To the Graduate Council:

I am submitting herewith a dissertation written by Michele A. Carter entitled "Ethical Analysis of Trust in Therapeutic Relationships." I have examined the final copy of this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy, with a major in Philosophy.

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ETHICAL ANALYSIS OF TRUST IN THERAPEUTIC RELATIONSHIPS

A Dissertation
Presented for the
Doctor of Philosophy
Degree
The University of Tennessee, Knoxville

Michele A. Carter
December 1989

ACKNOWLEDGMENTS

With sincere appreciation and respect, I acknowledge the following individuals who share in the successful completion of this project.

To Glenn C. Graber, Ph.D., I am grateful for your generous acts of benevolence throughout my tenure at The University of Tennessee and for directing my thinking on this topic as well as many others. I am also indebted to your sensitive attention to my personal and professional growth throughout these years.

To Rem B. Edwards, Ph.D., I am grateful for your seminar on Psychiatry and Ethics where the idea for this study germinated, and thank you for encouraging me to begin a philosophical investigation of the concept of trust.

To Charles Reynolds, Ph.D., I thank you for your cooperation and assistance during the defense of this project and for support on other projects as well.

To Betsy C. Postow, Ph.D., I remain indebted to and inspired by your standards of scholarship and professional excellence, and thank you for your personal warmth and kindness.

To The University of Tennessee Alumni, I thank you for granting me the National Alumni Graduate Scholarship during my final year of tenure.

To Dolores Scates and Ann Beardsley for their exceptional secretarial assistance and friendship.

To Lt. Colonel (retired) James E. Carter, Ph.D., and Dorothea Curry Carter, my parents, and my siblings James, Christine, Brooke, and Victoria, I am

grateful for the consistently generous support shown to me throughout my pursuit of this degree.

ABSTRACT

The problem of this philosophical study was to analyze the concept of trust for its nature, scope, and value, and to apply this analysis to an investigation of trust claims in therapeutic relationships between patients and practitioners. The analysis included semantic, literary, sociological, epistemological, and moral considerations. Classical philosophical texts were examined in order to determine the importance of trust as an instrumental value and as a requirement for morally desirable societies. Contemporary sociological theories regarding the function of trust were examined, as was the relationship of trust to the norm of truthfulness. Contemporary philosophical arguments which claim that trust is a value central to morality were examined. Trust was examined for its normative features, including the rationality of trust and its intrinsic value in interpersonal relationships. The following philosophical definition of trust was provided: Trust is the confident belief based on possibly tenuous evidence that others can be believed to act with good will. Four distinct forms of trust were identified. These were: (1) the act of *entrusting* or consigning to another the care or custody of one's goods or interests; (2) the rendering of a judgment regarding the trustworthy virtues of another; (3) the epistemic attitude of confidence based on the belief in the functional ability and reliability of others; (4) the attitude of assuming that or acting-as-if the word of others can be accepted as true and as if others were worthy of trust.

This philosophical conception of trust was then applied to the health care setting where an examination of two general classes of expectations regarding trust was undertaken. These expectations were of (1) technical competence and role performance of health care practitioners and (2) fiduciary obligation. Contemporary codes of ethics in medicine, psychiatry, and nursing were examined with regard to trust and claims made by practitioners regarding it. The claim that patients are obligated to trust their physicians was challenged. Trust in therapeutic relationships was seen to be a moral value which is elevated to the status of a moral principle and defended within a theory of care.

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CHAPTER ONE

The Concept of Trust

Trust is an essential feature of human relatedness. Some degree of trust is part of most relationships and is implicit in many of the primary reactions of one human being to another. Our relations with each other are structured by a complex network of different types of trust. In general, there are two species of trust which I refer to as system trust and personal trust. Both species of trust are examined in this study, but the primary focus is an analysis of trust between persons, which I believe to be the ground on which trust in social systems is built. Social relationships are the field in which trust operates and many of the actions which define human relationships can be at least partially explained by trust. Often the claims made on behalf of trust in personal and social relationships reveal expectations regarding morality; and, when they do, the issue of trust requires ethical analysis. The concept of person which underlies my view of human relatedness includes notions of self identity and affirmation, freedom and responsibility, and shared concerns regarding mutual benefit and the avoidance of harm. Although we readily employ the term 'trust' when giving accounts of ourselves as social beings, we rarely reflect on the ingredients of such a concept. In forming associations and relationships with others, many

expectations concerning the conduct of others are formed; these expectations reveal attitudes and beliefs about the notion of trust, and also about suspicion, betrayal, and distrust. Some of us may be so jaded by media reports of the erosion of trust that we are simply unwilling to regard trust as having any intrinsic value or moral role in our lives whatsoever. Others may acknowledge the strategic importance trust can have in social interactions such as banking, commerce, and government, and merely assume it to be something to take for granted, without really understanding the way it works or the benefits it may yield.

This reticence to reflect on the importance of trust to our lives is shared by the academic community as well. Despite the instrumental and systemic value of trust to social and moral life, no academic discipline handles the concept of trust with facility or with intellectual rigor. One reason for this may be that the concept of trust poses an immense breadth and complexity of problems which range over difficult and controversial issues in linguistics, semantics, epistemology, social psychology, and morality. Very few scholarly attempts have been made to investigate the *concept* of trust and to take account of some of the wide-ranging difficulties that such a concept entails. In this work, I hope to expose some of these difficulties to a critical light. I will perhaps raise more questions than I can adequately answer, but in doing so I hope the process of inquiry will remove a few of the shadows which presently obscure a full intellectual understanding of this vital concept. What follows then, is my attempt to understand trust--its nature, meaning and role in interpersonal relationships, and especially in therapeutic relationships between patients and health care practitioners.

In Chapter One, my task is to confront the conceptual ambiguities and semantic difficulties which underlie the notion of trust. In Chapter Two, I investigate several conceptual ingredients of trust by providing an analysis of several literary cases. Chapter Three is a historical survey of the way in which some classical Western philosophers invoked the concept of trust in their writings. In Chapter Four I discuss some accounts of trust in the social science literature and the way in which trust is claimed to function as an instrumental value in society. The task in Chapter Five is to examine the claims of contemporary philosophers who regard trust as central to morality and to examine the moral dimensions of trust. Chapters Six and Seven are devoted to an analysis of trust in health care and an examination of the way trust as a moral value figures in therapeutic relationships.

Prior to an analysis of the moral features of trust and an examination of what, if any, our duties might be in terms of trust claims it is important to explore some of the semantic properties of trust in its non-moral use. In providing such an analysis, I am interested in the following questions: What *is* trust? Is trust conceptually distinct from confidence, reliance, or faith? What constitutes an act of trust and what are the conditions in which the issue of trust arises? Since concepts give form to experience and make possible the articulation of it, a conceptual analysis of trust will involve the attempt to make explicit what one means when one says "A trusts B," where A and B are both persons. Given that concepts also function to discriminate between and among those interests we care to promote and protect, a conceptual understanding of trust will help to clarify those interests associated with trust which may be

different from those of related concepts so that the proper conditions for the promotion and protection of them can be discerned and secured.

Hence, in this chapter, I concentrate on the semantic ambiguities which accompany our use of the word trust. My approach is to draw a conceptual map of the territory of trust and to demarcate its borders from those of related concepts often used synonymously. My concern is to establish what we mean by the word 'trust' and to argue for certain sufficient and necessary conditions which must obtain for the occurrence of trust. In Section I, I discuss the scope, range, and etymology of the term 'trust,' and attempt some semantic distinctions among terms related to it, such as 'reliance', 'confidence,' and 'faith.' In Section II, I examine the difference between reliance and trust and make distinctions between acts of trust, qualities of trusting-ness, and the virtue of trustworthiness. In Sections III and IV, I examine the difference between confidence and trust and faith and trust, respectively. Following detailed and critical discussions of these issues, I proceed in Chapter Two through a series of literary vignettes which will help to establish the conceptual ingredients for a definition of trust, and identify the forms it takes.

Section I: Semantic Aspects of The Concept of Trust

Trust is a feature of many of the relationships formed by persons in society. Trust features in these relationships in a variety of ways and with varying degrees of importance. From a practical point of view, the claims made on behalf of either bestowing or withholding trust are numerous. That is, the phenomenon of trust is invoked in a variety of everyday examples which

illustrate the diverse ways in which the term 'trust' is employed. For instance, popular expressions include:

1. "When walking around a community shopping mall people generally trust that others are not carrying loaded weapons in their pockets."

2. The father of two teenage girls vacationing in New York City says he would never think of riding the subway, as "I do not trust it."

3. President Bush articulates foreign and domestic strategies with the claim that: "In new trade negotiations, Americans and Japanese have adopted a policy of mutual trust."

4. The high school student says "I can be trusted with the family car on Prom night."

5. "Although I have an extreme dislike of my professor, I trust his sense of integrity and fairness in interpreting my radical ideas."

What these examples readily illustrate is that what we mean when we use the term 'trust' is not at all precise. That is, in each statement we could substitute other words which are only roughly synonymous with trust. In common English language we could readily substitute such words as 'confidence,' 'reliance,' and 'faith' in most of these expressions without sacrificing meaning.[1] This interchangeability is not at all unusual, as dictionary definitions of 'trust' reveal. For instance, the *Oxford English Dictionary* defines 'trust' as "confidence in or reliance on some quality or attribute of a person, or thing, or the truth of a statement."[2] Similarly, *Webster's Third New International Dictionary of the*

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[1]*Faith* and *confidence* both come from the Latin *fides*. However, not all languages lend themselves to confusions about *trust* in the way that English does. French language respects a distinction between trust as an act of entrusting, *confier*, and trust as reliance, *fier (se)*; a similar distinction is preserved in Spanish language between *confiar*, and *fiar*. The German word for the verb *trust* is *vertrauen*, which would not normally be a cognate of the English *confidence*. See David E. Cooper, "Trust," *Journal of Medical Ethics*, Vol. 11, 1985, pp. 92-93.

[2]*Oxford English Dictionary of the English Language*. Second Edition (Clarendon: Oxford University Press, 1989).

English Language defines 'trust' as "an assured reliance on some person or thing: a confident dependence on the character, ability, strength, or truth of someone or something."[3] And finally Funk and Wagnalls defines 'trust' as "to have faith in."[4]

What we mean by 'trust' is not always clear. Sometimes when I say I trust another person I mean that I confidently expect her to do something or to refrain from doing something. For example, I may say to my neighbor: "I trust you not to read my mail." Similarly, I may also say to my neighbor, whom I have taken into my confidence: "Telling the mailman about my affair was a breach of confidence on your part." Moreover, I may tell her: "I trusted you to respect my rights to confidentiality and now I no longer have any faith in you." At other times I might mean that I rely on her to do something, as in the expression: "You can always trust Mrs. Shag to sweep the front stoop each Saturday." Generally, this reliance is accompanied by a certain vivid expectation that she is able to do it and will do it, but my depending on her to clean our stoop each week has no relation to preserving any confidences which I may have disclosed to her. My judgment that she can be relied on to do what she says she will do provides at least a minimally good reason for trusting her. Yet, while reliance and believing confidently are often found together in an explication of a situation of trust, they do not seem to be necessarily conjoined. That is, I can confidentially tell you of my worries regarding my physical health without having any confidence in your ability to help me. Similarly, someone

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[3]*Webster's Third New International Dictionary of the English Language Unabridged,* (Springfield, Mass: G & C Merriam Company, 1961).

[4]*Funk and Wagnalls New "Standard" Dictionary of the English Language.* (Funk and Wagnalls Company, 1959).

can rely on me to tell the truth on an employment application without trusting me with the firm's bank vault code number. So, it seems someone can be relied upon in some respects and yet not be trusted in others.

Generally, speakers do not take the time or effort to make all possible distinctions in the use of terms. This may be perfectly acceptable for certain contexts, but it is not clear to me that this is always unproblematic. For instance, in health care, it is common to invoke such expressions as "doctor-patient confidences," "the nurse-patient relationship is built on trust," and "trust is essential in the healing of the patient." In my opinion, such expressions are ambiguous. They function only as emotive jargon or emotional slogans, and do not convey the secure expectations that they are perhaps intended to convey. This is problematic not only for those individual patients who may have invested a good deal of hope in the messages they suggest but also for those professionals attempting to advance cogent claims regarding the role of trust in health care practice. Obviously the conflation of trust with notions of confidence and reliance may pose questions as to what I might rightfully expect of you. Some of the expectations I have of you may simply involve a prediction that certain actions on your part may take place. For instance, I may expect you to purchase season tickets for the opera because I know you have enjoyed attending the opera for many years. A disappointment of this expectation may be confusing but does not render any immediate harm. Other expectations may carry moral force, and their disappointment may lead to harm or betrayal. For instance, if we had agreed to purchase season opera tickets in order to enjoy it together, and you did not do so, then my disappointment seems to carry some moral force. As will be revealed in Chapter Three, philosophical attempts to

use the word 'trust' are as guilty of conflation with synonymous terms as are popular and dictionary usages, and so as yet there is no strictly philosophical usage for the word 'trust.' However, the point must be made that providing a definition of trust, no matter how technical or eloquent, can point to only a part of its nature. Here I am essentially in agreement with Wittgenstein whose bold and refreshing ideas concerning the forms of language and of thought paint the first stroke on the conceptual map of trust.

Wittgenstein[5] uses the term 'language game' to refer to the whole form of life, consisting of language as well as the actions into which it is woven. Language has to do with shared activities of living and I will argue that these forms of life that we share are based on trust between persons. In determining the meaning of a word, Wittgenstein cautions philosophers as to just what their task amounts to. On his view, philosophy attempts to clarify the perplexing problems of life by carefully describing the language at work in them. The task for the philosopher is to observe and contrast forms of language and thought; their task is not to judge the justificatory status of these forms but simply to describe them. In *Philosophical Investigations* the caveat states: "Philosophy may in no way interfere with the actual use of language; it can in the end only describe it."[6] He implores us to describe words and propositions without assigning to them technical philosophical definitions. In *On Certainty*, this theme appears again when he says: "As soon as I think of an everyday use of the sentence instead of a philosophical one, its meaning becomes clear and

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[5]Ludwig Wittgenstein, *Philosophical Investigations* (trans. by G. Anscombe) (New York: Macmillan, 1968).

[6]Ibid., Section 124, p. 53.

ordinary."[7] In many cases this warning seems appropriate, but in the case of the terms such as 'trust' where the common use of it is imprecise and ambiguous, I think it is necessary to reformulate a definition in order to achieve some clarity. My task is not to provide a technical specialized definition of 'trust' but to analyze the elements of the concept and to suggest a definition which is clear and precise. Understanding the concept of trust also includes taking account of its justifying conditions, and so my task will extend beyond that of Wittgenstein.

Wittgenstein holds the view that sharing forms of life fundamentally involves trust. In *On Certainty*, Wittgenstein is primarily concerned with the fundamental basis of an individual's beliefs as the subject of knowledge. In this work he asserts "I really want to say that a language-game is only possible if one trusts something (I did not say 'can trust something')."[8] Wittgenstein is not clear as to what this 'something 'is, but I think the 'something' refers to a subjective state of readiness in the truster to believe what she has learned; this state involves both affectivity and cognition to varying degrees. The clue for this interpretation is in his claim that natural language embraces not only overt verbal and non-verbal communication, but also describes the world in terms of the emotions and habits of its speakers. Language is a way of structuring a world, and each language imprints this structure in a way that is unique to its own history and present reality. For Wittgenstein, the acquisition of a language is an acquisition of a social world and the entrance into a form of life. This

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[7]Ludwig Wittgenstein, *On Certainty* (trans. by Denis Paul and G. E. M. Anscombe) (New York: Harper & Row, 1969).

[8]Ibid., Paragraph 509, p. 66.

form of life is constituted by not only the public expressions of thought but by the inner or subjective language of experience, thought, feeling, and insight, as well. According to Wittgenstein, language *qua* words is not important but, rather, it is the way a word is used in language that is important. Language is the form of words in action, and understanding occurs only through its use in the context of human relationships. Of course there are rules applicable to a language but Wittgenstein cautions it would be wrong to suppose that there is some complete set of rules governing our utterances. He cautions us to "bear in mind that the language-game is so to say something unpredictable. I mean: it is not based on ground. It is not reasonable (or unreasonable). It is there--like our life."[9]

If it is philosophy's task to describe the actual use of language so that the perplexing problems of life can be clarified, then this description must take account of all the nuances, shades, hues, and tones which comprise and give texture and expression to our utterances. Because we as humans are constituted to *feel* as well as to think and to know, our utterances may often be guided by emotions which may be part of their meanings, or which may cloud or even distort their meanings. That is, it is not at all clear to me that when I utter the statement, "I trust you," that my use of the word 'trust' is clear and unambiguous. I may "know how to go on" in the shared activities which constitute our form of life because my understanding of the word is sufficient in the particular language-game that we share. But it seems to me that philosophy's task must go beyond that of merely describing the ambiguity embedded in the natural usage of terms. Rather, we need to clarify and correct

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[9]Ibid., Paragraph 559, p. 73.

these ambiguities so that we can properly discern and discriminate the meanings which our utterances convey. The meaning of a word like 'trust' is not simply its use in a practical, shared activity, but is intimately conjoined with a variety of expectations we form about its content. Language is the expression of our beliefs, our passions, our values, our judgments, and our thoughts, all of which reveal aspects of our subjectivity and mutual inter-dependence.

In the following section, I take up the task set forth by Wittgenstein and describe the diverse applications of the word 'trust.' In this discussion, I begin to draw some conceptual borders between 'trust' and related terms such as 'reliance,' 'confidence,' and 'faith.' This will be followed in Chapter Two by case analyses of several literary descriptions of interpersonal trust, where my task will be to go beyond mere description and to provide a philosophical answer to the conceptual question what *is* trust?

The Etymology of Trust

The frequent application of the term 'trust' to a diversity of contexts which are not properly instances of trust has been noted by Hart,[10] an etymologist. Hart claims that the initial problem is that modern English usage frequently collapses the distinction between persons and things, and between the abstract and the concrete. Thus in normal modern usage, the term 'trust' can refer equally to a person (as in "would you buy a used car from this man?"), to an object (as in "I trust my car to get me there"), or to an abstract idea (as in "I trust democracy to do right by all citizens"). On Hart's view, this conflation

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[10]Keith Hart, "Kinship, Contract, and Trust" in *Trust: Making and Breaking Cooperative Relations*. Diego Gambetta, (ed.) (New York: Basil Blackwell Ltd., 1988), pp. 193-197.

represents an evolutionary change because in earlier societies, words originated explicitly to refer to concrete human relationships and to the activities and passions which described them (such as love, persuasion, coercion).

On his analysis, 'trust,' 'faith,' and 'confidence' are all synonyms which express belief states. The grounding of 'trust' in a belief state is an important claim to discuss, for it is in the study of belief that many of the issues of moral philosophy and epistemology overlap. I will discuss some of the salient epistemological concerns regarding trust in Chapter Four. However, the sense of the term 'belief' which interests Hart is the etymological one. He reports that the derivation of the word 'belief' had to do with holding something dear to oneself; the verb 'to believe' has come to mean to accept something as true. The terms 'faith' and 'confidence' both come from the Latin *fides*, which is the nearest to the German word for 'trust.' 'Faith,' 'trust,' and 'confidence' are all subjective attitudes based on belief. Hart situates the notion of trust in a set of belief contexts bounded at the extremes by faith on the one end and confidence on the other end. He suggests there are two variables which operate to distinguish when one of these words is more correctly employed than the other. The two variables are evidence (proof) and affectivity; these variables are inversely proportional and together they determine the linguistic demarcation for the ideal use of each term. On his analysis, the following conclusions can be drawn:

1. 'faith' is a belief state which requires no evidence and is an emotionally charged, unquestioning acceptance.[11]

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[11] Hart allows in the case of 'trust,' evidence can be "inconclusive", which seems to allow the interpretation that the kind of evidence he would endorse for 'trust' is testimonial evidence. Certainly it is the case that testimonial evidence plays a fundamental role not

2. 'confidence' is a belief state characterized by strong conviction based on substantial evidence or logical deduction. Since on his view, feeling or affectivity vary with evidence or proof, confidence involves less intensity of feeling because one's belief is strongly anchored in evidence.[12]

3. 'trust' is an expectant belief based on incomplete or inconclusive evidence which is tolerant of uncertainty or risk. 'Trust' implies "depth and assurance" of the feeling or belief that a person will not fail in her performances. For Hart, the individual is willing to endure the risk which is a conceptual descriptor of trust in the expectation that the other's actions toward her will turn out favorably.

With regard to faith, Hart does not take a position on the somewhat different claim which says that faith is not incompatible with evidence. It is noteworthy that Hart makes no attempt to take account of the enormous conceptual difficulties of the concept of *evidence*, saying only that *trust* requires "some" evidence, faith requiring "none," and confidence requiring "strong" evidence. Hart's phrase "depth and assurance of feeling" is notably vague. However, it may be capable of quantitative measurement if understood as a description of a subjective state that obtains in a person faced with a choice about trust. Affective states are capable of statistical measurement and operational definitions can be formulated to detect subjective probabilities on whether or not a decision to trust is made. That is, before one chooses to trust another, there is some gauge of felt responsiveness in the would-be truster. This claim has received

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only in our cognitive lives, but in our practical lives as well. That is to say, in many of our practical undertakings we depend on the written, imaged, spoken, or printed information which we receive from others. Testimonial evidence is a substitute for or an extension of experience which could otherwise be obtained first-hand. For a discussion of the distinction between first-hand knowledge (through observation, introspection, memory), and second-hand knowledge (through testimony of others) see H. H. Price, "Belief and Evidence II: The Evidence of Testimony" (lecture 5), *Belief* (New York: Humanities Press, 1969), pp. 112-130. Against Price's theory of epistemic individualism, see John Hardwig, Footnote 2 Chapter Four.

[12]In the relevant literature there are disagreements regarding this characterization. I will discuses one of these in the section on *Confidence and Trust*, p. 32.

some empirical support by Kee and Knox.[13] These authors propose a conceptual model of trust, where trust is postulated as having two related components, similar to and compatible with those of Hart. These are: 1) the observable choice behavior, and 2) a subjective state which underlies the manifest choice behavior. Each of these components yield a different degree of trust, referred to as either manifest or behavioral trust, and subjective trust, respectively. For Kee and Knox, the subjective state is important since it would indicate the point or threshold at which the subjective state regarding a decision to trust becomes or manifests itself as behavioral trust. Here, I interpret them to mean that the decision to trust is always a choice on the part of the truster, and once the decision to trust is made, trust is considered an *act*. This is an important observation about the difference between trust and other states of dependence, and on my view, the notion of choice on the part of the truster is a crucial ingredient of the concept of trust. On the conceptual model proposed by these researchers, an individual's subjective readiness to make a decision to trust would indicate to what extent an individual A must *feel* that she can trust B *before* in fact she makes a trusting decision. The factors postulated in determining the threshold are variable and include situational, structural, dispositional, and experiential factors. Here the notion of risk is claimed to be a necessary condition for the state of trust to obtain; the risk is assessed in light of these factors and when a critical threshold is reached, the decision to either trust or not is made.

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[13]Herbert W. Kee and Robert E. Knox, "Conceptual and Methodological Considerations in the Study of Trust and Suspicion," *Journal of Conflict Resolution*, Vol. 14, No. 3., 1970, pp. 357-366.

Thus, there is some agreement on the range of trust by these authors. For Hart, *trust* stands in the middle of a continuum of words to denote belief states bounded at one extreme by blind faith and at the other extreme by open-eyed confidence. Trust is based on a willingness of the individual to endure risk or uncertainty for the achievement of some good. The variable significance of evidence or proof is matched by a compensating level of affectivity. Hart stresses the importance of personal agency in defining trust and concludes with this definition of trust: Trust is "the predication of one's own actions on actions of others which bear an identifiable risk of turning out unfavorably."[14] On my view, however, this definition emphasizes the notion of risk to a degree that does not really capture what we generally mean when we speak of trusting other persons. Generally, it does not seem to be the case that in trusting another we are looking for or able to identify the risk that may be involved. Rather, it seems in trusting another there is a relaxing of the alertness and vigilance that we would normally have if we were in doubt about the possibly opportunistic behavior of others. This is so because we have at least some evidence or reason on which to base this tendency to relax. On my view, to trust another involves at least the belief that the other can be believed in to do or refrain from doing what I expect of her. Hart has claimed that the verb 'to believe' has come to mean to accept something as true. However, on my view, there is a relevant distinction between believing in an individual and believing what she says. When you believe in a person, you generally expect that she will choose to do what she says she will do. The fact that I believe in her to choose according to my expectation of her is based on a variety of variables, including what I know

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[14]Hart, p. 188.

of her and what she represents to me, certain situational and dispositional factors that are germane to us, and various beliefs or values that we each have. Usually believing in a person means believing that she will not act in unforseen or unpredictable ways, and insofar as my experience validates this belief, I am said to at least be able to count on her.

Of course, trust and the possibility of betrayal are conceptual twins. In any expectation regarding trust there is always the risk that the other can betray my beliefs or expectations. Hart is certainly correct on this point. On my view, it is this possibility of betrayal by another which generates certain special concerns or moral attitudes in trust, which may not be applicable in cases of reliance or confidence. I want to argue for a conception of trust which generates a notion of responsibility on the trusted individual. Therefore, I would draw a distinction where Hart seems disinclined to do so. This distinction will be elaborated in my discussion of Reliance and Trust in Section II below.

Hart's claim that faith, trust, and confidence are belief states which order themselves along a continuum based on the amount of available evidence seems correct. In other words, there is a continuum of degrees of trust. The modality which occurs in considerations of trust is not merely one between trust or mistrust. For example, I trust a sales clerk to return the change for my twenty-dollar bill and not to abscond with it, but I might not trust her with a personal secret. Additionally, it seems correct to say, as both Kee and Knox and Hart have, that trust involves an affective component as well as some evidence. I am not certain Hart's claim that evidence and intensity are inversely proportional is always true, but I am prepared to endorse the view that one of the essential ingredients of trust includes a choice behavior based on some evidence about the

other and an underlying subjective state of readiness in the truster. Additionally, I endorse the claim that risk is a conceptual descriptor of trust, although this endorsement is somewhat tentative at this point. I will examine further the notion of risk in Chapter Four.

The conclusion of my discussion in this section is that trust does not take the same form or have the same meaning in every context or role. Rather, its form is determined by the person's willingness to venture certain risks, as assessed by that individual and relative to the available information or resources at hand. An appraisal of these risks does not seem to be a purely cognitive or rational affair, but one that is mediated by emotions, experience and personal values as well.

In the section which follows, I deepen the exploration of the conceptual features of trust and of the linguistic territory which is its unique claim. In delimiting the scope of trust and demarcating it from the conceptual territories more properly claimed by reliance, confidence, and faith, I hope to tease from them some aspect which can properly be said to belong to trust alone. I am not concerned that the borders between these concepts may often overlap and therefore can not be drawn with precision. Indeed in common usage they are clustered rather closely together. However, the differences among them are more than merely artificial, and the particular claims made on behalf of them may produce variable expectations. The philosophical task is to achieve some clarity in what we mean by trust.

Section II: The Demarcation of Trust

Reliance and Trust

Hart has said that to rely on someone or something is to be tied to it, to be confident about it, or to be in a state of dependence on it. This is not an uncontroversial claim as it seems I could rely on someone without being confident about that reliance. For example, I can rely on my auto mechanic Ace to align my wheels, but because I also happen to know he is often drunk at work, my confidence that he will do so is not so secure. What justifies my belief that he is reliable?

Of course the justification of beliefs has a long and difficult history, and is discussed again by Wittgenstein. In *On Certainty*, he asks the deceptively simple question, "What can I rely on? As is perhaps obvious, Wittgenstein's concern in this work was not to define terms but only to describe their use in certain conceptual frameworks. As such, he makes no attempt to demarcate the word 'reliance' from any of its close relatives and characterizes a response to the above question in this way:

> As children we learn facts; e.g., that every human being has a brain, and we take them on trust. I believe that this is an island, Australia, of such-and-such a shape, and so on and so on; I believe that I had great-grandparents, that the people who gave themselves out as my parents really were my parents, etc. . . .[15]

That is, children are initiated into the form of life that constitutes their experience. They are told the names of things and people and they simply

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[15]Wittgenstein, *On Certainty*, Sect. 159, p. 23.

accept these without proof. Children, at least very young ones, believe what they are taught and what they are taught becomes the foundation for the recognition of words, objects, and people. He claims: "the child begins by believing the adult"[16] and "what we believe depends on what we learn."[17] Gradually as children develop through the psycho-sexual stages of maturation this dependency lessens as they incorporate notions of a separate self. Yet Wittgenstein's perspective seems to be that even as adults we accept as true many things for which we lack direct proof. He asks:

> How does someone judge which is his right and which is his left hand? How do I know that my judgment will agree with someone else's? How do I know that this colour is blue? If I don't trust *myself* here, why should I trust anyone else's judgment? Is there a why? Must I not begin to trust somewhere? That is to say: somewhere I must begin with not-doubting; and that is not, so to speak, hasty but excusable: it is part of judging.[18]

In this passage Wittgenstein seems to be concerned with that subset of the class of empirical propositions which are difficult to doubt. That is, for each of us there are some propositions which are beyond doubt. These propositions, which may be different for different people, are "exempt from doubt," "unshakable," and "stand fast." If such propositions did come into doubt then the very capacity to make any judgments at all would be in jeopardy or even destroyed. That is, if you doubt these, then you are no longer sure of your language, for "if this deceives me, what does 'deceive' mean any more?"[19]

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[16]Ibid., Sect. 159-160, p. 23.

[17]Ibid., Sect. 286, p. 37.

[18]Ibid., Sect. 150, p. 22.

[19]Ibid., Sect. 507, p. 66.

Here Wittgenstein is concerned with how much mere acceptance, on the basis of no evidence, shapes our lives. We accept a wide range of things without question and this acceptance permits us to learn how to engage in certain activities such as calculation, verifications, reasoning and forming hypotheses. Yet for Wittgenstein it is the status of the beliefs that is in question and for him the difficulty is to realize the "groundlessness of our believing."[20] His concern is captured in the following:

> What kind of grounds have I for trusting text-books of experimental physics? . . . I have no grounds for not trusting them. And I trust them. I know how such books are produced--or rather, I believe I know. I have some evidence, but it does not go very far and is of a very scattered kind. I have heard, seen and read various things.[21]

In the end, the justification of the evidence for Wittgenstein is both subjective and practical. It is not in "certain propositions" striking us immediately as true, i.e., it is not a kind of *seeing* on our part: it is our *acting*, which lies at the bottom of the language game,"[22] and "I act with *complete* certainty. But this certainty is my own."[23] If read in light of the premise of the *Philosophical Investigations* that the language game is a shared activity, then this subjectivity is understood as intersubjectivity. We count on certain of our expectations being true, and in that sense we take certain beliefs *on trust.*

Reliance. In attempting to understand Wittgenstein's response to his own question, "What can I rely on?", Lars Hertzberg attempts to illuminate the

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[20]Ibid., Sect. 166, p. 24.

[21]Ibid.

[22]Ibid., Sect. 204, p. 28.

[23]Ibid., Sect. 174, p. 25.

implications of some of these remarks in *On Certainty*. In "On the Attitude of Trust,"[24] Hertzberg employs the notions of judgment and responsibility allocation in order to contrast the attitudes of trust and reliance. In Hertzberg's view, to rely on someone is in a grammatical sense to exercise one's judgment concerning that person. Reliance is an attitude of one person in relation to another which is based on certain facts or upon certain factual beliefs. Reliance (or reliability) is an expression of what I judge to be good or reasonable. Hertzberg, in a clear echo of Wittgenstein, claims that my idea of what is good or reasonable is acquired and/or influenced by my fundamental attitude toward others. This attitude is seen as a readiness to accept what I have been taught by others. That is, as children learn how to recognize and satisfy their needs, desires, and wants, they learn to depend on their elders to teach them distinctions between good and bad, and what to approach or avoid in life. This relation is initially one of pure dependence and, as Wittgenstein has noted, is the basis for learning how to make judgments about others and the world. As children mature in their ability to understand, they come to develop the discernment which is necessary to reject certain judgments. In other words, it is because of what we are taught, and the fundamental readiness to accept what we are taught by others, that we come to a beginning awareness of what it means to say there are reason for what we do or do not do. According to Hertzberg, the test of whether or not one is expressing reliance can be observed in two ways. The first condition for reliance is that an individual accepts claims made by another person within a specific domain. Secondly, an individual may exhibit some

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[24]Lars Hertzberg, "On the Attitude of Trust," *Inquiry: An International Journal of Philosophy*, Vol. 31, No. 3, Sept. 1988, pp. 307-322.

degree of dependence on the other person for getting certain things either done or not. Thus, when characterized as an exercise of judgment, the attitude of reliance takes on two dimensions. First, it is subsumed under the idea of the explanations given for a person's thought or action. These explanations serve some justificatory role in ascertaining the scope and value of reliance. That is,

> the fact that someone depends on another in this way can be seen to be intelligible, insofar as it is intelligible, in the light of what he knows or believes about the other, or of his past experience with him.[25]

On Hertzberg's view, for reliance to be intelligible it must be seen as an exercise of a person's judgments concerning others. I would say that even if unfounded reliance or dependence on another may be foolish or imprudent, it is still intelligible. The real question is whether or not it is reasonably justified, and here I would allow for a conception of rationality which includes appeals to emotions, passions, and values, as justifications for this dependence.

The second dimension of reliance seen as an exercise of judgment is an evidentiary one. Seen in this dimension, the attitude of reliance takes into account some decision on the part of the individual. That is, "in trying to decide whether we should rely on someone in a given situation, we consider the evidence concerning his competence, character, etc., and weigh it against the stakes involved."[26] That is, the rationality of one person's relying or another is judged on the basis of the grounds available to him. Of course, in trying to decide whether we "should" rely on someone, Hertzberg is not making a descriptive claim about where people do in fact rely on others. Rather, he

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[25]Ibid., p. 312.

[26]Ibid.

seems to suggest that trust is *experienced* as a normative concept. In other words, to rely on someone just *is* to think she is reliable.

Thus, on Hertzberg's account, the grammar of reliance is related to factual beliefs about another. Reliance is more or less specific to a certain situation which has certain known parameters to it. In other words, when I say of Ace, my auto mechanic, that I rely on him, this means for Hertzberg that there is a more or less definite range of things I expect for Ace to do or refrain from doing. (He is expected to align the wheels of my car, to adjust its timing chain but not to paint it a different color). I am prepared to take his word on *this* certain range of expectations and insofar as I do, I am presumably relying on a certain prevailing standard of competency for auto mechanics. It is interesting to note the directionality of these expectations. If I accept Ace's claims, I do so based on certain facts or factual beliefs concerning the past. My reliance on Ace is thus conditioned on the prevailing standard being met. For Hertzberg, this reliance is conceptually independent of whatever attitude I take toward Ace on matters outside this specific domain. That is, I may know with certainty that Ace is dangerously belligerent when drunk or that his politics are anarchist; I may be suspicious of his leering glances and yet it is the case that I rely on him in this or that particular respect. Here, the expression would be "I rely on Ace, but I mistrust him in other respects." Hence, I may have a certain attitude of reliance upon him in this situation but this is not equivalent to my saying that I have a trustful attitude toward him. On my view, neither is it equivalent to the expression "I trust him with my car, but not with my daughter." This is so because there is no relaxing of the vigilance or alertness that would seem to accompany a state of trust. My subjective appraisal of him does not reach that

critical threshold necessary for a decision to trust *him*. I rely on him to perform the necessary task; but this is so only because there are certain sanctions or inducements which may underwrite this reliance in order to ensure that I get what I want. Trust does not call for these inducements or sanctions up front. Of course, it may turn out that I was wrong to rely on Ace because he is a lousy mechanic but this would be, at least on Hertzberg's reading, due to my faulty judgment of his claims.

Trust. For Hertzberg, trust is understood in relation to a would-be truster's needs and desires, and as such it is not properly or strictly a belief; rather, it is an attitude *toward* believing in what others say. He claims: "Trust, here, although it may involve no beliefs, is *like* the confident belief that I shall be carried safely past the danger or the pain."[27] Here, Hertzberg regards trust as a somewhat primitive reaction to what others say or do. Trust is said to be implicit in many of the primary reactions of one human being to another. This primitive reaction expresses a most basic level of trust, but Hertzberg asserts that this is not yet what he refers to as a trustful attitude. He appears to be talking about what I will later refer to as *counting on*. That is, for Hertzberg, a situation of trust is one in which I have come to believe certain things because I have an attitude toward a person. This attitude is linked to a readiness to accept what others have taught me or shown me about themselves. This readiness, both in Wittgenstein and Hertzberg, is grounded in a state of dependence.

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[27]Ibid., p. 309.

Grammatical Differences between Reliance and Trust. Hertzberg's critical point is that in situations involving expectations toward others the grammar of reliance and the grammar of trust do not apply themselves equally. The grammar of reliance applies to those situations where I develop a particular attitude toward a person *because* I believe certain things about her or her claims; this belief is grounded on certain facts. Hertzberg attempts a spatial metaphor to capture the conceptual difference between an attitude of trust and one of reliance. He says "in relying on him I, as it were, look down at him from above. I exercise my command of the world. I remain the judge of his actions."[28] This is so because there are certain facts about him that I believe. Here, reliance seems to be concerned more with what functions or purposes a person may reliably fulfil, rather than an attitude toward that person as such. This distinction appears a subtle one, but Hertzberg's point seems to be that because I have some evidence or factual beliefs regarding another's claims of competence or character, I can accept these claims as reliable, without necessarily forming any attitude regarding the person in any other respects. However, when I trust someone, it is *him* or *her* I trust, not certain things *about* him. In trusting someone, "I look up from below. I learn from the other what the world is about. I let him be the judge of my actions."[29] My reliance is simply an expression of what I judge to be good or reasonable. Of course, Hertzberg notes that reliance can grow into trust, and where it does the notion of responsibility allocation takes on a more central role. On his account, trust

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[28]Ibid., p. 315.

[29]Ibid.

does not seem to involve a pre-figured limit or specificity which is the case for reliance. He says: "If I trust someone, I cannot at the same time reserve for myself the judgment concerning the purposes for which he is to be trusted."[30] For Hertzberg I trust the *individual* as such; there cannot be respects in which I distrust him, although of course I may acknowledge that there are some respects in which he is unreliable (perhaps he is inconsistently and erratically late for appointments). Thus, to say that I place my trust in him is to say that I am no longer the judge of his actions but of him. When I trust someone I have an attitude of "readiness" toward him, a belief that the individual "as it were *embodies* goodness, or reason, for [me]."[31] Trust is an attitude toward another which is an expression of certain needs and desires which the truster believes the other will respond to in an affirming way.

Judgment, then, is the integral notion for Hertzberg in drawing distinctions between trust and reliance. Trust, unlike reliance, is thus not to be explained, or assessed solely by an appeal to reason. A decision to trust is not based on grounds, but following Wittgenstein, is "groundless." Of course, this need not be interpreted as there being a total lack of evidence, for as Hertzberg has noted it is based on a learned attitude toward the goodness of others. It is not simply the expression of hope or wishful thinking, but has something to do with what persons have learned they can rightfully expect others to do or to say. So, the attitude of trust may be groundless in the sense that it is not fully explained by reason, but can be justified on non-rational terms; it is not necessarily *fully* grounded either. There is *some* judgment rendered on the part

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[30]Ibid., p. 314.

[31]Ibid.

of the truster, but this judgment may be limited to a felt attitude or readiness toward the trusted.

In light of Hertzberg's discussion, I would argue for a distinction between an attitude of trust and an act of trusting. I would suggest that there is an important distinction lurking throughout his discussion which needs to be made explicit; this is the distinction between an attitude of trust (which incorporates the notion of a trait of trusting-ness) and an act of trusting (which would seem to incorporate a judgment regarding trustworthiness and an act based on that judgment). These are conceptually distinct traits which I feel are conflated in Hertzberg's account. On my view, the *act* of trusting requires a choice or decision which may be independent of the attitude one might have about another. I do find plausible the claim which Hertzberg does not develop that trust involves some expectation or "belief that" the truster will be "carried safely past the danger or the pain." This suggests to me some alignment of will or good intentions on the part of both persons and a "belief that" becomes equivalent to a "belief in." This distinction is summarized in the following way:

> trust: the attitude of being trustful which is based on the would-be truster's needs and desires. On the surface it is constituted by the "belief" that the would-be truster will be protected from some harm. On a deeper level, it seems to mean that even if some harm might befall the person, she has an attitude of acceptance, a readiness, or a conviction toward a certain relation with another. For example, I do not just express my desire or need to get help from my doctor, but I develop an attitude toward her being able and willing to meet my need.
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> trusting: the acceptance of and acting upon the confident belief or expectation that the future behavior of others can be reliably depended on. The act of trusting involves the belief that no significant harm will arise as a consequence of this act. This standpoint involves risk but the concern with risk is diminished because the risk is acceptable. If I decide to withhold trust, then I am motivated by the belief that the risk is so great that I either need to obtain more relevant information or that the information that I do have renders the risk prohibitive (for example, if it involves cruelty, intentional harm, treachery or abuse, then the risk is too great).

The important point which this distinction reveals is that an act of trust implies or presupposes decision-making in a situation of risk, where the risk is attributable to the strategic behavior of others or to the possibility that they will behave either ineptly or opportunistically (i.e., by stealing, lying, withholding information considered necessary for decision-making).

Responsibility Allocation in Trust. The second notion which Hertzberg regards as underscoring the difference between reliance and trust concerns the feature of responsibility. For him, if I was wrong in relying on Ace to fix my car, then this was a failure of my judgment; it would have been better if I had been more astute and discerning about Ace's claims. The fault is mine, since on Hertzberg's view, it was my judgment of the facts which was shoddy. In choosing to trust Ace, however, I would take his conduct at face value, giving no pause to the possible discrepancy between what Ace is and what he appears to be. My attitude toward him is a confident-like belief that Ace will behave well toward me. If my choice to trust Ace is met with disappointing results, then, according to Hertzberg, the fault lies, not with me, but with Ace, who as a person has disappointed me. He explains:

> When someone's trust has been misplaced, however, it is always, I want to say, a misunderstanding to regard that as a shortcoming on *his* part. The responsibility rests with the person who failed the trust. The reason for this is that, unlike reliance, the grammar of trust involves a perspective of justice. Trust can only concern that which one person can rightfully demand of another.[32]

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[32]Ibid.

For Hertzberg, trust is conceptually linked with issues of justice, and his claim that "trust is always for something we can rightfully demand of others" implies an expectation of fair treatment by the trusted. When trust is misplaced, as it often is, Hertzberg claims the blame is placed on the trusted individual rather than on the one who bestows trust. Whereas in the case of misplacing my reliance the fault is due to a failure of *my* judgment, in misplacing my trust says Hertzberg, the fault lies rather in the *other*. The direction of the responsibility for deserving the trustful attitude lies with the trusted individual; he says, "if I claim that A trusts B to do X, I commit myself to thinking that (in the absence of exonerating circumstances), B is open to blame if he fails to do X."[33] What Hertzberg needs to add here is the phrase, "if B is aware of A's expectation." I would add that what makes B's failure worthy of blame is A's expectation, as well as A's right to the performance. If, on the other hand, I think it would be wrong for B to do X or if I do not agree that A has a right to demand it, then, I will not regard A's expectation as a case of *trust*, even if A does. In other words, Hertzberg claims there is a responsibility and an accountability in being an *object* of trust. This responsibility is implicit in expressions such as "I have her trust" or "he misused my trust." For Hertzberg, the state of relying on someone does not carry this sense of responsibility on the part of the object. If Hertzberg is correct, trust, unlike reliance, seems to require some sort of moral sanctions or some notion of moral responsibility. That is, one of the conceptual demarcations between the grammar of reliance and that of trust could perhaps be drawn with regard to the concept of responsibility which is to be allocated in the relationship itself. The link of

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[33]Ibid., p. 319.

trust to issues of justice is an interesting one, and I will discuss it further in Chapter Five. If such a theoretical link could be established then it would strengthen claims regarding the moral commitments said to be inherent in claims of trust. When one claims she has the trust of another this might then imply certain obligations to honor that trust; presumably this is the idea hinted at by Hertzberg when he speaks of the moral sanctions which tend to be implied when one's trust in another is misused or abused. That is, it is often the case that the mere fact that someone has placed her trust in another person carries with it the expectation that the person feel obligated to honor it. This is what he means when he says that the act of trust *embodies* the goodness or reason of the trusted. This in turn makes it more difficult to betray that trust.

Trustworthiness. Hertzberg's views on the allocation of responsibility relates the notion of trustworthiness to justification of trust acts. The conceptual link of acts of trust to a judgment regarding the trustworthiness of others is also addressed by Dasgupta.[34] On Dasgupta's view, "the problem of trust would of course not arise if we were all hopelessly moral, always doing what we said we would do in the circumstances in which we said we would do it. That is, the problem of trust would not arise if it was common knowledge that we were all trustworthy."[35] He claims that the possibility of opportunistic conduct by the other and the potential that trust can be betrayed are considered necessary conditions for the question of trust to even arise. Furthermore, he claims that the act of trust and hence the acceptance of risks must be avoidable

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[34]Partha Dasgupta "Trust as a Commodity" in *Trust: Making and Breaking Cooperative Relations*. Diego Gambetta (ed.) (New York: Basil Blackwell, 1988), pp. 49-72.

[35]Ibid., p. 53.

for the agent. That is, if no choice is present in our attitude toward others or the acceptance of such attitudes by us, then we need not invoke *trust* to explain our behavior. The choice to trust is predicated on evidence of *trustworthiness*. Trustworthiness concentrates on a person's overall disposition, motivation, and the extent to which that person awards his own honesty. The trustworthy individual is reliable in the sense that she will do what she says and only what she says. However, in a view similar to Hertzberg, he claims trust is linked to commitment:

> You do not trust a person to do something merely because he says he will do it. You trust him because, knowing what you know of his disposition, his information, his ability, his available options and their consequences, you expect he will *choose* to do it.[36]

Of course trustworthiness connotes moral approval and is a virtue; it suggests that an individual can be relied upon to take proper care of something or to be consistently true in representing herself. The vice of untrustworthiness is the moral failure of letting someone down, of not being "true" in presenting oneself or one's word, or in not properly caring for the interests of others. Dasgupta's view adds an important ingredient to the concept of trust and one that I will carry forth in my argument that trust involves an element of choice. However, in my opinion, this choice involves more than the evidence of the other's trustworthiness. The trustworthy individual may in fact be reliable, but this reliance, while it may be a necessary feature of trust, is not identical with trust. The fact that a person is trustworthy does not entail the requirement that trust be placed in her.

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[36]Ibid., p. 56.

Confidence and Trust

'Confidence' is another term which is often used ambiguously or synonymously with 'trust.' In Hart's etymological analysis, 'confidence' is a belief state characterized by a strongly felt conviction based on substantial evidence or logical deduction. Hart's characterization of 'confidence' bears some relation to Hertzberg's conception of 'trust,' in that the "strongly felt conviction" suggests something close to Hertzberg's "attitude of readiness," and the "confident-like belief" regarding the good will of others toward me. However, it also bears some resemblance to Hertzberg's claims regarding reliance. Reliance was seen to be based on factual information and beliefs about a person's claims which are capable of rationally warranted justifications. In the discussion which follows, my concern is to differentiate situations where confidence and trust can be distinguished from each other, and to continue to increase our understanding of the conceptual ingredients of trust.

I begin with a discussion of an article by Niklas Luhmann.[37] Luhmann attempts to provide some much needed conceptual clarification of the terms 'confidence' and 'trust.' A German social scientist of the neo-functionalist period, Luhmann is primarily interested in the *function* of trust and is regarded as having written the seminal work on the sociology of trust.[38] Characteristically, in exploring the conditions of trust from the perspective of a social scientist, Luhmann stresses the role of social mechanisms which can be

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[37]Niklas Luhmann, "Familiarity, Confidence, Trust: Problems and Alternatives" in *Trust: Making and Breaking Cooperative Relations.* Diego Gambetta, (ed.) (New York: Basil Blackwell Ltd., 1988), pp. 94-107.

[38]Niklas Luhmann, *Trust and Power* (New York: John Wiley & Sons, Ltd., 1979). I will discuss this work in Chapter Four.

said to generate trust. In adopting this standpoint, he diverges sharply from my belief that trust is a relation between persons. I regard trust as a person-to-person relation which may be exemplified in social institutions. Luhmann takes quite a different standpoint, regarding trust as a strategy necessary to the social order.

Confidence. Luhmann characteristically begins with the *familiarity* of the social order. He cautions that familiarity and trust are not to be conceived as identical: "Familiarity is an unavoidable fact of life; trust is a solution for specific problems of risk."[39] In setting out to explore the conditions of trust, one first must consider the conditions and the limits of this familiarity. Trust has to be achieved within a familiar world; the familiar is what we take as the ground of our experience--it is our life-world. We can live within a familiar world because we can re-introduce, through symbols, what may be unfamiliar to us. Traditionally, he notes, the use of familiar terms as a means toward coping with what was unfamiliar or unknown was the province of religion. That is, the unfamiliar or the unknown remains opaque to us but through the use of symbols it is incorporated into our familiar life-world. Luhmann summarizes his point about familiarity in the following:

> You cannot live without forming expectations with respect to contingent events and you have to neglect, more or less, the possibility of disappointment. You neglect this because it is a very rare possibility, but also because you do not know what else to do. The alternative is to live in a state of permanent uncertainty and to withdraw expectations without having anything with which to replace them.[40]

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[39]Ibid., p. 25.

[40]Ibid., p. 97.

In other words, if something is familiar to us, then there is likely no need to consciously reflect on it. Familiarity is thus viewed as a necessary pre-condition for trust but in itself is not sufficient to account for the occurrence of an act of trust. When changes or alterations in our familiar life-world occur, they can precipitate important concerns regarding the possibility of developing or preserving trust in human relations.

On Luhmann's view, trust and confidence are placed in a familiar world through the activity of symbolic representation; both refer to expectations which may lapse into disappointments. For example, many people feel that the physician is a symbol for relief and protection, or that the psychiatrist is a symbol of a soul-searcher. The trust or confidence persons place in these individuals can be undermined or destroyed through symbolic representation; an example of the symbol of the destruction of trust might be a malpractice claim or a divorce.

For Luhmann, the distinction between trust and confidence is understood in terms of the distinction between risk and danger, respectively. On his theory, confidence is the state which expresses the belief that certain familiar expectations will not be disappointed. This claim is captured in the expression: "When walking around a community shopping mall, I am confident that others are not carrying loaded weapons in their pockets." Confidence is said to emerge in situations where there is a possible but not probable expectation of danger, and trust is said to emerge in a situation of risk, which in turn is an outcome of human action and decision. However, according to Luhmann, confidence is a mode of asserting expectations which, unlike familiarity, does require a conscious reflection on possible contingencies or possible dangers. It is not clear how

confidence can assert expectations, but presumably, he may be taken to mean that confidence is an epistemic attitude toward certain contingent events. He claims that danger and contingency are situations different from and not reducible to risk. On his analysis, I am in the mode of confidence when I may consciously perceive the possible contingencies but I more or less ignore the possibility that they could likely come to pass. If I am disappointed--that is, if my expectation proves wrong, then I will react to this disappointment according to some external attribution. That is, given the certain system of rules and laws that constitutes my life-world I would then become socialized as a victim of other social actors. What Luhmann seems to mean here is that the term "confidence" is employed in the functionalist sense of an *ability* on the part of some social actor or some social institution (i.e., a penal institution) to *function* as it is *expected* of it. Similarly, the functionalist application of the term 'confidence' to certain situations or contexts may capture some expectation about the ability of another person. For example, it may capture what we mean when we say "we show *confidence* in our doctor's ability to cure us of our ailments or in our teacher's ability to inspire us, in our civil servants' ability to take the correct decisions, and so on. Thus, confidence stems from ability."[41] Of course, while Luhmann does not bring this out directly, the motive of those in whom we have confidence would enter as well, in the sense that they will use these abilities justly and fairly.

What Luhmann seems to be saying, correctly, I think, is that a confidence in their abilities is at least logically distinct from trusting *them*, and even perhaps distinct from trusting their judicious use of them. This distinction,

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[41]I owe this point to Dasgupta, p. 52

while plausible, is difficult to reconcile with the claim that confidence is conceptually linked to contingency and danger, and trust to risk. Confidence is assessed in terms of external factors, including the element of danger and contingency. This is contrasted with trust, where the assessment of risk is *purely* internal, and occurs only as a feature of human action and decision, not contingent facts about the external world. I find this an extremely confusing claim and Luhmann's argument for it is opaque. Presumably, the distinction is something like the following: in a situation of confidence, if you perceive that your expectation of another has a contingent probability of being disappointed, then you are likely not to depend on that person, because it would be too dangerous. On the other hand, in a situation of trust, if you perceive that your expectation of another has the probability of being disappointed, you may still choose to depend on that person in spite of the threat of disappointment, because the risk involved is acceptable to you. I am reluctant to accept such a claim, as on my view, the probability of my expectation being disappointed would be a good reason *not* to trust. However, if Luhmann can be taken to mean that trust is a substitute for the security that knowing with certainty the behavior of others would provide, then perhaps he may be making some sense, although not in virtue of the distinction he is trying to force.

Trust. Thus, the distinction between trust and confidence rests for Luhmann on the notion of risk.[42] Risk is a general feature of life which

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[42]Given that Luhmann's theoretical assumptions lie with functionalism in social science, the term 'risk' is employed differently than it would be in economic theory. For Luhmann, 'risk' is employed to indicate that unexpected results may be a consequence of *human* decisions and not artificial, cosmological, or metaphysical events. (He does not say what he means by metaphysical events.)

emerges as a component of human action and decision. Risk is always inherent to trust; as risk implies vulnerability, trust is bestowed only at your own risk. Thus far, Luhmann's description closely resembles Hart's on this point. For Luhmann, risk occurs only if an actor *chooses* to trust, and yet he also claims that trust presupposes a situation of risk in a familiar world, due to the actions of *other* persons. This is confusing in that he has already claimed that risk is a feature of life; he appears to be confusing an observation about ontological features of the world with psychological research regarding strategies for coping with them. Both Hart and Luhmann regard risk as an essential feature of trust but their claims regarding it are confusing. Luhmann's distinction between risk or danger is very tenuous, and it seems to me that it amounts to nothing more than a question of magnitude. That is, the *perception* of either risk or danger can only be appraised subjectively, and such appraisals of personal harm of threat would no doubt involve wide variations in magnitude. Luhmann wants to hold that the state of confidence is rationally warranted because the beliefs which constitute this state are expectations or perceptions regarding the abilities of others to function in the social order. On my view, risk is a fact of modern life; it is an ontological feature of the world. Trust and other attitudes or acts operate in the world but are not causes of it. Perhaps what is important to distinguish is the reaction to the risk inherent to the world. In other words, it is the case that stress is a fact of modern life, but stress in itself is not problematic; rather, it is the reaction to stress that is crucial. Risks, as well as stress, can be opportunities for positive, creative action and decision; neither is inherently problematical. What is inherent to trust is the possibility of expectations being betrayed. This places would-be trusters at some risk, but the

risk is a feature of the relation between persons. According to Luhmann, the person who chooses to trust accepts the chance that there may be unfortunate consequences; she chooses to trust in spite of acknowledging the risk of disappointment. In this claim he says the opposite of Hertzberg, for whom trust is an attitude toward a belief in another person, signified by a readiness to accept the other's conduct toward him as good. In contrast, Luhmann regards the risk that others' conduct toward me might well be unfavorable as a given. For him, trust involves a purely internal calculation of external conditions which may contain the possibility of risk. Luhmann stresses that this calculation is *not* a rational calculation of probabilities, but rather internal. If the person decides to trust, then she has internally calculated the risks to be acceptable. In other words, the decision to trust is a complex "internal" assessment of whether or not to accept the risk that my trust in you might turn out unfavorably for me. This assessment is not explained in any detail by Luhmann, but I will attempt to reformulate it below. Thus far, Luhmann regards the internal attribution and acceptance of possible risk as a necessary condition for an act or situation to be trust. Trust is an attitude which allows for risk-taking decisions and is directed toward the future actions of others. For a situation to be one of trust it must be based on an individual's choice to act on some belief. If you refrain from acting, perhaps because the risk assessment is too great, then you are not in a relation of trust.

Thus far, the requirements for the "internal calculation of external condition" which Luhmann regards as pre-figuring this choice seem to include the following:

1. the probability of unfavorable outcome
2. the assessed traits of trusted person
3. the evidence on which this assessment is based
4. the intensity of the felt readiness to trust of the truster
5. the magnitude of unfavorable outcome
6. the willingness to give up the belief in the face of contrary evidence

Summary. Luhmann himself seems unsatisfied with his attempts to provide conceptual clarity to the concept of trust and he acknowledges the need for continued efforts at clarifying the distinction between trust and confidence. He notes that trust is vital to interpersonal relations and claims its formation depends on local milieu and personal experience. On the other hand, he thinks that the term 'confidence' should be reserved for reference to functional systems such as economy and politics. On his view, participation by persons in social institutions requires confidence, but not trust. This is so because social systems function via institutional forces and this function is no longer a matter of personal or interpersonal relations. This idea will be elaborated in Chapter Four, where Luhmann differentiates personal trust and system trust. This is an interesting distinction, for if interpersonal trust and institutional or systemic trust are two separate and divergent streams of human activity, then perhaps our analyses of their forms could reveal different sets of norms.

On my view, social or system trust is derived from trust which occurs between persons, and so I will disagree with him on some points. Luhmann's account thus far views trust as a relation of self-to-other which involves a choice to accept a possible risk of disappointed expectancies regarding what others say or do. I would add to his account a distinction between the decision to trust and an attitude of trust, for otherwise his claim that the risk is created only by the

decision to trust captures only part of the concept of trust. I regard his functional characterization of confidence as helpful, while rejecting his claims regarding the distinction between danger and risk. His notion that confidence applies to institutional milieu and trust to the interpersonal domain is an interesting one. If correct, one possible implication which would follow would be that such expressions as "in the public trust" would refer to confidence in social institutions and not to trust in the sense I am trying to develop herein. Of note in Luhmann's article is the absence of any reference to the notion which I am trying to develop, such that the concept of trust involves a vivid expectation by the truster of good will in the trusted. Hertzberg has so far been the most concerned with this feature, but I do think it is implicit in the risk assessment requirement which I have reformulated from Luhmann's account. Trust and confidence are thus related to each other and may even be influenced by each other. However, their relation is not one of identity. For now, a precise distinction between *attitudes* of trust and confidence remains elusive, yet perhaps Luhmann is correct when he concludes that to a large extent the distinction between them, contra-Wittgenstein, does remain a matter of definition. In an earlier work, Luhmann defined trust as a device for coping with the freedom of others, and as a negotiation of the risks inherent to human decision and action.[43] Of course, this "device" can fail as it often does, leaving disappointments and betrayals in its path. I would suggest that there are other ways in which trust can go wrong as well. For instance, trust can be too blind, too gullible, and perhaps even a substitute for intelligent problem-solving. For this reason, I would caution against an over-eager placement of trust. Since

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[43]Luhmann, *Trust and Power*, p. 44.

betrayal is always a possibility, it seems that a decision to trust another person should be based on more than wishful thinking. However, a well-placed trust is valuable in that it facilitates an individual's willingness to risk uncertainty in order to achieve some desired end or goal which may require the help of others. There is no assurance that the good sought by trust will be realized, and thus the truster is in a vulnerable state. Yet, even though risk entails vulnerability, it seems to me that not to risk an act of trust is to impoverish life and the possibilities to affirm the persons who live it. While there may well be fall-outs or misfires of trust, it also seems that an overly cynical or skeptical attitude leads to social deprivation and alienation.

Synopsis. At this point in my discussion it is helpful to summarize a few of the terminological and conceptual demarcations which are suggested by these discussions. Thus far, it appears that the terms reliance, confidence, and trust are not synonymous, but rather close linguistic cousins which have some marks which distinguish them from each other. My analysis up to this point seems to suggest the following characterizations:

> reliance: the attitude of dependence or counting on the claims made by another. The dependence is judged to be warranted because it is based on factual beliefs regarding a specified range of claims made by the individual who is the object of the dependence. The judgment is warranted also because it can be explained and justified by certain evidence, such as prevailing standards of performance regarding these claims. The judgment rests on a belief that the claims advanced by the individual are legitimate, predictable, and therefore, reliable. 'Relying" would be an act which expresses this attitude of dependence.
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> confidence: the attitude of expectancy which points to a judgment regarding the ability of another to function competently. It is an evidence-dependent, rationally warranted expectation of others, but it does not necessarily imply a state of dependence, risk, or vulnerability. Confidence is an epistemic state characterized by a firm conviction regarding the functional ability or performance of another.

trust: the attitude of dependency of one person toward another which involves a would-be truster's own needs and desires. On the surface it is constituted by the "belief that" the would-be truster is not likely to inflict some harm. This means that even if some harm might possibly befall the person, she has an attitude of acceptance, a readiness, or an expectancy of a certain positive relation with another. This expectancy of good will can be betrayed and the individual is said to be vulnerable to the harm that a betrayal might bring. The attitude of trust implies a dependence on another which is relative to the would-be truster's needs and desires, as well as to the assessment of risk factors associated with a trusting decision (the next level). This attitude can take on various degrees of dependence, as in "child-like trust," and it may not necessarily require articulation, as in "unconscious or blind trust."

trusting: the act of accepting and acting upon one's attitude of trust. This acceptance is based on a confident expectation that the future behavior of others can be reliably depended upon, because of what is already known in experience regarding both self and other. The act of trust involves the belief that no significant harm will arise as a consequence of this act. This belief is grounded in certain known variables regarding the object of trust and includes a decision to "believe in" the other as one whose conduct toward me is likely not to turn out unfavorably, and, more positively, is an expression of good will. This standpoint involves risk, because the behavior of the other is not under the truster's control or subject to some performance sanction. However, the concern regarding risk is diminished because the internal assessment or felt readiness toward another renders a judgment that the risk is acceptable. If the decision to withhold the trusting act is made, then it is motivated by the belief that more variables are needed to assess the risk, or that the available information renders the risk prohibitive (i.e., if it involves the likelihood of cruelty, intentional harm, treachery, or abuse, not only would there be no occasion for a consideration of trust, but one would be rationally warranted to distrust).

In this chapter, I have been concentrating on the semantic ambiguities which accompany the use of the word trust. Thus far, I have suggested that the decision to trust is not purely a rational affair, but rather takes account of various situational and motivational factors. These include but are not limited to the truster's own desires and needs and some expectation about how other individuals will meet or frustrate those needs and desires. Certain elements of the assessment or calculation thought to be essential to the milieu of trust have been suggested. Minimally, trust seems to rest on an expectation regarding another which I have some good reason to hold, but which may also be betrayed.

Faith and Trust

In this section I look at contexts in which the use of the terms 'faith' and 'trust' might be conflated and judge whether their apparent synonymity is in fact justified. The construct of faith is both symbolically and conceptually rich. My purpose in this section is not to delve into this complexity but rather to understand the proper conceptual territory for trust.

The Latin root of the word 'faith' is *fidere*, translated as 'to trust.' 'Faith' is commonly defined as a firm, unquestioning belief or conviction in someone or something for which proof may be lacking, or else as an attitude toward a belief in some supreme being. In philosophical texts faith is sometimes defended as a rational belief in God, as in Kant, but more often faith is defended against the notion of rationality, as in Kierkegaard. I will examine their ideas in Chapter Three. Presently, I focus on the more popular conception of these terms.

In its popular, secular usage, 'faith' connotes a belief in something for which you lack conclusive evidence or have little good reason to hold. That is, in a general sense one takes on beliefs which go beyond evidence. For example, I am in the mode of faith when I say with unquestioning conviction that an infusion of apricot seeds will cure me of cancer even though I've been told that I need chemotherapy. Similarly, when I say of my spouse that I have absolute confidence in his fidelity to our relationship, I am in the mode of faith. In religious usage, 'faith' usually refers to the "trust" a believer should have in a supreme being who is the ultimate ground of grace, goodness, power or fairness. "I will trust in the Lord" is such a belief. This belief is firm, emotionally charged, and the believer is said to have an unquestioning conviction that it is

true. This religious form of faith intersects with philosophical claims as a significant epistemological problem, especially in terms of the justification of epistemic claims: I will not detail these complex issues here, but focus on just a few salient points about what conceptual differences there may be between trust and faith. As will be seen, there is often a close similarity and even a synonymous use of these terms. I will try to show where they are distinct, but my concern is not to argue that one is better or worse than the other on any score.

In *Faith and Philosophy*,[44] Plantinga addresses faith from the perspective of a philosophy of religion. He asserts that faith is a person's ultimate concern, the whole structure of her values and concerns. For Plantinga, this definition encompasses both religions and moral concerns, the moral outlook being manifested in actions and decisions which are based on moral principles. Faith can consist in an individual's set of religious beliefs and the forms of worship and ritual that these beliefs require. Faith can also be seen as an attitude of absolute dependence, an ultimate security in or an awe of what is mysterious, ineffable, or beyond human cognition. For other individuals, faith is the preference for an alternative way of organizing beliefs about the universe over that method provided by the natural sciences. According to Plantinga, an individual's faith is her way of life as determined by what she thinks worth her ultimate *trust* and loyalty. Plantinga offers a clarification of 'trust' here to mean "reliance upon" and says faith in someone or something is what one "clings to." Faith is thus what an individual determines as meaningful in the living of her

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[44]Alvin Plantinga, *Faith and Philosophy* (Grand Rapids, Michigan: W. B. Eerdmans, 1964).

life--for some it provides an answer about the riddles of human existence, the meaning and purpose in life, the problem of evil, or perhaps some value in the face of the absurd.

Plantinga attempts to draw a distinction between faith and trust which is based on the notion of certainty and the notion of risk. Faith implies some strong conviction or belief in or about another, and one "clings to" this belief even in the face of contrary evidence.[45] This belief expresses a degree of certainty which may be so strong and absolute that it may even outrun the evidence. This attitude or mode of expectation is contrasted with the attitude of trust. The decision to trust another person is not made out of a total or blind conviction in the other or whatever the other embodies. Rather, trust operates with some variable degree of uncertainty. This uncertainty leaves one open to the evidence, and this evidence is one of the factors which constitutes the decision to trust. Here his view is similar to Hart's description of trust, but it is nearly the opposite characterization of Hertzberg's notion of trust. Plantinga's aim is to establish the distinction between trust and faith as resting on the strength of one's conviction. On my reading, this feature does not seem to amount to any conceptual demarcation, but merely to a difference in degree.

The other distinction between faith and trust which Plantinga attempts to argue is the issue of personal betrayal, loss, or harm. On his view, risk does not seem to be part of the grammatical territory of faith, where it is essential to the

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[45]Plantinga is not always consistent with regard to his definition of faith. At other times he defines faith as a relation to a set of beliefs regarding one's station and duties. The relation is not of one individual in some relational response or reaction to another person, where the freedom of that other person implies the possibility of betrayal and all the risks to self that might occur. I am not attempting to argue against his definition(s) of faith, but against his claim that faith is a state which obtains without risk to persons.

territory of trust. If it is true that risk is a conceptual ingredient of trust and not of faith, then the claim that faith and trust are conceptually distinct can stand. If he is correct, that the attitude of faith is not identified with the notion of risk (understood in Luhmann's terms) then there is no risk to self engendered by faith. In order to see how this distinction might apply I will return to the example of the apricot infusion. I illustrated above the attitude of faith as it operated in the belief regarding the efficacy of apricot treatment for cancer. In that case, my faith in its efficacy might very well entail significant risk to me. That is, if I am operating in the mode of faith, I am said to have an absolute, strong conviction in its power to cure me of cancer. In convincing myself of its power to cure, I very likely would reject alternate treatments such as an infusion of cytosine arabinoside even though this latter treatment has proven efficacy. Here, it does seem to me that risk is a conceptual feature of faith as well as of trust, and Plantinga's distinction does not hold. Moreover, in this case, the risk to me may not be small, as the proliferation of unchecked cancer cells may consume me. A second example of where there may be risk in an attitude of faith concerns spousal fidelity. In an attitude of faith, I would have a firm conviction or belief in my spouse's vow of fidelity which would be so firm that I could be said to have an absolute faith in it, even if there might be contrary evidence. My belief would not be influenced by the evidence or testimony of others because my attitude is one of absolute certainty. However, on Plantinga's view, because the belief is so certain, and the possibility of risk or betrayal is not linked with it, then the conviction is based on faith, not trust. It is a *faith* that I exhibit, and because my faith is so strong I am said to not be vulnerable to risk.

This distinction appears quite shaky. Risk is a feature of life, and it is not exclusively the province of either faith or trust. Both faith and trust are ways of expressing expectations which may run the risk of being disappointed or betrayed. That is, even if I continue in blind faith to convince myself of my spouse's fidelity in spite of contrary evidence, there is a risk of harm. That is, I may be branded a fool, criticized for my cognitive vice, and mocked for my absolute conviction regarding something that was not true. Thus, there is a possibility of risk or harm which applies to faith as well as to trust and Plantinga's second attempt at drawing a distinction breaks down. That is, at least in the examples constructed here, the attitude of faith may constitute the relation of one person to another which involves expectations which may be betrayed. There may be a sense in which these expectations about the goodness of other persons (or perhaps other beings) which accompany an attitude of faith are quite strong, yet it does seem to be the case that individuals who have them are vulnerable to certain risks should they be disappointed. An act of faith may be similar to an act of trust, in that both would require some choice to believe in the goodness or fairness of others; the difference in them may be explained in terms of a difference in the affectivity of the individuals. These acts may be thought of as expectations having the force of implied commitments to certain values or beliefs which are held in common. When acts of faith or trust imply commitments to take care of what others hold as precious to them, the term which seems to capture their intentions is *entrusting.* I will return to this later.

Hence, the distinction between faith and trust does not seem to rest with the notion of risk, as Plantinga suggested. He also claims that a distinction between them can be explained by the issue of what counts as sufficient

evidence. He has defined faith as a belief state which can outrun the evidence at hand because it is so absolutely convincing, and trust as an uncertain, tentative, state which remains open to evidence. On his view, faith appears to be somewhat blind, in that evidence for it can be lacking and an individual acting from faith is not dependent on evidence. Accordingly, faith and trust are conceptually distinct because one requires evidence and the other does not. This argument would be challenged by those individuals who believe certain propositions, say religious ones, are justified and explained by faith. For such individuals, the attitude of faith just is a reasonable justification for beliefs where evidence is or may be lacking. Faith is the evidence which explains a choice, an action, a reason, or a belief. Hence, the attitude of faith is not necessarily blind or resistant to evidence; rather, a different kind of evidence or verification is being called for. It follows that at least in some contexts, the attitude or mode of expectations regarding faith and trust do not markedly differ from one another. I am stressing that this is so only in some contexts, as when the justification for continuing a relation of trust may be justified because in those cases trust is its own evidence. There may, in fact, be differences in the magnitude of dependence, the depth of affectivity, and the object of the expectations germane to faith and trust. However, while these differences do not seem to amount to a sharp conceptual border between them, I would insist that their differences rest with the issue of requiring evidence. Both trust and faith imply some attitude of dependence and can putatively be shown to share similar risks and vulnerabilities, as well as the ingredient of personal choice. The *act* of trusting, which has been characterized as acting on and accepting the belief in another's goodness (or good will) toward a would-be truster, seems to

carry over to the *act* of faith as well. Thus, the alleged synonymity between faith and trust seems to be established in some contexts; however, there are some qualifications. A trust that is not blind or unconscious, by my analysis, *cannot* be resistant to evidence, but is based on or grounded in some information regarding the likely behavior of others. Furthermore, trust does not seem to involve an absolute conviction about what is believed; rather, it is somewhat more tenuous and perhaps wary.

The Justification of Trust. Trust typically involves a decision to judge or act regarding some interest of mine that I want to protect or promote, but where such a decision may turn out unfavorably. In this sense the decision to trust may be something of a wager, since there is a lack of *complete* evidence to ground the decision. William James has tried to develop an argument to show why some beliefs are reasonable to hold despite this lack of complete evidence. In "The Will to Believe"[46] James attempts a justification of faith which is a defense of the right to adopt a believing attitude in religious matters (James would include moral matters as well). In this essay, James does not define faith nor is he concerned to distinguish it from trust. On my reading of James, his position comes quite close to a plausible characterization of how the decision to trust or to act on trust may be justified. My support for this interpretation is textual, in that James's description of faith deviates quite sharply from the standard definitions which I have discussed previously. All of the previous thinkers have regarded faith as a strong, absolute, and unquestioning acceptance of a set of beliefs or individuals. James, however, does not characterize faith in

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[46]William James, "The Will to Believe" in *Pragmatism and Other Essays* (New York: Washington Square Press, 1963), pp. 193-214.

these terms at all, and I think his argument may support my thesis regarding trust. It is important to note that James' argument in this essay deals with situations where evidence is only inadequate; he does not seem to be talking about those situations in which no evidence at all obtains. These latter situations are the sort Plantinga and others regarded as applying to discussions of faith. On James's view, the "right" to adopt a believing attitude is granted in spite of the fact that "our merely logical intellect may not have been coerced."[47] For James, when adequate evidence is unavailable to logically compel an individual to assent to the truth of a certain proposition, she is forced to make a passional decision to believe in one alternative over another. The decision is not based on evidence or fact, but is grounded in passional tendencies or volition. He asserts:

> Our passional nature not only lawfully may, but must, decide an option between propositions, whenever it is a genuine option that cannot by its nature be decided on intellectual grounds; for to say, under such circumstances "Do not decide, but leave the question open," is itself a passional decision- just like deciding yes or no- and is attended with the same risk of losing the truth.[48]

Of course, there are many more issues of a critical nature expressed in this passage than I will take the time to detail here. The crucial phrase is "genuine option" which James defines have three necessary features: the choice between alternative hypotheses at least one of which is of interest to the person faced with the choice (*living*), very important and beneficial (*momentous*) to her, and unavoidable (*forced*). With regard to the issue of whether to trust, living option would be choosing between trusting or not trusting; this option is *alive* only if

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[47]Ibid., p. 193.

[48]Ibid., p. 200.

the individual has some interest in doing either. A momentous option would mean that the decision to decide whether to trust or not would promote some gain or "vital good'[49] to the would-be truster who would lose the chance of gaining this good by deciding not to trust. A forced option would mean that there is no way to avoid a decision at all with respect to this good. The last characteristic is most interesting for it seems to narrow quite significantly the cases in which James's argument can be applied. On my reading of James's characterization of a forced option, the decision whether to trust becomes a forced option only in a very limited sense. James suggests that if we wait indefinitely to trust someone until we can be perfectly sure that person is totally trustworthy, then we risk not getting the good that may await us as a result of trusting. On his view, a rule which preventing a person from acknowledging or believing in the possibility that another can be trusted is a irrational rule. For instance, I can believe that you are worthy of being trusted with the care of my child. It is a live option for me because I am willing to act on this belief. This hypothesis is also a momentous one because presumably the belief that you are worthy of being trusted with my child concerns a precious interest of mine and one that I hope to have protected and promoted. Furthermore, it is a forced option because I must decide whether to trust you or not. For James, it is unavoidable that I decide one way or the other--he is not interested in saying *how* we decide. The decision to trust or not is reasonable even when there is no evidence to compel my logical intellect to assent to it. I take it that James's argument is not designed to give a license for wishful thinking, but rather applies to the person who wants to believe in a proposition,

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[49]Ibid., p. 210.

that she considers genuine, but lacks evidence which would confirm the truth of the proposition. James concludes that if it is a genuine option, believing it is justified.

Of interest in this argument is James's assumption of the existence of truth, and he claims two things regarding it. First, we should believe "in the quest or hope for truth itself,"[50] and furthermore, we should avoid error. The central premise of his argument is conditional: If a person is faced with an genuine option and this option can not be decided by rational inquiry or evidence, then she is justified in deciding it according to her desires. The choice is between believing a person or not believing a person. On James's view, if one suspends judgment altogether, she is not only still deciding at some level, but she is also risking the chance that she might be losing the truth by doing so.[51] James rejects the view that we need evidence sufficient to compel of logical assent in order to justify a belief which is a genuine option for us. If a trusting belief is a genuine option for an individual, then she has a right to believe it, even in the absence of adequate theoretical of intellectual grounds. She is justified in believing it because her passional will compels her to decide for or against it. If the hypothesis is a genuine option for her, then she is justified in believing it; her "will to believe" it is explained by and grounded in a passional volition.

The soundness of James's argument is somewhat questionable. First, his assumptions regarding the nature of truth are putative and his definition of a

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[50]Ibid., p. 204.

[51]This is so because on James's view the modality seems to be between believing truth and shunning error. Of course, the point can be made that one can "believe the trust" falsely, as in the case of believing a liar.

forced option is perplexing. In my opinion, if a choice is forced in the way that James suggests, then it becomes simply ambiguous to say that we have a choice. On my analysis of the decision to trust I said it must be possible *not* to trust (here, I think I am in agreement with James). However, if the alternative to not trusting another is a forced decision to trust by default, then, I would insist, we are talking about a coerced dependency and not about trust in the way I have been developing the concept. I have suggested that trust involves a willingness to choose to believe in the possible good will of the other and a forced dependence does not seem to contain this element. Of course, since the decision to trust is based on a internal calculation of various risk factors, it is compatible with my view to say that a decision to trust which is not fully believed would still be a case of willing to believe, as well as a reason to justify an act performed because of it. Hence, it does seem that James' argument provides a *justification* for deciding to trust others, in situations where logic does not compel my assent. My passional will provides an internal, affective calculation of the perceived risk involved in a trusting decision. Presumably here, my volition is a desire to "believe in" another, and to have an attitude toward another which involves some judgment regarding her good will. My analysis has also suggested that the critical threshold which is the point at which such a decision is assessed, does involve affective features, as well as cognitive and situational ones. So, while the truth of James's premises may be in doubt, his argument provides some justification for the reasonableness of trusting acts. He seems to echo the point made be Wittgenstein, such that many of our beliefs are groundless; for James, the "ground" of them is the passional will.

James's argument also raises another concern. As Russell's[52] criticism of James tried to show, there are other opportunities besides

> complete belief or incomplete belief, ignoring all shades of doubt. Suppose, for instance, I am looking for a book in my shelves. I think, "It *may be* in this shelf." and I proceed to look; but I do not think, "It *is* in this shelf" until I see it. We habitually act upon hypotheses, but not precisely as we act upon what we consider certainties; for when we act upon an hypothesis we keep our eyes open for fresh evidence.[53]

Russell's instruction seems more appropriate to the analysis of trust which I am offering. He says: "Give to any hypothesis which is worth your while to consider just that degree of credence which the evidence warrants."[54] James appears rather unconcerned with the risk that believing falsely might yield. Although he says he "has a horror of being duped"[55], he also asserts:

> Our errors are surely not such awfully solemn things. In a world where we are so certain to incur them in spite of all our caution, a certain lightness of heart seems healthier than this excessive nervousness on their behalf.[56]

Well, this may be so for certain errors, such as the erroneous belief that Ace the Mechanic would fix my timing chain but not also paint my car purple. Yet, it does not seem to be the case that believing falsely regarding the apricot infusion as a remedy for cancer ought to be taken with such lightness of heart. On the other hand, it could be argued that in some cases the risk is as great in

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[52]Bertrand Russell, *A History of Western Philosophy* (New York: Simon & Schuster, 1945), pp. 811-818.

[53]Ibid., p. 817.

[54]Ibid., p. 816.

[55]James, p. 205.

[56]Ibid.

not believing, for an expectant belief such as hope can be a reasonable explanation for believing.

I have tried to show that the issue of trust arises when there is some choice of a decision to either bestow or withhold it; the choice is assessed in terms of a variety of cognitive, affective, and situational factors. The critical threshold which compels our assent to place trust in another is dependent on certain evidence. The evidence need not be dictated by pure rationality nor the canons of logic, but in the end some reason must justify our assent. If no reason or evidence is required, then we are speaking of a faith which is so extreme as to be irrational. Of course, if faith and trust are conceptually different, then their differences should make some difference as well. I believe I have shown that the conceptual differences between the semantics of faith and trust may be rather minimal. They rest with certain concerns regarding the nature and justification of evidence; these differences will of course play a much more significant role in argument in epistemology and metaphysics. For the purposes of this study, I am prepared to accept the claim that practically, faith and trust occupy similar territory and take similar objects for their ends. However, on my view, faith and trust, while quite similar, are not conceptually identical. They may exhibit different levels of magnitude regarding the beliefs or expectations they imply. Faith, while it may have intrinsic value for some individuals, is also a means toward a relation of certainty, a "great expectation" that one's desires will be fulfilled. Trust, on the other hand, is a relation toward another that obtains in spite of the possibility that one's expectations may be betrayed. In the case of trust an individual expresses an attitude of a readiness or willingness to risk some potential personal disappointment or

betrayal in order to achieve some desired end. However, what I want to claim is that in the attitude of trust this willingness to make a trusting decision is not simply a *will to believe* because there is *no* evidence that will rationally decide the truth of the trusting belief. Rather, in the attitude of trust, and in contrast to some accounts of the attitude of faith, there is at least *some* reason independent of my volition that can count as justifying my choice to either trust or not. Other factors include the perceived risk and how acceptable it is, the benefit that trust may yield if it is placed, and the value of other alternatives. The willingness or readiness requirement which trust entails implies a notion of a will or a choice; there may be times when this choice is rather slim, and appears no more robust than a simple wager regarding the truth of it. According to James, we either decide to believe in another or we decide not to believe in another in the absence of complete evidence to persuade us; we justify this decision on the basis of desire. On my view, a trusting decision or action includes but is not limited to a would-be truster's passional volition. Of course James is correct in saying that our non-intellectual nature influences our convictions, and he seems to suggest that this creates peril. James views the human condition in this way:

> In all important transactions of life we have to take a leap in the dark. . . . If we decide to leave the riddle unanswered, that is a choice; if we waver in our answer, that, too, is a choice: but whatever choice we make, we make it at our peril. If a man chooses to turn his back on God and the future, no one can prevent him; no one can show beyond reasonable doubt that he is mistaken. If a man thinks otherwise and acts as he thinks, I do not see that any one can prove that *he* is mistaken, Each must act as he thinks best; and if he is wrong, so much the worse for him. We stand on a mountain pass in the midst of whirling snow and blinding mist, through which we get a glimpse now and then of paths which may be deceptive. If we take the

> wrong road we shall be dashed to pieces. We do not certainly know whether there is any right one.[57]

In my opinion, this is rather hyperbolic. Trust is not a leap in the dark, based purely on a desire for certainty or truth which cannot be proved or demonstrated. Of course trust can misfire and be inappropriately placed, but I would insist that if there is evidence that a choice to trust would lead to a path of deception then it ought to be avoided. I would argue that trusting decisions can be judged to be mistaken and it is precisely for this reason that we ought to get clear regarding the possibly different expectations generated by attitudes of faith and trust. My position with regard to trust is that we usually have some evidence which justifies trusting acts; this justification may be a pragmatic one, where the degree of felt "certainty" is in the truster. I am very cautious about accepting the position that trust is its own evidence, but I would say that this may apply more to a continuation of trust than to a justification for initiating it.

Perhaps Shklar is correct when she claims in *Ordinary Vices*: "trust is a tentative and intrinsically fragile response to our ignorance, a way of responding to the limits of our foresight."[58] I am not sure that trust is as fragile as she seems to think, but of course trust connotes the possibility of betrayal and in turn a vulnerability which may make some doubt its worth. In making a trusting decision, this risk is assessed to be acceptable and the benefit or value of trust is said to overcome the risk. Evidence does not alone solve the problem of when to trust, but trust is relative to the truster's needs and desires as well as to information regarding the trusted. The issue of trust arises because there

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[57]James, p. 213.

[58]Judith Shklar, *Ordinary Vices* (Cambridge, Mass: Harvard University Press, 1984), p. 151.

are some interests, needs, and desires which cannot flourish or grow without dependence on others, or where trusting others would create *new* interests and values which are shared jointly.

Chapter Summary. In this chapter, I have laid the essential groundwork for a conceptual analysis of trust. I have analyzed the semantic ambiguities which are associated with both popular and technical expressions involving trust and related terms. I have distinguished acts of trust from the attribute of trusting-ness, from the attitude of trustful-ness, and, in a brief way, from the virtue of trustworthiness. Reliance and confidence seem to relate more to abilities and roles of individuals and trust to the individuals themselves. Reliance, trust, and faith all involve an attitude of dependence on another which involve expectations which can be betrayed or disappointed, resulting in a state of vulnerability. Confidence does not seem to suggest this state of vulnerability, although confident expectations can be disappointed as well. The risk of expectations being disappointed in an attitude of reliance or confidence is managed somewhat through social or legal sanctions, whereas these sanctions do not seem to apply to trust or faith. With regard to the latter, the notion of goodness or good will seems to be part of what is expected, as does the notion that the person who is the object of the trust or faith bears some responsibility to the truster. Finally, I have hypothesized several variables as possible candidates for the core ingredients of a concept of trust. In the next chapter, these hypotheses will be subjected to some criticism through a series of literary descriptions of interpersonal trust.

CHAPTER TWO

Literary Analysis and Definition

My purpose in this chapter is two-fold. In Section I, I analyze four literary vignettes in which 'trust' and its related terms are featured. These literary works range over several different cultures and cover a period of over one hundred years. This selection serves to provide as wide ranging a perspective as is possible, both in terms of time and culture. In each case I will present a few scenes where the characters either explicitly or implicitly speak about trust. After providing a sufficient amount of text to illustrate the salient contextual features, I then offer an analysis of the way the term 'trust' has been employed. In these analyses, I remain as close as possible to the standard interpretations of those works which may have received other literary critiques. My purpose is not to challenge those critiques but to analyze how the concept of trust may be understood to apply in each of these cases. Then in Section II, I provide a core definition of trust and a discussion of the ingredients considered essential to it. In this discussion, I will synthesize many of the ideas which Chapter One has been concerned to expose.

Section I: Literary Analyses of Trust

In Chapter One, I hypothesized that there are often several different things we might be taken to mean when we use the term 'trust.' In analyzing these vignettes, I hope to draw out some of the possible ways in which this term can be understood. In doing so, my purpose is to understand just what the phenomenon of trust is and what conditions are required for a state of trust to obtain.

A Simple Case of Trust

In John Updike's new collection *Trust Me*[1], there is an essay of the same name, where the reader is introduced to Harold. Harold, the protagonist, recalled the time when he was about three or four and his father took him to a swimming pool. The scene goes something like this: Harold's father is treading water in the pool while Harold stands shivering on the wet tile edge, "suspended above the abysmal odor of chlorine, hypnotized by the bright, lapping agitation of this great volume of unnatural blue-green water." His father, in a mild encouraging voice, coaxed Harold to jump: "It'll be all right. Jump right into my hands." Harold, keenly aware of his exposed white skin at first hesitates, and idly wondered, as he jumped, just what it was his father was standing on. Harold the protagonist recalls:

> Then the blue-green water was all around him, dense and churning, and when he tried to take a breath a fist was shoved into his throat. He saw his own bubbles rising in front of his face, a multitude of them, rising as he

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[1]John Updike, *Trust Me: Short Stories* (New York: Alfred A. Knopf, 1987), pp. 3-13.

> sank; he sank it seemed for a very long time, until something located him in the darkening element and seized him by the arm.[2]

Harold never knew what had happened. He muses that perhaps he had leaped too soon or been too heavy and thus slipped through his father's grasp. Updike supplies the missing piece when he speaks for Harold and says "unaccountably, all through his growing up he continued to trust his father." The essay's message is clear: parents lead children into peril and trust occupies a necessary place and value in the lives of both. For Updike, trust is necessary for human relationships, for when those fail, a person is left completely alone. (Updike's conclusion may appear rather sloppy here, for if this essay is taken out of the context of the entire collection, the reference to the failure of human relationships is confusing. However, his literary device is the use of a metaphor to illustrate the faith in the goodness of others that is often invoked in human relationships; the remainder of the essays in this collection do seem to refer to the failure of this faith or to the erosion of trust between people. I will not debate here the soundness of his conclusion). In analyzing this scene, a few features stand out which may have a bearing on our understanding of whether or not this scene illustrates an instance of trust. At first glance, Updike's conclusion that "unaccountably, all through his growing up he continued to trust his father" suggests the interpretation that this was not Harold's first episode of trust with his father; but rather a continuing episode. (This can also be understood from the standpoint of the adult Harold *qua* protagonist, looking back on his childhood, and recalling dimly the scene of when he first became really aware of the formation of trust). Secondly, the reference to

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[2]Ibid., p. 4.

"unaccountably," as well as to previous descriptions of young Harold's psyche and his naivete regarding the floating posture of his father suggest the interpretation that Harold's trust of his father was not a conscious decision or an isolated act. Rather, his "leap" was somewhat blind and unreflective; he simply expressed a pure dependence on his father.

In other words, in spite of the unknown which lurked unseen in the waters below, there is for Harold a willingness to endure the vulnerability which his ignorance creates. Of note in this scene is the lack of coercion, deception, or duping of a defenseless, dependent boy. This renders it a somewhat pure and blissful appearance, despite the fact that Harold could not interpret what was happening. Harold's willingness to obey his father's beckoning is expressed in a faithful or trustful attitude toward his father, which we can presume was based on the relationship they have formed over time. Harold's trustful attitude does not simply enter into his relation with whatever the pool represents to him (perhaps his father's potential approval and/or the value of the swimming lesson itself); rather, the behavior expressed by Harold is an expression of a confident expectation of his father's care. From the descriptions provided by Updike, it is reasonable to assume that Harold's life experiences had not included encounters with frank deception or suspicion; and, his ignorance of these possibilities could "account" for his "blind" leap into the pool and into the waters of uncertainty and doubt. Harold may well be said to have a reason to act in the manner he did, but the scene does not provide any clear indication that he exercised any calculation or assessment of possible risks, or of any alternative actions. This episode also brings to light an essential concern about trust which my previous analysis only suggested. That is, this case displays perhaps a paradigm example

of the value placed on the trustworthiness of those who merit acts of trust by others. Generally, it is assumed that the fundamental dependence on other people which is a characteristic of the human infant or small child presupposes a responsibility on parents and caretakers to oversee the care and welfare of those who cannot reason or decide for themselves. This ethic of care includes the responsibility to oversee all their needs for love, belonging, shelter, help, and growth as they mature toward adulthood. In my opinion, children must be taught to discriminate those conditions where trust should be bestowed or withheld. This scene out of Harold's life may be an instance of providing opportunities to face fears and insecurities which will later model other threats and anxieties that he will need to successfully negotiate. Psychological theory suggests that for very young children, the threat that their parents will abandon them is a very deep terror. This threat or unconscious fear may be a motivating factor in many of the child's actions. In this case, Harold's inclination to jump in the water may have been activated by the mild, encouraging voice of his father, and the confidence it would inspire in the young boy. Harold's action was not a free act in the sense of the ability to discriminate among various possible alternatives and decide; however, despite this, Harold's leap can be understood as a choice to "believe in" his father, who had apparently supplied him with sufficient evidence of kind acts in the past. I will provide some theoretical support for this interpretation in Chapter Six, where I discuss childhood trust in more detail.

As was noted by Wittgenstein, a child learns to trust from those individuals with whom he shares a form of life and on whom he may be dependent. In this episode, the intentional exposure of Harold to the unknown

and perhaps risky waters of life can, as Updike suggests, lead to peril and vulnerability. The intentional guidance of children against harm or beyond their fears may be seen as a benevolent and paternalistic act which may be justified on instrumental grounds. On my view, what children need to learn is that some persons can be trusted and some ought not to be trusted. What loving and responsible parents and caretakers do for their children is to help them develop the *capacity* to have right thoughts about who is trustworthy. That is, parents or other responsible caretakers, have the task and the responsibility of training and guiding children in the developmental tasks of social life. They are *entrusted* with the care and welfare of those who are dependent upon them and they are *entrusted* with the duty of parental care. Here, by *entrust* I am suggesting the *act* of giving over to another the care or performance of something, or the *act* of committing into another's hands the care of some treasured interest. On my view, such acts presuppose choice and imply responsibility. Of course, children themselves do not entrust themselves to their parents or caretakers; rather, the act of *entrustment* is performed by society and the responsibility is theirs. Specific parental duties are demanded by society on the basis of certain moral norms; in this case, the moral norm would be a duty to care. I contend that acceptance of this duty or obligation as morally binding is precluded by some notion of an ethic of trust. I will attempt to be developing this claim in subsequent chapters.

Trusting (as opposed to having a trustful attitude), involves perception, judgment, and some reality testing for the presence or absence of trustworthiness. Young children like Harold and adults suffering from conditions which compromise their capacity or ability to interpret reality, may be

capable of having confident beliefs regarding reliable others, but they may not be capable of decisions to trust. Therefore, the form of trust reflected in this vignette is what I shall refer to as blind or unconscious attitude of trust. In keeping with my analysis in the previous chapter, I suggest that the trust exhibited by Harold comes closest to what Hertzberg referred to as a trustful attitude toward another. This can quite possibly be distinguished from what has been referred to as an act of trusting. There is a sense in which this form of trust can overlap with the attitude of faith, and there does not appear to be any sharp point of demarcation between these two attitudes. However, as these discussions proceed, I advance the claim that these attitudes can be differentiated from acts of *trusting* which are more cognitively robust.

A Model Case of Trust

In this next case, I consider the short story by Anton Chekhov entitled "A Doctor's Visit."[3] Chekhov is a subtle and delicate analyst of human relations and he was primarily interested in the deepest, most personalized aspects of people's lives. His literary eye focused on the facts of human conduct and he once said through one of his characters that he "always fancied that every man led his real, most interesting life under cover of secrecy as under cover of night. The personal life of every individual is based on secrecy, and perhaps it was partly for that reason that civilized man is so nervously anxious that personal privacy should be respected."[4] Chekhov, who completed his medical degree in 1884, was

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[3]Anton Chekov, *A Doctor's Visit: Short Stories by Anton Chekov*, Tobias Wolff (ed.) (New York: Bantam Books, 1988), pp. 96-107.

[4]Ibid., p. viii.

concerned with the human soul, not so much in relation to other souls, but in its relation to health and goodness. The introverted doctor is a recurrent theme throughout the author's works and his characterization of the doctor is taken over from the traditional nineteenth century portrayal of wisdom and skeptical foresight. He examined humanity with the same objectivity that a doctor must bring to the examination of a patient. He was interested in the simple truth of what his eye observed, counting it no favor to tell lies about his findings, for "man will become better when you show him what he is like."[5]

In "A Doctor's Visit," Dr. Korolyov is summoned to the home of a young woman, an heiress of five large factory buildings in the countryside of Moscow. The patient Liza Lyalikov has been chronically but non-specifically ill, and presently complaining of heart palpitations so violent as to prevent her from sleep. Korolyov, who had only the vaguest knowledge of industrial life, finds his professional visit to the factory site depressing. Factories, here the symbol of the soul, had always intrigued him. Whenever he saw a factory he always contrasted its outward appearance of order and calm with what he imagined would exist inside--"impenetrable ignorance and dull egoism on the side of the owners, wearisome, unhealthy toil on the side of the work people, squabbling, vermin, vodka."[6] As a doctor accustomed to prescribe medications for chronic ailments, "the radical cause of which was incomprehensible and incurable,"[7] he thought of factories as something rather baffling but similar to the treatment of incurable illnesses. When the workers left at the end of their long shifts, he

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[5]Ibid., p. xv.

[6]Ibid., p. 97.

[7]Ibid., p. 101.

saw in their faces, their caps, and their walk not only physical impurity, drunkenness, nervous exhaustion, bewilderment, but also the soul's despair.

In a conversation with his patient Liza whom he had just examined, he uncovers the secret of her own despair:

> "The heart is all right," he said; "it's all going on satisfactorily; everything is in good order. Your nerves must have been playing pranks a little, but that's so common. The attack is over by now, one must suppose; lie down and go to sleep."[8]

After falling asleep she awakens suddenly and fearfully. Dr. Korolyov, who has been asked to stay the night by Liza's mother, is summoned to her room. He persuades her to talk, which she seems to want urgently.

> "Everything worries me. I hear sympathy in your voice; it seemed to me as soon as I saw you that I could tell you all about it."
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> "Tell me, I beg you."
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> "I want to tell you of my opinion. It seems to me that I have no illness, but that I am weary and frightened, because it is bound to be so and cannot be otherwise . . . . I am constantly being doctored . . . . I am very grateful, of course, and I do not deny that the treatment is a benefit; but I should like to talk, not with a doctor, but with some intimate friend who would understand me and would convince me that I was right or wrong."[9]

Liza Lyalikov, speaks further of her loneliness which is her soul's despair. However, feeling too exposed by these disclosures, she then falters.

> She raised her eyes to the doctor, looking at him so sorrowfully, so intelligently; and it seemed to Korolyov that she trusted him, and that she wanted to speak frankly to him, and that she thought the same as he did. But she was silent, perhaps waiting for him to speak.[10]

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[8]Ibid., p. 98.

[9]Ibid., p. 104.

[10]Ibid., p. 105.

He knew she understood her despair and the devil that looked out on her night in the form of a factory which was her prison. He knew too, that chronic illness was an individual's private prison. He knew that she was only waiting for someone she trusted to *confirm* her. But how is one to say it, he wonders.

> "You in the position of a factory owner and a wealthy heiress are dissatisfied; you don't believe in your right to it; and here now you can't sleep. That, of course, is better than if you were satisfied, slept soundly, and thought everything was satisfactory. Your sleeplessness does you credit; in any case, it is a good sign. In reality, such a conversation as this between us now would have been unthinkable for our parents. At night they did not talk, but slept sound; we, our generation, sleep badly, are restless, but talk a great deal, and are always trying to settle whether we are right or not . . . . Life will be good in fifty year's time; it's only a pity we shall not last out till then. It would be interesting to have a peep at it."[11]

The conversation ends, the visit is over, and the patient sleeps. Her depression, which had been aroused by the prospect of living a life unbearable to her soul, is now lifted. The heart palpitations which had occasioned the doctor's visit are cured.

This essay illustrates a number of the features which are presently being considered as candidates for the necessary conditions of trust. Both the patient and physician perceive the freedom of choice inherent to their relationship. At intervals they each pause to consider what to say and how to say it. This does not appear to be a locutionary consideration but rather an affective appraisal of their mutual risks of self-disclosure. For each the texture and quality of this feeling -- felt in him as depression and anguish, and in her as despair and sorrow -- is an impetus to act, to confirm in speech some valued end. Their uncertainty with each other is due to their never having met before but their subtle disclosures converge into a respectful rapport. This respect seems to

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[11]Ibid., pp. 105-106.

imply a mutual affirmation of the good will of the other. Liza is an intelligent and articulate knower of self who is seeking help from one whom she believes is a healer of the soul's pain. Korolyvov's musings about the conditions of industrial life reveal his motivations toward eliminating social injustices and bettering the lives of others. There is always the risk that what one offers as bewildering cry for help will be rejected and their conversation is punctuated by silence as the other responds to this vulnerability. The decision to trust Korolyvov with her self-disclosures is based on whatever evidence the doctor reveals to her by his presence and how she interprets it relative to her needs and interests. In this case, the patient seems to weigh various factors of their meeting, and develops an attitude toward the doctor which she keeps in check as she awaits his response. In her hesitations there is the sense that the potential betrayal which she fears has been actualized in the past by her many other doctorings. In this instance, perhaps because her despair can no longer serve her, she expresses a willingness to tolerate the risk that her self-disclosures could be mocked or thought foolish. She risks such a betrayal in order to achieve her health. Despair and loneliness are the most intensive threat of meaninglessness and emptiness. In giving it up, Liza heals herself and I would say, at least in part, she heals herself through *trust.*

A Contrary Case: Pathological Trust

In Kierkegaard's "Diary of a Seducer"[12] we are introduced to the hedonistic young aesthete Johannes who cunningly carries through the seduction of

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[12]Søren Kierkegaard, *Either/Or*, Vol. 1, trans. David F. Swensen and Lillian Marvin Swensen (New York: Anchor Books, Double Day & Co., 1959), pp. 297-440.

Cordelia. Johannes is portrayed as romantic and sensual, with an intellectualized hunger for the pleasures of love, wealth, and high status. This driving principle is to have his desire for Cordelia satisfied and Johannes is absorbed both speculatively and romantically in the immediacy of his plan.

Cordelia is being pursued by Edward, a kind young man incompetent at courtship. Johannes secretly lures Edward into many conversations about Cordelia and Edward confesses his love for Cordelia. While inwardly mocking Edward's naivete and the fear and trembling which accompanies the state of his being in love, Johannes encourages Edward to rely on his friendship. Johannes even offers to help Edward ask Cordelia to go out for the evening, and promises to accompany him to her house the next day. Johannes meets the charming Cordelia, who until then he admired only from a distance and he enjoys the confusion which his presence provokes. He says to himself as he prepares his ensnaring web,

> I work to develop the contrast, I tense the bow of love to wound the deeper. Like an archer, I release the string, tighten it again, listen to its song, my battle ode, but I do not aim it yet, I do not even lay the arrow on the string.[13]

Meanwhile Edward comes to regard Johannes as the guardian of his love for Cordelia and as Johannes continues to watch over it solicitously, he arranges encounters with Cordelia. These encounters unnerve her which, as Johannes observes, she masks with a smile. It is the smile of deception which Johannes accepts as inevitable for "she is not on guard against me; instead she regards me

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[13]Ibid., p. 345.

as a trustworthy man who is fit to watch over a young girl."[14] Indeed, in the beginning she trusts him.

These encounters increase in frequency, and Edward, buoyed by the support and encouragement of his friend, has come to trust him unconditionally. So the time for engagement nears, Johannes becomes more direct in his manipulations, saying,

> Although I am aiming at her falling into my arms, as it were, by a natural necessity, yet I am striving to bring it about so that as she gravitates toward me, it will still not be like the falling of a heavy body, but as a spirit seeking spirit. Although she must belong to me, it must not be in the lovely sense of resting upon me like a burden. She must neither hang on me in the physical sense, nor be an obligation in a moral sense. Between the two of us only the proper play of freedom must prevail. She must be mine so freely that I can take her in my arms.[15]

And then the moment arrives which terminates all the preparations. Cordelia and Johannes are engaged, Edward is enraged, and the seduction is finally complete. The experiment with romantic love is over, there never being any intention to commit to any long-term relation with her. Every girl is, for him, a woman in general and the flirtation is merely a passing fancy. Johannes explains:

> Generally I can assure any girl who entrusts herself to me a perfect aesthetic conduct: only it ends with her being deceived; but this is consistent with my aesthetics, for either the girl deceives the man, or the man deceives the girl.[16]

In this excerpt there are two dyadic relationships going on. One is that between Edward and Johannes, which is based on deceit and the other between

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[14]Ibid., p. 347.

[15]Ibid., p. 356.

[16]Ibid., p. 375.

Johannes and Cordelia, which ends up bankrupt, at least for Cordelia. The reader is painfully and clearly aware of the deceit but the two characters who are its recipients are made to seem unaware of it. Johannes is open and quite revealing to his reader about the motive behind his deceit, and this lies with his unabashed aestheticism. There is no hint that the deceived one is in any genuine sense capable of the free exercise of her choice to either be rid of Johannes or to welcome him. Of course it must be remembered that all of this is Johannes's viewpoint, and he attempts to construe Cordelia as exercising a decision of some sort ("she must be mine so freely"). Yet, in my opinion, there is an air of fated inevitability to their associations and any references to freedom are of a purely speculative nature. This would be in concert with the attitude of the intellectual which Johannes' character portrays. The tone of the emotional experience is cold and calculating and even the fervent disclosures of Johannes' passions for Cordelia are tempered by an almost impersonal and detached regard for her. She *is* seduced, but not by a man committed to a genuine or meaningful desire to be with her. Rather, she is seduced by the immediacy of that sensual passion to flee from the self, to experience fully but only briefly, all possibilities and yet to commit oneself to none of them. Johannes' promises, however eloquent, are never intended to be fulfilled, and so the relationships built on them are false. This results in grave psychological harm to the deceived yet none ever befalls Johannes. He is never uncertain about his efforts to win the favor of them both, nor is he ever in doubt as to the behavior each will display. (Of course, he is giving the account!). His method is crafty and he is a master at it. Johannes risks nothing in his pursuit of the immediate pleasure, which he has taken months to set up. Once his

desire is satiated, the passion is valueless. The "trust" which he claims Cordelia and Edward have for him is thus a pathological form of trust. In Edward's case, his relationship with Johannes is based on a clever manipulation by Johannes which allows the naive Edward to depend on him becasue it furthers Johannes's project. It must be noted that it was perhaps reasonable for Edward to trust Johannes because the latter was so skillful and cunning in presenting himself as a trusted friend. Yet, in my opinion, since Johannes's motives were not of good will, but of treachery and deceit, there are moral objections to encouraging a trust of this kind. As for Cordelia, her attraction to Johannes is initially a *trust* of Johannes but as her confusion mounts it wavers. Her continued preoccupation with Johannes seems more an investigation of that exciting repulsion she feels in herself when Johannes' presence provokes and disturbs her existence. Through her smile she shows her own choice to become initiated into the game of deceit. In the final analysis she betrays herself.

Here, the immediate observation is a normative claim such that not all forms of trust ought to be encouraged to flourish. The seriousness of the harm to Cordelia is not as distasteful as the shabbiness of Johannes' motives in abusing trust. Cordelia initially trusts him and he uses this trust for his purely selfish gain. Of course, he is faithful to the aesthetic, but such faithfulness is morally objectionable. Perhaps he succeeds at his project but in doing so he perverts trust and makes a mockery out of it. The proper use of the intimate knowledge of others that such a relationship as this might reveal is to enable more enjoyable, satisfying, and shared enjoyments. Instead what was *entrusted* was disrespected and abused. Hence, there are pathological forms of trust which we would do well to recognize and reject. The principle that can be extracted

from this case is that ordinary morality does not usually condone deliberate and intentional deception. The moral reason to avoid deception is that it disrespects others. The reason why this case represents a pathological form of trust is that in the case of Johannes there is no evidence of acting toward either Cordelia or Edward with with good will. Johannes acts purely to satisfy his aesthetic project, and Cordelia, it could be argued, acts for the satisfaction of her pleasure, even if it means she joins the game of deceit. In Edward's case, he clearly believed that Johannes acted from good intentions, and insofar as this was the basis of his trust of Johannes, then it is perhaps the only trust relation which was sound. However, the abuse of Edward's trust by Johannes is perhaps most objectionable on the grounds that the appearance of friendship was used as a snare for the success of Johannes's experiment. On my view, a necessary qualification for making a trusting decision or entrusting something of value into the care and custody of another ought to be that there is a reasonable justification for a belief in the good will of the persons involved.

An Actual Case: Anemic Trust

In *A Very Easy Death*,[17] Simone de Beauvoir masterfully describes the last few days before her mother's death from sarcoma, a particularly devastating form of cancer. Early symptoms of the disease had been diagnosed as nothing serious and treated with medication. The scene is her hospital room in Paris and the team of doctors has just approached Madame Françoise de Beauvoir as she lies in bed. Doctor B asks how her appetite was prior to hospitalization, and

[17]Simone de Beauvoir, *A Very Easy Death* (*Une Mort Très Douce*, trans. from the French by Patrick O'Brian) (New York: Pantheon Books, 1965).

then smiles condescendingly at her as she reports her complaints. Simone de Beauvoir interprets the scene:

> Dr. J, Professor B, Dr. T: neat, trim, shining, well-groomed, bending over this ill-kempt, rather wild-looking old woman from an immense height: great men; bigwigs. I recognized that piddling self-importance: it was that of the judges on the bench when they have a man whose life is at stake before them. "So you made yourself little treats?" There was no reason to smile while Maman was searching her memory with trustful willingness: it was her health that was at stake. And what right had B to say to me "She will be able to potter around again?" I objected to his scale of values. I bristled when the privileged classes spoke through my mother's mouth: but I felt wholly on the side of the bedfast invalid struggling to thrust back paralysis and death.
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> On the other hand I did like the nurses; they were linked to their patient by the extreme closeness of those necessary tasks that were humiliating for her and revolting for them, and the interest they took in Maman did at least have the appearance of friendship. Mlle. Laurent, the physiotherapist, could raise her spirits, give her a sense of security and calm her; and she never assumed any superiority.[18]

After an emergency operation for peritonitis, the patient's family was promised by the surgeon that she would not suffer. Simone asks, "What is his word worth?" Later she answers:

> Dr. N. and I did not get along together at all. He was smart, energetic, infatuated with technique, and he had resuscitated Maman with great zeal; but for him she was the subject of an interesting experiment and not a person. He frightened us. Maman had an old relative who had been kept alive in a coma for the last six months. "I hope you wouldn't let them keep me going like that," she said to us. "It's horrible!" If Dr. N took it into his head to beat a record he would be a dangerous opponent. . . . Why does he torment her? I stopped N as he went by: he never spoke to me of his own accord. Once again I begged him, "Do not torment her." And in an outraged tone he replied, "I am not tormenting her. I am doing what has to be done."[19]

Recalling the pleasure her mother took in her own dependence and the strain it was for her to care for her in the most intimate of ways, Simone tries to

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[18]Ibid., pp. 21-22.

[19]Ibid., p. 52.

comfort herself with the notion that her mother's death would be good, for she is with those who love her. Yet, each day, after she reaches home from a day spent caring for her:

> all the sadness and horror of these last days dropped upon me with all its weight. And I too had a cancer eating into me--remorse. "Don't let them operate on her." And I had not prevented anything. Often, hearing of sick people undergoing a long martyrdom, I had felt indignant at the apathy of their relatives. "For my part, I should kill him." At the first trial I had given in: beaten by the ethics of society, I had abjured my own. "No," Sartre said to me. "You were beaten by technique: and that was fatal." Indeed it was. Once caught up in the wheels and dragged along, powerless in the face of specialist's diagnoses, their forecasts, their decisions. The patient becomes their property: Get him away from them if you can!. . . . (W)ould I have dared to say "Let her go"? That was what I was suggesting when I begged, "Do not torment her," and he snubbed me with all the arrogance of a man who is certain of his duty. They would have said to me, "You may be depriving her of several years of life." And I was forced to yield. These arguments did not give me peace. . . . Would Dr. P keep his promise: "She shall not suffer"? A race had begun between death and torture. I asked myself how one manages to go on living when someone you love has called out to you "Have pity on me" in vain. . . . And even if death were to win, all this odious deception!
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> She said, "I hurt all over." She moved her swollen fingers anxiously. Her confidence waned: "These doctors are beginning to irritate me. They are always telling me that I am getting better. And I feel myself getting worse."[20]

Simone de Beauvoir's painfully eloquent memoir of her mother's death is replete with subtle and profound expectations which were not fulfilled. The confidence in the technique of the medical staff did not entail a trust in their word to prevent the suffering of Maman or in them as individual persons. Indeed, both Maman and her daughter felt deceived by the promise which was not honored. Moreover, the forced reliance on the validity of one doctor's claim regarding "what needs to be done" inspired dislike and not trust. Simone de Beauvoir entrusted the care of her mother to doctors, and in that sense acted on a belief that her mother would receive the care that her mother needed and could

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[20]Ibid., pp. 57-58.

rightfully expect. However, Simone had no great confidence in the doctors as persons; she feared that they would not either cure her mother or save her from torment. She and her family did express confidence in the skills and knowledge of the doctors and nurses. They expressed a confidence in their functional abilities and technical expertise, but yet they felt forced to yield to them, and indeed, were beaten by them. That is, there was no attempt to enter into a mutual dialogue with the physicians regarding the proper application of these skills. Moreover, in spite of this expressed confidence in the skills of the medical staff, both Simone and her mother expressed doubts about whether the word of one doctor could be relied upon. These doubts raised questions about the trustworthiness of the other members of the staff, and rendered the trust they put in them quite anemic. The choice to continue keeping her mother in the care of these doctors was based on the cultural presumption that *qua* doctors they would act to help the patient with the challenge of illness. It appears that throughout the course of her hospital stay, their confidence in this presumption waned. What this suggests to me is that there is a difference between having confidence in someone as a person and having confidence in someone's abilities. The former seems to amount to saying that that person is worthy of trust. However, in the latter case, it seems that having confidence in someone's abilities or skills is not thereby to claim that she is trustworthy; rather it merely suggests that I can rely on her ability to perform certain actions. This case seems to illustrate this distinction between believing in a person because of what I know about that person's dispositions and values and believing that a person is capable of performing or functioning in a certain way.

The reason why I refer to this case as an anemic form of trust is that

what trust there was amounted only to a feeling of confidence, or in the case of the nurse, an attitude of liking. It was still a trust because the family acted on a belief that the doctors would act with good intentions to help the patient; this expectation was not fulfilled by certain doctors, but seemed to be realized in some other staff members. In my opinion, the relation which brought these individuals together to witness the ending of a person's life could have been an opportunity to express and affirm human values, as well as an opportunity to honor the commitments implied by their union. Of course, it must be noted that the French medical system is strongly moored in deontological traditions; in this tradition the physician's duty is to cure the sick or to do all that is possible to save and prolong life. The remarks by Simone de Beauvoir suggest that in this case the physician's duty to cure the sick was discharged to the letter; the result was a tragic loss of the opportunity to help the patient and the family to bring an individual's life to some dignified closure.

Section II: Core Ingredients of the Concept of Trust

An understanding of the concept of trust requires assessment of cognitive, dispositional, and affective factors. Trust begins with beliefs and expectations about others and the relationships we form with them. These beliefs include judgments about the conduct of others who share our forms of life and the plurality of values and ideals which give it significance. Trust begins from some sort of familiarity and confidence about the reliability of the free actions of others. This cognitive awareness, at least minimally, permits the recognition that there are reasons to decide in favor of trusting acts or to refrain from these. Usually it is the case that we have some evidence each way. These

reasons can come in the shape of shared values, such as the integrity and affirmation of self and other, and the belief that others are owed some positive forebearances and care. The disposition to trust is not purely a psychological fact about the would-be truster, but needs to be understood in relation to character traits of others, as well as past experience with parents and caretakers. A necessary correlate of the decision to trust is the recognition that the trust can be betrayed. Usually, this recognition is accepted as an uncertain risk, which varies according to the evidence at hand. Decisions to bestow trust in others, whether in the form of faith or blind trust, confidence, or reliance, require some assessment of external conditions which can be said to justify them. Trust also requires some internal readiness or willingness to accept the possibility of risk, but this acceptance is justified because of a belief in the good will or intentions of the one who would be the recipient of the trust. That is, trust involves some internal readiness to take a chance that the other will live up to positive rather than negative expectations. This internal readiness is affectively felt as a certainty, but one that perhaps is not so absolute as the certainty in faith. This felt readiness is not subject to purely rational calculations of probabilities, however, this does not entail the claim that trust is a non-rational or purely subjective affair. Rather,

> trusting a person means believing that when offered the chance, he or she is not likely to behave in a way that is damaging to us, and trust will *typically* be relevant when at least one party is free to disappoint the other, free enough to avoid a risky relationship, *and* constrained enough to consider that relationship an attractive option. In short, trust is implicated in most human experience, if of course to widely different degrees. [21]

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[21] Diego Gambetta, "Can We Trust Trust?" in *Trust: Making and Breaking Cooperative Relations*. Diego Gambetta, (ed.) (New York: Basil Blackwell, Inc., 1988) p. 219.

On my view, this belief in the good will of another is a necessary conceptual ingredient of trust. It permits affirming expectations regarding the behavior of others and opens up opportunities for action which non-trusting attitudes may not. Trust can often be directed toward some valued end or result, but it need not require any end for its existence.

Definition of Trust

The following reformative definition is provided for the philosophical conception of trust advocated herein: 'Trust' is the confident expectation based on possibly tenuous evidence and an acceptable degree of risk that others can be believed in to act with good will. The terms 'confidence' and 'reliance,' are therefore not true synonyms of trust, but are elements of the definition and signify some of the forms which trust can take. Expressions of the sort: "She trusted Dr. X" are not merely slogans carrying some variable emotive content, but can be analyzed as having at least three possible meanings, all of which are logically distinct:

> A: She *entrusted* Dr. X with something. Presumably this would be something of value to her, as in the care of her self during an illness, her need for information related to decision-making, or whatever goods and interests have a bearing on this act. An act of trust includes *reliance* on others for help and support on those cooperative activities in which they are mutually engaged to further these legitimate interests.
>
> B: She deemed Dr. X to be worthy of her trust. Presumably this judgment is based on some evaluation of the claims of *reliable* character, conduct, or intention that Doctor X makes. These claims are subject to rational warranty as they are measured against some professional or lay standard. Here, the expression "She has confidence in Dr. X" would be synonymous with saying "Dr. X is reliable" and both would be judgments regarding the doctor's character.
>
> C: She felt confidence in Dr. X's abilities. Presumably this confidence arises from some belief regarding the ability to perform or carry out certain

medical functions, to have certain reliable medical skills, and to be *capable* of acting according to certain professional and ethical standards.[22]

Forms of Trust

Clearly, a person may trust Dr. X in any one of these ways yet refrain from trusting her in others. For example, in The Anemic Case, Simone de Beauvoir entrusted the care of her mother to doctors, and had confidence in their medical abilities; yet, she had no great confidence in them *qua* persons of good will who would spare her mother a tormenting experience. Hence, what we mean when we say "I trust my doctor" is variable. On my view, the three meanings outlined above can also be viewed as aspects of or *forms* of trust. That is,

> Trust A: is the *act* of *entrusting* or consigning to another the care or custody of one's goods or interests. Through this act, I give to this person a specified permission to do something to either protect or promote these interests. Thus, the statement "I trust you to" here has a performatory quality. It signifies an act or gesture of making a commitment. In making such a statement I am acting on the assured and *confident* belief in your responsibility, integrity, honesty, and concern for me. As my analysis has shown, this belief includes an acceptable risk of the possibility that you could harm me by failing in these qualities. In the case of the patient-physician relationship this act transfers the physician's professional obligation to help the sick or ill to *me*, as a particular person. As such, this form of trust is a mode of mutual response or mutual consent; it is an act of conferring a commitment on others and *relying* on it. Usually, the person who entrusts something of value into the care of another would regard the other as willingly accepting the care of whatever I entrust as well as accepting the responsibility for the relationships itself.[23] In later discussions, I hope to

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[22]This format was suggested to me by Cooper (See Footnote 1, Chapter One) I have altered and enlarged his conception quite a bit.

[23]However, it may not always be the case that the other is a willing recipient. For instance, a teenage mother may leave her infant on my doorstep knowing that I am a trusted friend of her family and able to provide for the child's every need, which she herself can not. In this case, the act of entrusting would not be a mutual response or consent, but I would argue that even though I may not have been willing to accept this act, I still bear a responsibility to do what is in my power to do to see that what was entrusted to me receives careful and respectful attention. It seems to me that this would be a requirement

show that this act of *entrusting* and the commitment it confers on physicians ought not to be bestowed for mere reasons than the claim that the physician is entitled to it by virtue of professional status and expert knowledge.

Trust B: is the rendering of a judgment regarding the trustworthy virtues of another. Presumably, this judgment would precede the *act* of bestowing trust, and would be based on some theory of what constitutes virtuous behavior. Moreover, it would include moral, non-moral, and character judgments, as well as some consideration of the elements of a good will.

Trust C: is the epistemic attitude of confidence based on the belief in the functional ability and reliability of others. It is a mode of perception or apprehension based on factual claims, which is accompanied by the attribution that the person has the capacity and ability to perform certain acts and can be relied upon to perform them.

Trust D: is the attitude of assuming that the word of others can be accepted as true, simply because there is no other way to go on. Here, taking others on trust is a policy of deciding to act-as-if something were true in a given set of cases independently of whether we fully believe it. We trust simply because we can not check all the bases of belief. This form of trust is not purely a matter of personality or individual pre-disposition but refers to the fact that we cannot mistrust and double check every item of information. Trust here is counting on others and acting-as-if they were worthy of trust. This acting-as-if- others were worthy of trust is reasonable as long as no evidence to the contrary arises.

Thus, the conceptual map of the territory occupied by trust and its forms cannot be drawn with sharp boundaries or demarcations. I understand trust to be a cluster concept with certain defining features. These defining features can also be forms of trust which arrange themselves along a continuum of appropriate usage. While trust can be understood as a pre-reflective attitude, an epistemic judgment or as an act, what is common to each of these exemplifications is some expectation regarding a relation to another which is grounded in dependence.

I will be elaborating on the many complex issues which bear on these four forms of trust throughout the remainder of this work. In Chapters One and

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of me not only because I bear some relationship to the family, but because a responsible citizen who has the ability to help those who are dependent should help them within reasonable limits.

Two I have labored to expose the many ambiguities which lurk in our use of the term 'trust,'and to provide some clarification on the claims that might be made on behalf of it. This conceptual and semantic examination must be prior to the many and more profound questions that will be germane to the study of trust in the therapeutic alliances of patients and physicians. Some of these questions ask whether it is sensible, or rational, or moral, or prudent for patients to trust their health professionals. If so, what is the ground for the existence of trust in these relationships?

CHAPTER THREE

The Concept of Trust in Classical Philosophical Texts

A Selected Review

Aristotle once observed that social life is a voyage which we take with others. The human self is by nature in relation to other persons. Social life is composed of human beings and their traditions and ideals, which in turn reflect conceptions of human nature and the values which give significance and direction to life. As members of society, we are unavoidably mutually interdependent. We share forms of life and are connected in a social matrix of relationships which are the expressions of a variety of desired ends. Unless we are socially bankrupt, we share at least some interests in common and in pursuit of them we form associations with one another. In these associations we accept certain constraints on our freedom in order to protect, promote, actualize, and protect the legitimate interests of self and other. In forming these associations, we develop conventions and agreements on what are the acceptable ways of relating to others with whom we must interact and on whom we may depend, if we choose. Social life involves sharing the risks and responsibilities of this freedom as well as the benefits and burdens of our associations.

In thinking about the journey, we develop goals and commitments which require organized systems of cooperation which depend on trust. Particularly in

our ideal of democratic self government, the notion of social life as a community of persons seeking to pursue self-determined projects, and trying to work out how we can best contribute to what we take to be important to care about, the notion of trust is vital. In organizing our lives around shared significance, moral traditions, and acquired knowledge, we formulate expectations about who we can depend on and of what we owe each other in terms of respect, justice, sympathy, and care. Ideally, good members of society try to avoid disappointing or manipulating the expectations of those dependent on them; this reflects a general norm of respect for persons. Of course not all expectations generate claims of trust, but the claim I argue for in this work is that those which do require some degree of moral assessment.

The thesis I begin to establish in this chapter, and develop throughout this work, is that trust is a fundamental value of society. Trust is the backdrop for social cohesion and a functional requirement for anything organized enough to be a society. The moral good at which trusting activities aims or completes is a human society realizing its ideals of peaceable cooperation, interdependency, and human flourishing. One of the central tasks of philosophical analysis is to evaluate critically assumptions and arguments for certain claims. It is also important to expose the genesis of those assumptions and to analyze them as well. This is the purpose of the present chapter. The philosophical question at the root of the review of literature is the following: What kind of conception of human relationships do we have that seems to place trust at the core of them? As will be shown, variable answers to this question can be expected.

Section I: Trust as a Social and Political Value

For most of us trust is considered to be a social good, at least when it is well placed in others or in a social institutions such as law, family, economics, and politics. Throughout history, philosophers have been rather silent on the concept of trust, and with few exceptions may be said to have neglected it altogether. When it is addressed, philosophers have been quite variable in their claims regarding just what sort of good it is and just what sort of society could account for its flourishing.

Plato and Aristotle

For instance, in the *Republic*,[1] Plato implies there is the presumption that the majority of citizens in the ideal state would be expected to trust the philosopher-kings to rule wisely. Similarly, although the rulers would have great power, they would also be cognizant of their responsibilities and of the trust that all the citizens had in them. Interestingly, he also discusses the value of truthfulness, but says: "The rulers . . . of the city may, if anybody, fitly lie on account of enemies or citizens for the benefit of the state."[2] Plato's account of justice and his remarks on friendship seem to imply the existence of trust or

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[1] Plato, *Republic*, in *The Selected Dialogues of Plato*, Edith Hamilton and Huntington Cairns (eds.) (New Jersey: Princeton University Press, 1961).

[2] Ibid., 389b, p. 634. He goes on: "But for a layman to lie to rulers of that kind we shall affirm to be as great a sin, nay a greater, than it is for a patient not to tell his physician or an athlete his trainer the truth about his bodily condition . . ." Sissela Bok interprets this acceptance of lying by rulers as the Noble Lie, the lie of those in power. On her view this claim by Plato is quite curious, for his view was that truth is opposed not just to falsehood, but to unreality as well. See Sissela Bok, *Lying: Moral Choice in Public and Private Life* (New York: Pantheon Books, 1978), pp. 174-191.

trustworthiness as virtues but this existence seems to be merely taken for granted and is not directly discussed.

In Aristotle's *Nichomachean Ethics*[3] there are also implicit claims that the virtuous person, disposed to act in accord with 'right reason', would be one who would place her trust in some hypothetical wise person. This person would supposedly teach the proper mean between excessive trustfulness and distrust. In *Rhetoric*[4], Aristotle's remarks on trustworthiness are slightly more helpful. There the context is political and concerns the relation between a speaker's words and a listener's assessment of them. Aristotle draws a fundamental distinction between assessments of reliability and intention on the part of the speaker. He suggests that this distinction is understood in terms of *ethos*, or the estimation of a speaker by a listener. A listener evaluates a speaker in terms of three characteristics. These are: 1) *intelligence*, or the correctness of opinions; 2) *character*, or the evidence of honesty, which in turn implies credibility or reliability; and 3) *goodwill*, or the favorable intention regarding the listener. *Ethos* is thus an estimation of the willingness to rely on or show confidence in a speakers' utterances.[5] Here, Aristotle's remarks suggest that there are different forms which trust can take. His first two characteristics are

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[3]Aristotle, *Nichomachean Ethics*, Book I, Chapter VIII, in *The Basic Works of Aristotle*, Richard McKeon (ed.) (New York: Random House, 1941). His discussion at 1161b of the types of relations that obtain between equal and unequal friends or between parent and child suggests some implicit claims regarding trust as well.

[4]Aristotle, *Rhetoric* (1st Modern Library Ed.) (New York: Modern Library Publisher, 1954).

[5]It is interesting to note the legacy of this idea of ethos in contemporary theory. For example, Carl Rogers is a psychologist who advocates a form of therapy called client-centered which has as its basic premise the assumption that the trust of a listener by a speaker is instrumental in providing a sense of "psychological safety" and "acceptance." See Carl Rogers, *Client-Centered Therapy* (Boston: Houghton-Mifflin, 1951), p. 515-520.

similar to Hertzberg's characterization of reliance, in that they include a judgment of the claims made by the one who is to be relied upon. He seems to conflate reliance with confidence, but I think he is saying something about reliance which is stronger than what Hertzberg has said. For the latter, reliance did not necessarily imply a presumption of responsibility, but Aristotle seems to suggest that this is the case. Moreover, Aristotle's distinction between character and goodwill seems to point to a distinction between reliability and intentionality. *Ethos* appears to be linked to reliance, whereas *goodwill* has to do an assessment of favorable intention. I suggest that implicit in this distinction is a conceptual difference between reliance and trust which both Hertzberg and I have discussed.

Hobbes

For Hobbes, the purpose of human societies was to protect its members. This function arose out of Hobbes's conception of human nature. On his view, individuals were characterized by a more or less equivalent degree of strength and by avaricious desire. This drove them into what Hobbes characterized as a state of inevitable war of all against all. In the state of nature there are three principal factors which inevitably give rise to coercion. These are competition, distrust, and the search for glory. Hobbes was convinced that in the natural condition, individuals could only anticipate evil and distrust of others, (including their oaths and words). Individuals could never be absolutely sure that the things they cared about would be taken care of or honored by others. He explains:

> And from this diffidence of one another, there is no way for any man to secure himself, so reasonable, as Anticipation; that is, by force or wiles, to master the persons of all men he can, so long, till he sees no other power great enough to endanger him: And this is no more than his own conservation requireth, and is generally allowed.[6]

Hobbes, who advocated the inevitability of coercion in the management of human affairs, nevertheless acknowledged the fact that the building of viable societies required the growth of trust among political parties. In "Human Nature"[7] he defined trust in behavioristic terms, claiming

> trust is a Passion proceeding from the *Belief of him* from whom we *expect* or hope for *good*, so *free* from *doubt* that upon the same we pursue no other way to attain the same Good.[8]

Hobbes's vision of the human condition prompted his theory that communal life would afford protection of human beings from each other; they had to agree to certain social rules and acquire certain duties and proscriptions in exchange for this protection. Hobbes hypothesized that all individuals were by nature selfish, brutish, aggressive, possessive, and motivated by insatiable desires. In virtue of these characteristics, they needed to be controlled and constrained by the political machinery. Underlying this claim was the assumption that an absence of enforcement results in anarchy and anarchy leads to insecurity, distrust, and social disintegration.

In *Leviathan* Hobbes postulated the use of a social contract which he thought could remedy this problem. That is, Hobbes reasoned that the solution

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[6]Thomas Hobbes, *Leviathan*, cited in *Ethics: Selections from Classical and Contemporary Writers*, Oliver A. Johnson (ed.) (New York: Holt, Rinehart and Winston, Inc., 1958), pp. 148-160.

[7]Thomas Hobbes, "Human Nature," cited in *Trust: Making and Breaking Cooperative Relations*, Diego Gambetta (ed.) (New York: Basil Blackwell, Ltd., 1988), p. 74.

[8]Ibid.

to the problem of a generalized egoism would be to force everyone to consider others and to act cooperatively in the pursuit of common ventures. The social contract was made as a matter of expediency. It was considered simply more practical to live in a state with fixed rules and to vest supreme power in the ruler. The Leviathan imposed rules that were not to be questioned; these rules were simply a mechanism for the working of society and the sovereign was the metaphorical Saviour of individuals from themselves. Hobbes's position here is somewhat paradoxical. He postulates the individual as essentially *distrustful* and yet claims that the social contract would give individuals a practical and expedient reason to *trust*. Trust is postulated as a mechanism to reduce social complexity and inevitable *distrust* by enforcing a certain degree or reliability and predictability, based on rules.

Except for the claim regarding the inherent distrustfulness of the individual, this account roughly parallels my characterization of confidence rather than trust. In previous discussions, confidence was seen to be a mode of expressing expectations based on certain epistemic judgments about the claims of others. These judgments were based on a belief that others had certain abilities and were capable of functioning competently. The expectations which these judgments reflected were rationally warranted and subject to verification and control. If, as Luhmann suggested, certain expectations were disappointed, then some type of external attribution manifested. Thus, since for Hobbes the conduct of people could be predicted by the establishment of rules, the enforcement of these rules fostered a certain confidence. This confidence was viewed as a mechanism of expedient political control of law-abiding subjects. Trust (or what I have refrred to as confidence) was required in order to

maintain social cohesion for political purposes. For Hobbes, society was a means for the preservation and aggrandizement of the individual. As such it had merely an instrumental value to further the goal of a viable, functioning society. Individuals' words, oaths, and contracts could thus be depended upon because of the fear of consequences should they be broken.

Unfortunately, Hobbes's portrayal does not seem to shed much light on the notion of trust I am attempting to analyze, and in fact his portrayal may be dealing exclusively with the notion of confidence. In my opinion, his account seems to suffer first from his questionable psychological assumptions regarding the egoistic state of nature. However, even if the assumptions that all individuals act purely out of self interest were granted, it does not follow that securing these interests through an artificial contract with a sovereign ruler is in itself sufficient to bring about cooperative relations. We can always choose not to cooperate, just as we can always choose not to be moral. That is, we can always choose not to obey the commands of the sovereign. However, on my view, the choice to cooperate is not based on the contract nor the codes, nor the law *per se*, but on a decision to trust the other to be fair, respectful, and to present oneself truthfully. As my analysis in the previous chapter suggested, trust is not a rational calculation of what parties to a contract are likely to do in the pursuit of some individual desire. Trust is not a forced contract or an expedient device to reduce the threat regarding the behavior of others. Of course, Hobbes might say tht all that is necessary is force because it is an expedient way to keep order. Yet, clearly this is morally repugnant. Rather, it seems what is required is some notion of voluntary choice. Trust is a *voluntary* willingness grounded in some reliable evidence that others can be relied upon

not to take advantage of my interests as they pursue theirs, and a positive expectation that they would honor any agreements that were voluntarily assumed that would further mutual respect. This willingness is understood as the acceptance of certain moral prohibitions and requirements on members of society at large, as well as on myself. These prohibitions and requirements are constraints and demands on my conduct toward others. For instance, in an attitude of trust I would voluntarily accept proscriptions against harming others by use of treachery, deceit, or manipulative exploitation, as well as some positive duties to honor the relation which exists between us. These can become rational principles which serve to guide the actions of those who are made aware of them. Of course, it goes without saying, that a more generous view of human nature than that provided by Hobbes would need to be assumed.

Hobbes's view of the function or value of trust is thus quite problematic. I am not sure it can be rehabilitated at all, but a discussion of its flaws may help determine what a reasonable trust might be. Perhaps a reasonable "policy" of trust would not be based on the protection purely of self-interests as Hobbes suggests, but rather on a sense of care or respect for self and other. My analysis of the *act* of trust emphasized a decisional feature with regard to the state of believing in the good will of others. On Hobbes's account this decision amounts to abiding by the rules in the belief that others will do the same. This may be a reasonable policy of cooperation and since on my view, cooperation requires at least some degrre of trust that the other will do or act as she says she will do or act, then such a policy might be reasonable form of trust. Trust between others when voluntary and mutual may express itself in cooperative activities but trust does not require an external pressure or sanction on our will

to control it. It does require some reason, for trust without reason would be blind. I have suggested that a blind trust may be appropriate for infants and very young children but surely it would not be advisable for the flourishing of decent societies. The willingness to trust others is perhaps limited by our conceptions of human nature and the degree of awareness we have about the social boundaries and conventions that attempt to keep adult lives separate and distinct while working toward social cohesion. It seems to me that trust of others should not be based on extravagant claims about how others might behave. Trust should not be based purely on a willingness to believe that others may behave favorably toward me; rather, this willingness must be based on an understanding of the frailties of human nature as well as its strengths, and an acceptance that others are motivated by a variety of needs and desires. As was noted in Chapter One, by Dasgupta, the problems of trust would not arise if we all were thoroughly moral beings, always doing what we said we would do in the circumstances in which we said we would do it. Predictions about human behavior are inherently ambiguous and limited and at times our predictions about the reliability of others can fail. Yet, this does not entail the claim that they are lacking in the virtue of trustworthiness.

Hobbes's insights about the frailties and shortcomings of human nature are thus not empty notions, yet his psychology was wrongheaded. It is the awareness of the inherent conflict between immediate self-interest and the interests of others that gives rise to the concept of morality and to principles of just conduct or behavior. Trust between autonomous persons interested in forming cooperative relations in the pursuit of commonly shared goals is thus grounded in the idea of a respect for self and of others and a confidence that

neither my interests nor theirs will be betrayed or abused. Of course this claim is compatible with the observation that not all sorts of cooperative relations which are based on trust ought to be encouraged, as my discussion of Johannes the Seducer revealed. In later chapters I will try to respond to this concern. For now, I contend that trust is not a contract but a *relation between persons*; the ground of this relation is some shared conception of care that is both self and other-regarding; the relation itself expresses expectations unique to it; some of these expectations include or imply duties to self, to others, and to the keeping or maintenance of trust itself. These duties are not simply prudential concerns but are understood as moral. This is so because there are moral reasons that justify them as right acts. Some acts are performed *for the sake of trust* and not because trust is a "policy" that will expedite social cohesion. This claim will be developed further in subsequent discussions but its origin can be traced to the writings of Locke.

Locke

Trust as a social and political value occupies a rather significant place in the philosophy of John Locke. In his elegant treatises, the term 'trust' is conceived in terms of contract theory and is brought to bear on certain constitutional issues of government and of other public arrangements. An analysis of the concept of trust in the politics of Locke has been undertaken already by John Dunn.[9] He provides ample evidence of the importance it held for Locke in answering the fundamental question of what particular human

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[9]John Dunn, "The Concept of 'Trust' in the Politics of John Locke," in *Philosophy in History: Essays on the Historiography of Philosophy*, R. Rorty, J. B. Schneewind, and Q. Skinner (ed.) (New York: Cambridge University Press, 1984), pp. 278-300.

beings have good reason to *do*. Dunn's larger project is a criticism of those political theories which regard trust as only a marginal good. On his view, any adequate understanding of politics must place the concept of trust at its core. In the discussion which follows I rely heavily on the insights provided by Dunn regarding the status of trust in Locke's *oeuvres*.

In *Essays on the Law of Nature*,[10] Locke asserts that the fundamental bond of human society is trust. The word usually supplied by interpretors of Locke's assertion is *fides*, a Latin term variously translated as 'faith,' 'trust,' or 'trustworthiness.' Locke himself seems to have employed this term in its somewhat legal connotation but often seems to caution against any strict legalistic interpretation of it. Rather, at least according to Dunn, he seems preoccupied with 'trust' not so much as a legal concept in terms of "a trust," but with the rationality of trust within particular social and political structures. Dunn offers this interpretation in light of his claim that what particular people have good reason to do depends "directly and profoundly on how far they can and should trust and rely upon one another."[11]

Locke's concern was with the status of trust and of the moral and epistemological issues it raised. These issues must be understood as they relate to Locke's conception of the state of nature and his ideas regarding human freedom, and so a cursory summation of this idea will be provided.

Locke was concerned about the status and force of the law of nature and whether it was innate in persons or merely established in virtue of a general consensus. Contrary to Hobbes, Locke believed the state of nature to be already

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[10]John Locke, *Essays on the Law of Nature*, cited in Dunn, pp. 286-287.

[11]Ibid.

moral. He asserts it is a state characterized by both a "perfect freedom to order actions" and a "state of equality and reciprocity."[12] In his *Second Treatise on Government* he claims that a political community is created by a compact between individuals who have some interest they wish either to promote or protect. The compact is a device to secure and establish the rule of rationality and the provisions of natural law. He states:

> in the State of Nature there wants a Known and indifferent Judge, with Authority to determine all differences according to the established Law[13]

The state of nature had the distinct disadvantage of leaving each individual the judge in her own case; this implied that she could be mistaken in her judgment, and that judgments could conflict, as the state could be mistaken too. The compact was thus seen as a mechanism to remedy the "inconveniences" of the state of nature, as well as of the fallibility in human judgment. The primary inconvenience was the lack of a *rule* by reference to which the standards of right and wrong could be assessed. Without it, the assumption mistakenly prevailed that the basis of the law of nature is individual worldly advantage or partiality.

Locke's vision included the idea that it is individuals themselves who thus create societies and political powers. They find themselves at birth in a world not of their making, without any exclusive right to anything. They create these rights in part through the mechanism of a compact or agreement. The central premise of *Two Treatises* is that human beings belong to their divine creator

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[12]Ibid.

[13]John Locke, *Two Treatises of Government*, Peter Laslett (ed.) (Cambridge: University Press, 1960).

who has fashioned purposes regarding them. The law of nature articulates these purposes as rationally intelligible commands which we are under authority to obey, because reason shows us that they are right. In virtue of our reason we act on these purposes for the right reasons. In doing so, we are said to retain, as individuals, the executive power of the law of nature. The government is entrusted with a legislative power implying certain duties and obligations to act on or on behalf of the interests of those who have reposed them in such an authority.

Locke envisioned that the individuals of such created societies could and should always attempt to demonstrate an active responsibility for these creations. Locke's conception of human nature held human beings to be free agents who were thus responsible for their actions. In *An Essay Concerning Human Understanding*[14] he emphasizes that "men must think and know for themselves,"[15] and his doctrine of free agency clearly suggests that human beings are responsible for their own actions. He emphasized this because of his preoccupation with the epistemic state of our moral judgments and of the issues of authority and reputation. He acknowledged that in practical affairs, humans do learn how to act and that their actions are molded by custom and interest, which were fickle and uncertain. He also acknowledged that humans learn through their associations with others and via their utterances what acts are virtuous, obligatory, and/or prohibited. However, he reasoned that if the law of nature were to be based in such traditions or customs, then its authority would rest in the dictates of *individuals*, rather than in the dictates of reason. That

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[14]Dunn, p. 256.

[15]Dunn, p. 289.

is, if the law of nature were to be learned from tradition, it would be an example of faith (fides) whose authority would be the individual speaker, rather than on any evidence of things themselves.[16] *Fides*, (faith, trust) would thus stand in epistemic contrast to *knowledge*, (*cognitio*).

Dunn provides some helpful comments on what this epistemic contrast amounts to. He sees Locke's argument as refuting the claim that individual worldly advantage is the basis for the law of nature, because if it were the duties of human life would be at odds with one another. As such, no coherent account of the content and binding force of human duties can be constructed. Moreover, since for Locke, trust (*fides*) is the fundamental bond of human society, any genuine conception of a society is subverted unless there is a principle of keeping trust.[17]

Dunn cites three assumptions operating in Locke's remarks about trust. The first is that any acceptable human society depends upon the recognition of moral duties. The second is that the most encompassing duty is the duty to act towards fellow beings in a way which deserves their trust. The third assumption has to do with the question of when it is reasonable to trust. I will discuss each assumption below.

Moral Duties. According to Dunn's interpretation, Locke holds that any acceptable human society depends on the recognition of moral duties which cannot be validly derived from the rational calculation of individual self-interest or worldly advantage. This is so because our interests are weighed differently

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[16]Ibid., p. 294.

[17]Ibid., p. 287.

and render variations in assessments of our moral duties. Presumably, Dunn's reference here is to what Locke calls the radical compulsiveness in our moral judgments. For Dunn, an analysis of Locke's thinking produces a certain internal tension. On the one hand, we are to consider his theory of human motivation. This theory is hedonic; Locke suggests that persons select their beliefs to suit their desires, pleasures, and interests. On the other hand, especially in his mature *oeuvres*, Locke places quite a strong emphasis on his theory of human action. In this theory he makes central claims regarding obligations to accept responsibilities for one's actions. Custom and interest were for Locke the two great beacons of social life, even if they were fickle and uncertain. They were contrasted with one's individual moral duty, which was constant and secure. Our duty is to keep trust -- to keep oaths, legitimate contracts, and promises. These are the cement of society and the trust on which they are based is the foundational bond of human society. Here, there seems to be both a principle of keeping trust, and the act of entrusting. For Locke, the virtue of trust is the keeping of one's promises. Trustworthiness, on the other hand is defined as "the capacity to commit oneself to fulfilling the legitimate expectations of others."[18] On this characterization, trustworthiness is treated as a moral duty. This duty amounts to a commitment to keep trust, and is for Locke an individual duty of persons as free actors. It includes the duty of honoring legitimate agreements and having respect for legitimate oaths. In the political arena, Locke asserted that individuals have the right and the duty to judge for themselves how far their trust has been deserved. If they determine that their trust has been betrayed or abused, they retain the right to

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[18]Ibid.

act together to form a new sovereign power in which they can rationally place their trust. While practically speaking, *fides* was regarded as trustworthiness, in epistemic terms *fides* was contrasted with knowledge. According to Dunn, Locke recognized the fact that moral judgments were often radically undependable. However, he also notes that Locke also emphasized the extent to which individuals were able to take responsibility for them. That is, Locke believed that in principle it is possible for humans to take responsibility for, to modify, and even to discard their beliefs. This may not sound so radical for contemporary psychologists, but it represents significant advance over the thinking of Hobbes. I will return to Locke's principle of keeping trust in Chapter Seven.

Dunn makes a very important observation about the nature of trust placed in the sovereign power, and it is one I will carry forth in Chapter Six where I discuss the relation of society to health care practitioners. Dunn notes that on Locke's view of legitimate political societies, governmental authority was conceived to be a range of freedom to act on behalf of what the governors take to be the rights and interests of the members of society. The governors are accorded the discretionary power they need in order to serve the needs of the governed. So, in legitimate political societies, governmental power is in fact conceived as a trust. That is, both the governed and the governors share a relation which can be conceived of as trust (with some modifications based on the moral and or cognitive limitations each may have). Dunn explains:

> the psychic relation between rulers and ruled can also consequently aspire to be one of trust: confidence, the giving and receiving of clear, veridical, and carefully observed mutual understandings, a relation of trust deservedly received and trust rationally and freely accorded. Seen in this way, politics at its best is an intricate field of cooperative agency, linking a multiplicity of

> free agents, none of whom can know each other's future actions but all of whom must in some measure rely upon each other's future actions.[19]

In my opinion, this interpretation of Locke supports the claim that according to Locke, trust is the fundamental bond of society. It also supports my claim that trust is part of most relationships. Thus far, the form that this trust takes ranges over a confidence in the abilities of others to function as well as a decision to perform an act of trust. Locke's remarks suggest that the distinction I proposed in Chapters One and Two may be helpful. There I suggested that there is a difference between having confidence in a person's abilities, and having confidence in the person herself. That is, a confidence in a person would seem to entail the judgment that she is trustworthy, whereas the confidence in her abilities does not necessarily entail this. Locke appears to sometimes conflate confidence in rulers with the ruler's duty to keep legitimate oaths and agreements. In doing so he improperly reduces the concept of trust to confidence. This conflation also seems to apply to his use of the term entrusting, which is discussed briefly below.

Duty of Trustworthiness. The second assumption was that the most encompassing of moral duties of persons was the duty to act towards fellow beings in a way which deserves their trust. For Locke, the ability to trust is a necessary pre-requisite for human action. We as it were "live upon trust."[20] For an act to continue at all, Locke claims that individuals must be able to believe

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[19]Gambetta, p. 83.

[20]John Locke, *The Correspondence of John Locke*, Vol. 1, E. S. deBeer (ed.) (Oxford: Clarendon Press, 1976), p. 122.

with confidence.[21] The concern here is not when to trust, but rather how to present oneself as trustworthy. Presumably this latter concern is referenced to the beliefs of the one whose duty it is to appear trustworthy. This has interesting implications for the form of trust which involves the judgment that others are trustworthy, which I referred to as Trust B. Locke makes the interesting claim that individuals have the capacity to form beliefs which are epistemically secure enough to warrant their being trusted. That is, Locke seems to be recognizing the difficulty of making decisions about responsible actions and yet he states that only those who fully understand what is at stake in their choices can be depended upon to have sufficient reason to be worthy of trust. This is quite a stringent requirement! It implies that those who desire to be worthy of trust have a sober responsibility to treat their own motives with a rational suspicion and to contemplate their content in order to have full understanding of them. But is it the case that any individual can know fully her own motives or dispositions? In the case of knowing one's own motives, the point must be made that humankind is remarkably capable of self-deception and selective inattention to anything that does not seem compatible with volition. Hence, I would say Dunn's characterization of Locke on this point reveals Locke to be remarkably strict in his criterion of earning trust. However, the essential point of his insight should not be overlooked; that is: illegitimate beliefs of others, just as illegitimate use of power, are not deserving of decision to trust, even though they may be acceptable in some sense of tradition or convention. Responsible action in having the trust of others is thus predicated on taking

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[21]This idea will reappear in Luhmann's discussion of "self-presentation" in *Trust and Power*, which is discussed in Chapter Four.

responsibility for the content of one's beliefs. Trust (*fides*) is regarded as the duty to observe mutual undertakings of others based on some evidence regarding expectations about the conduct of others. On Locke's view, individuals considering the decision to entrust something to another have the corresponding duty to judge for themselves where and when these expectations are legitimate. Here, the epistemic requirement of confidence does not seem to preclude any decision to entrust something to others, but rather constitutes it. Dunn claims that trustworthiness is for Locke both the constitutive virtue of, and the key causal precondition for the existence of any society. Presumably, this is what Locke means when he says that without trust, human society is not possible. The duty to be trustworthy is thus foundational. It is more fundamental than even the moral conventions or positive laws of society, for it is what secures their enactment. (Of course, this does not address the question of the disvalue trust may provide if those laws are morally invalid). For Locke, without the individual duty to be trustworthy, human society simply cannot exist; the moral propriety of trust seems to be derived from the claims regarding its role as a binding force of human duties on individuals-in-society.

When to Trust. The third assumption behind Locke's thinking has to do with the question of when it is rational to bestow trust in our political arrangements and institutions. Dunn interprets Locke as claiming that the most important theoretical question about human duties is the question of the range and nature of our *knowledge* of the content of these duties. This entails the question of how far and under what conditions our assessments of these duties had, in the final analysis, to rest simply on *faith*. For Locke, the content and binding force of moral duty had at its core the belief that individuals in society

were tied necessarily to a belief in God. God provided the reason or the right rule for curbing the selfish and socially destructive desires of individuals. In *A Letter of Toleration* he claims that no one who denies that there is a God is entitled to toleration (a right which Locke defended *as* a religious right). He states

> neither faith (*fides*), nor agreement, nor oaths, the bonds (*vincula*) of human society can be stable and sacred for an atheist. So that, if God is once taken away, even simply in opinion, all these collapse with him.[22]

As indicated in *Two Treatises*, faith and the keeping of faith were duties belonging to individuals qua individuals and not as members of society. As such, the moral conduct for individuals (or groups) in particular contexts depended less on any judgments regarding the causal properties of society or its institutions than it did on the binding force of the divine law. For a human being to be consistently and rationally worthy of *fides* (here, I interpret him as using faith and trust synonymously) she simply must fear the wrath of God. In a conception similar to Hobbes, Locke claimed that God secured the outcome of the rationally assessed motives of individuals; in other words, he made it in one's self-interest to be trustworthy. The relationship of the duty of trustworthiness is reciprocal; for Locke, all persons under the divine law of nature were subject to its legitimate power. They were thus obligated to keep their oaths and promises as individuals in relationship to this power; these oaths and promises were seen to "tye the infinite Deity"[23] to itself. Once again, this appears to reduce all trust to confidence in others.

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[22]John Locke, *A Letter on Toleration* 1689, J. W. Gough and R. Kilbansky (eds.) (Oxford: Clarendon Press, 1968), p. 134 cited in Dunn, p. 288.

[23]John Locke, cited in Dunn, p. 289.

Despite Locke's claim that a political agency can be conceived only in relationship to a Deity, I believe that his remarks on the nature and conditions of trust can be considered independently of such an allegiance. For Locke, the best condition open to human beings was the enjoyment of an environment in which individuals were fortunate enough to be able to have well-founded confidence in their expectations of the conduct of others. As has been discussed, this confidence carried with it a duty of rational assessment of the motives and reasons for action. While Locke's theoretical assumptions regarding these issues are often problematic, his underlying concern regarding the epistemic status of moral judgments was solid. In the final analysis we are limited in our knowledge regarding the future behavior of other, free individuals. What we are left with then is some *judgment* regarding them; however, and Locke worried about this point, this judgment may itself rest on *fides*, not knowledge. Trust thus seems to be a policy apt for certain conditions where total knowledge of the free acts of other person is not certain. Our judgments are not simply *on faith* but rather must be subject to a sober review of their content. Since others have the responsibility of deserving our trust, we must also accept the corollary duty to judge *for ourselves* just when and whether it is rational to trust. This corresponding duty entails a responsibility for our actions as well as our beliefs. This latter view may puzzle contemporary epistemologists and psychologists who disagree about the voluntariness of our beliefs, and thus to our responsibilities regarding them. The correctness of Locke's conclusion on this point would require careful consideration of this theory of human motivation, which I will not undertake here.

In summary, the model of political agency and the value of trust inherent to it which Locke has provided has, despite its shortcomings, given an interesting look at some of the issues raised by trust. On Dunn's view the likely candidates for models of political trust in contemporary society are seriously lacking in any of the imagination or depth offered by Locke's. While recognizing that Locke's answer to the question of how far people can be trusted remains frustratingly elusive, Dunn regards Locke's vision as having some inspirational merit to questions about the role of trust in modern political life. He summarizes this appeal in the following:

> If the synthesis of trust (the creation and sustaining of trust) remains, and will always remain, an indispensable human contrivance for coping with the freedom of other men, it is scarcely conducive either to virtue or to honor to have to make do with such deformed and superficial conceptions of how to trust one another or to be trustworthy, individually or politically. And now that the human race has acquired the power to destroy itself for ever, this is a theme which must surely be at the very heart of any philosophy which aspires to take *politics* at all seriously.[24]

A Contemporary Philosophical Response

The value ascribed to trust as a social or political good has been described by these classical philosophers in rather variable ways. In its most general and primitive form, trust is said to obtain when people know what to expect from each other or what constitutes conventional conduct in society. Locke's conception of the nature and scope of trust seems particularly noteworthy since trust was seen to prefigure and be implicit in social and political customs and conventions. As such trust is a foundational ingredient of social existence. Locke's argument is the most forceful of these thinkers. For him, trust is the

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[24]Dunn, p. 77.

fundamental bond of society and all citizens have a duty to be trustworthy. Moreover, there is a principle of keeping trust which he regards as essential. Thus, it appears that many of these early thinkers regarded trust as a requirement of social life, seeing it as the appropriate starting point for the derivation of rules of proper and/or trustworthy conduct. That is, if individuals were not prepared to keep their promises and abide by the generally accepted rules of conduct, and expect others to do the same, then any meaningful social life was not feasible. For some trust was accorded instrumental value because it facilitated cooperation among members of society. According to these early philosophers, the value of trust was its utility in the flourishing of desireable societies.

What these accounts seem to teach us about trust is that some degree of trust is essential to the flourishing of societies. Especially in the work of Locke, the principle of keeping trust was seen to account for the persistence and fulfillment of moral norms, such as truthfulness and promise-keeping. In Chapter Four, I will discuss in some detail the norm of truthfulness and its linkage to the concept and value of trust, which has its roots in many of these classical writings. For Locke, and others as well, the value of trust was not merely to function as a social lubricant of society, but to open up the possibility that individuals would choose to formulate beliefs and perform actions which could affirm the moral qualities of trustworthiness and right action. While I have proposed several distinctions among the forms that trust can take, which Locke was not concerned to do, I still would endorse his primary notion of the foundational quality of trust. On my view, the relation of trust to

trustworthiness is not as tight as Locke seems to want to draw it;[25] moreover, his emphasis on the rational assessment of the virtue expectancies of others seems to put trust in the category of a policy of rational prudence. One contemporary philosopher does draw a tight relation between trust and trustworthiness, but he is careful not to make them synonomous. For instance, Diego Gambetta defines trust as:

> a particular level of the subjective probability with which an agent assesses that another agent or group of agents will perform a particular action, both *before* he can monitor such an action (or independently of his capacity to ever monitor it) *and* in a context in which it affects *his own* action. When we say we trust someone or that someone is trustworthy, we implicitly mean that the probability that he will perform an action that is beneficial or at least not detrimental to us is high enough for us to consider engaging in some form of cooperation with him.[26]

On this analysis, social trust is held to be a good when it forms part of a larger whole which includes the virtue of trustworthiness. Gambetta considers that it may well be important to trust, but he seems to share with Locke the idea that it might be better to be trustworthy. Despite the tendency of many people to regard probability assessments as rational predictions, Gambetta is careful to say that evidence of the trustworthiness of others does not solve the problem of where to bestow trust. He cautions that "trust is a peculiar belief predicated not on evidence but the lack of *contrary* evidence."[27] On his view, trust begins with keeping oneself open to evidence so that beliefs can be stabilized; in the meantime, acting as if one trusts is simply a way of acting on the belief that the behavior of others is not likely to be opportunistic.

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[25]I discuss my view of this relation in Chapter Six.

[26]Gambetta, p. 217.

[27]Ibid. p. 234.

Another contemporary philosopher claims that trust is socially valuable only when it occupies a position in society related to trustworthiness. This view is developed by Horsburgh in "Trust and Social Objectives."[28] He claims that social obligations clearly depend for their realization upon the existence of a certain amount of *mutual* trust between individuals or groups. In the absence of trustworthiness, placing trust unwisely simply enables wrongdoers to increase the damage that might be done to a community. Hence, Horsburgh asserts that trust should therefore be proportioned to trustworthiness and trust should be placed in others only to the degree that the trustworthiness of others can be confidently and reliably ascertained. The problem with this is that Horsburgh seems to make trust and trustworthiness identical. It is difficult to argue with his claim that trustworthiness is a norm necessary to the effective functioning of a society; however, to say that trust is proportional to trustworthiness reduces the scope of trust to an unacceptable degree. And yet, Horsburgh correctly notes that since there may be difficulty in verifying the fact that any given individual is in fact following this norm, he claims that any norm of trustworthiness by which society and its members evaluates virtuous acts of others must first take account of just what we mean by trust. This caveat would apply not only to those who simply refuse to see any value to trust, and to those who remain ignorant of just how it is that trust works in society; it also would apply to those who are in positions to formulate social policies and obligations which require trust. Horsburgh's point is well taken in my view. My analysis in the previous chapter has suggested that we often mean several

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[28] H. J. N. Horsburgh, "Trust and Social Objectives," *Ethics*, Vol. 72-73, 1961-1962, pp. 28-39.

distinct and logically separable things when we use the word 'trust.' Moreover, my discussion in this present chapter has shown that there appears to be some disagreement among thinkers on just what claims made on behalf of trust amount to in social or political life. Trust appears to have something to do with concerns regarding morality, and in Chapter Five I will discuss the views of two contemporary philosophers who claim that trust is essential to morality. My own project is to at least recognize trust as a social good which requires moral assessment, and to develop from this assessment a claim that trust is a moral good with both intrinsic and instrumental value. I agree with the assertion by Hartmann in *Ethics*,[29] who stresses the fundamental significance of trust to human life. He claims that "the distinctively moral value of life begins in the sphere of those who trust one another."[30] The deeper question that I explore in subsequent discussions is on what grounds should we *trust in* these claims of trustworthiness? How do we go about assessing the obligations inherent to these claims and derive ethically principled norms of trustworthiness?

Section II: Trust as Belief in God

For the most part, attempts by contemporary philosophers to discuss the concept of trust seem to be accompanied by a certain tension or dis-ease. There seems to be a sense that perhaps trust is too prosaic a notion to require any philosophical exertion. For some, this attitude is even more pernicious--a sense that because trust is unreflectively associated with issues of religious faith and

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[29]Nicolai Hartmann. *Ethics*, (Vol. II: *Moral Values*) (trans. S. Cort) (New York: Macmillan, 1932).

[30] Ibid., p. 294

thereby subject to some sort of contamination, which we, as rational thinkers would do best to *distrust*. Moreover, to some thinkers, it does not appear abundantly clear that there are any sufficiently compelling reasons why trust should be valuable or desirable at all. That is, insofar as it may be considered necessary for stable and enduring social orders and personal relationships, then why attempt to accord it any virtue? Is not that a *faire mieux*?

In my opinion, one of the reasons for this tension is due to the legacy of a thought which regards the objective realm in opposition to the subjective one. The epistemological skirmishes which have resulted have left their marks on the philosopher's terrain. Nowhere does that opposition stand out so clearly as in the opposition of the rationalist versus the irrationalist approach to truth. The polarized views on this subject as well as on the status of faith stands out in bold relief in the works of Kant and Kierkegaard. In order to examine how their views on faith might contribute something to our understanding of the concept of trust, I now turn to a brief exposition of each.

Kant

Kant has argued for a conception of faith as a rational belief in God. For Kant, statements regarding the existence of God are postulates to account for our moral experience. These assertoric judgments neither add to nor express our *knowledge* but are rather postulates of a practical yet rational faith. In his metaphysical treatises, Kant draws a distinction between the world of appearance and the noumenal world. This dualism is seen as a necessary presupposition of Kant's ethical theory and the force of the imperatives he claims reason commands. Whereas traditionally the dichotomy between faith and reason was

parallel to that between the revelations of theology and philosophy, Kant's distinction was drawn between theoretical reason, which supplied *knowledge*, and practical reason which was seen as a rational *faith* or an *a priori* that functions in the realm of pure reason as well. Thus, the epistemic mode in which a postulate is held is a "faith of pure practical reason," "moral belief" or a "rational belief." For Kant, faith is not an irrational feeling but a purely rational attitude, one which can be defended with reasons, arguments, or proofs of a transcendental sort. Faith is a practical concern for which reason has at least some use. With regard to postulates in general, he asserts in the Introduction to his *Critique of Pure Reason*: "I have therefore found it necessary to deny *knowledge* in order to make room for *faith*."[31] Faith, a component of the world of action and morals, however "rational" it may be, is contrasted with and separated from knowledge. From the standpoint of theoretical reason we have the knowledge supplied by science and the principles of universal determinism. However, this scientific knowledge is fixed and there is a boundary beyond which scientific knowledge cannot aspire. This is because in studying science, we perceive the world through the categories of the understanding (concepts) and our understanding is constituted by certain rules. Within the limits of our understanding we acquire knowledge of deterministic forces and universal causality. But for Kant there was also the possibility that natural law is not the only form of causality. From the practical standpoint, where we are involved in practical matters relating to action or to decisions to act or believe, Kant believed that these concepts or rules no longer applied. That is, in the practical

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[31]Immanuel Kant, *Critique of Pure Reason*, B xxx Preface to 2nd ed. (trans. by N. K. Smith) (New York: St. Martin's Press, 1965).

realm we are not interested in speculative knowledge but in achieving certain ends; these ends are based on our intentions and are grounded in principles. The practical task of pure reason is the necessary endeavor to achieve the highest good. Kant believed that individuals who acted freely from a self-legislating inner rational principle were morally good and to make moral experience fully intelligible, Kant postulated a belief in God. For Kant, this rational belief was called faith and he tried to show that a belief in God is rationally necessary. Perhaps what is behind Kant's attempt to defend faith as a rational belief in God is a desire for certitude; it may be that this is what his faith of pure practical reason amounts to. In *Lectures on Ethics*,[32] he writes, "Faith, then denotes trust in God that he will supply our deficiency in things beyond our power, provided we have done all within our power."[33] That is, we may each have a motive to maximally satisfy that uniquely human need for security but the method for achieving this end is different. Thus, Kant's idealist dualism is an attempt to envision the world as rational and to separate science and religion as two aspects of rationality. The paradox which this metaphysic reveals is that while reason is afforded the highest seat on the council of knowledge, the practical pursuit of morality, while rational, is not cognitive. For Kant, faith in God seems to be a belief that God exists and will act toward us in ways that are beneficial to us.

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[32]Immanuel Kant, *Lectures on Ethics*, (trans. by L. Infield) (New York: Harper & Row, 1949).

[33]Immanuel Kant, *Critique of Practical Reason* (trans. by L. W. Beck) (New York: Bobbs-Merrill, 1959).

Kierkegaard

In contrast to this defense of faith as rational, Kierkegaard sees faith as something personal. Faith is not a matter of doctrines, churches, ceremonies, dogma and neither is it a confrontation with something knowable. His basic point is that to be religious is to make a passionate, individual choice, even against all evidence, even against reason itself, to find some subjective answer to account for the absurdity and despair of life which was fostered by the prevailing Christian doctrine. For Kierkegaard this answer is found in God; God cannot be known and His existence is not subject to objective analyses or "proofs." In other words, one must act as if one were absolutely certain of God's existence.

As a philosopher, Kierkegaard drew a distinction between objectivity and subjectivity, which amounted to the contrast between reason and faith. Kierkegaard searched for a truth that was subjective--a search for the *nature* of the individual's relationship to another as opposed to some *object* to which the knower is related. Subjective truth is thus an idea that one believes passionately but is not objectively true or false. It is not grounded in rules of correct thinking or categories of understanding but is rather located in a commitment that seems so complete as to be an absolute faith.

For Kierkegaard, the most crucial element in any religious belief was the purely personal relationship between God and the individual. This relationship is a decision--a leap of faith or a total commitment to act *as if* the certainty of God's existence was absolute. Kierkegaard asserts this faith cannot be based on direct observation because God is unknowable; nor can it be based on rational inferences from the nature of the empirical world. It is a *decision*, a retreat to

the interior life of an individual's subjective experience. Of course, one can refuse to make such a leap of faith. For example, I could attempt to minimize the suffering and despair that I presently feel by seeking professional counsel or perhaps enrolling in some pursuit of objective knowledge. Of course, for Kierkegaard, the suffering and the despair that I feel just is in essence my refusal to be authentic and to commit myself to an authentic relationship. "The two ways," Kierkegaard sarcastically decrees are these: "One is to suffer; the other is to become a professor of the fact that another has suffered."[34] The paradox seems to be that either one chooses faith in order to become authentic, *or* one chooses reason and objectivity; by doing the latter she practices self-deception or a Sartrian bad faith.

For Kierkegaard, faith is thus a passionate, personal commitment to the total familiarity and immediate presence of God. Such a belief does not require a rational understanding of God and indeed such attempts at rational analyses are irrelevant and only get in the way of faith. Clearly, such a position is radical and poses many powerful, grave dilemmas for the individual. Kierkegaard was aware of this as his example from the Story of Genesis reveals. In this tale, God commands Abraham to prove his devotion by killing his son Isaac. The dilemma is one of a choice between committing an immoral and illegal act or disobediently ignoring a direct command from God. Perhaps it is when the injunction to suspend the ethical over the religious conviction is made that Kierkegaard's conception of faith is most difficult to understand, and the

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[34]Søren Kierkegaard, *Journal* cited in Robert C. Solomon, *The Big Questions: A Short Introduction to Philosophy* (New York: Harcourt, Brace, Jovanovich Publishers, 1986), p. 275.

concept of rationality becomes stretched beyond recognition. The conclusion follows that a Kierkegaardian faith is essentially irrational.

Summary. What these accounts by Kant and Kierkegaard teach us about trust has to do with the range of contexts in which the concept of trust can be invoked. My analysis in the previous chapter suggested that we often mean several distinct and logically separable things when we use the word 'trust.' I also suggested that our use of the words 'trust' and 'faith' are often taken as synonymous, but on my analysis are not identical. Both involve a belief in another and a variable state of dependence on the actions of others; faith is identical to trust only in the case of a blind or unconscious trust. My discussion of the views of Kant and Kierkegaard reveal somewhat polarized accounts of what is meant by 'faith,' but both seem to regard it as some attitude or act of commitment toward God. Kant does not expressly consider the risk associated with trust or faith but for Kierkegaard faith in God seems to imply an ultimate risk. Presumably for Kierkegaard, these risks can be moral or spiritual in nature. I have suggested that risk, and the vulnerability it entails, is an ontological feature of life, and not exclusively the province of either faith or trust.

Chapter Summary

In this chapter I have examined the assumptions which may underlie the claim that trust is the fundamental value of society. A selected review of classical philosophical thinkers has demonstrated that the value of trust has a somewhat variable position in historical conceptions of society. While there is a diversity in conceptions of human nature among these thinkers, there does seem

to emerge from their works a rather consistent claim that trust, in some form, is necessary for the flourishing of societies. I have acknowledged that there is an underlying tension in contemporary thinkers regarding the value that ought to be ascribed to trust. On this point there does seem to be some disagreement. In my opinion, this disagreement seems to mainly stem from different analyses of human nature and morality, rather than to any inherent defects in trusting acts. Throughout the remainder of this work, I will be concerned to show why certain forms of trust can be regarded as desirable and what role these forms might play in morality. Of course there are alternatives to trust. One of these might be a policy of radical distrust or skepticism of social institutions and persons. For those who are completely cynical with regard to any value that trust might have, the alternative might involve the use of the computer to provide a decision tree of all possible actions and their outcomes. These concerns relate to the issue of the proper allocation of trust and of the rationality of bestowing trust in others, which I will be discussing in remaining chapters. The conclusion of this chapter is that at least in earlier times, philosophers such as Aristotle and Locke did do some critical thinking on the value of trust and trustworthiness in society. Indeed, an argument might be made that Locke's ideas regarding political trust would be fruitful reading for many of our contemporary politicians.

CHAPTER FOUR

Functional Aspects of Trust in Contemporary Society

Trust is a requirement of social life. Patterns of trust are embedded in the entire structure of social existence and are reflected in numerous social, institutional, and personal relations. For a social order to be possible at all, the actions of individuals must be reasonably predictable. Reasonable expectations about what others are supposed to do give rise to action which is based on relaible predictors. When these expectations are reasonably fulfilled we are said to have some indirect knowledge or information about the likely behavior of others on whose actions we may need to depend in certain specified social parameters. Relatively stable expectations about future probabilities occupy a crucial epistemological position in a rational society. Without them, the successful functioning of individuals or social institutions would otherwise be severely impaired.

Socially desirable practices depend in part on a shared willingness to accept what others say as true. That is, we formulate expectations about what others will do and say at certain times and within certain contexts. In formulating these expectations, we often express some appropriate willingness to *accept* established beliefs, customs, and traditions as proper guides for our

behavior. Of course this acceptance can be only provisional and conditional, but in general it provides a reason to rely on the words or actions of others. Without reasonable expectations about the actions of persons and their conceptions or assumptions regarding claims of knowledge, truth, and morality, social life cannot function.

In this chapter, I discuss some of the social science literature which analyzes the role of trust in society. For the most part, this literature deals with trust as a social phenomenon which is antecedent to or a consequent of association. This perspective diverges somewhat from my principal focus, which is an account of trust in interpersonal relationships and especially in those which occur between patients and health care professionals. The literature reviewed in this chapter focuses less on acts of bestowing trust in others (Trust A), and more on the analytic elements which comprise the attitudes of counting on others to give true representations of themselves (Trust D) as well as epistemic attitudes regarding the confidence, reliability, and trustworthy virtues of persons or institutions (Trust B and C)[1]. In analyzing these accounts it is first useful to note that sociological theory begins with the major assumption that reality is known through the constructions of social forces and that experience can be structured either by way of regularity and control or by openness and chance. This assumption is clearly at odds with those of epistemological or ontological realism; in this chapter I do not attempt to argue this issue but merely to remark that these considerations lurk beneath the theories proposed herein. Since my primary interest lies with the actions of persons which either reflect or create trust, I am not here concerned with the

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[1]My discussion of these forms of trust appears on pages 41-42.

conceptual issues regarding the conditions for human knowledge in general, but rather with some of the ways in which an understanding of trust requires a confrontation with difficult epistemological issues. While not attempting a discourse on these issues, I will for the sake of argument, endorse those views that reject epistemic individualism.[2]

This chapter is divided into three sections. Section I addresses in a very general way some of the salient epistemological concerns raised by the problem of trust. In this section trust is seen to be regarded as a functional equivalent for knowledge. Section II deals with trust as a mechanism of social reliability and includes a discussion of the relation of trust to the norm of truthfulness. In this section, I analyze further the elements of trust as an epistemic attitude of either confidence or reliance, which was introduced in Chapter One. Section III briefly describes some of the empirical studies which investigate certain hypotheses regarding the social function of trust.

Section I: Trust and the Limits of Knowledge

A few of the salient epistemological concerns that an examination of trust in society involves were addressed by the German philosopher and

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[2] See John Hardwig "Epistemic Dependence" *The Journal of Philosophy*, Vol. 82, No. 7, July 1985, pp. 335-349. There he argues for a more collective basis of knowledge, by analyzing appeals by lay persons to expert opinion. He shows that the lay person cannot be an epistemic individualist because she either has no background whatsoever in the area of expertise, has neither the time nor desire to achieve any mastery of this expertise, or simply does not possess the necessary intellectual acumen or inclination to comprehend it. However, this does not imply that she does not know indirectly a lot of information gleaned from the writings of experts. He concludes that one can know vicariously, and that only a community can know.

sociologist Georg Simmel.[3] His concern is with frames of meaning which are constituted by certain facts of modern life in complex societies. He investigated the structure and distribution of knowledge and truth in society and in human relations. He argues that the construction of reality and notions of truth grow out of basic epistemic assumptions and ultimately influence the terms and characteristics of trust. He writes:

> In a richer and larger cultural life. . . existence rests on a thousand premises which the single individual cannot trace and verify to their roots at all, but must take on faith. Our modern life is based to a much larger extent than is usually realized upon the faith in the honesty of the other. Examples are our economy, which becomes more and more a credit economy, or our science, in which most scholars must use innumerable results of other scientists which they cannot examine. We base our gravest decisions on a complex system of conceptions, most of which presuppose the confidence that we will not be betrayed. Under modern conditions, the lie, therefore becomes something much more devastating than it was earlier, something which questions the very foundations of our life.[4]

In this passage the concern is with that pattern of trust which is broad and open; it is influenced by conditions of knowledge, predictability, and control which cannot be individually verified. This pattern of trust suggests something of what I analyzed as Trust D, and yet it is even more basic or "metaphysical" than a policy of "counting-on" others to do what they say they will do. This assumption governs the routine, daily encounters with others, which we simply cannot take the time to verify as true. Simmel differentiates between a "metaphysical trust," which is open, diffuse, and generalized to the human race in general, and an "existential" trust, which is a concrete, dynamic, and situational trust in a particular other. Existential trust is based on perceived

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[3]Georg Simmel, *The Sociology of Georg Simmel*, (trans. by Kurt H. Wolff, ed.) (New York: The Free Press, 1967).

[4]Ibid., p. 313.

qualities of trustworthiness in the particular other, whereas "metaphysical trust" is a generalized "faithfulness" regarding the ability of social orders and their institutions to persist. On Simmel's view, epistemic assumptions and basic notions of truth will influence our understandings of the terms, characteristics, and conditions of trust. Simmel's metaphysical trust is described as a basic, generalized attitude regarding the "system" of social existence and its relations to individuals in society. He sees it as a general, non-specific, social connectedness or "faithfulness" about the relationship of an individual knower to other persons, groups, societies, and to the human race itself.[5] Such a pre-reflective, primitive, assumptive "trust" is said to create or sustain social norms about what are assumed to be universally or commonly held notions of truth and knowledge. Existential trust is interpersonal and based on what others present as their "normal" self or identity. Hence, the territory appropriate to existential or interpersonal trust is the region between total knowledge and total ignorance, and between reality and appearance.[6] Here, Simmel's conception of trust is similar to my analysis in that trust between persons is based on some evidence or reason which justifies it. A totally blind trust would require no such evidence or reason and is said to be naive, unconscious, or non-rational.

Other thinkers give similar renditions of this metaphysical trust or simple taking-for-granted standpoint about the world. For example, Merleau-Ponty refers to this attitude as a "primary faith" which binds us to the world in a sort

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[5]Ibid., pp. 381-384.

[6]My interpretation of Simmel has been based in part by the analysis provided by J. David Lewis and Andrew J. Weigert in "Social Atomism, Holism, and Trust," *The Sociological Quarterly*, Vol. 26, No. 4, 1985, pp. 455-471.

of intersubjective dimension of relatedness. In *Phenomenology of Perception*,[7] he discusses the notion of *presence* and claims it points to a kind of openness toward the reality of the other. Heidegger[8] also advocates a standpoint of openness towards others and claims this openness is a mode of social and practical existence. He says:

> man's distinctive feature lies in this, as the being who thinks, is open to Being, face to face with Being; as man remains referred to Being and so answers to it. Man *is* essentially this relationship responding to Being, and he is only this. This "only" does not mean a limitation but rather an excess. A belonging to Being prevails within man, a belonging which listens to Being because it is appropriated to Being. And Being? Let us think of Being according to its original meaning, as presence.[9]

The notion of presence and the idea of presenting oneself truly to another is discussed by the contemporary sociologist, Niklas Luhmann, whose work was introduced in Chapter One, and whose claims regarding presence will be discussed in detail later on in this section. Luhmann's assumptions about human nature are opposed to those of Heidegger and Merleau-Ponty but he also describes a sort of non-intentional, generalized trust in the self-evident, matter-of-fact 'nature' of the world and of human nature. For Luhmann, trust at this most basic level is faith; "faith (*zutrauen*) is a natural feature of the world, part and parcel of the bounds within which we live our daily lives, but it is not an intentional (and hence variable) component of experience."[10] Trust in this generic sense has the general function of providing expectations about social life

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[7]Maurice Merleau-Ponty, *Phenomenology of Perception* (New York: Humanities Press, 1962).

[8]Martin Heidegger, *Identity and Difference*, (trans. by Joan Stambaugh) (New York: Harper and Row Publishers, 1969).

[9]Ibid., p. 31.

[10]Luhmann, *Trust and Power*, p. 4.

at the most basic of levels. On Luhmann's view, these expectations are both cognitive and moral in nature and have to do with what he refers to as a strategy for reducing complexity. That is:

> Trust, in the broadest sense of confidence in one's expectations, is a basic fact of social life. In many situations, of course, man can choose in certain respects whether or not to bestow trust. But a complete absence of trust would prevent him from even getting up in the morning. He would be prey to a vague sense of dread, to paralyzing fears. He would not even be capable of formulating distrust and making that a basis for precautionary measures, since this would presuppose trust in other directions. Anything and everything would be possible. Such abrupt confrontation with the complexity of the world at its most extreme is beyond human endurance.[11]

Here Luhmann makes the descriptive point that the collection and processing of information about future probabilities is an unending task, which if attempted would leave decision and action in a state of paralysis. Knowledge, whether acquired directly or indirectly, is an obvious foundation for social life. Once a certain degree of stability in expectations about the actions of others is achieved, then decision-making about actions dependent on these expectancies can proceed with some doxic confidence and can be justified by some reason.

Clearly, the multi-perspectivity of knowledge in contemporary society is a stunning fact of social life. However, knowledge alone cannot be a fully adequate basis for action. A total dependence on rational planning and prediction, while theoretically ideal, is practically untenable. We live in an uncertain world and our knowledge, however expansive, is not limitless. For instance, with regard to the decisions and actions of others, knowledge is incomplete and must be augmented by trust. Even in science and the intellectual life in general, the skepticism we expect to find with regard to

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[11]Ibid.

knowledge claims needs to be balanced by an appropriate and shared willingness to accept some well attested opinions and beliefs which may not properly be in the domain of knowledge. In what follows, I discuss the function of trust as it relates to knowledge in the personal domain; this includes knowledge we have about persons and not general knowledge of objects or reality.

Trust as the Functional Equivalent of Knowledge

In "Trust as Social Reality,"[12] Lewis and Weigert claim that where knowledge leaves off or discovers its limit, trust begins. Trust is conceived as a property of relationships which take place in a social context. Trust is irreducibly a social phenomenon and cannot be understood purely in terms of individual psychology or motivational disposition. This claim reflects their theoretical assumption of social holism, such that individuals isolated from their social roles would not have need to trust. Perhaps it is worthwhile to note that these authors make no attempt to provide a definition of knowledge nor any criteria of justification for it. This makes a critique of their view somewhat difficult. Presumably they regard knowledge as some set of confident beliefs grounded in reason and experience. They claim, along with James, that if we wait for all our beliefs to be confirmed by the evidence of reason or experience before acting on them, then we as social "actors" are paralyzed. On their view, since we are not omniscient, the alternative is to trust. "Trust" is a way of acting on cognitive expectations about social actors and interactions. This is vague, but they seem to mean that trust is a form of social experience which is based on

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[12] J. Lewis David and Andrew J. Weigert, "Trust as a Social Reality," *Social Forces*, Vol. 63, No. 4, June 1985, pp. 967-985.

an assumption that other persons occupying a social system will act according to the way they present themselves in social roles. Appearances are said to help create an initial trust appropriate to social functions and what is known about concrete situations.

On their sociological analysis, the concept of trust can be analyzed from its cognitive, emotional, and behavioral stances, but in keeping with their theoretical assumptions regarding social holism, these stances all merge into a unitary social experience. That is, as analytic ingredients of the concept of trust these components are separate but imply the other. They do not exist as absolutes but are variable with respect to each other. The cognitive element of trust is built on knowledge of attributes of the trusted. This expectation involves a shared cognitive orientation of an intentional relationship of truster to trusted. Here they note that evidence of trustworthiness in another initiates trust, but as trust is gradually established and deepened, it may no longer need "rational reasons" to justify it; this claim is not explained but presumably they mean that in these cases persons trust by virtue of a "norm of trust," or perhaps what I refer to in Chapter Seven as "an ethic of trust." The affective component of trust is built on a mutual involvement of persons who have strong emotional reactions regarding betrayal of trust. The behavioral element of trust involves a voluntary dependence upon the actions of others where a violation of the expectations on which the dependence was assumed would be perceived negatively. These basic elements of trust accord fairly well to my own analysis, although Lewis and Weigert are silent with regard to any moral ingredient. On my view, personal relationships involving trust include a shared value regarding the norm of respect, a mutuality of interests (i.e., the relationship itself), and a

shared goal (i.e., the implicit commitment to take care of what is entrusted). Therefore, I would add a definite moral component to their analysis, and claim, that where trust is an intentional act of bestowing and or receiving trust, it activates as well as creates value commitments.
I will discuss this further in the remaining chapters.

Like Locke, Simmel and others, Lewis and Weigert also regard trust as the very foundation of social order; it is indispensable to social relationships. Trust while not itself knowledge, is a *functional* equivalent of knowledge. It functions within certain limits posed by specific situational contexts. That is, trust functions as a rational alternative to knowledge. It is the functional analogue for rational predictions which has as its goal the reduction of complexity. Trust is *not* a belief state based on ignorance, for ignorance supplies us with no rational grounds to trust. Trust is, at least in part, a cognitive state which uses reason and experience and observation as its platform. As a cognitive state it involves the formulation of expectations based on reason, experience, and observation, but where such evidence is incomplete, uncertain or undesired, trust is required. To trust is "to live *as if* certain rationally possible futures will not occur."[13] Here these authors acknowledge that trust does not supply the certainty that knowledge provides, but say that trust functions as a sort of substitute for this certainty. Furthermore, unless a person or the situation presents a definite reason for *not* trusting, Lewis and Weigert claim that assuming an attitude of trust will function to guide interpretation and interaction of others. A similar view is given by Gambetta, who claims that "trust is a peculiar belief predicated not on evidence, but on the lack of contrary

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[13]Ibid., p. 969.

evidence."[14] This claim diverges from my claim that trust involves some evidence or reason, but here I suppose that these authors are referring to some variant of what I have called Trust D. This variant makes "trust" a rather uninteresting policy or strategy of action and in no way captures the sense of trust I am formulating. Of course, it may well be the case that there are times when we have no reason to doubt others on whom we may need to rely; we may need to act *as if* we know with certainty the truth of certain claims, and we may need to do so on the basis of no evidence. However, on my view, this is a state of dependence that does not voluntarily assume or assess risk factors or the possibility of betrayal. As such, it is either a rather primitive and blind form of trust or that degree of faith which requires no evidence. In claiming this I do not mean to deny the reasonability of a policy of acting *as if* someone believed in the truth of a proposition or the word of another, but insist that this is not to fully capture what we mean by trust. This was the point discussed in the previous chapter, where it was indicated that a certain policy of acting *as if* one believed in the truth of a proposition could be justified as a reason to act.[15]

Lewis and Weigert's discussion raises concerns regarding the proper allocation of trust and how substantial the claims on its behalf ought to be. They briefly note the literature which claims that it is *distrust* which functions as a rational policy or a substitute for knowledge, at least in some contexts. For example, they cite the studies of political scientists such as Vivien Hart[16] who

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[14]Gambetta, p. 234.

[15]For an elaboration of the problems associated with proceeding *as if* something were the case, see H. Vaihinger, *The Philosophy of 'As If'* (trans. C. K. Ogden) (London: Routledge & Kegan Paul, Ltd., 1949).

[16]Vivien Hart, *Distrust and Democracy* (New York: Cambridge University Press, 1978).

has documented the claim that distrust in any set of political incumbents promotes the continuance of democratic institutions. That is, through the mechanism of distrust, the complexity of the social-political order can be reduced by adopting a course of action based on suspicion, monitoring, and the activation of institutional safeguards. Similarly, they note that Bernard Barber[17] claims that distrust itself may be functional in complex interpersonal and institutional relationships such as that between patients and physicians, or lawyers and clients. So, on their view, the analysis of trust must include an investigation of the scope of trust and the virtue of trustworthiness it seems to imply. However, Lewis and Weigert conclude that in the final analysis "there is no foolproof safeguard, and suspicion eventually gives way to knowledge or realignment, so that actors must fall back on some type of trust."[18] Trust is both the foundation of social relationships and the functional equivalent of knowledge, where knowledge is incomplete. Trust is in part a cognitive attitude consisting in expectations informed by reason, experience, observation but extending beyond them. This extension is conceived in their view as a metaphoric leap beyond available evidence. Once again these authors base this claim on the assumption of social theory which holds that others like myself will also leap beyond the evidence that knowledge alone would warrant. This assumption renders social life and interaction possible. Trust is essential to social relationships and is considered a good (or an instrumental value) insofar as the social actions it permits promote some common good or makes possible

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[17]Bernard Barber, *The Logic and Limits of Trust* (New Brunswick, New Jersey: Rutgers University Press, 1983).

[18]Lewis and Weigert, p. 969.

the flourishing of shared goals. They do not consider the objection that trust can also be a disvalue if wrongly placed nor the concern that the flourishing of some shared goals may be in direct opposition to concerns of morality.

This notion that trust somehow transcends knowledge has its conceptual root in the work of Niklas Luhmann. Luhmann published in 1973 a descriptive and rather dense monograph on trust, called *Trust and Power*. Luhmann's theoretical assumptions are an outgrowth of the phenomenological and symbolic interaction traditions advanced by Simmel[19] and Parsons[20], respectively. These traditions stress the social construction of reality and the development of meaning as well as the basic but often obscured conditions of social life. Virtually every competent discussion of trust in contemporary literature makes reference to Luhmann's *Trust and Power*. For the most part, these references are cursory and so in the following discussion I provide a more detailed analysis than has been attempted by others. At the outset, a comment is in order about the difficulty this may present, for Luhmann's writing style is complex and his argumentation often opaque.

Like Locke, Luhmann sees trust as central to sustaining the operations of society and as an extension of the capacities of individuals to cooperate. On Luhmann's neofunctionalist conception of society, trust is seen as occurring within a framework of interaction which is influenced by both individual personality and by social systems. Trust so thoroughly permeates both the psychological and institutional arenas that it can never be thought to be

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[19]Georg Simmel, *The Sociology of George Simmel* (trans. by Kurt H. Wolff, ed.) (New York: The Free Press, 1967).

[20]Talcott Parsons, *Sociological Theory and Modern Society* (New York: The Free Press, 1967).

exclusively the province of either. Any analysis of trust as a concept must therefore seek to integrate rather than to segregate these arenas. For Luhmann, the functioning of all complex political and economic institutions, governments, bureaucracies, and financial structures depend *directly* on trust. Additionally, they depend also on the more intimate and cognitively accessible contexts that constitute the everyday life of human beings.

Trust as Social Reliability

Luhmann begins with a philosophically suspect assumption that the basis for judgments about the voluntariness, intentionality, or rationality of the actions of others does not lie in some system of morality or normative ethical theory. Rather on his view, it lies in the causal properties of society and its institutions and social roles. That is, modern societies depend less on normative experience and more on purely cognitive assumptions than those in the pre-industrial societies such as that in Locke's day. This is a strange claim and Luhmann's argument for it is quite obscure. He seems to regard trust as some sort of social arrangement by which the problem of the enormous complexity so ingrained in modern, technocratic societies is reduced. For Luhmann, trust goes beyond the information acquired in the past and orients itself toward the future, where such information is uncertain. Apparently he means that past behavior is linked with a would-be truster's expectations regarding future projects, and these together constitute the meaning frame of the experience of trust. Since the possibilities for human action and decision which are part of the future are so several and complex, Luhmann postulates that individuals seek to reduce this complexity of available choices by the *act of trust.* He claims that trust serves

the same general function at both the personal level and at the system or institutional level. Although the foundations of personal and system trust are not the same, he argues that personal trust almost always stands upon system trust, the latter seen as a trust in the generalized other, or what Simmel referred to as a metaphysical faithfulness that all others like myself will continue to trust in the system that the social order presents. As mentioned earlier, I regard social trust as being built on interpersonal trust and so would argue with Luhmann's initial premise. As will be discussed below, Luhmann also regards personal trust and system trust as interdependent and claims that a breakdown in one will lead to an erosion in the other.

According to Luhmann, by *means* of trust, the truster is said to unburden herself of the complexity she cannot practically or cognitively sustain. That is, trust provides a basis for dealing with risky, uncertain, complex, often disturbing and perhaps threatening images of the future. Thus, for Luhmann, the backdrop for any *form of trust* has to do with the problem of complexity. The forms of trust can include those between individual persons and those among participants in societal institutions such as family, marriage, government, economics, and politics. In all social forms of trust, whether personal or systemic, the issue of power is invoked. Luhmann's account has much in common with the claim by Lewis and Weigert that trust is a functional equivalent of knowledge. However, Luhmann's theoretical treatment of trust extends well beyond their claim. For instance, he draws a distinction between trust in the system of the social order and a trust between persons who occupy that system. Here, Luhmann sees trust not so much as a functional equivalent of knowledge but rather as a feature of what kinds of interests we may share in

common and how the system can provide them. His interest is in determining what conditions would further promote or protect those interests and his answer is given in terms of systems theory and exchange theory. Trust is a form of behavior or a partly rational choice to either extend or withhold confidence in another or in an institution in exchange for something else. My own analysis of trust has not been drawn in terms of systems theory and while there may be element of reciprocity involved in *acts* of trust, I am not assuming this element is explained by exchange theory. I return to the idea of confidence in institutions in Chapter Six and attempt to show that the forms of trust analyzed in Chapters One and Two may have application to a trust in the system. Once again, I differ from Luhmann in that he grounds all trust in social systems whereas I think social trust is built up from person-to-person trust.

System Trust. According to Luhmann, system trust is sustained by the presentation of self to others in society. The "self," understood in sociological terms, is non-atomistic. The self is a social reality constructed out of ideological components and constellations of social roles. The presentation of self in society initiates an assumptive trust that others are indeed what they appear to be. This "trust" in the identity of another as a social role is regarded by Luhmann as a fundamental requirement for the functioning of societies. Social life and human affairs thus embody trust relationships. Social existence and its panorama of relations require trust. The type of trust which Luhmann refers to here comes closest to what I have identified as Trust D, but his analysis reveals many more aspects of trust than did mine. I am not convinced that the additional aspects raised by Luhmann are in fact germane to the concept of trust *per se*, but perhaps point to a sociological theory regarding conditions for

its initiation and maintenance. Luhmann draws a distinction between personal and systemic patterns of trust and argues that while their foundations may be different, they are ultimately interdependent. That is, system trust is based on knowledge of others and on the recognition that knowledge is limited, not only by the complexity of modern technocratic societies, but by the freedom of the individual to act. The other foundation of system trust is the assumption that everything is as it appears to be in the system of life that we share. That is, the self-presentational aspect of life can be trusted, because appearances can help initiate an assumptive "trust" that what appears to us in reality is true. This reference to system trust has already been referred to as a pre-reflective confidence in the working of social institutions which would include expectations concerning market exchange, public utilities, public health, and education. This basic, generalized attitude of trust in the system of society was claimed by Simmel to be based on an attitude or feeling regarding non-particular others and it lacked any emotional bond of affectivity or reciprocity. For Luhmann, this basic attitude is a "trust in trust"[21] itself and is said to lack any kind of emotional content, although he will say the reverse in his claims regarding personal trust. This systemic trust is said to ground the creation and sustaining of what is held to be commonly or universally valued. What he seems to mean is that society is not composed of culturally alienated beings but rather it consists in us knowing something about each other, the roles we assume, the values we uphold, and the interests we have in common. That is, we trust in the functioning of some system or institution on the assumption that we are connected to others like us in some universal sense. In other words, we assume

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[21]Ibid., pp. 66-71.

that others like us trust in the machinery of the social order viewed as a system. This trust gives rise to a sort of collective, impersonal, social bond. System trust is thus predicated on the ways in which social institutions, their practices, and their social actors present themselves.

Luhmann draws further on this assumption and claims that what is presented to us in the social order of daily existence is generally accepted by us as "normal." If this generalized trust that others like myself will continue to trust in this "normal" functioning of social institutions were to break down, then the very institution in which such trust was placed would collapse. Luhmann's point seems clear, and perhaps its validity is evident in a few historical examples. For instance, the institution of banking thrives and trades on trust. On Luhmann's view, a decision to bestow trust in the banking institution would be based on a sense of reliability and confidence in the social practices which constitute it. This expectation is grounded in knowledge, (albeit incomplete knowledge), and involves a cognitive appraisal of the various features of the social context, including the feature of risk. But, in 1929, when the banking institution collapsed, Luhmann would say that both system trust and personal trust broke down, since the people who had their trust betrayed claimed they would never trust their banks again. A second illustration of the total breakdown of system trust which caused a similar failure of trust between individuals is detailed in the coup of Hitler in 1933. Not only was the entire process of government broken but it was replaced with absolute terror and unspeakable brutality. The failure of system trust was reflected in personal distrust, as word of the Nazi concentration camps spawned fear that associates might turn informers in order to save themselves from annihilation.

Paradoxically perhaps, other institutions which thrive on trust, for example, the Mafia, do not seem to collapse when their members' trust in their social connectedness breaks down.

The implication of Luhmann's thesis is that a loss of one form of trust, say a sense of public trust in medicine, is causally related to and can explain variations in another form of trust, say in a particular medical practitioner. A successful argument of this claim must show the link between these two notions. Additionally, it would require some empirical evidence in the form of discernable trends in data for each type of trust. One such study investigating the relationship between personal trust and institutional trust has been reported by Lipset and Schneider.[22] In this study, trust was defined in terms of confidence in others. The findings indicate that people who trust others, who think that most individuals try to be fair and helpful, and who express a sense of optimism about the present and the future also rank highly their degree of confidence in those who run institutions. Conversely, the data indicate a consistently lower ranking of favorable sentiments toward institutional leaders among those who are mistrustful, suspicious, or pessimistic in their personal outlook.[23] Thus, there is empirical evidence of an direct relationship between personal trust and perceived trust (as confidence) in social institutions.

Personal Trust. Luhmann gives an important status to personal trust, seeing it as grounded in the individual self as a social identity. Whereas system trust was characterized as being based on a non-personal and non-emotional

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[22]Seymour Lipset and William Schneider, *The Confidence Gap: Business, Labor, and Government in the Public Mind* (revised ed.) (Baltimore: Johns Hopkins University Press, 1987).

[23]Ibid., p. 119.

cognitive awareness of our 'connectedness' to social institutions, personal trust is based on an affective bond between persons. This bond implies some notion of reciprocity and this in turn implies a reduction in any interest to act in exploitative ways. The kind of interpersonal trust which particularly interests Luhmann is that which is involved when the trusting expectation *makes a difference* to a decision, or renders it some special significance. This specification captures the more 'intimate' or affective quality of interpersonal trust as opposed to trust in systems of institutions, and it seems to be in accord with my analysis as well as the claim by Lewis and Weigert that trust involves affective as well a behavioral and cognitive elements. Trust for Luhmann appears to have instrumental value because it is regarded as an exchange between individuals who build an emotional bond between them which neither is inclined to exploit. Both parties to the bond are said to gain something from the emotional bond that ties them.

For Luhmann there is a certain delicacy which characterizes these personal relationships based on trust. Personal trust is a risky investment where some alliance or association between persons makes a difference to the individuals involved. That is, the *relationship* itself *matters*; it is characterized by some degree of emotional response or affective attitude toward the acts and decisions occurring within it. Interpersonal trust is defined as:

> the generalized expectation that the other will handle his freedom, his disturbing potential for diverse actions, in keeping with his personality--or rather, in keeping with the personality which he has presented and made socially visible. He who stands by what he has allowed to be known about himself, whether consciously or unconsciously, is worthy of trust.[24]

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[24]Luhmann, *Trust and Power*, p. 39.

On my view, this characterization of trust captures the forms of trust which I have analyzed as confidence and reliance. Confidence and reliance were among the forms that trust might take, but not wholly constitutive of what we mean by interpersonal trust. I drew a distinction between confidence in person's ability to perform certain actions and a confidence in them as persons. Luhmann's account seems to regard trust as a confidence in the reliability, effectiveness, and legitimacy of persons functioning within social roles and presentations. It does seem correct to say that we are always representing aspects of ourselves to others within the context of society. That is, there is never a "core" self underneath these presentations which is the true and genuine self; it follows that even though we are never merely social actors playing roles, the presentations of our selves in them may be the basis for a reasonable confidence of reliance by others. On my view, this does not necessarily imply trust in the sense of Trust A, which is the act of consigning to another the care or custody of things important to me which involve my dependence on others. As mentioned, this willingness to trust others involves a voluntary assumption of risk.

Risk. According to Luhmann, trust is both an inevitable and a necessary feature of advanced technocratic societies. Given that risk is a conceptual correlate of trust, then risk is also inevitable and necessary. Yet for Luhmann, risk and trust are conjoined in an interesting way. Trust serves to overcome or to manage an element of uncertainty in the possibly opportunistic or inept behavior of others; that is, even within the parameters of our social roles, behaviors may be unpredictable. Luhmann recognizes that there is always the possibility that others can disappoint our expectations. There is always the

possibility that others can act or decide opportunistically. There is no assurance or guarantee that the good or the desired end we seek will be realized and we remain uncertain about the possible behaviors of others. It is this condition of uncertainty which distinguishes trust from confidence. Confidence suggests a belief state characterized by strong levels of certainty but trust is a more fragile epistemic state. Luhmann's remarks here suggest that an absolute belief or conviction in the behavior of others or of institutions would be a case of confidence as opposed to trust. (On my analysis, it would be faith). This distinction was discussed in Chapters One and Two. 'Trust' is a term reserved for those relationships where one's conviction is not so strong as to eliminate doubt and risk. Because these acts and decisions are not bound by causal laws, Luhmann assumes that risk is always inherent to a decision to trust. The risk can take many forms--defective expectation, exploitation, abuse of asymmetrical dependencies--but, the risk integral to trust is always betrayal.

From a theoretical point of view, Luhmann claims there are three requirements which must be met before trust is initiated. The first requirement is that, there has to be some cause (or occasion) for displaying trust, some situation in which the truster can choose to allow herself to be dependent on the trustee. This psychological requirement involves a commitment to venture risk and a recognition that one's vulnerability is the instrument by which a trust can be created. The fundamental condition here is that it must be possible for the partner to abuse the trust. This abuse is always a theoretical possibility given the freedom of persons to act in opportunistic ways. On his analysis, acts of trust between persons are predicated by a more

generalized trust in the presentation of social roles and personas, and he seems to regard this generalized trust as a universal feature of humanity.

Self-Presentation.

The second requirement for the initiation of trust is the condition of familiarity and the confident and reliable presentation of self to others. This presentation is a mutual affair, and so would apply both to trusters and trusted alike, but in different degrees. Persons 'present' themselves to others in the context of social bonds and social roles. Following Heidegger, Luhmann refers to this as the presentational aspect of self. He explains:

> The basis of all trust is the presentation of the individual self as a social identity which builds itself up through interaction and which corresponds to its environment. Whoever presents himself from the outset as unapproachable--and this can be done in many different ways: by a snub, by walking past really quickly, by offending against customary demeanor or behavior in a way which shows that one places no value on it--whoever distances himself in this way is in no position to acquire trust because he offers no opportunities for learning and testing. He may demonstrate that he is a relatively calculable factor in the situation; but he is not trusted. Whoever wants to win trust must take part in social life and be in a position to build the expectations of others into his own self-presentation.[25]

Here the problem of establishing the appropriate conditions for trust is seen as the presentation of self as a social identity who claims to be a reliable object of trust. This pattern of trust allows us to take for granted certain salient features of social existence which in turn allow us to act on certain salient interests. Luhmann seems to regard the presentation of oneself as approachable as an empirical requirement of the initiation of trust. For example, in functioning within the social role of medical practitioner, a physician might be said to present herself as a reliable and approachable object of trust. In that role the

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[25]Ibid., p. 62.

problem of initiating and sustaining trust is grounded in the consistency of her public or professional role persona, and whether or not she "merits" the trust of others. According to Luhmann, it is not possible to *demand* the trust of others; rather, trust can only be earned and offered. This is a curious claim, but it is consistent with his view that in order for a would-be truster to make a decision to trust, she would first require evidence that the other is approachable. I am not convinced, however, that this is conceptually required for acts of trust (nor am I convinced that Luhmann actually claims that it is, for he may mean it is only required in practice). It is always my choice to entrust another with anything of mine, and the choice is predicated more on evidence of trustworthiness rather than the approachability of the other.

Trustworthiness. For Luhmann, interpersonal trust is grounded in the presentation of the individual self as a social identity; trust is justified when there exists a generalized expectancy that the individual to be trusted will choose to act and to decide in ways which are consistently congruent with this social identity. Conversely, according to Luhmann, the inability to show trustworthiness by presenting oneself confidently to another reduces the chances for winning or earning trust. These are curious and problematic claims. In making them, Luhmann seems to be invoking the assumption of Simmel and asserting that personal trust is grounded in an attitude of faithfulness regarding the presentation of social actors, and that as long as this presentation is consistent, reliable, and predictable, then trusting is reasonable and warranted. For Luhmann, trust is "earned" when one presents herself consistently as a social identity--a free, individual personality functioning reliably and predictably within circumscribed social roles which in turn signify certain stable expectations

about the likely behavior of others. I would argue that, based on my analysis, Luhmann's claim refers to reliability and not to trustworthiness. On my view, trustworthiness has to do with certain virtue expectancies of the character and intentions of persons, not their performance in social roles. Against Luhmann, I would argue that the inability of a person to show trustworthiness by presenting oneself confidently to another not only reduces the chance for trust but makes trusting that person a conceptual impossibility. Trust is an attitude which develops (or does not) through an individual's own experiences and the meanings they represent; trust cannot itself be merely "earned" or "won" by others acting out social roles. Trust is not a quantity I have floating around inside and which I bestow on outsiders simply because others are approachable and might be interested in being trusted. Neither is trust something I bestow on others in virtue of my will alone. Rather, trust is an *act*. It comes into being only *in* the act itself. Trust is not bestowed simply because others are interested in appearing worthy of it. Rather, trust is linked to one's own disposition and experience. Here I would agree with the claim made by Williams that any reason which actually moves someone to act must be internal to one's "subjective motivational set."[26]

Trust as an Individual Trait. In discussing his third requirement for the initiation of trust, Luhmann seems to back away from his perhaps overly cognitive assessment of trust conditions. He acknowledges that the cognitive awareness of the risk that one's proffered trust might be betrayed sets the stage for a judgment regarding how much investment in the trusting act the truster is

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[26]Bernard Williams, "Internal and External Reasons," *Moral Luck* (New York: Press Syndicate of the University of Cambridge, 1981), p. 102.

willing to make. Luhmann asserts that while trustworthiness is assessed in terms of consistent self-presentation, the decision to bestow trust is ultimately in the province of the truster. From this standpoint, the decision to trust a certain person is a peculiarly *individual* trait. Accordingly, the decision to trust is an internal mechanism of the would-be-truster. It is mediated from within by the self-developing identity of this person. Trust is an attitude which is mediated by internal causes and yet directed outward toward the future behavior of other social actors and assessed in terms of the image they present. It is an attitude informed by the past and perhaps by certain conditions of familiarity in the present, but it is essentially directed towards the future. Here Luhmann focuses on the "individual" aspects of personal trust and I think his remarks here are in accord with my analysis. He wants personal trust to be an attitude which is directed toward the self, but I think his sociological assumptions prevent him from saying much about the psychological traits of individuals as such, and there does seem to be some tension in his theory with regard to personal trust. He stresses the idea of personal agency and theorizes that trust is a negotiation of the risk which emerges as a feature of the decisions and actions of free individuals. If Luhmann is correct then this claim has interesting implications for the claims advanced by medical practitioners such that patients *ought* to trust their physicians. I develop this example in Chapter Six. If Luhmann is correct it follows that even legitimate claims to trustworthiness cannot themselves be mechanisms for initiating or maintaining trust in others. Luhmann would have to revise his earlier claim and now would be required to say that claims for trustworthiness by certain social actors, say physicians, are not themselves sufficient for trust formation. This is so because the decision to

trust initially and each subsequent time requires an internal mediation of other situational factors that may be present in a given context. This internal mediation seems to involve an internal *readiness to trust*, which is related to past and present experiences with trust/distrust. This suggests that on Luhmann's view, a would-be truster's inclination to initiate a trusting decision is based on the degree to which she accepts the risk associated with the act of trust, thereby showing an internal psychological readiness to regard the act as congruent with her past experience and future interests, and accepts the presentation of the other as reliable. As mentioned, this presentation includes the expression of a willingness and an interest on the part of the would-be trustee to be worthy of the trust. In explicating this claim, Luhmann says that persons undergo stages of learning about others, and some of these stages involve situations in which trust has been both honored and betrayed. He claims that learning processes about others are only complete when the person to be trusted has had opportunities to betray that trust and not used them. I would argue that learning processes about others are not complete even then. That is, even when the condition of familiarity is satisfied, there is always the possibility that the person will use opportunities to betray trust the next time.

Critique

In general, I think Luhmann's account aptly describes the attitude of confidence or reliance, but only partially explains the form of trust which is an act of trust in the sense of Trust A. On his account, the necessary condition for initiating trust seems to be some degree of willingness on the part of both truster and trusted to regard the social presentation of roles and persona as the

basis for the judgment of when it is rational to make a trusting decision. On my view, trust is not so thoroughly rational, although it too depends on some evidence of trustworthiness and reliability. Luhmann claims that the confident and reliable presentation of self by a person interested in having another's trust is necessary for the initiation of trust, but I have suggested trust applies in those situations where such evidence is more tenuous than what Luhmann asserts. If one's conviction regarding the performance of another is so confident and absolute that the decision to trust is no longer tenuous or in doubt, then we are talking about faith. Luhmann's account does not leave much room for the doubt and tenuousness of trust, and so I regard his account as pertaining more to confidence than to faith, or to the core sense of trust I am developing.

Luhmann correctly notes that the mere calculation of demonstrable features of reliability is not sufficient to warrant a trusting attitude. Rather, a trusting attitude requires some discerning judgment of the frames of meaning and value that constitute the presentation. On his functionalist account, he is understood to be claiming that the true, reliable, and consistent presentation of myself as occupying a social role offers to would-be trusters a firm ground for reliance. The consistent presentation of this role is an enabling condition for the formation of trust, viewed here in the sense of providing a reason to act on the broad anticipation of satisfying a future result. On my view, it is also a moral act, for it involves an offer to help or a promise to take care of what is important to me.

Luhmann's claim is that as long as I am consistent in my portrayal of myself and show you that I am both interested in and willing to gain your trust (i.e., *reliable*), then I am trustworthy. The consistent and reliable presentation

of others in their social roles provides a basis for judgments regarding the initiation of trust.

For the most part this characterization is plausible, and is compatible with other views. However, the notion of self-presentation raises at least two difficult concerns which highlight the potential areas where trust can be abused. These concerns have to do with psychological theory and will only be mentioned briefly. First, it is a descriptive fact about *homo sapiens* that people deceive themselves and others; they try to conceal their true intentions from others or to convey false or distorted information about themselves in order to preserve their ego identity. People often project qualities or dispositions onto others which they themselves lack or happen to possess but find disturbing or undesirable. Because of this there is great variability in interpretation, meaning, and value of what is presented in experience. And, of course it is the case that people do often mean what they say and that their intentions are what they claim them to be. However, there is the possibility that the presentation or communication via conventional gestures of a reliable set of social expectations is a hoax, a strategy for persuasion. Yet, this is just the point that Luhmann wants to make; we simply have to start somewhere, and the consistent, reliable presentation of self to others within normatively defined social roles provides a reason to regard the person as trustworthy. There is no guarantee of their credibility but one formulates expectations that the intentions of others are predictably virtuous.

Another concern is that a purposely designed, idealized image of these roles may allow for social manipulation of others. That is, it seems that one can build up the expectations of others by displaying a consistently framed

presentation of self but with undesirable intentions. I may portray myself as being worthy of your trust because the presentation of my social personality is uniform and consistent. But might I not be fabricating this portrayal for some deviant goal and yet still be earning your trust? Con artists build their careers on this presentation; often they are "successful" because they also build on the proposition that most people do *not* do this. This raises the more central question of when it is *reasonable* to place trust in others. If placing trust in others were simply a matter of responding to a would-be trustee's *interest* in having or earning my trust, I might not only be lacking any rational justification for bestowing trust, but I may in fact have good reasons to withhold it. Furthermore, if I knew that another had taken account of my expectations regarding a certain desired goal or end of mind, and then built them up as some sort of presentation of self which would serve to accommodate them, I might feel as if I had been treated merely as a means to the other's end. If so, I might decide on rational grounds to withhold my trust or to seriously *distrust* the motives of the other. It seems that there are social constraints or limits on trust, and viewing trust as a strategy for reducing social complexity may require further analysis.

Indeed, as history only too painfully reveals, there are rational justifications for a robust distrust of others. Thus, while Luhmann's claim that trust may be a strategy for reducing the complexity that results from incomplete knowledge may be plausible in itself, his claim that trust is merited when social actors present themselves consistently is worrisome. I think Luhmann needs to make a distinction between relying on someone's consistent self-presentation and being a reliable object for another's trust. On my view, an additional

requirement is needed. That is, rather than merely relying on a consistent self-presentation of an actor functioning in a social role, I would suggest that the claim should be this: we only speak of trusting those whom we think are reliable objects of trust because we have some reason to believe in their honesty, integrity, accountability, and responsibility, over and above their consistent portrayal of roles. What we *invest in* is not our own individual interests and concerns *per se*, but rather the relationship itself which can protect and sustain them. Of course, the vehicle of this expectation still requires a presentation of self as well as a belief that what is presented is true, but what Luhmann's account seems to lack is a concern that "truth" lies with the agent's acts and not merely with what is presented as a symbolic representation.

The relevant question here becomes: what would be the grounds for trusting that this presentation is in fact worthy of being trusted? This places the issue of trust in the moral realm and implies an assessment of moral criteria for its justification. I take up this issue again in Chapter Five. Luhmann does seem to address this point, but his discussion is particularly dense and obscure. This discussion also points to the third requirement for initiating trust. The third requirement is a normative one. It deals with the question of whether and how the process by which trust is generated can become the object of norms. In this discussion, Luhmann introduces the element of supererogation by which conditions for the emergence of trust are transformed into conditions for the persistence of trust. On his view, a performance is supererogatory when it does not flow from some previously assumed duty but manifests itself as meritorious, and attracts respect. Trust

relationships do not follow from previous moral prescriptions or obligations, but through them certain norms are caused to emerge. Here we see his functionalist assumptions in operation. Trust, as a process, is viewed as a reference back to the (external) social environment for the purpose of gaining symbolic control over the object of trust. Here there is a stabilization of expectations with regard to prospects for gain/loss and unequal distribution of power.[27] Luhmann's discussion here is particularly difficult and confusing, especially given the fact that the supererogatory is what exceeds a norm. I will not attempt to unpack his ideas on this point.

The Instrumental Value of Trust

For Luhmann the matter of personal trust arises only in the sphere of action and decision and he claims that positive, harmonious relations with others can scarcely be maintained in the long run without trust. Trust is a device for coping with the freedom of others. It is based on the confident expectations of others as they present themselves as social actors. Luhmann is not naive with regard to the fact that these expectations often result in disappointments and harms. He would certainly agree with Shklar of *Ordinary Vices* that "distrust has its place in the world."[28] Similarly, he would acknowledge that one's reputation for honesty, trustworthiness, or loyalty can be destroyed, as was the case for Jean Valjean in *Les Misérables.*[29] But the value of trust is seen in its full instrumental dress. It prevents our suffering the "paralyzing fear and chaos"

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[27]Luhmann, *Trust and Power*, pp. 42-47.

[28]Shklar, p. 192.

[29]Victor Hugo, *Les Misérables* (New York: Carleton, 1862).

which results from an overdependence on knowledge. Trust provides simplicity in that it reduces the myriad possibilities that would otherwise leave action in an abulic state. Of course, there are alternatives to acts of trust. One can decide that the strategy of an energetic distrust is warranted and would have the result of eliminating the risk that comes with trust. However, as I will bring out further in the last chapter, such a strategy would not only paralyze all capacity for cooperative and rational action, but in my view it would severely impoverish the moral dimension of life as well.

Summary

For Luhmann, trust is based on a deficit of complete information and always involves an extrapolation from whatever information is available on the object of one's trust. Trust is thus regarded as a cognitive process. In this process an individual faced with a choice whether to bestow trust in persons or social institutions makes certain cognitive assumptions. She discriminates as to whether others exhibit trustworthy, untrustworthy and/or uncertain features. On Luhmann's view, trust is not based on ignorance or faith; nor is it a mere rational calculation of risk based on predicted outcomes of further possibilities. Trust is a blending of both knowledge and some degree of uncertainty or ignorance about the future. Trust is an attitude or mode of expressing expectation; as such, it is neither a purely subjective nor a purely objective state. Trust is a bridge between these states and in some sense involves a leap beyond the inevitably incomplete knowledge or information base available to us into some expectation about future behavior or contingencies. The sheer abundance of all possible future worlds is so complex that rational action in the

present cannot adequately take account of them. Since our knowledge about the future actions and decisions of others is only incomplete and contingent, we are left with the uncertain state that our expectancies may turn out otherwise. The solution to the problem of complexity, says Luhmann, is an *act of trust* adequate to the tasks, complexities, and scope of the system's functioning. Luhmann's *act of trust* does not seem to contain any of the moral features of my analysis, but is perhaps reducible to a notion of a consistent presentation by would-be trustee which inspires confidence in a would-be truster to choose to regard the other in possibly affirming ways.

Section II: Trust and The Norm of Truthfulness

Inherent in many of the previous discussions is the notion that trust is somehow related to the norm of truth, or more specifically to the principle of truth-telling. In the previous section, I claimed that socially desirable practices depend to some extent on the willingness to accept what others put out as true. Simmel claimed that the very foundation of life is built on conceptions of truth, and he noted that "the lie questions our very foundations of our life."[30] Of course, ethical judgments about truth or lying depend upon ethical norms and whether the objective is to produce the most happiness, protect individual rights, or follow certain moral rules. These norms, in turn, depend on certain beliefs and attitudes regarding relevant facts which have a bearing on how the norms are expressed. In this section, my purpose is to expose to a critical light some of the issues which bear on the relation of truth to trust. I will not

[30]Simmel, p. 313.

attempt to solve any of the problems such a discussion will raise, but merely wish to offer some analysis of this relation so that the discussion of trust in the medical context can draw on it.

Philosophers throughout history have generally regarded truthfulness as fundamental to the existence of trust among human beings. Truthfulness is viewed as an indispensable trait for persons to master, as well as an obligation which is claimed to bear on individuals. However, there are disputes regarding the value of the attribute of truthfulness as well as disagreement on just what the duty amounts to and how absolute it is said to be. For some, the whole point of honesty is trust, and for others, at least part of the idea of trust is that speaking the truth is relative to situations, contexts, and individuals. Is speaking the truth a necessary condition for honesty, and is honesty a necessary condition for trust?

Bok

In an attempt to shed some light on these concerns, I focus primarily on the argument of Sissela Bok, a contemporary philosopher who is interested in the ethics of trust. Her argument regarding the duty of veracity can be interpreted as flowing from sociological assumptions about the existence of a general trust in society which are similar to Luhmann's. While the subject of her study was lying, and not trust in general, Bok regards trust as essential to all social orders. She states that "(w)hatever matters to human beings, trust is the atmosphere in which it thrives."[31] On her view, trust is a social good to be

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[31]Bok, *Lying: Moral Choice in Public and Private Life* (New York: Pantheon Books, 1978), p. 31.

protected just as much as the air we breathe and the water we drink. Without trust, the things that matter to us in any essential way would not be safe. Moreover, following Locke, trust is seen as foundational to society. Trust is subject to agreements by others and as such can be broken, neglected, or betrayed. "When [trust] is damaged the community as a whole suffers; and when it is destroyed, societies falter and collapse."[32] Here she agrees with Luhmann, and I would suggest that trust can also range over concerns which are not covered by express agreements, simply because of the element of uncertainty regarding what others might do regardless of what they say.

At the root of Bok's account of trust are concerns of justice, beneficence, and non-maleficence. These concerns are addressed in her exploration of the role of lying as a specific moral choice in public and private life. She defines a lie as any intentionally deceptive message which is stated. She notes that most often such statements are made verbally or in writing, but on her interpretation can also be conveyed through sign language, Morse code, and smoke signals. According to Bok, lying is a part of the larger category of deception, but she does not appear to draw a distinction between them. Whether focused on belief or action, deceit is a moral wrong because it does deliberate harm to human beings. Deceit is regarded as coercive because it can make people act against their will. On her view, human choice is grounded in estimates of what is the case, and these estimates in turn often rely on the information provided by others. She sees the lie as distorting this information and accordingly asserts that lying "bankrupts" our choices. She points out that people who have been

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[32]Ibid., p. 27.

lied to are resentful, disappointed, and suspicious. They feel wronged harmed, and manipulated.[33]

In relating these claims to her account of trust, Bok, who does not provide a definition of trust, says that there are three different types of trust. These are:

1. that you will treat me fairly;
2. that you will have my interests at heart;
3. that you will do me no harm.

She then asks whether one could ever have any one of these kinds of trust if one did not have a genuine confidence in the *truthfulness* of others. She acknowledges that at times hearing the truth may be difficult, but for her it is a greater harm to be lied to. Here she seems to be making the suspect claim that not lying is equivalent to telling the truth. Without confidence in the word of others, she asks, how can their fairness be assessed, or their intentions to either help or harm be honored? For her, every lie threatens to some degree the general trust that characterizes the social order. Hence, no matter what the specific justification an individual may have for telling a lie, the telling of it damages trust.

Bok readily acknowledges that our present society provides ample evidence of the harm done to trust itself. When we place trust in others, we are on her

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[33]Similarly, see Saul S. Radovsky, "Bearing the News," *New England Journal of Medicine*, August 29, 1985, pp. 586-588. Radovsky is a physician who claims that doctors are not wise enough to tell in advance who should not be told their cancer diagnosis. Physicians have no right to deny someone the chance to survey his/her life as it begins to close. On his view, shielding the truth from a patient is ultimately impossible and the price of its temporary achievement is an enduring sense of betrayal. He says, "Once lied to, even supposedly in their own interest, people will not trust fully again. And the lie is inevitably discovered, laid bare by the powerful truths of growing weakness, steady weight loss, worsening pain, and so on" (p. 588).

view placing trust in the truthfulness of others. For her, it is the centrality of the norm of truthfulness which makes us vulnerable to the coercive element in lying. Trust in the principle of veracity functions as a foundation of relationships with others and is for her the basis for judgments regarding others.

Is the relation between trust and veracity as tight as this? Do we assess trustworthiness in terms of honesty alone or do we look for something more--the integrity, or reason, or inner purpose of the other? Bok seems to reduce honesty to a supreme principle as opposed to a prima facie principle which may be at times be over-ridden by other moral principles. Furthermore, although she was not studying trust directly, she does not consider other requirements besides truth-telling which may be necessary for creating or sustaining trust in others. Does the claim that socially desirable practices depend on a shared willingness to accept what others say as true entail the claim that we should speak the truth even when not prompted to? The duty of veracity requires "nothing but the truth" but it does not require "the whole truth." That is, there are many morally acceptable ways in which we may avoid telling the truth without telling a lie. These ways include simply remaining silent, providing non-committal answers, or refocusing the question in some otherwise helpful way.

Critique

It seems to me that trusting involves not just the word or testimony of others, but rather a range of activities which bear on acting in accord with moral principles of conduct. As was discussed in Chapter One, you do not trust a person (or an institution) to do something merely because she says she will do

it. You trust her because, knowing what you do of her underlying disposition and abilities, her available options and their consequences, you expect that she will choose to do what she says. Furthermore, while it is clearly the case that intentional deception ought to be regarded as morally repugnant, it is not clear to me that the so-called benevolent lie does great damage to trust. For instance, in trusting you as my physician, I may be trusting you to answer truthfully all of the questions I put to you, but not to "tell the whole truth" before my psychological defenses are adequate to deal with it. It is not clear to me that as your patient, I, upon discovering this about you would feel harmed or betrayed by you (of course, I might feel betrayed by a so-called benevolent and omniscient God who for some reason allows my suffering; similarly, I might feel wronged or harmed by certain conditions of social life that render me a victim of prejudice and the despair of injustice). Not all lies wrong or harm others, as the "victim" of a surprise party will readily admit. Furthermore, trust may remain intact even if a lie is discovered, provided that what is trusted is the integrity of the person and not solely her word. That is, I may discover that you have broken a promise to me to keep my self-disclosures in confidence, and yet upon learning the reason why, still continue to trust you.

One of the examples of the loss of trust through lying which Bok illustrates is medical practice. Her argument has inspired a lot of healthy debate and cannot be dismissed easily. Although some of her premises can perhaps be disputed on factual grounds, she regards the loss of trust by patients of their physicians as partially resulting from the documented abuses of Medicaid, old-age home profiteering, and the commercial exploitation of those who seek remedies for their ailments. Additionally, this loss is also due to what

she refers to as reports of deceptive practices by physicians supplied by patients and their relatives in the form of anecdotal evidence. Also, due to the sheer numbers of persons, often strangers, who participate in the care of any one patient, it is less easy to trust than it might have been in the days of a family doctor. These problems are urgent ones for society to correct, but I am not convinced that the lack of trustworthiness they may exhibit is a direct result of lying. We need to deepen our understanding of the claims regarding trustworthiness which medical practitioners advance, and we must provide a moral assessment of the claims regarding trust which they proclaim. In examining the abuses and betrayals of trust where they occur, we must also ask what society itself loses in terms of the value of trust. The limitation of the account provided by Bok is that it links trust to the principle of veracity, where instead trust ought to be viewed as encompassing far more values than this one.

Section III: Empirical Studies of Trust: An Overview

The bulk of the empirical research conducted to date has concentrated on studying trust from three different conceptualizations. The first deals with trust as an individual psychological or dispositional trait. This concerns the traits or attributes of the person's *trusting-ness*. Using the theoretical framework of personality theory, psychological studies of trust investigate personal experiences of individuals and their prior socialization in order to test hypotheses regarding individual or group differences in trusting behavior over time. For example, Rotter studies the characteristics of individuals who are willing to trust others over a wide range of general issues and contexts. Utilizing the assumptions of the theory of social learning, Rotter developed a scale to measure the

psychological traits of individuals with regard to interpersonal trust. Defining trust as "a *generalized expectancy* held by an individual that the word, promise, oral or written statement of another individual or group can be relied on,"[34] Rotter came to the following conclusions which are applicable to the population of college students he tested:

> 1. People who trust more are less likely to lie and are possibly less likely to cheat or steal.
>
> 2. People who trust are more likely to give others a second chance and to respect the rights of others.
>
> 3. The high truster is less likely to be unhappy, conflicted, or maladjusted, and is liked more and sought out as a friend more often, both by low-trusting and high-trusting others.
>
> 4. When gullibility is defined as naivete or foolishness and trust is defined as believing others in the absence of clear-cut reasons to disbelieve, then it can be shown over a series of studies that high trusters are not more gullible than low trusters.[35]

Of course, it seems unsurprising that there would be these empirical relationships among trusting-ness, trustworthiness, and psychological well-being. That trust is personally rewarding to some individuals in a psychological sense is not particularly interesting. It may be somewhat more interesting to learn that the correlation between high trusting-ness and gullibility which many may have thought would be the case was not established in Rotter's study. However, despite such information, the problem with studies of this sort which attempt to measure the attribute of trusting-ness, is that definitions of trust are made far too restrictive and the results are often weak because of the inadequacies of the theoretical frameworks from which the results are interpreted. When trust is

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[34]Julian B. Rotter, "Interpersonal Trust, Trustworthiness, and Gullibility," *American Psychologist*, Vol. 35, No. 1, January 1980, pp. 1-7.

[35]Ibid., p. 1.

regarded as a psychological state, it is easily confused with other psychological states such as hope. On my view, trust is a relational concept and cannot be reduced to individual psychological attributes.

The second major conceptualization of trust which has been empirically explored is the phenomenology of the *trusting experience*. Here, the subjective experience of the truster is the source for hypotheses concerning the individual's responsiveness to trust. The person most associated with this research is Gratton.[36] Gratton's theoretical assumptions lie with the phenomenological psychology of Heidegger[37], Husserl[38], and their proponents who practice today. From Heidegger she takes the notion of doxic confidence. Doxic confidence is the pre-reflective and natural attitude toward another self. On Gratton's view, what a person trusts in another is a quality that resembles one's own mode of being in the world. An act of trust is initiated by positing the other as worthy of trust based on your experience of participating in a lived relationship of mutuality. It is not based on some objective or rational account of the individual's motives or intentions, but rather against a gestalt of phenomenological features. On her view, interpersonal trust is more than just an inner attitude, but rather has the feature of making a commitment. The

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[36]Mary Carolyn Gratton, *A Theoretical-Empirical Study of the Lived Experience of Interpersonal Trust*, Ph.D. Dissertation, 75-21,499 Xerox University Microfilms, Ann Arbor, Michigan, 1975.

[37]Martin Heidegger, *Being and Time* (New York: Harper and Row, 1962) pp. 296-297.

[38]Edmund Husserl, *The Crisis of European Science and Transcendental Phenomenology* (Evanston, Illinois: Northwestern University Press, 1970) p. 65. Husserl differentiates between 'doxa' (vague and relative everyday knowledge) and 'episteme' (rational knowledge). He also differentiates between being thought to be unquestioned and obvious through 'doxa', and true being, which is everywhere an ideal goal; this is the task of 'episteme' or reason. He sees the life-world, in its everyday givenness or obvious appearance as the foundational ground for all human life and science. According to Gratton, William James characterizes 'doxa' as a feeling that tells us: this *is*, these things are *real*; for him, doxic confidence is the *feeling* of confidence in the self-evident reality of the life-world.

expression "I trust you" expresses not only the truster's presence to the other, but the words themselves convey an action or expectation regarding the relationship. The words go beyond whatever value or approbation may be given regarding the trustworthiness of the other, but rather express the willingness on the part of the truster to put trust in the other where doing so really matters to both. From Heidegger she takes the notion of the lived body as a synthesis of meaning and from Buber[39] the ideas that personhood is grounded in relations of mutuality and that the dimensions of the person find their fullest expression of authenticity in relationships of interdependence which paradoxically affirm self-identity. Gratton investigated the structural elements of a descriptive account of trust between persons. These included: the subject of the experience; the trusted other (who also symbolizes the larger community of other persons in the life of the one who trusts); the concrete, particular situation and its meaning; and the outer world of each person involved in the relationship. I believe the value of Grattons's research to be considerable and I do endorse her claim regarding the implicit commitment in expressions of trusting.

The third major conceptualization of the type of research conducted on trust is of the prisoner's dilemma type. Here laboratory experiments conducted by behavioral psychologists and logicians investigate behavioral trust. In these studies, trust is equated with cooperation with others in a zero-sum game and the research focuses on the situational, structural, or behavioral factors which increase or decrease the level of "trust." One of the first theorists to postulate

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[39]Martin Buber, *I and Thou* (trans. by W. Kaufmann) (New York: Charles Scribner's Sons, 1970).

how the notion of trust accounts for this underlying motivation, was Morton Deutsch.[40] Deutsch explains:

> The essential psychological feature of the game is that there is no possibility for "rational" individual behavior in it unless the conditions for mutual trust exist. If each player chooses to obtain either maximum gain or minimum loss for himself, each will lose. But it makes no sense to choose the other alternative, which could result in maximum loss, unless one can trust the other player. If one cannot trust, it is, of course safer to choose so as to suffer minimum rather than maximum loss, but it is even better not to play the game. If one cannot avoid playing the game and if one cannot trust, there may be no reasonable alternative except to choose "the lesser of two evils" and/or attempt to develop the conditions that will permit mutual trust.[41]

Deutsch is in effect inferring trust from the observation of cooperation, or conversely suspicion from the observation of competition in the Prisoner's Dilemma game.

The validity of these inferences has been recently challenged by Kee and Knox, two social psychologists. They conclude a more refined and qualified application of the Prisoner's Dilemma game is needed to incorporate the notion that *other factors* (in addition to trust and suspicion) can quite plausibly be inferred from the observation of cooperation and competition. The claim developed by these researchers is that not only does the Prisoner's Dilemma game fail to represent real-life trust situations, but also that the commonly accepted equivalency of cooperation and trust is not substantiated. They argue that laboratory researchers or "interpersonal trust" rely on operational definitions which are restrictive. They also claim that these planned experiments do not take into account the factor of uncertainty which is a part of human action and

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[40]Morton Duetsch, "Cooperation and Trust: Some Notes." in M. R. Jones (ed.), *Nebraska Symposium on Motivation* (London: University of Nebraska Press, 1962), pp. 300-338.

[41]Ibid., p. 309.

decision. In contrast to many decision theorists, Luhmann emphasizes that the relationship between confidence and trust cannot be understood as a simple zero-sum game of prediction. On his view, a view shared by Kee and Knox, confidence and trust are not inversely proportional, as some theorists suggests. In their view, such attempts to regard trust and confidence in this way neglect the structural complexity of social systems as an intervening variable. The question is not simply to assign expectations to types of personalities and then to sort them according to whether they are based respectively on confidence or trust. Here Luhmann is referring to the multiple attempts to utilize game-theory as a means toward understanding an individual's motivation to cooperate with others in a game such as the Prisoner's Dilemma.

In my opinion, these empirical studies of the Prisoner's Dilemma are measuring only a restricted application of the concept of trust. For the most part, they are purely studies of rational calculations which individuals go through to formulate and act on predictions about others. The analysis of the conceptual ingredients of trust which was presented in Chapters One and Two and the theoretical discussions of the present chapter have sufficiently demonstrated that rational predictions about the behavior of others is a salient concern in justifying acts of trust, but trust is not reducible to rational calculations of probabilities or expected behaviors. However, it does seem to be the case that the predictions made by players of the game that the other players will cooperate would normally not be made unless the person first trusts.

Chapter Summary

The premise of this chapter is that trust is an essential ingredient of social life and necessary to the maintenance of a stable and enduring social order. Trust has been hypothesized as a social good which can be regarded as having both systemic and instrumental value. Trust has been described as being essential to the stabilizing of expectations regarding the future behavior of persons and institutions who co-exist in a network of interdependencies. At least three distinct patterns of trust have been invoked in the preceding analyses. Simmel and Gratton have argued for a very generalized doxic confidence in others which is a basic mode of human life. They also talk of interpersonal trust as an existential activity. Luhmann has argued, from a functionalist perspective in sociological theory, for both personal and systemic patterns of trust. His account emphasizes the function of trust in social systems, and I have interpreted his account to regard trust as a functional or social reliability which gives rise to states of confidence in others. On his view, it is reasonable to trust others because trust allows for the reduction in complexity seen to be essential for the flourishing of desirable societies. Gratton argues, from a phenomenological perspective, that trust seems to be a universally recognized human attitude which is the basis for relations between people on the social and interpersonal level. On her view, trust underlies the human impetus for acting according to ethical norms of conduct. Trust is not an exclusively rational activity, but is rather a foundational attitude of human relatedness.

Trust was distinguished from cooperation and from the norm of truthfulness. In its initial or primitive form, trust was seen to arise from

perceptions of group and social structure or from familiarity with roles, status, and norms of approval or disapproval. In this pre-reflective state, trust requires some similarity of goals, rules, social conventions, and shared beliefs between truster and trusted. These perceptions give rise to expectations which in turn fuel human action and decision. Trust was regarded as a functional equivalent for knowledge and as a mechanism of social reliability. In this context, trust was regarded as having instrumental value because it promoted simplicity and permitted the persistence and fulfillment of expectations regarding social, personal and institutional norms. The conceptual descriptors of trust which were discussed in Chapters One and Two were analyzed in terms of classical philosophical and sociological texts and related in a general way to empirical studies.

CHAPTER FIVE

Normative Aspects of Trust in Contemporary Philosophy

In previous discussions I have established the thesis that trust is essential to the flourishing of good societies. Ideally, a good society involves cooperation among persons who share a form of life based on a network of concerns and values. According to the liberal tradition, the virtuous society is grounded on a set of plural values which to some extent are shared or tolerated. Trust was seen as a pre-condition for cooperation, and expectations built on trust were said to be the fuel for human action and decision. Trust, as a social phenomenon, is thus an enabling concept and an instrumental value. It makes possible the machinery of society and the cooperative enterprises in which we engage.

In this present chapter, my concern is to show that trust is valued for its intrinsic moral qualities as well. I begin to develop the thesis that in personal relationships, trusting (and by extension entrusting) is a moral activity having both instrumental and intrinsic value. I claim that some form of trust pre-figures our acceptance of certain moral proscriptions. That is, in sharing a form of life, we exist in a network of relations with others on which we must variably depend. At the root of this network is some shared understanding of what we are, of what we owe each other in terms of forebearances and positive duties,

and of what it is that we think is important to care about. I assume, without argument, that one of our moral tasks is to care for and attend to particular other individuals, and perhaps also to future generations as well. I also assume that trust in its moral dimension ought to matter to persons independent of its social usefulness. Trust is not simply a device for coping with the freedom of others or an instrument enabling an individual to achieve her own ends (be they self and/or other directed). Rather trust in some form is required in order to formulate rational plans to achieve those ends in the first place. Hence, in my view, trust is not only a valued moral activity, but central to morality itself.

These ideas will need a great deal of argumentation, and I am not convinced they can be fully addressed in this project. However, in order to begin to see just what sort of argumentation will be convincing, I devote this chapter to a discussion of the rationality of trust and the moral features of trust.

Section I: Trust and Morality

Another contemporary philosopher who claims that trust is central to morality is Judith Baker. In "Trust and Rationality"[1] she notes that we welcome the capacity to trust others and observes that we judge it to be a desireable trait. Against the skeptical claim that, given the rather lowly epistemic status that a trusting belief generally has, the more respectable policy would be to dispense with trust altogether and concentrate on more calculable rational

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[1]Judith Baker, "Trust and Rationality," *Pacific Philosophical Quarterly*, Vol. 68, March 1987, pp. 1-13.

strategies, she says: "We cannot do without trust, . . . we both need it for morality and for interpersonal relationships."[2]

In reviewing this article, I hoped to find an argument for why trust should be regarded as central to morality. Unfortunately, I was disappointed at finding none, but think that a review of Baker's more salient points might help show how such an argument might proceed. Baker shares the view with many other thinkers reviewed in this study, that the basis of trust is an expectation or set of expectations about the likely conduct of others. She observes that many of our moral judgments about what is right or reasonable to do depend on what may be expected of others. She puts it thus:

> If I do not think anyone else will participate, I will not have the practical attitudes expressed by such thoughts as "I must do my part," or "pull my oar." If no one may be expected to keep to the rules of a game or activity, "fair play" does not take hold. The production of certain goods depends upon what others do, and what I think they may do. A minimum of trust in others thus seems indispensable in these areas for moral principles to take hold.[3]

This form of trust seems to come closest to what I referred to in Chapter II as Trust D, an assumptive attitude or policy of acting as-if others can be counted on, and to Trust C, an epistemic attitude of confidence. It is compatible with what Luhmann refers to as system trust and what Simmel referred to as general, "metaphysical" trust. As an example of the trust required for a moral principle to take hold, Baker cites Kant's principle of respect for persons. She says:

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[2]Ibid., p. 8.

[3]Ibid.

> Respect is said to be essential to morality. But it would seem that, again, some minimum of trust in others, in their good will or in their own desire for recognition or respect, is required for there to be respect.[4]

Here Baker seems to say that trust is to be regarded as the ground or starting point for the acceptance of certain moral principles. At first glance this statement appears awkward, for we are accustomed to regarding Kant's principle as operating independently of the heteronomous desires that persons may contingently have, whether they be for trusting and being trusted by others or not. That is, moral claims, whether we heed them or not, bear on us regardless of any interests or desires we happen to have. Moreover, in distinguishing between hypothetical and categorical imperatives as he does, Kant seems not concerned so much with how (even very moral) people behave but rather with how they *ought* to behave.

The idea Baker seems to be advancing is that at the root of expectations about the (moral) behavior of others there is some conception by each individual as to how the other will perform on some future occasion. At least in some primitive form, trust (in the form of confidence or acting-as-if) is implicit in the beliefs that comprise an individual's conceptual scheme. Unless we are committed Hobbesians or psychopaths in need of committal, it does seem plausible to say that there is a requirement on us for a minimum amount of trust in others before certain moral principles are to be accepted. Although Baker does not suggest this, it may be a minimum trust (i.e. confidence) in reason itself--in the capacity of reason to recognize the moral bindingness of these principles.

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[4]Ibid.

Baker's next move is to suggest an objection. Perhaps, it goes, the trust which morality can be seen to require is not of a sort which our picture of rationality would find easy to accommodate. Typically the standard proposition about the role of beliefs in rationality goes something like this:

> Belief aims at truth and we want our beliefs to be true. We should only accept those beliefs which are likely to be true. Hence, what may be relevant, or strictly speaking, reasons for believing will be supporting facts, items which give evidence for the truth of what is believed.[5]

When our concern is with rational action, the standard, if rather limited, form, is this: our means should be adequate to our ends. It follows that the dictates of rationality require us always to act in accord with the principles accepted in the cool hours of rational thought. But, trust, so the objection goes, cannot provide us with such serious beliefs or convictions because trusting beliefs are not full-fledged beliefs. Therefore, since trust is a watered-down variant of belief, a pretence of acting-as-if something were true, it is not the sort of belief that our picture of rationality would accommodate. Baker wants to argue that "our natural conception of rationality is inadequate to account for the phenomena of trust."[6] Morality requires a view of trust which is more than "acting as if others were going to do their share,... assuming that, others have good will and a similar serious desire for respect."[7] These actions are referred to as belief substitutes--a view which was expressed in different terms by Luhmann. This is claimed to be a reasonable procedure--*taking people on trust.* It is a form of policy, of deciding to act-as-if something were true in a given class of

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[5]Ibid., p. 1.

[6]Ibid., p. 1.

[7]Ibid., p. 8.

cases, but independently of fully believing it. For Baker, belief substitutes are not sufficient for the requirements of morality.

Baker proceeds by raising three points. First, she claims we are not purely rational creatures. Rather, we are composite beings with a fluid, complex network of changing needs. The possession of true beliefs and the certainty they provide are only some of the needs we have. Second, to view trust as a watered-down variant of belief, something more like pretense or acting-as-if something were true is to make of trust some sort of non-serious, epistemically degenerate belief. She resists limiting trust to this component, and supports my claim that trust is more than a useful attitude or a prudential policy. She admits she has no adequate argument for the larger claim that full, robust beliefs are required by morality, but she insists that morality does not require that our trust in people be resistant to evidence. This seems plausible, for according to my analysis in Chapter I, this evidence-resistance would be a matter of *faith* and not of trust. Furthermore, if all our beliefs about the future behavior of others were confirmed or confirmable by evidence, then we would no longer be talking about trust. As has been alluded to in previous discussions, the problem of trust is not solved by evidence and in certain ways it can be held that trust *transforms* the evidence we seek. Trust is an expectation based on inconclusive evidence. However, this is no argument against the rational pursuit of trust as a valued good or end, as long as "avoiding error" is not our highest value. For Baker, the rationality of trust is supported by the plain facts which constitute the situation in which it occurs. We come to know and to rely on others and to trust them based on our experience with them.

In Baker's view we should look at trust as a kind of commitment. Trust is a state of conviction which exhibits an inclination of will. Here she does not seem to mean that we simply decide to trust but that at some point in time we come to realize that one person is counting on another. This notion of *counting on* is said to contain an implicit commitment toward the other. Baker construes this commitment against the backdrop of a Gricean theory of meaning. In this reading, commitments are generally bound up with and implicit in a person's (or speaker's) intentions. She says:

> one may attribute to an agent an implicit commitment if that is required in order to make sense of his activity, to show that it has a point, or is rational.[8]

That is to say a person (speaker) might be implicitly committed to certain vested assumptions insofar as the only way to attribute rationality to his activity would be to make the implicit assumption that he had these intentions. Presumably, this leads us in the direction of placing a certain degree of confidence in the self presentation of others and what we might expect of them, but this is not always so clear. To help articulate her meaning, Baker provides the following example:

> As a teacher, I do not decide, in typical cases, that my students are teachable. But if I didn't make such an assumption, I couldn't teach, and it is quite likely that not only I couldn't take my profession seriously, but also students would not get taught. Here, too, I am inclined to say that we should attribute to me, as teacher, an implicit commitment to my students, to the idea that they can be taught. Now, what is interesting is that we can speak of a payoff in such cases; I shall communicate, I will have and be a friend, I will teach. But the payoff is not something independent of the activity in which I engage. The implicit commitment, or assumed intention,

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[8]Ibid., p. 11.

> constitutes in some way what it is to conduct or participate in the activity in question.[9]

She concludes by saying that implicit commitments seem to be buried in the activities they to some extent constitute. On my view, this passage describes an attitude of confidence in the abilities or expected role performance of teachers; it also contains some elements of a more basic assumption that teachers can be counted on to express these abilities as part of a professional commitment to a student. What she means is that the intention behind the expression "I will teach" carries an implicit commitment.

Baker raises the question of whether or not the beliefs of the trusting individual are voluntary, under her control in some way. In her view, in most cases there are no dateable events that initiate a belief in another's trustworthiness. There is no moment of choice, no act of deciding to bestow or accept a belief in the other's trustworthiness, no prompt awareness that one is *now* counting on the other. "Counting on" here seems to be taken in the sense of counting on others to keep their agreements, if they are made, and to meet certain expectations of ours which arose without any agreements. Here one could augment Baker's point and remark that agreements need not be explicit in this case because people who trust each other "know" at least something of what to expect. They count on each other to give reasonable interpretations of what might be called the implicit agreement not to take advantage of the trusting attitude of the other.

For Baker, trusting beliefs are voluntary acts. She notes that the usual objection to thinking that belief is voluntary arises from the demand that the

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[9]Ibid.

beliefs in question, to be rational, ought to arise from the facts, the truth about the way the world is, as opposed to the way we desire it to be. (Here she seems to assume the realist view of truth exclusively). If, the objection goes on, we could include believing at will, then truth would not be served.

Although she does not acknowledge it, Baker's admittedly speculative answer has essentially been provided by William James. While she presents no formal argument for it, Baker begins by noting that the standard instrumentalist form of rational action is that our means be adequate to our ends. Additionally, she notes that the preferred form of rational belief is that it be directed not at ends but at truth (which she does not define). Then she tries to reconcile all of this by insisting that the *rationality* of trust is a genuine rationality. Trust is not simply a prudential activity, a procedure or policy of pursuing means we accept. For Baker, the problem of the genuine rationality of trust must be investigated under a separate inquiry: the nature of moral facts. She says, "just as trust is part of friendship, it may be that trust is both causally and logically a condition of there being truths of the sort we call moral."[10]

Thus, Baker concludes that the problem of understanding the rationality of the concept trust must be explored within a theory of the nature of moral facts. She does not elaborate on this suggestion but she seems to be approaching an idea which I am trying to develop. This is that the mutual act of offering and accepting a trust (*entrusting*) *constitutes* the relationship and implies a commitment to value the relationship as well as the values it secures and creates. Once an individual *entrusts* something of value into the care of another, a trust *relation* has been accepted which incorporates certain *moral*

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[10]Ibid., p. 10.

expectations regarding the proper care of the persons who comprise it and of all the values which they each bring to the relation. The *act* of entering into this relation with others is a moral act because it is a choice to affirm the parties to it and to value not only their respective interests, but to accept a commitment to valuing the relationship itself. On my view, whatever real existence morality may have, one locus for its meaning is in the domain of personal relations (not necessarily of particular persons).[11] In my view, the domain of personal relationships is a legitimate source of reasons for actions, even when these reasons (or beliefs) come up short with regard to truth. I do think Baker is correct that trust is central to morality, and that some minimal trust in others, even if it is only an inconclusive belief about their potential for reasonable regard of others, is required for our moral principles to take hold. I also maintain that if certain beliefs about others are not rationally required, then it is rationally permissible not to have them. One belief that does seem to be rationally required is that we ought not (indeed cannot) trust those who attempt to persuade us to violate our rational beliefs (e.g., our belief in preserving self-respect). On the other hand, it may sometimes be morally permissible to act on beliefs for which evidence is inconclusive, for this is to act on trust.

Trust as a Rational Activity

Previously, I suggested that when I utter the statement "I trust you," I am making a performatory gesture. I am acting on the assured assumption or belief in your responsibility, integrity, honesty, respect, and concern for me. This

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[11]Here I am in the company of such writers as Bernard Williams, Annette Baier, and Iris Murdock.

belief involves but is not limited to the awareness of the risk that you could possibly harm me by failing in the exercise of these qualities. However, in trusting, I intelligently accept this risk because of a certain degree of confidence in the discriminating belief that you are in fact reliable regarding a specified range or activities and present yourself authentically to me. Trust is a rational activity because it helps to orient human action in an exceptionally complex world and it may also do so in moral ways. Of course, it can be claimed that there are other means to achieve this end than by acts of trust. Insofar as these claims prove true, and they are equally acceptable in all relevant respects, then it may be said that trust is not rationally required. However, even if trust is not rationally required, this is no argument against its appropriateness or correctness in certain situations, and there it would certainly be rationally permissible. Additionally, I would add, that while there are situations where it is wise to withhold trust, this is no claim against its essential value. Moreover, evidence of the erosion of trust or of its profound betrayals is no claim against its instrumental value, where well placed. Where societies falter (as in Nazi Germany of 1933) or where persons are manipulated, exploited, lied to, and betrayed (as were the Jews), there is a profound and rather desperate *crisis* of trust. The crisis of trust is not a signal of the imminent demise of the activity of trust, nor a reason not to "trust in trust."[12] Rather, the crisis is an invocation to reconstruct trust from the ground up, brick by brick.

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[12]Gambetta, p. 22.

The odd neglect by moral philosophers of investigations of the concept of trust has been recently noted by Annette Baier.[13] Although she too stresses the centrality of trust for an adequate morality, her particular slant on this inquiry into the concept of trust appears to reflect a larger agenda about "women's insights and concerns"[14] and other Gilligan-style hypotheses about the particularly feminist philosophical voice and vision. Apparently this project includes the claim that theories of obligation in moral philosophy are "men's theories" and that women's theory would be an "ethics of love." She claims that the concept of appropriate trust is the bridge between the men's theories of obligation, which needs supplementation in order to have much chance of integrity and coherence, and the hypothetical theories of women which will want to address an ethics of the virtues (and love) as well as what is at least partially true about the theories of obligation. These are interesting claims which expose many tangential themes beyond the scope of my concern in this work. I will simply ignore Baier's larger feminist agenda and try to uncover something helpful about the nature of trust and just why she thinks it to be central for an adequate morality.

Baier assumes the context of persons as relating to each other as the locus of morality. On her view, the concept of appropriate trust, while expressed locally, does generalize some central moral features. These include "the recognition of binding obligations and moral virtues, and of loving, as well as other important relations between persons, such as teacher-pupil, confider-

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[13]Annette C. Baier, "What Do Women Want in a Moral Theory?" *Nous*, Vol. XIX, No. 1, March 1985, pp. 53-63.

[14]Ibid., p. 55.

confidante, worker to co-worker in the same cause, [and] professional to client."[15] She claims that the concept of trust "nicely mediates between reason and feelings, those tired old candidates for moral authority, since to trust is neither quite to believe something about the trusted, nor necessarily to feel any emotion towards them--but to have a belief-informed and action-influencing attitude."[16] Although Baier makes no attempt to separate out the various distinctions which are featured in this claim, she can be interpreted to mean that trust is both a belief state and an act. These are two of the forms of trust that I analyzed in Chapters One and Two;[17] there I claimed that a clear understanding of the concept of trust requires the recognition of the different expectations which may be associated with each. Here, and in much of the discussion provided by Baier, this distinction between the act of trusting (*entrusting*), and the epistemic attitude of confidence based on beliefs regarding functional ability and reliability seems to be preserved. Baier appears to understand trust as involving cognitive as well as affective components and as ranging over epistemic states as well as acts involving decision based on these states. However, in discussing this range, she avoids drawing any logical distinction between them. The conflation of terms which results obscures the importance of the moral features of trust she is attempting to exhibit. Her project is to see how a concept of appropriate trust can be defended as a moral theory. In my opinion, her attempt is

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[15]Ibid., p. 58.

[16]Ibid., p. 57.

[17]These were Trust A, the act of entrusting or consigning to others the care or custody of my goods; Trust B, the rendering of a judgment regarding the trustworthy virtues of another; Trust C, the epistemic attitude of confidence based on the belief in the functional ability and reliability of others; Trust D, the simple policy of taking-for-granted, or counting on certain things being true.

somewhat hampered by this conflation of terms, but it is an important contribution to the literature nonetheless.

Toward a Moral Theory of Trust

On Baier's view, the central question a moral theory of trust would address is: "Who should trust whom with what and why?" Potential answers to this question would need to address the normative dimensions of trust, which Baier cites as including the following: (1) the variety of goods we may trust others not to take from us; (2) the variety of sort of security or insurance we have when we do; (3) the sorts of defenses or potential defenses we lay down when we trust; and (4) the various conditions for reasonable trust of various types.[18] In my opinion, Baier unnecessarily limits the scope of trust; she claims it is what we trust others not to take from us, whereas I am arguing for a more positive view in that trusting others is an affirmation of persons to do something. For the most part, Baier merely raises rather than systematically examines these dimensions in this article. She clearly notes that the power of the concept of appropriate trust is a theoretical and not just an exegetical tool. For Baier, to ask what our obligations are and what virtues we should expect ourselves and others to exhibit and approve is simply to discover

> what it is reasonable to trust us to demand, expect, and contrive to get, from one another. It becomes, in part, a question of what powers we can in reason trust ourselves to exercise properly.[19]

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[18]Ibid., p. 57.

[19]Ibid., pp. 58-59.

Understandably, Baier postpones any examination of the concept of proper self-trust at least until the conditions of proper trust of others become more clear. To trust others involves many more paradoxical elements than the dubious notion of self-trust. For one thing, trust of others requires "curbing freedom to increase freedom, curbing self-interest the better to satisfy self interest."[20] These paradoxes of morality require a moral theory to explain them, and trust would be the organizing principle of such a theory. To trust then,

> is to make oneself or let oneself be more vulnerable than one might have been to harm from others--to give them an opportunity to harm one, in the confidence that they will not take it, because they have no good reason to.[21]

The notion of vulnerability is a central one for Baier's thesis, as is the idea that there is a reason to trust in spite of it. It is this latter claim that becomes the focus for Baier's argument in a subsequent article entitled "Trust and Antitrust."[22] In this article she secures a tighter rein on the conceptual task at hand and presents an interesting account of the moral features associated with the concept of trust. She claims that "morality, as anything more than a law within itself requires trust in order to thrive and that immorality too thrives in some form of trust".[23] Here she is elaborating on a claim made earlier by Sissela Bok who said that "whatever matters to human beings, trust is the atmosphere in which it thrives."[24] Baier, who earlier cautioned against an

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[20]Ibid., p. 60.

[21]Ibid., pp. 58-59.

[22]Annette C. Baier, "Trust and Antitrust," *Ethics*, 96, January 1986, pp. 231-260.

[23]Ibid., p. 232.

[24]Bok, p. 31.

indiscriminate or promiscuous trust,[25] here again warns that not all the things that thrive and flourish when there is trust between persons regarding the things they care about *ought* to be encouraged to thrive.[26] There she has in mind such seemingly suspicious enterprises of human cooperation as exploitation and conspiracy which seem to thrive on a climate of trust among the co-conspirators. Clearly, it is a descriptive fact about us that we "wisely or stupidly, virtuously or viciously, show trust in a great variety of forms, and manifest a great variety of versions of trustworthiness, both with intimates and with strangers."[27]

This obvious and perhaps banal observation about ourselves accounts for one of the greatest practical difficulties about trust--its proper allocation. Indeed there are both decent and morally degenerate forms of trust, and even a reasonable trust can occasionally misfire. Baier is concerned to show what forms of trust are morally decent. In Baier's view, as moral philosophers we ought to work out how to find a way to judge trust relationships from a moral point of view. That is, we ought to look into the question of what forms of trust are needed for the version of morality we endorse to thrive. Presumably, this inquiry would need to include and expand on the notion of cooperation and

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[25]Baier, *Nous*, p. 63.

[26]I tried to make the similar point in my discussion of Johannes in *The Diary of a Young Seducer*. For those with more contemporary preferences and a penchant for grim tales, read about the role of trust in the Camorra of Naples and the Mafia of Southern Italy in Diego Gambetta's "Mafia: The Price of Distrust" in *Trust: Making and Breaking Cooperative Relations*, Diego Gambetta (ed.) (New York: Basil Blackwell Inc., 1988) pp. 158-176. There Gambetta describes how a society based on mutual distrust can develop into a stable social structure and reproduce itself over a long time. Also "trust between thieves" may contribute to wrongdoing rather than to a good society. See Virginia Held, *Rights and Goods* (New York: The Free Press, 1984), p. 68.

[27]Baier, *Ethics*, p. 234.

different forms of cooperative activity. Trust, as was shown by Luhmann, is a precondition of cooperation, and Baier's point here is that cooperation is in turn necessary for the *thriving* and flourishing of morally decent relationships. Baier observes that an investigation into the conditions for appropriate trust must be extended beyond the assurance problem exhibited by Prisoner's Dilemma contexts and in a different direction than the contractarian methodology which she deplores. Baier does seem to endorse Hume's point, that when we promise or contract with another, we formally subject ourselves to the penalty, in case of failure, of never being trusted again.[28] If I am correct about this endorsement, then this seems like an extremely stringent practice. From a rational point of view, this is highly questionable, as such a policy would leave us impoverished by the mistakes of others. Here, as Luhmann's descriptive analysis pointed out in a larger context, we really would be paralyzed with regard to acts and decisions. From a moral standpoint, this claim simply disregards the fact that some promises or contracts may be or become morally objectionable and to simply carry them out because they were entered into is not necessarily a virtuous act, although prima facie it is. Furthermore, people are capable of growth and refinement in their moral reasoning and can change themselves in ways which are conducive to warranting the trust of others, even if they have endured some failures in the past.

On my analysis, the expression "I trust you" was seen to have a performatory quality, a gesture of commitment which can be understood as a sort of promise. It signifies a belief in the other's good will toward me and the commitment to value the relationship which forms between us. Baier seems to

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[28]Baier, *Nous*, p. 55.

regard all promises as instances of contracts, and for her the beauty of them lies in their explicitness. On her account, the point of promising is to declare precisely what we count on another to do. Contracts, on her view, provide a security to the trusting party; they make it possible not merely to trust but to trust with minimal vulnerability. "They are a device for trusting others enough for mutually profitable future-involving exchanges, without taking the risks trusters usually take."[29] Baier claims that the case of promising is a morally interesting one, but because it is a function of a contract into which partners, (who may or may not be equals) make express and explicit exchanges, the risk associated with trust is redistributed to such an extent that Baier refers to it as a limit case of trust. Contracts are designed for cooperation between mutually suspicious persons who are averse to taking risks, and since they redistribute and minimize the risks open to the parties, they are for her limit cases of trust. She claims that the explicitness and expressness which is a functional excellence of contracts is not only rare in trust relationships, but that such relationships must begin inexplicitly and nonvoluntarily. I would disagree with her on this point, because with the exception of what I have called blind or unconscious trust, choice is a necessary ingredient for acts of trusting. The claim that contracts are a limit case of trust seems plausible enough, as they suggest agreements regarding the mutual interests of parties to them; however, On my view, trust as a contractual exchange between persons is a degenerate or at least weak form of trust. This is so because in general contracts are seen to promote bilateral self-interest and the mechanism for securing or promoting these interests is formalized or agreed upon in some way which so dilutes the

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[29]Baier, *Ethics*, p. 251.

vulnerability which is the essence of trust that I am not sure it is a form of trust at all.

Baier rejects the contractarian methodology because of its individualist limitations. She observes that we count on others for all sorts of vital things without having formed contracts. She sees a difference between trusting people to do their jobs conscientiously and not to take advantage of us when we entrust things of value into their hands, and trusting people to keep their promises. On her view, the point of promising is to declare precisely what we count on others to do and thus operates as an explicit agreement. She notes that contractarians, taking as they do contractual, voluntarist obligation as the model of obligations, concentrate on a case where there is very minimal trust placed in the obligated person, and considerable punitive power entrusted to the one to whom the obligation is owed.[30] Baier claims that it does not seem plausible, "once we think about actual moral relations in all their sad or splendid variety,"[31] to model them on the special relation between promisor to promisee. Her underlying objection is to the way moral philosophy in the Western tradition has been conducted to date. These philosophers (mostly men, an observation in keeping with her earlier article and presumably still part of her present agenda in moral theorizing) have concentrated on fairly cool, distant and formal relationships between those who are deemed to be roughly equal in power to determine rules and enforce sanctions to rule-breakers. Such a perspective is incomplete she suggests, and notes that such a conception is particularly blind to women's experience of life and morality. On this point she claims:

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[30]Baier, *Ethics*, p. 249.

[31]Ibid. p. 250.

> Women cannot now, any more than they could when oppressed, ignore that part of morality and those forms of trust which cannot easily be forced into the liberal and particularly the contractarian mold. Men may but women cannot see morality as essentially a matter of keeping to the minimal moral traffic rules, designed to restrict close encounters between autonomous persons to self-chosen ones.[32]

While again ignoring the gender issue in conceptions of morality, we can see that Baier's claim amounts to an invocation for philosophers to develop a view of morality which guides us in our dealings with those who cannot choose autonomously to exchange goods (young children, the incompetent, the vulnerable ill, and others). She seems to suggest that what we need is a theory which will cover those non-contractual obligations which bear on us in virtue of those who are dependent on us to protect what is important and of value to them but that they can not take care of.

While theories do presently exist that explain our duties and responsibilities to others, I would say that perhaps we do need better theories than we presently have to explain our moral tasks and moral considerations in the personal domain, where real inequalities persist, and to recognize as more urgent the need to understand and give philosophical voice to how they ought to be conceived. Many of the existing social arrangements ought not to be allowed to flourish if the principles directing benefits and burdens towards persons are not morally fair. Until the social injustices creating inequalities and dependencies are corrected, we remain confronted with that task. Thus, since relations expressing inequalities and divergences of talent, skill, and knowledge,

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[32]Ibid., p. 249.

are still expressions of human values, they are in special need of moral appraisal and moral governance.

Baier hopes to begin such an endeavor, claiming:

> . . . a complete moral philosophy would tell us how and why we should act and feel toward others in relationships of shifting and varying power asymmetry and shifting and varying intimacy. It seems to me that we philosophers have left that task largely to priests and revolutionaries, the self-proclaimed experts on the proper attitude of the powerless to the powerful. But these relationships of inequality--some of them, such as parent-child, of unavoidable inequality--make up much of our lives, and they, as much as our relations to our equals, determine the state of moral health or corruption in which we are content to live. I think it is high time we look at the morality and immorality of relations between the powerful and the less powerful, especially at those in which there is trust between them.[33]

I agree with this statement of purpose and note in it that Baier does not seem to be denying the philosophical claim that all persons, in virtue of their humanity, are *morally* equal. Rather, this claim may be an unexpressed assumption of the moral theory of trust she proposes. In this theory the predominant theoretical construct is that of care. It seems she is advocating the following line of reasoning: the moral treatment of others made unequal in power because of contingent facts about biological or social existence or who find themselves deficient in power to achieve their own ends, ought to be governed by an ethic of care. Baier does not say so, but clearly this would involve everyone! The ethic of care would require special attention and attending to their vulnerability. Presumably the caregiver or trustee would be acting morally when acts are performed for the sake of fair, just, dignified, and respectful concern for the self and valued goods of the truster. Several other philosophers

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[33]Ibid., p. 253.

have contributed ideas relating to an ethic of care, among them Noddings,[34] Mayeroff,[35] Gilligan,[36] and Pellegrino and Thomasma.[37] Kant noted that given the conditions of human life, there will always be the possibility that one will need the help of others to achieve one's rational ends. For Kant this observation found its moral expression in the duty to aid others in distress.

In order to determine just what might be required in such a theory of trust, I now turn to an examination of a few of the particular claims regarding trust which Baier discusses. My purpose in this section is to expose more carefully to philosophical scrutiny some of the normative features of trust which were raised by my conceptual analysis in preceding chapters.

Interpersonal Trust

I begin with a closer examination of just what Baier takes trust to be. It is perhaps helpful to note that Baier is primarily interested in trust between persons, but her analysis is compatible with artificial persons such as institutions, nations, and societies. She defines trust as "an accepted vulnerability to another's possible but not expected ill will (or lack of good will) toward one."[38] This definition is limited in the sense that it restricts trust to a state of vulnerability regarding the possible ill will of others; where one is

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[34]Nel Noddings, *Caring, A Feminine Approach to Ethics and Moral Education* (Berkeley, Calif.: University of California Press, 1984).

[35]Milton Mayeroff, *On Caring* (New York: Harper & Row Publishers, 1971).

[36]Carol Gilligan, *In a Different Voice: Psychological Theory and Women's Development* (Cambridge, Mass.: Harvard University Press, 1982).

[37] Edmund D. Pellegrino and David C. Thomasma, *For the Patient's Good* (New York: Oxford University Press, 1988).

[38]Baier, *Ethics*, p. 235.

dependent on another's good will, one is also necessarily vulnerable to the limits of that good will. On her view, reasonable trust will require good ground for "confidence" in another's good will. On my analysis, confidence is an attitude regarding the abilities of another to perform certain tasks well, and is distinct from a judgment regarding the virtues of character. I also claim that some forms of trust, while still implying risk, can leap beyond a concern about the possibly inept or opportunistic behavior of others to an affirmation of more positive qualities in the other.

Baier does seem to attempt a distinction between reliance and trust. She claims that the distinction between merely relying on others and trusting them rests on the object being attended. That is, in trusting others I am depending on their good will toward me, as distinct from merely relying on their dependable habits or motives. For Baier, these dependable habits or motives may be compatible with ill will toward me (as perhaps might be the case in which two chess players can be relied upon). Baier often seems to regard trust as a conceptual mix of reliance, confidence, and dependence. In my opinion, she uses the terms "reliance" and "dependence" (or "rely" and "depend") as synonymous and she correctly notes that neither is identical to trust. My analysis suggests they are not synonymous, but part of the concept of trust. Baier does attempt to draw a distinction between reliance, confidence, and trust, but I fear she ends up conflating them somewhat.

Baier suggests that in order to understand the moral features of trust, and particularly the moral risks it entails, it is important to see the special sort of vulnerability which is introduced by trust. Trust is reliance on other's competence and willingness to look after, rather than harm, things one cares

about which are entrusted to their care. Trust alters power positions; and before we can judge whether a particular form of trust is sensible and morally decent, we must take a look at the relative place of power versus powerlessness and the potential for its abuse by exploitation, manipulation, or blind faith. In Baier's view, the attitudes of persons to the issue of the relative power and powerlessness in the trusting relation is the very essence of trust and distrust.[39] Baier is concerned to distinguish cases where a person's motives, whether truster or trusted, can be morally objectionable. She has in mind those cases where the power that is granted to trusted persons may be used for exploitative purposes. On her view, such degenerate forms of trust owe their existence to some morally objectionable element in either the character of the would-be trusted individual or the truster as well. For instance, a characteristic such as greed or malice on the part of the truster might well take advantage of the good will and perhaps the implied commitment of the trusted. When this occurs, and the motives are not openly displayed, then duplicity is stimulated.

The Element of a Good Will

The importance of a good will is underscored by realizing, as Baier has done in her earlier article, that there are both praiseworthy and degenerate forms of trust. The basic difference between these forms of trust is a matter of the expectations formed by the parties who form the relation of trust. In other words, for Baier, when I trust someone, I depend on her good will toward me,

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[39]Ibid., p. 240.

and not merely on her habits and motives.[40] This implies I do so with the expectation that she will not take advantage of my trusting her with the custody of things which matter to me. Of course, by definition, trust always involves the possibility of betrayal, or of being let down. For this reason, one of the principal characteristics of a wise truster-trustee relationship is a discerning and discriminating attitude about the proper conditions for trust to occur. I will come back to this point later but simply note here Baier's point that trust in the form of depending on another's good will also requires a certain amount of *confidence* that the trusted individual will not harm me or my interests. This confidence would be a minimum requirement for an intentional act of entrusting to others the temporary custody of things I value and which matter to me. The confident expectation or belief regarding the likely actions of the other in whose custody I place these goods is thus seen as a necessary condition for appropriate trust. That is, for trust to be rationally placed, what is necessary is that there be a rationally warranted, confident belief by the truster that the trustee can, and willingly commits to, acting for the sake of my interests, and not against them, or in disregard, diffidence, or indifference to them. In Baier's account, this requirement is a *condition* for the form of trust I referred to as Trust A

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[40]There are a number of conceptually important and complex issues here which Baier does not address and I have space only to itemize. First, studies on motive or motivation are extensive and there are many philosophical treatments of the relationship between motivation to cooperate and behavioral outcomes. It is generally safe to say that the reasons and motivations of those with whom we cooperate are often at least partially opaque to us and more often still are either unconscious or so inconsistent as to provide no reliability. For instance, Bernard Williams in "Internal and External Reasons" argues that any reason which actually moves someone to act must be internal to her "subjective motivational set." (This set allows for both self- and other- directed interests.) Others disagree. They claim that our predisposition to cooperate with other free and rational beings does not rest with our motivations alone. These others can always choose, perhaps for external reasons, *not* to cooperate with us. That is, we can never know with certainty how another will act in the future, but we take on trust, at least for a class of them, that such actions will not go against our valued goods or interests.

(the act of entrusting or consigning over to others my valued interests) and does not appear to be the logically distinct form of trust I referred to as Trust C (the epistemic attitude of confidence in the ability, skills, etc. of others). However, as my analysis showed, these forms while logically distinct, are often interwoven.

Baier gives no criteria with which to identify or explain the notion of a good will, but presumably they would be similar to the following elements:

1. A conscientious and morally principled view of the proper treatment of human beings.

2. A constant attitude or motive of intentional benevolence to have furthered the legitimate interests of particular persons. This attitude involves respecting, i.e., caring for, their rationally conceived plans of life.

Where one depends on another's good will, one is necessarily open to the vulnerability that results from the very limit or misuse of that good will. Here Baier's account is quite similar to Luhmann's, in that in both the truster leaves herself open to the possibly opportunistic behavior of other. Her account extends somewhat my analysis of trust as an act of entrusting something of value to others. Here we are both indebted to Locke and Baier sees the model of entrusting as a three-place predicate of the following form: A trusts B with valued thing C. I would suggest that an alternative form is appropriate: A trusts B to do X or refrain from doing X with valued thing C, where X is a range of possible actions. Baier wants to reserve for this model of trust a very specific range of activities which are grounded in A's absolute confidence of B's good will. On both our views, the model of entrusting does rest on a pre-existing epistemic requirement of confidence, which she equates with evidence of a good will and I propose is an act based on some evidence that others will

choose to care for and respect what is entrusted to them. However, Baier seems to want to restrict the act of entrusting to others the care or custody of our valued goods to a more specific range than I do. On her view, the best reason for confidence in another's careful treatment of *what* is entrusted to another to care about is that it is a common good. I disagree. If this were the case then we would not be concerned about the good will of the other; moreover, if we were not concerned about the good will of another, then we would not be concerned with trust. However, if Baier is interpreted to mean that the good we hold in common is a certain value regarding the proper and careful treatment of others, then perhaps the mutual acceptance of this value would indeed provide a "best reason" for trust and "confidence" in the other.

Baier's Model of Entrusting

The particular form of trust Baier advocates is clearly the model of entrusting. This model allows us to ask not only *whom* should you trust but also *what* should you entrust to them? This model is a three-place predicate relation of the form: A trusts B with valued thing C (or, alternatively, I suggest A trusts B to do X or refrain from doing X with valued thing C). As earlier discussed, the justification of this act or attitude of trust rests on a pre-existing epistemic requirement of confidence. Trust in Baier's model seems to involve two parameters. First, her model seems to address a very specific range of actions by B regarding the custody of valued thing C. Secondly, these actions rest upon A's almost absolute confidence in the good will of B. This range, while specific with regard to what is expected to be cared for, can include a variety of rather non-specific goods. Here, she means that it is important to regard the act of

entrusting as having a specified range. That is, when we are trusted, we are relied upon to realize *what* it is that others are counting on: the trusted person fails to act as she was trusted to do if she takes on the care of *more* than she was entrusted with. Baier gives the example of the babysitter who decides that the nursery would be improved if painted purple and sets to work on transforming it. Here, the babysitter may be exercising a great amount of good will, but in the role of babysitter will have acted "in an untrustworthy way."[41] Baier's point seems well-taken, for the discretionary responsibility which is granted to the trustee includes knowledge of the limits of what is entrusted. Baier elaborates:

> if I confide my troubles to a friend, I trust her to listen, more or less sympathetically, and to preserve confidentiality, but usually not, or not without consulting me, to take steps to remove the source of my worry. That could be interfering impertinence, not trustworthiness as a confidante. She will, nevertheless, within the restricted scope of what is trusted to her (knowledge of my affairs, not their management) have some discretion both as to how to receive the confidence and, unless I swear her to absolute secrecy, as to when to share it. The relativization of trust to particular things cared about by the truster goes along with the discretion the trusted usually has in judging just what should be done to "look after" the particular good entrusted to her care. This discretionary power will of course be limited by the limits of what is entrusted and usually some other constraints.[42]

So, now the relationship of trust becomes the following: A has entrusted B with some of the care of C and B has some discretionary powers in caring for C. Baier correctly notes that there must be some cases of trust where what A expects of B does not necessarily involve "caring for C", even when there is no problem with finding a fairly restricted value for C. For example, suppose that while entering the library stacks I observe several other people around whom I

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[41]Ibid., p. 236.

[42]Ibid., pp. 236-237.

judge to be non-dangerous. In going on about my business I am allowing these people to be in a position to threaten my goods, here my property, my bodily safety, and perhaps my privacy. These strangers need not "care" about any of these things in order for me to trust that they will not choose to interfere with my need to secure them. For Baier, trusting strangers to leave us alone should be construed as trusting them with the "care" of our valued autonomy. However, Baier's concern is to find a positive and discretion-allowing use of the term "look after" or "show concern for" which will permit a range of behavior which goes beyond the notion of mere non-interference. I am in substantial agreement with this as on my analysis trust has a far more affirmative feature than Baier's "first approximation" suggests. For example, suppose that I trust you with my privacy, a valued good of mine. On the entrust model this means that I consign to you the care and custody of some valued interest or value and in doing so I grant to you some discretionary powers. What Baier claims is that I rely on you to care for and look after those specific activities that relate to privacy and not to others. To respect my privacy may require not only forebearances (such as refraining from opening my mail or sharing with others my self-disclosures), but also some positive actions (such as moving to another room if I am conducting a conversation with someone, or changing the subject if a topic becomes too revealing). On this model, the range of discretionary responsibility may include several activities, but it is still restricted to a certain specified range, beyond which the trusted should not venture. So, in this example, as trustee and custodian of your privacy, I am not to take on any further responsibilities, such as the care of your car. The normative conditions for a truster's good judgment regarding whom to trust and how much discretion

to give includes the following: some ability to discern what counts as a failure to meet trust, either through incompetence, negligence or ill will, and some tolerance of vulnerability, expressed as an attitude toward the relative power dynamics between the truster and trusted. (It would also include an ability to size up the other's reliability). Interestingly, Baier seems to revise her earlier claim regarding Hume's point and here asserts that in order for a trusting relationship to continue, both the truster and the trusted needs tact and a willingness to forgive unfair criticisms. She says: "It is important, I think, to see that tact is a virtue which needs to be added to delicacy of discrimination in recognizing *what* one is trusted with, good judgment as to whom to trust with what, and a willingness to admit and forgive fault, as all functional virtues needed in those who would sustain trust."[43]

As my discussion of Hertzberg noted in Chapter One, trust takes on a particularly moral dimension as relationships between persons are built on expectations which reveal fundamental discrepancies in power. These discrepancies are a fact of social and biological life. That is, as human beings who share a form of life, we often find ourselves needing help in creating and then in looking after and caring for (as opposed to merely guarding) the things we value. Typically, the things we value include things we cannot single-handedly either create or sustain. These include health (including a healthy sense of personhood), freedom, moral well-being and such intrinsically shared goods as conversation, friendship, and love. As a result of the limiting nature of self-reliance, Baier notes we often must allow other persons to get into positions where they can, if they choose, injure what we care about. (Presumably, she

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[43]Ibid., p. 239.

would agree that often it just happens without our "allowing" it). This is so because no person is entirely self-sufficient and we distribute our cares and interests in such a way that others often have knowledge of what we care about; often they also have power over us to affect the distribution of various benefits and burdens. On this reading, we trust that others will not use their power over us in ways that may undermine the things we care about, or inflict some other possible harm to us. For Baier, the most important things we entrust to others are the very things which take *more* than non-interference to thrive. That is, when we trust another, what we are counting on is that the other will specifically take care of what I entrust to her. Here, I think Baier's claim should be much stronger. Usually, what we are asking for in trusting others is *help*; we are asking others not merely to not interfere with what I value, but for help in preserving, securing, and protecting it. In entrusting the custody or creation of my valued goods to her, I hand over as well some discretionary powers (if not discretionary authority) regarding the care of them. For Baier, this is one reason why the truster always needs good judgment to know whom to trust and how much discretion to give. She focuses her discussion on what it might be reasonable to expect of the trustee or custodian of the valued goods. A judgment about the proper range of the trusted individual's powers would in turn provide for a discriminating judgment as to what constitutes a failure of that individual to meet or sustain that trust. Thus, for Baier there are certain functional virtues of a reasonable truster. These include:

1. Good judgment as to whom to trust with what.
2. Sensitivity of discrimination to recognize the scope of trust.
3. Tactfulness so as to reject inappropriate offers of trust without fostering hostility.

4. A willingness to forgive unfair criticisms (this is a reciprocal virtue and is important in continuing trust relations over time).

Baier suggests that these characteristics imply that we need a more positive sense of *care* than that implied by merely "looking after" the valued goods of others. Of course, at times a weaker notion is appropriate as when I say I trust you to leave me alone because I care for my privacy. However, for many relational activities involving trust, the notion of what really matters to me requires a more positive interpretation of what I specially care about and what I am relying on the other to do. This leads to the question of when a trusting relationship is morally sound or morally decent.

The Test for a Morally Decent Trust

For Baier, the moral test of such trust relationships is that they be capable of "surviving awareness" by each party to the relationship of what the other relies on. She claims:

> trust is morally decent only if, in addition to whatever else is entrusted, knowledge of each party's reasons for confident reliance on the other to continue the relationship could in principle also be entrusted--since such mutual knowledge would be itself a good, not a threat to other goods. To the extent that mutual reliance can be accompanied by mutual knowledge of the conditions for that reliance trust is above suspicion, and trustworthiness a nonsuspect virtue.[44]

This test appears to be addressing a certain justifying reason for bestowing trust in others. She herself admits to a lack of confidence regarding her moral test and tries to anticipate objections to its rather contractarian tone.

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[44]Ibid., pp. 259-260.

In an obvious sense she seems to be saying that the person who is trusted could be aware of the reasons for the trust which was placed in her; however, she seems to want both to be equally aware of these reasons. What she seems to refer to is a process of self disclosure about me as a potential truster of another with the care of my valued goods, and about you as a potential trustee of them. This self-disclosure leads to knowledge about me which answers the question as to why I now rely on you to take proper care of my valued goods. The trustee is also said to have reasons to expect the truster to continue the relationship. This in turn seems to suppose that you rely on me to say specifically what it is that I care about and I rely on you to use judiciously your discretionary powers, and also to be open about *your* reasons for doing so. All of this is said to constitute a morally decent trust. Is this a plausible view? Does surviving awareness of the other's motives in relying on the relationship, then and only then, form the test of whether one can justify continuing trusting and trustworthiness? Baier seems to be saying that if, in principle, trust could survive the awareness of the other's motives, then that form of trust would be morally decent. On my view, it seems to rest with what those reasons happen to be. If the reasons are such that knowing them would cause the other party to want to sever the relationship, then they are not acceptable. So, if Edward had been made to know the reasons why Johannes's had in befriended him, then Edward would not likely have wanted the relationship to continue. Hence, the relationship was not morally decent by Baier's test. As another illustration, suppose someone went into medicine in order to get some sexual thrill from viewing naked bodies. If this motive was disclosed, it is not likely that there would be a reasonable basis to continue trusting this person, because such a

motive would be an indecent basis for trust. This would be the case even if the voyeuristic physician found an exhibitionist patient to care for. On Baier's account, trust of my physician would imply a reliance on her competence to look after, rather than to harm or be indifferent to, the things I care about which bear on my health or well-being. Trust for Baier is letting physicians take care of my health-related interests, where such "caring for" involves some exercise of *discretionary powers* by the trustee. I have a confident belief in her good will toward the things I value. Trust in my doctor is reasonable insofar as there are good grounds for such confidence in her good will. Baier has deliberately left it open as to what motives the parties to trust might have for maintaining the relation. She requires only that these motives, insofar as they rely on responses from the other, survive the other's knowledge of that reliance. On her view, what survives is "one's reliance on facts about others" psychological states relevant to their willingness to continue serving or being served."[45] However, Baier's test applies only to people's reasons for expecting the other to maintain the relationship. On my view, she should also require that the *motives* of each person in the relationship *herself* should be disclosable. Baier admits to providing a sketchy and problematic test, and I share her worry that it may have limited applicability. The fact that this test is expressed as a restricting conditional seems to omit a variety of morally good forms of trust. In other words, it seems that this test provides a necessary but not a sufficient condition for assessing the morality of trust. Baier herself is careful to note the problems her test contains, but it can be perhaps provide a beginning step in determining how to articulate the proper conditions for appropriate trust.

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[45]Ibid., p. 258.

Critique

Part of the difficulty with understanding Baier's test rests with the more general characteristics of Baier's account of trust. She attempts to outline the conditions for a theory of appropriate trust before she settles many of the important conceptual differences between trust as an act, an epistemic attitude, and as a judgment of trustworthiness. Her definition of trust is characterized in terms of good will, which seems correct, but her view of the range of trust seems to concern itself with those actions which do not interfere with or harm another's valued goods. She recognizes the need for a more positive concept of the terms "take care of" and "look after", but her concept of trust appears to gloss over the really basic elements.

Section II: The Moral Dimension of Trust

Whatever the justifying conditions for bestowing trust turn out to be, I would argue that the relation created and constituted by trust is a vehicle for moral action regarding what matters to me. In trusting others, either with the custody of my valued interests or goods, or to act for the sake of my expectations concerning some future benefit that is my due, certain expectations about the conduct of others are implied. These expectations can carry moral force when they involve the things that matter to me as a person and when their promotion or protection is in the custody or care of others. A justifying reason for bestowing trust in others is the "will to believe" that the trusted person will choose to act on my assured assumption or belief in her responsibility, integrity, honesty, respect, and care for me. This "will to believe"

is in turn justified by the act being part of the kind of moral world I value. This belief implies a commitment on her part to some extra concern which is particularized to me. Of course, in choosing to regard the other in this way, one may continue to keep one's self open to the possibility of some evidence or reason that would justify continued acts of trust. However, on my view, the relation itself would be the vehicle or ground of the values esteemed by both parties to it. Trusting, in my view, just *is* a commitment toward another which entails special duties and concerns; in accepting this commitment new moral elements arise. These elements render morally objectionable certain questionable motives which would use, abuse, or dishonor the needs of one party in order to promote the other's gain, or any other end. Trust is thus an act of commitment of my valued interests into your care. I suggest that both Baier and Luhmann overlook the fact that a relation of trust is the *opportunity to affirm* the freedom of the other to act responsibly and morally out of a desire to honor the added expectations generated by trusting. Therefore I would urge a conception of trust which extends beyond Baier's formulation that trust is merely an anticipatory expectation regarding the possible good will of another toward me in the event of my temporarily transferring my valued goods into the other's custody.

Trusting others always implies an accepted vulnerability on the part of the truster. In assessing this risk, the would-be truster considers her own safety and security with regard to what is entrusted. However, in considerations of morality, one's personal safety and security or self-interest is not all that is at stake. Morality also includes a concern for the well-being of others, and part of that well-being involves affirming the moral choices they make. Trusting

relationships typically involve some dependence on others who may be in positions to either help or hurt those who are dependent in virtue of these choices. Trusting relationships are thus thoroughly moral activities. If I say that I trust you and you betray that trust, you are subject to moral censure not merely because there may be an independent reason that makes it morally wrong, but because it is intrinsically wrong to break a trust. In considerations of morality, the keeping of a trust has the status of a prima facie moral principle.

The question I want to raise is what contribution does trust make to the morality of our relationships with others? Is trust merely an instrumental good or does it have some intrinsic, independent value?

Until very recently, moral philosophers have been rather silent on the moral value of trust. I find this paucity of interest in trust bewildering. Typically, moral theorists articulate reasons in favor of the proper adjudication of our interests whether they be in systems of justice and the fair distribution of benefits and burdens among all individuals or in rationally justified systems of action and standards of value. As has been noted by many contemporary philosophers, traditional theories of morality have often placed the ideals of impersonality, impartiality, and universalizability at such a level of abstraction that the domain of the personal is neglected. These thinkers suggest, as do I, that moral theories should be concerned with the *actual* characteristics, opportunities, resources, needs, and potentialities of persons and their forms of relating. These forms of relating include trust relationships, which are a vital component of human life and fundamentally important to morality.

The question of what contribution trust makes to the morality of our relationships with others is addressed by D. O. Thomas. In "The Duty to Trust,"[46] he considers what the moral value of trust amounts to. He says:

> If trust and mutual confidence prevailed, and if they were universally deserved, if everyone trusted everyone to keep their promises and fulfill their agreements, to refrain from harming each other, and, in short, to act in accordance with generally accepted principles of conduct, we should enjoy a society possessed of all the benefits of regulation without sanctions.[47]

Here, Thomas refers to the distinction I made in Chapters One and Two, between reliance and trust. Trust does involve relying on someone to do a certain action, but it is not identical to reliance. Reliance has the connotation of expecting someone to do something without excluding offering them some inducement for performing it or threatening them with some sanction if they fail to perform it. (This sanction is said to secure that the expectation will be fulfilled).

Trusting, on the other hand, excludes this type of inducement or threat; it is by definition the confident expectation that the other *can* be relied upon without my *having* to invoke such inducements or threats. Now, according to Thomas, the person who relies on someone without trusting her, runs the risk that the sanctions invoked by relying may prove inefficacious. However, in the case of trusting the risk is different. The truster deprives herself of these sanctions and is thus more vulnerable.[48] Thus, there are certain moral sanctions that may be leveled at the betrayer of trust. These sanctions, whatever they

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[46]D. O. Thomas, "The Duty to Trust," *Proceedings of Aristotelian Society*, Vol. 79, 1978, pp. 89-101.

[47]Ibid., p. 92.

[48]Ibid., p. 93.

turn out to be, are distinctly different in kind than those legal or social sanctions which may legitimately arise when my reliance on the professed competency of another is not met.

And so the question becomes, why trust? What advantages does trusting others have that could not be otherwise achieved? Thomas tries to answer this question and on his view, the advantages to trust are *moral.* That is, in rational forms of trust, everyone would be treated as moral beings and there would be no need to seek assurances and guarantees on their conduct. Everyone would be treated as being able and desirous of acting in accordance with the moral law or with rationally deliberated rules of conduct. The "moral dignity of each person would be respected and the moral relationships that are essential to friendship would be realized throughout the community."[49]

Of course, Thomas notes that the benefits that flow from cooperative practices and social institutions *could* well be secured by persuasion and coercion, but he is quick to say that any society relying exclusively or even predominantly on these means would not be moral. In his view, the values which flow from trust and mutual cooperation are these:

> harmony without sanctions, being able to choose freely to live in accordance with the moral law, respect for the moral dignity and sense of responsibility of each person.[50]

However, despite the possible realization of these ideals as part of the fabric of trust, Thomas claims that it does not follow that we *ought* to trust each other. In other words, from the fact that (1) the realization of these desirable values

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[49]Ibid., p. 92.

[50]Ibid., p. 93.

depends upon trust and not confidence, and (2) the fact that unless we trust one another and deserve that trust we have to rely upon persuasion and coercion for whatever social cohesion we can find, it does not follow that: (3) we [morally] *ought* to trust everyone in every situation.

Surely this conclusion in (3) has been well supported throughout this study. The need to trust arises in an uncertain, complex world where our knowledge about the future behavior of others is always constrained by the fact that they are free and at times likely to act in ways which further their own interests as against my own. Of course, this is not likely to happen *always* but trust is essentially a *risky* affair. However, there are good reasons to take that risk, and among them are the opportunities trust provides to expand the possibility for moral action which the commitment implicit to trust makes possible. On my view, it is rationally permissible not to take the risk. Where evidence of another's commitment of good will toward me exists and is compatible with my subjective needs and desires, trusting her is not only morally desirable, but may be morally required as well.

Thomas claims that this uncertainty can be handled by a sort of cost-benefit reasoning. That is, "we have to balance the benefits produced by and the values realized in trusting against the risks that our trust may be betrayed."[51] In this view, the mere possibility that a trust act can result in a betrayed expectation is not itself a sufficient condition to justify the suspension of trust. Rather, one must weigh the risk of the betrayal against the benefit and values that can be realized by trust. In this way, trust is, as Luhmann said, a leap into uncertainty. However, it clearly falls way short of the leap of faith,

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[51]Ibid., p. 94.

suggested by Kierkegaard. The decision to trust is essentially a question of deciding whom to trust, with what, and when, and where. This decision is not a result of the dictates of rationality alone, but it is in part a rational affair and in part a moral value. Thomas suggests that decisions about trust arise in a multitude of ways. He asks:

> How then do we decide whom, whom with what, when and where we are to trust? Very largely, but not exclusively, we have to rely upon experience, upon our own and that of others. As we grow up we learn the rules, what we may take for granted and where there is need for caution and circumspection. We learn these things from our families, in the schools we go to, in the groups of which we are members, and in the locality and in the culture to which we belong. We accommodate ourselves, so to speak, to the ongoing traditions. These will vary greatly from situation to situation, from culture to culture, but within them we can detect universal or near-universal elements. But learning whom to trust is not wholly a question of assimilating accepted standards. We need to make judgments on our own account and doing this is not simply a matter of applying current rules and principles. This is so for several reasons. Partly because the accepted standards may need to be modified in the light of changing circumstances; partly because we might feel the need to challenge current practice in the light of an imperfectly realized principle; partly because the standards currently in vogue may not be coherent, and we may feel the need to resolve the conflict between them. Within our culture we can detect different attitudes to the need for trust and in our deliberations we may feel ourselves vacillating between them.[52]

In this remark lurks a certain tension which other discussions of trust seem to convey. Trust, insofar as it is a feature of personal bonds, seems to cause discomfort for those who regard morality as beyond the subjective personal domain. Many skeptics about trust remain convinced that it is simply more efficient to rely only on ourselves, and where that is not possible to rely on others but to secure our reliance by some form of inducement or threat. Yet, as Thomas suggests, if we insist on sanctions of this sort, we impoverish ourselves as moral beings--we show a reluctance to affirm that the other is able and

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[52]Ibid.

willing to choose in freedom to abide by certain agreed upon restraints. In not relying upon the authentically owned responsibility of the other to fulfill implied commitments and abide by the generally accepted standards and principles of moral conduct,

> We reduce his stature as a moral agent. This can be seen most clearly in personal relations, where the threat to resort to the discipline of sanctions even in their most subtle form can destroy the possibility of maintaining mutual respect.[53]

However, this remark must be understood in light of Thomas's earlier conclusion that there is no duty to trust others in all cases. Thomas correctly notes that there are special situations and special relationships, though, where there is always a priority given to trusting. For him this priority rests with the moral advantages yielded by trust. For him the real *moral* question is not the question of deciding in general whether we ought to prefer trusting others to relying upon them. Rather it is a question as to whether we can distinguish certain situations in which there may in fact be a duty to trust. This is not quite the same thing as what he calls the duty to respect a trust that already obtains. This latter duty is generalizable and can be found to operate both explicitly and explicitly in certain special relationships. Among those cited is the physician-patient relationship and in the following chapter I hope to take off from my discussion of trust as a moral value and outline what the proper conditions for trust in the therapeutic relationship ought to be.

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[53]Ibid., p. 100.

The Intrinsic Value of Trust

Contrary to Thomas, in my opinion, the real moral question in trust is not to distinguish whether or not we have a duty to trust. Rather, it is the question of what we can contribute to our relationships with others by trusting them. In my opinion, the "leap" referred to by Kierkegaard and Luhmann is a leap toward the affirmation of the other as a moral being committed to the concern of others and the values which infuse their lives with meaning. Trusting, in addition to being an attitude toward some expected vulnerability, is also and more importantly an obligation-bearing relationship. Such obligations are not of the contractual type and I may even incur them without a formal or expressly voluntary agreement in my part. But as a *trusted* individual, they are conferred upon me and as a morally sensitive person, I realize and respect the harms which might befall another were I to ignore or abuse the concern of another which is entrusted to me. That is to say, as a moral person, I ought to be concerned that the special vulnerability introduced by the act of trust be handled fairly, with dignified care and respect. As a moral person considering the act of trust, I am concerned not merely with the negative concern that my trusting act might make me vulnerable to the will of others, but I am also aware of the positive expectation that through the act of trust I affirm my conviction that others will act toward me in a morally principled way. This is part of the intrinsic value of trust.

As an intrinsic good, trust is thought to be desirable for its own sake. It has an independent value and I will argue later, in certain relationships ought to be considered a matter of a principle. Of course, to support the claims that trust is an intrinsic value that is not entirely purposeful or teleological, and that

an individual need not intend to achieve any particular benefit from it would require considerable more argument than I can now provide. Even if I were to attempt at this point to provide a moral theory of trust, it would then be necessary for me to justify that such a theory was in fact a legitimate one. However, such a project must be deferred.

Chapter Summary. In this chapter I have discussed a few of the more salient normative features of trust. Certain justifying conditions for reasonable trust were discussed, and trust was seen to be at least in part a rational activity. The reason why acts of trusting others are reasonable is that there are moral reasons to justify them as right acts. The rationality of trust was seen to not entail a duty to trust others. The moral value of trust was also discussed, and trust was claimed to be morally valuable because it makes possible right action. Trust opens up further possibilities for moral actions, by valuing individuals as persons capable and desirous of acting for the sake of commitments. Trust is thus an act of affirming the other as a moral being who cares about the other as a person whose interests and expectations are affected by what the other says and does. The *relation* of trust is an act which both generates and is constituted by special moral duties to keep-in-trust basic moral principles of right action.

CHAPTER SIX

Sources of Claims Regarding Trust in Health Care

In Chapters Three and Four, I argued that trust is the fundamental underpinning or ground of society. Trust was viewed as essential to the form of social and communal life which we regard as human. Ideal conceptions of the social order, community life, social values and moral practices give rise to certain expectations about the conduct of others. This conceptual scheme includes expectations which reflect systems of belief about freedom, responsibility and value. These expectations generate actions which are performed in virtue of them and these actions in turn are assessed as being right, wrong, good, or bad in virtue of some norm. When considered in the realm of action and decision, expectations find their active expression in a complex network of roles, duties, commitments, and ideals, all of which to some extent are socially determined. Human ideals are often considered to be vague and ambiguous but serious attempts to articulate them help to organize human action and experience. The active assertion of ideals can shape human expectation by imposing standards of objectivity and can motivate human action toward what ought to be. Ideals are created out of the possibilities envisioned through reflective thought about what ought to matter in the pursuit of the good life. However, for those concerned

to promote the realization of these ideals in practical life, they cannot be understood or defended by reason alone. Rather, they must be embedded in those shared activities, which give rise to beliefs and expectations about them. These activities include traditions, ethical principles, professional norms, and theories. These activities demarcate the boundaries of conduct, shape the characters and conscience of persons, and guide decision-making by individuals and for societies in general. By intentionally adhering to these ideals or principles in the forms of life which characterize our practical affairs, we regard these activities as taking on a status of facts by which our expectations are governed. These can be regarded as somewhat tentative and partial "truths" which validate actions performed on behalf of them.

In this present chapter I examine two very general classes of expectations embedded in the health care system which are said to generate claims on behalf of trust. I assume the system of health care to be a socio-cultural-moral enterprise in which expectations of patients, practitioners, and other members of society reflect certain ideal norms regarding the proper way for human beings to relate and function together. I also assume that in this domain persons have certain duties and obligations toward each other which are based on commitments to act in certain ways. These commitments, while often understood to result from express and voluntary agreements, may also be implicit in certain norms and, not strictly voluntary. My aim in these discussions is to describe and analyze the scope and content of these expectations and by doing so to demonstrate what I take the moral dimension of trust in health care to be.

Health care professionals have made serious attempts to articulate the ideals for which their practices exist. These ideals express social as well as individual moral commitments and are signaled by professional norms, oaths and codes. In the health care or "helping" professions two norms predominate, each reflecting ideological convictions and professional commitments regarding the proper treatment of human beings experiencing illness. These two norms are (A) technical competence and (B) fiduciary obligation. These norms generate both expectations regarding the proper allocation of trust claims and certain tensions regarding the issues of power and autonomy. In what follows I discuss the salient concerns regarding these norms as they bear on the concept and value of trust. At the root of my discussion are two questions which relate to the two general classes of expectations: First, given the descriptive fact that ill persons are dependent on the knowledge and power of their practitioners, and often entrust very precious goods (i.e., their health, well-being, body, and often their very life and its closure) into their hands, what justifies them in placing such precious goods into their care? An adequate answer to this question ranges over complex issues of professional and personal autonomy, the virtue of trustworthiness, and the proper way to understand our responsibilities to those individuals in relationships of marked inequality. In discussing the second general class of expectations generating claims of trust I consider the question of whether or not the claims advanced by health care professionals by means of their codes of ethics are in fact sufficient in moral strength to warrant the public's trust.

Section I: Expectations Regarding Role Performance in Therapeutic Relationships

Practitioners such as physicians, nurses, and psychiatrists occupy a unique and privileged position in society. Once certain conditions of legitimization, education, licensing, and certification are met, professionals are granted extraordinary privileges by society to perform certain acts. These acts are intended to serve individuals, for whom the experience of illness can be a profound and disruptive experience. Health care professionals *qua* professionals undertake certain voluntary commitments and obligations to further the legitimate health care needs of suffering persons. The relationships formed in furthering these interests are called therapeutic relationships, because they have as their mission the rendering of some kind of aid or treatment. In general, the therapeutic relationship is "a relationship between an individual who is seen as suffering from some defect, disability, or discomfort and a practitioner who possess a specific technical skill or knowledge and occupies a recognized social role."[1] Therapeutic relationships are irreducibly social, involving social roles and role-specific actions or functions. As part of a form of life or shared activity, these relationships are richly endowed with expectations about social and moral values. While the mere fact that persons have expectations does not thereby establish a robust justification for bestowing trust, expectations do define the parameters for the explanation or justification of trust. Among the expectations regarding professional role performance by health care providers are beliefs

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[1]George J. Agich, "Scope of the Therapeutic Relationship" in *The Clinical Encounter: The Moral Fabric of the Patient-Physician Relationship*, Earl E. Shelp (ed.), Vol. 14 (Holland: D. Reidel Publishing Co., 1983), p. 236.

regarding those variably defined goods considered essential to well-being, and the process through which they are realized. These include the improvement or preservation of life, the promotion of optimal health, knowledge about one's body-mind, and surcease from disease, dis-ease, dysfunction, pain, and suffering. These expectations, while culturally nurtured and socially conditioned, are ultimately expressions of social and individual moral values and of ideals regarding life, happiness, illness, death, justice, freedom, and responsibility.

The mechanism for the actual provision of these valued goods is a remarkably complex and dynamic network of expectations which both define and reflect individual and cultural values. On my view, this relationship is a scene of moral choice and deliberation regarding the proper actions of human beings and the moral significance and meaning they carry. I hope to show that the reason why trust is essential to therapeutic relationships does not lie exclusively with the descriptive claim that trust facilitates cooperation and compliance with therapeutic modalities. Rather, the only reason why trust is essential is that it cements the values each participant brings to the relationship and gives rise to some new values which are jointly honored. Trust *encompasses* the values which patient and practitioner bring to the therapeutic setting. The therapeutic relationship is the vehicle for the joint expression and possible realization of those values and beliefs both patient and practitioner have about the proper care and treatment of the ill.

The fundamental norm which governs these beliefs and expectations is the norm of fiduciary obligation. This norm has the mutual endorsement of both parties. This norm says that if the needs of patients and practitioners may be in conflict, then the needs and interests of patients will be consistently

placed above the needs and interests of the professionals who serve them. Such a norm is captured in the expression: "As a doctor I am obligated to protect my patients from harm," which can be traced back to Hippocrates, The Father of Medicine (460-370 B.C.).[2] Here the appeal is to the social status and role function of a physician and it refers to specific duties derivable from the normative standard. That is, the physician or other health care professional is expected to perform in a certain way on account of her social-professional role. Role-differentiated conduct is said by the health care professional to be guided by a normative professional standard of beneficence. Recognition of this norm reflects the expectation that society can depend on physicians to use their knowledge, expertise and power to render aid to the ill. On the beneficent model, patients and practitioners form a bond which restricts expectations to some particular human need relative to health, healing, or wholeness. Through the institutionalization of these expectations via professionalization, a generalized system of trust is established, whether each individual member partakes of it or not. In fact, unless *most* did live up to it, this system of trust would not endure. In the case of the helping professions, the professional norm regarding priority of patients' interests over professional self-interest, while itself complex, can generally be said to generate certain commitments and subsequent obligations to others. From the point of view of the medical profession for example, these expectancies can be categorized into two major groups, those dealing with technical competence in the performance of one's role and those

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[2]Owsei Temkin and C. Lillian Temkin, *Ancient Medicine: Selected Papers of Ludwig Edelstein* (Baltimore: The Johns Hopkins University Press, 1967). The actual statement says: "I will apply dietetic measures for the benefit of the sick according to my ability and judgment; I will keep them from harm and injustice." p. 6.

dealing with the voluntary commitment or "contract"[3]with society to uphold one's ethical obligation and responsibility to help the ill. For purposes of argument, I assume that the relationship of patient, practitioner, and society is best understood as a "quasi-contract." That is, society is a partner to a type of social contract which is a mechanism by which society legitimizes professions and grants them privileges, authority and autonomy to carry out their functions. In return the professions "profess" allegiance to certain principles which define the scope of practice, the degree and type of competence and moral integrity expected of them, and the promise to regulate itself in the discipline of those members who clearly fall below the expected standards.

On my view, this "quasi-contract" establishes expectations regarding both technical competence and fiduciary obligation, both of which in turn reflect

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[3]Much has been written on the contractual nature of the patient-practitioner relationship. Early formulations of it were attempts to correct for the authoritarian and paternalistic characterizations of the therapeutic interaction which were grounded in gross asymmetries of power. For example, Charles Fried in *Medical Experimentation: Personal Integrity and Social Policy* (American Elsevier, 1974) claimed that the structure of these professional relationships and values presupposed that they are deliberately entered into, voluntarily chosen and assumed as obligations. On his view, trust is simply reliance on the disposition of another and in the case of the patient-practitioner relationship, "the patient relies and the doctor allows him to rely on a tradition of loyalty to his interests" (p. 102). Here the scope of trust is quite narrow and the parties to the relationship are concerned to keep the negotiation of their respective interests as equal as possible. Similarly, Robert Veatch in *A Theory of Medical Ethics* (New York: Basic Books, 1981) argues for a Rawlsian version of a social contract where respect for patient autonomy is preserved. He claims that patients and physicians enter into covenants so that physicians can exempt themselves from certain social duties in order to pay particular attention to the needs of their own patients. Such a view is criticized in Robert Goodin, *Protecting the Vulnerable: A Reanalysis of Our Social Responsibilities* (Chicago: University of Chicago Press, 1985). Goodin argues that our social responsibilities are broader than we might ordinarily suppose. He argues against a voluntarist perspective according to which obligations are self-assumed by promising, consenting and contracting. Rather, we bear an obligation to protect all whose welfare or interests are vulnerable to our acts or omissions; the obligation varies to the degree to which a person's welfare is in fact dependent on our choices. That is, we owe responsibilities to the needy for which we did not volunteer and moreover, in the patient-practitioner relationship the "vulnerability model" emphasizes "not just their special need . . . but also your special ability to help" (p. 34). Such responsibilities exist whether or not express or voluntary features apply.

attitudes, beliefs, and values on the matter of trust, and are attempts to validate claims made on its behalf. The predominant claim of the medical profession is that physicians fulfil expectations of trustworthiness by providing direct medical services or benefits to society and its members. The service is regarded in terms of the application of theoretical knowledge and expert technical skills on behalf of patients who cannot obtain these services on their own. The promise of providing such skills and of regulating its members to provide them competently is a basis for the claim that society can trust in them. This knowledge and its professionally regulated use is said to establish the justification for the profession's "cultural authority," a claim that has received careful attention by Starr.[4]

Yet, in order for trust to be rationally justified, there must exist some good reason for bestowing it, and I am not convinced that traditional slogans and rhetoric, or even traditional oaths and promises will suffice. In my opinion, the basis for a robust trust in physicians would have to give the widest protection to an individual's right to self-determination, and the practitioners' competent and judicious use of medical skills would be essential to that protection. The norm expressed in the physician's promise to act for the benefit of the patient is ambiguous; it confounds two obligations which bear on trust. On the one hand, there is the expectation on the part of the patient that she can trust the physician to try in good faith to keep the promise to diagnose, treat, or at least not do any harm to her. This expectation relates to the reality of a wide

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[4]Paul Starr, *The Social Transformation of American Medicine* (New York: Basic Books, 1982). Starr has shown that the physician's independence is rapidly eroding, as her ability to judge what is good for her patients is constrained by institutional and corporate strictures.

disparity in knowledge and skill, and may involve concerns about the inherent inequality which such a disparity implies. This concern raises a number of considerations which bear on the issue of the justification of trust claims; these concerns include issues of competence, compliance, fears of exploitation or manipulation which may be said to account for the erosion of trust in health care. I will elaborate each of these concerns in the next section. On the other hand, it is quite a different expectation to say that a patient can trust the physician to know what is in her best benefit or interest, as she may bring to the relationship quite different conceptions as to what is a benefit or a harm *to her.* This expectation raises very different sorts of concerns, among them the role of values and value judgments in the care and treatment of patients *qua* persons; this concern bears on issues of patient autonomy, confidentiality, trustworthiness, respect, and care. In Section II, I will discuss these concerns by examining several ethical codes and directives which function as promises.

Competence and Trust

Traditional claims regarding the possession of esoteric knowledge and specialized skill gave rise to the expectation that the public's belief in the physician's competence to effectively provide health care services was justified. This expectation is revealed in the expression:

> The patient confidently expects that the doctor will help him to regain his health, although this hope always contains a tiny thread of fear, lest his illness should 'take a bad turn', or the doctor fail to 'hit the mark'. The invalid's trust takes verbal form in confidences. When the relationship is correct the patient talks confidentially to the doctor; he is not merely confiding in his doctor as such, but also--and perhaps above all--in the unique individual his doctor happens to be.[5]

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[5]P. Lain-Entralgo, *Doctor and Patient* (New York: McGraw-Hill, 1969), p. 195.

Expectations on the part of both patient and practitioner regarding therapeutic results are thought to yield certain habitual behavior patterns which increase reliance and in some sense inspire a faith in the process itself. This was essentially the point raised by Luhmann, which held that trust in the consistent self-presentation of the other fostered expectations of the functional reliability of the system (or relationship) itself, and was said to be a reason to initiate expectancies regarding trust. In "Acceptance and Healing", Mason, *et al*[6] explain further:

> trust requires belief on the part of the consumer, a belief related not to the validity of the process but to its ability to evoke faith. Development of such trust also requires that an explanation be provided as to why the consumer is ill, and what he must do to become well.

Closely related to this is the frequent claim that patients in need of medical services were *obligated* to trust their physicians in virtue of their special knowledge and skills. This claim is expressed most forcefully by Talcott Parsons[7], whose writings in medical sociology have stimulated a great deal of interest and criticism.[8] Parsons offers a descriptive analysis of the patient-physician relationship which is grounded in a functionalist perspective. He claims that both patients and physicians are "collectively united" in the goal of

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[6]R. C. Mason, G. Clark, and R. G. Reeves, "Acceptance and Healing," *Journal of Religion and Health*, Vol. 8, 1969, p. 123.

[7]Talcott Parsons, *The Social System* (New York: The Free Press, 1951).

[8]I will not here discuss the multiple inadequacies of Parson's view but criticisms of it have been advanced by: David Mechanic in "Physicians and Patients in Transition," *Hastings Center Report*, Dec. 1985, pp. 9-12; Eliot Freidson in *Professional Dominance: The Social Structure of Medical Care* (New York: Atherton, 1970), and Howard Waitzkin and Barbara Waterman in *The Exploitation of Illness in a Capitalist Society* (Indianapolis: Bobbs-Merrill, 1974). Finally, a summary of these critiques of Parsonian theory can be found in Andrew Twaddle, "The Concepts of the Sick Role and Illness Behavior," *Advances in Psychosomatic Medicine*, Vol. 8, Z. Lipowski (ed.) (Prager, 1972).

therapy. That is, the rights and obligations of patient and physician are complementary and mutual. Both are said to have the goal of returning the patient to normality. The physician's role is limited to diagnosis and treatment of health problems which the patient "presents" and she is obligated to treat the patient, whether she likes the patient or shares her values or not. The physician expects patients to respond to them as helpers who will act in their overall best interests, and thus have legitimate authority over them. The patient, on the other hand, occupies the "sick role," which is defined by one's particular culture and includes expectations on how a sick person is to behave. On Parson's view, insofar as patients conform to these culturally defined expectations, they are branded as either "good" or "bad" patients. The patient is said to have an "obligation" of seeking medical help, of communicating appropriate medical complaints, and cooperating with the doctor to work to get well. The patient occupies the sick role and the doctor occupies the role of authority. This is the doctor-patient game and both parties to it must obey the ground rules. The relation between them is formal and distant, each following certain role-specified rules. Patients, in addition to not having the requisite skill to remedy their own problems, are also viewed as not possessing the ability to assess effectively the validity of their physician's claims regarding competence or professional integrity.

In my view, Parson's conception of the patient-practitioner role is morally objectionable on at least three counts. First, the assignment of evaluative terms to the behavior or character of patients who are sick suggests some authoritarian standard regarding conformity to sick role behavior which may not be fair. Not all patients who want to get well believe in the medical model and

its prescriptions. Many seek alternative health care systems which allow them to conform, not to the values and expectations of the medical model, but to their own personal values regarding health. Illness, while culturally defined, is an ontological feature of organic life and in principle does not generally have the characteristics of actions or choices which may be subject to moral assessment (although the way one chooses to deal with illness may be morally evaluated). Secondly, Parson's theory seems to advocate a flagrant paternalism or at least a self-interest on the part of the physician which de-emphasizes respect for patients' wishes and values which may express themselves in ways which deviate from the medical model. There is a very minimal notion of consent involved, in that the patient is expected to want and to try to get well, but this does not always represent the patient's personal value. There is no notion of a consent on the part of the patient to negotiate a treatment plan which reflects these personal values and which would be more likely to generate cooperation based on trust. Rather, the obligated cooperation is simply expected of the patient since the sick role demands dependence on the authority of the professional. Thirdly, in characterizing the physician as having authoritative, formal and superordinate status, a significant potential for exploitation and injustice is created. Of course, insofar as the public does accept some sort of dependent posture relative to the power wielded by health care professionals it does thereby yield to them some discretionary powers regarding the wise use of their knowledge and skills. That is, society, by virtue of bestowing professional status and privilege to health care providers does thereby judge them to be worthy of a certain degree of discretion in the use of that power. I will return to this issue in the next section.

Despite these immediate shortcomings and flaws, Parsons's model of the patient-physician relationship does expose an important feature which has a bearing on trust claims advanced by health care practitioners. This feature is the so-called competence gap. It is generally the case that there do exist wide discrepancies in medical knowledge and technical expertise between physicians and the lay public. Here the claim is that the physician *qua* professional ought to be competent in scientific medical theory and in technical medical skills and the patient, who lacks such theory and skills, ought to believe in the physician's competence. Parsons explains:

> The patient is expected to have to have confidence in his physician, and if this confidence breaks down, to seek another physician. This may be interpreted to mean that the relationship is expected to be one of "mutual trust," of the belief that the physician is trying his best to help the patient and that conversely the patient is "cooperating" with him to the best of his ability. [T]he doctor-patient relationship has to be one involving an element of authority.[9]

It is interesting to note the quick shift from "mutual trust" to "authority" which appears in this often-quoted justification of the obligation to trust said to be inherent in the patient's "sick role." I will be arguing against this so-called obligation of patients to trust their physicians as these discussions proceed, but note here that the source of this expectation is grounded in the disparity of knowledge. Trust, on this account, is the "something" which bridges the gap of competence between the superordinate physician and the relatively helpless (or at least knowledge-dependent) patient. Parsons claims that in virtue of this gap, trust is inevitable because the patient is lacking in knowledge and hence forced to trust; here the expectation is expressed as "my doctor will know what is

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[9]Parsons, p. 456.

wrong and what to do and therefore I must trust her." On this model, trust is equated with a reliance on the competence of the professionals skills and a confidence that those skills will be put to judicious use. This reliance is said to be a "duty" of the patient in virtue of the gap in their knowledge and abilities, although the patient does have the alternative of seeking another physician. Additionally, it might be argued that the physician is forced to rely on the patient's truthfulness in reporting symptoms and complaints and on the expectation that the patients will comply with the medical regime and take responsibility for carrying out medical instructions. The confluence of these two forms of reliance would give substance to the term "mutual trust" which Parsons advocates.

Compliance and Trust. Patients playing the role of "good" patient are usually exhibiting compliance behavior by following the advice of physicians.[10] A compliant patient is one who "cooperates" with the health care professional or hospital regime, and is contrasted with one who is "bad" or resists such advice. The importance of trust to patient compliance has been implicated in a variety of empirical studies.[11] Most of these studies operationally define compliance as cooperation and investigate the hypothesis that the quality of the physician-patient relationship may influence the patient's willingness to accept and follow prescribed treatment regimens. However, since these studies yield correlational data, it is inappropriate to make causal inferences such as the one that the physician's behavior is the cause of patient compliance. DiMatteo and DiNicola

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[10]S. E. Taylor, "Hospital Patient Behavior: Reactance, Helplessness, or Control?" *Journal of Social Issues*, Vol. 35, 1979, pp. 156-184.

[11]M. Robin DiMatteo and D. Dante DiNicola, *Achieving Patient Compliance: The Psychology of the Medical Practitioner's Role* (New York: Pergamon Press, 1982).

accept the premise that sick persons occupy a social role, the entry to which is governed by physicians. They also note that the patient faces the "obligation" presumed by this role to "be unswervingly cooperative and compliant with every detail of care and to submit totally to the authority of the practitioner."[12] They argue that trust is necessary if the patient is to share with the health practitioner the beliefs, values, attitudes, and social normative influences that affect compliance behavior. This conclusion is based on the premise advanced in social psychological research and attributed to Morton Deutsch who was writing in the early sixties. It says that trust is a central requirement for cooperation between people in any social interaction. DiMatteo and DiNicola define trust as the attitude that one can rely upon the support and the affection of other people and as such trust is a requirement for successful and prolonged cooperation with them. Trust, on their view is required for any individual to allow herself to be vulnerable with others. Hence, they conclude that the relationship between patient trust and compliance posits that control resides within the practitioner, and the patient's submissive trust of her facilitates cooperation with the medical prescription. Trust is a characteristic of a relationship with people and can vary in degree as the relationship itself changes. Cooperation is facilitated by an openness of communication which permits discussion of the patient's problems and anxieties. This openness and willingness to be influenced by the practitioner depends on the prior formation and degree of trust, which was in turn supposedly underwritten by the Parsonian theory that role-differentiated behavior would ensure that despite the competence gap between them, the patient would not be exploited. This claim

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[12]Ibid., p. 48.

that trust is a virtue required of patients appears to have been a fairly standard argument in the medical context.

The Parent-Child Model of Trust. Indeed, this notion that compliance is correlated with "good" behavior has been traced to the psychological theory of Erikson and his famous model of the developmental tasks of the individual ego in approaching integrity. In the now classical essay, "Eight Stages of Man,"[13] Erikson discusses the psycho-social-sexual developmental tasks that individuals do exhibit as they mature into adulthood. Maturation is essentially a search for ego integrity and is marked by successive stages of growth, each of which is marked by a task which is either affirmed or negated. The stage concerned with trust formation is the first and most general stage, called *Basic Trust vs. Mistrust.*

Erikson postulates a general encounter between the child's maturing ego and the social world. In the initial phase, as infants try to take in the things that they need, they interact with caretakers and form expectations about what they will do. These caretakers are part of a socio-cultural milieu and exhibit certain developed preferences and values in their behaviors of giving and caring. What is most important in these interactions is that infants come to find some consistency, predictability, and reliability in their caretakers' nurturing and benevolent actions. When they sense that a parent is consistent and dependable, that provisions will be made to relieve the discomforts of cold, hunger, and threat, then infants develop a sense of *trust.* While some parents

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[13]Erik H. Erikson, *Childhood and Society* (New York: W. W. Norton & Company, Inc., 1950), pp. 219-234. I have suggested that many authors who cite Erikson in this regard have misinterpreted Erikson's characterization of trust.

come on demand and others on some prescribed schedule, infants learn that the parent is dependable and therefore worthy of basic trust. Any negation of these expectations fosters mistrust, and thus the infant learns about uncertainty and vulnerability. It is usually overlooked in discussions of Erikson's model, that he himself has cautioned that the use of the term 'trust' is understood as 'confidence.' He explains:

> If I prefer the word "trust", it is because there is more naivete and more mutuality in it: an infant can be said to be trusting where it would go so far to say that he has confidence. The general state of trust, furthermore, implies not only that one has learned to rely on the sameness and continuity of the outer providers, but also that one may trust oneself and the capacity of one's own organs to cope with urges; and that one is able to consider oneself trustworthy enough so that the providers will not need to be on guard lest they be nipped.[14]

This process then allows the individual to differentiate situations of both trust and mistrust. Erikson claims "it is clear that the human infant must experience a goodly measure of mistrust in order to trust discerningly."[15] Trust is a fundamental human need which opens up the possibility for new alternatives in the process of maturation and the integration of subjective experience with the reality of others.

Indeed, many physicians as well as patients have adopted, if somewhat instinctively, this model of interaction. In *The Silent World of Doctor and*

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[14]Ibid., p. 219. This explanation supports my interpretation of the case involving Harold, where I claimed that Harold was exhibiting a simple and immature form of basic trust, and the behavior he manifested would likely be thought of as the kind of confidence here described by Erikson. It is inaccurate to claim that Harold made a decision to place trust in his father because he lacks the ability to discriminate any reasons for making a trusting decision. He is expressing the basic trust of Erikson's model, but this trust is understood as a confidence, and therefore resembles more closely the form of trust referred to as Trust C. It can also express what I have referred to as "blind" or "unconscious" trust, which Erikson's model would categorize as faith. The location of this case is on pages 60-65.

[15]Ibid., p. 148.

Patient,[16] Katz argues that the trust relationship preferred by doctors mirrors the one that prevailed at the first stage of parent-child interaction, where children were utterly dependent on a sense of basic trust in their parents. Many physicians do so because they prefer more paternalistic models of patient interaction and this model often ensures unquestioning compliance, unilateral trust, and a regressive dependency. It is often the case that such a model has appeal for patients as well. Katz explains why:

> It appeal(s) to patients, engulfed by pain and suffering, because surrender to powerful, wise and soothing caretakers was strongly fostered by memories of earlier days when a parent satisfied all discomforting bodily needs. Thus, the regression to a more childlike functioning that can result from illness becomes augmented by a patient's wish for caretaking by a parent physician who, as memory informs, will immediately alleviate all suffering. The regression is also reinforced by doctors' proclivities to view patients as helpless and incompetent children.[17]

While Katz is clearly not denying that trust is an essential ingredient in interactions between physicians and patients, he is denying the utility of the parent-child model as a paradigm example of the type of trust which ought to govern this relation. Katz argues that conduct appropriate to the earliest stages of life becomes inappropriate in later stages. That is, adult patients are not infants or children and physicians *qua* physicians are not parents. Any invitation by the physician or any wish by the patient to

> return to the infant's world of basic trust, to the paradise of Genesis, are clearly impossible dreams. Once having become an adult, a return to that world is barred, if not by angels with flaming swords, then by patients' own insights, conviction, and resistances. The once lamented distrust that so frequently intrudes on physician-patient interactions is due in part to the fact that in initial encounters with patients, professionals are all too hopeful. They readily project visions of blissful infantile security, common purpose,

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[16]Jay Katz, *The Silent World of Doctor and Patient* (New York: The Free Press, 1984).

[17]Ibid., p. 23.

> and understanding their patients' needs. Such visions can only cruelly deceive and lead to resentment.[18]

I accept Katz's premise that adult patients should not be categorically viewed as dependent children, and that some aspects of the parent-child model are clearly paternalistic and regressive. Additionally, I endorse his proposal for a new model of trust, one based not on authority and following "doctor's orders," but one that shares authority and decision-making.[19] However, his analysis of the deficiencies of the Eriksonian model are themselves deficient. For example, his depiction of the mechanism of trust formation as outlined by Erikson is somewhat incomplete. Erikson advocates a *ratio* of trust and mistrust encounters by the infant and does not suggest that all such encounters are blissful--only that they lead to some acquired expectation of certain behavior, i.e., comfort, satisfaction, security, or their opposites. In other words, Erikson advocates a healthy skepticism which avoids the extremes of an excessively "blind trust" and a categorical retreat from any type of trust at all. In achieving this ratio over time, there is a creative tension between these two extremes. Furthermore, it seems mistaken to say that when adult patients do exhibit regressive behavior, perhaps as a coping or protective measure, that this constitutes infantile wishes. To say that the dependence on others which is appropriate for the earliest stages of life is inappropriate in the later stages clearly does not account for the descriptive fact that our needs and vulnerabilities along the life cycle are remarkably flexible, often changing as a result of age, with illness, with our encounters with others, and with the

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[18]Ibid.

[19]I will review this new model of trust in Chapter Seven.

projects which help define the growing or aging self. This reflexivity must be considered in treatment decisions aimed at the patient's well-being as well as in moral assessments regarding the fair and respectful treatment of persons who exhibit compromised rationality and/or autonomy. Moreover, this claim can not be reconciled with the psychiatric setting, where the parent-child model may be therapeutically sound and morally valid, provided that other principles besides paternalism receive proper consideration and ranking. In other words, it is possible to argue that in the psychiatric setting the distinction between strong and weak paternalism may be morally relevant, and that the model proposed by Erikson can be defended exactly in virtue of the fact that it allows regressive behaviors to emerge, which in turn facilitates the transference seen essential to healing.[20]

Other Models of Trust. It is interesting to note that the relation of trust formation thought to be enhanced by the Parsonian model of physician and

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[20]Of course, in this setting, there are often deep difficulties in the formation of trust which may be linked to early childhood difficulties in personality development and reality testing, making trust in later stages of life more difficult, if not impossible. For a review of this important idea, see Kenneth S. Isaacs, James M. Alexander, and Ernest A. Haggard, "Faith, Trust and Gullibility," *International Journal of Psycho-Analysis*, 44, 1963, pp. 461-469. Additionally, some studies indicate that the primary deficit in schizophrenia is an impairment of "basic trust." See T. Harford and L. Solomon, "The Effects of a Reformed Sinner and Lapsed Saint Strategy Upon Trust Formation in Paranoid and Nonparanoid Schizophrenic Patients," *Journal of Abnormal Psychology*, 74, 1979, pp. 498-504. With regard to the claim that the paranoid individual shows pervasive projection and rigid interpersonal suspicion, see J. Wiener, *Psychodiagnosis in Schizophrenia* (New York; Wiley, 1966). These concerns are quite different from those dealing with technical competence, fiduciary obligation, or personal and professional values and decision-making, but have radical importance in terms of the healing relationship in psychiatric settings. On my view, the trust that occurs as a result of the phenomenon of transference in the psychiatric setting is not yet the type of interpersonal trust that would characterize an act of trust or *entrusting*. Rather, it would seem to be a more primitive experience of expectant faith in the power of the therapist to heal or help. This experience, while a primitive form of trust, can itself be both powerful and subtle factor in healing.

patient roles has never been empirically demonstrated.[21] Moreover, DiMatteo and DiNicola have noted that empirical research and theoretical analyses of actual medical encounters have characterized the practitioner-patient relationship as significantly more complicated than the simple enactment of these social roles and the so-called "doctor-patient game." On their analysis of empirical research focusing on interpersonal factors in the practitioner-patient relationship, patients generally desire and expect much more from their health care practitioners than the classical role has to offer. Patients expect understanding, caring, concern and respect for themselves as thinking, feeling human beings. Practitioners, in turn, desire that their patients exert some responsibility in following medical instructions.[22] In characterizing this relationship they deviate somewhat from the authoritative and formal posture of the Parsonian model. On their view, the therapeutic relationship is a setting for the inevitable "negotiation" that must take place between individuals with profoundly disparate goals and points of view. The mutual interdependency they have for each other thus places a premium on cooperation and trust. A similar description of the practitioner-patient relationship is provided by Siegler. It is characterized by:

> mature and enduring exchanges of trust between the patient and the physician, which establishes an almost inseparable bond. If such an exchange of trust occurs, it serves as a stabilizer of the medical relationship even during periods of new and difficult stresses.[23]

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[21]DiMatteo and DiNicola, p. 69.

[22]Ibid.

[23]Mark Siegler, "The Doctor-Patient Encounter and Its Relation to Health and Disease," *Concepts of Health and Diseases*, A. Caplan *et al.* (eds.) (Reading, Mass.: Addison Wesley, 1981), p. 639.

According to Siegler, the exchange of trust is a rather uncommon achievement, and for this reason he advocates a notion of "accommodation" by which the goals of patient and practitioner can be realized. A different and perhaps more enlightened theoretical approach to the issue of trust and compliance has been proposed by Waterman.[24] He views trust as related to self-determination. His theoretical assumptions are taken from the voluminous research on the concept of personal health beliefs and locus of control. Patients and practitioners are seen to engage in a process of self-presentation similar to that described by Luhmann. Waterman proposes that trust is most likely to emerge in the presence of feelings of competence and confidence by both parties. Of crucial importance to his argument is the concept of self-esteem, of which self-respect is a component. When an individual has high self-esteem, others are not perceived as a threat to her; whereas, those with low self-esteem are prone to feelings of vulnerability and fear of exploitation. On his view, when an individual voluntarily chooses to participate in a given activity and has no accompanying constraints on that decision, trust is facilitated. The patient does not relinquish control and decision-making power to the practitioner but rather maintains control through self-determination. Waterman's thesis has not been tested directly but its implications are significant. First, a model of this type would require as its theoretical framework a definition of trust which contains the element of choice; this is the definition I am proposing. Secondly, if trust is more readily established when a person has been allowed personal choice about the selection of the individuals on whom she must depend, or when that person

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[24]A. S. Waterman, "Individualism and Interdependence," *American Psychologist*, Vol. 36, No. 7, 1981, pp. 762-763.

has a sense of personal control over decisions related to the relationship which forms between them, then trust can be seen as the conservator of the principle of self-determination and all the values which flow from it. So, if Waterman is correct, we would be better off attempting to increase the self-esteem of patients, which includes the active and free expression of the self and all its projects, to promote in them feelings of competence to make decisions which directly bear on the actualization of self, and to clarify the notion of responsibility to self entailed by the right of self-determination.

Pellegrino[25] suggests a different view and one which reflects Parsons's justification for the so-called competence gap and the expectations it yields. In a newsletter to physicians about their own responsibilities, he observes that:

> the sick person is dependent upon the knowledge and skill of the physician and is forced by his circumstances to trust him. Without that knowledge and skill the patient may die, become disabled or suffer unnecessary pain and anxiety...Medical knowledge...is not a commodity that doctors own, but an object of trust over which they hold stewardship.[26]

However, in my view, this reliance is not the sort of trust claim that is likely to generate much support. That is, the claim that patients have no other choice but to rely on their physician's advice says something more about the concept of dependency than it does about trust. As my analysis in Chapter One suggested, a decision to trust was said to involve a choice which is a live option for me. For trust claims to be justified they must be based on the condition that it is possible for the person to choose *not* to trust. While it may be true that patients are required to rely upon professionals to competently discharge

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[25]Edmund Pellegrino, *Kennedy Institute of Ethics Newsletter*, Vol. 2, No. 1, January/February, 1988.

[26]Ibid., p. 1.

their professional tasks in keeping with their professional norms and standards, this is not to say that patients are thereby obligated to trust them to do so. If the nature of a patient's illness is highly urgent and the patient has no choice but to turn to or "trust" the practitioner for sound medical help, then I think that this becomes a case of reliance and not trust. Of course the state of dependence characterized as reliance may still yield benefit to the patient in terms of her health care needs, but the use of the word "trust" in this context is strained. The expectation that trust is the only available option for patients suggests to me one way of explaining patients' sometimes ambivalent feelings about their medical practitioners--their simultaneous belief in the role-defined support and competence of the practitioner, and the rebellion against the practitioner's authority and control.

Exploitation and Trust

As claims for esoteric knowledge become established a profession is said to establish and exert external control over others. This is turn leads to claims of professional autonomy and expectations regarding discretionary power. The presumptive norm of the power and privilege bestowed by society on the health care professionals implies an implicit trust that they will not abuse the power their status represents. However, for many, the inherent inequality of the patient-physician relationship suggests that patients run the risk of being exploited by the sheer power of the professional.

For example, Freidson[27] examined the effect of institutionalization and other structural elements of the medical profession on the behavior of patients.

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[27] Freidson, *Professional Dominance: The Social Structure of Medical Care*, 1970.

In *Professional Dominance: The Social Structure of Medical Care*, he observes that professions derive their authority from credentialed experience and assert it through a monopolization of knowledge and services. In other words, professional influence is asserted through claims that the public can rely on the "legal" authority of institutionalized competency; that is, the claim that patients can rely on their physicians is justified by the legal authority provided them by society. However, in achieving this dominance, the medical profession was open to charges of potential exploitation of patients. This concern must be understood relative to the time it was made. He correctly notes that in the late 1960's and early 1970's, there was little movement toward validating the practitioner's advice. There was no attempt on the part of the profession to present persuasive evidence that such advice is worthwhile except that it was medically advised. Because of this, it seemed to Freidson that it was the patient who had to accept the burden of placing trust on what Freidson claimed was imputed rather than demonstrated competence. On his view, physicians maintain their power status through manipulation and/or withholding of information to their patients. He concludes that patients often do run the risk of exploitation by the medical profession. Of course, there are controls on this authority which society and the profession exercise, but Freidson's point was that the rise in professionalization of the medical profession ought to signal a concern for the possible exploitation of the patient. On his view, the Parsonian claim that patients were required to trust their physicians could thus be understood as a political mechanism for maintaining their professional dominance. He explains:

> Insistence on faith constitutes insistence that the client give up his role as an independent adult, and, by so neutralizing him, protect the esoteric foundation of the profession's institutionalized authority.[28]

Freidson's criticism of the Parsonian view is justified, as is his concern about the potential exploitation of patients. However, sociological analysis of person-to-person interactions are often predictably irritating for the distinctions they do not contain. First, there is no necessary relation between the rise of professionalization and the risk of exploitation of those it serves. Indeed the opposite hypothesis seems more plausible; this claim would be that the rise of professionalization in the medical field would in turn lead to greater levels of accountability, value consensus, social integration, and perhaps even trust. Secondly, Freidson's concern about the risk of exploitation must not be understood as a claim that patients *are* exploited. People in dependent, unequal, or vulnerable relations may be exploitable, but are not necessarily exploited. Whether exploitation actually occurs depends on the opportunities available and whether or not persons decide to take advantage of those opportunities. This point is emphasized by Goodin.[29] He too notes that some relationships characterized by dependency or vulnerability pose greater threats of exploitation than do others. However, on his view, we are *morally* concerned only with those which display the following features:

1. The relationship embodies an *asymmetrical* balance of power
2. The subordinate party *needs* the resources provided by the relationship in order to protect his vital interests

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[28]Ibid., p. 143.

[29]Robert E. Goodin, *Protecting the Vulnerable: A Reanalysis of Our Social Responsibility* (Chicago: University of Chicago Press, 1985).

3. For the subordinate party, the relationship is the *only source* of such resources

4. The superordinate party in the relationship exercises *discretionary control* over these resources.[30]

If any one of these features is absent, says Goodin, then our moral objection to it as a potentially exploitable relationship is diminished. It seems to me that from a moral point of view itmes three and four may be of concern. Presumably for Goodin, the practitioner-patient relationship would meet all these criteria, and insofar as it does we ought to be morally concerned about the issue of exploitation in that relationship. However, Goodin's criteria may well in fact exempt the patient-practitioner relationship from this consideration since two of his characteristics are problematic. First, the third characteristic may rule out the patient-practitioner relationship as potentially exploitable for there is no necessity to regard this relationship as the only source of health resources. That is, there are nearly always other physicians available as well as a proliferation of alternative health care practices which can accommodate many of the health needs of clients (of course these relationships involve issues of trust, power, and exploitation as well). Additionally, within the established medical care system, patients are not obligated to sign on with a physician whom they do not like or whose values they cannot determine or are discovered to be incongruent with their own. Secondly, I would also quibble with the fourth characteristic. I would argue that presently our society is responding to different organizational structures for the provision of health care goods. As health care technology and forms of delivery expand, it is not clear that the

[30]Ibid., pp. 195-196.

medical profession will retain the dominance suggested by Freidson, whose analysis appeared in the 1970's. In the last quarter-century there have been profound changes in the expectations of the public regarding medicine and their levels of awareness regarding self-help and prevention strategies. As a result of these changing expectations, we can expect profound changes in the patient-practitioner relationship as well; and I am not convinced that physicians can any longer be said to retain discretionary control over health care resources.

Erosion of Trust

Clearly, there is evidence that expectations of the public with regard to medical care have been disappointed and there is a general perception in society that trust is eroding. For this reason the claims advanced by Parsons and Pellegrino regarding the patient's requirement to trust their physicians need to be reconciled with others, such as the one made by Feinstein[31] in a recent Special Report in the *New England Journal of Medicine.* He notes that physicians no longer possess such unique knowledge and skill that only they themselves are capable of judging their work and competence. He cites many other health care professionals such as nurses and technicians who have achieved sophisticated levels of clinical practice and can well evaluate medical care delivery. Feinstein also observes that the general public is more educated and informed regarding physician performance than when Parsons was writing. The public is seen to be less passive and deferential in its relations with experts and other so-called authorities. Presumably, a better educated public is more

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[31]Richard Jay Feinstein, "Special Report: The Ethics of Professional Regulation," *New England Journal of Medicine*, Vol. 312, No. 12, March 21, 1985, pp. 801-804.

keenly interested in a greater testing and validation of the actual rather than imputed trustworthiness of professionals. Moreover, Feinstein reports estimates of as many as 5-15% of physicians are not fully competent to practice medicine, either due to a lack of requisite medical skills, or because of physical impairments related to professional stress (drugs, alcohol, and depression leading to suicide). Moreover, recent analyses suggest that trust in so-called experts is eroding. In a *Time* magazine essay "A New Distrust of the Experts,"[32] professionals complained bitterly of the rising incidence of public distrust. Similarly, a recent analysis by the American Medical Association, cited by Mechanic,[33] suggests that the public believes that doctors "don't care as much about people as they used to," that they are more motivated by money and prestige than by a desire to help people. The AMA's contention is that these attitudes underlie the erosion of patient's confidence in their physicians. Mechanic cautions us, quite correctly I think, that such attitude surveys reveal only episodic concerns which are salient at the moment and which are the result of broader influences of current policy issues and mass media controls. However, he also agrees with my claim that such reports reveal the need for a deeper examination of the public and professional expectations which give rise to claims of trustworthiness. On his view such an examination is made quite difficult because these expectations are undergoing rapid alteration as advances in science and technology proliferate and are thus difficult to measure. Mechanic also observes that despite these changing expectations, many patients

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[32] Frank Trippett, "A New Distrust of the Experts," *Time*, May 14, 1979, p. 106.

[33] David Mechanic, "Physicians and Patients in Transition," *Hastings Center Report*, Dec. 1985, pp. 9-12.

continue to be remarkably pliant and deferential to their physicians. On his reading, this suggests that patients want to be sure that their physicians will always be available and responsive to their needs; hence, they do not act in such a way that their allegiance to them is threatened. I would suggest that this pliancy and deference is a device used by patients to reduce the uncertainty induced by the experience of illness, including the sheer complexity of factors which accompany it. In addition to the personal threat and uncertainty of illness, there are other concerns regarding health care costs, employment losses, and disruptions of family roles. Here, any occasion to bestow trust on physicians would be understood as the reduction of complexity which Luhmann claimed to be the function of trust. Trust would be a strategy for coping with the freedom of others who, by virtue of their power to influence me, might act in opportunistic ways. The norms implied in this form of trust are functional, and not moral ones. However, on my view of the opportunity to affirm the other as choosing to act in morally principled ways, they are moral ones as well, although they do not necessarily include the duty to trust.

In a recent article in the *Hastings Center Report*, Jellinek[34] also suggests that the bond of trust between patients has eroded. He observes that the institutionalization and bureaucratization in medical care make it difficult, if not impossible, to maintain the traditional role trust occupied between patients and physicians. Despite these difficulties however, Jellinek urges the necessity of maintaining the "essence" of the doctor-patient trust relationship in order to safeguard the rights and to meet the needs of both patients and physicians. It

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[34]Michael Jellinek, "Erosion of Patient Trust in Large Medical Centers," *Hastings Center Report*, June 1987, pp. 16-19.

is not at all clear what he means by "essence", but if he is arguing that we ought to return to the time when physicians were regarded either as priests or benevolent father figures, then surely he is wrong. It is simply a sentimental wish to regard the relationship as it was in years gone by and to try to make it fit into the complexities of modern society. In the rapidly accelerating field of health care technology, practitioners are required to assimilate knowledge not only from their own field but from a vast array of other fields which have a bearing on patients' needs. Health care practitioners' claims regarding standards of competence must not automatically prevail and the burden of proof of competence should not rest exclusively with the professional domain. First of all, definitions of competence, like those of health and wellness, are themselves subject to change. Moreover, while it is understandable that health care practitioners place an ideological value on their expert knowledge and skills, these values must be subject to society's appraisal and to ethical challenges. Here the warning of Katz[35] is also an imperative: "the doctor-patient relation in our time requires sustained dialogue without duplicity."

Trust and Patient Vulnerability

Today the institutionalization of all aspects of medical care is an established fact and the "contract" said by some to be inherent to the practice of medicine is typically established with institutions, groups, or teams of health care practitioners. Because of this, claims regarding the proper allocation of trust must be reconciled with the increasing anonymity of these relationships which extend well beyond the traditional one-to-one dyad. Of course some may

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[35]Katz, p. 150.

claim that this increasing anonymity in patient-practitioner relationships provides a sufficient reason to doubt that trust can be established at all. Perhaps, the objection might go, we cannot count on the traditional notion of the physician as trusted friend, confessor, or benevolent father. Perhaps we should attempt to define a manner of interaction whereby one can get the health care goods that one needs without invoking the value of trust. Some models of the patient-physician seem to do this, seeing the physician as a contractor for specified services. It is possible that this arrangement may well satisfy the expectations of the patient, seen here as one who ascribes high value to self-reliance and dis-value to dependence on others. For some health care problems, (say, a prescription refil) the issue of one's vulnerability to the actions of another may not be raised, but there is still some degree of trust in the contract itself. However, it does not seem to be the case in other health matters, (say, heart disease) that limitless self-reliance is a virtue. We are simply so constituted as to feel pain, to suffer illness, distress, disability, and despair. Of course in a brighter world it might be better if we were constituted differently and perhaps not subject to the vulnerabilities of the human condition. Yet, given the fact of who we are, which includes the fact that we often must rely on others to help us restore lost health or improve well-being, it follows that we are in fact vulnerable. However, the condition of being vulnerable or dependent on others is not necessarily equivalent to passivity or a demeaning diminution of self-respect. On my view, the recognition of vulnerability carries with it the expectation that we share a form of life in which this vulnerability creates special commitments to help fellow creatures. Fried agrees:

> The very vulnerability of the patient to his doctor creates expectations, expectations not just of a truthfulness but of humane treatment. To disappoint those expectations is a wrong that goes beyond the actual harm that is done. For in disappointing those expectations the possibility of a system of trust is undermined.[36]

I do acknowledge that the vulnerable ill are at risk for exploitation and manipulation by those on whom they are dependent and to whose discretion they must at times yield. However, there is a distinction between being granted discretionary control and being granted discretionary power. Discretionary power is the right to decide or act according to one's own judgment, which implies some freedom in the exercise of this power. However, it does not imply that the person who yields such powers to another is subject to the *arbitrary* will of another. In the case of the physician these powers are constrained by their own professional norms of altruism and effacement of self-interest. Additionally, as the next section will show, they are constrained in the use of their power by both legal and ethical norms, mandating respect for informed consent, self-determination, and respect for personhood. Respecting the personhood of others means caring for their projects, values, goals, and sense of self, including the value of self-respect. When persons become patients they do not lose their status as human beings nor the respect due them in virtue of their humanity. This entails that they do not give up their self-respect, autonomy, or moral discrimination either. Of course, the peculiar dependence on others appears as a direct loss of autonomy as the experience of illness fragments one's sense of unity. Often pain, mental anguish and the threat of loss severely constrain

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[36]Charles Fried, *Medical Experimentation: Personal Integrity and Social Policy* (New York: American Elsevier, 1974).

one's freedom and rational control over important decisions in life. However, the power of physicians to influence their patients, requires justification. It is justified only if there is a reason to trust them to use their power properly, with discretion, and for moral purposes or ends. Patients are indeed vulnerable and dependent but what they are dependent on is competence and the judicious, wise, and ethical discharge of their practitioners' resources to provide help. Helping others should not undermine the respect due them nor deny them their responsibilities to self. Physicians, unless flagrantly paternalistic and therefore usually immoral, do not *control* the decisions of patients but rather are said to provide technical and professional help and advice in guiding patients' decisions towards patients' conceptions of their well-being.

The Forms of Trust and Their Allocation

The claim by Parsons that patients owe an obligation of trust to their physicians is perhaps overstated and under-analyzed. In the preceding discussion I have tried to show that there are at least two and possibly three of the forms of trust outlined earlier which are implied in claims advanced by the medical profession. I disagree that trust is an obligation that patients have in virtue of the superior knowledge and expertise that practitioners have. However, where evidence of these special skills and techniques exists, then it would be reasonable to trust in them. Here the phrase "I trust my doctor" embodies expectations regarding the *ability* of my doctor to make the best use of medical science in order to get me well. There is ample evidence which grounds the belief that health care practitioners do engage in fairly rigorous training and scientific study, to acquire these skills. I believe that legitimate

claims regarding competent performance in the discharge of expert knowledge, technical facility, and routine application of scientific theory provide grounds for trust formation in the narrow sense of justifying a confident belief in the professional's abilities to function in a certain role (Trust C). Trust C was described as a felt confidence in another, whether in abilities or knowledge. In this class of expectations, there is a tendency to include judgments of trustworthiness based on these abilities and so Trust C and B overlap. The distinction between them may have something to do with particular abilities rather than particular virtuous qualities of physicians. Trust B, the rendering of a judgment regarding the trustworthiness of physicians, is a judgment of the character and motive of the individual and is independent of a belief in that individual's abilities and skills. As my analysis of the case involving the mother of Simone de Beauvoir showed, there was a distinction in having confidence in the skills and abilities of the doctors and in having confidence in *them* as persons. In my view, we trust physicians to honor their professional norms and obligations to help patients and we trust that they will honor them not merely because it is their abstract duty to do so but rather for the sake of their patients who depend on their care. Moreover, it seems to me that the fact that patients do need to rely on professionals to promote and protect their interests thereby creates an opportunity for trust to be placed in them, but this is not yet an *act* of trust (in the sense of Trust A, the act of entrusting). In other words, an epistemic attitude of confidence in the ability of physicians to perform their tasks well is not identical to trusting that they will in fact do so. On my view, the act of entrusting to a physician my precious goods and interests would be based on some evidence which justified a confident belief in her abilities, as well

as some evidence of virtuous motive of character. But this *act of trust* has the additional feature of consigning to her the care and responsibility for my valued goods, and in doing so accepting a fiduciary role and the commitment it requires. Here the patient's obligation is not to the physician but rather to self and the physician's obligation is to care for the patient as beneficiary. Both the patient and the physician have a duty to honor the relationship itself; they both have moral interests in not being betrayed. I will discuss how claims regarding trust in these instances may arise in the next section.

So, in considering signing on with a certain physician I would not just arbitrarily consult the yellow pages and choose any physician who meets the standard qualifications of competence to perform medicine. This may be a plausible place to begin a search, but it is not likely to tell me much about whether I can trust in anything more than competent skills. Rather, in considering signing on with a physician, I choose one on the basis of selected concerns about a specific type of technical proficiency; a willingness to help me; and a respect of me as a person. However, there is a certain specificity with regard to these skills which is important to take into account. For example, when Ronald Reagan was found to require surgery for colon cancer, it was reported that he insisted his family physician would be the one to perform it. This insistence was based on a long-term trust relationship with his doctor who was also a surgeon. However, despite the depth of the trust bond between them, Reagan was persuaded that this doctor was not technically proficient in the type of colon resection he would require and would be better off to turn to a cancer specialist. It seems to me that this was prudent advice which in no way undermines the fact that the trust in his family physician was warranted;

yet, it confirms my suggestion that different forms and degrees of trust are implied when we speak of "trusting our doctor." By clarifying just what these forms are and precisely what expectations they signify, it seems to me that the help we seek through trusting can be better achieved. Hence, in answer to the question of what justifies the trust that patients bestow on their health care providers, I would say that where trust is conceived as confidence in their abilities to render competently medical services, patients have good reason to trust their providers. Generally, evidence exists to validate the presumption that practitioners *qua* professionals have these requisite abilities which can be confirmed by state law. Where this is so, a confident attitude regarding this evidence is a necessary but not sufficient condition for bestowing trust. It is a form of trust because it carries with it the possibility that the physician can fail in the competent performance of her functional role and therefore betray the patient's trust.

Summary

Thus far my discussion has focused on that class of expectations generated and sustained by professional norms of role performance. The professional was assumed to have a quasi-contract with society to provide services which meet a certain standard of theoretical and practical competence. These standards of competence change constantly as medical science and technology develop, and as society becomes better educated and capable of evaluating them. The general class of expectations regarding professional role performance of physicians was analyzed in terms of the source for claims regarding trust. This examination included issues of technical competence, power, exploitation, and compliance.

This analysis provided a way of understanding the claim that patients are required and in some sense obligated to trust their physicians. I have shown the ambiguity of such a claim and have claimed it to be false, at least as it is espoused by Parsons. My conclusion of this section is that professional norms regarding role performance and standards of competence enter into but do not exhaust the sense of trust needed for an act of trust in health care practitioners.

Section II: Expectations Regarding Moral Values, Beliefs, and Obligations in Therapeutic Relationships

Traditionally, the patient-physician relationship had at its very core the belief that trust was an essential ingredient to practice. As such, the relationship itself was considered to have a special integrity and value of its own. The first normative statement of this relationship is usually traced to Hippocrates, a contemporary of Plato. The Hippocratic ethic can be extracted from a few of the ethical treatises which survive today.[37] The Hippocratic ethic is a colorful mixture of etiquette, commandments, and homespun advice. From it emerges a picture of the "good" physician as an authoritative and competent practitioner who is "devoted to his patient's well-being. He is a benevolent and sole arbiter who knows what is best for the patient and makes all decisions for him."[38] The Hippocratic creed commands: the physician will do what is in the patient's best interests; will do no harm; will keep confidential all information

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[37]Roger J. Bulger, *In Search of the Modern Hippocrates* (Iowa City: University of Iowa Press, 1987). Bulger notes that the Physician's Oath, which Hippocrates is claimed to have written, was in fact a document written by a later cult of philosophers and physicians a generation after Hippocrates died.

[38]Ibid., p. 35.

about the patient. These statements exhibit certain ideals of beneficence, paternalism, and a commitment to protect patients from further harm. However, despite the humanistic-altruistic concern for patients and the practical wisdom which characterized the physician, contemporary society is at odds with the flagrant paternalism and deontological moorings of the Oath of Hippocrates. Nevertheless, the ethic it promulgated with regard to the duty of the physician to work to promote good for the patient is firmly embedded in the ethical codes of contemporary practitioners of medicine, nursing, and psychiatry. In contemporary national and international Codes of Ethics this expectation of a devotion to rendering services to benefit the patient is expressed as a sort of promise which the public can trust the practitioners to uphold. Trust is advocated both for its intrinsic value in interpersonal relationships, as well for its expressed instrumental value in healing, compliance, and information disclosure. Trust is regarded as vital to these activities and something that patients can be expected to have. Codes and ethical statements function to guide practitioners in morally appropriate ways as well as to guide the public on what can be expected of practitioners with regard to their trustworthiness. Contemporary codes of the health care professions regard trust as a principal value which gives the practitioner-patient relationship its privileged status in society This is a different claim than the one discussed in the previous section. There trust was seen as something that might be owed to practitioners in virtue of their professional status as experts. Here the claim is that trust is essential to the practice; I will say more about this in Chapter Seven, but the substance of this claim can be traced in many early formulations of medical codes which

placed a high value on the nature of the relationship itself. In a 1927 *Journal of the American Medical Association*, Francis Peabody wrote:

> The significance of the intimate personal relationship between the physician and patient cannot be too strongly emphasized, for in an extraordinarily large number of cases, both diagnosis and treatment are directly dependent upon it, and the failure of the young physician to establish this relationship accounts for much of his ineffectiveness in the care of patients.[39]

In the following discussion, I examine the contemporary codes of ethics for those beliefs, values, and ideals of practice which may be said to justify or explain claims on behalf of trust. I believe that the question about the proper justification for the act of entrusting ourselves into the care of physicians and nurses can be partially answered by an assessment of the validity of the codes themselves. This is not of course to suggest that the codes themselves are *sufficient* justifications for the choice to entrust to health care practitioners our valued lives, for they are in fact only general statements of ethical considerations which can guide practitioners and patients toward responsible action. I will avoid discussions of the limitations of the codes, and concentrate on the issue of whether the trustworthiness which they invoke is sufficiently strong to warrant approval. The type of trust I will be examining is Trust B, a judgment of the virtue of trustworthiness in the trusted individual which includes expectation of good will or basic goodness toward the truster.

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[39]Francis Peabody, "The Care of the Patient," *Journal of the American Medical Association*, Vol. 88, 1927, pp. 877-882.

Trust Claims in Medical and Nursing Codes of Ethics

When codes function as commandments, they serve to provide a set of prescriptions which are designed to regulate conduct in more specific situations. For example, the 1981 American Medical Association (AMA) Code commands the physician: "...shall deal honestly with colleagues," "shall provide competent medical service with compassion and respect for human dignity," " and "shall deal honestly with patients; make relevant information available to patients." In 1984, the *American College of Physicians Ethics Manual* places a strong commitment of the value of confidentiality, which is claimed to be an extremely important trust:

> The patient's right to confidentiality of his medical record is a fundamental tenet of medical care. The physician must keep secret all he knows about the patient and release no information without the patient's consent, unless required by the law or unless resulting harm to others outweighs his duty to the patient. If the physician thinks that his commitment to the patient's welfare overrides his duty to obey a court order, he may ethically refuse to give the courts information not released by the patient but must be prepared to accept the legal consequences of his actions.[40]

Virtually all professional codes and directives in the health care field contain explicit provisions for and acknowledgement of confidentiality. Most of these published documents seem to regard implicitly trust as the more basic and fundamental value which *justifies* professional commitments to preserving confidentiality. Patients do entrust to their physicians, and to nurses and other health professionals as well, information about themselves which is often of an extremely intimate and private nature. Patients, in my opinion, ought not to be obligated by decree to provide such disclosures, but if such information has any

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[40]American College of Physicians, *American College of Physicians Ethics Manual*, 1984.

likelihood of helping them to restore lost health or promote well-being, then there is a strong sense in which their duty to self requires it. Self-disclosure is a key element in therapeutic relationships because it reveals beliefs, preferences, attitudes, and subjective feelings which bear on treatment decisions and behavioral goals. Self-disclosure is "the act of making yourself manifest to others, showing yourself so others can perceive you".[41] Of course such disclosures entail risk; the risk is in rendering the patient vulnerable to possible rejection, scorn, ridicule, shame, or exploitation by the health care provider. This act of disclosing is an act of trust in the sense of Trust A, or entrusting. An enormous amount of trust in the practitioner may be needed before patients are willing to disclose their beliefs. I have argued that what should precede this act is some evidence of skill or ability on the part of others to function competently with regard to my needs, some evidence that they are acting from virtuous motives, and some internal assessment of a felt readiness to act on this evidence, accepting whatever limits there may be to these qualities.

One way of encouraging self-disclosures is by publication of certain directives which outline the expectations which are appropriate for patients to have regarding what will occur. One such directive is the *Statement of Confidentiality*[42] published for patients, families and personnel of the University of Tennessee Medical Center at Knoxville. It states the purpose of such disclosures and how the information disclosed will be handled:

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[41]Sidney M. Jourard, *The Transparent Self* (Princeton: Van Nostrand, 1968). For a literature review of the concept of self-disclosure, see Paul A. Cozby, "Self-disclosure: A Literature Review," *Psychological Bulletin*, Vol. 79, No. 2, Feb. 1973, pp. 73-90.

[42]University of Tennessee Medical Center at Knoxville, *Statement of Confidentiality*.

1. (patients) understand that it is needed for rendering quality medical care, and

2. (patients) trust that it will be used only for this purpose and kept in confidence by the professionals and institutions to whom it has been entrusted.

Public statements of commitments to confidentiality take on the form of a pledge not to betray the trust that is essential to the relationship itself. This pledge can be understood as a commitment to "hold in trust" the information provided by the patient, to secure through trust the values which are revealed by these disclosures. This pledge to be worthy of trust is evident in the code of the International Council of Nurses[43], which states "the nurse holds in confidence personal information and uses judgment in sharing this information." This reflects the belief that recipients and providers of nursing services are viewed as individuals with basic rights and responsibilities, whose values deserve respect at all times. The American Nurses' Association *Code for Nurses*,[44] adopted in 1976, claims that the fundamental responsibility of the nurse is four-fold: to promote health, to prevent illness, to restore health, and to alleviate suffering. The nurse provides services with respect for human dignity and the uniqueness of the patient, and claims that the patient-nurse relationship is built on trust. The nurse safeguards the patient's right of privacy, considered an "inalienable right of all persons."[45] Violations of privacy typically result in harms such as embarrassment, shame, and betrayal, which are to be avoided as they

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[43]International Council of Nurses, *Code for Nurses* (New York: International Council of Nurses, 1975).

[44]American Nurses' Association, *Code for Nurses with Interpretive Statements* (Kansas City, Mo.: American Nurses' Association, 1976).

[45]Ibid., item 3.

undermine the dignity and self-respect of the person. However, more fundamental than this, they are *betrayals* of trust.

By codifying these commitments into ethical directives and professional codes of ethics, certain expectations of physicians and nurses can be stabilized and become the motivation for responsible action. They are also communicated to patients and become the epistemic and emotional basis for acts of trust to occur. One interesting formulation of publicizable commitment to the fundamental ethic of caring for patients is The Council on General Internal Medicine's definition of the ideal general internist:

> A general internist is a physician who provides scientifically based, empathetic care for the nonsurgical illnesses of adults. This care tends to be characterized by a mutual personal commitment between doctor and patient, by stability over time, by substantial breadth, by availability, and by appropriate attention to elements of human support, sensitivity, and concern. It is marked by technical sophistication and major professional expertise. The general internist functions as a consultant to other specialists, and is competent to handle critically ill patients and nonsurgical disorders in adolescents and adults seeking aid in the emergency room setting. . . .One of the hallmarks of the general internist is a continuing personal interest in the patient. . . . The internist provides care which combines the scientific and technological successes of recent decades with the empathetic care of the patient. Progress in technology may complicate the relationship between the patient and physician. Therefore the personal and caring relationship takes on even a greater significance.[46]

This definition has been endorsed by the American College of Physicians as a description of the core characteristics and important qualities of a general internist. Here the point must be made that if and when individual internists fall short of the claims advanced in such directives, then certain expectations by the public are not fulfilled. Often it is the case that what results is betrayal, a

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[46]Council on General Internal Medicine, American Board of Internal Medicine, "Attributes of the General Internist and Recommendations for Training," *Annals of Internal Medicine* 86, 1977, pp. 472-473.

sense of being let down, of being conned. For instance, if what is "held in trust" are expectations of competent treatment and care-ful respect, then violations in the form of incompetence, negligence, and breach of confidentiality are all violations of trust.

Trust Claims in Psychiatric Codes of Ethics

In 1977 the first code of ethics specifically designed for psychiatrists was adopted in response to abuses of diagnosis, treatment, and political paternalism among psychiatric patients. This code, entitled The Declaration of Hawaii by the World Psychiatric Association,[47] calls for the following: disclosure of diagnosis and discussion of alternative therapies with the patient; an avenue of appeal for detained patients; and patient consent for any treatment, with third-party consent in cases of patient incapacity. This international document advocates an essentially egalitarian relationship between therapist and patient, observing ethical principles to be an essential component of the healing art, as well as an essential component of keen conscience and personal judgment. The substantive claim regarding trust is the following:

> [This] relationship between patient and psychiatrist is founded on mutual agreement. It requires trust, confidentiality, openness, co-operation, and mutual responsibility. Such a relationship may not be possible to establish with some severely ill patients. In that case, as in the treatment of children, contact should be established with a person close to the patient and acceptable for him or her.[48]

Moreover, the doctor-patient relationship is considered

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[47]World Psychiatric Association, *Declaration of Hawaii*, 1977.

[48]Ibid., item 3.

> such a vital factor in effective treatment of the patient that preservation of optimal conditions for development of a sound working relationship between a doctor and his/her patient should take precedence over all other considerations.[49]

National psychiatric associations have also formulated their own codes of ethics. Among these is the American Psychiatric Association which has adopted the *Principles of Medical Ethics*[50] of the American Medical Association. The APA produced a statement of "Annotations Especially Applicable to Psychiatry," a text which supplies guidelines of ethical conduct in the contractual relationships the psychiatrist may enter. This text, unlike the egalitarian tone of the Declaration of Hawaii, demonstrates a more direct descendance from Hippocratic tenets and thus exhibits a more authoritative tone. However, its emphasis on the need for the psychiatrist to *merit* and maintain the trust of patients and other professionals alike is clearly pronounced. The first statement reads:

> Physicians should merit the confidence of patients entrusted to their care, rendering to each a full measure of service and devotion.[51]

In this same document, there are claims made on behalf of trust which are justified on the basis of the practitioner's commitment to "ethics" in general:

> The patient may place his/her trust in his/her psychiatrist knowing that the psychiatrist's ethics and professional responsibilities preclude him/her from gratifying his/her own needs by exploiting the patient. This becomes particularly important because of the essentially private, highly personal, and

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[49]Ibid.

[50]American Medical Association, *Principles of Medical Ethics with Annotations Especially Applicable to Psychiatry* (1978) *American Journal of Psychiatry*, Vol. 136, No. 1, 1979, pp. 137-147.

[51]Ibid., Section I, Introduction.

> sometimes intensely emotional nature of the relationship established with the psychiatrist.[52]

Of note in this statement is the word "may" in the first sentence. This does not suggest a demand for trust nor a promise of trust. Rather, it suggests the possibility that entrusting one's concerns into the care of the psychiatrist will be justified on the expectation that the psychiatrist will treat those concerns in a manner reflecting a "full measure of service and devotion." What this quote appears to try to articulate is the concern about personal values and the manner in which they are to figure in the therapeutic relationship. In this statement the concern is addressed negatively, conveying simply an expectation that concerns about exploitation can be allayed. As a guideline for expectations regarding how patient-practitioner relationships are conceived, it is an improvement over many earlier statements but does not go far enough, and the term "psychiatrist's ethics" remains obscure.

In my opinion, the idea which statements of this kind only dimly reflect is the following: therapeutic relationships, like all meaningful relationships, are opportunities for the generation and growth of personal values regarding health and wholeness. What secures the expression of and respect for these values is *trust*. Depending on a host of factors, the importance of the values secured by trust can fluctuate, making some of dominant importance and permitting others to recede. Trust is not a substitute for intelligence, good judgment, or moral sensitivity. In psychiatry, as in internal medicine and nursing, the devotion is to preserve life and promote health, to prevent or allay illness, pain, and death. Whatever the therapeutic modality selected to treat these ends, the presumption

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[52]Ibid., Section I, Item 1.

is that the needs of patients will be serviced in a way that does not exploit the particular vulnerability that illness can bring.

In asking the clinical question "What ought to be done?" we need to also ask a moral one: "What is at the center of a valuable human life that makes it so special and so much in need of being secured by trust?" In my opinion, practitioners who discharge their professional responsibility on principles of care, respect, self-determination and affirmation, human dignity and trust are exhibiting moral behaviors. Moreover, the "principle of trust" has a supreme status; it subsumes all other principles. Insofar as the ethical codes of the professions signify and stabilize expectations along these parameters, then it seems reasonable to presume that the profession's virtuous attempt to "achieve those goods internal to practice"[53] would also include the expectation that practitioners would select treatment modalities that would be emotionally and philosophically consistent with the patient's beliefs. If health care practitioners utilize ethical codes to signify expectations regarding moral treatment that patients are entitled to, then it follows that health care practitioners have the moral obligation to avoid arousing expectations they do not intend to satisfy. Unfortunately, many contemporary codes of ethics profess paternalism rather than patients' rights. As this is incongruent with many people in society who place a premium value on self-determination and all the values which flow from this principle, certain codes may promise some people what other people do not value. For instance, some patients may want their physicians to take the benevolent parent role where others would vehemently oppose. Codes of ethics

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[53]Robert C. Sider, "The Ethics of Therapeutic Modality Choice," *American Journal of Psychiatry*, Vol. 141, No. 3, March 1984, pp. 390-394.

which promise people what they want may provide sufficient reasons to justify acts of trust. However, since the codes seem to promise some things that some patients do not want, it follows that all codes must be insufficient for some people and would not by themselves provide justification for performing acts of trust.

For the most part, however, contemporary codes of ethics do attempt to make pledges which are not based on personal and/or professional preferences but on moral principles. An examination of the professional codes of ethics in health care reveals that they do signal strong commitments to ethical principles. These statements address many salient concerns other than trust; among these are issues of justice, beneficence, patient and professional autonomy, respect, and issues of accountability and moral responsibility. In studying them rather closely, I have also identified deep tensions in them which I believe ought to be exposed rather than left underground. One of these tensions deals rather closely with the issue of trust and has been discussed previously. This is the virtue of truthfulness or honesty. In my discussion of the relationship of trust and truthfulness, Bok showed that trust in human relationships depends upon the assumption of veracity between participants. Additionally, trust in societal institutions and in governments on the part of the people was thought to also depend upon the perception of honesty, truth-telling and openness. Direct references to this virtue are remarkably absent from codes of ethics although there are frequent and consistent advocations of related virtues such as respect for confidentiality. The literature in medical ethics devotes considerable attention to arguments regarding the principle of veracity, and relevant distinctions between intentional deceptions and benevolent lies. Additionally,

there are many attitudinal studies investigating patient preferences regarding being told the truth about diagnosis and prognosis, even in the case of life-threatening illness.[54]

The other tension is perhaps more obscure and difficult to catch hold of, although it relates to questions of truth as well. This is the tension felt by professionals to advance their scientific domains through the acquisition of truth in the form of knowledge. This goal can conflict with the more humanistic dimensions of practice and is the sphere in which values may compete. As science and technology rapidly accelerate and our proficiency with tools and machines increase, there is the threat that the pursuit of knowledge may become outrun or diminish the needs of the self. J. Bronowski in *The Identity of Man*[55] poses the question in this way: In virtue of medical progress and the rapid expansion of clinical science, what will keep the health care practitioner a

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[54]For example, a survey of dying people revealed that most respondents wanted to know their diagnosis and prognosis and felt helped more than harmed by the news. See Author's Name Omitted, "Should Dying Patients Be Told the Truth?" *MGH News* Vol. 38, No. 2, 1979, pp. 7-8, and M. Blumenfield, N. B. Levy, and D. Kaufman, "Do Patients Want To Be Told?," *New England Journal of Medicine* Vol. 299, No. 1138, 1978. A similar study of doctors revealed that 264 respondents, 98 percent affirmed the value of being totally frank with patients who have cancer. See C. M. S. Saunders, "Telling Patients," *District Nursing,* 154, September, 1965, pp. 149-150. These results were in sharp contrast to those obtained four years earlier in a survey of physician's behavior in diagnosing cancer. Of approximately 200 doctors responding, nearly 90 per cent *usually* withheld diagnosis of cancer from patients, basically advocating a policy of telling "as little as possible in the most general terms consistent with maintaining cooperation in treatment." See D. Oken, "What To Tell Cancer Patients: A Study of Medical Attitudes," *Journal of the American Medical Association* 175, 1961, pp. 1120-1128. I will not address this literature in this study but merely raise the observation that there may well be some incongruence with respect to expectations society may have of health care professionals and what is exemplified (or not) in their statements of ethical practice. This dissonance may reveal changing expectations regarding trust of experts and new attitudes regarding preventive health care, computerized diagnosis, and a growing concern that the medical school curricula needs rehabilitation. As profound alterations in health care delivery occur, expectations regarding the scope and justifications of trust can be expected as well.

[55]J. Bronowski, *The Identity of Man*, revised ed. (Garden City, New York: Natural History Press, 1971).

human being, a person, a self? Bronowski's answer is painted in broad strokes, attempting to bridge the humanism and artistry of the practitioner and the objective, detached and pure pursuit of scientific truth:

> Science must give honor to those whose work is superseded as well as to the newcomer. It must treat the truth of the past, and the way it was found, with dignity. It must respect the man's way of working more than what he finds. . . . Here is the point at which the values of science and self meet and complement one another; and it does not matter whether we call the tight complex of common values tolerance or respect or human dignity. In all of them, science seeks the dignity of the work, and we as men seek the dignity of man. . . .
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> By identifying ourselves with the experience of others. we enlarge our knowledge of ourselves as human beings: we gain self-knowledge. . . . To be conscious is both to know and to imagine, and our humanity flows from this deep spring. When we imagine nature outside ourselves into the future, we create the mode of knowledge which is science. And when we imagine ourselves alive into the future, we create another mode: knowledge of the self. They are the inseparable halves of the identity of man.[56]

Summary

In this chapter I have critically discussed two general classes of expectations that give rise to claims of trust in the therapeutic setting. These were (1) expectations of technical competence and professional responsibility generated by professional role performance and (2) expectations of ethical conduct and values generated through professional codes of ethics. In examining these I have had as my purpose the outlining of the territory for the proper allocation of trust in health care practitioners. I have demonstrated how the forms of trust identified in Chapter One can be understood in their practical application. I have analyzed the presumption in our society that those professionals granted the privilege of providing health care benefits to others are

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[56]Cited in Alvan Feinstein, *Clinical Judgment* (Huntington, New York: Robert E. Krieger Publishing Company, 1967), pp. 379-380.

in fact worthy of this privilege. The rendering of a judgment regarding the trustworthy or otherwise virtuous performance of health care providers was referred to as Trust B. Trust in this sense has to do with the judgement that a health care professional is trustworthy.[57] Claims of trustworthiness, like those of confidence in standards of competence, are based on societal norms of expected role as well as ethical norms of virtuous conduct. The presumption (it is only that) is that those who earn the privilege and status accorded to them by society can be sufficiently relied upon to perform those services on a par with the standards used to judge them. Usually this presumptive norm is so embedded in our society that we do not normally think that we need to make a conscious judgment about the trustworthiness of health care professionals independent of their functional abilities. Generally, we assume that those who "serve" others on matters of health are to be regarded as virtuous and deserving of our trust. Health care professionals are thought to be ordained by society for the purpose of helping patients who are dependent on their knowledge and skills. In addition to their professed commitment to provide services which place the good of the patient first, they are thought to "profess" certain virtuous qualities which inform the expectations of individual patients and society at large. These virtue expectations include motives of good will, conscientiousness, compassion, integrity, honesty, respect for autonomy and benevolence. A judgment that these virtue expectancies can be relied upon is Trust B, and it

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[57]One would need an independent argument or theory as to what ought to count as the proper virtues of health care providers. A number of people have contributed to this task and I will not take a stand on them. For instance, see: William F. May, "The Virtues in a Professional Setting," *Soundings*, Summer, 1980, pp. 245-267; Alasdair MacIntyre *After Virtue* (Notre Dame: University of Notre Dame Press, 1983); Rudolph J. Napodano *Values in Medical Practice* (New York: Human Sciences Press, Inc., 1986).

would be a prerequisite for justifying the choice to entrust oneself into the care of another. Thus, the act of entrusting a physician with one's care ought to be predicated on the judgment that the physician is worthy of that trust. Of course, this judgment can turn out to be false or mistaken but it need not shake my belief in the ability of my physician to exercise her technical skills, and in some instances that may be all that interests me. Here we see the various ways in which trust can be discriminated. Trusting in the sense of having a confident belief in my physician's technical powers or in the sense of judging her character or intentions to be worthy of trust, are necessary conditions for trust in the core sense I have suggested. Without evidence of these conditions, an act of trust is imprudent, unwise, or ill-advised, and in that sense mistaken.

What I am claiming then, is a logical demarcation among these forms of trust which must be kept distinct if the expectations generated by them are to be understood and fulfilled. Until the claims made on behalf of trust are conceptually clear, it seems likely that the expectations of patients, professionals and the public are blurred and made ambiguous, often giving rise to feelings of disappointment, betrayal, or to distrust. In my opinion we need to confront these ambiguities with a view toward understanding just exactly what expectations are being formulated and to recognize that the different forms of trust generate logically distinct claims. By exposing their conceptual demarcation, I believe that claims made on behalf of trust can be made more specific, thereby clarifying just whom we ought to trust and with what. Although this claim will require empirical validation, I also believe such a

clarification will reduce the perception that trust in the therapeutic setting is eroding.

CHAPTER SEVEN

Trust as a Moral Value in Therapeutic Relationships

In the previous chapter, I examined two general classes of expectations which comprise the nature of practitioner-patient relationships. These expectations were of technical competence and moral responsibility and were said to express general legal and moral norms regarding the nature of health care practice. I also suggested that the process of the therapeutic relationship is inherently a moral one where trust "secures" the expectation that what is entrusted to practitioners will be treated with care. In this chapter, I elaborate my claim that trust has a moral dimension which ought to matter to persons independent of its social usefulness or its therapeutic utility in promoting compliance behavior. In therapeutic relationships trust has the status of a moral principle.

The Therapeutic Relationship. I have claimed in the previous chapter that there is no duty which prevails on patients to trust their practitioners, although trusting them may be reasonable, prudent, and/or morally desirable to do so. The duty to respect or keep a trust which already obtains is however, a different sort of obligation than the duty to trust. As was noted by Thomas in the previous chapter, the duty to respect an existent trust is generalizable and can

be found to operate in special relationships such as the therapeutic relationship between patient and practitioner. The practitioner stands in a fiduciary relationship to the patient and is mandated by society to act for the sake of the patient's health interests. This mandate requires a commitment to value the patient's health interests above professional self-interest and to take care of what patients entrust to practitioners. The patient is seen as incurring certain vulnerabilities brought on by the experience of illness and the threats to self that it can invoke, as well as the voluntary vulnerabilities incurred by a decision to trust. The patient thus has special needs which this vulnerability creates and when she acts to engage the help of a practitioner, she is expressing a strong expectation of receiving help. The practitioner, whose education and training has been deeply invested in by society, voluntarily engages in the act of helping others to meet patient's special needs for healing. These expectations are culturally nurtured through the instrument of professionalization and morally secured through commitments to ethical principles of care. The mechanism for the provision of health care to the ill is thus analogous to a promise; the special nature of the relationship itself is recognized in law as a fiduciary relationship and granted the status of a legal privilege. A fiduciary relationship between practitioner and patient is a relationship of dependence where transactions between the two occur as a result of a promise, commitment, or obligation on the part of the practitioner to act for the sake of the patient's benefit. A fiduciary relationship is created when both parties accept presumptions of loyalty and fidelity to principles of reasonable care, and an additional acceptance of the trust which their relationship requires. This acceptance is predicated on a judgment of the practitioner's settled character and good will, an attitude of

confidence in medical skills and scientific knowledge and a choice to believe in the integrity, honesty, and good will of the practitioner. Insofar as patients and practitioners accept the fiduciary ethic as the organizing principle of their interaction, the trust which it embodies is regarded as having the status of a moral principle. The fiduciary relationship, once accepted and freely entered into, embodies trust, but what prefigures it is an assured expectation that the relationship is just and that the parties to it will honor and keep the trust it embodies. Acceptance of this act implies an acceptance of certain judgments on how persons in this relationship ought to behave. These judgments concern certain permissions and proscriptions of conduct which reflect certain values; these in turn are secured by trust.

The fiduciary ethic or ethic of trust can be regarded as accommodating or incorporating all of the various forms of trust which I have analyzed throughout this work. That is, a fiduciary relationship implies a reliance on social mechanisms which ground the claims of health care professionals, an attitude of confidence regarding their skills and knowledge to function competently in social roles, a vivid belief in the shared ethic of care which justifies the act of trusting, accompanied by an attitude of expectant good faith in the possible good will of the practitioner to take care of the patient's welfare. Taking care of what patients entrust to practitioners includes the possession of medically competent knowledge and technical skill, the reputation for credible performance in the application of this knowledge and skill to unique individual patients, the sharing of this knowledge to permit informed decision-making and consent to treatment, as well as the presumption in favor of the preservation of personal values and beliefs.

Expectations of fiduciary responsibility and technical competence are indicators of the process by which the relationship between a patient and practitioner forms. The legal and moral norms and principles serve to guide action along acceptable parameters and to stabilize expectations regarding the conduct of free individuals. However, the process by which the therapeutic relationship comes into being is not constitutive of its content or significance. Societal expectations and professional codes of ethics serve to point out the parameters of this relationship and some of the values deemed essential to it, but these are only a prelude to the relationship itself. They do not adequately capture the essential characteristics of the relationship itself and the moment of encounter between two individuals--one seeking help and the other promising to give it. Of course, the offering of ones's intention to entrust need not happen at the first moment of the encounter, although it is usually implicit. In the discussion which follows, I elaborate on the substance of the therapeutic dyad and the moral principle of trust which is its essence. I contend that when a fiduciary relationship has been created by the mutual acceptance of patient and practitioner to further certain legitimate interests of both, that both have a duty to preserve the trust it embodies.

In my opinion, the actual encounter or "clinical moment" between a patient and a health care provider is irreducibly a moral activity; it is the scene of moral choice regarding the scope and range of behaviors which constitute the helping relationship. There is a certain moral appeal to a request for help and a certain moral expectation regarding the claim to provide such help. Additionally, there seems to be a sense in which the betrayal of a trust in such a relationship would constitute some risk to the betrayed. Thus, the organizing

principle of the clinical encounter is a moral one--the request and promise of help. The encounter is a moral activity because it is a relationship of persons who are free and moral beings but who are also beings who require help in order to exercise their capacity for self-determination. This capacity is threatened or impaired by illness and the suffering and pain it can inflict. In seeking help, the individual patient is expressing an expectation toward the practitioner that help will be provided in the form of relief, cure, palliation or consolation. I would argue that the ethic of trust which operates in therapeutic relationships could well be defended in terms of a moral theory of care. The components of such a theory of care in health care would involve certain just actions which ought to be encouraged in both providers and patients. These behaviors include the following: communicating with a sense of cooperation and openness; educating competently; persuading, supporting, and valuing with integrity, and a willingness to take on and keep implicit duties and obligations. On my view, these behaviors apply unevenly to both patients and practitioners, and of course in varying degrees according to the compromises that illness can invoke. Patients regard health care professionals as resources for help; they are generally aware that these resources are not fool-proof guardians of life, and that the resources are not unlimited. The preferable situation is a confident belief that patients have a reason to trust practitioners to put their knowledge, skills, and good will at the patient's disposal and to do so without any inducement. The preferable situation is one in which the practitioner assists the patient in securing or restoring health and well-being. This does not imply that health care practitioners are acting to make patients morally good or happy. Rather, it is the patient's duty to self to seek moral goodness through some

rational life plan. Of course, the actualization of this rational life plan may well require good health or at least freedom from the burdens that can accompany the embodied state. If patients choose to trust their care providers, it ought to be because the providers are resources of help, not because this trust is imposed upon them through their own ignorance or by manipulation and coercion by the power of others.

Medical Uncertainty. As Hippocrates noted in the fourth century: "The patient, though conscious that his condition is perilous, may recover his health simply through his contentment with the goodness of the physician."[1] In other words, patients are generally aware that the process of the relationship with a caring individual can sometimes provide as much benefit as medical science. Often it is the case that a belief in the goodness of the practitioner will bring relief from the anxiety, dread, and loneliness of the illness experience. Trusting in the other to provide personalized care and a maximal attention to personal values may have a strong therapeutic role. However, there is no assurance that the good sought by trust will be realized. Because of this uncertainty, some writers have postulated that the patient-physician relationship requires courage. For example, Shelp[2] says:

> the perceived value of the desired end is an unknown. One can never be sure in these circumstances that the desired goal is commensurate with the anticipated risk. But, it is the belief that the two are commensurate which prompts one to action. In acting, the agent evidences some commitment to moral ideals and values.[3]

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[1]Hippocrates, "On Decorum and the Physician," *Corpus Hippocraticum*, Vol. II., cited in DiMatteo and DiNicola, p. 80.

[2]Earl E. Shelp, "Courage: A Neglected Virtue in the Patient-Physician Relationship," *Social Science and Medicine*, Vol. 18. No. 4, 1984, pp. 351-364.

[3]Ibid., p. 356.

Similarly, Jonsen[4] asserts that the wise and selective choice by the physician among possible treatment alternatives and the balance of risk and benefit they yield is a decision made out of courage. On his view, courage is the moral dimension of therapy and is properly construed as the virtue of the physician and the necessity of the patient. His authority for a definition of courage is Aristotle, who regarded courage as "the measure of feelings of confidence and of fear, that is, the ability to maintain judgment against the excesses of rashness or the deficiency of timidity in matters of danger and of great moment."[5] He claims that physicians who must make difficult clinical judgments

> cannot be timid nor can they be rash: they must habitually walk the narrow path marked by caution-confidence. . . . The courage of the physician is not a virtue that faces the danger of personal death and disability, as it is for the patient. It is rather a virtue that faces the danger of loss of pride in oneself as a healer, loss of reputation and, above all, failure to respond to the expectation of one who has entrusted himself to care.[6]

It is interesting to note how difficult the notion of uncertainty can be for physicians. Jonsen seems to recognize that there is no absolute confidence possible in medical therapeutics and seems to say that the physician should be accorded moral praise for rendering a decision at all. He claims: "The physician must, in these ways, allow himself to be vulnerable "in matters of danger and of great moment. He must step out from behind the defenses of hesitation and shun the coward's retreat into indecision and inaction."[7] In my opinion, Jonsen

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[4]Albert R. Jonsen, "The Therapeutic Relationship," *The Clinical Encounter*, Earl E. Shelp, (ed.) (Dordrecht: D. Reidel Publishing Company, 1983) pp. 278-279.

[5]Ibid., pp. 278-279.

[6]Ibid., p. 279.

[7]Ibid.

is right to say that courage is relevant to the practitioner's role, but it is not the supreme virtue that he seems to imply. The moral dimension of therapy is not so much courage as is acting rightly for the sake of the patient's health and health related values. Physicians may make individual decisions which are courageous but what they are accountable to me for is technical expertise and sound reasoning in the face of uncertainty, and a consistently benevolent regard for my expectations of good care. Jonsen's claim would not seem to inspire any confidence in role-differentiated behavior of physicians, for surely it seems implausible to say that courage is what society demands of physicians. What society demands of them is technical skill and scientific knowledge as well as certain moral behaviors such as helping, respecting, caring, and consoling. On my view, *these* are the moral dimensions of therapy. I would agree with Jay Katz who has examined why physicians do not disclose the uncertainty that is part of the clinical scene.[8] Katz claims that the physician's reluctance to admit to uncertainty or to discuss it with patients is one of the ways in which physicians impose order on a complex and inexact situation. In this claim he comes close to the claim made by Luhmann that trust can function in reducing the complexity of social institutions. Katz also suggests that a reason for the denial by physicians of the uncertainty which exists in their practice is due to a fear that their effectiveness as healers will be compromised if they discuss openly with patients the availability of alternatives to orthodox medical treatment. In order to deal with this fear, Katz argues that physicians adopt consistently authoritative roles with patients. As I discussed in Chapter Six

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[8]Jay Katz, "Why Doctors Don't Disclose Uncertainty," *Hastings Center Report*, Vol. 14, No. 1, February, 1984, pp. 35-44.

patients no longer accept such authoritative postures and want more opportunities to discuss their own fears. Katz concludes that physicians ought to be urged to consider the impact their attitude regarding uncertainty may have on the patient-physician relationship. He urges a more open dialogue which presumably would include a discussion of the limits of one's expertise as well as the values each brings to the relationship. In my opinion, such a dialogue would build on the trust which is implicit in the relationship and would give a voice to the reciprocal duty to keep the moral principle of trust intact.

A New Model of Trust. The therapeutic relationship is laden with value. As Sider[9] claims, every therapeutic decision requires questions of value and should always be ethically justified. Therapeutic relationships are ultimately human encounters from which the personhood of the practitioner or medical scientist cannot be dismissed. Therapeutic relationships are interactions between persons who are viewed as valued beings. The values and beliefs of practitioners are intimately conjoined with the clinical and therapeutic judgments they make. There is thus an inescapable personal and moral component in the therapeutic process. This process is richly endowed with professional value judgments which have the possibility of conflict as well as cohesion with those values the patient brings to the setting. Yet because many treatment modalities are labeled as "scientific," many patients (and others) may be unaware of the pervasive influence of value preferences these decisions yield. In entering a therapeutic alliance with a practitioner, one is not therefore only entrusting to another one's life and limb but also, one is leaving oneself open to the possibility of one's

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[9]Sider, p. 394.

treasured values and beliefs being subject to strong value preferences on the part of practitioners. What secures that these treasured values and beliefs will be treated with care is trust. The process of the therapeutic relationship is inherently a moral one. It is a process whereby value issues are shaped and in which they should be confronted and discussed. The "therapeutic conversation" is perhaps the most crucial avenue for the expression of personal health values and professional values, but such expression is not limited to dialogue. Whether this process is viewed as a negotiation, a shared partnership, or a lived relationship of mutuality, the goal of the practitioner is still that expressed by the French fourteen centuries ago: "guérir quelquefois; soulager souvent; consoler toujours."[10]

Such a view expresses a positive movement away from sociological analyses of professional ideologies based on claims of esoteric knowledge and altruistic motives that have traditionally provided justification for trusting in the authority of physicians. Katz challenges this still prevalent view and asserts that what is required is a new model of trust, one based not on authoritative orders which serve to preserve a professional preference to silent obedience. He proposes a model of shared authority, presuming that physicians and patients have the capacity to converse meaningfully with one another. His model of trust is based on "the confident and trusting expectation that physicians will assist patients to make their own decisions--decisions that in the light of their medical needs and

[10]No author is known for this aphorism, which is quoted on Trudeau's grave at Sarnac, New York. The translation, "to cure occasionally, to relieve often, and to comfort always," seems to be a more realistic statement of devotion than our modern-day codes.

personal history *they* deem to be in their best interests."[11] This model is ground on the following assumptions:

1. No single right decision exists for how the life of health and illness should be lived; physicians and patients must consult and collaborate.

2. Physicians and patients bring their own vulnerabilities and values to the decision-making process and should establish common interests through purposeful conversation.

3. Both parties need to relate to one another as equals and unequals.

4. All human conduct is influenced by both rational and irrational expectations.

Katz believes that the concept of trust appropriate to the medical context needs to be expanded in order to meet the standards of mutuality appropriate for more egalitarian models of interaction. On Katz's view, trust cannot be earned through deeds alone but must be verbally communicated in a purposeful dialogue. As such, trust in a physician would include reliance on her technical competence as well as her willingness to share the burden of decision-making with patients and the belief in the patient's competence to do so as well. Consequently, this model would require that physicians trust themselves to face up to and acknowledge their own limits--whether in scientific knowledge or in their own personal incapacities. Once physicians have exercised their own capacity to trust, they are then said to be in a position to earn the trust of their patients; physicians earn this trust, says Katz, by trusting in their patients.

Such an egalitarian view may in principle have philosophical merit, but the practical concern it raises has to do with its clinical feasibility. While many would endorse the shared responsibility in decision-making, many others would

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[11]Katz, *The Silent World of Doctor and Patient*, pp. 101-102.

find it to be applicable to only a restricted range of individuals. For instance, with respect to the critically ill psychiatric patients, such an egalitarian model may be too threatening, as some patients require a social distance between them and their practitioner in order for transference reactions to occur. Moreover, both patients and practitioners may be incapable of sharing authority in this way; if adopted, radical changes in medical training would no doubt be required. However, despite these practical concerns, Katz's model would require of medical professionals at least prima facie obligations to assist their patients in forming trust relationships built on the shared expression of what is mutually valuable to both.

The Principle of Keeping Trust. Clearly, the therapeutic relationship ranges over emotional, physical, and moral issues, and embodies the tensions which are inherent in these concerns. Both patient and practitioner are subject to these tensions and either may have formulated expectations regarding them. A reflective practitioner should use some discretion in acknowledging these tensions, but where they may influence treatment decisions it seems to me that they ought to be part of the shared dialogue. On my view, this just is the helping relationship itself, and all the values, whether shared or divergent, are preserved through the principle of trust. That is, the therapeutic relationship is the opportunity to affirm the freedom of others to act in ways that will secure what is best for the person seeking help. Helping patients should not undermine the respect due them as moral beings nor deny them their duties to self. Patients have certain variously ascribed duties to self, which include the duty to be as informed as possible about treatment alternatives and risks as well

as the duty to withhold a trust where evidence of abuse or untrustworthiness exists.

According to Pellegrino and Thomasma, the aim or goal of therapeutic relationships has two components: "It is the choice of what is *right* in the sense of what conforms scientifically, logically, and technically to the patient's needs and a choice of what is *good*, what is worthwhile for the patient."[12] These authors see medicine as a moral enterprise which is scientifically based and claim that the healing relationship is the distinguishing mark of clinical medicine. In "The Healing Relationship"[13] Pellegrino clarifies the use of these terms, claiming that "right" refers to a decision that is technically correct, that squares with scientific and empirical fact, and, further, that is adjusted to the particular idiosyncracies of the individual patient. This component is claimed to be an objective decision which the physician derives, and it is given in the form of a recommendation about what *ought* to be done in order to best help the patient. The "good" pertains to the patient's subjective appraisal of what is worthwhile and valued in her life. Pellegrino notes that it is often the case that the values of patients and physicians may intersect or conflict, and the moment of decision regarding what ought to be done is a moment in which the respective moral agencies of both must be given equal respect. On Pellegrino's view:

> physicians ordinarily see a "good" decision as covering both aspects, but patients, in fact may not. It is to account for both domains -- the physician's

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[12]Edmund D. Pellegrino and David C. Thomasma, *A Philosophical Basis for Medical Practice* (New York: Oxford University Press, 1981), p. 311.

[13]Edmund D. Pellegrino, "The Healing Relationship: The Architectonics of Clinical Medicine," in *The Clinical Encounter*, Earl E. Shelp (ed.) (Dordrecht: D. Reidel Publishing Company, 1983) pp. 153-172.

> and the patient's -- that the distinction is made. This is not to accept normative relativism but to focus on the moral management of value differences between physician and patient.[14]

The physician's primary moral responsibility to her patients is seen as sustaining technical competence. This is so because without the required competence, the physician's promise to help is a lie. The physician has a moral obligation to conduct the decision reaching process in such a manner that the patient's capacities to determine her own decision are enhanced as much as the illness permits. I would add here that the provision of the information necessary for patients to arrive at such decisions is the primary way in which patients are empowered to exercise the fullest range of their autonomy. Of course it is logically consistent with our conception of autonomy that some patients may give up some of their legal and moral entitlements to full decision-making power and entrust others to decide on their behalf. Some caution is necessary in interpreting whether patients should yield to others these rights and I would suggest that health care professionals be trained to recognize those circumstances in which it might not be conducive to decisions which are both "right" and "good." Pellegrino is surely correct to claim that competence is indispensable for technically right decisions and an initial requirement for good decisions as well. I have argued that a confident belief in the physician's abilities to function with technical competence is a necessary prerequisite for the justification of a reasonable trust in physicians. However, the mere possession of a body of knowledge is not by itself sufficient to warrant trust. The additional requirement is a confident belief that this knowledge will be

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[14]Ibid. p. 170.

directed toward a specific practical and good end, and discharged with attention to the patient's needs for support and comfort as well. For Pellegrino, that end just is the relationship itself, which he refers to as the architectonic principle of clinical medicine. He asserts that the practitioner's special knowledge

> must be directed to a specific practical end in a personal relationship in which one person is ill, vulnerable, and anxious and seeks the help of another who has knowledge that must be made to serve the interests of one who is ill.[15]

This assertion is an echo of his claim which I discussed in Chapter Six, that patients are forced to trust in their physicians because they lack the technical competence which physicians possess. I have argued that this ought not to be interpreted as an obligation that patient's have toward their physicians, as Freidson, Parsons, and the medical codes seem to want to imply. I would argue that technical competence in concert with a credible reputation and some evidence of caring attitudes would provide good reasons to trust. Actually, despite his earlier claim that patients are forced to rely on their physicians, Pellegrino's position here is compatible with my view. He argues that an unequivocal criterion of a good decision regarding what ought to be done in a patient situation is "the enhancement of the patient's moral agency even when this flies in the face of what science or even a rational bystander might dictate. The patient is the one who must balance his vision of the good life with the realities illness forces upon him."[16] I have argued that the act of trust is the opportunity to affirm the moral qualities of the other.

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[15]Ibid., p. 164.

[16]Ibid., p. 165.

Pellegrino claims that the essential element of a "good" decision is compassion. Compassion and technical competence are the two moral imperatives that Pellegrino thinks are essential to the practice of medicine. Compassion is defined as that capacity of the physician to place the right decision "inside" the patient's particular circumstances such that it will also be good for the patient in ways which go beyond technical competence. Hence, he concludes that:

> To be technically right a decision must be objective; to be good it must be compassionate. It is in the fusion of these opposing attitudes that the end of clinical medicine is fulfilled. On the one hand the physician must be able to stand back, analyze, classify, measure and reason. On the other, he must be able to feel something of the experience of illness felt by the patient. He must literally suffer something of the patient's pain along with him for that is what compassion literally means.[17]

I believe Pellegrino has got it quite right here and I think evidence of patient attitudes regarding physicians' behaviors bear him out. The relationships which form between patient and health care practitioner are often continuing encounters with changing expectations which may be brought on by the illness or the patient's response to it. A necessary condition for the existence and endurance of the therapeutic rapport between them is trust. Trust functions to secure the values which are sacred to the individuals who encounter each other and trust creates the possibility of generating new values which are jointly held. Trust is an opportunity, albeit, one that implies risk, to choose to act in ways that affirm the moral qualities of both parties.

Conclusion. Health care and the therapeutic relationships it spawns, is indeed a practice predicated on the value of rational free action. Moral

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[17]Ibid.

principles and moral expectations govern these relationships. As Luhmann has demonstrated, trust is not a rational calculation of predictable behavior, but the norm of trust which operates in special relationships like therapeutic ones, is a great stabilizer of expectations and a facilitator of cooperation. The practices which constitute the form of life we know as health care are built on trust which exhibits a variety of forms. By definition, fiduciary relationships occur when there is a mutual acceptance of a dependent relationship where the needs of the dependent party are secured by an obligation of fidelity to their interests. In my opinion the moral role of trust in therapeutic relationships is not merely an instrumental one which makes cooperation with health care providers better or which improves patient compliance. Rather, trust in my view is intrinsically valued because, even despite the end result which may be obtained on account of it, it is an act of affirmation of the other as a moral being committed to the concern of me and the values which infuse my live with meaning. That is, even if the end result were not realized, the act of trusting is valuable because of the opportunity to affirm moral qualities in others. Similarly, the reason why trust in practitioners is regarded as reasonable is because there are moral reasons that justify it as a morally desirable act and perhaps also as a right act. The question of how to construct our moral lives does not end with our becoming patients or healers. Neither patients nor their health care providers abandon their ethical principles or values or moral growth simply because they are confronted with illness or suffering. Indeed, it seems to me that the relationship between patient and practitioner is an important opportunity for moral growth as the relationship itself is the expression of moral values and their enactment. That is to say, the therapeutic relationship is a relationship in

which trust, intimacy, and self-disclosure open up the possibility for a rich experience of what it is that matters to persons. It can be the sphere for the realization of moral values, commitments, and growth in moral agents. While the helping professions may be guided by principles of beneficence, respect, and human dignity, the therapeutic relationship is the ground in which these values are secured. I have argued that what cements this relationship and the values secured through it is trust.

The system of trust which society has attempted to create by establishing certain norms for health care is imperfect. Like life, it can break down and give us pause to reflect on its substance. Life, no matter how skillful we may be at predicting its beginning or end, is still replete with uncertainties. We fashion the legal system to address some of the injustices it provokes, and we fashion the system of trust in order to protect, promote, and create what matters to us most. It, too, is imperfect--at times fragile, and at times a fertile soil for growth.

Illness, and the threat of pain or death is a condition of life. The therapeutic relationship is a process of helping individuals to define and actualize values unique to them and to their conceptions of what is good. Individuals, whether sick or well, are not purely rational; they have wills which are far from holy and fears which cannot be willed away. Relations between practitioners and patients are grounded in certain natural feelings of dependency and certain human needs for protection. From these perceptions arise expectations about the forms this dependency may take. It is crucial to good relationships that both patients and practitioners are aware of, express, and own these expectations, for future actions may be dependent upon knowing them. In

so far as care providers are able to meet this natural need of patients, they are said to be helpers. What patients seek is help, and in my opinion, practitioners ought to care for patients not because the duty of beneficence demands it but because patients expect it and the principle of trust demands it. An act of helping others is done for the sake of others who need it and who are relying on it. In therapeutic relationships, trust has an even more basic grounding than duties such as beneficence, respect, veracity, and autonomy, because without trust, no one would have a reason to take on these duties in the first place. Trust is not simply an instrument enabling an individual to achieve her own ends but rather some form of trust is necessary if one is to formulate those ends in the first place. That is, in the absence of a principle of keeping trust we are morally impoverished. Without it, we could not even take on those voluntary obligations which guarantee others their rights. In my opinion, trust is necessary for the granting of rights and privileges. As such, a reasonable form of trust is both a moral value and a rational end in itself.

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