



Life course perspectives on economic stress and generalized trust in other people



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ABSTRACT

The aim is to investigate the associations between economic stress in childhood and adulthood, and low generalized trust in other people, testing two life course hypotheses. The 2008 public health survey in Scania is a cross-sectional postal/mail questionnaire study in which 28,198 persons aged 18–80 participated (55% participation in the original sample). Logistic regressions were used to analyze associations between economic stress in childhood and adulthood, and low generalized trust in other people, adjusting for demographic factors, socioeconomic/occupational status, and emotional and instrumental aspects of social support. A 33.9% proportion of the men and 35.7% of the women reported low trust. Trust was significantly associated with all variables included in the models. Economic stress in childhood remained significantly associated with low trust even when economic stress in adulthood was included in the critical period models. The critical period hypothesis regarding trust was corroborated in the meaning that economic stress in childhood and adulthood were independently associated with low trust. However, it was not corroborated in the meaning that a specific time window had a particularly high association with trust. The accumulation hypothesis was confirmed: increased combined childhood and adulthood exposure to economic stress was significantly associated with low trust in a cumulative way. Economic stress in childhood may be of importance for trust in others in adulthood.

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1. Introduction

Trust is by many authors regarded as an aspect of social capital, i.e. social contexts and relations between individuals and groups in society, but it is also a psychological trait of individuals (Coleman, 1988; Coleman, 1990; Putnam, 2000). Trust is associated with both general physical and psychological health (Lindström, 2004; Kim, Subramanian, & Kawachi, 2008). The notion that these associations

reflect causal relationships is supported by longitudinal studies (Giordano & Lindström, 2011; Giordano, Björk, & Lindström, 2012).

Trust facilitates cooperation both within restricted groups and in society in general. Correspondingly, trust may be regarded as a predominantly psychological characteristic of individuals but also as a contextual characteristic of entire societies (Coleman, 1988; Coleman, 1990; Putnam, 2000). The trust of an individual may be restricted within the more or less narrow scope of closely connected social networks and associations such as family, friends, workmates or people sharing similar identity defined by for instance the same ideology, religion or ethnic identity.

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Although the individual's trust within such narrow social entities is certainly important, the individual's generalized trust in other people in society, even those with whom the individual has never met and may never meet again, is the prerequisite for a society characterized by general cooperation.

Trust in others develops in a variety of ways including mutually positive attitudes, similarity, interdependence in terms of horizontal power relations (Solomon, 1960), the expectation that third parties will punish uncooperative behaviour (Yamagishi, 1986), cooperative or helpful behaviour (Kelley & Stahelski, 1970; Loomis, 1959), and the common assumption that other people will reciprocate such benevolent behaviour (Pruitt & Kim, 2004). Trust in other people becomes generalized when these expectations of reciprocity and mutual aid extends even to those whom we have never met before and are not likely to meet ever again, when we believe that our benevolent conduct towards another unknown person will be reciprocated by still another unknown third party/person at another point in time, in another context, in another place (Fukuyama, 1999). Trust, and particularly generalized trust in other people, is thus the expectation which is present in a society of regular, cooperative, and honest behaviour, founded in common and shared norms, among the members of society. It should be noted that the expectation of regular behaviour *per se* is not sufficient to create trust and generalized trust in other people, because in some societies and social settings the regular behaviour of cheating and being dishonest may be what people regularly expect, based on prior experience (Fukuyama, 1995).

Social conditions in childhood and adolescence may affect generalized trust in others in adulthood. The notion that family conditions during childhood and adolescence determine trust in others in adulthood is supported by social science scholars such as Coleman (1990) and Fukuyama (1999). Fukuyama suggests that the decreasing prevalence of respondents who report high generalized trust in other people in the USA and other western countries from the 1960s and at least until the 1990s may be explained by the increasing number of children and adolescents who have experienced their parents' divorce and separation. New birth cohorts thus reach adulthood with increasingly lower levels of trust in others, and replace older birth cohorts with higher levels of trust (Fukuyama, 1999). However, to our knowledge, no studies have analyzed the association between socioeconomic conditions such as economic stress in childhood and generalized trust in other people in adulthood.

In recent decades life course research has surged in epidemiology and public health (Kuh & Ben-Schlomo, 2004). Adverse childhood conditions such as poverty, household dysfunction, parental death or illness, violence, witnessing violence and disaster known to be associated with economic stress are associated with health including individual psychological health in later adult life (Brown et al., 2009).

Several hypotheses concerning causal mechanisms have emerged within the area of early life and life course epidemiology. One early life hypothesis, i.e. the critical period hypothesis, states that a critical period may be

defined as a period which entails an increased sensitivity to the exposure of health or other risk factors which may develop into clinically manifested disease or other outcomes later in life (Barker, 1998; Hallqvist, Lynch, Bartley, Lang, & Blane, 2004). It should be noted that the critical periods in this study, "childhood" and "adulthood", are comparatively broad and unspecific.

Other life course hypotheses have also emerged. The accumulation of risk hypothesis proposes that risk accumulates during the life course and cumulatively increases the risk of chronic disease morbidity and mortality (Hallqvist et al., 2004), crime (Sampson & Laub, 1997) or social inequality (DiPrete & Eirich, 2006). The critical period and accumulation hypotheses may be applied to the issue of the formation of trust, because trust in others may be regarded as a psychological trait of the individual as well as a contextual trait of society for reasons already presented. In our study social and socioeconomic accumulation from early life and childhood to adulthood is measured in terms of the experience of economic stress in childhood and in adulthood (at the cross-section in adulthood), respectively. Prolonged exposure to sources of conflict within the family such as economic stress may affect trust (Pruitt & Kim, 2004).

Sweden is a welfare state with high taxes and a highly redistributive economic system. After taxes and redistribution of public provisions, Sweden thus has one of the most equal income distributions in the world (measured as Gini index). However, the welfare system in Sweden has been under pressure in recent decades due to higher levels of unemployment since the mid-1990s and high levels of sick leave. Second, there are indications that the distribution of wealth was more unequal (again measured as Gini index) than in the USA already in 2002/2003. The predominant reason seems to be that a much higher proportion of the middle classes have no economic opportunities to accumulate wealth due to the tax and redistributive system in Sweden (Sierminska, Brandolini, & Smeeding, 2006). Economic stress is thus not uncommon in Sweden both for reasons of higher unemployment and high levels of sick leave in recent decades, and for reasons of small available savings.

The items concerning economic stress have been used previously in Sweden and have good reproducibility and face validity (Persson, 2001; Olivius, Östergren, Hanson, & Lyttkens, 2004; Fritzell & Burström, 2006). Only six previous studies on cardiovascular (Hallqvist et al., 2004; Rosvall, Chaix, Lynch, Lindström, & Merlo, 2006) and all-cause mortality (Rosvall et al., 2006), self-rated health (Lindström, Hansen, & Rosvall, 2012b), psychological health (Lindström, Fridh, & Rosvall, 2014), health locus of control (Lindström & Rosvall, 2014) and tobacco smoking (Lindström, Modén, & Rosvall, 2013) have, to our knowledge, tested the two hypotheses in the same study, the four latter on the 2008 public health survey in Scania.

In previous investigations generalized trust in other people has been shown to be significantly associated with demographic factors, socioeconomic status (SES) and employment status (Lindström, Ali, & Rosvall, 2012a) as well as with social support in the form of both emotional support and instrumental (practical) support (Lindström,

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