DEVELOPMENT AND SOCIETY
Volume 38 | Number 2 | December 2009, 339-363

Trust, Social Quality and Wellbeing: A Sociological Exegesis

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This papers provides an argument regarding the centrality of 'trust' for the development and maintenance of 'social quality,' and ultimately for the health and wellbeing of individuals, communities and societies. Within the Social Quality theory, trust is located within one of the four conditional domains; social cohesion. This paper provides a background to Social Quality theory within a political and theoretical context in order to demonstrate that trust underpins a number of the social systems that play a role in the development and maintenance of social quality; therefore, we argue, that trust underpins 'social quality' and hence the Social Quality theory. We suggest ways in which current social theories of trust may be situated within the Social Quality theory, in terms of the normative and conditional factors. Evidence is provided to support the argument that trust plays a more significant role social quality than the current model suggests.

Keywords: *Sociology of Trust, Niklas Luhmann, Anthony Giddens, Social Quality Theory, Salutogenesis*

Introduction

The main aim of this paper is to argue for the centrality of 'trust' for the development and maintenance of 'social quality,' and ultimately for the health and wellbeing of individuals, communities and societies. Within this paper, when we refer to 'wellbeing,' we do not refer to a narrow definition which ties wellbeing to a biomedical definition of health. Instead, we regard 'wellbeing' and 'social quality' as synonyms, and therefore in order to research and promote wellbeing (which is often vaguely conceptualised (Carlisle, Henderson and Hanlon, 2009)) within a community or society, we argue for the use of 'social quality,' which has been defined as "*the extent to which people are able to participate in the social, economic and cultural life of their communities under conditions which enhance their wellbeing and individual potential*" (Beck et al., 2001). This is also similar to what has been termed 'happiness-plus-meaningfulness' (Seligman, Parks and Steen, 2005).

Given that we are addressing the social determinants of wellbeing and social quality rather than the biomedical determinants, within this paper, we take a salutogenic approach (Antonovsky, 1990) to understanding the importance of trust with regard to wellbeing and social quality. Salutogenesis is a concept that focuses on factors that support human wellbeing rather than on factors that cause disease. While the decision to take a salutogenic approach to explaining wellbeing may be innovative and relatively unexplored in application to social quality, it can be argued that the Social Quality theory is in and of itself, a salutogenic approach to understanding health and wellbeing. The current Social Quality theory addresses the in-built relationships that exist between the social factors and related systems that impact on wellbeing.

This paper provides a description and critique of the conceptualisations of trust within sociology, and then to demonstrate the centrality of trust within the Social Quality theory. As this paper will demonstrate, trust underpins a number of the social systems that play a role in the development and maintenance of social quality; therefore, trust underpins the Social Quality theory. This paper outlines the current theory and provides an argument which suggests that before the current theory can be used to frame empirical research in any discipline, the model needs to be reworked. We suggest ways in which current social theories of trust may be situated within the Social Quality theory, in terms of the normative and conditional factors. Evidence will be provided to support the argument that trust plays a more significant role social quality than the current model suggests.

There is a burgeoning wealth of literature on trust in a number of disciplines including sociology (Meyer et al., 2008; Meyer and Ward, 2008; Mollering, 2001a; 2001b; Ward and Coates, 2006), public health (Gilson, 2003; Ishikawa and Yano, 2008; Lupton, 1996; Meyer and Ward, 2008; Rhodes and Strain, 2000; Taylor-Gooby, 2006; Thom, 2000; Thom et al., 2002; Tibandebage and Mackintosh, 2005; Trachtenberg, Dugan and Hall, 2005; Ward and Coates, 2006; Whetten et al., 2006; Wright, Holcombe and Salmon, 2004), psychology (Miles and Frewer, 2002; Silvester et al., 2007), and political science (Alexander, 1996; Fukuyama, 1995; Giddens, 1994; Hardin, 2006; Janssen, 2006), which reflects the growing awareness in both research and policy of the importance of trust for society's wellbeing. At both an individual and societal level, trust is important for health and wellbeing and is "fundamental to effective interpersonal relationships and community living" (Mechanic and Meyer, 2000: 657). Findings from a substantial body of literature across a broad range of disciplines suggest that trust is an important component for the smooth functioning of society and thus for the development, maintenance and sustainability of the social quality of people's lives (Meyer et al., 2008; Meyer and Ward, 2008; Ward, 2006; Ward and Coates, 2006).

While there is a great deal of literature which argues the importance of trust for the wellbeing and health of society, there is strong evidence suggesting that modern social developments have led the erosion of both interpersonal trust and institutional trust in a number of democratic countries; interpersonal trust being trust between two or more individuals and institutional trust being an individual's trust in one or more social system(s) (Birungi, 1998; Davies, 1999; Gilson, 2003; Mechanic and Meyer, 2000; Russell, 2005; Welsh and Pringle, 2001). This declining trust has been witnessed in health care along with other institutions along with the popular media (Williams and Calnan, 1996). Declining trust may be linked to broader epistemological challenges about the authenticity of knowledge, the confidence in the power of science and the capacity of experts to deliver to us control over our bodies, '*When the life-world is colonized by medical insecurity, medicalized subjects come to suspect the messenger and the knowledge they bear*' (Crawford, 2004: 524).

The aforementioned decline in trust may lead to continuous vigilance and anxiety within society (Crawford, 2004), impacting on individual and societal wellbeing and social quality. Indeed, Crawford (2004) provides evidence for the emergence of a '*culture of anxiety*,' which has also been termed an '*era of insecurity*' (Bauman, 1999), '*ontological insecurity*' (Giddens, 1990) and '*existential anxiety*' (Giddens, 1991), in which 'stasis' or 'escatalogical fatalism' (Beck, 1992) becomes the norm and individuals and groups constantly reflect

upon their place in society and the role of traditional institutions. In other words, increasing individual and societal reflexivity leads to a constant questioning, although a lack of certainty then leads to both the need for 'trust' and feelings of anxiety (because trust may be broken). Given the increasing risks in modern society on which people begin to question or be reflexive, there may then be a tendency to ignore the risks (or at least, to act is if they are not there) is the search for the 'reduction of complexity' (Luhmann, 1982).

Overall, in order to develop and maintain social quality or wellbeing in society, we need to promote and maintain trust, which is not just a matter of focussing on the trustworthiness of individuals, but it is also essential to look at the trustworthiness of social systems and institutions, fitting in with the structure-agency focus of the Social Quality theory which will be outlined below.

Background to the Social Quality Theory

It is not the purpose of this paper to provide a detailed description and critique of the Social Quality theory, since this has been performed admirably by other papers in this Special Issue of *Development and Society*. Instead, we discuss the conditional factors in Social Quality theory later in this paper so that this paper can be read as a stand-alone manuscript, and also to develop and contextualise our argument about the centrality of trust within the Social Quality theory. We now turn our attention to providing a detailed theoretical and political context for the Social Quality theory which will inform our argument regarding the centrality of trust. Additionally, situating the theory in a political context also provides a niche for which we can demonstrate the potential benefits of using a social quality approach within public health research and policy.

The Theory of Social Quality within a Theoretical and Political Context

In Modern times, governments around the World have been tasked with tackling a number of inter-connected issues related to improving the health and wellbeing of their citizens and communities. Some of these issues include maintaining and developing social order, human rights, equity and human capabilities (Sen, 1999; 2003); the focal areas however, have been health and social policy. Rather than focussing primarily on curing and treating illness and

disease, national and international public health and social policy has been re-oriented towards illness prevention and health promotion (Department of Health, 2005; 2006; Department of Health and Ageing, 2009). This shift has been identified as a response to the social and financial pressures placed on society, institutions and the economy by the increasing prevalence of a range of major chronic illnesses and an ageing demographic (National Health Priority Action Council, 2006). The policy shift is also a response to the recognition of the importance of the social determinants of health (SDH), which re-orients policy and practice to dealing with the 'causes of the causes' of illness and with developing equitable health and social care systems (Commission on Social Determinants of Health, 2008). Research within and across the SDH have tended to explore and analyse particular 'determinants' in isolation, which does not account for the complex and inter-connected nature of the SDH. For example, there are foci of research on social cohesion/capital(Kim, Subramanian and Kawachi, 2006; Poortinga, 2006a; 2006b; Siahpush et al., 2006), social inclusion (or exclusion) (European Foundation for the Improvement of Living and Working Conditions, 2003), community engagement/empowerment (Byrt and Dooher, 2003), and the deleterious effects of socio-economic status (and the concomitant inequities in access to services and resources) (Power et al., 2005; Ward, 2009; Wilkinson and Pickett, 2006; 2007), although there have been very few research studies which attempt to assess all of these SDH, due to the lack of a relevant and robust meta-theoretical framework. However, the Social Quality theory presents a potentially useful framework for making the connections between the aforementioned foci of research, thus exploring and analysing the complex nature of the SDH, which may have profound implications for both future public health policy and the appropriate provision of health and social care services.

In terms of thinking about the place of trust within the Social Quality theory, we need to situate the theory within wider literatures including both public health policy and sociological theory. In terms of public health policy, there are explicit relationships with policies around reducing health inequalities (Department of Health, 2005; WHO Task Force on Research Priorities for Equity in Health, 2005), investing in social capital (Health Development Agency, 2004) and tackling social inclusion/exclusion (European Foundation for the Improvement of Living and Working Conditions, 2003; Social Exclusion Unit, 2006). All of these policy literatures highlight the importance of trust. In terms of sociological theory, there are well developed synergies with literatures focussed on relationships between structure-agency (Archer, 1995; Bourdieu, 1977; Giddens, 1976; 1984; Mouzelis, 1995) and systems-lifeworld (Beck et al.,

2001; Habermas, 1997; Scambler, 2001; Scambler and Britten, 2001; Williams and Popay, 2001) and social systems theory (Luhmann, 1982; 1995; Parsons, 1951; Parsons and Norfolk, 1971). Again, a social theory of trust is essential in order to 'bridge' the divides between individuals-systems and systems-systems.

It is interesting that the aforementioned shifts in health and social policy to encompass the promotion of health and wellbeing, have occurred during periods of both neoliberalism (or economic rationalism) and a 'crisis of legitimation' (Habermas, 1997) of Governments and the State. The meta-agenda of neoliberal Governments with respect to promoting wellbeing, is that 'wellbeing' is ultimately the responsibility of individuals, which allows for a retrenchment of the State in terms of regulation and services aimed at promoting wellbeing. In this way, both the cause and *solution* of any health related problems (e.g. obesity, under-age drinking, violence, etc) are located within individuals — it is not the responsibility of the State to legislate or regulate (because using their individualistic argument, they have not caused the problem and therefore have no responsibility for solving it). The notion of 'individual responsibility' has become the central mantra for policy-makers and politicians across the developed world, and one only needs to look at the comments of a former Australian Federal Minster for Health (the Honourable Tony Abbott) who, when asked about the regulation of fast food to children and the responsibility for eating 'unhealthy food,' said that the only people responsible for putting food in the mouths of children, were the children and their parents. In making this statement, Tony Abbott was following the neo-liberalist line of decreasing the regulatory powers of the State and increasing the responsibility of citizens.

In terms of promoting wellbeing within and across society, many people would argue for some level of State intervention, although the possibilities and problems associated with this have been vigorous debated within the field of political economy, which originally started with the work of Marx and Engels but was re-invigorated in the 1970s and 1980s (Coleman, 1982; Doyal and Pennell, 1979; McKinlay, 1975) and still remains important in the 21st Century (Navarro, 2002). The central problem for political economists (sometimes called conflict theorists) relates to the social production of illness under capitalism, or what might be termed 'the contradiction between the pursuit of health and the pursuit of wealth.' Political economists argue that since the capitalist system is founded on the production and consumption of material wealth, it cannot also privilege the 'production of health' in an equitable manner. Social theorists in the area of 'risk' have also shown how the increased risks in contemporary society, often as the bi-product of industrialisation, have

led to poorer health (Beck, 1992; 2005; Beck, Giddens and Lash, 1994), using examples such as the exposure to chemical waste, environmental pollution and increased stress caused through the increased pressure on workers. There have been counter-arguments to this, showing how the capitalist system needs 'worker bees' and therefore needs to maintain and sustain the health of workers (although not necessarily those groups not involved in the formal workforce).

From the ensuing debate, it seems like a stalemate or impasse has been reached, with both 'sides' of the argument arguing for *either* increased Government control/regulation *or* increased individual responsibility. Whilst this *either/or* thinking is understandable, it may not be productive in the long-term — what may be more productive is *more/less* thinking (or as Giddens called it, the Third Way (Giddens, 1998)), which acknowledges the relative importance and interaction of both individuals and the State (or more widely, social systems). Giddens argues that a structure or social system is composed of rules and resources that both govern and are available to human agents. As individuals, we are agents of our own action; we express our agency through acting on, or making, decisions. Giddens acknowledges that both individuals and social systems have the ability to shape their social reality but rather than arguing complete structural or agent determinism, he argues that they interact together to (re)produce society (Giddens, 1986). He refers to this as the *duality of structure*; social structures make social action possible while at the same time, social action creates those very social structures. In the case of neo-liberalism, consumers have been granted a great deal of agency as the State has reduced their provision of services and increased reliance upon the individual to manage their own well-being. However, the question remains whether or not individuals wish to acquire the level of agency they have been granted and whether we need more State intervention/regulation to accompany, not necessarily to replace, individual responsibility. Nevertheless, it seems that in order to promote wellbeing, there needs to be attention focussed on both the roles and responsibilities of individual and Governments (or social systems), and the inter-relationship (or 'communicative action'(Habermas, 1997)) between the two.

This backdrop lays the foundation for the current paper in two ways. Firstly, the Social Quality theory explicitly focuses policy attention on the inter-relationships between agency and structure, thereby not locating the cause or solution to problems necessarily within individuals (like a neoliberalist agenda would). Secondly, in response to the first point, the issue of trust takes centre stage, since some social theorists engaged in the agency-structure debate (e.g. Giddens and Luhmann) regard trust the an essential ingredient for the smooth-

functioning of society, which then facilitates individual and societal wellbeing. Taking this point further, we may even say that one of the normative factors (i.e. the bedrock of social quality) ought to be 'trust' — that a society with 'social quality' and 'wellbeing' would be built on 'trust' in addition to solidarity, equal value, human dignity and social justice. Alternatively, we may argue that trust is actually implicit in all of the original normative factors, thereby not requiring a shift in the current Social Quality theory. Given the centrality of 'trust' within this paper, we now move to a description and critique of some of the major conceptualisations of trust within social theory, to allow the reader to get a deeper understanding of our central argument — that trust is so central to 'social quality' that it should not only appear (and therefore have indicators) within one of the conditional factors where it is currently situated (social cohesion), but across all of the conditional factors, thereby meaning that multiple indicators of trust are used, to reflect the multi-dimensional nature of trust (Brown, 2008; Meyer et al., 2008).

Conceptualisations of Trust

The concept of 'trust' has been extensively researched and theorised within the behavioural and social sciences (in addition to the humanities), and is a key domain within public policy discourses on social capital, social inclusion/exclusion and the Social Quality theory. Within the field of public health, trust is often used as a marker of high/low social capital, although the *measurement* of trust is usually based on localised forms of inter-personal trust (e.g. trust in neighbours or local community groups). It is not intended to provide an in-depth review of the concept of trust here, since this has been done admirably elsewhere (Gambetta, 1988; Giddens, 1990; 1991; 1994; Gilson, Palmer and Schneider, 2005; Goudge and Gilson, 2005; Misztal, 2001; Mollering, 2001a; Simmel, 1978). Instead, this paper represents an attempt to widen the scope of thinking within public health to encompass the different possibilities of meaning around trust and to recognise the importance of literature within the sociology of trust. In particular, the paper attempts to explore the utility of Luhmann's 'social systems theory' (Luhmann, 1995), Habermas' ideas about 'colonization of the lifeworld' (Habermas, 1997), Giddens' ideas about facework/faceless commitments (i.e. interpersonal and systems based trust) and their meeting at 'access points' (e.g. the GP surgery) (Giddens, 1990; 1991), and more generalised epistemological concerns about decreasing confidence in (and acceptance of) experts, expertise and the power of science (Fuller, 2000;

Williams, 2000; Williams and Popay, 1994; 2001; Wynne, 1992; 1996).

Scholarly research on trust is often presented in academic articles without any formal definition, assuming that readers all share a common understanding. However, given the vast range of definitions that have been used within literature on the sociology and psychology of trust, the possibility of a shared understanding remains problematic. Therefore, we employ the initial definition by Sabel (1993: 1133) "the mutual confidence that no party will exploit another's vulnerability" (Sabel, 1993), within this paper. However, since this definition implies that trust is merely a product or process of inter-personal relationships between individuals, we also qualify the definition by reference to the idea that to trust others, is to "accept the risks associated with the type and depth of the interdependence inherent in a given relationship" (Shepard and Sherman, 1998). By a 'relationship,' we do not limit trust to being an interpersonal or intersubjective outcome. Rather, we view relationships as 'systems of communication' (Luhmann, 1995) between individuals and social systems, and therefore trust is the process and outcome of relationships between individuals-individuals, individuals-social systems, and social systems-social systems. Therefore, in line with Social Quality theory and our earlier argument, trust may be seen as the process and outcome of the structure-agency linkage, which lends itself to 'more-less' thinking, rather than 'either-or' thinking. The 'either-or' thinking aims to locate trust in 'either' individuals 'or' social systems, whereas the 'more-less' thinking seeks to explore the nature and extent of trust in both the individuals and social systems. These issues are explained in more detail when we provide a critique of Niklas Luhmann's theory of trust (Luhmann, 1989; 1995; 2000; 2005).

Trust has been conceptualised as representing a defining feature of late modernity and the demarcation between what has been called 'pre-modern' and 'modern' society (Giddens, 1990; 1991; 1994). Luhmann stated that "one should expect trust to be increasingly in demand as a means of enduring the complexities of the future which technology will generate" (Luhmann, 1979: 16). This fits within the context of the 'Risk Society' (Beck, 1992), whereby the increasing perception of risk moves 'trust' even more centre-stage, since where there is risk, there is a need for trust (Luhmann, 2005). In this way, trust becomes of key academic concern to social scientists who are essentially interested in both understanding the features of social life and also social change. Whilst Beck (Beck, 1992; 2005) is slightly at odds with Giddens, since he (contrary to Giddens) believes that the key defining feature of modernity is 'risk,' there is an obvious linkage between the two conceptualisations through the notion of reflexivity. Both writers stress the importance of individual and

societal reflexivity, and see this as the lens through which people both become aware of, and act upon risk/trust (Beck, Giddens and Lash, 1994). In this way, the issue of trust/mistrust is not so much about the proliferation of risks, but that individuals and groups have developed heightened levels of reflexivity on which they can act (i.e. decide whether or not to trust a particular person, institution or system of knowledge).

Tust is seen as involving 'leaps of faith' (Simmel, 1990: 179) and being 'quasi religious' (Giddens, 1990: 26-27). Giddens (1991: 89) stated that "*trust is only required where there is ignorance*" and Luhmann (1989) defined trust in terms of 'reducing complexity.' This paper specially deals with the theories of Giddens and Luhmann because both have been consistently cited in the majority of theoretically informed literature on trust (Andreassen et al., 2006; Bordum, 2004; 2005; Brownlie and Howson, 2005; Gilson, 2003; Lupton, 1997; Mechanic and Meyer, 2000; Pearson, Crane and Mont, 2005; Salvatore and Sassatelli, 2004; Ward and Coates, 2006). While both Giddens and Luhmann have made considerable contributions to trust literature across several disciplines, this paper deals specifically with aspects of their work that are relevant to the application of trust theories within the social quality framework.

Prior to investigating their theories, it must be acknowledged that Giddens and Luhmann specifically recognise two types of trust: institutional (also termed abstract of faceless) and interpersonal (facework) (Giddens, 1991; 1994; Luhmann, 1979). Both Giddens and Luhmann view interpersonal trust as a learned personal trust that is negotiated between individuals (an individual's decision to trust someone or not). Institutional trust is the trust that is placed in the system or institution; for Luhmann trust in one social system is highly dependent on our trust in another social system (Luhmann, 1979). It is important to acknowledge the distinction between institutional and interpersonal trust because "*Trust occurs in a framework of interaction which is influenced by both personality and social systems, and cannot be exclusively associated with either*" (Luhmann, 1979: 6).

Giddens argues that an individual's trust rests on a vague and partial understanding as some of our decisions are based on past experiences that are believed to be reliable for present decisions (Giddens, 1990). In order for an individual to have 'trust,' he argues that their decision must combine good reason (past experience) with something further that satisfies their 'partial understanding' (Giddens, 1991). He refers to this partial understanding as a 'leap of faith' or 'ontological security' (Giddens, 1991); a commitment to something other than just cognitive understanding (Brownlie and Howson, 2005). Therefore, trust only exists when there is ignorance as there is no need to

trust in a situation where one has complete knowledge (Giddens, 1991). In other words, Giddens argues that we only place trust in situations of uncertainty. If past experience or good reason satisfies our understanding, we have no need to trust. For instance, one does not 'trust' that the sun will rise tomorrow. Based on our past experience of it rising everyday and our good reason that it is highly unlikely that it will not rise, we may have confidence, but not trust.

Luhmann looks at trust in terms of its function in society (Luhmann, 1988). An individual's decision to place trust or distrust in something or someone reduces the complexity in their social world because their decision functions as a way to pursue their actions rationally (Luhmann, 1979). For instance, if an individual makes a conscious decision to trust in their government, they can pursue their decision to vote based on rational choice. As a citizen who is constantly reliant upon decisions regarding systems or institutions that are run by the government, placing trust in their government reduces the complexity of subsequent decisions; if they trust their government, they are likely to trust in the systems, institutions, and policies controlled by government. Luhmann argues that systems (social systems[1]) need to reduce complexity in order to function properly and with increasing complexity, the need for assurances through trusting relationships grows accordingly (Borch, 2005). Put simply with regards to the above example, as new policies and regulations are set by the government that are often beyond the understanding of the lay person (complexity is increased), the need for trusting relationships grows. The increase in complexity leads to increased need for trust. Brown(2008) argues that trust is best understood in a multidimensional sense; trust in one social system is highly dependent on our trust in another social system (Luhmann, 1979).

Another aspect of trust that is central to understanding its role in social quality is modernity which is a concept that both Giddens and Luhmann address. Giddens discusses 'modern social forces' (such as the expansion of electronic communication, technology etcetera) and how they have played a central role in the organization of social relationships (Giddens, 1991). He argues that this expansion has created a demand for 'expert systems' — systems of expert knowledge which now penetrate virtually all aspects of social life. For instance, an expert system may be the medical system which provides us with expert information regarding the medicines we should take, the food we should

[1] Luhmann, a social system's theorist, refers to what he terms social systems. Examples of social systems are the economic system, the political system, the medical system etcetera.

eat, or the treatments we should undergo.

Although these 'expert systems' provide information which the average lay person often has little knowledge of, Giddens also suggests that the lay populace does recognise that expert systems cannot adequately anticipate the future. For example, the current state of global 'economic crises' provides evidence that although there are many 'expert' financial advisors with a great deal of knowledge that is not likely understood by the lay populace, they were unable to adequately anticipate the future and as a result, a large proportion of people who placed trust in these systems of expert knowledge. It is for this reason that Giddens argues that (mis)trust stems from interpersonal relationships with the people who represent the expert systems. He uses the term 'access point' to identify the meeting ground in which the individual is seen to represent the social system (Giddens, 1990). For example, an access point may be a physicians' surgery where the physician is seen to represent the medical system, or a bank where the bank teller is seen to represent the financial or economic system. Giddens (1990: 85) argues that "*Although everyone is aware that the real repository of trust is in the abstract system, rather than the individuals who in specific contexts 'represent' it, access points carry a reminder that it is the flesh-and-blood people (who are potentially fallible) who are its operators.*" Put simply, Giddens argues that institutional trust presupposes and is determined by interpersonal trust (Meyer et al., 2008). For instance, Giddens would argue that in order to have trust in the economic system, we must first have interpersonal trust in our financial advisor (who represents the system).

While Luhmann does not acknowledge the idea of 'expert systems,' he does discuss the use of social systems and personal systems as a means of reducing complexity (Meyer et al., 2008). It is at this point that he goes on to discuss the difference between trust and confidence (this distinction is discussed later in the paper); however, more pertinent to this paper is Luhmann's discussion of the notion of time as a relation to trust. He outlines the problematic relationships between trust and time stating that "*To show trust is to anticipate the future. It is to behave as though the future were certain*" (Luhmann, 1979: 10) which is similar to Giddens discussion of how we rely on systems of expert knowledge but we recognise that they cannot adequately predict the future and therefore trust is necessary to fill the partial understanding. While this, as argued above, has led Giddens to state that trust operates on an individual level (trust is built and sustained in interpersonal relationships), Luhmann takes a different approach and argues that trust is seen as both an outcome of, and response to increasing complexity in society. The complexity and uncertainty inherent in society means that we cannot adequately anticipate the future; trust allows us to

behave as though we can. Individuals have come to depend on learning and confirming trusting relationships between the boundaries of internal systems and the external environment (Luhmann, 1988). For instance, Luhmann would argue that an individual can learn to trust a financial advisor because they are part of a trusted external system — the economic system — regardless of if they have never met the advisor and does not know anything about them terms of demeanour or personality. Alternatively, they may have learned to trust between the boundaries of *systems* and believe that both the economic system (and systems that influence the economic system — for example, the political system) and the financial advisor will operate in their best interest. Contradictory to Giddens who would argue that trust must be invested in the financial advisor before an individual can have trust in the economic system, Luhmann would argue that trust must occur in the social systems before one can have trust in the representatives of the social system.

As previously outlined, in order to fully understand trust, it is essential to address the role that both interpersonal and institutional trust play in society. Giddens' and Luhmann's theories contradict each other as they argue that (mis)trust operates on different levels of society; Giddens maintains that interpersonal trust is necessary before there is potential for institutional trust, while Luhmann argues the reverse, that trust in the system is necessary before an individual can have trust in the system's representative. Both construct their theories in a linear manner; ignoring the web of interactive relationships that may influence individual trust (Meyer et al., 2008; Meyer and Ward, 2008). Upon our critique and analysis, trusting relationships should not be understood as operating in a linear, unidirectional manner; they can be understood as a complex 'web of interaction' (Meyer et al., 2008). Rather than arguing that trust originates at an individual OR systems based level, we argue that it may originate at either. Our model also takes on a second critique of current social theories of trust. It has been argued that Giddens fails to pay significant attention to the role that gender, age, social class, ethnicity and nationality play in the conceptualisation of trust (Lupton, 1997; Lupton and Tulloch, 2002). A similar critique may be made of Luhmann who also fails to acknowledge the role that social factors may play in an individual's willingness to trust. Social factors are also included as a part of our web of interactive relationships. In addition, the category of 'experience' must be acknowledges to play a role in an individual's trust as Giddens includes it as a major component of an individual's 'decision' to trust. In summary, an individual's trust originates in both interpersonal and institutional relationships but also stems from personal experience and a variety of social factors.

As a contribution to current social theories of trust, we have thoroughly critiqued and analysed the work of Giddens and Luhmann to produce a more comprehensive social theory of trust that may be used to underpin the Social Quality theory. We have taken a salutogenic approach to understanding the social systems that impact health and wellbeing and we have determined a number of areas where potentially mistrusting relationships may occur (on both a systems and interpersonal level). These mistrusting relationships may result in 'conflict' and subsequently lead to inequalities in health. Mistrust may lead to continuous vigilance and anxiety within society and therefore has the potential to impact social quality and wellbeing.

The Interplay between Trust and Social Quality

We have already outlined the centrality of trust for developing and maintaining social quality (or wellbeing) in society, through our discussion around the normative factors underpinning the Social Quality theory. However, we now turn to an examination of the conditional factors, since it is here that the indicators of social quality have been developed and implemented (Maesen v.d., Walker and Keizer, 2005). Therefore, from a policy perspective, we need to focus on the importance of trust across the conditional factors and then lay the path for developing relevant indicators to measure the different dimensions of trust (e.g. interpersonal trust, trust in institutions, trust in particular community groups etc).

This section of the paper addresses each of the four domains and explores how trust fits within each domain and identifies areas where trust may be understood to underpin each quadrant. Given the lack of empirical research in this area, we propose arguments for the importance of trust within and across the quadrants, although these all require empirical research.

The current Social Quality theory is based around four main domains which comprise 50 sub-domains and 94 indicators (Maesen v.d. and Walker, 2005). The four conditional domains are socioeconomic security, social cohesion, social inclusion, and social empowerment. Within these conditional factors, trust is located within social cohesion, and is therefore not seen as integral to the development of social empowerment, social inclusion or socio-economic security. Luhmann argues that trust is the 'glue' that holds society together (Luhmann, 1988) and after an extensive critique and analysis of theoretical and empirical trust research (Meyer et al., 2008), we put forward that trust underlies each of the four domains outlined in the current model of social

quality.

Socio-economic security is concerned with the extent to which people or groups have access to, utilisation of and successful outcomes related to a variety of resources over time. These resources may be related to, among other things, finance, housing, healthcare, employment and education. This domain has great historical credence in public health policy and practice in terms of the importance of such factors in shaping inequalities in health and inequities in health care. Internationally, huge efforts have been put into both public health policy (Department of Health, 1998; 2005; 2009; Department of Health and Ageing, 2009; WHO Task Force on Research Priorities for Equity in Health, 2005) and research (Commission on Social Determinants of Health, 2005; 2007; 2008; Wilkinson and Pickett, 2006; 2007) around understanding the causes and mechanisms of inequalities in health, particularly in relation to education, housing and unemployment.

In the field of medical sociology, much of the empirical literature on 'trust' has been about the ways in which trust impacts on access to and utilization of services, and therefore the concept of trust sits firmly within this quadrant. This literature highlights the importance of both inter-personal and systems-based trust within the quadrant of socio-economic security. The issue for health outcomes is less about the 'reality' or absolute nature of the socio-economic circumstances of individuals or groups, but more about the relative or 'felt' nature. There is a great deal of literature in public health showing that negative health outcomes are attributed to feelings of insecurity and relative deprivation, rather than their absolute levels — when people feel insecure (e.g. likelihood of redundancies) it affects their health in a negative way (Wilkinson, 1997; Wilkinson and Pickett, 2006; 2007). Therefore, the major links between trust and socio-economic security (for the purposes of this paper) relate to the relationship between trust and feelings of socio-economic security.

Within a different sphere of social life, one may think about the importance of trust in socio-economic security within the labour market. For example, an employee (in, say, a car manufacturing plant) needs to place trust in their line manager or supervisor in terms of the advice they are being given about performance and career and the ways in which their supervisor advocates for them. In addition, the employee needs to trust in a more abstract notion of their 'employer' (the car manufacturer) in terms of making enough profit to keep them in a job. Furthermore, the employee needs to trust in an even more abstract notion of an 'economic system' and 'political system,' so that necessary legislation and regulations are in place to keep the economic system viable for the car manufacturer to keep trading. Luhmann would argue that the employee

should first invest their trust in the economic and political systems (since all else rests on these) and only then, would they invest trust in the car manufacturer and then their supervisor. However, Giddens would say that trust would first be negotiated and gained with the supervisor, and then with the increasingly abstract systems. Irrespective of theorist, we can see that trust is centrally important to a sense of socio-economic security.

"Social cohesion is the extent to which social relations, based on identities, values and norms, are shared" (Maesen v.d. and Walker, 2005: 12). As social cohesion is the quadrant that actually includes trust, we do not need to proffer a sustained argument about the importance of trust however, in many ways, this domain relates to the concept of social capital, which is now commonplace in public health policy (Health Development Agency, 2004) and research (Kawachi et al., 1997; Kim, Subramanian and Kawachi, 2006; Lochner et al., 2003; Skrabski, Kopp and Kawachi, 2003; Subramanian, Lochner and Kawachi, 2003), although its roots are in sociological theory (Berkman et al., 2000; Bourdieu, 1984; Carpiano, 2006; Durkheim, 1951; Poortinga, 2006a; 2006b). Even though social capital is a contested concept within sociology and social policy, all conceptualizations involve 'trust' which adds weight to its centrality within this quadrant.

Social inclusion, is in many ways, similar to social cohesion, although the difference is that social inclusion is related to the extent to which people and groups have access to and are integrated into the different institutions and social relations of 'everyday life.' This domain relates to the extent to which people and groups 'feel part of' or included in society, at an everyday level, a large part of which must involve trust. This domain attempts to integrate processes at the level of systems (i.e. institutions and social systems) and the 'lifeworld.' In so doing, it extends Parsons' notions of social systems by seeing their interconnectedness with individual lifeworlds. In this way, the domain of social inclusion fits neatly with theories developed by Giddens and Luhmann in addition to Habermas (Habermas, 1997; 2001; Scambler, 2001; 2002), in addition to both public health policy and research (Scambler and Britten, 2001; Williams and Popay, 2001).

In terms of the relationship between trust and social inclusion, our view is that people and groups cannot feel and be completely 'included' unless there are trusting relations, which need to be reciprocated by both parties in the relationship. These trusting relations may be in terms of more micro-level processes — an individual who has recently moved into a new city gaining access to and being included in a local community group (the members of the community group need to develop trust in the new person and vice versa).

These may also play out in macro-level processes — the way in which policy (and by that, policy makers and implementers) excludes certain groups of society because they are not to be 'trusted.' An example of this is socio-economically disadvantaged parents in Australia — all parents receive a 'baby bonus' when a child is born which is a lump-sum cash payment to help to pay for items associated with the new baby. However, for people on low incomes, they now receive the 'baby bonus' as fortnightly payments rather than the lump-sum, because there was a concern (or lack of trust) as to whether or not the baby bonus was being used 'appropriately.' This lack of trust by policy makers has served to reinforce stereotypical views of low income (including lone and young) parents and excluded them from a policy initiative which pays a lump-sum to other parents.

Social empowerment relates to the extent to which the personal capabilities of individual people are enhanced by social relations. This domain takes concepts of social inclusion and cohesion, and explores the enabling factors which empower people to act as social agents. This domain builds on, and empirically develops, notions of reflexivity, outlined by Beck (Beck, 1992; 2005) and Giddens (Giddens, 1990; 1991; 1994). Our view is that one of the enabling factors is trust, which obviously requires other enabling factors such as reflexivity and social and economic resources. In terms of the resources required to make the decision to trust or not to trust, the notion of reflexivity is centrally important. Luhmann distinguishes between trust and confidence, whereby confidence is an unreflexive act (not considering otherwise) whereas trust requires an active decision to trust (in terms of choosing from a horizon of alternatives or possibilities). The issue here is therefore the relationship between reflexivity, trust and empowerment. Some research has shown that in situations where individuals exhibit generalised levels of distrust, they also feel completely disempowered — they feel cut-off from and let down by various sources of power and therefore that they do not have a 'voice' to enable situations to change for the better (Ward and Coates, 2006). Obviously more research needs to be undertaken to explore the links between reflexivity, trust and empowerment.

Conclusion

The current Social Quality theory presents a multidimensional and multilevel approach to the advancement of practice and policy by realizing the link that exists between individuals and systems (Ward, 2006). However, this

paper has argued that given that *trust* is the 'glue' that permits functioning between interpersonal and systemic levels of society, it must play a larger role in the current social quality framework before it can form the basis for empirical research.

The current Social Quality theory has not yet had widespread testing empirically. It can been assumed that the lack of empirical application is due to a number of factors: 1. The volatility of the current model as it can be argued that some of the factors outlined may be categorised in more than one domain; 2. It would be exceptionally difficult to control for the number of variables that exist in the current model; and 3. The coordination necessary to research the number of variables would be extraordinary as various areas of expertise would be needed before this holistic model could be put into place. The long term aim of developing and implementing a practical current Social Quality theory is one that will take a great deal of ambition and coordination across a multidisciplinary team of researchers and policy makers. This paper is our contribution to the further development of the current Social Quality theory.

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