



Transcription of Dr A C Grayling's Lecture:
Thursday 25th November 2004

CIVIL COMMUNITY AND PUBLIC HEALTH

Carol Tannahill:

A very warm welcome to you all, to this the first event in Glasgow Centre for Population Health's Lecture Seminar Series. It is a very important occasion – tonight. Any many thanks indeed to the University of Glasgow for hosting this event in such fantastic surroundings. And I think we are also going to get a glass of wine at the end of it, which is an added bonus as well. So thank you for that.

For those of you who are not familiar with the Glasgow Centre for Population Health, it is a new initiative which started in April this year and was created to develop a better understanding of the causes of Glasgow's long-standing record of ill health - approaches which might be effective in the future to transform the health of our population in particular those living in poverty and deprivation. One of our responsibilities in the Centre is to engage with a wide constituency, to really think hard about what is required to transform the population's health in West Central Scotland over the next few years, and of course, this is not an easy conceptual task at all, so we are very keen to draw on all sorts of perspectives and insights in helping us to think through those issues.

And against that background, I am absolutely thrilled tonight to introduce Dr Anthony Grayling to stimulate our thoughts from his perspective. Dr Grayling is Reader in Philosophy at Birkbeck College, London, and Supernumerary Fellow of St Anne's College, Oxford, and he is a technical academic philosopher who through his many writings and roles has applied the discipline of philosophical logic to issues as diverse as the secular and the sacred, why China should not get the 2008 Olympics, education and gender differences, and never mind the forelocks. For many years, he wrote the last word column for the Guardian newspaper and he is still a regular reviewer for the Literary Review and the Financial Times. He also often writes for the Observer, the Economist, the Independent on Sunday, New Statesman and Times Literary Supplement, and is a frequent broadcaster on radio. So he is a man who keeps himself very busy. He has a strong commitment to promoting and protecting human rights and has been involved in the UN Human Rights initiative, as well as being past Chairman of June Fourth, a human rights organisation particularly concerned with China. His three collections of writing: "The Meaning of Things"; "The Reason of Things"; and his latest collection "The Mystery of Things", apply philosophy to matters that affect us all, that are fundamental to the human condition - things such as, what he calls, the enemies of human flourishing, such as blame, racism, hate, speciesism, and the virtues and goods that provide meaning and value to life.

His latest book is entitled "What is Good – the Search for the Best Way to Live" and was published in February this year. This book provides an overview of how the good life has been seen through the ages. Tonight, Dr Grayling is going to talk to us on the subject of "Imagine the Perfect Polis – Creating Health in the City" and it is my great pleasure to welcome him to Glasgow and to invite him to talk to us now.

Dr A C Grayling

I take as my text E. M. Forster's motto, "only connect", by which he meant that if only one will seek the connections between things that at first appear different, and recognise either the underlying similarity between them or the way they prompt new ideas by their juxtaposition, one will thereby gain insights. The two things I propose to connect here are: the idea of the ethic of a civil community, on the one hand, and on the other hand individual health. One immediately obvious reason for doing so is that a community's health profile is the sum of individual health in that community, and it matters that when efforts are made to put public health policies into concrete effect, their effect should manifest itself in individual lives. But there are larger and more strategic reasons for making the connection between community ethos and individual health. They concern the fact that the former has a direct impact on the latter through the way it shapes individual behaviour. Given the significance of this fact, a crucial question is: how can community ethos be changed in positive directions when it is, or appears to be, held fast in ways that produce deleterious effects in behaviour? Here the idea of a 'social conversation' as a determinant of ethos comes into focus: and it is this collection of ideas I wish to explore in what follows.

The point can be alternatively put by saying that the idea of a good community - a community which is flourishing and which expresses the best and highest civic ideals agreed within it, or the best possible approximations to those ideals - is the idea I wish to relate to the question of individual health. I want to do this by looking at some admittedly utopian conceptions of civil flourishing that we have inherited in our western tradition of thought, the point being that if one sees what the utopian ideal is, one can try to imagine ways of getting as close as one can to it in practical application. And this is not such a far-fetched enterprise as one might think, for two reasons.

Firstly, one of the founding documents of western thought, Plato's "Republic", is premised on a direct analogy between the health of an individual and the health of a civil community. Although what I will argue here is something more direct than merely an analogy, nevertheless there are some features of the analogy drawn by Plato that are worth exploiting. I return to this point in more detail shortly.

Secondly, we are familiar with some aspects of the way that community structure and community character can affect individual health. We are very familiar with the socio-economic reasons why the health profile of a community can be good or bad, the most familiar example being that in situations where there are high levels of poverty and low levels of education, the community health profile tends to be poor.

If one looks, for example, at the relation between education, infant mortality and family size in the third world, one sees that very modest amounts of education - just two years of elementary schooling - can have a great impact on the two latter factors, and even on incidence of HIV infection. One sees also in third world countries, and especially in Africa, that in those communities where women are able to own property, incidence of HIV/AIDS is appreciably lower than in those communities where women cannot own property but are themselves property, with little choice about what happens to them in the family setting.

So in these obvious and direct ways we know that socio-economic conditions have an immediate impact on community health and therefore on individual health.

But the obverse of that thought, that there are other aspects of the community which can have a bearing, sometimes direct and sometimes indirect, on the health of individuals in that community, is not often enough made; and that is that point I wish to urge here.

I begin with a definition of the expression 'a civil community', which is not a mere pleonasm (someone might, after all, think that all communities are civil). In essence the phrase captures what was understood in the classical conception of the 'polis', an identifiable, more or less integrated, self-aware community of people. I think that the closest thing that might come to this notion today is what we think, in anecdotal terms, about identifiable communities clustered in areas of our larger cities – for example the Bangladeshi community of the Brick Lane area in the east end of London, or the Muslim communities of the sprawling 'projets' in suburban Paris. But sometimes whole cities or regions acquire distinctive community traits, as with Newcastle or Liverpool; or a city might have major community profiles endowed by a significant part of the population, as in Glasgow.

The communities in question are not, or are not necessarily, geographical ones but are primarily sociological ones. In a city as large as London there are probably at least three or four definitely definable different communities, each of them inviting consideration in different ways and presenting different problems.

So by the idea of civil community I mean something notional more than geographical, but nevertheless something quite definite. And the thought is that valuable considerations flow from thinking about the relation between the flourishing, successful civil community and the wellbeing and flourishing of its individual members. The chief thought I wish to pursue is that the enhancement of the quality of *civil community* life can have an effect on individual health in that community.

It is interesting and useful to approach this point by recalling the founding debate about the good society in our tradition of thought. For the Athenians of the era of Pericles, and shortly thereafter of Socrates and Aristotle who debated the principles behind the practice of rulers, there was relatively fresh material for thinking about the nature of the best kinds of individual life and the proper social setting for it. This was because the period marked a moment of transition from a quite different way of conceiving how society should be organised, an earlier conception premised on the exigencies of military uncertainty, in which 'the virtues' encouraged in individual citizens were specifically warrior ones of courage, fortitude, hardiness, ferocity in battle, and the like, and which are directly inimical to the virtues required in a social arrangement based upon co-operation, compromise and agreement.

A key element in the transition from a Sparta-like dispensation to one characteristic of Periclean Athens was the introduction of something very like legal due process. Interestingly, Aeschylus's Oresteian trilogy exactly dramatises this transition, in retelling the story of how the Furies seek to exact revenge on Orestes for his mother's murder, and how Athene instead has him tried – and acquitted – by a jury of citizens in her chosen city. (Orestes had killed his mother Clytemnaestra in revenge for her murder of his father Agamemnon, this murder its turn being revenge for Agamemnon's killing, as a sacrifice to allow the Greek fleet to proceed to Troy, their daughter Iphigenia.) At the end of this sanguinary tale the Furies complain to Athene that she has usurped their right to exact vengeance; but she tells them that the old dispensation of might as the source of power, and revenge as the form of justice, has passed; and that civic arrangements now prevail.

The moment thus captured by Aeschylus is consciously opposed to what had been acceptable beforehand. It denotes the transition to a state of affairs in which a social contract comes into existence according to which collective affairs are regulated by agreement, with members of the civil polity abiding by it because they recognise the benefits that accrue from membership of the community. Implicitly, there is recognition that the community cannot function without co-operation, and moreover without a division of labour premised on trust – the trust that others will do their share of the divided labour. But above all the contract is premised on the idea of a social or civil conversation - the conversation we have with ourselves about what is right and what we should do.

Plato, as noted, offered a conception of the good society by analogy with health in a human individual. The key concept he used – one that is distinctive of the classical outlook, found in application to architecture, the arts in general, and in the enjoyment of physical beauty, as well as in theories about the good society - is that of harmony or balance. The right ordering of society is thus one in which the three orders of men (rulers, soldiers, and common people) balance one another in the right proportionings of their mutual relationship, and in the exercise of their responsibilities.

The analogy is intended by Plato to be a close one. What makes a human individual healthy is the right balance of the humours, and 'healthy' means whole, integrated, in accord with itself. So a society will be healthy, balanced, integrated, and in accord with itself, if it has the right arrangement between the different orders of the citizenry.

Plato's ideal society – the healthy society - might justly be charged with prompting more difficulties than it solves, because in offering perfect balance between the social orders (only one of whom, incidentally, has power of decision and direction: the 'philosopher kings') as the desideratum, he thereby offers the vision of a society which would be very good at managing itself according to a status quo, whose persistence is essential to preservation of the healthy order. Familiarly, however, there are two families of objections to such a view. How well would such a society respond to novel challenges or threats from without? And equally, how would it make good use of the individual talents and creativity of its people? The question is scarcely rhetorical, for unless there is space in a civil community for the expression of what leads to innovation and change, their opposite – all forms of stasis – instead offer the decay and even the collapse of that social order as the too likely alternative. Too perfect a society as Plato conceived it, in other words, is likely to be self-defeating.

There is nevertheless something suggestive both in the use Plato makes of the idea

The suggestion was modified by Aristotle, who effects an interesting development in the analogy. This was to see the quality in question as a property of a way of thinking and behaving in the ethical individual. Aristotle's ethical individual is he who always follows 'the mean', the middle path, in any situation requiring judgement or decision.

There is no set of rules, or an advance prescription, to be invoked; rather there is just the virtue of practical wisdom which enables an individual to steer the middle path in the circumstances he finds himself in. This yields Aristotle's concept of the virtues: courage is the mean between cowardice and rashness, generosity is the mean between profligacy and miserliness, and so on for the other virtues, all to be identified as the middle path between opposing vices.

And so here again the concepts of balance and proportion are in play; harmony is the middle way, the balance between opposing vices, recognised as such by the individual possessed of practical wisdom. Aristotle says that if you yourself do not have much practical wisdom, model yourself on someone who does, and you will become practised in virtue. Being ethical is a process as much as a condition, and its practitioners can therefore become better at it over time. It is indeed something one should devote a lifetime to.

So by this account of the nature of virtue Aristotle was in effect saying that the person possessed of practical wisdom ('phronesis': the ability to see the right thing to do, the middle path to follow, in a given situation) is the person either to be or to emulate. If one strives to be such a person, or if one successfully emulates such a person, then one is educating oneself ethically, refining oneself as an ethical individual; and the immediate and occurrent reward of so doing is to enjoy 'eudaimonia', the state of well-being and well-doing usually (though inadequately) translated as 'happiness'.

A standard criticism of Aristotle's view is that his philosophy of the middle way is a very middle aged, middle class, middle brow species of ethics, altogether too middle of the road. What about extremes of passion and despair, delight, creativity and wonder? They demand a place in a healthy life as in a healthy society, and for some of the reasons noted in connection with the criticism of Plato's view: there the objection was stasis, here the objection is conformity of a degree that threatens innovation and responsiveness to change.

Still: the part of the picture that is worth preserving is the attempted characterisation of a person and a social setting which manifest the property of being eudaimonic, which is to say: of being flourishing, satisfying and worthwhile. It is particularly interesting that Aristotle described his ethics as a prelude to his writings on politics – that is, on the nature of the polis - because the polis, he said, is the theatre in which the good actor plays his part; meaning that one cannot hope to have individuals living the good life, the life of flourishing, achievement and satisfaction, unless it is lived in the right social setting. So, once again, the relationship between the individual and the civil community is characterised as an intimate one, an internal or essential relation, in which the idea of the good applies reciprocally to the individual and the society of which he is part.

Here then are a number of rich ideas. The interesting task is to see if we can apply some of these ideas to our thinking about the relationship between individual health and civil community. And I think the ideas that are worth taking out of these preliminaries are primarily the following two.

First, one notices something interesting about the classical conception of ethics. In contemporary social debates, especially when there is a moral panic over such matters as in vitro fertilisation, stem cell research or abortion, people tend to think in terms of something narrower than ethics – namely, ‘morality’. There is an important distinction between ethics and morality, which has been well drawn by Alistair McIntyre and Bernard Williams, who point out that morality concerns a narrowly conceived set of considerations about our interpersonal relations and certain of our responsibilities and obligations to one another. But there is a broader matter too which is not just about these aspects of relationships, but about what sort of people we are, and how we live our lives, and what kind of choices we make in general. To give an example of the contrast, it would, on this view be an ethical matter what colour you paint the front door of your house, but not a moral matter. It is an ethical matter because it expresses something about your ethos, about the kind of person you are and the kind of life you live. It would therefore say something of a more general or inclusive nature about who you are, what you do, and what kinds of choices you make in life beyond those more narrowly moral considerations about your responsibility for, and your consideration and concern for, others.

Ethics, thus understood as a broader and more inclusive notion than morality, is what Aristotle and Plato were talking about. They were talking about the whole business of being a person, and moreover being a person in a community. They did not think that the debate concerned just some aspects of these matters – for example, whether one must be faithful to one’s spouse and whether one must always tell the truth. Morality is part of ethics; perhaps indeed the central part; but it is not the whole of it. And this is where the analogy between the individual and society is most informative, as understood in the context of the classical debate. When Plato and Aristotle talked about the analogy between the individual and the good society, they really meant it, because they were talking about something which takes the whole of the individual - every aspect of the individual's life - into account.

That gives one pause for thought, because if somebody were to say today, "it's a moral matter what you do about your health individually, it's a moral matter whether you smoke or drink to excess, or have too much fat in your diet, or don't take enough exercise" - if that were said, it would seem a strikingly odd thing to say. Somebody might well respond, "No it isn't, it's a prudential matter." On this view, a purely hypothetical imperative lies behind the injunction not to smoke; it says, "If you want to be healthy then don't smoke"; but the 'if' is the important part. The case depends upon what you want. You can either live fast, be happy, have an intense life and die early - or you can deny yourself certain activities and even pleasures in the hope of a long life. But these, say the objector, are just prudential matters, not moral ones.

Yet here is where the distinction between ethics and morals very pointedly applies: for the question of how one lives is an ethical one in the classical sense. Do you smoke? Do you take exercise? Do you think about what you eat? These are questions that to a classical philosopher would have seemed centrally ethical questions because they are about an individual’s ethos, being focally – to repeat - about what sort of person he is. There is nothing prescriptive about these points - at least yet - because nothing has yet been decided as to whether it is an ethically desirable or undesirable thing to smoke or be fat or to take no exercise. Either way, however, it is an ethical matter despite not being a moral one.

So one thing we can take from the early debate about the good life and the good society is the idea of ethics as inclusive, and as applying both at the individual and the civil community levels. Think of a community in which it is perfectly acceptable to smoke and to take no exercise. Recall (say) the 1950s and remember what it was like to be in a cinema, its air thick with cigarette smoke. In those days people did not go jogging much unless they were interested in sport. They would not think twice about catching the bus or driving from home to the cinema, with packets of cigarettes in their pockets. The ethos permitted that; it was (as the form of words interestingly has it) 'regarded as normal'. That has now to an interesting degree changed. The change is one of attitude about what is acceptable, which is to say: it is a change in ethos. It was once acceptable for people to smoke anywhere, in any public space; now it is less so, to the point that in some parts of the western world it is illegal to smoke in pubs, restaurants and the workplace.

The analogy between the ethos of an individual and the ethos of a community is a direct one here too: it primarily concerns the question of what is acceptable, and of the prevailing attitude that makes it so – in the community case, of the attitude that organises how people behave in the community space.

So one thing to be taken immediately into account in thinking about efforts to change the statistics both on individual health and the health profile of a community, is the answer to the question, "what is the ethos of the community (in the relevant respect)?" What counts as acceptable health-related behaviour and what does not?

And if the prevailing attitude is such that it encourages or at very least tolerates kinds of behaviour inimical to individual health and therefore to the community health profile, the first task has to be to change the ethos, to challenge it, to attack it, to work at getting people to see things differently, to acquire different attitudes towards what is acceptable and appropriate: to change ethos.

One can offer many examples of the way that changes, quite dramatic changes, in attitude have made changes in certain communities or sub-communities. For example, if you go to the town of La Jolla just north of San Diego in California, you see people in expensive designer tracksuits and running shoes taking exercise up and down the sea front on a Sunday morning. This has become a species both of fashion statement and social event - rather like the daily afternoon promenade in Hyde Park in Victorian times. It is something people do because in addition to being at least a gesture towards health and fitness, it is a social occasion where one might see friends, and if one were not there one's friends might become anxious, and telephone to ask, "Why weren't you jogging today?". The point of this example is clear enough: the community ethos is such that people exercise, and consciously do a related set of things besides, from purchasing exercise clothes and training shoes to taking an interest in the goals of the activity (weight control, increased cardiovascular efficiency), not despite but because of the fact that the activity has become a socially desirable one – which is to say: because the community ethos makes it a salient good for the community. La Jolla is a wealthy Californian enclave which a sceptic might say merely exhibits the kind of health-fad behaviour that caricatures of the West Coast lifestyle focus upon. But if a community can make good health a central value in the community ethos, it can happen anywhere – even though in poor suburbs of old cities it is an immensely greater challenge for those who seek to bring it about.

A different but equally telling example of the effect of ethos on health and fitness is provided by a certain section of the gay community in large cities like London and New York. This is the subsection of the gay community which is assiduous in its attendance at gymnasias, with the express aim of acquiring an athletic appearance, with defined musculature and an overall air of fitness and health. The high value placed on body image is the prompt for this behaviour, and as an alternative ethos to long hours spent in the smoky atmosphere of a pub drinking alcohol it has much to recommend it. Once again it is focally a matter of the pattern of choices and values that shape behaviour – and its adoption by a certain definable group of people (a community) is a function of the way that ethos has gripped that community and configured its behaviour.

Both these examples are ways of dramatising the fact that ethos underlies health profile. They pick out defined populations that manifest a change of attitude that entails a change in behaviour, and the change of behaviour expresses and embodies that ethos. The great lesson is that to effect the change in behaviour which will have the desired knock-on effect in health profile, one has to effect the required change in community ethos. The target is not, note, individual attitude in the first place; change in this is the aim of effecting a change of ethos across the community. Individual behaviour, in short, follows ethical sentiment as much as it shapes it.

But how does one get that change of attitude? How does one shift the ethos of a community in the relevant way? Well: here is the second lesson to be derived from the classical experience. It is that one seeks to generate and sustain a conversation in the civil community that will bring about a change of ethos. The conversation in question can be important to the community in many ways, obviously not just in connection with health: but since the focus here is community health, the appropriate conversation has to be one which is either directly about lifestyle, diet, drinking, smoking and exercise, or is one which makes that direct conversation possible.

The central question at the outset is of course this: what is meant by the at first vague notion of the 'conversation' that a civil community has with itself? In fact the idea is a rich and broad one. All societies of any level of development exist precisely because there is a conversation going on within them. From a stone age village in the middle of Africa to a sophisticated city like London or Glasgow there is much happening that is properly describable as cultural life. In a major city this is expressed in artistic endeavour, publication of books, debate in the newspapers, drama in the theatres and on television, and more. One does not have to require that the relevant activity be 'high brow'. Culture is after all a very general thing. It speaks to individual interests and needs on different levels, and appeals to different constituencies. A soap opera on television does what a Jane Austin novel does in the way of commenting on the human condition and reflecting aspects of individual experience, providing understanding of other lives and ways, and educating insights into alternative human possibilities. These points suggest an ideal: if viewers and readers are attentive, reflective and responsive, culture in all its protean forms can help them formulate a personal ethos that tends towards the satisfaction and fulfilment which, as noted, Aristotle called 'eudaimonia'.

A central part of the conversation a community has with itself, in ways perhaps more modest but parallel with this ideal, is about possibilities of living, and about things worth doing. Consider this fact: if you examine the sociological profile of people who attend evening class lectures in London you find that a surprisingly high proportion of them are immigrants from central Europe – typically from Austria and Germany. Why? Because going to lectures in the evening, going to a concert, going to the opera, are natural avocations in the kind of communities that these people typically come from. If you go to a concert in Vienna, Prague or Berlin you notice that the audience has in it families with small children. The children listen with great attention to the music, as if it were a natural and familiar practice. And so it is, because it is just something that people do there, as a function of their ethos. Part of their community conversation includes, as a natural reflex, discussion of those avocations as themselves part of community life.

So the second idea in play is that one should try to domicile in the community conversation those elements that will become constitutive of the desired ethos. To try to change an ethos, you have to change the conversation. More precisely, you have to introduce something into the conversation that will bring about the required change of ethos.

The premise here, to iterate, is that the way a civil community talks to itself and the kinds of things it talks about are central to the way ultimately it behaves. One could at this juncture invoke another example, this time a late classical one. Plutarch's 'Moral Essays' famously include his "The Dinner of the Seven Wise Men". In it he describes two of the guests talking together, as they go to the dinner, about the duties of a guest. Everyone knows what the duties of a host are; he has to have the food ready, and the wine, and enough plates, and some people to serve at table. But it is less clear what is expected of a guest. They conclude that the guest's duty is to be a good conversationalist - that is, somebody who is informed, who reads, who thinks and reflects, who has things to offer in conversation and who is a good listener – by which is meant an intelligent listener, who can pick up on what somebody else says and respond to it, and encourage further contributions from him.

Plutarch's two sages then discuss what it takes to prepare oneself to be a good guest at the feast of life; and they conclude that it is not what the Sybarites wanted – these being the hedonists of Southern Italy who famously wanted their dinner invitations a year in advance so that they could think about what to wear. The two wise men agree that it takes much longer than a year to be a good guest at dinner; rather, it takes the continual practice of reading and thinking to be a good conversationalist at the great feast of life.

The notion is a beautiful idea, but it also offers a powerful suggestion for how a civil community should comport itself in shaping its ethos. The example of middle European attenders at evening lectures and concerts was invoked above because for such as they are, the idea that education stops at 18, or 16 or 21, is anathema. For them every age is the proper age for education. But education can be informal and occasional (in the literal and interesting sense of 'profiting by occasion'), and a primary function of the community conversation is its educational one in this lifelong sense, with its objective of forging 'good conversationalists'. Obviously enough, the connection between the educational possibilities of the conversation and the ethos that it shapes is a direct one.

So the idea of getting into a conversation about how one lives, how one thinks, what one does, what one's attitude is, is vital. In effect it comes down to making individuals ask of themselves: What is my ethos? What kind of person am I? Am I the kind of person who...? When the conversation gets going in such a way that it effects a change in ethos, the result is that people begin to behave in ways that are consistent with the outlook made possible by that conversation – as with the fashionable practice of beach jogging in La Jolla, the smoking ban in New York restaurants, the fit and athletic gay members of the gym.

There is no point in denying that it is very hard to change attitudes and concomitant behaviour, especially in circumstances where people have problems of poverty, pre-existing ill-health, restricted opportunities, dysfunctional marriages, and the like – the sorts of problems characteristic of communities where public health profiles are bad. An indiscriminating attack on attitudes in such a community is doomed to be very uphill work.

Therefore careful choice has to be made of the people whom it would be most effective to target. Among them, obviously, are younger people, especially of secondary school age; but also people who are role models - people who can influence behaviour by emulation (consider the example of David Beckham and his hairstyles). If one can get such people to begin the conversation in directions that would eventually alter the ethos, then there really is a chance to shift behaviour.

The two things connected here (in obedience to E. M. Forster's 'only connect') are the idea of the conversation that a civil community has with itself about the best kind of life possible for it – this is the conversation about its ethos - and the idea of individual health. And when one does so one notices another thing: that this is not just a matter of cardiovascular disease in this individual or preventing lung cancer in that individual, or of changing any individual's diet and exercise habits.

The idea of health (remembering the etymology of the term) means wholeness or integratedness. The idea of physical health and mental health are not separable from one another, despite our tendency to compartmentalise them. There are many sane people who have heart trouble and many mentally unwell people with healthy hearts, but nevertheless the relationship between the ideas of thinking well, feeling well and being well, is an intimate one. The Greeks saw this too, being among the first to celebrate the connection between the healthy mind and the healthy body. The point is again so familiar that we easily forget it, but it should remind us that the effort to make people feel involved and valued, to make them aware, to make them want to read, to help them to be educated, to help them reflect, can only be the opening of an opportunity for them to be healthier people in the true sense of this term: more integrated - 'wholer' - in their mental and physical health.

So what one is inviting people to do, by involving them in the conversation which we hope will change their ethos and therefore their behaviour, is to make each of them individually more integrated, equipped with the sense of wholeness that is easily identifiable as an important feature of the life best worth living. And though, of course, there are all sorts of ways - and I end now with a thought about how one does this - of challenging individuals to come into the conversation, one way is suggested by Albert Camus in his essay "The Myth of Sisyphus". He there says - in a deliberately provocative way - that the great question in philosophy is "Should I, or should I not, commit suicide?" If (as for most people it will be) the answer is "no", it must typically be because there is a reason to go on living, the grounds being that there is something worth doing and being that makes one prefer life to death. And this means that for almost everyone there are aims, purposes and goals worth realising. If you stop somebody in the street and ask: "Why haven't you committed suicide?" (and the person in question is prepared to go along with the Camus enterprise here) he or she is likely to say something on these lines: "Well, I've got responsibilities, I've got children and I want to raise them properly, I'm trying to get promotion in my job, I want to go to Majorca next summer ..." You might then ask, and will accordingly get an affirmative answer to, the question: "So there are things worth doing and worth being in your life?" One can always ask, as a supplementary: "Then why are you smoking?" or "Why do you take no exercise? - because these are facts about what you are and what you are doing which have a chance of interfering with the plans you have."

This is of course a simplistic example, but it makes its point. Trying to alert people to the fact that if they do not want to commit suicide, then it becomes a question why they are doing it slowly by smoking or not taking exercise, is tantamount to trying to get them to see is that there is a bigger picture, of which the things they consciously value are only a part, and that therefore they need to value certain other things as ancillary to their primary values. If life is worthwhile, then the whole of life has got to be worthwhile - that is the idea.

There is no question for me, at any rate, that looking back at the source of our thinking about the good life and the good society has a great deal to tell us now - especially in providing a kind of compass-setting about where to go in trying to think about the intractable problem of changing behaviour in connection with community health. There is much to learn from looking at the lessons that those early models suggest to us about the social conversation that shapes a community ethos, and in devising ways to apply them to contemporary conditions. The idea is strategic and general; but if it helps to suggest more concrete versions of itself, it cannot help but be a contribution, however small, to changing an ethos.

Carol Tannahill:

We now have an opportunity for some questions and reflections on Dr Grayling's ideas and then after that Duncan is going to say a few words in a local response to these ideas. So who would like to start off with some questions?

Q. One of the central notions behind the hypothesis that we are generating here in Glasgow is very much in keeping with the sort of arguments that you've just advanced and that's the notion of control, the notion of an individual's sense of himself and his or her place in the world. If that goes wrong, if they don't feel they have some sense of control over their lives, we think we can demonstrate physical ill health and we think we can trace the actual pathological mechanisms. This notion of control, does it have any parallel in that type of Athenian philosophy?

A. I really think it does, yes. Here we are very familiar with the idea of the people who lose their jobs, at great risk to their health, because they feel detached from their support system – the community which gives them a sense of value, of belonging, of being productive and the rest. A very characteristic psychological profile, a characteristic set of health problems, follow from it – and not just from poverty and the rest, but from the psychological difficulty they face. And, quite interestingly, a lot of corporations talk about how to make the experience of being part of a corporation better without it just being a matter of more money. (although we like more money) - being valued, being made to feel part of a team, being recognised for contributions that you make, having a sense of control, as you say, over what they do and what place they play. That impotence, that loss of an ability to steel oneself, that people who are unemployed suffer from, and this idea of acknowledgement, recognition, control, and direction that people have when they are in a good place, provide a very interesting contrast. And what one generalises from that to this point about the conversation is: "involvement". If somebody is party to the conversation then they feel that they have got some influence and are having an effect on the direction that they are going in because they have entered a choice, they have registered a choice. And if they are not party to the conversation, if nothing they say is taken into account, or if they've got no voice at all, then familiarly that's very disempowering and has all those other consequences. And one can parley this thought into different debates, debates about democracy for example, debates about relations between children and parents... But it certainly has a place in this discussion about what it is that makes a person feel that life is good, and that they are doing well, and that they're being well.

Q. Could I ask you about two things, and they may be related, see what you think. One is, do you think that the big commercial organisations have got a hold of this idea of ethos that you describe and that's how they sell brands that they now associate with certain ways of feeling and being and associating – and so that's a big force that's creating a sort of countervailing ethos to some of the health things we might be trying to promote? And the other thing – I just wondered what the case is – back in antiquity when they were trying to find eudaimonia (either find it or discuss it) – is it the case that they had a notion that such a thing existed and thus the task was worth engaging in, where as is it slightly the case today that people have lost the notion that it's definable – that people live by whichever life they define themselves and how does that fit into your argument?

A. Well, there is a connection between the two points, of course, because retailers, advertisers, marketers are selling satisfaction, selling the good life, selling a

sense of having arrived, achievement and so on. If we own certain brands, do certain things, shop in certain places – the result will be that you will be happy. So eudaimonia is to be found in them all. And if you've got enough in the way of resources to command enough of those consumables, then that will be eudaimonic. And it's now a kind of reflex for us all to say – “that's wrong” – because it's entirely commercial, and it's material – materialistic. Where are the special values? ... to wring our hands over this matter. But there have been some quite interesting arguments to the effect that people, and this is about retail therapy, about how nice it is to go shopping. If you get a small win on the lottery off you go and buy yourself a new pair of shoes or something like that – that it is actually enjoyable – that buying things is a pleasure – owning things can be a pleasure. And also they can say certain things about you, you can express yourself by what you wear, by where you go, what you do, and how you spend your money. And these things are not to be sneered at but are just a part of the way we live in a transactional, capitalist society. So they are not an entirely negative matter. There is a book – I'm just trying to remember the name of the author – Twitchell, his name is – and the book is called “Lead us into Temptation” and it has this marvellous argument in it that wearing branded clothes, wearing Manolo Blahnik shoes or having a very fancy handbag, says something immediate to other people about you. It helps you to place yourself in society and in relation to certain other people. Not always in very desirable ways maybe because if nobody else has got Manolo Blahnik shoes on, then of course you are the top dog in the case. And so it needn't necessarily be a good thing, but it's a very interesting thesis because it says that here are practices, ways of expressing oneself, which can be considered creative and enjoyable and bringing pleasure and therefore aren't entirely all downside.

- Q. You were saying that there isn't a moral and ethical aspect if you want to live fast and die young. I'm a Paediatrician and surely there is a moral, ethical, aspect if you are doing all these things and you are also inculcating that in your child, who is then going to suffer adversely from it. And also society is going to suffer adversely as we are having to put all our money towards these curative services which if people would only follow a healthier lifestyle – we could actually put that money into things that are much more pleasurable for people. So, you are adversely affecting society and the issue of responsibility for younger people who don't have control themselves. And also, you were saying about corporations – and you know if a child is going to be completely ostracised for not having Nike trainers and so on, if they put the money into the Nike trainers they then don't have the money for other things which could have been so much better.
- A. Well, you made two very good points there. Had we enough time, of course one would have gone into the question about just what the limits of your personal choice are about such matters because you are quite right. Since we live in a community we, just ipso facto, have responsibilities to other people, and some of those responsibilities are very intimate ones - to children and people who love and who depend on us - and therefore we have an obligation to them to look after ourselves for their sakes. You are quite right about that and I agree. I think that would have to be a very important part of the conversation. If you were having a direct conversation with somebody about the kind of behaviour that affects their health, those are just some of the things that one would say, incline to, in an exaltatory conversation where you try to make them see that they should do things differently. So, I agree absolutely with that.

On the second point: in an ideal world things would be so arranged that very

world that people have different levels of resource and therefore can afford different things, and that there are gradations in society as a result and then these sorts of competitions about who has got what, and you haven't got it and I have ... and those things are very destructive of community. In fact, it's one thing about increasing wealth in society that it creates these sorts of divisions and introduces new markers of social division that more people have access to, and which therefore increases the chronic irritation that people feel in competition with, or failing in competition with, other people. And that's a very negative thing in society too - but it's a fact about society which can only be addressed really, again by this conversation. We very often, in our conversation about what to be and how to live, raise the issue of what to value. Does it really matter if you have Nike shoes, or isn't it better if you do such and such a thing? And that's the kind of thing that we do talk about among ourselves and we do deprecate in other people when they seem to have the wrong kind of values. So the thought that you registered there is by no means absent and it's one that sometimes makes a difference for people, you sometimes find people saying: "Hang on a second - I'm not going to buy yet another pair of expensive trainers but I'll give the money to Oxfam". I don't think it happens very often but it might.

Q. In the conversation, when you're saying about soap operas and things, what would be the influence of reality TV shows and the importance of having the right messages within Big Brother, or Celebrity Get Me Out of Here or OK magazine? You know, that's what people are watching. Then if you warm (??) to them they are not really reality, are they?

A. I don't think they should be scared of reality though because whatever happens in the reality TV situation can be taken at least two ways, and possibly many more than two ways - some people would be attracted and some people repelled and all rest of it. But whichever one of those things it is - at least people will be talking about it the next day and you know what they say - "jaw jaw" is better than "wah wah" and so anything that gets people talking and thinking... Negative role models can be as valuable as positive ones.

Carol Tannahill:

We've got three questions which we'll take quickly.

Q. I agree about the need to change the conversation but I think that the risk is that we're viewing the conversation on a very superficial level, at the level of advertising where, yes, you can change the conversation temporarily by producing a new product or putting something into a soap opera. But it seems to me the problem with so many of these conversations is that we don't understand where they are coming from and there are all sorts of undercurrents and sub-texts that we are not party to and I personally think it is a very important concern about the historical reverberations of film culture that we are not conscious of but which drives things forward. And, of course, the big problem is that the folk culture of people we are trying to influence is different from our own - if you are talking about families living in abject poverty - their folk culture, their reverberations, their history is so different and so unimaginable by us that we can't even begin to get it in to their conversation because what their..., the memories, their reverberations are so different from our own.

A. I think it's a very interesting point you make. Clearly, the situation is a tremendously complex one for just the reasons that you state although it would be wrong to think that we aren't actors as well as patients: I mean, as well as

don't fully articulate to ourselves. But our relation to those historical currents which are pushing us in one direction rather than another is an interesting one because in that debate that we have with ourselves about what is right and wrong, which direction we go in and so on, at least some of the consequences, some of the effects of those currents are in play – we are conscious of them. I mean, think for example about a sociological model that people have put about the late/second half of the 20th century and changes in attitudes about the position of women in society. And the model goes something like this: that after the Second World War with the increased production of consumer durable items society/the capitalists thought to themselves “Well it's no good having just one wage earner in the family as they can't buy enough fridges, motorcars and so on - so it's two wage earners in the family” – and therefore it changed the attitude about the position of women in society so that they go out and work and they will buy more things. This model ignores the fact that working class women have always worked and had to and so on.

When that kind of change happens – there was this massive shift of the number of women in work from the late 1950s onwards and therefore different patterns of commodity purchase and the rest - you could look at all the different changes and the way they relate to one another like that. You can be sufficiently aware of what's going on for it to be possible for some of the people who are affected by that, who are patients of that process, to become agents, to take action and to think differently or to refuse to be party to it, or to want to modify other structures like childcare arrangements or whatever it might be, to accommodate it. So if you were to be an historian of such a change over such a period one of the most important sources of data about that change would be what people consciously said and thought and tried to do in response to it and to accommodate it. And that's the conversation that we are having with ourselves and that's the interesting part because insofar as the trends are hidden, and insofar as we don't understand what they are or what other communities are thinking and feeling about them, we are helpless – that's true but we are not helpless in the first respect. And that's the respect that one has to work on if you are really serious about trying to do concrete and practical things in a society - you've got to look for the levers that are pull-able and try to pull them.

Carol Tannahill:

Can I take the next two questions together because we want to give Duncan time at the end to respond?

- Q1. I was drawn to thinking during your presentation not so much of the argument itself but what would follow if one believed the argument. In other words, whose interests would be served if the sort of account you're offering were believed and acted upon in terms of being implemented into policy? And it seems to me that the notion that health is connected to community ethos is sometimes, in other places, called victim blaming in that those communities with the poorest health are in a sense positioned as the cause of their own health because of the dysfunctional ethos which that community maintains within itself. And the idea that by changing attitudes you can change health is what I would call individualistic. In other words it takes something which is profoundly social and attempts to address it individualistically and moreover psychologicalistically also in that it's attempting to change health through changing people's behaviours.

So to me the approach whilst elegant and interesting is victim blaming,

unemployment literature is not so much the interpretation that you gave, the research literature has indeed demonstrated that unemployed people, when they become unemployed, have elevated risk of a whole range of psychological and other problems - but the modern literature also shows that those people who are job insecure or those people who are inflexible over market jobs which are of poor quality are also subject to exactly the same sorts of consequences. And those sorts of jobs do carry the sense of being employed and social interaction and all sorts of things that Marie Hoder and colleagues talked about.

So to me it's an interesting but problematic account.

Q2: I was going to ask how you see the role of the environment in shaping the ethos and the conversation which you're talking about. There's a long tradition... the new town movement around the turn of the last century explicitly said if you create better communities and better standards of building that'll have a better impact on the individuals that live in it. Now that tradition goes back to from Octavia Hill through Ebenezer Howard right through to the improvements in housing associations in the late 70s. Do you actually still think there's anything in that or is it still down to basic, individual values and individual ethos which people are going to have no matter where they live or no matter what condition of housing they live in?

A. In fact I do tremendously think that physical environment has a great part to play. It's a quite separate debate. I was telling Andrew, everyone in Dublin early this year took part in a conference on Art and Health ... the arts and how they directly relate to health and that included architecture and environment and not just to the healing environment but to the social, physical, town, country environment in general and again not just about pollution and so on but about how the physical environment is imagined, how it is lived, how traffic plays in a town, what resources in the way of libraries and theatres and things people have in it. And of course those things are crucial. But it seems to me that what one says and thinks about that is just part of this conversation about the ethos because one part of the conversation would have to be if we are such and such a community what would we need in the way of institutions, and some of those institutions need bricks and mortar and how do we organise ourselves in that respect? What happens far too often, I think, in town planning and traffic management and, you know, all the fragmented ways thinking about different aspects of this is they are not integrated with one and other, and partial solutions are arrived at by, you know, very particularised, over focused efforts to make an improvement in some part of the physical or the social environment without the bigger picture being conceived. And yes, they really have to be a very significant part of the conversation and what grows from it.

Just to go back to the point about... Of course I'm dismayed to give the impression that I'm committed to all the rather negative "isms" that you listed there. I think in a way it is how you read the suggestion as to whether you think that you're blaming the victims. I don't myself see it that way. I see it... I see the suggestion as being something like this: that at any given point that anyone tries to re-focus this conversation about how we live and what sort of people we are, we take it as given how we got there and take it as given that we are the way we are at that point. Now there are certain facts - and you can look at the statistics and you can look at the anecdotal evidence and you can accumulate more imperative evidence and you can profile a community - and instead of

looking for causes like bad housing or polluted water supply or something like that, to talk about individuals making bad choices is to forget that individuals make the choices they do because of the way their own social environment influenced them earlier and really it is a debate which is in a way not worth having if what one wants to do is to have a fresh debate about how to remedy the situation.

So I don't see myself as quite fitting myself as the picture you draw there of saying we have to isolate and blame individuals or groups for past behaviour. Rather take the behaviour as a given and try to think about how we persuade ourselves. Another thing we have to discuss if we went on to discussing it longer is paternalism and individualism and individual responsibility and how one gets people to take that kind of responsibility for themselves without doing it paternalistically and the rest. And that is a very important aspect of the conversation too. But it is us, it's we who have the conversation and have to take a full part in constructing or shifting the ethos and in living in the consequences of doing so, so it is a civil community which again... Another thing one would very much want to discuss is the fact that one wouldn't want the civil community to become coercive or come to regard itself as being more important than any of the individuals in it. There has to be a very finely arranged balance between the individual member and the community itself which somehow privileges the individual and makes it possible for individuals to make choices and to make mistakes and to take away from the conversation the things that he or she finds valuable personally, because one would just get the balance wrong if one thought that everything was prescriptive and top down and handed down about behaviour, which is of course the way that we do things now when we make laws about smoking and so on.

Carol Tannahill:

Thank you very much. I think that's been a fantastically interesting lecture and series of discussions. We do have an opportunity to have further conversations. Before we do so I'd like to invite Duncan Booker, the Coordinator of the Healthy City Partnership and member of the Management Team of the Centre for Population Health, to give us some reflections on the implications of what Dr Grayling has said, for Glasgow.

Duncan Booker:

Thank you Carol. Good evening everybody. It's a very welcome task to say just a few words this evening on behalf of the Centre's partners by way of reflection on some of the potential policy implications of the conversation we just had. Not only in terms of Dr Grayling's talk but also in terms of the response that you've just been making to it. And from the various journalistic jottings I've got here I'm going to try and focus on three particular points – they're not necessarily the points that will pick up on all of the things that you've just been discussing but ones that occur to me as the basis for a continuing discussion amongst ourselves and with colleagues as we take the work of the Centre forward.

The first one is rather general. It may strike you as a little bit mundane but I think it's absolutely fundamental and it is quite simply this. Here we are in Glasgow discussing the philosophical foundations of our work to improve health. Here we are in Glasgow thinking about a conception of the good life as a means of informing our thinking - improving our thinking about improving health - and that's quite something. It's not something we do very often, to the extent that we do it at all, and it's something we need to sustain and build upon. What I've picked up on not only this evening but in other contexts with many of you and other partners around the work of the Centre, is a sense of enthusiasm and commitment and aspiration which we need to continue with in the vein of this open kind of discussion - because the stakes are incredibly high. And in terms of the health issues with which we are also wearily familiar, the work of the Centre and of its programmes aims to do, I guess no less than, to crack the Glasgow code. And that brings me to my second point reflecting on what we have said today.

We know that for that code there is no simple and single solution, no easy translation, and we know also that we are going to have to acquire the habit and the skill of managing a diverse and multiple set of ciphers. And in listening to Dr Grayling about the Greek polis and some of the work, some of the thinking around harmony and balance and so forth.... I was struck by the sense in which these very much require an understanding and appreciation of, and the ability to be comfortable with, complexity and contingency. The good life is not a one-dimensional notion and it is situated in all sorts of ways. And perhaps, at times, here in Glasgow we have been guilty in the past of, how can I put it, something of a command economy model towards social policy in general, health in particular. We only have to think of the example of social housing over the last 40 years to realise how poorly that particular way of thinking has served our people.

I was struck when Dr Grayling used the expression 'phronesis', which is a species of practical wisdom orientated towards action. We perhaps need to think more about a form of 'phronetic thinking', of how to manage complexity, in the work which we are doing. That's something the Centre's very much focused towards. I'm also very conscious that in some of the work, some of the issues that we have talked about, there's a sense in which there's not an easy linear discussion to be had about the good life but that we need perhaps to be better at pattern recognition, about seeing tendencies and trends and ways of living that we can follow and engage in discussion with. And I'm reminded from philosophy of mind, there's a strong analogy about the sense in which the mental is realised by the neuro-physiological but cannot be reductively identified with it. And there's probably a sense in Glasgow in which we need similarly to move beyond, at times, a reductive identification of health issues with underlying social factors. They are, of course, realised by them but we need to be careful not to identify simply the two together. That's, at times, be-devilled some of our rather command economy approaches.

I have to say, as a former historical materialist myself, that there's a sense of vestigial pain when I hear myself say those words, and I recommend to you Dr Grayling's own review of Eric Hobsbawm's autobiography on this matter.

My third point I think is really around what it means to think about the good life as something that could help our thinking and there are three particular points I noted here. The first is about the fact that ethics is not a one-dimensional subject matter to be discussing. At times in the past, again it's another bit of *mea culpa* here, we've probably been guilty of thinking of people as the bearers of certain qualities and not as subjects, as citizens, as conversationalists, but as people for whom a certain dynamic input will give us a fluid output. A certain social policy input will give us a certain quantum, let's say, of health as an output. We've been surprised when that hasn't worked. And that is principally because of the complexity and contingency of the lives that people lead to which we need to pay far greater attention.

My second point in that light is that the good life is such a rich, thick concept that we need to pay a lot more attention to what it means for some of our work in tackling health and in looking to understand health in Glasgow. Probably we need to do a lot more around what you might call a phenomenological mode of investigation of the historically situated lives of our people in their communities in the distinctly urban context, in a place called Glasgow. And that kind of action research approach will need to inform us as much as our ability to manage the intricacies of public health data sets. It's not that we throw any babies out with any bath water, but my suggestion is we need somehow to find ourselves comfortable in a spectrum that goes from the number crunching of the public health data sets to an imaginative reading of, say, Calvino's 'Invisible Cities'. Somewhere therein some answers may just lie, some patterns may emerge.

The third point I've made here is absolutely fundamental and is very challenging to us and it is about the democratic discussion - what it means to part of a polis, what it means to allow that space for our people, our Glaswegians in their communities, to have that discussion. Crucially in the tradition the good life is associated with the ability to conceive of a good life, the ability to articulate it and then to do something about it, which is related to the capacity for good judgment. There are very profound implications there in terms of our educational system, what we do to our young Glaswegians, in terms of, to use a general expression, our approach to community development, and I suspect in terms of our organisational development too - our ways of learning and understanding and discussing amongst ourselves. These are all areas that the Centre has begun to think about and begun to discuss... It's come under various guises including, as Harry mentioned, locus of control. We also have expressions like emotional resilience, emotional intelligence, confidence - all of them need to be underpinned by an explicit discussion of the good life. Their sensefulness will only be articulated through that.

I'm quite struck by a personal favourite philosopher of mine, Richard Rorty, whose view is described at times as 'liberal ironism' - the way in which we are ironists is because we recognise that much of what we passionately believe in is nevertheless contingent and very situated. It doesn't stop us believing in them, but it may not be true forever and we are liberal in a sense that we really need to create room for different views to be expressed and to flourish - we need to be tolerant in order that we don't accidentally get things badly wrong. We need to create that space.

In that light my final point really is that we've talked about ethics and we've talked about good life and the flourishing of individuals in their community, so it's no accident that the city's great motto 'Let Glasgow Flourish' is the one that we seek to take forward within the context of the Centre - let healthy Glaswegians, healthier Glaswegians flourish and I just want to finish with that particular thought. I think there's a real sense of commitment and aspiration for the work of the Centre which we need to build upon. We need to define the space to have our discussions in ways that are critical and challenging and difficult, in ways in which we can find a comfortable space, some means of discussing within the kirk here but within the broader communities of enquiry in Glasgow, meaning by that not simply academic communities. And in that light I want to finish with something that Dr Grayling was picking up on quite often - the culinary analogy which came quite often in his talk. That kind of sense in which you get together and break bread, you have a talk and therein, and after many bottles of wine later the solutions might all occur - if only we wrote them down at the time and wouldn't forget them the next morning! The point I want to make is that the title of Plato's symposium is perhaps more generously translated by its French editors as "The Banquet" and we need, if you'll forgive the obvious follow up line, to feast on some of the ideas we've had. And I would like to thank Dr Grayling for the substantial food for thought you have given us. We need to digest it in the spirit of critical enquiry and I put it to you that we need to dine out more often together with our ideas if we are not only to interpret health in Glasgow but to change it. Thank You.

Ends