'Powerful.' John Kay, *Financial Times* (UK)

'Surprising . . . Upends the traditional debate about income inequality.' Peter Wilson, *The Australian*

'This is a book with a big idea, big enough to change political thinking . . . In half a page [*The Spirit Level*] tells you more about the pain of inequality than any play or novel could.'
John Carey, *Sunday Times* (UK)

'The connection [between income inequality and dysfunctional societies] is spelt out with stark clarity in Richard Wilkinson and Kate Pickett's remarkable new book, *The Spirit Level*. Income inequality, they show beyond any doubt, is not just bad for those at the bottom but for everyone.'
Will Hutton, *Observer* (UK)

'Richard Wilkinson and Kate Pickett put forward compelling evidence that income inequalities are at the root of a wide range of health and social problems in society.'
Niall Crowley, *Irish Times Weekend Review*

'The evidence, here painstakingly marshaled, is hard to dispute.'
Economist (UK)

'Many [*New Statesman*] readers will be inspired as I am by a new book, *The Spirit Level* . . . Wilkinson and Pickett compare not only different countries, but also the 50 US states. They show that greater equality benefits not just the poor, but all occupational groups . . . [*The Spirit Level* has] lots of graphs but no jargon.'
Peter Wilby, *New Statesman* (UK)

'In this fascinating sociological study, the authors do an excellent job of presenting the research, analyzing nuances, and offering policy suggestions for creating more equal and sustainable societies. For all readers, specialized or not, with an interest in understanding the dynamics today between economic and social conditions.'
Library Journal

RICHARD WILKINSON
AND KATE PICKETT

The Spirit Level

Why Greater Equality Makes Societies Stronger

c. 2009

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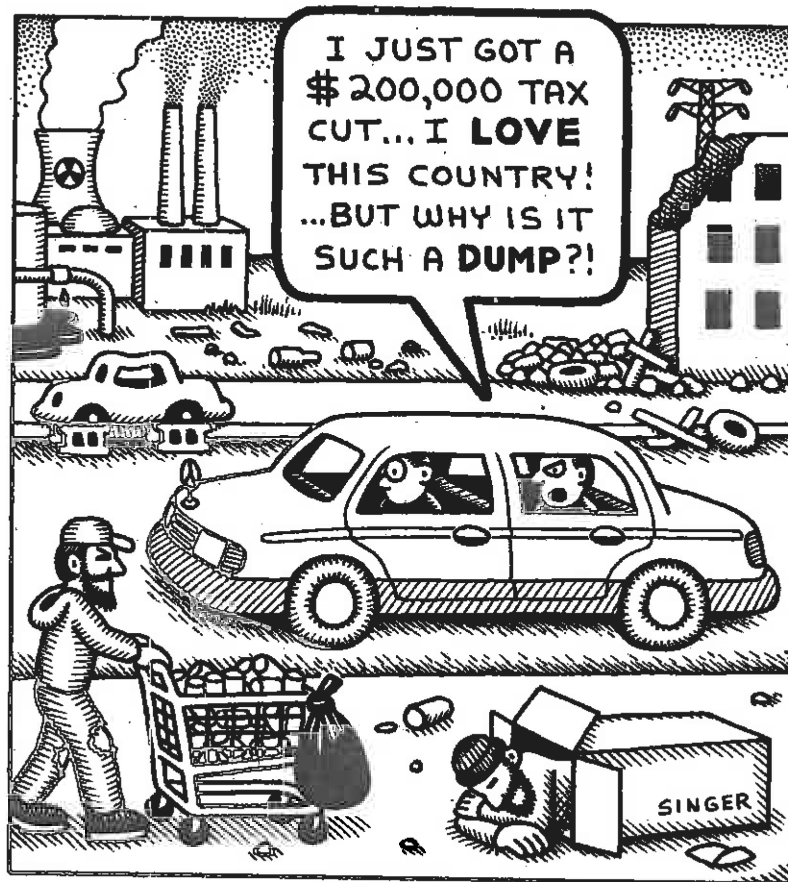


I

The end of an era

> I care for riches, to make gifts to friends, or lead a sick man back to health with ease and plenty. Else small aid is wealth for daily gladness; once a man be done with hunger, rich and poor are all as one. Euripides, *Electra*

It is a remarkable paradox that, at the pinnacle of human material and technical achievement, we find ourselves anxiety-ridden, prone to depression, worried about how others see us, unsure of our friendships, driven to consume and with little or no community life. Lacking the relaxed social contact and emotional satisfaction we all need, we seek comfort in over-eating, obsessive shopping and spending, or become prey to excessive alcohol, psychoactive medicines and illegal drugs.

How is it that we have created so much mental and emotional suffering despite levels of wealth and comfort unprecedented in human history? Often what we feel is missing is little more than time enjoying the company of friends, yet even that can seem beyond us. We talk as if our lives were a constant battle for psychological survival, struggling against stress and emotional exhaustion, but the truth is that the luxury and extravagance of our lives is so great that it threatens the planet.

Research from the Harwood Institute for Public Innovation (commissioned by the Merck Family Foundation) in the USA shows that people feel that 'materialism' somehow comes between them and the satisfaction of their social needs. A report entitled *Yearning for Balance*, based on a nationwide survey of Americans, concluded

that they were 'deeply ambivalent about wealth and material gain'.[1]* A large majority of people wanted society to 'move away from greed and excess toward a way of life more centred on values, community, and family'. But they also felt that these priorities were not shared by most of their fellow Americans, who, they believed, had become 'increasingly atomized, selfish, and irresponsible'. As a result they often felt isolated. However, the report says, that when brought together in focus groups to discuss these issues, people were 'surprised and excited to find that others share[d] their views'. Rather than uniting us with others in a common cause, the unease we feel about the loss of social values and the way we are drawn into the pursuit of material gain is often experienced as if it were a purely private ambivalence which cuts us off from others.

Mainstream politics no longer taps into these issues and has abandoned the attempt to provide a shared vision capable of inspiring us to create a better society. As voters, we have lost sight of any collective belief that society could be different. Instead of a better society, the only thing almost everyone strives for is to better their own position – as individuals – within the existing society.

The contrast between the material success and social failure of many rich countries is an important signpost. It suggests that, if we are to gain further improvements in the real quality of life, we need to shift attention from material standards and economic growth to ways of improving the psychological and social wellbeing of whole societies. However, as soon as anything psychological is mentioned, discussion tends to focus almost exclusively on individual remedies and treatments. Political thinking seems to run into the sand.

It is now possible to piece together a new, compelling and coherent picture of how we can release societies from the grip of so much dysfunctional behaviour. A proper understanding of what is going on could transform politics and the quality of life for all of us. It would change our experience of the world around us, change what we vote for, and change what we demand from our politicians.

In this book we show that the quality of social relations in a society is built on material foundations. The scale of income differ-

*Superscripts refer to numbered references listed at the end of the book.

ences has a powerful effect on how we relate to each other. Rather than blaming parents, religion, values, education or the penal system, we will show that the scale of inequality provides a powerful policy lever on the psychological wellbeing of all of us. Just as it once took studies of weight gain in babies to show that interacting with a loving care-giver is crucial to child development, so it has taken studies of death rates and of income distribution to show the social needs of adults and to demonstrate how societies can meet them.

Long before the financial crisis which gathered pace in the later part of 2008, British politicians commenting on the decline of community or the rise of various forms of anti-social behaviour, would sometimes refer to our 'broken society'. The financial collapse shifted attention to the broken economy, and while the broken society was sometimes blamed on the behaviour of the poor, the broken economy was widely attributed to the rich. Stimulated by the prospects of ever bigger salaries and bonuses, those in charge of some of the most trusted financial institutions threw caution to the wind and built houses of cards which could stand only within the protection of a thin speculative bubble. But the truth is that both the broken society and the broken economy resulted from the growth of inequality.

WHERE THE EVIDENCE LEADS

We shall start by outlining the evidence which shows that we have got close to the end of what economic growth can do for us. For thousands of years the best way of improving the quality of human life was to raise material living standards. When the wolf was never far from the door, good times were simply times of plenty. But for the vast majority of people in affluent countries the difficulties of life are no longer about filling our stomachs, having clean water and keeping warm. Most of us now wish we could eat less rather than more. And, for the first time in history, the poor are – on average – fatter than the rich. Economic growth, for so long the great engine of progress, has, in the rich countries, largely finished its work. Not only have measures of wellbeing and happiness ceased to rise with

economic growth but, as affluent societies have grown richer, there have been long-term rises in rates of anxiety, depression and numerous other social problems. The populations of rich countries have got to the end of a long historical journey.

The course of the journey we have made can be seen in Figure 1.1. It shows the trends in life expectancy in relation to Gross National Income per head in countries at various stages of economic development. Among poorer countries, life expectancy increases rapidly during the early stages of economic development, but then, starting among the middle-income countries, the rate of improvement slows down. As living standards rise and countries get richer and richer, the relationship between economic growth and life expectancy weakens. Eventually it disappears entirely and the rising curve in Figure 1.1 becomes horizontal – showing that for rich countries to get richer adds nothing further to their life expectancy. That has already happened in the richest thirty or so countries – nearest the top right-hand corner of Figure 1.1.

The reason why the curve in Figure 1.1 levels out is not because we have reached the limits of life expectancy. Even the richest countries go on enjoying substantial improvements in health as time goes by. What has changed is that the improvements have ceased to be related to average living standards. With every ten years that passes, life expectancy among the rich countries increases by between two and three years. This happens regardless of economic growth, so that a country as rich as the USA no longer does better than Greece or New Zealand, although they are not much more than half as rich. Rather than moving out along the curve in Figure 1.1, what happens as time goes by is that the curve shifts upwards: the same levels of income are associated with higher life expectancy. Looking at the data, you cannot help but conclude that as countries get richer, further increases in average living standards do less and less for health.

While good health and longevity are important, there are other components of the quality of life. But just as the relationship between health and economic growth has levelled off, so too has the relationship with happiness. Like health, how happy people are rises in the early stages of economic growth and then levels off. This

Figure 1.1 *Only in its early stages does economic development boost life expectancy.*[2]

is a point made strongly by the economist, Richard Layard, in his book on happiness.[3] Figures on happiness in different countries are probably strongly affected by culture. In some societies not saying you are happy may sound like an admission of failure, while in another claiming to be happy may sound self-satisfied and smug. But, despite the difficulties, Figure 1.2 shows the 'happiness curve' levelling off in the richest countries in much the same way as life expectancy. In both cases the important gains are made in the earlier stages of economic growth, but the richer a country gets, the less getting still richer adds to the population's happiness. In these graphs the curves for both happiness and life expectancy flatten off at around $25,000 per capita, but there is some evidence that the income level at which this occurs may rise over time.[4]

The evidence that happiness levels fail to rise further as rich countries get still richer does not come only from comparisons of different countries at a single point in time (as shown in Figure 1.2). In a few countries, such as Japan, the USA and Britain, it is possible to look at changes in happiness over sufficiently long periods of time to see whether they rise as a country gets richer. The evidence shows that happiness has not increased even over periods long enough for real incomes to have doubled. The same pattern has also been found by researchers using other indicators of wellbeing – such as the 'measure of economic welfare' or the 'genuine progress indicator', which try to calculate net benefits of growth after removing costs like traffic congestion and pollution.

So whether we look at health, happiness or other measures of wellbeing there is a consistent picture. In poorer countries, economic development continues to be very important for human wellbeing. Increases in their material living standards result in substantial improvements both in objective measures of wellbeing like life expectancy, and in subjective ones like happiness. But as nations join the ranks of the affluent developed countries, further rises in income count for less and less.

This is a predictable pattern. As you get more and more of anything, each addition to what you have – whether loaves of bread or cars – contributes less and less to your wellbeing. If you are hungry, a loaf of bread is everything, but when your hunger is satisfied, many

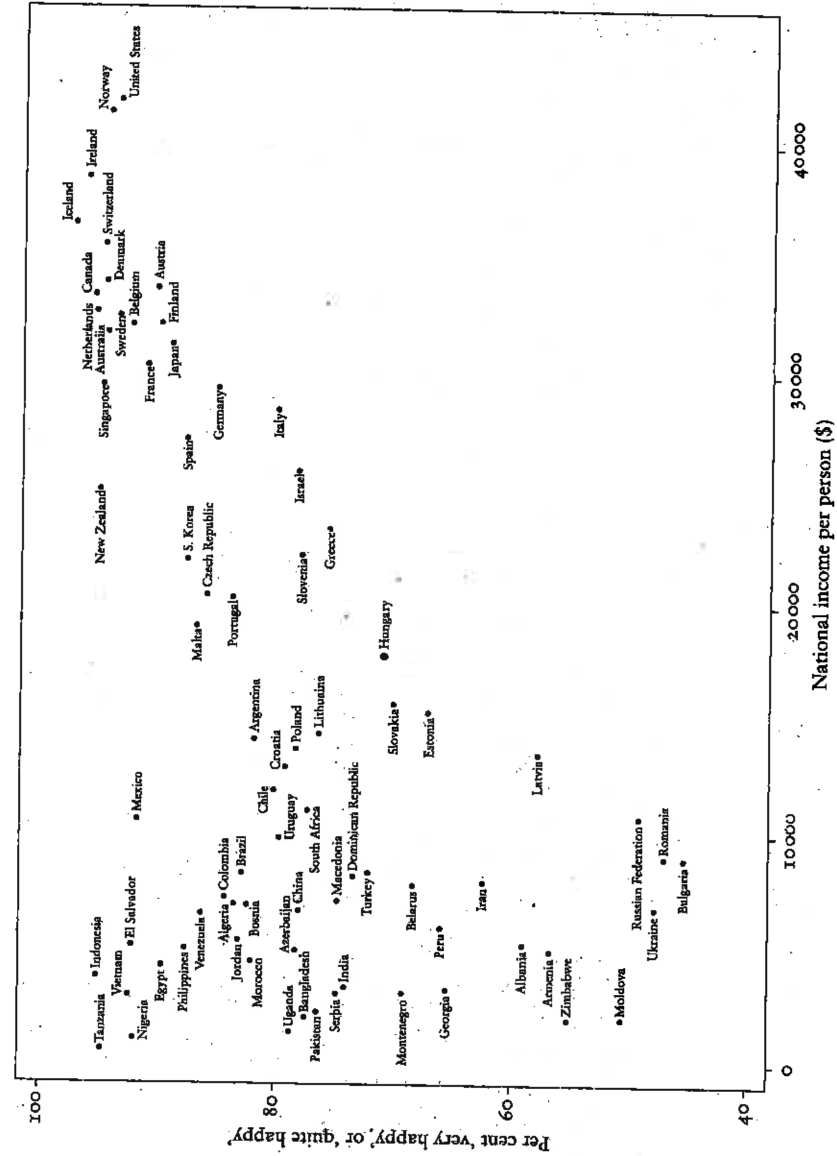


Figure 1.2 Happiness and average incomes (data for UK unavailable).[5]

more loaves don't particularly help you and might become a nuisance as they go stale.

Sooner or later in the long history of economic growth, countries inevitably reach a level of affluence where 'diminishing returns' set in and additional income buys less and less additional health, happiness or wellbeing. A number of developed countries have now had almost continuous rises in average incomes for over 150 years and additional wealth is not as beneficial as it once was.

The trends in different causes of death confirm this interpretation. It is the diseases of poverty which first decline as countries start to get richer. The great infectious diseases – such as tuberculosis, cholera or measles – which are still common in the poorest countries today, gradually cease to be the most important causes of death. As they disappear, we are left with the so-called diseases of affluence – the degenerative cardiovascular diseases and cancers. While the infectious diseases of poverty are particularly common in childhood and frequently kill even in the prime of life, the diseases of affluence are very largely diseases of later life.

One other piece of evidence confirms that the reason why the curves in Figures 1.1 and 1.2 level off is because countries have reached a threshold of material living standards after which the benefits of further economic growth are less substantial. It is that the diseases which used to be called the 'diseases of affluence' became the diseases of the poor in affluent societies. Diseases like heart disease, stroke and obesity used to be more common among the rich. Heart disease was regarded as a businessman's disease and it used to be the rich who were fat and the poor who were thin. But from about the 1950s onwards, in one developed country after another, these patterns reversed. Diseases which had been most common among the better-off in each society reversed their social distribution to become more common among the poor.

THE ENVIRONMENTAL LIMITS TO GROWTH

At the same time as the rich countries reach the end of the real benefits of economic growth, we have also had to recognize the problems of global warming and the environmental limits to growth. The dramatic reductions in carbon emissions needed to prevent runaway climate change and rises in sea levels may mean that even present levels of consumption are unsustainable – particularly if living standards in the poorer, developing, world are to rise as they need to. In Chapter 15 we shall discuss the ways in which the perspective outlined in this book fits in with policies designed to reduce global warming.

INCOME DIFFERENCES WITHIN AND BETWEEN SOCIETIES

We are the first generation to have to find new answers to the question of how we can make further improvements to the real quality of human life. What should we turn to if not to economic growth? One of the most powerful clues to the answer to this question comes from the fact that we are affected very differently by the income differences *within* our own society from the way we are affected by the differences in average income *between* one rich society and another.

In Chapters 4–12 we focus on a series of health and social problems like violence, mental illness, teenage births and educational failure, which within each country are all more common among the poor than the rich. As a result, it often looks as if the effect of higher incomes and living standards is to lift people out of these problems. However, when we make comparisons between different societies, we find that these social problems have little or no relation to levels of *average* incomes in a society.

Take health as an example. Instead of looking at life expectancy across both rich and poor countries as in Figure 1.1, look just at

the richest countries. Figure 1.3 shows just the rich countries and confirms that among them some countries can be almost twice as rich as others without any benefit to life expectancy. Yet *within* any of them death rates are closely and systematically related to income. Figure 1.4 shows the relation between death rates and income levels within the USA. The death rates are for people in zip code areas classified by the typical household income of the area in which they live. On the right are the richer zip code areas with lower death rates, and on the left are the poorer ones with higher death rates. Although we use American data to illustrate this, similar health gradients, of varying steepness, run across almost every society. Higher incomes are related to lower death rates at every level in society. Note that this is not simply a matter of the poor having worse health than everyone else. What is so striking about Figure 1.4 is how regular the health gradient is right across society – it is a gradient which affects us all.

Within each country, people's health and happiness are related to

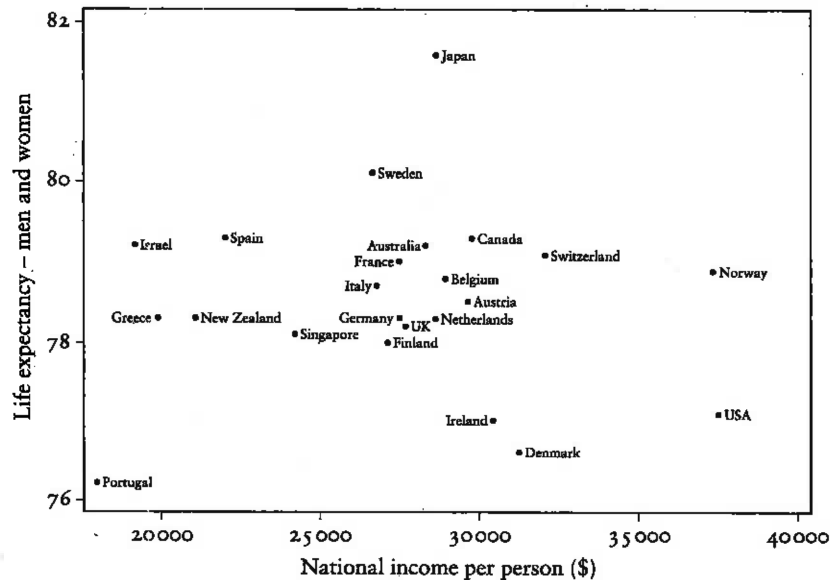


Figure 1.3 *Life expectancy is unrelated to differences in average income between rich countries.*[6]

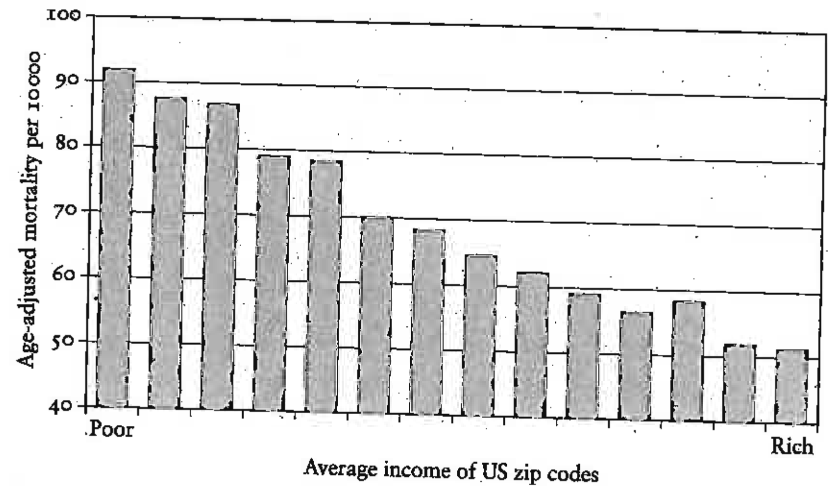


Figure 1.4 *Death rates are closely related to differences in income* within *societies.*[7]

their incomes. Richer people tend, on average, to be healthier and happier than poorer people in the same society. But comparing rich countries it makes no difference whether on average people in one society are almost twice as rich as people in another.

What sense can we make of this paradox – that differences in average income or living standards between whole populations or countries don't matter at all, but income differences within those same populations matter very much indeed? There are two plausible explanations. One is that what matters in rich countries may not be your actual income level and living standard, but how you compare with other people in the same society. Perhaps average standards don't matter and what does is simply whether you are doing better or worse than other people – where you come in the social pecking order.

The other possibility is that the social gradient in health shown in Figure 1.4 results not from the effects of relative income or social status on health, but from the effects of social mobility, sorting the healthy from the unhealthy. Perhaps the healthy tend to move up the social ladder and the unhealthy end up at the bottom.

This issue will be resolved in the next chapter. We shall see

whether compressing, or stretching out, the income differences in a society matters. Do more and less equal societies suffer the same overall burden of health and social problems?

2

Poverty or inequality?

> Poverty is not a certain small amount of goods, nor is it just a relation between means and ends; above all it is a relation between people. Poverty is a social status . . . It has grown . . . as an invidious distinction between classes . . .
>
> Marshall Sahlins, *Stone Age Economics*

HOW MUCH INEQUALITY?

In the last chapter we saw that economic growth and increases in average incomes have ceased to contribute much to wellbeing in the rich countries. But we also saw that within societies health and social problems remain strongly associated with incomes. In this chapter we will see whether the amount of income inequality in a society makes any difference.

Figure 2.1 shows how the size of income differences varies from one developed country to another. At the top are the most equal countries and at the bottom are the most unequal. The length of the horizontal bars shows how much richer the richest 20 per cent of the population is in each country compared to the poorest 20 per cent. Within countries such as Japan and some of the Scandinavian countries at the top of the chart, the richest 20 per cent are less than four times as rich as the poorest 20 per cent. At the bottom of the chart are countries in which these differences are at least twice as big, including two in which the richest 20 per cent get about nine times as much as the poorest. Among the most unequal are Singapore, USA, Portugal and the United Kingdom. (The figures are

'Miss Smith, buy up the rights to the Bible and get that part changed about the rich man and the eye of the needle.'

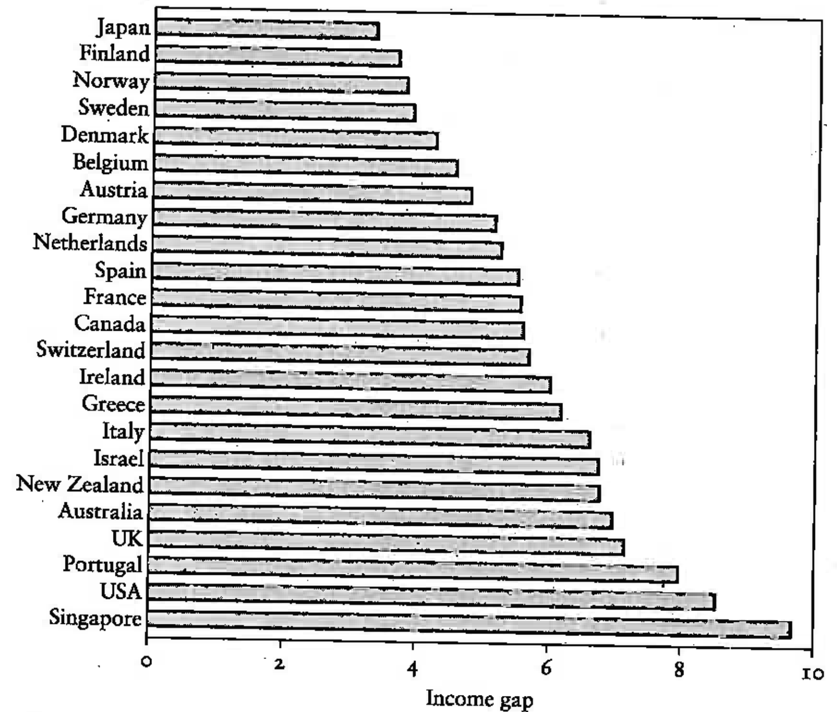


Figure 2.1 *How much richer are the richest 20 per cent than the poorest 20 per cent in each country?*[2]

for household income, after taxes and benefits, adjusted for the number of people in each household.)

There are lots of ways of measuring income inequality and they are all so closely related to each other that it doesn't usually make much difference which you use. Instead of the top and bottom 20 per cent, we could compare the top and bottom 10 or 30 per cent. Or we could have looked at the proportion of all incomes which go to the poorer half of the population. Typically, the poorest half of the population get something like 20 or 25 per cent of all incomes and the richest half get the remaining 75 or 80 per cent. Other more sophisticated measures include one called the Gini coefficient. It measures inequality across the whole society rather than simply comparing the extremes. If all income went to one person (maximum inequality) and everyone else got nothing, the Gini coefficient would be equal

to 1. If income was shared equally and everyone got exactly the same (perfect equality), the Gini would equal 0. The lower its value, the more equal a society is. The most common values tend to be between 0.3 and 0.5. Another measure of inequality is called the Robin Hood Index because it tells you what proportion of a society's income would have to be taken from the rich and given to the poor to get complete equality.

To avoid being accused of picking and choosing our measures, our approach in this book has been to take measures provided by official agencies rather than calculating our own. We use the ratio of the income received by the top to the bottom 20 per cent whenever we are comparing inequality in different countries: it is easy to understand and it is one of the measures provided ready-made by the United Nations. When comparing inequality in US states, we use the Gini coefficient: it is the most common measure, it is favoured by economists and it is available from the US Census Bureau. In many academic research papers we and others have used two different inequality measures in order to show that the choice of measures rarely has a significant effect on results.

DOES THE AMOUNT OF INEQUALITY MAKE A DIFFERENCE?

Having got to the end of what economic growth can do for the quality of life and facing the problems of environmental damage, what difference do the inequalities shown in Figure 2.1 make?

It has been known for some years that poor health and violence are more common in more unequal societies. However, in the course of our research we became aware that almost all problems which are more common at the bottom of the social ladder are more common in more unequal societies. It is not just ill-health and violence, but also, as we will show in later chapters, a host of other social problems. Almost all of them contribute to the widespread concern that modern societies are, despite their affluence, social failures.

To see whether these problems were more common in more unequal countries, we collected internationally comparable data on

health and as many social problems as we could find reliable figures for. The list we ended up with included:

- level of trust
- mental illness (including drug and alcohol addiction)
- life expectancy and infant mortality
- obesity
- children's educational performance
- teenage births
- homicides
- imprisonment rates
- social mobility (not available for US states)

Occasionally what appear to be relationships between different things may arise spuriously or by chance. In order to be confident that our findings were sound we also collected data for the same health and social problems – or as near as we could get to the same – for each of the fifty states of the USA. This allowed us to check whether or not problems were consistently related to inequality in these two independent settings. As Lyndon Johnson said, 'America is not merely a nation, but a nation of nations.'

To present the overall picture, we have combined all the health and social problem data for each country, and separately for each US state, to form an Index of Health and Social Problems for each country and US state. Each item in the indexes carries the same weight – so, for example, the score for mental health has as much influence on a society's overall score as the homicide rate or the teenage birth rate. The result is an index showing how common all these health and social problems are in each country and each US state. Things such as life expectancy are reverse scored, so that on every measure higher scores reflect worse outcomes. When looking at the Figures, the higher the score on the Index of Health and Social Problems, the worse things are. (For information on how we selected countries shown in the graphs we present in this book, please see the Appendix.)

We start by showing, in Figure 2.2, that there is a very strong tendency for ill-health and social problems to occur less frequently in

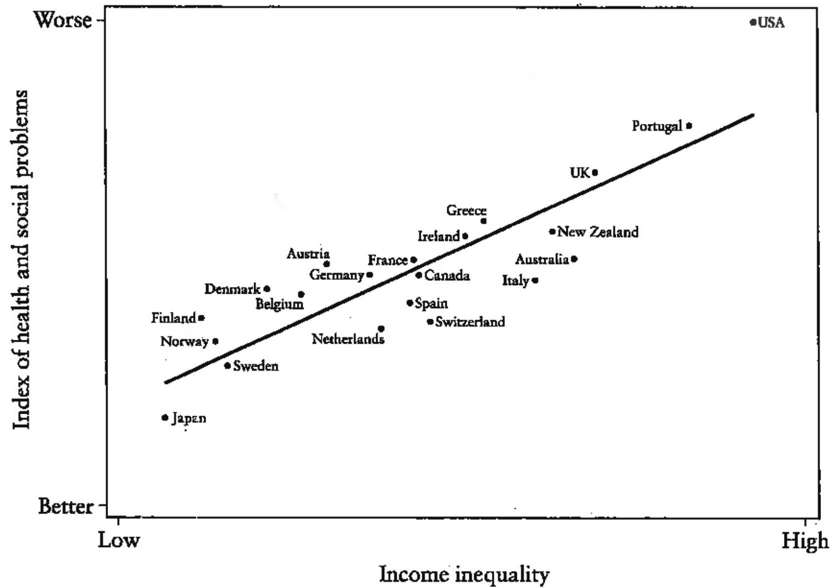


Figure 2.2 *Health and social problems are closely related to inequality among rich countries.*

the more equal countries. With increasing inequality (to the right on the horizontal axis), the higher is the score on our Index of Health and Social Problems. Health and social problems are indeed more common in countries with bigger income inequalities. The two are extraordinarily closely related – chance alone would almost never produce a scatter in which countries lined up like this.

To emphasize that the prevalence of poor health and social problems in whole societies really is related to inequality rather than to average living standards, we show in Figure 2.3 the same index of health and social problems but this time in relation to average incomes (National Income per person). It shows that there is no similarly clear trend towards better outcomes in richer countries. This confirms what we saw in Figures 1.1 and 1.2 in the first chapter. However, as well as knowing that health and social problems are more common among the less well-off within each society (as shown in Figure 1.4), we now know that the overall burden of these problems is much higher in more unequal societies.

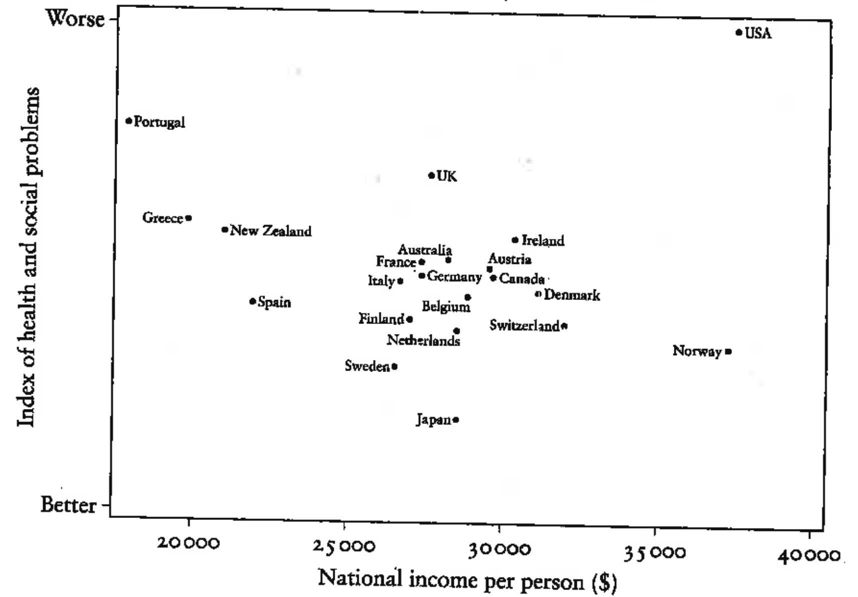


Figure 2.3 *Health and social problems are only weakly related to national average income among rich countries.*

To check whether these results are not just some odd fluke, let us see whether similar patterns also occur when we look at the fifty states of the USA. We were able to find data on almost exactly the same health and social problems for US states as we used in our international index. Figure 2.4 shows that the Index of Health and Social Problems is strongly related to the amount of inequality in each state, while Figure 2.5 shows that there is no clear relation between it and average income levels. The evidence from the USA confirms the international picture. The position of the US in the international graph (Figure 2.2) shows that the high average income level in the US as a whole does nothing to reduce its health and social problems relative to other countries.

We should note that part of the reason why our index combining data for ten different health and social problems is so closely related to inequality is that combining them tends to emphasize what they have in common and downplays what they do not. In Chapters 4–12 we will examine whether each problem – taken on its own – is

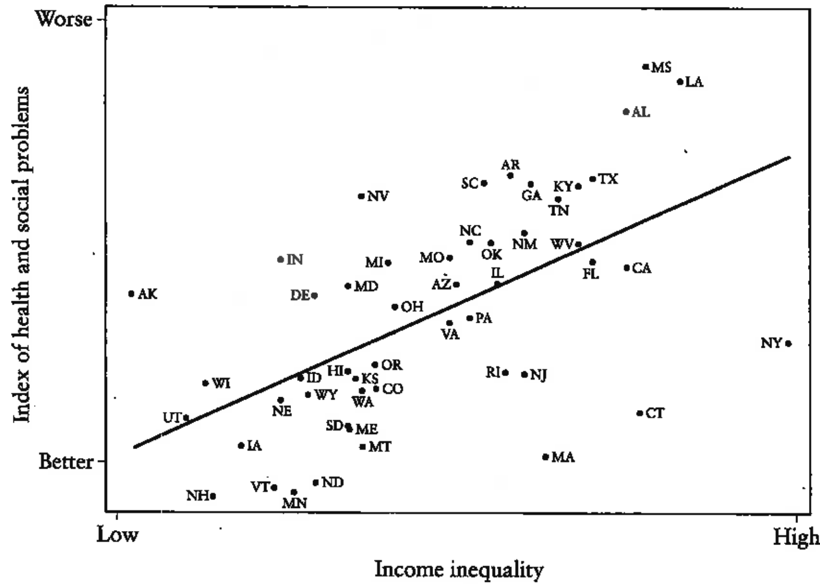


Figure 2.4 *Health and social problems are related to inequality in US states.*

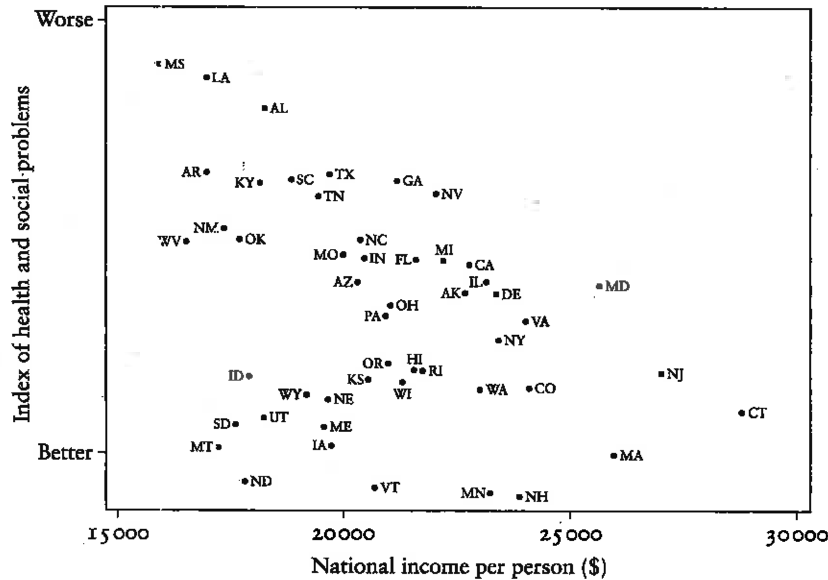


Figure 2.5 *Health and social problems are only weakly related to average income in US states.*

related to inequality and will discuss the various reasons why they might be caused by inequality.

This evidence cannot be dismissed as some statistical trick done with smoke and mirrors. What the close fit shown in Figure 2.2 suggests is that a common element related to the prevalence of all these health and social problems is indeed the amount of inequality in each country. All the data come from the most reputable sources – from the World Bank, the World Health Organization, the United Nations and the Organization for Economic Cooperation and Development (OECD), and others.

Could these relationships be the result of some unrepresentative selection of problems? To answer this we also used the 'Index of child wellbeing in rich countries' compiled by the United Nations Children's Fund (UNICEF). It combines forty different indicators covering many different aspects of child wellbeing. (We removed the measure of child relative poverty from it because it is, by definition, closely related to inequality.) Figure 2.6 shows that child wellbeing is

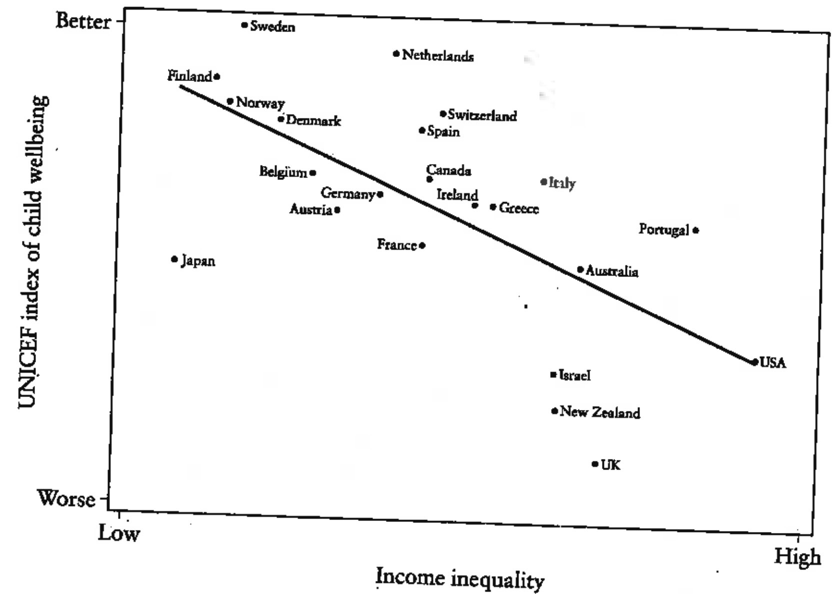


Figure 2.6 *The UNICEF index of child wellbeing in rich countries is related to inequality.*

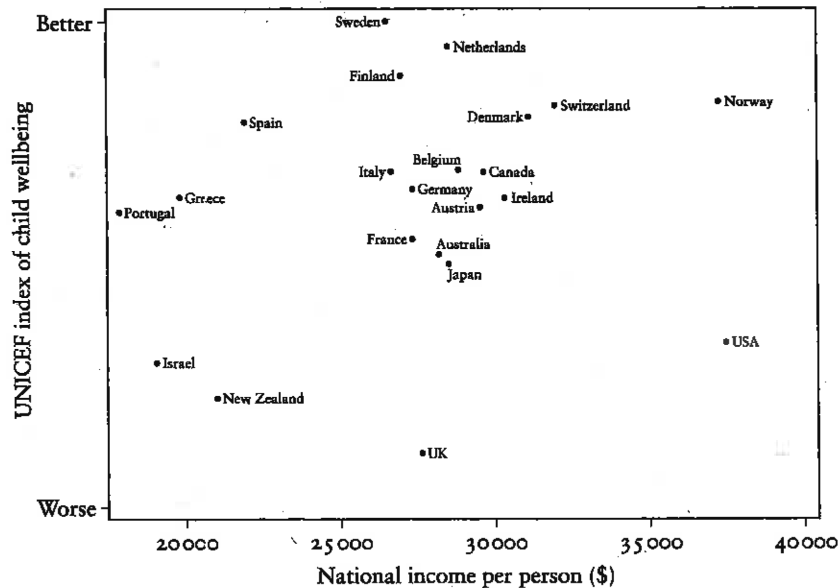


Figure 2.7 *The UNICEF index of child wellbeing is not related to Gross National Income per head in rich countries.*

strongly related to inequality, and Figure 2.7 shows that it is not at all related to average income in each country.

SOCIAL GRADIENTS

As we mentioned at the end of the last chapter, there are perhaps two widespread assumptions as to why people nearer the bottom of society suffer more problems. Either the circumstances people live in cause their problems, or people end up nearer the bottom of society because they are prone to problems which drag them down. The evidence we have seen in this chapter puts these issues in a new light.

Let's first consider the view that society is a great sorting system with people moving up or down the social ladder according to their personal characteristics and vulnerabilities. While things such as having poor health, doing badly at school or having a baby when

still a teenager all load the dice against your chances of getting up the social ladder, sorting alone does nothing to explain why more unequal societies have more of all these problems than less unequal ones. Social mobility may partly explain whether problems congregate at the bottom, but not why more unequal societies have more problems overall.

The view that social problems are caused directly by poor *material* conditions such as bad housing, poor diets, lack of educational opportunities and so on implies that richer developed societies would do better than the others. But this is a long way from the truth: some of the richest countries do worst.

It is remarkable that these measures of health and social problems in the two different settings, and of child wellbeing among rich countries, all tell so much the same story. The problems in rich countries are not caused by the society not being rich enough (or even by being too rich) but by the scale of material differences between people within each society being too big. What matters is where we stand in relation to others in our own society.

Of course a small proportion of the least well-off people even in the richest countries sometimes find themselves without enough money for food. However, surveys of the 12.6 per cent of Americans living below the federal poverty line (an absolute income level rather than a relative standard such as half the average income) show that 80 per cent of them have air-conditioning, almost 75 per cent own at least one car or truck and around 33 per cent have a computer, a dishwasher or a second car. What this means is that when people lack money for essentials such as food, it is usually a reflection of the strength of their desire to live up to the prevailing standards. You may, for instance, feel it more important to maintain appearances by spending on clothes while stinting on food. We knew of a young man who was unemployed and had spent a month's income on a new mobile phone because he said girls ignored people who hadn't got the right stuff. As Adam Smith emphasized, it is important to be able to present oneself creditably in society without the shame and stigma of apparent poverty.

However, just as the gradient in health ran right across society from top to bottom, the pressures of inequality and of wanting to

keep up are not confined to a small minority who are poor. Instead, the effects are – as we shall see – widespread in the population.

DIFFERENT PROBLEMS – COMMON ROOTS

The health and social problems which we have found to be related to inequality tend to be treated by policy makers as if they were quite separate from one another, each needing separate services and remedies. We pay doctors and nurses to treat ill-health, police and prisons to deal with crime, remedial teachers and educational psychologists to tackle educational problems, and social workers, drug rehabilitation units, psychiatric services and health promotion experts to deal with a host of other problems. These services are all expensive, and none of them is more than partially effective. For instance, differences in the quality of medical care have less effect on people's life expectancy than social differences in their risks of getting some life-threatening disease in the first place. And even when the various services are successful in stopping someone re-offending, in curing a cancer, getting someone off drugs or dealing with educational failure, we know that our societies are endlessly recreating these problems in each new generation. Meanwhile, all these problems are most common in the most deprived areas of our society and are many times more common in more unequal societies.

WHAT DOES INCOME INEQUALITY TELL US?

Before proceeding, in the following chapters, to look at how the scale of income differences may be related to other problems, we should say a few words about what we think income differences tell us about a society. Human beings have lived in every kind of society, from the most egalitarian prehistoric hunting and gathering societies, to the most plutocratic dictatorships. Although modern market democracies fall into neither of those extremes, it is

reasonable to assume that there are differences in how hierarchical they are. We believe that this is what income inequality is measuring. Where income differences are bigger, social distances are bigger and social stratification more important.

It would be nice to have lots of different indicators of the scale of hierarchy in different countries – to be able to compare inequalities not only in income, but also in wealth, education and power. It would also be interesting to see how they are related to social distances, to indicators of status like people's choice of clothes, music and films, or to the importance of hierarchy and position. While additional measures which can be compared between countries might become available in the future, at the moment we must rely simply on income inequality. But what is perhaps surprising is how much this measure tells us even on its own.

There are two important reasons for interpreting income inequality in this way. The first pointer is that only the health and social problems which have strong social class gradients – becoming more common further down the social hierarchy – are more common in more unequal societies. This seems to be a general phenomenon: the steeper the social gradient a problem has within society, the more strongly it will be related to inequality.[8] This not only applies to each problem – to teenage birth rates or to children doing badly at school, for example – it looks as if it also applies to sex differences in the same problem. The reason why women's obesity rates turn out – as we shall see – to be more closely related to inequality than men's, seems to be that the social gradient in obesity is steeper among women than men. Health problems such as breast cancer, which are not usually more common among the less well off, are unrelated to inequality.[9]

The other pointer which suggests that income inequality reflects how hierarchical societies are, became clear when we reviewed nearly 170 academic papers reporting different pieces of research on the relationship between income inequality and health.[10] The size of the areas over which researchers had measured inequality varied substantially. Some had calculated how much inequality there was in local neighbourhoods and looked to see if it was related to average death rates in those neighbourhoods. Others had used whole towns

and cities as the units in which inequality and health were measured. Still others had looked at regions and states, or done international studies comparing whole countries. When we reviewed all this research, a clear pattern emerged. While there was overwhelming evidence that inequality was related to health when both were measured in large areas (regions, states or whole countries), the findings were much more mixed when inequality was measured in small local areas.

This makes perfect sense if we think about why health tends to be worse in more deprived local areas. What marks out the neighbourhoods with poor health – where life expectancy may be as much as ten years shorter than in the healthiest neighbourhoods – is not of course the inequality within them. It is instead that they are unequal – or deprived – in relation to the rest of society. What matters is the extent of inequality right across society.

We concluded that, rather than telling us about some previously unknown influence on health (or social problems), the scale of income differences in a society was telling us about the social hierarchy across which gradients in so many social outcomes occur. Because gradients in health and social problems reflect social status differences in culture and behaviour, it looks as if material inequality is probably central to those differences.

We should perhaps regard the scale of material inequalities in a society as providing the skeleton, or framework, round which class and cultural differences are formed. Over time, crude differences in wealth gradually become overlaid by differences in clothing, aesthetic taste, education, sense of self and all the other markers of class identity. Think, for instance, of how the comparatively recent emergence of huge income differences in Russia will come to affect its class structure. When the children of the new Russian oligarchs have grown up in grand houses, attended private schools and travelled the world, they will have developed all the cultural trappings of an upper class. A British Conservative politician was famously described by another as someone who 'had to buy his own furniture'. Although there has always been prejudice against the nouveau riche, wealth does not remain new for ever: once the furniture is inherited it becomes old money. Even as far back as the eighteenth century, when

people thought that birth and breeding were what defined the upper echelons of society, if you lost your fortune you might maintain status briefly as 'genteel poor', but after a generation or so there would be little to distinguish you from the rest of the poor. Moreover, as Jane Austen shows in both *Mansfield Park* and *Sense and Sensibility*, the consequences – whatever your birth – of marrying for love rather than money could be serious. Whether material wealth is made or lost, you cannot long remain 'a person of substance' without it. And it is surely because material differences provide the framework round which social distinctions develop that people have often regarded inequality as socially divisive.

QUALITY OF LIFE FOR ALL AND NATIONAL STANDARDS OF PERFORMANCE

Having come to the end of what higher material living standards can offer us, we are the first generation to have to find other ways of improving the real quality of life. The evidence shows that reducing inequality is the best way of improving the quality of the social environment, and so the real quality of life, for all of us. As we shall see in Chapter 13, this includes the better-off.

It is clear that greater equality, as well as improving the wellbeing of the whole population, is also the key to national standards of achievement and how countries perform in lots of different fields. When health inequalities first came to prominence on the public health agenda in the early 1980s, people would sometimes ask why there was so much fuss about inequalities. They argued that the task of people working in public health was to raise overall standards of health as fast as possible. In relation to that, it was suggested that health inequalities were a side issue of little relevance. We can now see that the situation may be almost the opposite of that. National standards of health, and of other important outcomes which we shall discuss in later chapters, are substantially determined by the amount of inequality in a society. If you want to know why one country does better or worse than another, the first thing to look

at is the extent of inequality. There is not one policy for reducing inequality in health or the educational performance of school children, and another for raising national standards of performance. Reducing inequality is the best way of doing both. And if, for instance, a country wants higher average levels of educational achievement among its school children, it must address the underlying inequality which creates a steeper social gradient in educational achievement.

DEVELOPING COUNTRIES

Before leaving this topic, we should emphasize that although inequality also matters in developing countries, it may do so for a different mix of reasons. In the rich countries, it is now the symbolic importance of wealth and possessions that matters. What purchases say about status and identity is often more important than the goods themselves. Put crudely, second-rate goods are assumed to reflect second-rate people.

Possessions are markers of status everywhere, but in poorer societies, where necessities are a much larger part of consumption, the reasons why more equal societies do better may have less to do with status issues and more to do with fewer people being denied access to food, clean water and shelter. It is only among the very richest countries that health and wellbeing are no longer related to Gross National Income per person. In poorer countries it is still essential to raise living standards and it is most important among the poorest. In those societies a more equal distribution of resources will mean fewer people will be living in shanty towns, with dirty water and food insecurity, or trying to scrape a living from inadequate land-holdings.

In the next chapter we will look in a little more detail at why people in the developed world are so sensitive to inequality that it can exert such a major effect on the psychological and social wellbeing of modern populations.

3

How inequality gets under the skin

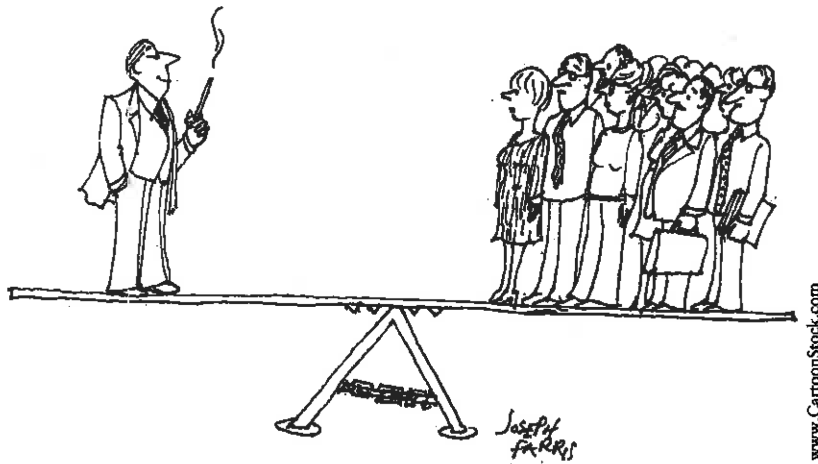
'Tis very certain that each man carries in his eye the exact indication of his rank in the immense scale of men, and we are always learning to read it.

Ralph Waldo Emerson, *The Conduct of Life*

How is it that we are affected as strongly by inequality and our position within society as the data in the last chapter suggest? Before exploring – as we shall in the next nine chapters – the relations between inequality and a wide range of social problems, including those in our Index of Health and Social Problems, we want to suggest why human beings might be so sensitive to inequality.

As inequality is an aspect of the broad structure of societies, explanations of its effects involve showing how individuals are affected by the social structure. It is individuals – not the societies themselves – who have poor health, are violent or become teenage mothers. Although individuals do not have an income distribution, they do have a relative income, social status or class position in the wider society. So in this chapter we will show the ways in which our individual sensitivity to the wider society explains why living in more unequal societies might have such profound effects.

To understand our vulnerability to inequality means discussing some of our common psychological characteristics. Too often when we speak or write about these issues, people misinterpret our purpose. We are not suggesting that the problem is a matter of individual psychology, or that it is really people's sensitivity, rather than the scale of inequality, that should be changed. The solution to



problems caused by inequality is not mass psychotherapy aimed at making everyone less vulnerable. The best way of responding to the harm done by high levels of inequality would be to reduce inequality itself. Rather than requiring anti-anxiety drugs in the water supply or mass psychotherapy, what is most exciting about the picture we present is that it shows that reducing inequality would increase the wellbeing and quality of life for all of us. Far from being inevitable and unstoppable, the sense of deterioration in social wellbeing and the quality of social relations in society *is* reversible. Understanding the effects of inequality means that we suddenly have a policy handle on the wellbeing of whole societies.

The powerful mechanisms which make people sensitive to inequality cannot be understood in terms either of social structure or of individual psychology alone. Individual psychology and societal inequality relate to each other like lock and key. One reason why the effects of inequality have not been properly understood before is because of a failure to understand the relationship between them.

THE RISE IN ANXIETY

Given the unprecedented material comfort and physical convenience of modern societies, it might seem sensible to be sceptical of the way everyone talks of stress, as if life was barely survivable. However, Jean Twenge, a psychologist at San Diego State University, has put together impressive evidence that we really are much more anxious than we used to be. By reviewing the large number of studies of anxiety levels in the population carried out at different dates, she has documented very clear trends. She found 269 broadly comparable studies measuring anxiety levels in the USA at various times between 1952 and 1993.[11] Together the surveys covered over 52,000 individuals. What they showed was a continuous upward trend throughout this forty-year period. Her results for men and women are shown in Figure 3.1. Each dot in the graph shows the average level of anxiety found in a study recorded against the date it was undertaken. The rising trend across so many studies is unmistakable. Whether she looked at college students or at children, Twenge found the same

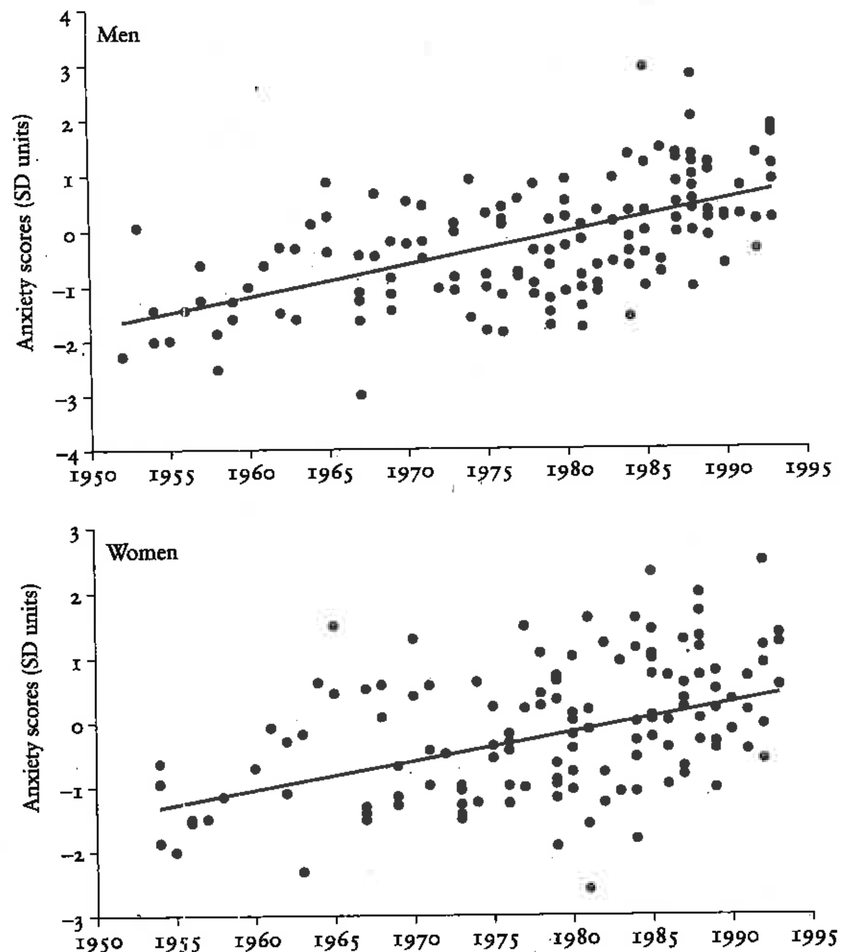


Figure 3.1 *Rise in anxiety levels among US college students 1952–93. Data from 269 samples covering 52,000 individuals.*[15] *(Reproduced with kind permission from Jean M. Twenge.)*

pattern: the average college student at the end of the period was more anxious than 85 per cent of the population at the beginning of it and, even more staggering, by the late 1980s the average American child was more anxious than child psychiatric patients in the 1950s.

This evidence comes from the administration of standardized

anxiety measures to samples of the population. It cannot be explained away by saying that people have become more aware of anxiety. The worsening trend also fits what we know has been happening in related conditions such as depression. Depression and anxiety are closely connected: people who suffer from one often suffer from the other, and psychiatrists sometimes treat the two conditions in similar ways. There are now large numbers of studies showing substantial increases in rates of depression in developed countries. Some studies have looked at change over the last half century or so by comparing the experience of one generation with another, while taking care to avoid pitfalls such as an increased awareness leading to more frequent reporting of depression.[12] Others have compared rates in studies which have followed up representative samples of the population born in different years. In Britain, for example, depression measured among people in their mid-20s was found to be twice as common in a study of 10,000 or so people born in 1970 as it had been in a similar study carried out earlier of people in their mid-20s born in 1958.[13]

Reviews of research conclude that people in many developed countries have experienced substantial rises in anxiety and depression. Among adolescents, these have been accompanied by increases in the frequency of behavioural problems, including crime, alcohol and drugs.[12, 14] They 'affected males and females, in all social classes and all family types'.[13]

It is important to understand what these rises in anxiety are about before their relevance to inequality becomes clear. We are not suggesting that they were triggered by increased inequality. That possibility can be discounted because the rises in anxiety and depression seem to start well before the increases in inequality which in many countries took place during the last quarter of the twentieth century. (It is possible, however, that the trends between the 1970s and 1990s may have been aggravated by increased inequality.)

SELF-ESTEEM AND SOCIAL INSECURITY

An important clue to what lies behind the mental health trends comes from evidence that they were accompanied by a surprising rise in what at first was thought to be self-esteem. When compared over time, in much the same way as the trends in anxiety are shown in Figure 3.1, standard measures of self-esteem also showed a very clear long-term upward trend. It looked as if, despite the rising anxiety levels, people were also taking a more positive view of themselves over time. They were, for instance, more likely to say they felt proud of themselves; they were more likely to agree with statements such as 'I am a person of worth'; and they seemed to have put aside self-doubts and feelings that they were 'useless' or 'no good at all'. Twenge says that in the 1950s only 12 per cent of teenagers agreed with the statement 'I am an important person', but by the late 1980s this proportion had risen to 80 per cent.

So what could have been going on? People becoming much more self-confident doesn't seem to fit with them also becoming much more anxious and depressed. The answer turns out to be a picture of increasing anxieties about how we are seen and what others think of us which has, in turn, produced a kind of defensive attempt to shore up our confidence in the face of those insecurities. The defence involves a kind of self-promoting, insecure egotism which is easily mistaken for high self-esteem. This might seem like a difficult set of issues to pin down, particularly as we are talking about general trends in whole populations. But let us look briefly at the evidence which has accumulated since the self-esteem movement of the 1980s, which shows what has been happening.

Over the years, many research groups looking at individual differences in self-esteem at a point in time (rather than at trends in population averages over time) began to notice two categories of people who came out with high scores. In one category, high self-esteem went with positive outcomes and was associated with happiness, confidence, being able to accept criticism, an ability to make friends, and so on. But as well as positive outcomes, studies

repeatedly found that there was another group who scored well on self-esteem measures. They were people who showed tendencies to violence, to racism, who were insensitive to others and were bad at personal relationships.

The task was then to develop psychological tests which could distinguish between people with a healthy and those with an unhealthy kind of self-esteem. The healthier kind seemed to centre on a fairly well-founded sense of confidence, with a reasonably accurate view of one's strengths in different situations and an ability to recognize one's weaknesses. The other seemed to be primarily defensive and involved a denial of weaknesses, a kind of internal attempt to talk oneself up and maintain a positive sense of oneself in the face of threats to self-esteem. It was (and is) therefore fragile, like whistling in the dark, and reacts badly to criticism. People with insecure high self-esteem tend to be insensitive to others and to show an excessive preoccupation with themselves, with success, and with their image and appearance in the eyes of others. This unhealthy high self-esteem is often called 'threatened egotism', 'insecure high self-esteem', or 'narcissism'. During the comparatively short time over which data are available to compare trends in narcissism without getting it mixed up with real self-esteem, Twenge has shown a rising trend. She found that by 2006, two-thirds of American college students scored above what had been the average narcissism score in 1982. The recognition that what we have seen is the rise of an insecure narcissism – particularly among young people – rather than a rise in genuine self-esteem now seems widely accepted.

THREATS TO THE SOCIAL SELF

So the picture of self-esteem rising along with anxiety levels isn't true. It is now fairly clear that the rises in anxiety have been accompanied by rising narcissism and that the two have common roots. Both are caused by an increase in what has been called 'social evaluative threat'. There are now good pointers to the main sources of stress in modern societies. As living with high levels of stress is now recognized as harmful to health, researchers have spent a lot of

time trying to understand both how the body responds to stress and what the most important sources of stress are in society at large. Much of the research has been focused on a central stress hormone called cortisol which can be easily measured in saliva or blood. Its release is triggered by the brain and it serves to prepare us physiologically for dealing with potential threats and emergencies. There have now been numerous experiments in which volunteers have been invited to come into a laboratory to have their salivary cortisol levels measured while being exposed to some situation or task designed to be stressful. Different experiments have used different stressors: some have tried asking volunteers to do a series of arithmetic problems – sometimes publicly comparing results with those of others – some have exposed them to loud noises or asked them to write about an unpleasant experience, or filmed them while doing a task. Because so many different kinds of stressor have been used in these experiments, Sally Dickerson and Margaret Kemeny, both psychologists at the University of California, Los Angeles, realized that they could use the results of all these experiments to see what kinds of stressors most reliably caused people's cortisol levels to rise.[16]

They collected findings from 208 published reports of experiments in which people's cortisol levels were measured while they were exposed to an experimental stressor. They classified all the different kinds of stressor used in experiments and found that: 'tasks that included a social-evaluative threat (such as threats to self-esteem or social status), in which others could negatively judge performance, particularly when the outcome of the performance was uncontrollable, provoked larger and more reliable cortisol changes than stressors without these particular threats' (p. 377). Indeed, they suggested that 'Human beings are driven to preserve the social self and are vigilant to threats that may jeopardize their social esteem or status' (p. 357). Social evaluative threats were those which created the possibility for loss of esteem. They typically involved the presence of an evaluative audience in the experiment, a potential for negative social comparison such as scoring worse than someone else, or having your performance videoed or recorded, so creating the potential for later evaluation. The highest cortisol responses came

when a social evaluative threat was combined with a task in which participants could not avoid failure – for instance because the task was designed to be impossible, or because there was too little time, or they were simply told they were failing however they performed.

The finding that social evaluative threats are the stressors which get to us most powerfully fits well with the evidence of rising anxiety accompanied by a narcissistic defence of an insecure self-image. As Dickerson and Kemeny say, the 'social self' which we try to defend 'reflects one's esteem and status, and is largely based on others' perception of one's worth' (p. 357).

A quite separate strand of health research corroborates and fills out this picture. One of the most important recent developments in our understanding of the factors exerting a major influence on health in rich countries has been the recognition of the importance of psychological stress. We will outline in Chapter 6 how frequent and/or prolonged stress affects the body, influencing many physiological systems, including the immune and cardiovascular systems. But what matters to us in this chapter is that the most powerful sources of stress affecting health seem to fall into three intensely social categories: low social status, lack of friends, and stress in early life. All have been shown, in many well-controlled studies, to be seriously detrimental to health and longevity.

Much the most plausible interpretation of why these keep cropping up as markers for stress in modern societies is that they all affect – or reflect – the extent to which we do or do not feel at ease and confident with each other. Insecurities which can come from a stressful early life have some similarities with the insecurities which can come from low social status, and each can exacerbate the effects of the other. Friendship has a protective effect because we feel more secure and at ease with friends. Friends make you feel appreciated, they find you good company, enjoy your conversation – they like you. If, in contrast, we lack friends and feel avoided by others, then few of us are thick-skinned enough not to fall prey to self-doubts, to worries that people find us unattractive and boring, that they think we are stupid or socially inept.

PRIDE, SHAME AND STATUS

The psychoanalyst Alfred Adler said 'To be human means to feel inferior.' Perhaps he should have said 'To be human means being highly sensitive about being regarded as inferior.' Our sensitivity to such feelings makes it easy to understand the contrasting effects of high and low social status on confidence. How people see you matters. While it is of course possible to be upper-class and still feel totally inadequate, or to be lower-class and full of confidence, in general the further up the social ladder you are, the more help the world seems to give you in keeping the self-doubts at bay. If the social hierarchy is seen – as it often is – as if it were a ranking of the human race by ability, then the outward signs of success or failure (the better jobs, higher incomes, education, housing, car and clothes) all make a difference.

It's hard to disregard social status because it comes so close to defining our worth and how much we are valued. To do well for yourself or to be successful is almost synonymous with moving up the social ladder. Higher status almost always carries connotations of being better, superior, more successful and more able. If you don't want to feel small, incapable, looked down on or inferior, it is not quite essential to avoid low social status, but the further up the social ladder you are, the easier it becomes to feel a sense of pride, dignity and self-confidence. Social comparisons increasingly show you in a positive light – whether they are comparisons of wealth, education, job status, where you live, holidays, or any other markers of success.

Not only do advertisers play on our sensitivity to social comparisons, knowing we will tend to buy things which enhance how we are seen, but, as we shall see in Chapter 10, one of the most common causes of violence, and one which plays a large part in explaining why violence is more common in more unequal societies, is that it is often triggered by loss of face and humiliation when people feel looked down on and disrespected. By playing on our fears of being seen as of less worth, advertisers may even contribute to the level of violence in a society.

It was Thomas Scheff, emeritus professor of sociology at the University of California, Santa Barbara, who said that shame was *the* social emotion.[17] He meant almost exactly what Dickerson and Kemeny were referring to when they found that the most likely kinds of stressors to raise levels of stress hormones were 'social evaluative threats'. By 'shame' he meant the range of emotions to do with feeling foolish, stupid, ridiculous, inadequate, defective, incompetent, awkward, exposed, vulnerable and insecure. Shame and its opposite, pride, are rooted in the processes through which we internalize how we imagine others see us. Scheff called shame *the* social emotion because pride and shame provide the social evaluative feedback as we experience ourselves as if through others' eyes. Pride is the pleasure and shame the pain through which we are socialized, so that we learn, from early childhood onwards, to behave in socially acceptable ways. Nor of course does it stop in childhood: our sensitivity to shame continues to provide the basis for conformity throughout adult life. People often find even the smallest infringement of social norms in the presence of others causes so much embarrassment that they are left wishing they could just disappear, or that the ground would swallow them up.

Although the Dickerson and Kemeny study found that it was exposure to social evaluative threats which most reliably raised levels of stress hormones, that does not tell us how frequently people suffer from such anxieties. Are they a very common part of everyday life, or only occasional? An answer to that question comes from the health research showing that low social status, lack of friends, and a difficult early childhood are the most important markers of psychosocial stress in modern societies. If our interpretation of these three factors is right, it suggests that these kinds of social anxiety and insecurity are the most common sources of stress in modern societies. Helen Lewis, a psychoanalyst who drew people's attention to shame emotions, thought she saw very frequent behavioural indications of shame or embarrassment – perhaps not much more than we would call a momentary feeling of awkwardness or self-consciousness – when her patients gave an embarrassed laugh or hesitated at particular points while speaking in a way suggesting slight nervousness.[18]

FROM COMMUNITY TO MASS SOCIETY

Why have these social anxieties increased so dramatically over the last half century – as Twenge's studies showing rising levels of anxiety and fragile, narcissistic egos suggest they have? Why does the social evaluative threat seem so great? A plausible explanation is the break-up of the settled communities of the past. People used to grow up knowing, and being known by, many of the same people all their lives. Although geographical mobility had been increasing for several generations, the last half century has seen a particularly rapid rise. At the beginning of this period it was still common for people – in rural and urban areas alike – never to have travelled much beyond the boundaries of their immediate city or village community. Married brothers and sisters, parents and grandparents, tended to remain living nearby and the community consisted of people who had often known each other for much of their lives. But now that so many people move from where they grew up, knowledge of neighbours tends to be superficial or non-existent. People's sense of identity used to be embedded in the community to which they belonged, in people's real knowledge of each other, but now it is cast adrift in the anonymity of mass society. Familiar faces have been replaced by a constant flux of strangers. As a result, who we are, identity itself, is endlessly open to question.

The problem is shown even in the difficulty we have in distinguishing between the concept of the 'esteem' in which we may or may not be held by others, and our own self-esteem. The evidence of our sensitivity to 'social evaluative threat', coupled with Twenge's evidence of long-term rises in anxiety and narcissism, suggests that we may – by the standards of any previous society – have become highly self-conscious, obsessed with how we appear to others, worried that we might come across as unattractive, boring, stupid or whatever, and constantly trying to manage the impressions we make. And at the core of our interactions with strangers is our concern at the social judgements and evaluations they might make: how do they rate us, did we give a good account of ourselves? This vulnerability

is part of the modern psychological condition and feeds directly into consumerism.

It is well known that these problems are particularly difficult for adolescents. While their sense of themselves is most uncertain, they have to cope in schools of a thousand or more of their peers. It is hardly surprising that peer pressure becomes such a powerful force in their lives, that so many are dissatisfied with what they look like, or succumb to depression and self-harm.

INEQUALITY INCREASES EVALUATION ANXIETIES

Although the rises in anxiety that seem to centre on social evaluation pre-date the rise in inequality, it is not difficult to see how rising inequality and social status differences may impact on them. Rather than being entirely separate spheres, how much status and wealth people achieve – from unskilled low-paid work to success, money and pre-eminence – affects not only their sense of themselves, but also how positively they are seen even by friends and family. Our need to feel valued and capable human beings means we crave positive feedback and often react with anger even to implied criticism. Social status carries the strongest messages of superiority and inferiority, and social mobility is widely seen as a process by which people are sorted by ability. Indeed, in job applications and promotions, where discrimination by age, sex, race or religion is prohibited, it is the task of the interview panel to discriminate between individuals exclusively by ability – just as long as they don't make inferences from gender or skin colour, etc.

Greater inequality seems to heighten people's social evaluation anxieties by increasing the importance of social status. Instead of accepting each other as equals on the basis of our common humanity as we might in more equal settings, getting the measure of each other becomes more important as status differences widen. We come to see social position as a more important feature of a person's identity. Between strangers it may often be the dominant feature. As Ralph Waldo Emerson, the nineteenth-century American philosopher, said,

''Tis very certain that each man carries in his eye the exact indication of his rank in the immense scale of men, and we are always learning to read it.'[19] Indeed, psychological experiments suggest that we make judgements of each other's social status within the first few seconds of meeting.[20] No wonder first impressions count, and no wonder we feel social evaluation anxieties!

If inequalities are bigger, so that some people seem to count for almost everything and others for practically nothing, where each one of us is placed becomes more important. Greater inequality is likely to be accompanied by increased status competition and increased status anxiety. It is not simply that where the stakes are higher each of us worries more about where he or she comes. It is also that we are likely to pay more attention to social status in how we assess each other. Surveys have found that when choosing prospective marriage partners, people in more unequal countries put less emphasis on romantic considerations and more on criteria such as financial prospects, status and ambition, than do people in less unequal societies.[21]

SELF-PROMOTION REPLACES SELF-DEPRECATION AND MODESTY

Comparing Japan with the USA, that is, the most equal with almost the most unequal of the rich market democracies (see Figure 2.1), research has revealed a stark contrast between the way people see and present themselves to others in the two countries. In Japan, people choose a much more self-deprecating and self-critical way of presenting themselves, which contrasts sharply with the much more self-enhancing style in the USA. While Americans are more likely to attribute individual successes to their own abilities and their failures to external factors, the Japanese tend to do just the opposite.[22] More than twenty studies in Japan have failed to find any evidence of the more self-serving pattern of attributions common in the USA. In Japan people tended to pass their successes off as if they were more a reflection of luck than of judgement, while suggesting their failures are probably attributable to their own lack of

ability. This Japanese pattern was also found in Taiwan and China.

Rather than getting too caught up in psychological terminology, we would do well to see these patterns as differences in how far people value personal modesty, preferring to maintain social bonds by not using their successes to build themselves up as more able than others. As greater inequality increases status competition and social evaluative threat, egos have to be propped up by self-promoting and self-enhancing strategies. Modesty easily becomes a casualty of inequality: we become outwardly tougher and harder in the face of greater exposure to social evaluation anxieties, but inwardly – as the literature on narcissism suggests – probably more vulnerable, less able to take criticism, less good at personal relationships and less able to recognize our own faults.

LIBERTY, EQUALITY AND FRATERNITY

The demand for 'liberty, equality and fraternity' during the French Revolution shows just how long the issues we have been discussing here have been recognized. The slogan focused attention on the dimensions of social relations which matter most if we are to create a better society and make a difference to the real quality of our lives. 'Liberty' meant not being subservient or beholden to the feudal nobility and landed aristocracy. It was liberty from the feudal shackles of inferiority. Similarly, 'fraternity' reflects a desire for greater mutuality and reciprocity in social relations. We raise the same issues when we talk about community, social cohesion or solidarity. Their importance to human wellbeing is demonstrated repeatedly in research which shows how beneficial friendship and involvement in community life is to health. 'Equality' comes into the picture as a precondition for getting the other two right. Not only do large inequalities produce all the problems associated with social differences and the divisive class prejudices which go with them, but, as later chapters show, it also weakens community life, reduces trust, and increases violence.