Trust in Professions

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1. Introduction

In sociological writings trust is regarded as a taken-for-granted characteristic of the service relationship between members of the occupational type of professions and their clients. It is seen as part and parcel of the professional-client-relationship and as a precondition for vesting professional institutions with public tasks. There are studies of the changes in the occupational type of professions over the past three decades that maintain that trust in the professions has dropped. However, trust in professions has not been systematically examined so far. This is even more surprising, because trust as a sociological concept has gained importance over the past decades. Unlike in the sociology of industrial relations and organizations, a theoretical discussion and an empirical analysis of the notion of trust in the sociology of the professions is still lacking. There exist empirical case studies of the trust relationship between members of individual professions and their clients (e.g. Schweer 1996). But these studies cannot be generalized further. Furthermore, in equating trust with an attitude they make it more difficult to explain the specific phenomenon of client trust.

The aim of this paper is to develop a working concept of client trust. For this purpose the kind of trust relationship between professional and client is defined with the help of general sociological concepts of trust, and an explanation is given as to what extent trust can actually be regarded as part of professionalism. That is why the discussion of the concept of trust demands that we hone down the notion of profession.

The concept of client trust proposed in this paper distinguishes between two aspects of the relationship between professional and client so far mentioned in connection with client trust, and which have often been mixed up, namely the act of trusting in consulting situations and the attitude of the public towards an occupation. Because these aspects have not so far been kept apart, it has not been possible to make sound statements about the topic of client trust either in the field of theory or of empirical research. Not delimiting one aspect from the other has been especially harmful to the debate about alleged loss of trust. In this paper two hypotheses about the functioning and the connection of these aspects are put forward. The first hypotheses says that trust is shown in situations of decision-making, that is whenever a client consults a member of a profession on his or her own initiative, is uncertain about the outcome of the consultation and can come to harm, harm which is possibly bigger than the potential benefit. The second hypothesis emphasizes the context-dependence of this decision-making: it states that the described action is embedded in the functioning interaction in a consultation situation in the course of which a professional claim is asserted and the professional status is considered through the behavior of professional and client.

My argument will be developed in four steps: I shall start by laying out the various theoretical positions out of which trust in professions has hitherto been seen in sociology (albeit only mentioned in passing) and by inquiring as to the implicit concepts of trust. From there I shall go on to introduce my own definition of professions. On the basis of this, a concept of client trust will be developed: For this purpose the particular type of trust
relationship will be considered. This relationship will then be clarified, distinguishing it from that between members of other service occupations and their customers. It will be explained why clients can be expected to trust the providers of certain services. Building on Luhmann’s concept of trust, I shall show what client trust consists of and how this special mechanism works. Finally, using Goffman’s interaction theory, the context of the act of trusting will be examined with a view to whether it supports and facilitates client trust. In conclusion the consequences of the concept of client trust presented in this paper for the research on professions will be explained.

2. Sociological Concepts of Trust in the Professions

One can distinguish essentially two aspects, from which trust is considered fundamental in concepts of the professions: On the one hand the concept of trust is used to define an institutionally established relationship between professional and client and thus the type of a service occupation. On the other hand trust is picked out as a central theme when it is stressed that the social recognition of the trustworthiness of an occupation is a precondition for their professional status.

2.1 Trust for Self-control

As a concept of profession in which the trust relationship between professional and client plays an important role Talcott Parsons’ concept must be mentioned first. He analyses professions as an important component of modern society (Parsons 1951; 1954/1939; 1978: 11f.) Even if professions according to Parsons share with business and administration the characteristics of universalism, functional specificity, achievement and “affective neutrality” – they are by contrast with economic occupations oriented to the public welfare.¹ It is precisely this distinction that should provide the basis for the trust of the client in the integrity of the profession and in the competence, attitude and action of the professional according to his or her occupational role. This orientation to the public welfare, which is perceived by society and institutionalized in service ideals and in the professional role, is seen as a guarantee to make sure that the position of the client is not exploited. It is also meant to justify the professional’s expectation of the trust of his or her clients.

Parsons (1951: ch. 10; 1978: ch. 1) demonstrates in the case of the organization of medical care his model of the relationship between professional and client which can also be transferred to other consulting professions (cf. Parsons 1978: 29-33). He shows here how the pattern of the relationship between professional and client is first and foremost structured by the professional role and the client role. Here again the roles are bedded in the institutionally defined situation of the client on the one hand and the professional on the other. The situation of the client is marked by his or her helplessness and need for help, technical incompetence and emotional involvement. The position of the professional is marked on the one hand by the fact that his function involves a high degree of uncertainty and on the other that he must fulfill the institutional expectation of society that he will commit himself unreservedly to his case (Parsons 1951: 440-450; 1978: 26). Moreover, this professional function takes place in spheres of a highly personal nature including intimacy and privacy, spheres which are normally reserved for intimate relationships involving family or friends.

¹ Perhaps Parsons’ distinction between professions and those occupations which maximize utility, through which he emphasizes the importance of value orientations for the social order, should be understood as a reaction to the world economic crisis (cf. Luhmann 2001: 147).
The special nature of the occupational role of the professional is characterized by the need to guarantee that the client’s helplessness and need are not abused – particularly in the light of the cognizance, participation and intervention of the professional in areas which are confidential, personal and intimate. The role must integrate the part of social control, since external control would not be functional because of the uncertainty involved in professional work. In this way it is explained that the professional role differs from “business” roles in that it is not orientated towards professional interests, but towards public welfare (1951: 434). The role of the client is complementary in that he or she is expected to make use of the technically competent help of the professional (Parsons 1951: 437; 1978: 21). It corresponds with the occupational role in not being ascriptive and being universal, functionally specific and “affectively neutral”. Parsons sees in this role too a collectivity orientation as the client takes over with the duty of cooperating with the professional a part of his task too.

Trust plays a part in this conception as a mechanism through which the gap is closed between being left at the absolute mercy of the helper, incompetence and irrationality of the layperson on the one hand, and the practically uncontrollable nature of the professional function on the other. Trust thus appears as part of an institutionally established ‘agreement’. In modern society the exploitation of the client in the strict sense of the word is “unthinkable” (Parsons 1951: 445). Yet it is only by sticking to the definition of the interaction situation as functionally specific, through the affectively neutral approach and the indiscriminate handling of cases and collectivity orientation as demanded by the professional role that misuse can be prevented in a way corresponding to the professional function. The client is however forced into his or her complementary role of the trusting person (Parsons 1951: 463ff.).

Drawing on the model sketched of an agreement Ulrich Oevermann has more recently formulated his explicitly normative and ahistorical concept of the profession. The basis of his theory of “professionalized action” is the assumption that professional action presupposes an autonomous control based on the internalization of ideals of professional ethics (Oevermann 1997: 70). Oevermann places one characteristic of the interaction situation between professional and client at the center of his model for analyzing the special “structural logic of occupational practice” of professions which Parsons already emphasized in his study of the position of the doctor in his interaction with the client, that is the fact that the person of the professional becomes the target for projections of the client (cf. Parsons 1951: 453). The central normative model of professionalized action propagated by Oevermann is therefore the model of psychoanalytic therapy (Oevermann 1997: 115). The relationship between professional and client is accordingly marked by being both “diffuse” and specific, for which reason it cannot be explained by the role notion (Oevermann 1997: 110). Diffuse because the client should ideally stand out as “a complete person” (Oevermann 1997: 109) and the professional in order to understand the symptoms should react emotionally as a whole person to what the client is saying. Specific because the professional should conversely but ideally firmly retain his or her professional role (Oevermann 1997: 112, 115, 118) and the client be involved in the role relationship with his or her “healthy parts”.

Trust is relevant in this conception because the specific relationship between professional and client – as already established by Parsons – demands an openness otherwise shown only to the closest confidants. By contrast with Parsons, however, it is precisely the instant beyond the functional specificity of the communication situation which makes trust necessary. Trust is demanded according to Oevermann if beyond the parts of the interaction situation which are defined through the roles of the professional and the client and the service and payment aspects the client is required to communicate as a whole person.

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2 According to his scheme of “pattern variables” Parsons describes the professional role as “collectivity-oriented not self-oriented” (Parsons 1951: 434).
2.2 Claim to Trust

A completely different view of the role of trust is maintained by those concepts of profession that place in the foreground the question of the social processes that ensure professions a degree of autonomy and privilege not enjoyed by other occupations. Their interests in knowledge go then way beyond the question of the social control of professional conduct. In Everett Hughes’ conception, for example, trust in professional practitioners is based on societal notions. Since it is generally believed that it is only professions that have the necessary technical knowledge for solving particular problems, in Hughes’ view they are also deemed to have sole competence in handling these problems. It is from there that they draw their authorization for carrying out certain tasks – both in the narrower sense of a professional license and in the sense of public recognition of their professional and special social status. The professional claim to enjoy client trust in the interaction situation of a consultation draws on the notions of society concerning professions – the “professional idea” (Hughes 1971: 375). There is on the one hand the trust that the professional will reveal no information which the client must disclose completely – so far as this concerns his or her problem. On the other there is the trust in the right judgment of the professional and his or her competent handling of one’s own case.

In their turn professionals have an interest in their being trusted, as is shown by Eliot Freidson’s concept of professions. Freidson defines professions as occupations enjoying a “dominant position” in a sphere organized according to a division of labor (such as for example the health sphere) and can therefore determine the content of their work. They are autonomous to the extent that they can by virtue of their specialized knowledge and skills claim sole competence to deal with certain problems. This status can however only be attained and maintained if the members of the profession can make the trustworthiness of their members credible (Freidson 1988/1970: XV). Freidson, like Hughes, characterizes professions as making definitions of problems which they claim to be able to solve on the basis of their specialized knowledge and their skills. This power of definition is transferred to them by society. With his early approach, which uses interactionist arguments in large parts, Freidson tries to uncover beyond the phenomenological perspective the mechanisms of developing and securing professional power. Alongside the concept of trust he brings up two concepts: belief and the more religious one, faith, to characterize the relationship between professional and client. The “belief” in the competence of the profession and in the value of their knowledge and skills (Freidson 1988/1970: 11, 187) is in this conception the prerequisite for the status of an occupation as a profession.

It is precisely because he determines the profession according to its position in a field subject to the division of labor and not according to features connoted normatively that Freidson can distinguish between the descriptions of the professions themselves and the societal notions concerning their members on the one hand and the real character of the professions on the other. In his view the formal legal position of an occupation suffices neither to secure its status as a profession nor to guarantee the authority of a profession in an interaction situation. It is rather the case that the value and authority of a professional are recognized before and during the interaction between professional and client. If the authority is recognized trust can be built up in the course of the interaction situation. The authority is the basis for the cooperation that is necessary for the professional service (Freidson 1988/1970: 319).

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4 This is what Hughes refers to as the “mandate” granted to professions (1971: 376).
2.3 Résumé

The survey of various concepts of trust in works on the sociology of professions shows the following: The demonstration of trust on the part of the client can be understood as part of a role behavior which is complementary to the behavior related to the specific service role of the professional. The fact that in the functionally determined service relationship a kind of trust can be expected on the part of the client, such as is normally only to be found in personal relationships of trust, that is a “confiding” of oneself or of personal information is a consequence of the orientation to the public welfare of the profession. This orientation is secured by a system of autonomous control. All in all the risk contained in consulting a professional, namely the abuse of the situation of the client, is eliminated by the institutional structure of the professional-client-relationship.

The exceptional situation requiring trust in a service relationship can however also be accounted for by the claims made by professionals based on society’s concession that they possess a monopoly of knowledge and competence for spheres in which their specialized knowledge is relevant. But there are other concepts of the sociology of professions that have seen the privileged position of professions in the job system not simply in terms of their special position recognized by law and in the system of training and certification as responsible for the “professional idea”: the trustworthiness of professionals is seen as a product of the professional definition of a particular problem brought in by the client, as a product of the construction of authority, and as the securing of a dominant position in the market place implied by division of labor. On the basis of a claim of trust, which an occupation can make if it is socially acknowledged, a relationship of trust can be developed in the interaction situation of a consultation.

In none of the sociological concepts of the professional-client relationship is the notion of trust explicitly defined. It can be concluded, however, that client trust is mentioned under two different headings. Those concepts of profession which seek to analyze the structure of the relationship between professional and client in the consulting situation and which explain the behavior of the professional towards the client by the institutionalized public welfare orientation of the profession see trust as a functional mechanism. They see several reasons why one must have trust in order to enable consultation and cooperation to take place: the inability of the client to take his case in hand himself, uncertainty about the result of the professional treatment of his case and the risk of malpractice.

Concepts of profession that see professional status primarily as a function of social assumptions about an occupation, however, are mainly concerned with the attitude of the public towards the occupation in question and only then about the trust relationship between professional and client in the situation of their face-to-face interaction. Because they are interested more in how an occupation achieves and maintains professional status than in what happens during the consultation situation, the process of construction of trustworthiness is the central feature. Thus, in these concepts the active contribution of the person to be trusted comes to the fore.

Both types of concepts agree, however, in tracing trust in the consultation situation back to the competence gap between professional and client and the informational asymmetry of their relationship. But this connection needs to be explained: why is the competence gap specific for the trust relationship between professional and client? Of what kind is the trust relationship and how does it work? And how is the claim of professional to trustworthiness mentioned in the concepts expressed? In this paper I shall attempt to give answers to all these questions on the basis of my own concept of profession.
3. Definition of profession

The term ‘profession’ has been defined in a variety of ways in the sociological literature. Depending on the features regarded as essential for the particular type of occupation opinions have been very different. A large number of definitions suffer from the fact that criteria derived from country-specific everyday concepts are not separated from abstract criteria. In particular, for the analysis of occupational type, notions are taken from the British and US-American everyday life that reflect the self-description of certain occupations. The dilemma of using a notion of profession imbued with everyday concepts as an abstract and generalizable definition is avoided by the interactionist school, which uses the notion explicitly as a folk concept. They are interested in the perspectives, ways of thinking, and interpretations that arise in a working environment. In contrast to this conception an approach is adopted here that defines the occupational type of profession in an abstract, ideal typical manner in order to examine the cause, kind, and circumstances of client trust independent of its context.

A profession is defined here as an occupation which via its specialized scientific education has the exclusive technical competence in a division of labor to solve practical problems in individual ‘cases’ of clients. This occupation is characterized by a legally underpinned privilege to regulate the contents and conditions of the working process and to lead and coordinate subordinate occupations within the division of labor. The activity of the individual professional necessitates the exercise of discretion on the basis of his or her foundation of formal learning (cf. Friedson 2001: 24, 32, 34f.). The occupation is legitimized with reference to its service for the public welfare and thus its disinterestedness. It claims a higher value, to which its system of knowledge and its application are oriented (e.g. health in the case of the medical profession, justice in the case of lawyers, education in the case of teachers and salvation in the case of priests).

The single elements of this definition have to be explained with regard to their relevance for the analysis of client trust: First, an understanding of a profession is presupposed according to which the professional activity refers to the service to the individual client. Thus, the notion adopted here is limited to the type of consulting occupations. Also, the knowledge gathered in formal training and constantly further developed by research in a profession is always oriented towards practical application to individual cases. The relation to clients in the profession refers therefore to the professional’s taking up and defining problems, with the help of his or her system of knowledge, and finally solving them. For the understanding of the relationship between professional and client in the course of which trust may come up this definition of ‘profession’ has an important consequence: Because the case of a client is only looked at from those points of view which have been worked out in the system of knowledge of the profession, the relationship between professional and client is in the ideal case functionally specific. Correspondingly the consultation takes place in communication situations which are equally defined as functionally specific and the expectations both of the professional and the client are orientated towards this.

Second, professional status is based on occupational-specific, applicable technical knowledge that is confirmed by accreditation (Conze and Kocka 1985: 18), and that distinguishes the professional from the layperson. In this way, the professional-client relationship is characterized by a competence gap. Because of his or her complex technical knowledge acquired in a lengthy period of training the professional has certain background knowledge compared to which the knowledge of the layperson – no matter how well-informed he or she may be – is always partial. This fundamental difference between professional and client results in the rejection of any non-professional judgment about the professional knowledge system and its application, since this is regarded as an interference in the
monopolized sphere of competence of the profession by ignorant, laypersons. Neither other occupations, nor clients, nor the state are entitled to a competent judgment of professional work. Because only professional knowledge and action based on it is both exclusive and cannot be judged by laypersons, occupations solving individual problem situations on the ground of heterodox knowledge systems represent no serious competition for professions.

Third, it is crucially important for the following argument that the profession can claim a general and recognized value (see above) and thus legitimate its privileged position in the occupational system. Furthermore, on the basis of social ideas about the profession and its members, which refer to its commitment to the public welfare, it can claim its authority and the status of its members. The appeal of the profession to these ideals has always marked it off from market ideology and managerialism. This particularity has repercussions in the form of the professional-client interaction in the consultation situation – the professional status and the authority of the professional are expressed in the self-representation of the professional and its anticipation and recognition through the client. But why and to what extent should trust be a component of the relationship between professional and client?

4. Conceptualizing client trust

In the concepts of profession theory discussed above, client trust denotes expectations of a certain kind that result in the cooperation of persons with other persons, organizations or institutions. In this paper, ‘trust’ is preliminarily and generally defined on the basis of general concepts of trust seen as a social mechanism allowing social action on the basis of future expectations, even when there is objective uncertainty as to the outcome (Garfinkel 1963: 193; Henslin 1968: 169f.; Luhmann: 1979: 24f., 1988; Simmel 1950/1908: 318f.; Zucker 1986: 54). This definition of trust as a social mechanism allows us to include the action and experience of the trusted person alongside the trusting person in the sociological analysis. Thus, the concept is distinguished from an understanding of trust as an attitude. Furthermore, by putting it this way, the social function of trust is pointed out in its role as a facilitator of social action in circumstances when the behavior of relevant persons, organizations or institutions is unforeseeable.

4.1 The kind of trust relationship

In order to determine the kind of trust relationship between professional and client it is useful here to take up a distinction between personal and impersonal trust. In this way two types of trust, which differ as regards contents, can be differentiated and this is essential for the understanding of the trust relationship in the professional-client interaction.

In the case of personal trust, when one is dealing with a person, the personality does not fall into the background, but plays the leading role for the anticipation of future behavior. Which verbal and non-verbal expressions of a person are conventionally seen as signs of his or her personality, depends on the context, on the extent to which the social definition of it is clear and on the extent to which it follows norms (cf. Luhmann 1979: 40). The act of trust rests on the assumption that the person will in future also act in accordance with the assumptions which have been made of his or her personality based on what he or she has said. These assumptions are based therefore on everything which the other person in communication situations has expressed, either intentionally or unintentionally (cf. Luhmann

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In professional practice this commitment of the profession to public welfare is expressed as the commitment of the individual professional to individual clients (Stichweh 1994: 300).
The mechanism of personal trust is based on the social foundations of human communication, since each person involved in an interaction situation cannot help but give signs from which others draw conclusions on his or her character (cf. Mutti 1987: 226). It is in the nature of this communication that a disappointment of personal trust must logically be experienced as a deception. We do not only trust that the other will inform us of her real motives, intentions or opinions, that is that she will not in Georg Simmel’s sense “lie” (Simmel 1950/1908: 312f.), we also trust that she will be ‘authentic’, that is that the personality displayed also corresponds to the character we associate with it. The generalized expectation that the other person will act in accordance with his or her representation – whether it be intentional or unintentional – comes from a system of expectations of expectations. For this reason personal trust always has a moral character and inconsistencies in self-representation on the part of the other person are seen as deception.

The type of impersonal trust is seen in sociological concepts of trust on the one hand as a precondition for social integration in modern society, and on the other as a component part of our habitually produced interpretations in everyday life. Trust is shown in both perspectives of a familiar social order. From each angle human action and experience are geared to the expectation that the existing social order, which has been seen to be stable, will in future continue in its regularity. From the first perspective, an examination is made of the extent to which one relies on generalized media, organizations and institutions, expert systems and professions. From the second, we look at the orientation on rules on which the stable structures of everyday life are built.

The various concepts of impersonal trust concur in viewing impersonal trust as a mechanism contributing to social cohesion. Such concepts of trust have handled impersonal trust in the context of increasing social differentiation, of rationalization and the expansion of the credit economy (Simmel 1950/1908; 1978/1900 and above all Luhmann 1979; 1988). Besides these, concepts that regard trust as a condition of the perception of reality and coping in the world of everyday life are helpful in defining professionalism (Garfinkel 1963; Giddens 1990).

If it is argued that trust is brought about and maintained through the “routine grounds of everyday activities” (Garfinkel 1967: 35), impersonal trust is understood as trust in the reliability of the social order. Thus the reliability of the social order is brought about by the implementation of methods of the production and recognition of “reasonable, realistic, and analyzable actions” (Garfinkel 1967: 75) laid down by society in everyday communication and interaction.

The present article seeks to shed light on the fact that one relies on special and provable competencies of members of a profession and on the authority of a profession within a system of division of labor as well as on the institutions controlling the production, acquisition and application of professional knowledge. The fact that professionals represent a complex system of occupational knowledge and the object of trust is part of a pattern of functionally specific relationships is of central interest.

Impersonal trust in this sense can be characterized as relying on something in rationalized relationships, in which the personality of the participants is irrelevant. Georg Simmel defines impersonal trust as an interaction mechanism which facilitates human activity in relation to patterns of impersonal relationships, even when the knowledge of a person about these patterns is necessarily incomplete. He generally characterizes trust as “intermediate between knowledge and ignorance” (1950/1908: 318). Trust is a basis for practical action, in that it anticipates future behavior, although it is not possible to forecast this behavior. Conversely, a minimal amount of knowledge is necessary in Simmel’s view in order that trust

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6 The type of impersonal trust is also called ‘generalized trust’ in sociological literature.
can come about at all. This preliminary knowledge provides a starting-point for assumptions on future behavior.\textsuperscript{7}

Niklas Luhmann’s concept of “system trust” gives further information about impersonal trust in the sense of trust in the representatives of a professional knowledge system. Accordingly, system trust is a means to reduce the potential of social complexity to an extent that can be handled through individual decisions and actions (1979: 13). Trust is placed in communications in the form of media, language and symbols. As complexity-reducing systems, these forms of communication demand trust and it is on this basis of a diffuse general trust that one relies on individual communications. Luhmann explains the characteristics of system trust by way of three examples: generalized media, truth, and legitimate political power.

Trust in the media of communication is based on the assumption that a system works. Because with each single act of trust a person makes him- or herself dependent from the functioning of the entire system, this type of trust has the character of generalized trust; the exact object of trust is not seizable, but remains abstract. In the end trust is therefore put in a diffuse general system and the consequence of this is that single cases of disappointed trust do not shatter faith in the system as a whole.

System trust also differs from personal trust in that it does not require any guarantees which are not outward. Rather, feedback in the form of continuously confirmed positive experiences is enough. Thus, functioning interaction can be a sufficient basis for trust. The consequence of this is that system trust – unlike personal trust – does not have to be learned again and again.

Finally, the immediate control of trust is not as easy in the case of system trust as it is in the case of personal trust, because it requires a high degree of technical knowledge. The trustworthiness of a system must therefore be tested by explicit internal or even formalized controls that operate independently of personal motivation. (Luhmann 1979: 57, 89).\textsuperscript{8}

On the basis of the above distinction between personal and impersonal trust the kind of trust relationship involved in professionalism can be regarded as impersonal: even if the entity which is cooperated with happens to be, in the case of trust in a profession, an institution, or in the case of trust in a consultation situation, a person, the type of trust involved is in both cases impersonal trust.\textsuperscript{9} The decisive factor for client trust in the professional-client interaction is the reliance on organizations, institutions and systems of technical and occupational knowledge supporting the totality of the profession.

Trust in professions is always client trust, in that the trust is shown towards the profession as a result of its function as a provider of services. Trust which is accorded to a professional in a consultation situation is client trust too, as long as it refers to this person in a functionally specific respect.

\textsuperscript{7} Simmel does, however, make the reservation that there is another type of trust which can exist without any knowledge at all. This type of trust in its pure form, however, is only to be found in a religious context. Trust which does not have a religious basis must be sparked off or confirmed by a degree of experience, however small this may be. In this connection Simmel mentions – in keeping with his concept of trust in the philosophy of money (1978/1900: 179) – that also the type of trust based on prior knowledge does in fact have an element of “faith”, that is an “additional affective, even mystical, ‘faith’ of man in man” (Simmel 1950/1908: 318). Situations and contexts offering footholds for trust demand this “subjective factor” (Simmel 1950/1908: 348) to a lesser extent than, for example, relationships requiring discretion in keeping a secret and thus absolute trust (Simmel 1950/1908: 348).

\textsuperscript{8} One might add that the dilemma of “Who guards the guardians?” (Shapiro 1987: 645) may well not be so relevant in system trust, since the reliability of control is presupposed.

\textsuperscript{9} Exceptions are made by cases in which professionals can rely on their clients trusting them on account of the close relationship existing between them (cf. Shapiro 1987: 632). The example often cited is that of the family doctor who is attended on a regular basis. In such cases we also have trust in the personality of the professional.
But what exactly does the client rely on? Client trust requires a **diffuse trust in the totality of institutions regulating the production, acquisition, and application of technical knowledge.** The trust relationship between professional and client is therefore linked with a general system trust in training institutions and science. So we trust on the basis of trust in the proper functioning of education and science with reference to the specific competence which is expected from the representatives of the profession. This competence consists of particular skills for dealing with information with reference to problem areas defined by the profession, as well as skills for the practical solving of problems in the individual ‘case’ of a client. We take it for granted that competence and skills are learnt in a specialized scientific training. We also expect the special technical or professional training, and the skill in applying it to concrete cases, to be accredited by examination.

Above and beyond professional competence, we also trust the profession to be the **competent ‘authority’** within a functionally definable area and also within organizations. That is, we expect this one profession to represent the complexity of knowledge required for treating relevant problems, because it has the monopoly for defining and treating these problems and coordinates subordinate occupations within the division of labor.

Finally, we trust standards derived from the ideals of a universalistic orientation, of economic disinterest and of service to the good of the public welfare to be kept, and that professional and non-professional **controls** will watch over this. Because control by laypersons could subordinate expert criteria to non-expert ones and thus endanger professional autonomy, it is presupposed that the individual professional’s discretion is respected on the one hand and the profession exerts self-control on the other. The client – aware of his or her dependence on the proper functioning of this professional self-control – can do no more than expect professionals to have internalized the above standards.

Because professional training is scientific in nature and depends on the honesty of a system of formal qualifications, trust in professions can profit from a **diffuse general trust,** on the basis of which reliance is placed on science, technology and the knowledge of facts gathered in the memory of highly differentiated society.

### 4.2 Why do we trust in the consultation situation?

The above survey of various approaches in the sociology of professions dealing with trust seems to have shown that trust in the consultation situation can be explained by means of the “competence gap” between professional and client and the informational asymmetry of their relationship. This explanation is based on two premises. First, it is assumed that trust in consultation situations is proven, because – in contrast to the client – the professional has the competence to judge the client’s case. Second, trust is thus regarded as part and parcel of professional consulting. For neither assumption have specific reasons been given yet. In this section I try to elaborate these hypotheses by putting the professional-client relationship within a broader theoretical framework. It is argued here that, **over and above the competence gap, it is the complementary relationship between professional and the client as a layperson that forms the basis for the trust relationship.** This complementary relationship is institutionally fixed through the **role of the professional as a “service role” and that of the layperson and client as a “role of the public”**. This needs to be explained by referring to Luhmann’s inclusion thesis.

Professional work can, as Rudolph Stichweh made clear in his elaboration of the thesis (1988), be conceived as a form of drawing people into functional systems. The inclusion thesis states that the integration of the entire population in the individual functional systems of modern society comes about through the fact that each of us most probably in the course of his or her life takes up functionally specific “roles of the public” (such as e.g. the role of
voter, customer, patient or pupil). As the bearer of a public role one accepts the services of the role defined by the relevant functional system (such as e.g. the “service role” of the politician, the salesperson, the doctor or teacher). Decisive for the explanation of client trust is Stichweh’s point that the functional systems define themselves through the complementary character of “service” and “public role” by contrast with the lay or private person (Stichweh 1988: 262). This produces on the one hand the exclusiveness of the various forms in which the transactions peculiar to the function system are carried out, and on the other the universal inclusion of individuals as laypersons (Stichweh 1988: 262).

While professional work shares the property of exclusiveness of its actions with other types of service roles I should like to put forward the argument that it is its special relationship with the client, forming a barrier between profession and public that must be bridged. By contrast with other services, professional consultation is distinguished by the fact that the layperson cannot assess the service. This feature of professional service has been explained in the sociology of professions by the fact that the layperson can hardly acquire the totality of the profession’s complex technical knowledge.

I should like to go a step further by arguing, that any non-professional judgment about professional services can be refuted as incompetent, because as a result of its legally underpinned status (see 3.) the abilities and skills necessary for solving clients’ problems are granted only to the profession in question. In consequence, unlike non-professional service relationships, it is not only the informational asymmetry in the exchange situation which determines the relationship; rather, trust is embedded in the institutional context of the complementary relationship of the service and the role of the public. For the monopoly of the ability to judge professional services is institutionally safeguarded, first, through the legally underpinned privilege of self-regulation and, second, in that the client role is bound up with the expectation not to presume to pass judgment on professional work and not to question the rightness of the professional judgment. It is true that clients have increasingly called for transparency in consultancy and treatment and for information about chosen measures (see, in the area of medicine, the example of informed consent; Katz 1984). Also, professionals are increasingly sued for incompetent treatment (e.g. malpractice) in line with a general increase in legal actions. However, this does not mean that the client is granted any judgment about the correctness of the “diagnosis” of his or her problem, choice of treatment, or “inference” (Abbott 1988) after treatment. Equally, in many European countries it is inconsistent with the expectations linked to the client role when services of several members of a profession are compared in order to check the quality of a professional service in contrast to the non-professional service implied in the simple salesperson-customer relationship. Thus the character of the consulting professions as market participants is dissonant with their special position in the occupational system as occupations which can be neither judged nor influenced by lay people.

In this conception trust is not seen as a result of the structure of professional work, but of the legally underpinned status of professions. It can be expected from clients in consultation situations and professions can explicitly claim client trust, because conversely clients are denied the ability competently to judge professional work in its entirety as a result of their lay status. The precondition for the claim to trust is the same as for the professional status: the societal recognition of the occupation (cf. Freidson 1988/1970: 72f.). The

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10 Even if clients “continually make judgments about the work and capabilities of professionals they use” (Becker 1962: 42) in contrast to the salesperson-customer relationship their positive judgment will not be sought by professionals – but will be disqualified as coming from lay people (cf. Abbott 1981). Similarly, clients can indeed get a second opinion – but this will be disapproved of by professionals, whereas it appears normal in non-professional relationships to compare the services of several providers.
profession’s claim to a higher value can legitimize the expectation of client trust, but it is not a necessary condition.

4.3 When do we trust?

In the above professional-client relationship trust becomes relevant when we have to decide whether we should put our case in the hands of a professional and use professional services. In my view it is in this decision situation, that we trust a professional, provided two conditions are met: first, that there is uncertainty about the course of future happenings and, second, that the harm resulting from handing over one’s case and using services may possibly be greater than the benefit. Unlike rational choice-concepts of trust (e.g. Coleman 1990: 97-102), this notion of client trust presupposes that the trustor does not weigh various grounds against each other and therefore does not know the chance of benefiting. Moreover, if from the viewpoint of the client no harm can result from the consultation at all, trust is not involved. With this characterization of client trust I follow Luhmann’s general concept of trust as a “a risky investment” (1979: 24).

His concept of trust is based on a distinction between confidence and trust, which is also significant for his specific view of the evolution of trust. Trust is given in a situation in which the circumstances are uncertain and it is clear that one can either act or not act and that acting involves risk. An action is always risky if the damage resulting can be greater than the advantage of acting (Luhmann 1979: 24).

It is a question of trust when someone on account of his or her expectations of a particular behavior takes an active step and thus decides against the possibility of not acting. The decision situation is always of the kind where one must reckon with the possibility of harm resulting that can be greater than the potential advantage of action. To this extent a demonstration of trust is always a “risky investment”. Decisive for the distinction between trust and confidence is the perception by society and the individual of a demonstration of trust as the result of a decision taken for a possibility of action. It is only for this reason that trust can be regretted if it is disappointed. If, however, there are positive expectations of the behavior of others in a situation in which no other alternative for one’s own behavior is considered, and the course of events is treated as independent of one’s own intervention, we are dealing with a case of confidence. If confidence turns out to be ill founded one reacts with disappointment in the face of matters beyond our control. So it is a question of perception as to whether we are dealing with trust or confidence (Luhmann 1979: 24f.; 1988: 97-98). Luhmann’s concept of trust is, however, not to be understood as a decision technique, allowing us to weigh various grounds against each other in order to make the right decision (Luhmann 1979: 88). It is a question of trust in such situations in which one cannot calculate and foresee the future with good grounds.

This concept of trust as an active achievement as the result of a decision differs from a concept of trust as a permanent state of affairs. Anthony Giddens for example, reaching back to Harold Garfinkel’s concept of trust from ethnomethodology and Erik Erikson’s from depth psychology, defines trust as a “continuous state” (Giddens 1990: 32). Logically then he does not separate the concept from that of confidence, but sees trust as a particular type of confidence. In his view trust does not necessarily involve risk, since one can have trust, even if the anticipated results are not felt to be in doubt. It is always a matter of trust when one is faced with unforeseeable events. The basis of trust is provided by assumptions on the

11 Simmel had also used implicitly an interpretation of this kind, as he always analyzed trust in the context of “decisions”.
reliability of persons and systems. In the case of personal trust the trusting person invests the other with “probity” (Giddens 1990: 33) or the reason for assumptions of reliability is love. In the case of trust in systems the trusting person’s starting point is the correctness of the principles or the technical knowledge (Giddens 1990: 32-35). With his concept of trust Giddens is able to explain why laypersons rely on expert systems in everyday life as if they were the most natural thing in the world and are confident that all the procedures and technology based on expert knowledge will go off smoothly. However, his concept does not explain why members of the occupational type profession are trusted under certain circumstances in the specific interaction situation of a consultation.

Apart from this, the concept of client trust as a risky investment is distinct from the notion of trust Parsons uses in connection with the professional-client-relationship. Parsons’ concept of profession implies that the client is institutionally safeguarded against the risk taken with a consultation. According to Parsons trust can be shown precisely because institutions seek to put a stop to the potential abuse inherent in the situation of the client. Consequently the risk seen as a constituent of client trust in this paper, would be done away with in Parsons’ view.

By contrast, the concept of client trust as impersonal in nature and as a result of a decision that makes cooperation with a professional in a functionally specific situation possible despite the uncertainty about the outcome of this action, explains several peculiarities of the professional-client relationship. For example, in view of the specific service relationship between professional and client it explains why the chance of good cooperation in the professional-client interaction is high despite of elements of uncertainty and the impossibility for the client to control professional consultancy – independent of the personality of the professional and possibly in spite of experiences of disappointed trust in individual professionals (see 4.2). For we can conclude from the concept of trust developed so far that in comparison to many other service relationships in the market the probability that the service provider is trusted is higher in the professional-client relationship. First, a high risk is taken when one puts one’s case in a professional’s hands. The possessions that are negotiated (see 3.) are so valuable that in the event of incompetent treatment the personal damage of the client is immense. Second, because of the extent of possible harm it is unlikely that the cooperation of the client is based on any calculation of such damage in the weighing up of costs and benefits.

Unlike concepts of trust that understand trust as a permanent state and as a result of the successful development of basic trust (Giddens 1990: 92, 95, 97f.) the concept used here is able to account for the fact that client trust is expected in consultation situations and thus is not perceived as a personal achievement – even if this is put together with an individually different degree of readiness to trust. The individual motivation of the trusting client and the professional expecting trust is irrelevant in this connection.

The fact that trust is shown in the professional-client interaction is, however, in contrast to the fact that impersonal trust is relatively endangered by the face-to-face contact with the representative of a profession compared to trust in systems which do without personal encounters. In the face-to-face interaction situation the client can become aware of the potential fallibility of the representative of the profession more easily. Luhmann’s thesis that in the case of impersonal trust trust is given in a diffuse way and therefore trust in the system as a whole is resistant against single cases of disappointed trust (see 4.1) has to be complemented in this regard: In the person of the professional the system of the profession becomes concrete and therefore trust in the profession can be shattered in the moment of face-to-face interaction.

Also, the assumption that impersonal trust is more difficult to control than personal trust must be modified in this connection: while it is true that it is beyond the client’s
knowledge if his or her case is treated competently, since the actions of each professional system are exclusive, it is nevertheless the case that in the interaction situation any sign of incompetence regarding the function of the professional will give rise to mistrust on the client’s part.

This is why, in my view, all the surrounding circumstances of the consultation situation have to be taken into account, in that these form the social “frame” (Goffman 1967: 116, 141; 1974) for the act of trust. Empirical analysis of speech, posture, and dress in doctor-patient interaction show for example that in consultation situations certain forms of communication are customary. In the following section these forms of communication will be examined with regard to whether they contribute to the promotion of trust as a circumstantial background. To what extent do the conventions of interaction between professional and client, which follows a certain pattern, serve as a basis for the trust act? Which means are used in order to prevent the rise of mistrust, which can be caused by the insight, that one is only dealing with (potentially fallible) human beings? And what is the social structural ground of the interaction patterns typical for the consultation situation?

4.4 Communicating professionalism

The connections between impersonal trust and face-to-face interactions have already been discussed in Giddens’ (1990) reflections on the form of trust relationships under “modern” conditions. Accordingly, trust in expert systems and generalized media is produced through the personal contact of laypersons to representatives of systems.12 In the encounters of laypersons with individual representatives the trustworthiness and integrity of the latter is suggested through their self-presentation. These encounters take place in a specific context, at so-called “access points” (Giddens 1990: 83f.) of the system. Here the system tries to create an impression of reliability and competence and to reassure the client this way. By strictly separating what ought to take place on stage and what behind the scenes – states Giddens (1990: 86) following Erving Goffman’s concept of front and back stage – a perception of expertise is constructed. In this way appearance and manner are strategically employed in order to play down the fact that technical and occupational skills are never complete and human failure can never be excluded. However, Giddens does not go into the question as to whether trust is thereby actually produced.

With his concept of a generation of the readiness to trust through “performative acts of self-presentation” (2002: 36) Jens Beckert tries to show with regard to exchange relationships in modern economies that through such self-presentations trust can actually be generated. Self-presentation on the part of the person who wants to create confidence from the side of the exchange partner has the effect that the latter is appropriately reassured and motivated (2002: 39). Beckert argues that certain strategies of self-presentation evoke trust if they can convince the exchange partner that the display corresponds to reality (2002: 39f.)

Whether client trust is actually caused by skilful self-presentation by professionals (among other things), can only be proved by empirical research. Here, another thesis is put forward and the outcomes of its empirical examination are presented. The thesis is that the form of communication conveys that the client can rely on the profession as a whole, in that it refers to the status of the profession by means of certain signs. In order to test this thesis I have examined conversation analytic studies of doctor-patient conversation (Cicourel 1983; Fisher 1983; Heath 1986; West 1983) and case studies of medical practice and doctor-patient

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12 Giddens does not specify who he counts as such representatives. In his examples judges and doctors seem to rank on equal terms with air crew personnel (1990: 85).
interaction (Freidson 1988/1970; Parsons 1951) as part of a secondary analysis of basic interaction patterns. It turns out that in the consultation situation two features are systematically pointed out through certain signals: professional competence and authority. Outer appearance of physicians, speech behavior and their attitude towards work give these signals. Furthermore, as regards utterances it could be shown, that patients are responsive to these signals, in that they anticipate them and react to them. In particular, four signals could be distinguished as exponents of professional status.

First, it could be shown that physicians talking to patients use medical technical jargon (Fisher 1983: 142). This technical jargon is understood as an indication of the technical competence of the physician, because through this code it is revealed that as a representative of his art he cannot be denied technical competence in the practical application of knowledge and skills. Second, the pattern of doctor-patient interaction is characterized by the fact that it is almost exclusively the doctor who asks questions and conversely leaves a part of the few questions asked by the patient unanswered. In my view it can be understood as a display of professional authority that the doctor behaves in an interrogative and not continuously receptive way, while the patient behaves in an almost purely receptive manner. The receptive nature of the behavior of the patient can also be shown by the fact that he or she encourages the physician to start the conversation at the beginning of the consultation by displaying receptiveness through posture and type of eye contact.

Third, by wearing a white coat that differs significantly from the work outfit of the ancillary medical professions, the outer appearance of the physician refers to professional authority (as with robes of office, the white coat is clearly symbolic). Finally, the physician’s orientation toward action for its own sake (Freidson 1988/1970: 178; Parsons 1951: 466f.) conveys the impression that his or her abilities are not subject to limiting factors, but that he or she is in charge of the situation and neither the course nor the outcome of treatment depends on chance.

The consequence of the interaction pattern operating with the above references could be described as a ‘façade’, because it gives the representative a ‘veneer’ of professionalism. However, this ‘façade’ has social validity, to the extent that it imposes a certain definition of the consultation situation and constricts the behavior of the client.

This conception is based on those parts of Erving Goffman’s analysis of the order of social interaction in which Goffman discusses less the strategical intentions of the participants of an interaction, but more the fact that in human communication the self-representation of interaction participants refers to social characteristics. Goffman’s theory is not about the question of social cohesion, but about social techniques regulating human behavior in social situations. A study of patients’ views about the relative impact and function of doctors’ use of either medical labels or lay language in doctor-patient conversations (Ogden et al.: 2003) shows this in the context of diagnoses. In the research the authors carried out a questionnaire survey among 900 consecutive patients attending nine general practices across England. (The response rate was 82.2 per cent.) The participants rated a series of statements describing the impact of lay or medical labels upon the patient, and the function of the labeling for the doctor. The results show among other things that medical labels appear to improve patients’ confidence in the doctor. Furthermore, the medical labels were regarded as providing the doctor with a greater sense of professionalism and as giving the doctor a more clear-cut role in the consultation.

In her study on doctor-patient interaction in a small family practice center in the USA, Candace West found that more than 90 per cent of the questions asked in a conversation were asked by the doctors. By contrast, while patients hardly asked any questions, but answered almost all of the questions addressed to them (West 1983: 88f.).

These are the findings of a conversation analysis of talks between general practitioners and their patients in the consultation in England (Heath 1986: 45-48).
He (1994/1982) sees the rules of interaction that he has examined as closely enmeshed in a stable social order. However, the rules do not produce the social order, but are exponents of it (Goffman 1967; cf. Misztal 1996: 63). Goffman’s analyses of what maintains the interaction order provide vital information for the question as to how the professional status and therefore the claim to client trust is asserted.

Communication situations are in Goffman’s view always linked with the insecurity of the interaction partners who have to consider whether they have summed up the other person and the situation ‘right’ and whether they then behave ‘properly’. Since, however, information about a person and what he or she has in mind can never be complete, the participants in an interaction situation are always forced to draw conclusions from what is communicated by the others (Goffman 1959: 2). In this connection Goffman rejects the everyday distinction between information which is intentionally communicated and that which is unintentionally transported. Statements which may appear unintentional may be included surreptitiously, but in the long run it makes no difference which parts of that which is communicated are intentional and which not. Since everything which is communicated is a key for the assessment of the other participant, thus arousing expectations concerning their future behavior, every statement is a representation. “Impression management” (Goffman 1959: 4) is therefore the rule. The field of social interaction analyzed by Goffman could therefore be described as a façade, as a façade which facilitates and maintains social contact. But this façade also has an extremely real character, in that it constrains the interaction participants to behave in a particular way. In this world of representations the statements of the interaction participants are signal bearers and a key to the impression of the identity of a person.

The most important rule of interaction in this connection rests on the organizational principle of society stating that a person with certain social characteristics has a moral “claim” to expect that these characteristics will be recognized and respected (Goffman 1959: 13). A further organizational principle is linked with this on the level of the representations. As shown above, a person conveys nolens volens, and either implicitly or explicitly, signs in his or her behavior that point to particular social characteristics. It is vital that we can expect that the person really possesses the social characteristics for which the signs stand. The consequence is that, if a person provides a definition of the interaction situation and either implicitly or explicitly professes to be a certain sort of person, all others present are morally bound to treat the person in accordance with the presentation. In this way a reality of the second degree is created with its own norms: “The others find, then, that the individual has informed them as to what is and as to what they ought to see as the ‘is’.” (Goffman 1959: 13, italics in original).

This basic rule concerning personal trust requires consistency of display. On the basis of information given at the beginning of the interaction the participants of the interaction define the situation and react to the behavior of the other. At the outset we make it clear that we understand the interaction situation in such a way as is acceptable to the others (Goffman 1959: 9f.; 1967: 11). Since this definition of the situation sets the framework for the duration of the interaction, a representation which has begun must be maintained right through to the end (Goffman 1959: 10f.).

Following Goffman’s observation it is argued here, that in the professional-client interaction the status of the profession and therefore the professional’s claims to trust are activated by means of his or her display of professional competence and technical authority. It is the display of the individual professional that serves as a key for the client’s assessing his role as a representative of the profession. On the grounds of his or her displayed characteristics of competence and authority the professional is able to ‘come over’ as a representative of the profession in question. If the interaction ‘works’ in this respect, a
symbolic system is produced which stands for the entire profession. On the basis of this interaction, the profession can be trusted as such. Conversely, if mistrust is to be prevented, signals standing for professionalism are necessary. It is worth noting that it is not only the professional that refers consciously or unconsciously to his or her characteristics as a representative of the profession, as has been pointed out with reference to doctor-patient interaction, but the client too by anticipating and reacting. In that the form of communication in the interaction situation refers to the profession, what happens in the consultation situation is interlinked with the legally underpinned status of the profession (see 3.). The legitimacy of the profession is therefore the precondition for the pattern of interaction. Conversely, the status of the profession and expectations based on it can be claimed through the profession’s mediation in ‘working’ interaction.

5. Summary and conclusion

In summary, it can be stated that client trust is a special form of trust in service relationships. Apart from functionalist arguments, client trust can be explained by the fact that the professional-client relationship is institutionally shaped as a relationship between the representative of a privileged occupation and a layperson, and, as such, is distinct from that between a non-professional provider of services and his or her customer. As a result of their occupational status it is only professions that are granted the abilities and skills necessary for solving specific individual problems. On this basis client trust can be expected and professions can lay claim to client trust. In this regard client trust is actually a component part of the professional-client relationship. However, it depends on the client’s perception of the consultation situation as to whether he or she will or will not show trust: it is only if he feels that he has a choice whether to hand over his case to a professional or not, cannot calculate and foresee the outcome, and then opts for professional treatment, that we are dealing with trust.

In addition it has been pointed out that the interaction situation in the course of which, or in consequence of which trust is shown, is characterized by a special pattern of interaction: it is by reference to characteristics which the profession claims on the basis of its exclusive competence and discretionary powers in the work process that the status of professional is activated in the professional-client interaction. The particular form of communication that through the use of symbols supports impersonal trust in the profession in question enables the client to rely on the profession as a whole.

The working definition of trust presented here has consequences especially for assessing the current debate relating to loss of trust in professions. The hypothesis is that professions are losing importance. In this vein it has been stated in the sociological literature on the changed position of the professions as an occupational type that trust in the established professions and professionals has dropped or is in process of disappearing. Thus the most noted theses on the change of professions, the thesis of deprofessionalization (Haug 1973; 1975; 1988) and the thesis of proletarianization (McKinlay and Arches 1985) mention a loss of trust over the last forty years. Stichweh sees a loss of importance for the occupational type of profession in modern society as being caused by changes in societal conditions, conditions which he regards nevertheless as a precondition for trust in professions (1997: 99). Empirical studies in the nineties concerned with changes in the professions also take up the subject of the drop in client trust. Parallel to the trend in which professionals are seen as, and describe themselves as, providers of services like the members of other service occupations, the trust of clients has dropped according to a study made by Tony Becher in which he interviewed professionals in Britain (1999: 72-75). In their study of institutional change with reference to two professions
in Britain and Germany Christel Lane et al. also found a change in trust in professions, though national divergences were noted in market orientation and complaint behavior (2000: 29-32).

According to the notion of trust suggested here, a real loss of trust can only take place after it has been proved that a profession has actually lost its special status. This notion separates a loss of trust from what may be expressed at the level of attitudes. Thus, studies on attitudes towards professions that show that a more critical attitude towards professions (taken up and passed by the media) has become dominant are compatible with this working concept. There is no doubt that increased levels of education and modern media technology enable clients to obtain better information than before – even if they lack professional background knowledge. Therefore, there is every reason to believe that clients’ awareness both of the fallibility of professions and of their own level of understanding, however limited, has increased. However, we need more differentiated formulations of questions in order to examine the repercussions of such a change of attitudes in the professional-client relationship. In particular we have to ask, whether the signals referring to professionalism in the professional-client interaction have changed. Another question is how calls for more accurate accounting among professionals, which have been put forward in the context of new models of management, have influenced the professional client interaction. Empirical research on social attitudes towards professions along these lines would complement the empirical research on client trust as defined here.
References


