

Two Current Challenges to Public Leadership: Individual Autonomy and Group Polarization

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The new millennium is now almost seven years old. These years have been difficult ones for many in leadership positions in our country. The business world was rocked by the Enron and Worldcom scandals. The Catholic Church was stunned by the revelations of clergy abuse of minors. Local governments have seen police and judges indicted for criminal behavior. And, nationally citizens have been repeatedly jabbed by the news of apparently deceptive communications by numerous government officials. In this collective wake, citizens are understandably growing more and more reluctant to trust leaders of any stripe. How have we come to this social malaise?

It is certainly true that poor ethical decision-making by leaders who have ended up jailed, disbarred, defrocked, dismissed, or otherwise reprimanded has contributed significantly to this situation. Numerous studies have offered analyses focused on leaders and their characterological and/or behavioral failings. However, it is important to recall that the notion of leadership is a relational concept that involves not only the leader, but also those whom the leader strives to lead. In the context of government, these are the citizens.

Society is always changing in small, almost unnoticeable ways. By stepping back and looking at developments in society over a longer time-span, one can identify trends that manifest themselves more visibly. In my scanning of societal developments over the past forty to fifty years, two such trends come to the surface. My hypothesis is that (1) an intensification of the importance of the principle of autonomy and (2) the radicalization of the process of group polarization have contributed significantly to a shift in the self-understanding of citizens today. This awareness that citizens have of themselves and their values today is markedly different from that of fifty years ago.

Changes in society impact the dynamic between leader and citizens. This changed dynamic challenges not only the very understanding of what a leader is and how leadership is practiced in our society today, but also the way citizens respond to their leaders' decisions. By exploring these two shifts in society, I will show that the relationship between leader and citizens has been morphing toward a new reality which current political leaders have been slow to grasp, if they have grasped it at all.

Part I: Individualism and the Principle of Autonomy

The 1985 publication Habits of the Heart (HH) persuasively argued that individualism has been a distinctive character-trait of American life, seemingly from the very beginning of our country's existence. The authors of HH also show that this strong American tendency to pursue one's individual good has traditionally been moderated by the counterbalancing emphasis on the common good as seen in the dual practices of biblical religion and civic republicanism (see HH, 36-39). A concern raised by HH is that the social glue provided by the commonly accepted values of biblical religion and civic republicanism has been drying out, cracking, and falling away – i.e., the two major expressions of American concern for the common good have been steadily declining in importance in our society. What has emerged in the past two or three decades is an increasingly unfettered and untempered ascendancy of the principle of individualism, or autonomy, in our society.

One of the consequences of this increasing emphasis on individualism is the steady fragmentation of our society into smaller and smaller social units (e.g., the nuclear family, and ultimately, a solitary individual person). These units often find themselves competing rather than collaborating as various individual goods, each defined by the separate units, are pursued. The progressive deterioration of the sense of a common good has impacted significantly on the political arena. The authors of HH note “how suspicious Americans are of politics as an area in which arbitrary differences of opinion and interest can be resolved only by power and manipulation.” (HH, 287) It seems as if the suspicious view of politics noted by HH two decades ago has progressed to a more overt distrust of politics and politicians today. How has American society moved from suspicion to distrust?

A. The Rise of Biomedical Ethics and its Challenge to the Public Sphere

Over the past thirty years we have witnessed a remarkable expansion of ethical reflection in the area often referred to as Biomedical Ethics, or Bioethics. This concentration of thinking signals several significant shifts in our understanding of what counts as ethically appropriate today, as opposed to a generation ago. Central to these shifting sands has been the elevation in importance of the principle of patient autonomy. As patient autonomy has grown in importance, it has challenged the hegemony of the principle of a doctor's beneficence. The exercise of a

medical professional's beneficence is often called "paternalism." Over the past thirty years the principle of autonomy has not only challenged, but in many respects eclipsed, paternalistic beneficence.

There has been a broad level of social support for this shift in thinking. Both The Uniform Rights of the Terminally Ill Act (Uniform Law Commissioners, 1989) and the federal Patient Self-Determination Act of 1990 support the patient (or her/his surrogate) in the decision-making process. These laws elevate the principle of patient autonomy over against medical professionals whose paternalistic beneficence recedes in importance. The highly publicized case of Terri Schiavo exemplifies this ethical decision to respect the wishes of a patient and her surrogate. The Schiavo case also provides an example of the rebuffing of political efforts to block the legal exercise of autonomy through legislative means.

The ethical question of "who decides?" provides the framework for the tension between the principle of patient autonomy and paternalism, be it the professional beneficence of a doctor or the beneficence of society as a whole. Much of the abortion debate of the past thirty years can be understood as the struggle between the pregnant woman having the power to decide whether or not to abort and the State's power to regulate or restrict a woman's right to choose to abort. In fact, it can be argued that this tension between individual autonomy and societal paternalism undergirds nearly all current questions of biomedical ethics. In addition to being central to the debates surrounding abortion and euthanasia, the autonomy-paternalism tension is found in discussions concerning stem cell research, organ transplantation, artificial methods of reproduction such as IVF, and the use of humans as subjects in research trials concerning potential AIDS medications.

At bottom, the tension between autonomy and paternalism is a question of authority. Whose authority holds sway: that of the individual patient or the medical professional? Thirty or forty years ago a physician may have simply told a patient that test results showed that she needed a surgery to remove a tumor, and proceed to make the necessary arrangements. Today the physician explains to that patient the variety of treatment options that are available to her. The decision to have or not have the surgery lies far more fully with the patient. Doctors are careful not to coerce a patient into a decision.

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This ascendancy of autonomy is not without its risks and tragedies. Today it is more likely that a patient will make a decision that may go against the professional expertise of a physician. This may result in a patient dying sooner rather than later. However, we return to the question of “who decides?” Proponents of autonomy argue that it is the patient’s life and that if they choose a treatment option that may result in death sooner than with other forms of treatment, it remains the patient’s choice. A majority of people in our country favor a terminal patient’s right to be declared “DNR” – “do not resuscitate” in case of cardiac arrest. A medical team may very well be able to resuscitate an arresting patient, but the DNR order makes it ethically inappropriate to intervene during the arrest. Respect for patient autonomy requires the team to stand at the bedside and allow nature to take its course.

Interestingly, as the arguments in support of the principle of patient autonomy have gained acceptance in the medical field, more and more medical professionals have come to agree with them. Many doctors and nurses today agree with the respect for patient autonomy since they would ask for that same respect for themselves, if they were the patient. As medical professionals have slowly come to accept the principle of autonomy, space has been opened to support an enhanced dialogue between patient and doctor. It is this mutually and reciprocally accepted dialogue that holds great hope for constructive decision-making concerning what is best for this patient at this time.

The struggle for authority in biomedical ethics manifests Nietzsche’s notion of the “will to power.” Simply put, the will to power is a person’s desire to make their own decisions for their life. Traditionally, society has invested professionals with the power to decide: doctors decided what was best for their patients, policemen maintained social order, teachers graded their students. The emphasis on paternalism highlights order and limits individual freedom. By contrast, the push to increase autonomy can be seen as a challenge to external authority. Autonomy resists society’s efforts to domesticate the sometimes disorderly exercise of individual freedom. The rise of autonomy has resulted in an inversion of roles. The primacy of the principle of beneficence produced a relationship wherein the doctor was the leader and the patient the follower. The patient trusted the doctor’s expertise and intention to do what was for the patient’s good. The rise of the principle of autonomy presents a relationship where the patient assumes a leadership, decision-making role while the doctor’s role becomes one of informing the patient of her/his options and then the carrying out of the patient’s wishes (if the

doctor can concur in conscience). Fifty years ago we affirmed that “doctor knows best,” while today we might say that it is the patient who knows best.

There are several interesting corollaries to the intensification of the value of the principle of autonomy in Biomedical Ethics. Respect for a patient’s autonomy requires a doctor to fully inform the patient of all factors regarding her/his treatment. This is known as the principle of free and informed consent. A doctor also respects a patient’s autonomy by telling the patient the truth about her/his condition as well as keeping information concerning the patient’s condition confidential. This respect for patient autonomy has resulted in a shrinking of the number of situations in which a doctor may invoke the principle of therapeutic privilege, by which the doctor would withhold information concerning the patient’s medical condition “for the patient’s own good.”

B. From Biomedical Ethics to Public Leadership

As we have seen, the pursuit of individual good has always been a strong feature of American society. Within the medical field, laws such as the Patient Self-Determination Act of 1990 have supported an intensifying of the value of the individual good, now conceived as the principle of autonomy – the right to decide for oneself. The value we place on the individual good in the field of health care finds parallels in the business field. The principle of patient autonomy becomes the principle of customer sovereignty – “the customer is always right”; “have it your way”; and, “you are now free to move about the country.” All are messages driven by the pervasiveness of the pursuit of individual good in our society.

However, when we turn our attention to the field of politics and government, we see a much greater reluctance to accommodate the principle of autonomy. For example, election laws continue to require in-person balloting at the citizen’s one-and-only voting location, and to do so within a relatively small window of hours. The push for the greater autonomy of online voting continues to be blocked. In the aftermath of the attacks of September 11, 2001, efforts to increase air travel safety have rolled back passenger autonomy in terms of what can and cannot be taken onto a flight. And, despite the increasing majority of citizens who oppose the continuation of the Iraq war, President Bush argues for its necessity.

It is this last example which I believe is most instructive concerning the issue of the shifting sands of the relationship of leader and citizens. I suspect that President Bush sees himself as a

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leader much like the doctor of a few generations ago: he operates under the principle of beneficence, believing he has the best interests of the citizens at heart. What he does not seem to see very well is that a large percentage of citizens now value the principle of autonomy more highly than that of beneficence. They have been conditioned in many ways to have their autonomy respected more fully. The expectation to have one's autonomy respected increasingly pervades our society.

It can be argued that our discussion of Biomedical Ethics is restricted to the realm of individual decision-making and to the pursuit of an individual good. However, there have been indications that the dynamics of autonomy and paternalism are not limited to the relationship of an individual patient and her/his physician. We can see in the State of Oregon's 1994 Death with Dignity Act (which became law in 1998) an example of a State legislature increasing the power of the patient to decide the weighty matter of personal life and death. Abroad, this same dynamic of increased patient autonomy regarding euthanasia has become national policy in The Netherlands. However, paternalists have not willingly accepted this movement toward increased autonomy, whether individual or social. More than once the Bush administration, through its then Attorney General John Ashcroft, attempted to have the Oregon law overturned as unconstitutional. This paternalistic initiative has not succeeded as of today.

I contend that the slow but steady ascendancy of individual autonomy in the field of biomedical ethics is impacting the way citizens react to authority in the area of public policy. Within the field of Biomedical Ethics, the conflict or tension between physician paternalism and patient autonomy has, by and large, moved in the direction of a more constructive dialogue between the two parties. In many cases there has been a growing integration of the perspectives and values of patient and doctor regarding the goal of the pursuit of the good of the patient, primarily as that good is understood by the patient.

In other words, the discordance of political affairs in Washington since the beginning of the millennium may be due in some part to the conflict between leaders whose core value is beneficence and the pursuit of the common good and a citizenry whose core value is autonomy and the pursuit of individual good. The perceived paternalistic imposition by public leaders of their will without apparent regard for the will of the majority of the citizens has and continues to result in frustration among the citizenry. In addition, the corollaries of autonomy (informed consent, truth telling, and confidentiality) function differently in the pursuit of the common good.

Certainly some information must be kept confidential, such as military secrets. But on the other hand, excessive withholding of information from concerned citizens (at least sometimes apparently for perceived ulterior motives) corrodes the trust between leaders and citizens. Promise-making, followed by promise-breaking, also contributes to the erosion of trust. The lack of internal policing of moral failures and professional mistakes results in a shrinking ability to trust that public leaders have the common good at heart. In the business field, we have witnessed the passage of enhanced oversight procedures such as the Sarbanes-Oxley Act (2002) that have as their purpose the restoration of trust of customers in the entire business enterprise.

This recognition of the intensification of the high value placed on the principle of autonomy and its corollaries leads to my second consideration: the effect that more pervasive autonomy is having on our public life, on our democracy.

Part II: Autonomy's Dark Side: Fragmentation and Group Polarization

All current public policy discussions have been fundamentally conditioned by the terrorist attacks on 9/11/01. John McCumber (Reshaping Reason, 2005) argues that the entire philosophical enterprise in the U.S.A. has been changed because of that experience. Judith Butler (Precarious Life, 2004) also sees the philosophical landscape as inescapably changed because of 9/11. What does this mean for our discussion of autonomy and paternalism and the current climate of distrust of public officials?

The events of 9/11 resulted in a dramatically increased concern for national, as well as personal, security. Citizens looked to the government for safety and security. The Patriot Act (October, 2001) is an example of the government's argument that in order to provide for the security of the country, certain civil liberties would need to be restricted. The wiretapping debate is but one concrete example of this. The enhancement of airport security measures is another. However, these adjustments to provide for increased security have had as an almost necessary side-effect the limiting of individual freedom. Having to take off one's shoes to go through airport security and the more recent regulations regarding liquids in one's carry-on bag are both restrictions on passenger freedom. These restrictions fly in the face of a citizenry more and more conditioned by an increase in personal freedoms in the medical field as well as in the world of business. For some, the exercise of governmental paternalism provoked a resistance. Yet, in the early aftermath of 9/11 there was a general agreement in society that national security

concerns were paramount and that the restrictions on freedom were a necessary means to that end. The common good of safety trumped the individual good of convenience.

This general acceptance of the government's pursuit of the common good has eroded steadily since the beginning of the Iraq war in 2003. This erosion has been occurring on two distinct levels. On one level, individuals have recognized the government's inconsistent message of concern for national security in contrast with the demonstrable ongoing laxity of port and border security. Mistrust of government leaders also derives from the growing awareness that the reasons for beginning and continuing the Iraq war were not clearly and truthfully communicated to the American public by the Bush administration. The American political climate today is characterized by division. Not only are Democrats divided from Republicans, but each party is itself a precarious whole composed of several fractious segments. How have we arrived at such divisions?

A. Personalization, Filtering, and Fragmentation

Our study of the principle of patient autonomy within the field of Biomedical Ethics showed us a typically positive application of the individual will to power. However, this tendency to personal freedom in decision-making has a dark side. Cass Sunstein (republic.com, 2001) observes an ever-increasing personalization of information-gathering in our society, facilitated by technological developments in the field of information-sharing. Broadly speaking, we can see the great variety of options for national news that television viewers have today because of cable and direct tv. Gone are the days when the entire citizenry heard the evening news through one of the three major network anchors. Gone, too, is the unifying common experience that we were all hearing basically the same news reports. Instead, today people choose their news sources very idiosyncratically. Consumers can customize their internet home page to get their news from specific news sources, often from those whose viewpoint matches their own.

This personalization of news in particular, and of information in general, leads Nicholas Negroponte to predict the emergence of "the Daily Me" – "a communications package that is personally designed, with each component fully chosen in advance." (Sunstein, 7) Sunstein worries about this. He sees consumers exercising their power to filter the news to fit their pre-existing tastes. While personally pleasant, this subjective filtering may indeed restrict a person's encountering of opinions and perspectives which are not in alignment with her/his own. This

type of filtering will negatively impact on the important process of the free exchange of ideas important to the common good. Individual filtering is a form of personal censorship: I censor what I see and hear. Interestingly, most individuals who filter see this form of censorship as a good rather than as a bad thing!

In addition to contributing to the filtering of information, efforts to enhance the personalization of information can have a further negative effect: fragmentation. In many respects, our tendencies to personalization increase our isolation from one another. My “Daily Me” is unique to me, as yours is to you. In this respect we each become more and more an island. Perhaps if we find someone with a similar set of filters we can engage in a conversation. This discussion, however, will be with a like-minded person, not someone who sees things differently. Personalization increases the potential of social fragmentation. Fragmentation places the notion of the common good in jeopardy. The common understanding of the common good is progressively thinned out.

B. Group Polarization as the Foiling of Integration

During the late Middle Ages, Nicholas of Cusa articulated a theory of “the integration of opposites.” In our day, this theory has been fruitfully employed by Italian semiotician and novelist Umberto Eco. This theory begins with the observation that the natural world appears to be set up this way. The darkness of night is slowly but surely integrated into the light of day, which in turn is integrated into the darkness of the following night. A complete day integrates both the dark and the light.

When applied to humans, theoretically the two opposites should integrate with one another in order to progress toward a good that embraces both opposites. For example, reason and emotion are in many respects opposites. One can move forward in decision-making by keeping the two opposites exclusive of one another. However, one can also integrate reason with emotion in the making of ethical decisions. This approach would suggest that the pursuit of one’s individual good should be integrated with the values to be achieved through the pursuit of the common good. In theory, the mutual and reciprocal give-and-take between individual and common goods should produce a more integrated society where differences are tolerated and fragmentation is ameliorated. However, studies show that while unification-through-integration may occur, it is also likely that efforts at social integration may actually result in *greater* rather

than reduced divisions! This tendency to greater division rather than to enhanced integration of opposing viewpoints can be understood through the concept of group polarization.

According to Sunstein, group polarization can occur in two very different ways. The first type happens when groups characterized by opposing ideas attempt to discuss their differences in order to reach a consensus. What happens when people of opposing viewpoints discuss a contentious issue in an open, inter-mural setting? Will the sharing of opposing perspectives help bring the two sides to a greater appreciation of the one for the other? In some cases, this does indeed occur. Some interracial dialogues help individuals to overcome racist tendencies. Similarly, some interfaith discussions and experiences can help those of different faiths to have a more positive understanding and appreciation of each other. Yet, in other contexts, bipartisan attempts at discussion result not in a softening of opposing positions, but rather in their hardening. More than thirty years after Roe v. Wade, pro-life and pro-choice advocates have found precious little common ground. Discussion of abortion by representatives of the two positions often produces increased and radicalized opposition, not integration. Rather than move the opposing parties toward an integration of their respective values, the discussion has had a polarizing effect on the two groups.

It is on this level of efforts at bipartisan dialogue that our public policy debates are found. There seems to be no way out of the bottle of this form of group polarization. This appears true on all levels of our society. Local issues push city residents into opposing camps. One group supports the city's decision to cull the deer herd while another group opposes the culling. Attempts at dialogue often result in the two sides experiencing further polarization from each other. The result is an increasingly polarized suburban community. On the state level, issues such as legalized gambling and restrictions on smoking often result in enhanced polarization. Nationally, in addition to the Iraq war, the issues of illegal immigration and global warming have had, and continue to have, a polarizing effect on the American public.

Our society has never been uniform. There have always been sharp differences of opinion in our country. The most challenging – slavery – was only decided by the bloodiest of civil wars. Group polarization moves us once again away from integration and toward increased segregation in our society.

Interestingly, Sunstein points out that group polarization also occurs in discussions among *like-minded* members of a group. Perhaps they are a group of people who all agree that the Iraq

war embodies major public policy mistakes and should be abandoned as quickly as possible. The theory of group polarization suggests that when these like-minded people converse among themselves, say in an internet chat-room, they will not only agree with themselves, but will also become more extreme or radical in their position. Hearing like-minded people express outrage for the war further radicalizes the members of the group. The same could be said of a group of pro-Iraq war citizens. Their intramural discussion would push them further away from a moderate position and toward an extremist support for the war. Both groups move away from the moderate center as they discuss the issue among their own members. Intramural discussion can result in the further polarization of the group from positions other than its own.

Whether a discussion is among like-minded members, or among people who hold opposing viewpoints, the notion of group polarization suggests that as a result of the discussion, people tend “to move toward a more extreme point in the direction to which the group’s members were originally inclined.” (Sunstein, 65) For example, pro-life activists attending the annual March for Life in Washington, D.C., are likely to “end up thinking the same thing that they thought before – but in more extreme form.” (Sunstein, 65)

A news commentary program like Hannity and Colmes on the Fox network presents a clear example of this phenomenon every day. No matter what topic is being discussed, by the end of the debate the two sides are typically farther apart than when they began. That is, there has been a radicalizing of the positions on both sides of the issue. In fact, attempts at integration of opposing viewpoints are typically derided. Strong group identity with either the left or the right is encouraged. The centripetal process of further strengthening group identity by contrasting one’s group with its opposition results in a balkanization of the public. And, as people choose to more and more engage in discussions with like-minded people from within their own group, there will be a radicalization of this balkanizing tendency.

A further side-effect of intramural group polarization is that when like-minded people speak only among themselves, there is little or no chance to hear any views contrary to the view held by the group and its members. Any arguments made in this type of discussion will typically support the position already held by the group. Even those not firmly convinced of the group’s position will likely take on the group’s perspective when they find themselves supported by others in the group. People tend to want to belong, and agreeing with the group’s position is certainly one way to belong.

In his early nineteenth-century analysis of American life, Alexis de Toqueville pointed to this potential within individualism when he stated that “it was strangely compatible with conformism.” (HH, 147) Recently, John McCumber echoed this thought in saying that “of all national psychologies, that of the Americans is the most sheepishly conformist.” (Reshaping Reason, 231)

When groups only hear their own views repeated over and over, and do not hear contrary views, one wonders if any real exchange of opinions and views is possible. In the political arena, we have experienced this balkanizing tendency for at least the past two decades. The very language of “red state, blue state” gives evidence of this reality. During the Clinton administration, Republican groups galvanized in opposition to almost any Clinton initiative. The attempt at health care reform in 1993-4 is but one example. The impeachment initiative is another. And, during the current Bush administration we have seen the same reactions among Democrats regarding any number of Bush initiatives.

C. Fragmentation and Group Polarization Fallout

The personalization of information-gathering which greases the wheels of social fragmentation, along with the increasingly powerful tendency toward group polarization, have a worrisome effect: the shrinking of common or shared experiences. Shared experiences, such as the celebration of the Fourth of July, provide at least some sense of commonality to our increasingly diverse and fragmenting society. Rooting for the United States Olympic team helps Americans to see one another not as mortal opponents on the political battlefield, but as fellow citizens of a country with similar goals and dreams.

In my judgment, the rise of the principle of autonomy, along with its attendant implications of the personalization of information-gathering, fragmentation, and group polarization, have contributed to the environment within which public policy is decided today in our country. A citizenry formed in the principles of autonomy and consumer sovereignty may, and at times will, react negatively to a government official – be it local, state, or national – who says something as paternalistic as “I am the decider.” Perhaps the Biomedical Ethics model can be helpful for our political leaders today. Can you imagine the President saying to the American people something like the following: Well, we have a couple of viable options which we can pursue at this time. Let me lay them out for you in detail, explaining both the benefits and the risks of each option.

Then, I will ask you to think about these options, discuss them with your families and friends, and then contact your congresspersons to inform them of your views. We're all in this together, so we'll all need to put our heads together to see what might be our best option to pursue, what will be for our common good.

There has been a significant erosion of the trust that citizens have in public leaders. Without a doubt, the sometimes poor behaviors of these leaders have caused and accelerated this erosion of public trust. However, I believe it is also true that even when politicians are behaving well, the trust between them and their citizens continues to wane due to the social factors we have discussed. Citizens today are living in a society more and more shaped by autonomy and the pursuit of their own individual goods. Perhaps the waning of trust in government is related to the waning of appreciation of the common good by our citizens.

Conclusions: Leaders and Citizens Today

If it is true that trust in public officials is waning, what might cause this trend to reverse? How might trust in government begin to wax? If we recognize that such a trust will involve public leaders as well as the community of citizens, both parties have an obligation to re-build broken trust. Of the two, the easier aspect of the relationship to understand and "fix" is that of the public leaders. It's easier to fix one rather than the many. Concern for the education of solid public leaders is indeed waxing. An increasing number of universities are now offering graduate degrees in public leadership programs. The University of Virginia was recently given \$100 million dollars by an alumnus to begin a doctoral program in public leadership.

This growing number of public leadership programs may find a parallel in the numerous bioethics programs established during the 1960-1970s. While virtually no bioethics courses could be found in college catalogs from 1950 to 1965, by 1978 over 1500 colleges were offering classes in bioethics. (Potter, Global Bioethics, 78). The dawning of the era of the principle of patient autonomy and the many emerging issues in biomedical ethics spawned bioethics courses and programs that became part of many university pre-med degree programs. Might it be that our multiple negative experiences in the field of public leadership ethics are in turn spawning education programs that will have as one of their goals the better ethical preparation of those aspiring to a career in public service?

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At the same time, what might be done with respect to the other party of the relationship: the citizenry of our country? Given the strong emphasis on autonomy that appears to be solidly entrenched as a cornerstone of current American thinking, how are American citizens to manage their lives as members of a society which is greater than the sum of its parts?

In Habits of the Heart, the authors explored the concept of individualism within the context of the history of our American society. In their 1991 follow-up study, The Good Society (GS), the same authors examined the notion of the political reality called The United States of America and the public institutions necessary for the continued life of our body politic. They believe that “pluralism does not contradict the idea of a good society, for the latter would be one that would allow a wide scope for diversity and would draw on resources from its pluralistic communities in discerning those things that are necessarily matters of the good of all.” (GS, 9)

At the same time, these authors argue that the traditional notion of freedom must be reinterpreted. In times past, freedom often meant “the right to be left alone.” (GS, 9) However, in the American society of today, “[f]reedom must exist within and be guaranteed by institutions, and must include the right to participate in the economic and political decisions that affect our lives.” (GS, 9) In fact, Americans are challenged to engage themselves in “a newly extended and enhanced set of democratic institutions, within which we citizens can better discern what we really want and what we ought to want to sustain a good life on this planet for ourselves and the generations to come.” (GS, 9)

This challenge to American citizens is a significant one since “[i]ndividualistic Americans fear that institutions impinge on their freedom.” (GS, 10) It is interesting to note that in this context the authors of GS argue that it is *institutions* that Americans fear. Perhaps the current distrust of public leaders is somewhat of a displacement for a deeper distrust of public institutions. In this view, public leaders may simply be “targets of opportunity” for a citizenry at odds with the very institutions that purportedly exist to enable the pursuit of individual goods.

Above we noted the emergence of education programs in public leadership. Is there an education analogue for citizens today? And, if there is, what might it look like? The authors of GS suggest that “[b]y imagining a world in which individuals can be autonomous not only from institutions but from each other, [our society] has forgotten that autonomy, valuable as it is in itself, is only one virtue among others and that without such virtues as responsibility and care,

which can be exercised only through institutions, autonomy itself becomes, as we argued in Habits of the Heart, an empty form without substance.” (GS, 12)

Are there any examples of this responsibility and care-infused understanding of autonomy in action today? Interestingly, it is within the field of health care that we find exciting examples of individuals working for a common good. Fund-raising events such as the Relay for Life (cancer research) and run/walk events sponsored by the Susan G. Komen Foundation (breast cancer research) bring people of all ages, races, creeds, genders, and political persuasions together to pursue a common good. Even in the midst of the divisiveness of the Iraq war, an effort to write thank-you letters to the American soldiers serving in Iraq was picked up nationally by a car manufacturer. This effort bridged the division of pro and anti-war camps and allowed all Americans to participate in the common good of support for the American troops serving their country.

It is certainly reasonable to understand the growing skepticism and cynicism displayed by citizens toward public leaders who have all-too-often fallen short of the ideals of good public service. The general waning of the public’s trust in its leaders is understandable. However, despite the increasing influence of the principle of autonomy and the tendencies to fragmentation and group polarization, the citizens of our society have an obligation – one might even say an ethical responsibility – to integrate themselves into the institutions of our society rather than, like an ostrich, to keep their collective heads in the sand and resist their role of participation in our democracy today. Autonomy without responsibility is irresponsible and unethical. Yes, public leaders must function responsibly to build the trust of citizens. At the same time, citizens must engage responsibly in the life of democratic institutions in order to fulfill their role in the leader-citizen relationship today.

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Published by the Forum on Public Policy

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