Chapter 6
Social Trust, Mistrust and Reciprocity

Definitions of Trust and Mistrust

We need trust to approach other human beings, to live together and to interact. Trust joins us and strengthens social relations, whereas mistrust separates us from other human beings and destroys social structures. But what is relational trust, and what is mistrust? Trust has been defined in several disciplines, such as philosophy, psychology, sociology, law, politics, and economics. Being a social relation, trust can be conceptualized in terms of relations: actor A trusts actor B with respect to X (= reciprocity) in situation S. Relational trust differs from generalized trust, which – depending of definition – may be the more important aspect from the point of view of social capital. Informed by the theories of collective action (e.g., Tuomela 1983, 2002), political scientists Ahn and Ostrom (2008) have defined trust and trustworthiness from the perspective of social capital. According to them, trustworthiness is a characteristic of individual preferences that is embedded in a person's intrinsic norms. Trustworthiness, along with the structural dimension, is a form of social capital that breeds trust and facilitates collective action. Social trust is a belief in reciprocation by others, but is it rational or affective in nature?

Political scientist Eric M. Uslaner defines generalized trust as a moral value that connects us with people who are different from ourselves. He distinguishes relational or particularized trust from generalized trust: the former means that we trust people like ourselves, while the latter means that we trust even strangers. He sees generalized social trust as a fundamental ethical assumption that other people share your fundamental values (Uslaner 2002, 2008). Generalized trust refers to the basic expectation of others' trustworthiness, and it reflects the average level of trustworthiness in a community (Ahn and Ostrom 2008). In this book, generalized and particularized trust are handled inseparable and called accordingly "social" or "interpersonal" trust (e.g., Yamagishi and Yamagishi 1994, Brehm and Rahn 1997, Sullivan and Transue 1999). Here, social trust means a sort of default belief in the benign nature of humans in general and a kind of optimism about the trustworthiness of others. So, social trust is interpersonal, and therefore, an individual trait (Airaksinen 2008).

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As to defining trust, philosophers and sociologists seem to represent either of two schools, one emphasizing trust as a cognitive quality, the other as an affective quality. The former conceptualization presents trust as a rational, anticipatory cognition that is consciously directed towards the special attribute of a public authority, an institute, or an abstract system. Trust is necessary for us to anticipate and to assume that things will occur as they have always occurred. In his book about the history of ideologies underlying the concept of trust, sociologist Adam Seligman labels cognitive trust as "confidence" and affective trust as "trust" (Seligman 1997, p. 18). As has been discussed in the previous chapters, the cognitive quality of trust or confidence has usually been related to the vertical, linking social capital, with people trusting in institutions or their representatives (policemen, firemen, physicians, bankers, politicians etc.), rather than trusting people in general. According to Seligman (1997), confidence can be distinguished from trust, although such distinction may be a little artificial in respect of social capital. Confidence is what one has when knowing what to expect in social situations, whereas trust is needed in situations where one does not know what to expect (Luhmann 1979). The conceptualization of trust as "confidence" has been adopted especially in economics and law (Fukuyama 1995, Seligman 1997).

In Finland, two Swedish-speaking philosophers, Lars Herzberg and Olli Lagerspetz, represent a philosophical school that defend the affective quality of trust. Herzberg defines trust as follows: "Trusting another person means having a trusting attitude towards the other person, without specifying where he is trusted, as could be said that after judgment somebody is relied in upon certain aspects. Thus trust is implicit, not placed on grounds and never a rational option" (Herzberg 1988). Lagerspetz emphasizes that the proper trust is a moral relationship that cannot be connected to cognitive anticipations or predictions, but rather to affection for friends and companions or for religious certainty (Lagerspetz 1998). In addition, Airaksinen (2008) underlines the problem in the psychological theory of social trust: it may not extend across the border between "us" and "them" which can make it unsuitable for the idea of bridging social capital.

In addition to trust, mistrust should also be defined separately. Many authors in the field of trust studies are unequivocal about the asymmetrical circles of trust and mistrust. Mistrust is not necessarily an exact opposite for trust. Mistrust increases along with the decrease of certain psychological characteristics and moral principles of trust, namely, keeping one's word, speaking the truth, being frank, and being loyal. It seems that people judge the functionality of the moral principles. If they feel that the principles do not function properly, they become more and more mistrusting. Finally, trust is the residual that remains after the causes of mistrustfulness have been discarded in the evaluation. Trust and mistrust also differ for their dynamics. It takes a long time to create a trustful relation, but its disappearance is very quick and often total. In contrast, creating mistrust takes a shorter time, but it takes a long time for mistrust to be dispelled – and sometimes it does not at all disappear.

In contrast to defining social trust and mistrust in relation to the everyday behavior of fellow citizens (Airaksinen 2008), as learnt through cultural norms and values,

the institutional approach links social trust and mistrust with the quality of public order (Letki 2006, Rothstein 2000), especially in welfare states (Rothstein and Stolle 2002, 2008). The vertical direction of linking social capital has led Rothstein (2000) to argue that interpersonal trust could be created via the trustworthiness of efficient institutions in a welfare state. Interestingly, he identified such an institutional mechanism using the concept of "collective memory", which emphasizes the creation of ideas and social norms as a strategic political process, activated by political leaders (Rothstein 2000).

In compliance with the philosophical and sociological definitions of trust, social trust/mistrust is considered here as an interpersonal affective attribute. It includes both cognitive and emotional qualities, the latter being predominant in the research concerning horizontal social capital and population health. The preponderance of the affective quality of social trust is in line with the agenda of this book that does not favor the vertical and hierarchical direction embedded in the concept of "linking social capital" (Sztreter and Woolcook 2004) and deduced from the idea of the cognitive "confidence" (Fukuyama 1995, Seligman 1997, Rothstein 2000, Letki 2006, Rothstein and Stolle 2002, 2008, Uslaner 2002, 2008).

Interpersonal Trust and Mistrust

In psychological terms, trust is an important personality trait that can be divided in cognitive, affective, and behavioral dimensions. Interpersonal trust offers an answer to the question of how individuals manage their collective actions for mutual motives and objects. As mentioned above, we need trust in order to be able to live in interaction with other people. To function as glue in social networks, trust must be reciprocal, and therefore, it must include important interpersonal psychological qualities that strengthen its significance. Interpersonal trust is commonly characterized in terms of classical virtues. Keeping one's word and speaking the truth are usually assumed to be part of genuine interpersonal trust. Also, frankness and solidarity between people are natural prerequisites for social trust. In addition to these more or less moral requirements, trustfulness is strengthened by cultural and social homogeneity although, in the theory of bridging social capital, which connects heterogeneous people and groups, the role of generalized trust is also important, but theoretically difficult to justify (Airaksinen 2008). Building up trust is a process in which knowledge and understanding increase within reciprocal interaction and experience. To investigate the relationships between social capital and health, Abbott and Freeth (2008) have reviewed relevant literature regarding interpersonal trust. They concluded that trust and reciprocity could be conceptualized psychologically as individual behavior in social networks. In population studies, however, respondents have been asked about their general attitudes in relation to generalized trust/mistrust.

In personality psychology, mistrust has been related to interpersonal maladjustment ever since the famous Minnesota Multiphasic Personality Intervention in

the early 1950s. The inability to get along with others generally is shown to be associated with a hostile interpersonal orientation based on mistrust, often called hostile cynicism. Another well-known psychological scale, Rotter's Interpersonal Trust Scale includes social trust as an expectation that other people's behavior, promises, or verbal and written statements can be relied on. Also, it separates social trust from social mistrust and implies that they are two distinct concepts without bipolarity. It is common sense to assume that trust and mistrust are both important and distinguishable aspects of social relations and social behavior. This was proved in a recent population survey in which about 30% of the respondents agreed with the statements that most people can be trusted and that you cannot be too careful when dealing with people. Because there was an obvious need for a tool for measuring interpersonal trust/mistrust, a new psychological measure, Interpersonal Mistrust-Trust Measure, was constructed and its validity was psychometrically tested. This measure appeared to offer significant advances to investigators over previous attitudinal measures of global social trust and mistrust (Omodei and McLennan 2000). The measure has not yet been applied in social capital and population health studies that use the above-mentioned two questions deriving from the General Social Survey (e.g., European Social Survey 2004, see Chapter 3).

Measuring Reciprocity

In the few cases when reciprocity has been asked about in the first place, it is assessed by inquiring about the willingness of people to help other people in general or their neighbors in particular (Kawachi and Kennedy 1997, Onyx and Bullen 2000, Stone 2001, Lochner et al. 2003, Abbott and Freeth 2008). The question can also be set in the form of a normative statement, "In general, people around are willing to help each other out" (Harper 2008), or, as we do in Finland by asking simply: "Have you participated in *talkoot*?"(Hyyppä and Mäki 2001b). Every Finn understands the meaning of the word *talkoot*. In this book, I have used *talkoot* as a proximal indicator for real reciprocity; it is an excellent proxy and fits well in the communitarian conceptualization of social capital. (The concept of *talkoot* is described in detail in Chapter 3).

In many cultures, norms of reciprocity are much more complicated to operationalize and measure. It has been suggested that researchers investigate such issues as cultures of reciprocity within the given network, reciprocal behavior and benefits of network participation, or behavioral outcomes of the norm of reciprocity (Stone 2001). For example, one can search for norms such as "Most people in this village/neighborhood are willing to help if you need it" (Grootaert et al. 2003), or "In general, people around here are willing to help each other out", and for behavioral outcomes such as "In the past 6 months, how often have you helped neighbors?" (Harper 2008).

Social Trust/Mistrust in Relation to Population Health

Social trust can affect population health as an individual attribute, thus having a compositional effect, or, it can influence indirectly through social and political environment, thus having a contextual effect. The former reflects the horizontal and affective quality of trust/mistrust, whereas the latter is based on the vertical and cognitive view of social trust. Several studies have shown associations between individual social trust and health (e.g., Kim et al. 2008, see Chapter 10). However, the mechanisms linking social trust/mistrust with population health are still largely unknown. Rostila (2007) has suggested several hypotheses for testing these mechanisms. First, less generous, mistrustful societies provide less hospitable environments for the more vulnerable segments of the population, which can be devastating for population health. Second, social mistrust in neighborhoods, communities, and even countries does not actively prevent cutting budgets for health services. Third, income inequality as a consequence of social mistrust leads to poor population health. Fourth, high levels of interpersonal mistrust prevent citizens from receiving information about and accepting health-promoting programs. Fifth, social mistrust increases deviant health-related behavior, such as promiscuity, tobacco smoking, or alcohol and drug abuse. Less universalistic regimes, such as post-Communist and Mediterranean countries seem to have high levels of social mistrust. In a cross-sectional survey of middle-aged Hungarians in post-Communist Hungary, mistrust showed the strongest association with mortality (Skrabski et al. 2003). In eight post-Communist transition countries, individual degree of trust (the individual agrees or quite agrees with the opinion that a majority of people can be trusted) showed positive correlation with health, while being a member of an organization did not (d'Hombres et al. 2009). Rostila (2007) showed that contextual social mistrust may contribute to health inequalities between post-Communist and other European regimes through its role as a mediating and/or underlying factor linking the welfare regime type and health.

Mistrust is associated with poor mental health (Almedom 2005, Almedom and Glandon 2008). Social capital in the form of generalized horizontal social trust has been shown to be significantly and negatively associated with poor mental health in some cross-sectional studies. Recently, Lindström's group conducted a new study to investigate the relationship between political (institutional and vertical) trust (or confidence) in the Swedish parliament and self-reported psychological health. Both confidence in the parliament and low generalized (interpersonal and horizontal) trust were significantly associated with poor self-reported psychological health. The results suggested that institutional/vertical trust is associated with mental health independently of interpersonal/horizontal trust (Lindström and Mohseni 2009).

To investigate the impact of social capital on health, the twin data (807 adult twin pairs, with response rate of 81%) from the National Survey of Midlife Development in the US (MIDUS) were analyzed to examine the association between individual-level social capital measures (including social trust) and health outcomes (Fujiwara

and Kawachi 2008). In monozygotic twins, social trust was found to be associated with better self-rated physical health, even after differencing out unknown predisposing factors shared within twin pairs, such as genetic factors or early family environment. Also, in dizygotic twins, a significant association was found between social trust and self-rated physical health. Because the difference between monozygotic and dizygotic twins was not significant, the authors suggested that the genetic factors affect this association only to a small extent. The rest of measured social capital indicators did not show associations with self-rated physical health. Social capital measures were not significantly associated with self-reported mental health or major depression. Naturally, reverse causality, especially in the field of mental health studies, cannot be ruled out in a cross-sectional study setting. Nevertheless, this study is the first to find the independent positive effect of social trust on self-rated physical health using twin data, enabling the authors to rule out confounding by genetic and early environmental factors (Fujikawa and Kawachi 2008).

For the purpose of measuring interpersonal trust/mistrust, the above-mentioned two questions from the General Social Survey were applied in face-to-face interviews of 2,685 participants aged 20–69 years (Tokuda and Inoguchi 2008). The results showed that, after adjusting for several demographic and socio-economic factors, and for self-rated health, interpersonal mistrust was significantly associated with unhappiness (OR 2.06, 1.25–3.38). The results also confirmed previously reported findings that a number of factors, including age, marital conflict, low income, and poor health are associated with unhappiness (e.g., Helliwell and Putnam 2004). In China, the "dark side" of social capital was examined in a study in which the distinctive influences of trust and mistrust were surveyed in 9,608 subjects (aged 15–85 years, response rate 90%) residing in 22 villages in rural China (Wang et al. 2009). In this cross-sectional survey, trust and mistrust were measured both at the individual and aggregate (village) levels. Based on the trust section of the Integrated Questionnaire for the Measurement of Social Capital (Grootaert et al. 2003), mistrust was assessed with two questions: "Most village residents are self-interested and do not care about what happens to other people", and "My village is a place where I can never be too careful because most residents will take advantage of the people for their benefit". The aim of the study was to explore the assumed distinct ways by which trust and mistrust are associated with self-rated general and mental health. The overall results from the study proved the conceptual difference between trust and mistrust. Independently of village context, individual-level trust and mistrust were associated with self-rated health. Differences were observed in the ways trust and mistrust affected self-rated health independently at the individual and aggregate levels. The individual-level effects of mistrust were more marked for mental than for general health. The effects of mistrust were more pronounced at the individual level whereas the effects of trust were more pronounced at the community (village) level.

In contrast to the numerous cross-sectional studies concerning the associations between social mistrust and population health, prospective studies are scarce. For a decade ago, Rotter's trust/mistrust scale was used in a small-scale 14-year longitudinal study on survival (Barefoot et al. 1998). The results suggested an association

between interpersonal mistrust and survival, but, after controlling for self-rated health, the association was no more significant. In Finland, a similar but larger follow-up study was recently conducted using the framework of social capital and assuming that individual-level social capital predicts survival. The original study population (in 1999) consisted of randomly selected samples of Swedish speakers ($N = 1{,}000$) belonging to a language minority in Finland and Finnish speakers ($N = 1{,}000$) aged 16–65 and representing both language groups residing in the bilingual province of Ostrobothnia. The response rate was 64% for the total sample, which is in compliance with the average response rates in recent health surveys in Finland. Data on demographic, socio-economic, health-related behavior, and health data as well as proxies of individual-level social capital were collected by means of a questionnaire (Hyyppä and Mäki 2001b). In the questionnaire, social trust and social mistrust were assessed with the two questions from the General Social Survey (European Social Survey 2004).

In a preliminary prospective study, survival among the baseline respondents was followed up for 9 years. The unique personal identification codes were used to link data obtained at baseline with the data recorded in the national mortality register. The results of this unpublished study showed that social mistrust is a strong predictor of mortality among the middle-aged Ostrobothnians. A significant inverse association was found between social mistrust and survival in both men and women, and the adverse effect of social mistrust on survival seemed to be stronger in women than in men. The association was independent of the other individual-level proxies of social capital and of several health-related factors (confounders). The statistical model with social mistrust (hazard ratio 2.0), age (hazard ratio 1.1), and attending national festivals (hazard ratio 2.3) as significant predictors, and attending voluntary associations and events (hazard ratio 0.6) as a non-significant predictor for the risk of death fitted best the data. These results must, however, be considered critically due to an important limitation. Since the study sample consisted of middle-aged persons and the follow-up period was short, the number of death events (45) is too small for any firm epidemiological conclusions. Nevertheless, the results imply that measuring social mistrust as an important index of individual-level social capital may be sufficiently parsimonious for further epidemiological studies that explore links between the cultural (cognitive or psychological) dimension of social capital and population health outcomes.

Despite the limitations and preliminary nature of this study in the bilingual province of Ostrobothnia, its results are in accordance with a previous longitudinal survey in total Finland (Hyyppä et al. 2007) and with a recent longitudinal study from the British Household Panel Survey (Snelgrove et al. 2009). In the former survey, we were able to show that interpersonal trust predicted all-cause mortality and cardiovascular mortality independently of other social capital indicators and common health-related factors, including medical examinations. The positive effect of interpersonal trust on survival was significantly stronger among women than among men. In men, social participation was also an independent, though minor predictor of survival (Hyyppä et al. 2007). The British study provided evidence for an inverse association between area social trust and poor self-rated health, even after

controlling for potential health-related confounders (including civic participation) at the individual level. In contrast to our survey, the British study found neither gender-related differences in the association between area social trust and self-rated health nor any evidence for the effect of individual-level civic participation. Taking advance of its longitudinal design, the study provided support to the assumption of the causal chain from high area social trust to good population health. The authors concluded that living in a low trust area increases one's odds of poor self-rated health by about the same magnitude as a 10-year increase in age (Snelgrove et al. 2009).