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"Trust", professional power and social theory

Lessons from a post-Foucauldian framework

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Abstract

Purpose – This paper sets out to examine the relationship between trust and professional power in the context of post-Foucauldian social theory. Understood in its micro-political terms and conceived as impacting on individual identity and agency at a number of levels: intrapersonal, interpersonal, organisational and macro levels.

Design/methodology/approach – This is a conceptual and theoretical approach.

Findings – The findings illustrate that the concept of "trust" and relationship to health services can be understood through a post-Foucauldian lens.

Research limitations/implications – This is a very theoretical paper with implications for epistemological development grounded in understanding "trust" and ethics of self.

Originality/value – This is an original paper on post-Foucauldian analysis of trust and relationship to health policy and professional autonomy.

Keywords Trust, Health services, Professional ethics, Social dynamics, Individual perception

Paper type Conceptual paper

Introduction

This paper sets out to examine the relationship between trust and professional power in the context of post-Foucauldian social theory. Understood in its micro-political terms and conceived as impacting on individual identity and agency at a number of levels: intrapersonal, interpersonal, organisational and macro levels. "Trust" is associated with uncertainty and complexity while professional power rests on the specialist knowledge claimed by the range of experts and technologists that inhabit the spaces through which social life is governed and complexity managed. Spaces are at once both hidden and visible, which provide opportunities across the social landscape for the agency of individuals to be exercised and worked on; producing the self-managing citizen central to neo-liberal forms of government. In this context the strategies of trust become linked with rival programmes that come armed with a range of technologies charged with competing and contested truth claims. As a consequence contradictory positions are provided where selfish desire and selfless obligation are placed together sharing the same space, thus adding to the potential for anxiety and provoking searches for predictability, confidence, faith and ontological security.

It is in these spaces that expertise, in the form of individual social actors, works upon the dual project of managing both its conduct and the conduct of others. A reflexive process where expertise is involved in maintaining systems that do not require personal knowledge of any other individual in the system but which do require an overall level of confidence in order to function. In managing systems expertise



engages techniques of impression management, deploying a range of systems of mistrust designed to both reassure the population of the integrity of the system and the authority of the expertise embedded there. At the same time this expertise claims the right to accredit and provide the necessary symbols of authority. This includes a sensitisation to a framework of analysis based on post-Foucauldian epistemic insights.

What is post-Foucauldian metatheory?

We draw upon insights from the post-Foucauldian “return to” sociological theory and method associated with Layder (1997), Mouzelis (1991, 1995), Archer (1995), Sibeon (1999, 2004), (Owen, 2005, 2006 (forthcoming)) and Powell and Owen (2005). As Owen (2005) has suggested, we require a “way forward”, a form of “sociological realism” beyond, on the one hand, the relativistic nihilism and paralysis of the postmodern “cultural turn” and Foucauldian poststructuralism and on the other hand, “oversocialised” conceptions of the person in the form of an ontologically-flexible, metatheoretical framework consisting of methodological generalisations as opposed to substantive generalisations. Owen’s “sensitizing framework” is a modification and development of Sibeon’s (1999, 2004) anti-reductionist sociology. Sibeon’s original framework arises out of a critique of reductionism, reification, essentialism and functional teleology, and entails focusing above all upon agency-structure, micro-macro, time-space and modified notions of Foucauldian power. Owen (2005) has expanded the framework to include critique of additional forms of illegitimate theoretical reasoning, such as relativism; “emotional aversion” (arguments against, for example, the use of biotechnology, based upon irrational, emotional “feelings”), “the oversocialised gaze” (super-structuralist insights), duality of structure (in the sense of the conflation of agency and structure), and “genetic fatalism” (the equation of genetic predisposition with inevitability). The framework has been employed to study the sociological implications of biotechnology (Owen, 2006 (forthcoming)), as part of a blue-print for a “Post-Foucauldian sociology of ageing” (Owen, 2005), and to critique the bio-medical model of ageing (Powell and Owen, 2005). It entails focusing upon “the biological variable” (evidence from behavioural genetics and evolutionary psychology for at least, in part, genetic causality in respect of some forms of human behaviour) alongside agency-structure, micro-macro, time-space, and modified Foucauldian insights related to power.

Deconstructing trust

There are increasing attempts to conceptualize the notion of “trust” in social theory as a pivotal dimension of modernity (Giddens, 1991; Powell and Owen, 2005). However, the early statement that “social science research on trust has produced a good deal of conceptual confusion regarding the meaning of trust and its place in social life” seems to be still valid. Trust is on the one hand incompatible with complete ignorance of the possibility and probability of future events, and on the other hand with emphatic belief when the anticipation of disappointment is excluded. Someone who trusts has an expectation directed to an event. The expectations are based on the ground of incomplete knowledge about the probability and incomplete control about the occurrence of the event. Trust is of relevance for action and has consequences for the trusting agent if trust is confirmed or disappointed. Thus, trust is connected with risk (Giddens, 1991).

Up to now there have been few attempts to work out a systematic scheme of different forms of trust in between older people and individuals, health institutions or policies that impinge on their identity performance. Social trust tends to be high among older people who believe that their public safety is high (Wahidin and Powell, 2001). Since the erosion of public trust in institutions like the government and the media (Phillipson, 1998), trust attracts more and more attention in social sciences.

One can distinguish between trust in contracts between people and State such as pension provision, trust in friendships across intergenerational lines and trust in love and relationships and trust in foreign issues associated with national identity. However, here we draw upon Owen's (2005) "post-Foucauldian" framework in which "the state", "the government" and "the media" etc. are not regarded as social actors because they do not possess the agency to formulate and act upon decisions. Sociological theories which suppose a general change in modernity (cf. Beck, 1992) assume that with the erosion of traditional institutions and scientific knowledge trust becomes an issue more often produced actively by individual social actors than institutionally guaranteed.

Independent from the insight that social action in general is dependent more or less on trust the empirical results in the context of risk perception and risk taking indicate: Trust is much easier to destroy than to built; if trust is once undermined it is more difficult to restore it.; familiarity with a place, a situation or a person produces trust; and persons will develop trust if a person or situation has ascriptive characteristics positively valued.

Trust seems to be something that is produced individually by experience and over time and cannot be immediately and with purpose be produced by organizations or governments without dialogical interaction with older people on issues affecting their lifestyles and life-chances such as care, pensions, employment and political representation (Walker and Naeghele, 2000).

Trust, theory and policy spaces

The reciprocal relationship between social policy and the personal lives of citizens is central to the analysis of the role and performance of public services. In a mutually constitutive process, the social experience and identities of individual citizens are produced, in part, through engagement with social services which are then affected by the actions of those citizens (Lewis, 2004). The fact that experiences of social services impact on different spheres of people's lives implies that the exploration of trust also has to explore these different domains, but in an integrated multi-disciplinary way that enables comparison between the different criteria upon which trust is established, maintained or lost. Such an approach to trust is aided by the existence of similar concerns across domains. These include: trust as future orientated, trust that occurs without the guarantee of reciprocity, trust that requires the placing of expectations with the agency of others, trust that works to reduce complexity and anxiety, and trust that involves risk and uncertainty. At the same time the observation that mistrust operates as the functional equivalent to trust provides a means of considering the complex interplay between expectations and sanctions (Luhmann, 1979).

The decline in the hegemony of the rational choice models of economic and social behaviour, the limits of the post-emotionalism thesis and the apparent weakening of community bonds in the late twentieth and early twenty-first centuries has provoked

increasing academic and political interest in the role and function of trust in contemporary societies (Luhmann, 1979; Dean, 2003). However, trust is a complex idea which can be explored theoretically and empirically on different levels: politically in relation to social capital and social norms; sociologically in relation to abstract systems, complexity and risk; and inter-personally in relation to characteristics of trustworthiness such as competence. Trust can be conceived as generalised, e.g. through the level of trust based exchanges between members of a community; or particular, as in personal relationships. Moreover, there are important definitional problems concerning the relationship between trust, confidence, faith and familiarity (Seligman, 1997).

Conceptually there are tensions but also interesting theoretical possibilities between late (high) modern and post-modern conceptions of society. Both identify the fragmentation of traditional forms of authority and expertise, and acknowledge the increasing complexity this produces through the availability of multiple sources of information and different lifestyle choices. This uncertainty gives rise to an increasing reliance on trust in the agency of others (Seligman, 1997). Late (high) modern conceptions of trust tend to point to the failure of rational choice theories to account for human behaviour as evidence for the existence of a range of social norms that promote altruistic behaviours, obligation and responsibility (Seligman, 1997; Dean, 2003). Post-structuralists, in particular governmentality theorists, have discussed risk and uncertainty at length (Rose, 1999; Osborne, 1997; Petersen, 1997), but leave the discussion of (social) "trust" to an observation that the trust traditionally placed in authority figures has been replaced by audit. Concerns about social norms could be reframed within a post-Foucauldian lens by locating the debate about trust with those relating to "ethics" and "technologies of the self" (Miller, 1993; Davidson, 1994).

Trust and responsiveness are assumed to be the issues of central concern with transparency and targets providing supporting technologies through which trust is promoted and maintained. The discussion will now turn to explore the relationship between trust and targets, transparency and responsiveness. For the purpose of this section Luhmann's (1979) definition of trust as "managing expectations and reducing complexity" is assumed.

The positioning and management of self: a post-Foucauldian analysis

Despite the fragmented nature of the outcomes we can consider the different outcomes in relation to the ethic of the self central to governmentality (Miller, 1993; Davidson, 1994). This ethic, deployed through the discourses of citizenship, works to construct people with who are older as useful while also identifying those who are greater risk. The latter, experience further segregation and surveillance by professionals with more coercive technologies. As noted earlier this ethic of the self is composed of four dimensions: ethical substance, mode of subjection, self forming activity and telos or end product. It concerns the way bodies are made useful, productive and self-managing. These dimensions will now be considered in relation to choices and opportunities produced for people. The first dimension, the *ethical substance*, is that part of the self that is to be worked and subjected to ethical judgement. In this context we can consider the identity formed and the feelings of responsibility and obligation being produced. The identities of citizen-tenant, of worker, as consumer in the market, as member of the community are suggestive of a new identity for older people. These

identities are formed in opposition to previous identities of dependence. At the same time feelings of responsibility are created as individuals become accountable for their choices and obligation is produced through a “felt responsibility” for a particular community.

The *mode of subjection*, relates to the way in which the individual recognises themselves in accordance with particular rules and norms, and puts these into practice. The recognition of oneself as citizen-tenant, worker, consumer, and member of a community requires the individual to actively engage in these processes and through this engagement to demonstrate their compliance with the rules and norms. There are examples of individuals engaging in work and exercising consumer choice. In relation to community-based voluntary work the two themes of work and affiliation to a particular community, are brought together clearly paralleling the communitarian view of citizenship. Nevertheless, these circumstances remain incomplete and fractured as the relationship with the community and the formation of obligation is mediated, not by the individuals themselves, but through the organisations that “manage” the individual in the community, though these should never be regarded as social actors in their own right in order to avoid the reification cautioned against by Owen (2005, 2006 (forthcoming)). In contrast the citizen-tenant achieves a relationship with the community in their own terms i.e. not mediated by an organisation. In this case the modes of subjection are more instrumental with expectations over paying rent and other bills promptly, and maintaining the private space in a responsible way so not to offend other citizens. Work and an affiliation to a particular community are possible but not engineered.

The third element is the *self-forming activity* or ethical work required transform and develop the individual as an ethical subject. This relates to the particular practices individuals engage in to maintain their identity. Discussing governmentality, Miller (1993) and Rose (1999), while cautioning against any necessary correspondence, identify a range of techniques where individuals work upon themselves to modify their behaviours, improve their knowledge and develop skills linked to their identity and modes of subjection. Many of these activities relate to reflective and confessional practices. However, in relation to the fieldwork and people with learning disabilities we might identify practices that sustain individual self-discipline, i.e. attendance at work, appearance, maintenance of personal space, and relationships with others. In the marginalized spaces that older people occupy these self-forming activities are mediated, encouraged and supported by professionals. Nevertheless, it is clear that there is not an option for older people not to comply with this discipline without having to face the consequences. The final dimension, *telos*, relates to the aim governmentality: the production of the useful, productive and ethically self managing individual; the role of services and professionals is to encourage and support people towards this goal (Powell and Owen, 2005).

Approaching interpersonal relationships through the medium of ethical decision taking is seductive because it appears to offer comprehensive solutions to both structural and personal dilemmas at the point of contact between helping professionals and older patients. It is an approach that chimes well with the claim that the medical model should be objective and free from prejudice and also preserves the exclusive context of the patient-physician relationship. Interaction between older people and their doctors and nurses may thereby be driven by a clear ethical code, a clinical

examination of need, and respect of the autonomy of the patient. It becomes a matter of technical gate-keeping within the symbolic space of a special, one to one, relationship. Whilst such an approach directly addresses the inequities that arise from explicit decisions, it is less able to digest imbalances of power between patients and health professionals (Frank, 1998; Powell and Biggs, 2001). It has been suggested that the approach is also less able to digest issues of “institutionalised ageism”. However, we draw here upon Owen’s (2005) “post-Foucauldian” framework in which “institutions” are not regarded as social actors, as they are not “capable” of agentic power.

It is a key element of Estes’ (1979) critique of the “aging enterprise” that political-economic systems directly impinge on the fragility of trust.

This implies that the way in which alliances and power imbalances are played out varies between service systems. An example of this variation can easily be seen, by comparing health care systems in the USA and the UK. In the USA, with its predominantly commercial system, it is not uncommon for patients to be reportedly distrustful of their doctors. Traditional ethical concern about the relationship between professionals and older people need has tended to focus on issues such as: what to divulge to patients about their own health status and in what form; the need for privacy and confidentiality and its limits, plus the discussion of conflicts of interest. This tends to take the power/knowledge relationship between professional and user as a given, in such a way that discussion hinges on how and whether the former should make information available. To return for a moment to the question of patient autonomy, this is often presented as the deciding factor, whether an individual patient has the wherewithall and sufficient information to make a judgement. Whilst a laudable objective in itself it also uncritically reflects decision taking within the traditional one-to-one patient-professional relationship where other factors are supposedly more or less equal.

However, as Owen (2005) suggests, there are problems in Foucauldian analysis pertaining to the failure to acknowledge the links between social settings and agency, a failure to incorporate a non-reified concept of agency into analysis, a tendency towards “oversocialised” perspectives on the person, and an anti-foundational relativism. Nevertheless, power is one aspect of Foucauldian analysis, which, if used in a modified and selective way, can certainly contribute towards the sociological study of trust. “Power in the Foucauldian sense is the milieu in which individuals and groups operate; the workings of power are not centred in any one group or source, and do not arise from any given location in the social structure or operate from any singular site” (Owen, 2005, p. 18). Power is everywhere – the networks of surveillance, the patterns of discipline/knowledge that serve them have emerged outside of any social actors’ control. These concepts can be used as a corrective against, “exclusively systemic perspectives” (Sibeon, 2004, p. 135). Powell and Biggs (2001, p. 20) have linked Foucauldian critique with some contemporary trends in social gerontology by suggesting that, ‘narratives of ageing are personal in so far as we apply techniques to ourselves, while the technologies and the ground on which they are told imply particular distributions of power that will determine the way and the what of the story line’. Law (1986, p. 5) has convincingly suggested that Foucauldian concepts of power, in opposition to theories of structural predetermination, may be seen as an effect rather than a cause of “strategic success” in interaction.

We concur with Sibeon (2004) to the ends that the Foucault-influenced “actor-network” theory of Callon and Latour (1981) contains persuasive arguments

in favour of power having, “no single or primary cause, but that strategic success in the acquisition of power is always potentially reversible”. For Sibeon (2004), we should borrow elements of Foucault’s ideas pertaining to power, in a “critical, selective fashion” informed by critique of agency-structure, micro-macro, and time-space. It is, as Owen (2005, p. 19) suggests, “useful to recognise the relational and emergent aspects of power, but power also has systemic qualities”. Latour argues that “power is not something you may possess or hoard” and that “power is an effect . . . never a cause” (1986, p. 265). Sibeon (2004, p. 136) cogently disagrees with Latour’s suggestion, arguing that, “Latour is wrong. Power can be hoarded or stored and therefore power – though often an effect – can sometimes be a ‘cause’”. Perhaps, as Sibeon suggests, Foucault and “actor-network” theorists such as Callon and Latour (1981) and Latour (1986, 1987, 1991) tend to, “push their relational and processual conception of power to the point of denying that power can be ‘stored’ in roles and in social systems and networks of social relations”. Owen (2005) has incorporated a synthesis into his “post-Foucauldian sociology of ageing” which combines Foucauldian and other relational conceptions of power with an understanding that there is also a systemic dimension to power. Not only is this insight useful for a “post-Foucauldian” contribution to social gerontology, but it would also contribute towards the effectiveness of Powell and Biggs’s (2001, p. 1) use of Foucauldian ideas to conceptualise the social construction of old age as, “a core feature of social welfare”, and prove a useful analytic tool for investigating the power relations between patients and professionals in health settings. Particularly useful for a post-postmodern or post-Foucauldian, metatheoretical approach to ageing or to “trust” is the idea that there are “multiple forms” of power, including systemic power stored in discourse, roles etc. and agentic power. The latter refers to, “a capacity of agents” (Sibeon, 2004, p. 137). “These systemic and agentic powers should be viewed as autonomous, though they may influence each other” (Owen, 2005, p. 20). Agentic power may derive from a mainly systemic source. Conversely, “agentic power may be of a relatively contingent, emergent form” (Owen, 2005). Such agentic power may interact with systemic power (role/position) that is “stored” within what Foucault terms “discourse” and social systems. In other words, we may think in terms of a dialectical relationship between systemic and relational forms of power. Again, insights pertaining to the dialectical relationship between systemic and agentic power might usefully contribute to both Powell and Biggs’s (2001) blueprint for a Foucauldian analysis of ageing, and to the analysis of “trust” and power relations in self-care settings.

According to Frank’s (1998) perspective, the scope of ideas such as patient autonomy will always be limited and problematic because the frameworks that are used to explain and understand our own illness experience to ourselves are themselves compromised. Frank (1998) poses the almost unanswerable question of when does self-care turn into a technology for producing a certain sort of self? Personal narratives in health settings, remain both a means of taking care of oneself and conformity to a restricted legitimising discourse.

Conclusion

This paper has explored the notion of trust in relation to the assumption that policy penetrates into the lives of people in partial, fragmented and locally specific ways. The post-Foucauldian analysis suggested that there was no coherent idea of citizenship

operating through the social services and policy spaces. Instead there were fragmented approaches leading to contradictory positions of inclusion and dependence or independence and isolation. However, the analysis of trust and governmentality, drawing upon Owen's (2005, 2006 (forthcoming)) framework, provides a richer picture. Rather than evaluating the adequacy of particular discourses, governmentality identifies strategies that work to make individuals productive. The different discourses of citizenship, while producing contradictory positions for people, do nevertheless provide positions to be had when less than half a century ago no such positions existed. In this sense these discourses are productive and the role of professionals is to move people along the continuum towards self management. The analysis of governmentality within the framework of post-postmodernism enables the identification of a range of techniques that work to make individuals useful through a variety of forms of work and opportunities to exercise consumer choices.

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