'Civic Humanism and Conversation about the Good'

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Overview:
This lecture explored in more detail the ideas about civic conversation and 'the good life' raised by Professor Grayling during a previous lecture given to open the first GCPH seminar series in November 2004. The lecture began with a paradox: how to initiate conversation and action about health while hoping that its appeal at the grassroots will arise organically and intrinsically rather than through imposition from the top down.

The paradox was explored through the history of debate and action on what makes for good citizenship and a good life. Starting in ancient Greece, the argument was developed through examination of the good life by renaissance humanists in the Florentine republics in the 15th and 16th centuries and aristocratic humanists in 18th and 19th century Britain, and by examining its relevance to current debates and thinking about health.

Key ideas:
- Civic Humanism – an attempt to describe governance, human motivation and behaviour without recourse to the divine.
- Civic Conversation – a process by which ideas, norms, values and behaviours are developed, recognised and enacted.
- Eudemonia – the outward appearance of living the good life described as having made contributions to the common good as well as benefiting from this over the period of one's life.
- Inequality **–** and its effect on participation and how to change this.
- Motivation – and how this occurs.
- The Good Life – and how to describe it.

Summary
Professor Grayling began his lecture by identifying the paradoxical nature of agencies' attempts to improve health from a top down approach whilst hoping that there will be a spontaneous adoption of change at the grassroots level, leading to healthier outcomes. This causes some ethical anxiety as autonomy is highly valued in our society, suggesting that a paternalistic approach to this challenge is neither acceptable nor likely to be effective in addressing the health challenges which we face.

To shed light on this question of how to take effective and inclusive health action, Prof Grayling summarised the debate about civic humanism since the time of ancient Greece when fully enfranchised Greeks (a small proportion of the whole population) had a duty to participate in the self governance of the City. Governance covered not only major decisions about economy or war, but also those about everyday life. What it meant to be a citizen carried the assumption of both political and ethical dimensions and considered questions about what a good life was for those engaged in democracy.

Grayling told how this interest in the good life was revived with relish and vigour during the Renaissance period in Italy. There was considerable interest in Greek ideas of the good life and what these might mean for the Florentine republic. The concept of the republic not only covered our modern notion of a government, state and its institutions responsible for making policy and dispensing justice as an expression of the will of the people. It also included the idea of a community with common interests and goals in relation to both economy and society, incorporating ideas about health and flourishing for both the republic and its individual members. The approach to health was holistic and its achievement expressed through Aristotle's notion of Eudemonia, which marks out the desired outcomes of well-being and well-doing associated with living a satisfying life.

Citizenship was an active concept and implied particular kinds of participation commensurate with the various walks of life in the republic. The expectation was that citizens would be well informed and bear their part of the burden in making the republic function. The conversation which this society had with itself was about how to make this idealised notion of republic a practical reality.

Grayling went on to explain that this conversation found its expression in 18th century Britain through the more paternalistic idea that in order to be good citizens, the bulk of the population would require to be led. This in turn required clear ideas about what was good and about the sorts of behaviour that reflected this good life. Humanists therefore needed to establish an alternative to the idea of *divine* command and acceptance, rewards and sanctions as guides for behaviour. This required the development of different motivations for behaviour from those implied in a world divinely created.

One route through which this was reflected was in the aims of the Royal Academy, established in 1768, which sought to educate the population in public virtues through the medium of historical paintings for example. It was hoped that this would **move** people, emotionally, to behave in ways which reflected the values elicited by these works of art. David Hume, 25 years earlier, had proposed something similar when he argued that reason cannot elicit goals and that people must be **moved** to act in certain ways.

Professor Grayling suggested that the health improvement dilemma that we face today is a version of this problem. What is the relationship between expert knowledge on health, its causes, etc and how people live their lives and what might motivate and **move** them to change?

That question highlights a discomforting fact – in desiring better population health we are engaged significantly in a paternalistic pursuit – and raises a paradox. We want the health of the population to improve and the only genuine long lasting way in which this can happen is from the grassroots. However, if autonomy is a central value then we do not wish to dictate to others how they should behave. The achievement of better health requires more imaginative approaches, involving striking the appropriate balance between public and private good (or paternalism and individual motivation).

Here, the issue of the limit to public policy is raised. In order to govern, the state must abstract and deal with issues at a population level. Yet effective, sustained changes for health often have their genesis at the local or individual level. Effective action on these issues benefit from some aspects of a 'top down' approach (eg in framing the debate, developing food policy, etc) but at the individual level, people must be **moved** to change. Arguably, for population health improvement to be long lasting it must come from the grassroots and have an imaginative way to shift between the abstract and the particular. For the individual, this move is more likely to come from the heart than the mind.