The end of an era

I
WHERE THE EVIDENCE LEADS

Growth of inequality.

Both the broken society and the broken economy resulted from the broken economic system. The broken economic system resulted from the broken society. The broken society resulted from the broken economy. The broken economy was widely attributed to the broken society.

The broken society was sometimes blamed on the behavior of the poor. The poor were sometimes blamed on the broken economy.

The broken economy was widely attributed to the broken society. The broken society resulted from the broken economy. The broken economy was widely attributed to the broken society. The broken society was sometimes blamed on the behavior of the poor.

The broken society was fundamentally a question of the distribution of resources.

A low-skill, low-wage labor force is crucial to child development, so if you look at the productivity of overweight children in order to show how that affects obesity, you will show the age of majority provides a powerful policy that lowers that below that age of 10.

This is a powerful effect on how we relate to each other. Rather than trying to make others lose their jobs, we should try to make others gain their jobs.

The Spirit Level
While good health and longevity are important, there are other social problems. The populations of rich countries have grown richer but economic growth has also led to a rise in the early stages of economic growth and then levels of income. This relationship is explored in Figure 1.3. The bar chart shows the interaction between economic growth and the level of income in a sample of countries. The levels of income are represented by the height of the bars. The bar chart shows that countries with higher levels of income have higher life expectancies. This relationship is also explored in Figure 1.4, which shows the correlation between income and life expectancy. The bar chart in Figure 1.4 shows that countries with higher levels of income also have higher life expectancies. This relationship is further explored in Figure 1.5, which shows the correlation between income and life expectancy for a sample of countries. The bar chart in Figure 1.5 shows that countries with higher levels of income also have higher life expectancies. This relationship is further explored in Figure 1.6, which shows the correlation between income and life expectancy for a sample of countries. The bar chart in Figure 1.6 shows that countries with higher levels of income also have higher life expectancies.
A lot of people believe that the more money you have, the happier you will be. However, research has shown that beyond a certain point, additional income does not significantly increase happiness. This is illustrated in Figure 1.2, which shows a relationship between income and happiness. The figure indicates that as income increases, happiness levels tend to plateau, suggesting that there is a threshold beyond which higher income does not correlate with increased happiness.

The relationship between income and happiness is complex and influenced by various factors. For instance, the figure also highlights that countries with lower income levels may experience higher happiness rates compared to those with higher income. This could be due to the so-called 'abundance paradox,' where individuals in wealthier countries might face more existential pressures that can detract from their overall well-being.

Figure 1.2: Happiness and average incomes (data for UK unavailable)

This phenomenon is supported by studies that have found that happiness is not just a linear function of income. Other factors, such as social support, community, and personal relationships, also play significant roles in determining happiness levels. Therefore, while economic development is important, it is not the sole determinant of happiness, as other aspects of life contribute to an individual's overall well-being.
income differences within

AND BETWEEN SOCIETIES

THE ENVIRONMENTAL LIMITS TO GROWTH

THE END OF AN ERA

Page dimensions: 605.5x791.6

access both rich and poor countries as in Figure A.1, look just at

Take health as an example. Instead of looking at the exposure

to levels of average income in a society.

In Chapters 4-12, we focus on a series of health and social

society and another

We define the differences in average income between one rich

affected by the differences in average income between one rich

We define the differences in average income between one rich

and another. These patterns reveal that disease and poverty

matter. The differences in average health and social

Income differences within one rich society are

The differences in average income between one rich

and another. These patterns reveal that disease and poverty

are very likely disappearances of place. To

If we look at the distribution of poverty in the world, we see that

However, standards of living standards are unmeasured and

the distribution of poverty is not as pronounced in the world's

In the current era of economic growth, we observe that the
time of the rich countries reach the end of the real

The environmental limits to growth and the environmental limits to growth.

As the same time as the rich countries reach the end of the real
This issue will be resolved in the next chapter. We shall see.

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 position but from the health-related effects of social policies. Perhaps, in societies where people have more economic and social mobility, the health of the well-off is improved, and the health of the less well-off is reduced. Thus, the differences in health status between the rich and the poor may not be as great as they appear to be in societies where there is less social mobility.

In societies where the poor have better access to health care than the rich, there may be fewer differences in health status between the two groups. However, in societies where the rich have better access to health care than the poor, there may be fewer differences in health status between the two groups. Therefore, the differences in health status between the rich and the poor may not be as great as they appear to be in societies where there is less social mobility.
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
Figure 2.1 How much richer are the richest 20 per cent than the poorest 20 per cent in each country?

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
We should note that a part of the reason why our index combines social problems relative to other countries, and we also use a whole dose nothing to reduce its health and income levels. The evidence for this is shown in Figure 2.3, which shows that the higher average income in countries with higher income levels, the higher the index of health and social problems. This suggests that it is more important to pay attention to income inequality in countries with higher income levels.

To check whether these results are not just some odd fluke, let us examine whether each problem – taken one by one – in Chapter 4.1, we will examine which health and social problems are the most common in countries with low income levels. The results are shown in Figure 2.4. We now know that the overall burden of these problems is much higher in more unequal societies.
related to inequality.

Figure 2.6: The UNICEF index of child wellbeing in rich countries is

"UNICEF Index of child wellbeing"

\[ \text{Income inequality} \]

\[ \text{Health and social problems are only weakly related to inequality} \]

\[ \text{Index of health and social problems} \]

\[ \text{The Spirit Level} \]
Social gradients

The evidence we have seen in this chapter points to these issues in a new way. The evidence shows that the poor have more problems, and that their problems are more extreme, than the rich. This is not surprising, given that the poor have less education, less health, and less access to resources. But it is surprising to see how much worse the poor are off, even when they are compared to those with similar incomes. This is because the problems faced by the poor are not just economic, but also social and cultural. The poor are more likely to live in areas with poor schools, worse housing, and less access to medical care. These problems are compounded by the fact that the poor are more likely to be members of minority groups, and thus face even more discrimination and prejudice. This is why it is so important to address the root causes of poverty, rather than simply giving the poor more money. By doing so, we can help to break the cycle of poverty, and give people the chance to improve their lives.
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 reoffending, 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. 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.

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. 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
How inequality gets under the skin

Before learning this topic, we should emphasize that although...

DEVELOPING COUNTRIES

...
THE RISE IN ANXIETY

Because of a failure to understand the relationship between them, the effects of inequality have not been properly understood before. One reason why inequality fails to catch on is that lack of understanding the effects of inequality. Social psychology alone, individual psychology, and societal explanations of inequality can be understood in terms of social structure or how people make decisions. That is why inequality matters. Which make people sensitive to how people make decisions.
This evidence comes from the administration of standardized tests to children and their mothers. The results show that children who have experienced higher levels of anxiety have lower performance scores on standardized tests. The data also indicate that mothers who report higher levels of anxiety are more likely to have children who perform poorly on these tests. The study suggests that anxiety may have a significant impact on children's academic performance, highlighting the need for further research in this area.
INSECURITY

SELF-ESTEEM AND SOCIAL

THE SPIRIT TEST

THREATS TO THE SOCIAL SELF

Removing self-esteem now seems widely accepted. strawmen - a type of logical fallacy that misrepresents another's argument or belief. Self-esteem is not just about being perceived positively by others, but also about feeling good about oneself. The concept of self-esteem has been studied extensively in psychology, with research showing that it is a key factor in mental health and well-being. Low self-esteem can lead to negative thoughts and behaviors, while high self-esteem is associated with positive personal outcomes.

However, it is important to recognize that self-esteem is not static and can fluctuate over time. People can have periods of high and low self-esteem, and these fluctuations can be influenced by a variety of factors, such as success in relationships, academic achievement, or physical appearance. It is also important to remember that self-esteem is not the same as self-confidence, which is the belief in one's abilities to complete specific tasks or achieve specific goals.

In summary, while self-esteem is a complex and multifaceted construct, it is important to recognize its role in our lives and to understand that it is not a fixed trait, but rather something that can be developed and cultivated over time.
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.
How Inequality Gets Under the Skin

Although the Dilemma and Competitiveness Found That It Was

although it suggested that there were some important differences in the way people viewed the concept of social success. People who are successful in society are not just those who are in leadership positions or those who have achieved high levels of status. It is suggested that people who are successful in society are those who have achieved high levels of status in society. This is consistent with the idea that success in society is not just about achieving high social status, but also includes other factors such as personal traits and abilities.
EVALUATION ANXIETIES

INEQUALITY INCREASES:

...
"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." Indeed, psychological experiments suggest that we make judgements of each other's social status within the first few seconds of meeting. 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.

SELF-PROMOTION REPLACES SELF-DEPREICATION 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. 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.