

Richard Wilkinson and Kate Pickett, *The Spirit Level: Why More Equal Societies Almost Always Do Better* (London: Allen Lane, 2009) ISBN 978-1-846-14039-6, Hardback, 331 pages with Appendix, References and Index.

Don't be fooled by the title—*The Spirit Level*—this is not a "Christian" book in the sense that one might normally judge a book to be Christian. The "spirit" of the title has nothing to do with the third person of the Trinity but is actually a reference to that useful instrument which one might use in carpentry or building to indicate whether something is genuinely level or not. It is used as an illustration of the need for society to be level and not marked by significant inequity if it is to be healthy for all concerned.

And yet, although this is a "secular" book, based on government and academic research, interpreted by an economic historian and a health researcher without any reference to the faith/non-faith stance of the authors and published by Allen Lane (of Penguin Books) it is a thoroughly "Christian" piece of writing. I trust that the authors do not mind me referring to it in this way, but it seems to me to present an argument which is entirely consistent with a biblical view of justice, equity and social relationships. Moreover, it provides excellent sociological data which demonstrates the practical benefits of what can be seen as a Christian approach to community life. It is a book which I would wish that all Christians could read.

Wilkinson (economic historian) is Professor Emeritus at the University of Nottingham (UK) and Pickett (health researcher) is Senior Lecturer at the University of York and they have explored the validity of the intuitive belief that inequality is socially corrosive and that materialism beyond a certain level of fundamental needs actually inhibits the satisfaction of social needs. They conclude that while economic growth has benefited humanity by providing better health, increased longevity and higher measures of well-being and happiness that there is now evidence that developed societies have got close to the end of what economic growth can do in social terms. In fact, as affluent societies grow richer, there have been long-term rises in rates of anxiety, depression and numerous other social problems.

The law of diminishing returns operates in this socio-economic analysis. Among poorer countries, life expectancy increases rapidly during the early stages of economic development, but in middle income countries the rate of improvement slows down and eventually it disappears entirely in rich countries so that getting richer adds nothing further to life expectancy. The great infectious diseases (tuberculosis, coroner or measles) which are common in the poorest countries gradually ceased to be the most important cause of death. They are replaced with the so-called diseases of affluence (cardiovascular disease and cancers).

Social happiness or well-being is a function of social health factors including feelings of trust, positive social relationships, low criminality, low rates of mental health problems (anxiety, stress), good educational performance, high social mobility and minimal social dysfunction. While levels of happiness rise in the early stages of economic growth it then levels off in much the same way as life expectancy. The evidence for this is not found in any new research undertaken by Wilkinson and Pickett. They have accumulated a huge range of existing international data which have been produced by governments and international organisations over many years. This gives their analysis great strength as it is based on widely accepted foundations.

The nature of inequity

The strength and the distinctiveness of their work lies in the way they have extracted and utilised the data, producing longitudinal studies which correlate economic growth and levels of equity with a wide range of social data. The information is presented in a straightforward way which makes it accessible to those not confident with examining large amounts of statistical material. All of the many tables in the book, for instance, are presented in the same format, making it easy for the reader. It is a great attribute of any presentation when the credibility of the authors is matched with their ability to present it simply.

The first part of the book reinforces the obvious point that economic growth in poorer countries increases health, longevity and social well-being. The dramatic increases in all areas as a result of economic growth cannot be underestimated and it points to the importance of economic assistance for poorer countries. But the benefits of economic growth drop off beyond a certain point so that wealth is no longer a good predictor of any of the indicators of social happiness and well being for those countries which have achieved a certain level of development.

This leads to the second part of the book which demonstrates that although for developed countries differences in average income or living standards don't make a difference to social well-being, social equality does. Although wealth is not a strong predictor of social well-being the level of equity will accurately predict it. That is, countries which have lower economic standing but which are relatively more equitable will do better on almost everything.

And even though rich people tend, on average, to be healthier and happier than poor people in the same society it is important to note that both richer and poorer will do better in more equitable societies. This is demonstrated in two ways, firstly by a comparison of nations and then by comparing the 50 US states which can also be ranked according to both economic standing and level of equity. Almost all problems which are more common at the bottom of the social ladder are more common in more unequal societies. Or to put it another way, there is a very strong tendency for ill health and social problems to occur less frequently in more equal societies.

Four examples

Four examples of what Wilkinson and Pickett say will have to suffice for this review. Firstly, consider mental health. People today are much more anxious and this cannot be explained away by saying that people have become more aware of anxiety. There have been substantial increases in actual rates of anxiety and depression, and this has been accompanied by increases in the frequency of behavioural problems. There has also been a rise in unhealthy forms of self-esteem, which is a kind of defensive attempt to shore up one's confidence in the face of insecurities. This unhealthy high self-esteem is often called 'threatened egotism', 'insecure high self-esteem' or 'narcissism'. Levels of trust between members of the public are lower in countries and states where income differences are the largest and there is a strong relationship between mental illness and inequity. A much higher percentage of the population suffer from mental illness in more unequal countries. This is because of the kind of stratification which takes place in association with inequity. It entails placing a high value on acquiring money and possessions and creates a 'status anxiety', or a 'luxury fever' — a concept similar to the 'affluenza' described by Clive Hamilton in his book of that name.

The second example is physical health and life expectancy. In rich countries, there is no relationship between the amount of health spending per person and life expectancy. However, inequality is associated with lower life expectancy, high rates of infant mortality, shorter height, poor self-reported health, low birth weight, AIDS and depression. Unless one looks closely, population averages hide differences in health within any population. But these differences are more dramatic within an unequal

society. Obesity, which is rapidly developing throughout the developed world is a major health crisis. It reduces the physical and social well-being. In the past the rich were fat and the poor were thin, but in developed countries these patterns are now reversed. Fat is a class issue, a function of social stratification, and income inequality may well contribute to the obesity epidemic. Figures show that levels of obesity tend to be lower in countries where income differences are smaller.

The third example is educational performance. People with more education earn more, are more satisfied with their work and leisure time, are less likely to be unemployed or, more likely to be healthy, less likely to be criminals and more likely to volunteer their time and vote in elections. More unequal countries and US states have worse educational attainment. But this is not so much a function of poverty as of inequity.

Finally, consider violence and punishment. Violent acts are overwhelmingly perpetrated by men, especially in their teens or early 20s and although the overall *pattern* of violence, measuring the rate according to age, is remarkably similar between developed societies the actual *rate* of violence is remarkably different and increases as social inequality increases. Part of the issue is that in more unequal societies children experience more bullying, fights and conflict, and there is no better predictor of later violence than childhood violence. Prison data also shows that more unequal societies are more punitive.

The Implications

Social mobility is an important factor in most of these issues. That is, many problems can be overcome as people rise in social standing. And in modern market democracies people can move up or down within their own lifetime (intra-generational mobility) and can move up and down relative to their parents (inter-generational mobility). But the point that Wilkinson and Pickett make is that countries with bigger income differences tend to have much lower social mobility.

There are numerous policy implications in what Wilkinson and Pickett describe. For example, health and social problems which are related to inequality tend to be treated by policymakers as if they were quite separate from one another. Each needs separate services whether health, police and prisons, teachers and educational psychologists, social workers psychiatric services, drug rehabilitation units etc. But this does not deal with the underlying cause. Reducing inequality is the best way of improving the quality of the social environment and the quality of life for everyone, including the better off. There is not one policy for reducing inequality in health and health problems; and another for dealing with inequality and educational performance; etc. Reducing inequality is the best way of doing both. How biblical is that?

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