

**GÖRAN
THERBORN
THE KILLING
FIELDS OF
INEQUALITY**



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The Killing Fields of Inequality

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polity

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Introduction

Inequality is a violation of human dignity; it is a denial of the possibility for everybody's human capabilities to develop. It takes many forms, and it has many effects: premature death, ill-health, humiliation, subjection, discrimination, exclusion from knowledge or from mainstream social life, poverty, powerlessness, stress, insecurity, anxiety, lack of self-confidence and of pride in oneself, and exclusion from opportunities and life-chances. Inequality, then, is not just about the size of wallets. It is a socio-cultural order, which (for most of us) reduces our capabilities to function as human beings, our health, our self-respect, our sense of self, as well as our resources to act and participate in this world.

Outside philosophy, where, thanks to the late John Rawls, there has since the early 1970s been a significant interest in it, there has been little scholarly attention to inequality as a general plague on human societies. After Ricardo in the early nineteenth century, there was a long precipitous decline of economic interest in distribution, from which there is significant recovery in recent times, but – understandably – mainly, if not exclusively, concerned with inequality of income and wealth. The works of Anthony Atkinson, Branko Milanovic, Thomas Piketty and others have vastly widened our horizon of empirical knowledge.

Classical sociology had no focus on inequality, and in the American decades of post-World War II sociology, it took at least until the mid-1960s (Lenski 1966) before inequality became a mainstream concern. Even then, Gerhard Lenski's book on *Power and Privilege* is subtitled 'A Theory of Social Stratification'. In the earlier handbook literature (Lazarsfeld and Rosenberg 1955; Lipset and Smelser 1961) it is completely absent (true, the second deals with distribution

of 'prestige'). Only from Smelser (1988) on is inequality officiously awarded a legitimate place in sociological investigations. Among the fifty-odd Research Committees of the International Sociological Association, there is no one focused on inequality. The nearest *Ersatz* is RC 28 on 'Social Stratification', a strange concept, imported from geology into sociology by a great, conservative Russian sociologist who emigrated to the US, Pitirim Sorokin (1927). In Sorokin's tradition, the Committee has mainly been interested in inter-generational social mobility, more popularly known as 'inequality of opportunity', a field in which impressive technical skills have been developed and deployed.¹

More than a discipline, sociology is a vast field of many different pursuits, by different methods, so on most facets of inequality there is some sociological research. However, so far, there has been no attempt, in any social science discipline, to put a spotlight on the multidimensionality of inequality and its nefarious consequences. The general theoretical discussion has been carried from philosophy to the social sciences by the economist Amartya Sen, and the broadest empirical discussion has been opened by epidemiologists - by Michael Marmot (2004) and Richard Wilkinson (1996, 2005; Wilkinson and Pickett 2009).

This abdication by sociology, the least bounded and the most generous of the social sciences, may now be ending. The International Sociological Association has decided to devote its next World Congress, in Yokohama in 2014, to inequality.

Citizens have been more impatient. In 2011 inequality was present, red-hot, in the streets: in the Mediterranean opposition to unequal austerity; in the Arab rebellions against unequal freedom and opportunity; in the Chilean student (and middle-class-supported) rejection of unequal higher education; in the Occupy movements of the US, the UK and other places, against the rule of the 1 per cent.

Inequality even became a theme of the corporate Alpine leisure of the World Economic Forum at Davos.

This book's effort, which continues previous ones (e.g. Therborn 2006), has some distinctive features among the currently growing literature on inequality. It is resolutely multidimensional in its approach to inequality, focusing on health/mortality, on existential degrees of freedom, dignity and respect, as well as on resources of income, wealth, education and power. Secondly, it uses a historical global perspective, trying to grasp, comprehend and explain global as well as intra-national developments over modern time. Thirdly, it tries to spell out the various mechanisms through which inequalities are produced. Fourthly, it pulls out mechanisms of equalization, and attempts to grasp historical moments, processes and policies of equalization. Increasing inequality is not inevitable. Finally, it offers an agenda for overcoming, or at least reducing, inequalities.

In-equality, as I shall elaborate somewhat below, is a normative concept, denoting the absence, the lack, of something - i.e., of equality. This normativity had better be recognized and reflected upon from the outset. But stated as a premise of concern, assessing its actual prevalence, identifying its causal mechanisms, and spelling out its social consequences are all procedures subject to possible scholarly falsification.

This book has two main aims: to convince students and academic colleagues of the necessity of a multidimensional and global approach to inequality; and, above all, to raise concern about existing multiple kinds of inequality, and to promote commitment to equalization among my fellow citizens of the world.

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Note

[1](#) A valuable insiders' self-appraisal of the Committee's achievements over fifty-five years is given by Hout and DiPrete (2006).

I

The Fields

You have probably heard and read quite a lot about inequality in these years of financial crisis, but how much have you discerned about kinds of inequality other than those of income and wealth? About inequalities of health, lifespan and death, for instance? About how the unequal life situations of parents are affecting the bodies and the minds of their children? And how much have you noticed about various processes of equalization currently going on in some parts of this world? What opportunities have you had to look under the cover of 'globalization', at how and to what extent the processes of distribution in different areas of the planet are interconnected and interacting? If you don't agree with the current state of inequality, what institutions have to be changed first of all? What social forces can you hope for, and join if you should want?

Theorization about inequality made great advances in the decades preceding the current economic crisis, above all in the disciplines of social philosophy and of medicine and epidemiology - advances which have not yet been absorbed into mainstream social science or into general public discourse. Crucial theoretical questions are still left unanswered, not seriously reflected upon. What is wrong with inequality? Why do we resent the economic inequality of some, and admire that of others - of sports and entertainment stars, for example? What is the difference between inequality and difference? What kind of equality should contemporary democratic and libertarian egalitarians

strive for? What are the social mechanisms through which inequality - and equality - are produced?

The question marks above, and other, related ones, have motivated me to add this contribution to the ongoing debate. While paying due attention to Mammon and his devotees - as well as my respect to his economic analysts - I am arguing that the violations of human capabilities which inequality constitutes require a much broader empirical and a much deeper theoretical approach than the existing offers.

Let us begin by looking at the fields of current experience.

1

Human, Nasty and Short: Life under Inequality

The Short Lives of the Unequalized

Inequality kills. Between 1990 and 2008, life expectancy for White American men without a college degree fell by three years, and White low-educated women had their lives shortened by more than five years (Olshansky et al. 2012: exhibit 2). Only AIDS in southern Africa and the restoration of capitalism in Russia have had a more lethal impact than the US social polarization in the boom years of Clinton and Bush. African Americans have shorter lives than White Americans, but here the gap has actually narrowed in the last two decades – after an early twentieth-century widening – between 1990 and 2009 (*National Vital Statistics Reports* 60:3, 2011, table 8). Inequalities of race and education together – Blacks with less than twelve years of education vs Whites with more than sixteen – cut the lives of the disadvantaged by twelve years in 2008 (Olshansky et al. 2012: 1805). That is the same as the national difference between the USA and Bolivia (UNICEF 2012: table 1).

The return of capitalism to the former Soviet Union meant a dramatic unequalization and mass impoverishment. In Russia, the Gini coefficient² of income inequality was hoisted from 27 in 1990 to 46 in 1993, in the Ukraine from 25 in 1992 to 41 in 1996 – then continuing to rise, to 52 and

46 in 2001, respectively (UNICEF 2004: 117, 123). By 1995 the restoration processes had generated 2.6 million extra deaths in Russia and the Ukraine alone (Cornia and Paniccià 2000: 5). For the 1990s and the whole of the former USSR, the death toll amounted to 4 million, according to the British epidemiologist Sir Michael Marmot (2004: 196; cf. Stuckler et al. 2009).

After a catch-up in the 1950s and early 1960s, the health situation in the Soviet Union and Eastern Europe had stagnated, even deteriorating in some countries, including Russia. But the restoration of capitalism meant a sudden jump in mortality, with the standardized death rate among Russian men (aged 16 and over) increasing by 49 per cent between 1988-9 and 1993-4, and among Russian women by 24 per cent (Shkolnikov and Cornia 2000: 267).

The Marmot estimate of 4 million excess deaths in the 1990s is considerably lower than the mortal effects of the Stalinist collectivization of the 1930s, of which the best estimate for the 1927-36 period seems to be *circa* 9 million (Livi-Bacci 1993: 751ff., 2000: 50), with a particularly devastating impact in Kazakhstan and Ukraine (Ó Gráda 2009: 237). However, with respect to Russia, the collectivization tragedy of the 1930s and the privatization one of the 1990s are not incomparable. From 1930-1 to 1933 the (crude) Russian death rate increased by 49.5 per cent (Livi-Bacci 1993: 757), i.e., almost exactly the same increase as sixty years later. Russian and Ukrainian extra deaths in the 1990s, through mass unemployment, mass impoverishment and degradations, may well be argued to have been less brutal than those from the requisitions, famine and deportations of the Stalinist collectivization. But the silent acceptance of new systemic deaths by the world's liberals and conservatives is more amazing in the mediatic, 'information age' 1990s, than the starry-eyed disbelief

among the Communists and Soviet admirers of the insulated 1930s.

By 2009, life expectancy in Russia and the Ukraine is still below what it was in 1990 (WHO 2012: part III, table 1). The educational gap in life length widened in Russia while death rates rose in all educational groups (Shkolnikov and Cornia 2000: 267). But in Estonia and Lithuania in the 1990s, a dramatic increase in dying among people with, at most, upper secondary education accompanied a mortality decline among the highly educated (Leinsalu et al. 2009).

The main Western European pattern of unequal life possibilities is a stagnation or a slow lengthening of the lifespan of the poor and the low-educated, while the life horizon of the rest is being extended. This seems to be the trend of the last half-century or more (Valkonen 1998) - in the UK, roughly since the introduction of the National Health Service (no causal connection implied) (Fitzpatrick and Chandola 2000: table 3.8). After a spike in the mid-1990s, the English gap between occupational classes I and V has decreased somewhat, while differences in life prospects between territorial areas have continued to grow, and the inequality coefficient of age at death has risen (Sassi 2009). Just between 2004-6 and 2009-10, the lifespan gap between Glasgow and Kensington-Chelsea increased by more than a year (Office of National Statistics 2011). The American pattern is similar, but includes a growing mortality gap, in relation to the richest quartile of the population, in the second and the third quartiles as well (Evans et al. 2012: 15).

Some recent changes elsewhere in Western Europe are rather dramatic too. For example in Finland, the life expectancy gap at the age of 35, between the richest and the poorest fifth (quintile) of the population, widened by 5 years for men and 3 years for women in the period from 1988 to 2007. It is now 12.5 years between the top and the

bottom male quintile, and 6.8 between the female ones (Tarkiainen et al. 2011). Another Finnish study by the same group of researchers found that the (age-standardized) death rate at ages 35-64 among the poorest fifth of women increased strongly from 2004 to 2007, leaving it well above the level of the late 1980s. Premature deaths among the unemployed and among people living alone also soared between 1988 and 2007, among both men and women (Tarkiainen et al. 2012: tables 1-2).

A number of large longitudinal studies have established that unemployment produces extra deaths, even when controlling for stress palliatives like tobacco and alcohol, as well as for pre-unemployment health (e.g. Bethune 1997; Gerdtham and Johannesson 2003; Moser et al. 1994; Nylén et al. 2001). Even the wives of unemployed men have been found pushed into the grave before other married women (Moser et al. 1994). One of the direst consequences of the ongoing financial crisis is its generation of mass unemployment. The megalomania of a few hundred recklessly gambling bankers has thrust millions of workers into unemployment. From early 2008 to January 2013, the unemployed in the EU increased by 8 million, to 26 million, and in the USA by 4.6 million to 13 million. How many of these unemployed will die a premature death? We don't know yet, but they are likely to be numbered in tens of thousands. At the International Court in The Hague, people are convicted of 'crimes against humanity' with smaller mortal dimensions.

Level of education is in some sense the sharpest and most comparable instrument for measuring social inequality of premature adult death. It doesn't in itself explain mortality, although it does indicate life-long effects of childhood and youth experiences - we shall return to this below - but it is relatively precise and internationally comparable, and it does point to something important: the early shaping of

people's life-chances. It is often more powerful than income or wealth. For instance, in USA a college-educated White man at age 50 has 6 more years to live than a college dropout. Wealth among the highest quintile gives a life premium of 4 years, full-time employment 3.4 years more than unemployment, and marriage a 2.5-year life advantage (Pijoan-Mas and Rios-Rull 2012). A recent European study of mortality also found (three-layered) education making larger differences than manual vs non-manual occupation. Self-assessed health, on the other hand, was more strongly differentiated by income, especially in England and Norway (Mackenbach et al. 2008: 2473, 2477).

Where is there most inequality of life and death in Europe? A Dutch research group at the Erasmus University provides an answer, referring to (standardized) rates of death between the ages of 30 and 74 in the 1990s. The answer is: East-Central Europe (Russia and the Ukraine were not included). Compared to people with tertiary education, every year 2,580 more people out of 100,000 with only primary education died before the age of 75 in Hungary, 2,539 in Lithuania, 2,349 in Estonia, 2,192 in Poland, and 2,130 in the Czech Republic. In (conventionally) Western Europe, Finland had the steepest slope of inequality: 1,255 annual extra deaths among the low-educated; France had 1,042, Switzerland 1,012, and England-*cum*-Wales 862. Least lethal inequality was found in Sweden - 625 excess deaths - and areas in Spain (from 384 in the Basque country to 662 in Barcelona) and the Italian city of Turin (639). The above are male data, female deaths exhibit similar social and national patterns, but differentials are smaller, less than half the male average. In the women's league, the Nordic women come out relatively more unequal than the men. Swedish women are more unequal than French and Swiss women, and Norwegian and Danish women are even more unequal than the European average, whereas Finnish

women, in contrast to Finnish men, are below the study's European average (Mackenbach et al 2008: table 2).

Not only death comes earlier to the poor and the little-educated. Common chronic diseases also start substantially earlier, if they arrive. An American study found various cardiovascular diseases, diabetes and chronic lung disease hitting people with eight years of education five to fifteen years earlier than people with at least sixteen years of schooling (Elo 2009: 557f.). A study of Finnish and Norwegian chances of living from 25 to 75 without any longstanding illness found that beside a higher risk of death, men with only basic education had seven to eight years more of longstanding illness (out of the fifty) than their compatriots with higher education. Low-educated women could count on a good extra five years of ill-health (Sihvonen 1998: table 3).

World inequality provides newborn children with very different prospects, not only of life-paths but of survival. Child and infant mortality is coming down, perhaps the most important developmental success in recent years. Nevertheless, in Africa in 2010 around 1 child in 9 (sub-Saharan average) died before the age of 5, and more than 1 in 6 in the worst areas of the world, such as Angola, Chad and Congo. In the safest parts of the rich world (Nordic countries, Japan, Singapore), this fate nowadays befalls 3 children in 1,000. The ratio between the best and the worst countries in terms of child survival until age 5 is currently 60:1.

Inside countries, there are, of course, vast differences in chances of child survival, according to mother's education, parental income or region. In Brazil in the 1990s you had a ten times better chance of surviving to your first birthday if you were born to a mother with twelve years of education rather than to an illiterate mother (Therborn 2011: 150). In Nigeria around the year 2000, about 200 more children in