a duty, and this duty is enforceable, it is because this duty responds to an injustice and, hence, the duty to rectify that injustice is a collective duty that falls upon all of us. For Rawls, this is only true insofar as we have institutions and a basic structure that facilitates this duty (Rawls 1971, 55). For Nussbaum, in contrast, this duty is not necessarily bound to a set of institutions per se but is grounded in humanity-based morality, because the list of central human capabilities is what justice requires

in a minimal sense, but also because the list captures what compassionate individuals would mutually agree that they owe to each other (Nussbaum 2001, 405-428). I have argued that the duty to protect childhood play is a duty that responds to an injustice on two grounds: first, that play is intrinsically important for any dignified human childhood and, second, that play is also instrumentally important for the development of necessary social capabilities and cognitive skills. If these arguments are sound, the duty to protect childhood play falls upon us collectively and thus, the health system is as bound by this duty as any other societal system or institution. This, of course, places no *special* duty on the health system, but merely a shared societal responsibility for protecting children's capability to play.

The converse of this duty is an important negative implication: namely, that due to the significant value—both intrinsic and instrumental—of childhood play, the health system has a duty not to unnecessarily endanger the capability for childhood play. This duty is in essence the same as the one mentioned above, but the implication is important to spell out because this negative duty is often much more applicable to actual medical practice. In certain instances, it raises questions about the potential dangers of some medical interventions for children (Singh 2008).

The second reason (ii) for placing the duty within the health system entertains the broad conception of social determinants of health. This reason therefore needs a bit more context. Since the publication of the famous so-called Black Report (1982), it has been increasingly common in the literature to maintain that the purpose of health systems is not only to focus on health care treatment but also on prevention and health enhancement. This is not in the least due to the very important and influential work that has been done on the importance of the social determinants of health (Marmot and Wilkinson 1999; Wilkinson and Marmot 2003; Ruger 2004; Marmot 2005; Albertsen 2015). The central message in this literature is that our level of health is very highly influenced by socio-economic factors and social-environmental circumstances such as, not least, education, unemployment, and social exclusion (Marmot and Wilkinson 1999; Wilkinson and Marmot 2003). In fact, as is well known by now, the Black Report showed that access to public health care had very little influence on actual levels of health functioning (Black 1982). Thus, we should not conceive of the health system as merely an institution in which you can receive treatment—also known as “the ambulance at the bottom of the cliff” perception—but instead as a broader societal institution with the aim of securing for people adequate health. This development of a commonsensical, broad perception of the health system also influenced the perception of what the enforceable duties of the health system are, most notably indicated by Norman Daniels, who added to his list of objective health goods from his earlier work a new item entitled “an appropriate distribution of other social determinants of health” (Daniels 2008).

It follows that, if it is the health system's duty not only to provide the necessary treatment and health care for citizens but also to secure an appropriate distribution of social determinants of health—and therefore not least education, unemployment, and social exclusion—then the responsibility to protect childhood play falls particularly within the duties of the health system. This is so, because—as I have argued above—children's play functioning has significant instrumental importance for the development of social capabilities and cognitive skills, and therefore the protection of the capability for childhood play will improve the long-term social determinants of health, and the absence of children's play functioning is likely to have a negative impact on people's future social determinants of health (such as education,

unemployment, and social exclusion). Thus, if we accept this reason, then not only does the health system share our generic duty to protect the capability for childhood play, but this responsibility falls especially to the health system due to its primary concern with protection of long-term social determinants of health. In other words, if it is the duty of a health system to secure good circumstances for social determinants of health, we should consider the protection of the capability for childhood play to be a duty of the health system.

This argument, however, meets a number of serious political and ethical challenges. First, the perception of the health system as responsible for the securement of childhood play is highly politically controversial in many cultural settings. Most notably, insurance-based health systems are much better understood as required providers of necessary health care services than as broad institutions for social security. In the United States, health insurance packages are typically employment-based or alternatively provided by the government in the form of Medicaid. The health system, thus understood, is the part of the social system that is concerned with health care services. In other words, the health system is *part* of the social security system; not the other way around. Broadening the responsibilities of the health system to also entail protecting childhood play would certainly get this the wrong way around, and involve a risk of state paternalism to a degree where the term “Nanny State” would be justified. From this point of view, the argument for the health system’s duty to protect children’s capability for play is highly politically controversial.<sup>4</sup>

Second, the incessant pressure of budget constraints on the health system’s resources as a result of improved treatment and technology leaves an urgent need for rationing within the health system (Fleck 1994; 2009, 8; Bognar and Hirose 2014, 17). But from a rationing perspective—where every decision to broaden the responsibilities of the health system will involve cutting funding for other responsibilities such as providing specific treatments or interventions to needy patients—prioritizing the protection of childhood play might seem normatively ungrounded. Hence it seems that we have not only political but also strong ethical reasons to dispute this expansion of the set of duties that fall upon the health system. At a minimum, it seems that we do have important reasons to favor a more narrow account of what we owe each other with regard to health (Weinstock 2011).

It seems, then, that what is *all things considered* the correct perception of the health system, and consequently the appropriate health policy, when it comes to protecting children’s capability for play is not given from my argument. Much more needs to be taken into account in order to reach a satisfactory conclusion on these questions. But although these objections to the argument are important to note, they do nothing to threaten the general point. The important point to note here is that the criticism raised above against the second reason (ii) is directed towards the general expansive perception of health systems as being also concerned with social determinants of health, and thus does not reject (as would be unreasonable) that childhood play is an important early stage social determinant of health. My argument is that childhood play *is* a social determinant of health, and thus that the health system, *if* it is concerned with social determinants of health at all, should take interest in securing children’s capability for engaging in playful activities. Thus, the general argument still holds even if we grant the criticism and therefore reject the social determinants expansion assumption that

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<sup>4</sup> I am indebted to an anonymous reviewer for this point.

health systems *are* responsible for securing an appropriate distribution of social determinants of health.

This leaves the argument with a disjunctive conclusion involving two hypothetical implications. On one side of the disjunction, if we accept the social determinants expansion of the health system, it follows that the duty of protecting children's capability for play falls especially upon the health system. But on the other side, if we remain skeptical of this expansion, the fact that childhood play is an important social determinant of health can be used to further problematize the entire social determinants of health discourse by exemplifying how this inevitably leads to an unfortunate all-encompassing understanding of health systems, which is both politically and ethically controversial.

My argument is inconclusive on this point. That is, it cannot settle how strongly the duty to protect childhood play falls within the special responsibility of the health system. But the general conclusion remains that society does have such a duty, and that this duty is enforceable firstly because the capability for play is a constitutive part of any dignified human childhood, and secondly because children's play functioning conditions the development of capabilities that we have justice-based reasons to enhance and protect. On the whole, this suggests the conclusion that any just society, and therefore also any just health system, should take seriously the capability for childhood play and that we must not, therefore, downplay play.

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