

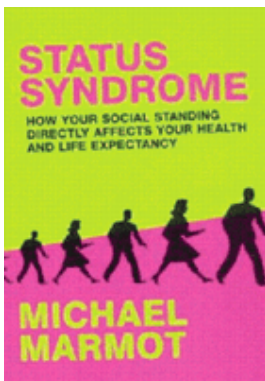
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reviews

Book

Status Syndrome: How Your Social Standing Directly Affects Your Health and Life Expectancy

In affluent nations, an individual's position in the social hierarchy is increasingly recognised as one of the major determinants of health. People who are lower in the hierarchy tend to have worse health and shorter life expectancy. Michael Marmot argues that low social standing is seen not only as a condition of material deprivation but also as an indicator of people's capability to control life and fully participate in society (psychosocial disadvantage). As a person's position in the social hierarchy decreases, the less likely he or she is to have full control over life and opportunities for full participation in society.



Michael Marmot

Bloomsbury, £12.99, pp 311 ISBN 0 7475 7049 3 www.bloomsbury.com

Rating: ★★★★★

Status Syndrome is an impressive book that uses a comparative perspective to show that inequality in health outcomes cannot be explained by poverty or "traditional risk factors" such as genetics, behaviour, and access to medical care. Basing his conclusions on more than 25 years of research, Marmot makes a forceful case showing that low control over life and social disengagement are the most powerful explanatory factors for the social gradient of health.

However, it must be acknowledged that the factors Marmot speaks of are typically interrelated: material possessions give an individual the capability to better control their life and fully participate in society. This, in turn, influences access to material resources. In addition, one may wonder if the importance of the two underlying mechanisms behind Marmot's social gradient of health varies according to subgroups within a population and geographical area. Perhaps the same factors that explain health differences among British civil servants only marginally account for the health disadvantage of the homeless

in the poorest areas of London. Factors that are responsible for the poorer health of the lower social classes in the United States may explain only a minute proportion of similar health gaps in Sweden. Both material deprivation and psychosocial disadvantage, in varying proportions, may be responsible for gradients in health outcomes in each case.

Status Syndrome is not only a review of what is known about the social gradient of health, but also a call for action to change it. Marmot's work reminds us that there are two competing policy recommendations to contain health disparities: should governments be advised to reduce inequality

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in material deprivation, or should they focus on reducing inequality in psychosocial disadvantage? Of course, this depends on the proportion of the social gradient of health explained by these two factors in the specific subpopulation and geographical area. If health inequalities are mainly a result of material deprivation, we can apply pressure to governments to reduce poverty, homelessness, and unemployment, and invest in human related services. If, on the other hand, the "psychosocial disadvantage hypothesis" prevails, we may ask for interventions promoting participation of lower social classes and civil society in social movements to increase control over their environment and engagement in community life.

Further research and better methods are needed to study the relative weight of material deprivation and psychosocial disadvantage in explaining health inequalities. Such information is crucial, not only to fully understand the social gradient of health, but also to reduce it.

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