

TRUST AND CONTROL: A SAFETY MODEL FOR PEOPLE AND ORGANISATIONS

W.A. Hoskins

ARCADIS UK Ltd, 10 Furnival St, London. wayne.hoskins@arcadis-uk.com

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Abstract

People do not normally tolerate or attempt tasks that they cannot adequately control or, alternatively, trust others to accomplish safely. Following this “Control and Trust” model permits us to get on with daily tasks without suffering anxiety from constantly thinking about associated danger. It is argued that in doing this we are employing *coping mechanisms* and that we conform to a standard position in respect of our relationship with a trusted organisation. The meaning and implications of these positions is then explored.

1 Introduction

1.1 The human viewpoint

People have numerous interactions with safety products and services. Safety professionals must always consider this so that risk can be managed to an acceptable level. However, this is never really done from a ‘human’ viewpoint and often disregards the fact that people are the most complex components within a system. The question that this paper considers is: *What is relationship between members of the public and organisations responsible for their safety?*

To propose an answer, at least from one alternative viewpoint, this paper will take a step outside of traditional engineering and borrow some concepts from the field of psychology.

1.2 An overview of Control and Trust

The ability to function in our everyday lives rests on undertaking daily tasks without fear or anxiety. Indeed, it can be argued that balanced mental health necessitates that we do not continually worry over every detail and aspect of our lives.

In the simplest sense, we all approach safety by considering on the one hand things that are in our control and, on the other, things which are not (see Figure 1). It stands to reason that if something is not in our control then we have to trust someone or some organisation to ensure our safety. It is from this basic concept that we can go on to explore how these two modes, controlling and trusting, behave as coping

mechanisms to relieve anxiety and how these can then be considered at an organisational level.

Things that we consider to be ‘controlled’ include skill based activities such as driving, skiing or even crossing the road. We also gain and maintain control through our decision making and our perception of what is an acceptable risk to take.

Trust, on the other hand, is implicit within the fabric of our society. We trust when we get in a lift, board an aeroplane, eat in a restaurant or cross a bridge.

As explored by Möllering [9], it should also be noted that Trust and Control act more often as a duality, a pair of counterbalancing positions rather than single, independent aspects.

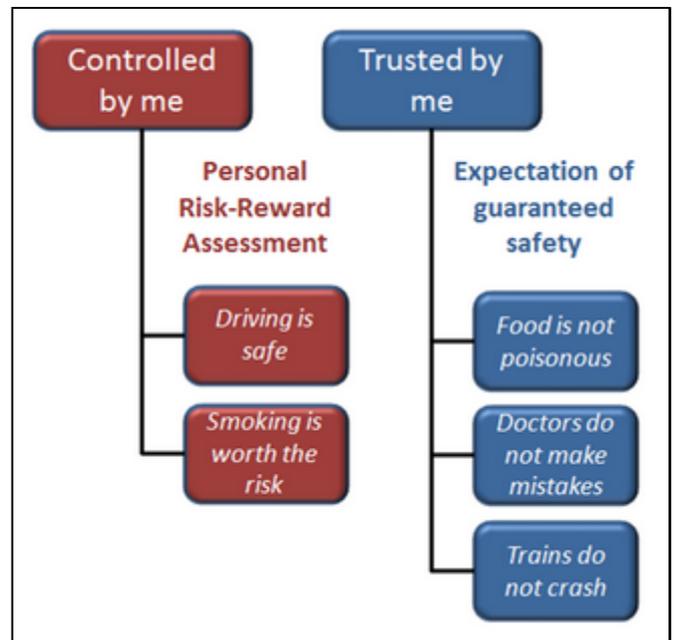


Figure 1: The T&C Concept

2 Trust and Control as coping mechanisms

2.1 What are coping mechanisms?

Coping mechanisms are strategies that people employ to deal with situations that make them anxious. These mechanisms can usually be employed consciously but some of them operate without us being aware of them. Indeed, Sigmund Freud first suggested the idea of ‘Defence mechanisms’ as an unconscious source of neurotic behaviour. These were formalised by his daughter Anna [5] and still remain within the expanding spectrum of coping mechanisms.

Coping mechanisms are a necessary part of our psychological make-up that allows us to deal with things that we cannot face directly. Of course they become problematic when they are out of proportion to the anxiety that we are trying to avoid and cause conflict in our everyday lives.

There are many different coping mechanisms and there is no need to consider them all here (for further reading see for example Clark [2]) but the short list below provides an idea of how coping mechanisms work and are also relevant for our consideration of the Trust and Control mechanisms:

- Denial: Refusing to accept the occurrence of an unpleasant event.
- Avoidance Not undertaking an activity or task which would present high anxiety.
- Compensation: Making up for a weakness in one area by gaining strength in another.
- Trivialising: Turning an important issue into something minor.
- Idealisation: Playing up good points while ignoring problems and limitations.

Like these, both trusting and controlling can be seen as individual coping mechanisms in themselves as well as working in a combined fashion to reduce anxiety.

Organisations also use coping mechanisms to reduce anxiety. These operate both at the level of the individual’s within the organisation and at a more formalised level reflecting the commercial, legal and social identity of the organisation itself.

2.2 Trust

A description of trust as a coping mechanism is as follows:

- Trust: Avoiding anxiety by believing that safety is guaranteed by others (person or organisation) through the proper execution of their duties.

Trust is embedded into all areas of our life and is in many regards a very natural human state. Remember that we start life as vulnerable and defenceless babies and as we develop we place our unquestioning trust in our parents. However, the belief that safety is guaranteed necessarily involves a certain amount of *denial*. In general, we do not worry about a train crashing before taking a journey as we trust the train operator and all those we know to be associated with train safety to be doing their jobs. Whilst we know that trains have crashed and people have been killed we do not seriously entertain the idea that our train will crash: The possibility is *denied*.

An interesting counterpoint to *trust* is *betrayal*. When an incident occurs we suffer anxiety because our trust model is damaged and the likelihood of, for example, our train crashing increases. One way we cope with this increase in anxiety by attributing blame to those that we have entrusted with our safety. The restoration of trust requires that a party-“the betrayer!” - is blamed, sanctioned and removed from our trust model. Hence there is a desire to see individuals directly involved (such as train drivers or signallers) and organisational heads to be punished and possibly imprisoned for their mistakes.

2.3 Control

A description of control as a coping mechanism is as follows:

- Control: Avoiding anxiety by believing personal skills, attributes and situation sufficiently reduce risk and/or provide enhanced benefits.

In the United Kingdom in 2011, 883 car occupants were killed and 8,342 seriously injured [4]. This clearly shows that driving is not entirely safe and yet all drivers by necessity accept the risks involved and generally feel quite confident in regards to taking a journey.

This was formulised in an early study by Svenson [11] who described how students saw themselves as being more skilful and more safe than other drivers (93% of the US sample and 69% of the Swedish sample rated their driving skill in the top 50%). This phenomenon where people overestimate their strengths and downplay their weaknesses is a form of cognitive bias described as ‘illusory superiority’ [6]. For further information on how we overrate ourselves see Kruger & Dunning [7].

Rock climbers, who can be considered to be representative of those engaging in dangerous sports activities also tend to exhibit more medium and high risk climbing behaviours when they have a greater belief in their own abilities [8].

Another area where control operates is in our ability to make rational decisions regarding the level of risk and the benefits provided by a given situation. For example, smokers tend to consistently underestimate the level of risk that their habit presents to them (although they recognise that there is risk)

[12]. The benefits of smoking (e.g. enjoyment, weight control, and social interaction) can then be considered to outweigh their perception of the health risks.

A third way that *control* operates is in our ability to choose who to *trust*. For example, we may feel happier permitting a friend to drive us rather than a stranger. Ability ratings appear to follow the trend of a person being more skilful than their friends and their friends more skilful than others [10], thus showing that illusory superiority also operates in a social context. Equally we can reject flying with an airline that has a poor safety record.

3 The tendency of ‘trusted’ organisations to control

A ‘trusted’ safety organisation is any that delivers services or products with the potential to cause harm should they not operate as intended. For example, this includes the transport industry, power (environmental harm), medical, food processing, etc.

Organisations in such industries will seek to limit the unpredictable and unsafe practices of those within their charge. We are told to “stand clear of the edge of the platform” at railway stations, “fasten your seatbelts” on aeroplanes to give just two very mundane examples.

A significant amount of research has been conducted with the sphere of the medical profession where the resultant ‘medicalization’ of certain conditions such as childbirth, aging, body shape and even baldness justifies them being treated as illnesses and permits the imposition of control over them [3]. It would seem that in trusting our health to professionals we cede a great deal of control and that the idea of what is healthy (and therefore safe) is potentially being justified by an organisational need to impose control.

4 Trust and Control positions

Based on the two attributes of trusting and controlling, it is possible to define a set of positions which describes how they might manifest within a particular individual or organisation. The model shown in Figure 2 below considers normal, low or high levels of both of these attributes in their various combinations.

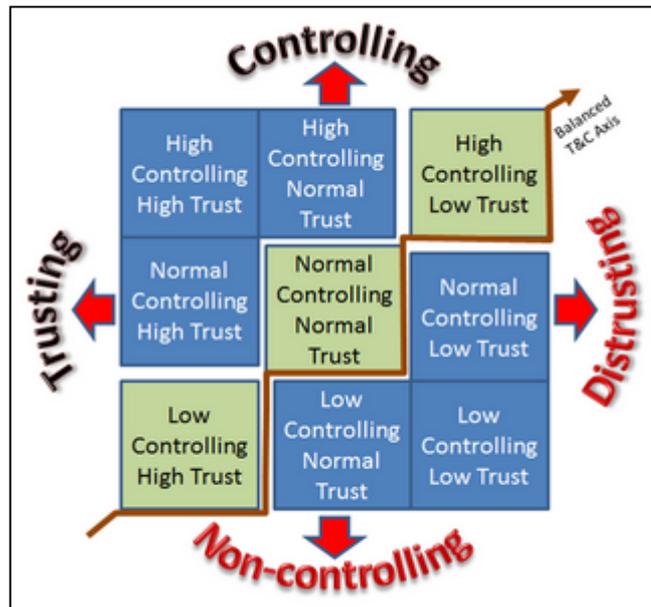


Figure 2: T&C Positioning Index

Not all of these combinations can be considered healthy / useful to either an individual or an organisation; for example someone who routinely exhibits low trust and low control would need additional coping mechanisms – such as avoidance. Someone who is both very controlling and very trusting is likely to suffer psychological conflict and stress. The majority of people manage by balancing control against trust making up for lack of one with excess of another. This is referred to here as the “balanced T&C axis” and aligns with the concept of their duality [9].

It can be hypothesised that individuals will tend to show more of one type of approach than others depending on their natural position in the index: Some people will be more trusting than others whilst some will be more naturally inclined towards controlling. However, people will not be fixed on this positioning index since situations demand that one has to ‘give and take’ to find a balance which makes one comfortable with a particular activity rather than be fixed in every instance of life.

By the very nature of the Trust and Control duality, not all of the positions shown in Figure 2 can be considered suitable to maintain a functioning safety relationship without causing either dysfunction or disharmony.

Dysfunction can lead to internal psychodynamic conflicts with acute emotional discomfort and inability to perform associated tasks within people. In organisations there may be major disruption and conflicts within and between groups.

Disharmony can lead to psychodynamic unbalance and possible avoidance of system / products by people. Within organisations there are likely to be disputes and delays in achieving goals.

Control	Trust	Individual	Organisation
H	H	Dysfunction.	Dysfunction
N	H	Disharmony	Disharmony
L	H	Fully trusting safety organisation	Fully trusting a lead organisation
H	N	Disharmony	Disharmony
N	N	Neutral Position: Peer to peer	Neutral Position: Organisation to Organisation
L	N	Disharmony	Disharmony
H	L	Attitude to some other individual, taking complementary L/H position	Control of individuals, and contracted service suppliers
N	L	Disharmony	Disharmony
L	L	Dysfunction	Dysfunction

L=Low, N=Normal, H=High

Table 1: Possible effects of T&C positioning

From Table 1, we can now see that people and organisations are more likely to take up standard positions (which do not promote dysfunction or disharmony) relative to one and other, as described below and shown in Figure 4.

- Individual Position** This describes the typical situation of a person trusting a controlling organisation.
- Neutral Position** Where people relate to similar people or for organisations relating to other organisations.
- Organisational Position** The stance taken by a controlling organisation in a trusted position.

5 Trust and Control as safety transaction

When the public interact with safety organisations there is an apparent exchange of trust for control (Figure 3). Arguably, the limitations imposed by the controls actually force service users into a position of having to trust the provider.

Such organisations are “High controlling / Low Trust” and enforce a position of “Low Controlling / High Trust” on those using its services.

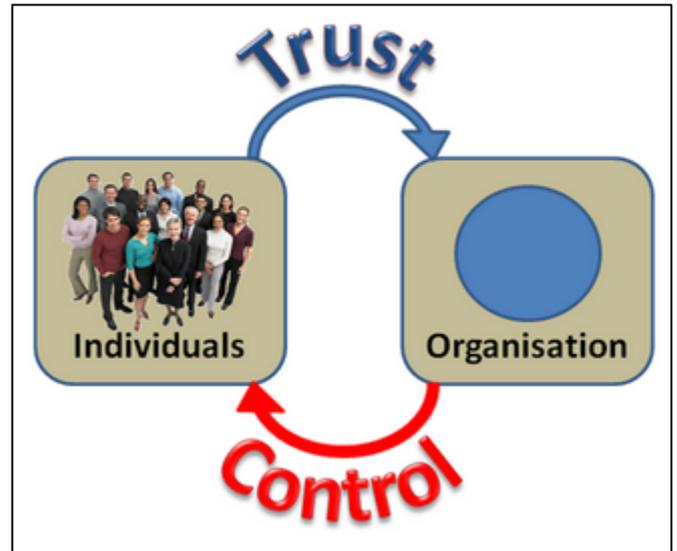


Figure 3: Trust-Control relationship

There is an alternative way to consider these positions. When trust is exchanged for control there is a *transaction* taking place. Such a transaction between the parties leads to them taking up relative positions. Berne [1] has explored this aspect in detail in his theory of Transactional Analysis and has defined three basic states that people / organisations take up when interacting: Child, Adult and Parent.

Put simply, in our Trust and Control model of safety interactions, people and organisations can be seen to take up positions of children and parent respectively (in this simple view we are ignoring the actions of a ‘controlling’ child or a weak, ‘trusting’ parent).

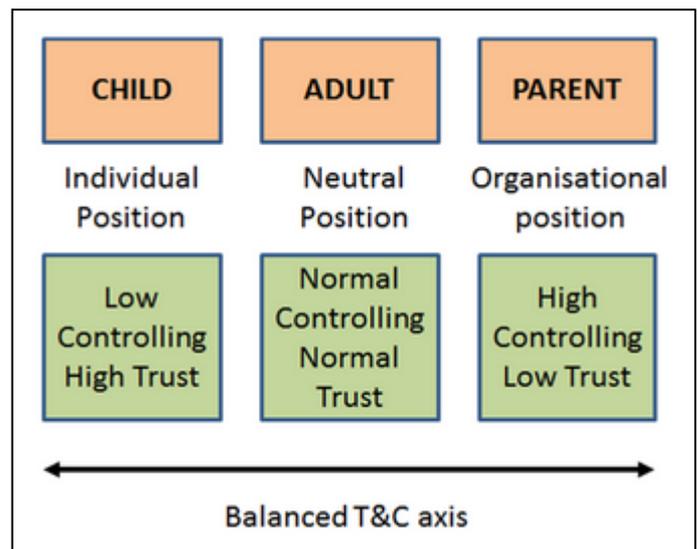


Figure 4: The Standard T&C positions with Berne's Ego states

Berne's work suggests that when a person is addressed from a particular ego state they will often align automatically to a

corresponding position. For example, if you become over emotional and ‘child-like’ during a conversation the other person may naturally respond by becoming more like parent figures he/she has been influenced by in the past.

6 Implications for safety professionals

The idea of Trust and Control is not new. Classic safety management requires that system boundaries are fully defined, together with interfaces and that the limits of all interactions are understood. In general, systems do not actively trust others.

However, the consideration of people as part of the system is usually done only at the action level: *Does this person achieve their given task without error? Have ergonomics been fully considered?* The role of the consumer within the safety process is considered more for what they may do to cause problems than how they interact on a general and emotional level.

The question can be asked as to whether safety is actually affected in any negative way by this standard relationship. Of course, in many circumstances it is inevitable that control is imposed on individuals in order to provide a safe environment. Any attempt to treat people as ‘Adults’ must bear in mind that everyone underestimates the risks to themselves and overestimates their ability to cope in dangerous situations.

Whilst a transaction of Trust and Control appears to be necessary for ensuring safety, that is not to say that all interactions should be based on a safety footing. It should be remembered that when people are treated as children they are more likely to act as children! Ideally, there should be more opportunity for people and their trusted organisations to interact on an Adult-Adult basis rather than Parent-Child.

It seems entirely reasonable that Control should not be applied habitually but rather is restricted to where it is most needed, that is to say where there is perceived risk to individuals. The level of control must be proportionate to the risk that is present.

Just as the medical profession has established layers of controls on patients, arguably creating new illness conditions to facilitate this, organisations need to guard against imposing unnecessary limits and controls on people in the name of safety. Such awareness is not generally embedded into organisational cultures or the expectations of our wider society.

Finally it must always be remembered that, just like people overestimating their abilities, it is quite possible for organisations to also suffer from illusory superiority.

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