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Trust and Subjective Well-Being Across the Lifespan: A Multilevel Meta-Analysis of Cross-Sectional and Longitudinal Associations

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Trust in other people and institutions is associated with people's well-being across the lifespan. Yet, the strength of these associations varies considerably across studies, and it remains unclear which factors account for this variation. Moreover, some longitudinal studies indicate that trust not only predicts well-being but that subjective well-being also predicts levels of trust. This preregistered meta-analysis provides a comprehensive synthesis of this vast field of research, establishing both the direction and strength of the association between trust and subjective well-being. Based on 991 effect sizes, including a total of 2,518,769 participants, the results of the multilevel meta-analysis revealed a positive overall association between trust and subjective well-being ($r = .21$). The strength of this association varied depending on the type of trust and component of subjective well-being examined, the age of the participants, and the national-level generalized trust of the country in which the study took place. Despite these variations, the association between trust and subjective well-being was found across all sample and study characteristics examined, underlining the robustness of the association. In addition, results of the longitudinal meta-analyses showed that trust predicts subsequent well-being ($k = 55$) and that well-being predicts subsequent trust ($k = 49$). Together, these results suggest that trust and well-being mutually reinforce each other in a cyclical fashion. Since trust needs to be built, these findings underscore the importance of being genuinely trustworthy, whether as an individual or as an institution.

Public Significance Statement

This meta-analytic review reveals a positive association between trust and subjective well-being, for men and women, and from childhood until elderhood. This association was found across types of trust, components of well-being, and different types of samples. The longitudinal meta-analyses show that trust predicts subsequent subjective well-being and that subjective well-being predicts subsequent trust. Together, these results indicate that trust and subjective well-being mutually reinforce each other over time.

Keywords: interpersonal trust, institutional trust, generalized trust, subjective well-being, meta-analysis

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The association between trust and subjective well-being has been studied extensively by researchers from a variety of disciplines, including economics, medicine, and the social sciences. This body of research has shown that, across the lifespan, individuals who trust other people and institutions more also tend to report better well-being (e.g., DeNeve & Cooper, 1998; Glatz & Eder, 2020; Jovanović, 2016). In most studies, it is assumed that trust impacts one's well-being, but some longitudinal studies indicate a bidirectional association where one's subjective well-being also has an impact on trust. Moreover, the strength of the association between trust and subjective well-being varies considerably across different studies, and it is unclear which factors may be responsible for this variation. Among others, the association may vary depending on the specific type of trust, component of well-being, or characteristics of the sample, such as the age of the participants or the country in which the study was conducted. The abundance of research across disciplines, showing considerable heterogeneity in both research designs and results, calls for a study that synthesizes the available scientific knowledge. Therefore, using a meta-analytic approach, this study aims to provide a comprehensive overview of the empirical evidence on the association between trust and subjective well-being across the lifespan and to identify the direction and strength of the association. We also examine whether the association varies across several study and sample characteristics.

Conceptualization of Trust and Subjective Well-Being

Although the specific definitions of trust used in the literature vary widely, in more general terms, it is often suggested that trust is a psychological state or orientation of a person (the truster) toward a particular target. This target may be abstract (e.g., an institution, a community) or specific (e.g., a friend, a partner). The person is in some way interdependent with the target; in other words, the truster needs the target's cooperation to obtain valued outcomes or resources. Variations exist concerning the origins of trust, and two broader perspectives on the roots of trust can be found in the literature (Dinesen & Bekkers, 2017). In the first perspective, trust is seen as a stable, deep-seated disposition or trait that tends to be consistent over time and across different situations. Trust is then usually conceptualized as a willingness to be vulnerable to the actions of another party based on positive expectations about the intentions or behaviors of that other party (Mayer et al., 1995; Rousseau et al., 1998). The idea is that such expectations that others can be relied upon are generalized across social agents, with trust then conceptualized as a relatively stable personality trait (Rotter, 1980). According to this perspective, trust may result from a genetic disposition or social transmission across generations (Dinesen & Bekkers, 2017; Weinschenk & Dawes, 2019).

In the second perspective, trust is seen as a function of one's responses to individual experiences and shaped by various factors, including childhood experiences, cultural upbringing, and life experiences (Dinesen, 2012; Dinesen & Bekkers, 2017). Trust can then be conceptualized as a product of one's experiences in social contexts, referring to a firm belief in the reliability of, or a positive expectation toward, someone or something (Hardin, 1993). In this perspective, an individual's thoughts, perceptions, feelings, and actions regarding trust are not (necessarily) consistent over social agents and situations and can change, as individuals can continuously update their trust in others based on their experiences throughout their lives. Such changes in trust may depend on three broader components (e.g., Righetti & Finkenauer, 2011; Simpson, 2007), namely, characteristics of the person (e.g., agreeableness, attachment security); characteristics of the target(s), for example, partner's perceived self-control, parental warmth, and just and fair treatment by [representatives of] institutions; and unique characteristics and demands of the (broader) context in which trust-related interactions and experiences take place (e.g., social or cultural norms). If any of these components change, for example, as children grow up or as a result of specific experiences with a particular target, then an individual's thoughts, perceptions, feelings, and behaviors related to trusting that particular target may also change. Thus, the balance among the three components changes over the course of development, partly because by the time children reach adulthood, they are able to assume more and more responsibility and agency in their interactions with an increasing number of targets (Sameroff, 2010). Importantly, these two perspectives on the roots of trust are not mutually exclusive, and early life experiences or certain predispositions, such as personality traits, may impact how experiences are perceived and how they shape one's trust (Dinesen & Bekkers, 2017).

Moreover, in addition to these more general conceptual perspectives on trust, existing research and theory distinguish between different types of trust, most often between interpersonal, generalized, and institutional trust (e.g., OECD, 2017; Paxton, 1999). *Interpersonal trust*, sometimes referred to as limited or particularized trust, concerns persons known to the individual (Yamagishi & Yamagishi, 1994). It represents an individual's belief that a particular person they know is honest, reliable, and benevolent based on past interactions and relationships with that person. *Generalized trust*, sometimes referred to as social trust, concerns persons who are not directly known to the individual and refers to the belief that most people or others in general are honest, reliable, and benevolent (Freitag & Bauer, 2013). It is sometimes considered a personality trait and is assumed to be relatively fixed and stable over time (Uslaner, 2016). *Institutional trust* refers to individuals' trust in different types of institutions and parties, such as the government, police, banks, and nongovernmental institutions (OECD, 2017). This form of trust largely reflects individuals' perceived effectiveness and integrity of these institutions. To illustrate, when governments operate transparently, actively fight corruption, and provide comprehensive social welfare, citizens' institutional trust tends to be higher than when governments do not do this (Clausen et al., 2011; Van Ryzin, 2007).

Subjective well-being is a multidimensional construct (DeNeve & Cooper, 1998; Diener et al., 1999). Although there is no clear consensus on its definition, most researchers agree that it comprises three components, that is, life satisfaction, the presence of positive affect, and the absence of negative affect (Deci & Ryan, 2008; Metler & Busseri, 2017). These three components of subjective well-being have been suggested to be interrelated but also distinct (Lucas et al., 1996). *Life satisfaction* is defined as cognitive well-being as it assesses the extent to which an individual positively evaluates the overall quality of their life (Veenhoven, 1996). *Positive affect* concerns pleasant emotional states, such as happiness and positive emotions, while *negative affect* concerns unpleasant

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emotional states and internalizing problems, such as depression, anxiety, and loneliness (Diener et al., 1999; S. Leung & Lee, 2014).

Theoretical Perspectives on the Association Between Trust and Subjective Well-Being

To explain how trust affects one's well-being, the need to belong theory (Baumeister & Leary, 1995; Lambert et al., 2013) and the self-determination theory (Ryan & Deci, 2000) offer important theoretical perspectives. Both theories emphasize the central role that social relationships play in people's well-being. The need to belong theory posits that individuals have an innate desire to form positive relationships and maintain close social ties. The self-determination theory identifies relatedness as one of the three basic psychological needs of human beings. Relatedness refers to the need to feel connected to other individuals or groups, to love and care for them, and to be loved and cared for in return. Trust plays a crucial role in the formation and maintenance of these social bonds that satisfy the need for relatedness, as it promotes cooperation and fosters supportive relationships (Balliet & Van Lange, 2013; Schilke et al., 2021; Tov & Diener, 2009). Therefore, individuals with higher levels of trust are more likely to satisfy their basic human need for having supportive social relationships, resulting in better overall well-being. In line with this, a longitudinal study among children in the United Kingdom found that trust was associated with social integration, which, in turn, was associated with lower loneliness (Rotenberg et al., 2010). Furthermore, the importance of social relationships may hold not only for relationships with known others and interpersonal trust but also for social ties more generally. Specifically, generalized trust may promote greater social participation among individuals (i.e., participation in community activities and organizations), which may decrease the risk of depression (Yamaguchi et al., 2019).

To explain how one's well-being may affect subsequent trust, other theoretical perspectives have been proposed. For example, according to mood-congruency models, individuals' emotions can consciously or unconsciously influence their perceptions of others and the world around them (Bower & Forgas, 2001; Jones & George, 1998; Olson, 2006; Schwarz & Clore, 2007; Williams, 2001). Specifically, positive emotions, such as happiness, can lead individuals to view the world around them more positively and increase their trust in others and institutions (Dunn & Schweitzer, 2005). Conversely, individuals experiencing negative emotions, such as anxiety, may perceive neutral information more negatively, concentrate more on negative information, and feel less certain about their current situation. These tendencies may lead to a more negative view of other people and institutions, resulting in lower levels of trust (Myers & Tingley, 2016).

Based on the theoretical perspectives described above, a positive association between trust and subjective well-being may be expected. Indeed, in a meta-analysis that conceptualized trust as a personality trait, trust was among the most strongly associated of the 137 traits examined, being positively related to subjective well-being (DeNeve & Cooper, 1998). However, only three studies were included to estimate this association between trust and subjective well-being, with considerable variation in the strength of the associations. Focusing on institutional trust, a meta-analysis including nine effect sizes found a small positive, but nonsignificant, association with subjective well-being (Eger & Maridal, 2015). Other studies, however, have found an association between institutional trust and subjective well-being, suggesting that institutional trust is associated with feelings of security and certainty (Glatz & Eder, 2020) and a belief in a just world (L. M. W. Li, Lou, & Bond, 2022), both of which, in turn, are associated with higher well-being (Glatz & Eder, 2020; L. M. W. Li, Lou, & Bond, 2022; S. Li, Sun, et al., 2022).

Moreover, the findings of most previous studies, the majority of which were cross-sectional (e.g., Glatz & Eder, 2020; Jovanović, 2016), but also some longitudinal studies, indicate a bidirectional association between trust and subjective well-being (e.g., Nickerson et al., 2019; Poulin & Haase, 2015). However, the strength of the association varies considerably across studies. In this meta-analysis, we will establish the direction of the association between trust and subjective well-being. Moreover, we will examine the strength of the cross-sectional association between trust and subjective well-being, and its variation across studies, testing whether we can explain this variation by examining several moderators, namely, types of trust, components of subjective well-being, participants' age and gender, sample types, and national-level generalized trust.

Types of Trust

The strength of the association between trust and subjective well-being may vary depending on the type of trust examined (Glanville & Story, 2018), for which we refer to Bronfenbrenner's theorizing. Bronfenbrenner (1979) defined human development "as the person's evolving conception of the ecological environment, and his [sic] relation to it, as well as the person's growing capacity to discover, sustain, or alter its properties" (p. 9). According to Bronfenbrenner's ecological systems theory (Bronfenbrenner, 1979; Bronfenbrenner & Morris, 2006; Ungar et al., 2013), proximal factors, situated in an individual's microsystem (i.e., an ecology that directly interacts with the developing person, including the family or school class), actualize and sustain child development. Distal factors, such as those situated in an individual's exosystem or macrosystem (i.e., the ecologies that do not directly interact with the developing person, such as poorly funded educational systems), shape child development by influencing and interacting with proximal factors. Extending the ecological system's theory to trust, we suggest that interpersonal trust, which concerns persons known to the individual and, hence, can be situated within an individual's microsystem, may have a stronger association with subjective well-being than generalized trust and institutional trust—which involve persons and institutions more distal to the individual, respectively. Indeed, some previous studies have concluded that interpersonal trust is more strongly associated with well-being than generalized trust (A. Leung et al., 2011; Mironova, 2015) or institutional trust (Jovanović et al., 2023), but did not test whether these differences in the strength of the association were significant. The findings concerning generalized and institutional trust were less consistent, with some studies finding a stronger association with well-being for generalized trust (Jovanović, 2016; Jovanović et al., 2023) and other studies finding a stronger association for institutional trust (Soukiazis & Ramos, 2016). However, research including all three types of trust is relatively scarce, and few studies have actually tested whether the associations between different types of trust and well-being differ from each other.

Components of Subjective Well-Being

Although the three components of subjective well-being, namely, life satisfaction, positive affect, and negative affect, are interrelated, they are still distinct (Lucas et al., 1996), and therefore trust may not be equally associated with them. Specifically, trust may be more strongly related to life satisfaction than to positive and negative affect. Life satisfaction, the broader assessment of one's life, is more stable than positive and negative affect, which can vary considerably over time (Schimmack & Oishi, 2005). People's overall life satisfaction may be closely related to their trust in other people or institutions, because both stem from positive, cognitive evaluations of their life circumstances in general or social relationships in particular (Barefoot et al., 1998; Yip et al., 2007). Conversely, research shows that people exhibit remarkable variability in the patterns and trajectories of their positive and negative affect over time (Kuppens et al., 2010). Thus, affective states, more so than life satisfaction, can be transient and vary considerably over periods of time. Consequently, positive and negative affect may not be as strongly associated with trust as life satisfaction. This suggestion is consistent with previous research showing a stronger association between both generalized trust and institutional trust with life satisfaction than with positive affect (Fan & Mahadevan, 2019; Soukiazis & Ramos, 2016). Only a few studies systematically examined the association between trust and different indicators of subjective well-being, so our knowledge on this topic is relatively scarce.

Participant Characteristics

Age

Because both trust and subjective well-being are dynamic concepts and their meaning may be influenced by age and related life experiences (Diener et al., 2018; T. Li & Fung, 2013), the association between trust and subjective well-being may vary across the lifespan. According to the socioemotional selectivity theory (Carstensen, 1987; English & Carstensen, 2016), as individuals age, they increasingly prioritize and value existing social relationships to maximize emotional gains and minimize social risks because they increasingly perceive their future time as limited (Carstensen et al., 1999). In other words, interactions with a select group of significant others becomes more valuable. Research supporting this suggestion shows that, compared to young or middle-aged adults, older adults prioritize emotional connectedness with others due to their awareness of limited time (T. Li & Fung, 2013). For older adults, trust may be especially important in maintaining such relationships and in providing a sense of security and safety in the midst of increasing physical and cognitive limitations (Jovanović et al., 2023). Thus, associations between trust and subjective well-being may be especially strong in this phase of life. Indeed, studies have found that trust is more strongly associated with both life satisfaction and happiness among older adults compared to younger adults (Poulin & Haase, 2015).

Other research suggests that the association between trust and subjective well-being may be particularly strong in younger people. Children and adolescents are increasingly able to evaluate the trustworthiness of others (van den Bos et al., 2011), understand others' perspectives and intentions (Schreuders et al., 2024), and are often keen to expand their social networks and seek new relationships and casual contacts (Cotterell, 2007; Crone & Dahl, 2012). Moreover, forming and maintaining supportive social connections is one of the most important tasks for youth development and consequently a strong predictor of well-being (Finkenauer et al., 2019). During childhood and adolescence, trust may be key because it is central to forming new and meaningful relationships (Rotenberg et al., 2010; Van Lange, 2015). Because the vast majority of research on the association between trust and subjective well-being focused on one life phase, hardly anything is known on the extent to which there are age-related differences in this association.

Gender

According to gender socialization theory, women are socialized and motivated to maintain social relationships and value emotional connections more than men (Haines et al., 2008). Indeed, women have larger and more varied social networks with more friends and more social support than men (Shye et al., 1995). Given the importance of trust in establishing and maintaining social relationships, it may be argued that the association between trust and subjective well-being is stronger for women than for men. However, the available empirical evidence on gender differences in the association between trust and subjective well-being is mixed. While some studies found no significant gender differences (Kroll, 2011; Tobiasz-Adamczyk et al., 2017), others suggest a stronger association for women as compared to men. For instance, Jovanović et al. (2023) reported a more robust association between generalized trust and anxiety for women than for men, and similarly Bai et al. (2019) observed a stronger association between generalized trust and happiness for women. Further investigation of the potential moderating effect of gender is needed to clarify whether the association between trust and subjective well-being differs between men and women.

Sample Type

The positive association between trust and subjective well-being is not limited to the general population but has also been observed in vulnerable groups, such as refugees (Nickerson et al., 2019), older adults with a disability (Xin & Ren, 2022), individuals who were HIV-positive (Grønlie & Dageid, 2017), and people significantly impacted by events such as the COVID-19 pandemic (Bittmann, 2022) and earthquakes (Yamamura et al., 2015). It can be expected that trust may play a particularly important role in the well-being of these vulnerable groups. Especially for these groups, trust may potentially function as a protective resource, as it may shield them from the harmful effects of stressors, thereby promoting their overall well-being (Economou et al., 2014). Previous research supports this hypothesis, showing that trust can mitigate the psychological impact of threatening circumstances on mental health. For example, individuals with lower levels of institutional trust prior to the COVID-19 pandemic reported greater decreases in life satisfaction over time than individuals with higher levels of trust (Bittmann, 2022). Furthermore, a study by Yamamura et al. (2015) found a positive association between trust and happiness before and after the Great East Japanese Earthquake of 2011. The association was stronger for residents in disaster-affected areas and stronger in the aftermath of the disaster.

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National-Level Generalized Trust

Cross-country differences in the association between trust and subjective well-being have been well documented (D'Agostino et al., 2019; Glatz & Eder, 2020; Hamamura et al., 2017). One potential explanation for these cross-country differences lies in national-level generalized trust, which reflects individuals' belief in a country's ability to provide a safe, prosperous, and cooperative social environment for its citizens (Balliet & Van Lange, 2013; Delhey & Newton, 2005). In countries with high national-level generalized trust, individuals generally have confidence in the actions and intentions of others, especially strangers, and believe that others will generally act in ways that are fair, honest, and beneficial to the community. This trust also extends to social institutions, systems, and structures, with people believing that these entities will operate in ways that support the well-being and interests of the general population (Balliet & Van Lange, 2013).

To our knowledge, the moderating effect of national-level generalized trust on the individual-level association between trust and subjective well-being has not yet been examined. Although the literature does not provide a theoretical rationale for a strong hypothesis in this regard, based on the relative deprivation theory, one might expect the association between trust and well-being to be stronger in countries with higher levels of national-level generalized trust. The relative deprivation theory suggests that an individual's life satisfaction level is determined more by what one perceives one has *relative to relevant others* than by what one objectively has (Power et al., 2020). Feeling worse off or disadvantaged in this comparison may lead to lower life satisfaction. In other words, for two people who have the same amount of (social) resources, the person who perceives that they have less than others would be less satisfied with life than the person who perceives that they have about the same as others. Translated to trust, this would mean that if a person feels that they have few people around them who are reliable and trustworthy (i.e., low individual-level trust), this would have a particularly strong impact on their life satisfaction (and broader subjective well-being) if that person lives in a context where most people trust other people and perceives that most other people do have a trustworthy social network (i.e., in a country with a high level of national-level generalized trust). If the person lives in an environment where most other people also do not have strong trustworthy social relationships (i.e., in a country with a low level of national-level generalized trust), their low level of individual-level trust may be less harmful for their well-being.

It is also possible that higher national-level generalized trust reinforces the beneficial effects of higher individual-level trust. Higher national-level generalized trust is robustly related to lower economic inequality (Elgar, 2010; Oishi et al., 2011) and more social participation (Helliwell & Putnam, 2004). Moreover, in higher trust societies, people expect others to adhere to the social norms and cooperate (Balliet & Van Lange, 2013). They also engage in more prosocial behavior (Putnam, 2000). Higher national-level trust is also related to the perception that one can rely on others for social support and volunteering (Calvo et al., 2012). Living in a high-trust environment is associated with social cohesion and can create a sense of belonging, which is in itself an innate human need, the fulfillment of which is associated with greater well-being (Baumeister & Leary, 1995; H. Lu, Tong, & Zhu, 2020). Higher national-level trust may thus provide individuals with a sense of security and the perception that they have access to social resources which may strengthen the association between individual-level trust and subjective well-being.

The Present Study

This study provides a comprehensive meta-analytic review of the association between trust and subjective well-being. We hypothesize an overall positive association between trust and subjective well-being and aim to estimate the direction and strength of this association and examine potential moderators. In terms of direction, we hypothesize that trust predicts subsequent subjective well-being and, conversely, that subjective well-being predicts subsequent trust. The moderators in this study include type of trust, components of subjective well-being, participants' age and gender, sample types, and the degree of generalized trust at the national level. Specifically, interpersonal trust is expected to have the strongest association with subjective well-being, followed by generalized and institutional trust. Moreover, life satisfaction is expected to exhibit a stronger association with trust than positive and negative affect. We also hypothesize that demographic factors influence the association between trust and subjective well-being. Based on several theoretical notions and previous research, we expect that the association will be stronger for children/adolescents, and older adults, than for early adults and middle-aged adults, and that it will be stronger for women than men. In addition, we hypothesize that the association is stronger in samples of vulnerable groups, such as clinical samples and victims of natural disasters, than in general population samples. Finally, we hypothesize that the association between trust and subjective well-being is stronger in countries with higher levels of generalized trust. In addition to these preregistered hypotheses, we reviewed the literature concerning the plausibility of causality by focusing on confounding, mediation, and the contributions of experimental work.

Method

Search of Studies

To get a first impression about the availability of studies on the association between trust and subjective well-being, we conducted an initial literature search on May 26, 2021, in two databases (i.e., APA PsycInfo and Web of Science[1]), using the following search string: *trust* AND w*ell-being* OR *life satisfaction* OR *mental health* OR *happ**. After removing duplicates, we obtained 5,368 articles. Then, we screened the title, keywords, and abstract of those articles on Rayyan (Ouzzani et al., 2016) and labeled 101 articles that might match our research interests.

Next, on March 19, 2022, the main literature search was conducted in four databases (i.e., ERIC, APA PsycInfo, PubMed, and Web of Science), using search strings regarding both trust and subjective well-being. Specifically, the keywords regarding trust were *trust** OR *benevolen** OR *confidence in people*

[1] The Web of Science collection we searched in includes four databases, that is, the Science Citation Index Expanded (1900–present), the Social Sciences Citation Index (1900–present), the Arts and Humanities Citation Index (1975–present), and the Emerging Sources Citation Index (2020–present).

Or *confidence in inst** OR *confidence in govern** OR *political confidence* OR *systematic confidence*; and the keywords regarding subjective well-being were *life satisfaction* OR *quality of life* OR *happi** OR *well-being* OR *wellbeing* OR *well being* OR *pleasant affect* OR *positive affect* OR *unpleasant affect* OR *negative affect* OR *unhappi** OR *lonel** OR *emotional problem** OR *internali** OR *anhedon** OR *depress** OR *dysphori** OR *dysthym** OR *anxi** OR *phobi** OR *positive emotion** OR *positive feeling** OR *negative emotion** OR *negative feeling**.

Inclusion and Exclusion Criteria

The following selection criteria were used: The study had to be published in English and in a peer-reviewed journal. Empirical, quantitative studies were included, while systematic reviews, meta-analyses, and qualitative studies were excluded. Regarding the study sample/population, no criteria were set regarding the age, group, or demographic characteristics of the sample.

The study was considered eligible if it examined the cross-sectional or longitudinal association between trust and subjective well-being. For cross-sectional associations, studies conducted immediately after an intervention or trust game were excluded. For longitudinal associations, studies were excluded if an intervention, experiment, or natural disaster occurred between two assessment waves.

Regarding the two key variables, specific additional criteria were used. For trust, the focus was on interpersonal, generalized, and institutional trust at the individual level only. Trust climate at the contextual level (i.e., management trust climate), swift trust, and trust in certain religions, personal social media, and churches were excluded. For subjective well-being, the focus was on life satisfaction, positive affect (including happiness and positive emotions/feelings), and negative affect (including anhedonia, unhappiness, depression, anxiety, loneliness, internalizing problems, and emotional problems). Specific momentary emotions, such as pride, sadness, or anger, were excluded. Domain quality of life (e.g., online shopping well-being and job-related anxiety) and domain satisfaction (e.g., satisfaction with family, school, health, and workplace) were excluded due to their focus on specific life aspects and their sensitivity to particular conditions or contexts (Delhey & Dragolov, 2014). To ensure consistency in study screening, decision-making, and coding, we created mind maps for the two key variables, which are available at https://osf.io/x8phg.

Study Screening

The literature search resulted in 15,727 unique records that were screened for eligibility based on the inclusion and exclusion criteria. Figure 1 shows the PRISMA flowchart. First, we conducted screening based on title, keywords, and abstract, using ASReview, an open-source software that uses machine learning algorithms to facilitate the screening process of systematic reviews (van de Schoot et al., 2021). This software was chosen for its cost-effectiveness, transparency, and efficiency in identifying relevant articles based on prior knowledge.

The 15,727 retrieved records were imported in ASReview. To enhance the efficiency and accuracy of the active learning process of the software, we manually labeled 200 records as relevant or irrelevant based on prior knowledge gained from the initial literature search in 2021 (101 relevant and 99 irrelevant reports). Based on this input, the trained default model of ASReview recommended the most relevant records, one at a time, from the remaining set of unlabeled records. The first author then screened the title, keywords, and abstract of the record recommended as most relevant and decided to in- or exclude the record. With each decision made by the first author, ASReview improved its knowledge and subsequently recommended the most relevant record. The screening process continued until 50 records in a row were identified by the first author as nonrelevant, at which point screening was stopped.

After reaching this stopping rule, we had screened 2,255 records out of the 15,727 records in our database. Of these 2,255 records, 860 were considered relevant, and 1,395 were considered irrelevant according to our inclusion and exclusion criteria. To identify potential additional relevant records, it is recommended to switch to a different model of ASReview and screen another round of records (Teijema et al., 2023). Hence, we trained another model (a doc2vec model with logistic regression) using the 2,255 labeling decisions obtained from the default model of ASReview and screened another round of records. Using the same stopping rule, an additional 1,114 records were screened, of which 94 were labeled as relevant.

In total, 954 records were labeled as relevant in this first screening phase (i.e., 860 + 94). Additionally, we added one record to our data set, which was recommended by an author who noticed our ongoing meta-analysis, leading to a total of 955 records. Of those, we could not retrieve the full text of two reports. Next, we screened the full text of the remaining 953 reports and excluded 426 of them for not meeting the inclusion criteria (for further details, see Figure 1). To ensure consistency in the full-text screening process, a research assistant experienced in conducting meta-analyses was trained by the first author to screen 100 randomly selected reports. The screening decisions made by the research assistant and the first author were compared and showed a high level of agreement (92% matching decisions). Disagreements were discussed and resolved among the authors.

Data Extraction and Coding

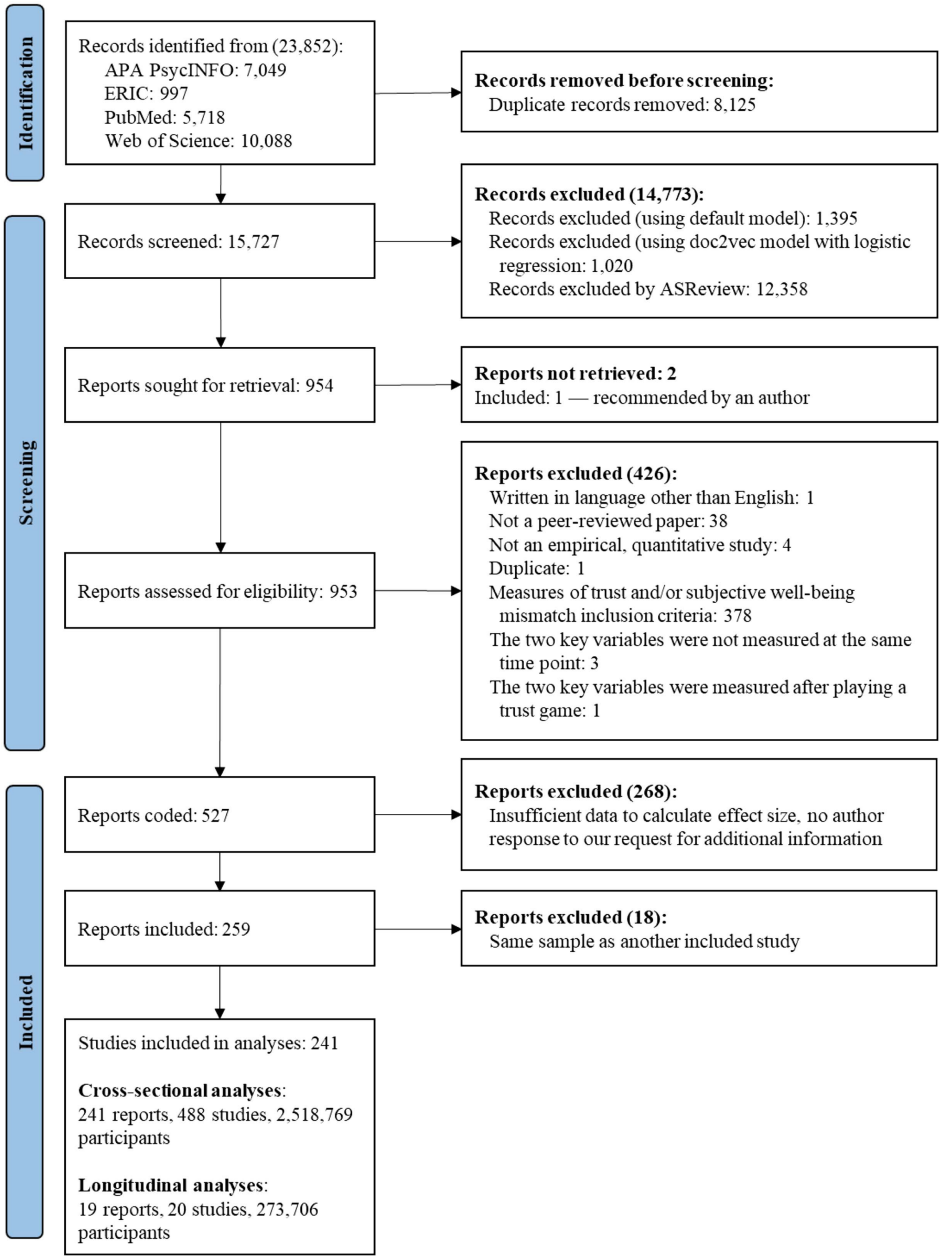
All 527 included reports were coded using a coding manual developed and piloted by the research team. The first author conducted most of the coding, with 10% of articles being double coded to calculate interrater reliability. For all categorical variables, Cohen's κ indicated substantial to perfect agreement (k = .73–1.00), except for "sample type" variable which had moderate agreement (k = .59). To enhance clarity and agreement, this variable was further discussed within the coding team, and adjustments were made to the coding manual. For continuous variables, intraclass correlations indicated good to excellent reliability (intraclass correlation coefficient = 0.76–1.00). Following coding completion, the first author double-checked all the codings, and any disagreements, concerns, or instances of uncertain coding were discussed and resolved among the authors.

Contacting Authors

Of the 527 coded reports, 352 did not provide sufficient information to compute an effect size. Overall, we contacted 375 authors,

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Figure 1
The PRISMA Flowchart



Note. See the online article for the color version of this figure.

with a response rate of 30% (114 authors). Of those responding authors, 86 (23% of the contacted authors) provided relevant information that allowed us to compute the effect size(s). Most authors who declined requests for additional information reported they no longer had access to the data. In total, 259 reports were included. Of these 259 reports, we excluded 18 reports as duplicates, as these reports reported on the associations between the same types of trust and the same components of subjective well-being as assessed in the same sample as another report included in our meta-analysis. Hence, a total of 241 published reports were ultimately included.

Coding

Following the guideline proposed by Lipsey and Wilson (2001), a coding manual was developed to extract the data necessary for the meta-analysis. Regarding the moderators, data were extracted for types of trust, that is, interpersonal trust, generalized trust,

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institutional trust, and "mixed," including different combinations of types of trust. A mind map was created to ensure consistency in our categorization of trust types and to facilitate replicability (see above for a link to our Open Science Framework project page with all materials). For example, trust measures were coded as interpersonal trust if they referred to people that the participant was likely to know (e.g., family members, teachers, friends, neighbors, colleagues). Trust measures were coded as generalized trust if they referred to people in general or to larger groups, not all of whose members are known to the participant (e.g., one's "community"). Trust measures were coded as institutional trust if they referred to institutions or their representatives (not personally known to the participant, e.g., school, government, police).

The other moderators were components of subjective well-being (i.e., life satisfaction, positive affect, negative affect, and "mixed," including different combinations of components of well-being), participant age (i.e., childhood and adolescence [$M_{age} < 24$ years], early adulthood [$24 \leq M_{age} < 45$], middle adulthood [$45 \leq M_{age} < 65$], and elderhood [$M_{age} \geq 65$]), gender (i.e., the percentage women in the sample), different types of samples (i.e., general population, victims of natural disasters or pandemics/crises, socially vulnerable groups including refugees and ethnic minorities, clinical samples including psychiatric and mental health diagnoses, and samples with physical problems including disabilities or serious medical and/or physical illnesses), and national-level generalized trust. The scores of national-level generalized trust were obtained from the Harmonized Trust Database, a compilation of data from various surveys conducted by the Global Trust Research Consortium (https://globaltrustresearch.wordpress.com/results/). Most of the surveys included in the Harmonized Trust Database asked respondents to rate items such as "Most people can be trusted" or "You cannot be too careful" on different Likert scales, which ranged from 1 to 4 point scales to 0–10 point scales. Global Trust Research Consortium then rescaled all available survey responses to a 0–100 score, which represented the percentage of respondents choosing the option "Most people can be trusted." For longitudinal analyses, data were also extracted on time lag (in months) between assessments. The present study only included effect sizes based on self-reported measures of trust and excluded reports from other sources such as parents, teachers, and/or peers since such reports were included in only three articles.

Statistical Analyses

Cross-Sectional Associations

To examine the cross-sectional association between trust and subjective well-being, we used Pearson correlation as effect size, with positive effect sizes indicating that higher levels of trust were related with better subjective well-being (i.e., higher life satisfaction, higher positive affect, and lower negative effect). For 942 of the 991 effect sizes we could include, this information was readily available. For studies that did not report Pearson correlations but provided other statistical information, such as a two-way frequency table, an online effect size calculator (https://www.campbellcollaboration.org/research-resources/effect-size-calculator.html) was used to calculate the corresponding Pearson correlations ($k = 49$). Next, we transformed all Pearson correlation coefficients using the Fisher's r-to-z formula to remove the range restriction and ensure the sampling distribution was approximately normal (Assink & Wibbelink, 2016).

As described above, in some reports, multiple effect sizes were obtained from the same sample of participants, which could lead to dependencies in the data as effect sizes obtained from the same sample might be more similar than effect sizes obtained from different samples. Moreover, multiple studies were obtained from the same larger "data source" (e.g., World Values Survey), and even though these studies consisted of different groups of people, they were sampled using similar procedures with similar questionnaires, which could potentially also lead to dependencies in the data. To account for these possible dependencies, we conducted a four-level random-effects model. This model accounted for sampling variance (Level 1), variance between effect sizes within the same study (Level 2), variance between studies within the same data source (Level 3), and variance between data sources (Level 4).

In the analyses, the effect sizes were weighted by the inverse sampling variance, where effect sizes with greater sampling accuracy were given greater weight. Restricted maximum likelihood was used as an estimation method (Assink & Wibbelink, 2016). To estimate the overall effect size of the association between trust and subjective well-being, we first estimated an unconditional four-level random-effects model and examined heterogeneity in the effect sizes. We then estimated conditional models by including each moderator separately as a predictor in the four-level model. Finally, we conducted a multivariate conditional model in which the effects of all significant moderators were examined simultaneously (Assink & Wibbelink, 2016). To facilitate interpretation, effect sizes were transformed back to Pearson correlation coefficients (r). All analyses were conducted using R, Version 4.0.0 (R Core Team, 2020), and the package *metafor* (Viechtbauer, 2010).

Longitudinal Associations

We employed a cross-lagged regression approach to examine the longitudinal associations between trust and subjective well-being (cf. Maes et al., 2019). Specifically, we computed the cross-lagged effects of trust on subsequent well-being, and of well-being on subsequent trust, while controlling for the prior levels of these variables and the cross-sectional correlation between trust and subjective well-being at Time 1. We used an established syntax to compute the regression coefficients and their corresponding sampling variances (Fernández et al., 2020).

Given the nested structure of our longitudinal data, where effect sizes were nested within time waves, which were nested within studies, we conducted two separate four-level random-effects models to examine the cross-lagged effect of trust on subsequent well-being, and of well-being on subsequent trust, respectively. Each model accounted for four levels of variance: sampling variance (Level 1), variance between effect sizes within the same wave (Level 2), variance between waves within the same study (Level 3), and variance between studies (Level 4).

Publication Bias

To examine the possibility of publication bias, we employed two methods: funnel plot and Egger's test. We visually inspected three contour-enhanced funnel plots to assess publication bias, including one for the effect sizes reflecting the cross-sectional association

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between trust and subjective well-being, and two for the longitudinal associations between trust and subsequent well-being, and between well-being and subsequent trust. Furthermore, we conducted Egger's regression test by adding the inverse sample size as a predictor to the three models (i.e., one for the cross-sectional association and two for the longitudinal associations).

Transparency and Openness

This meta-analysis, including hypotheses and analysis plan, was preregistered at our Open Science Framework project page: https://osf.io/x8phg. Deviations from the preregistration, as well as all meta-analytic data, analysis code, and research materials (including our coding scheme), can also be found at our project page. We followed the PRISMA reporting guidelines (Page et al., 2021) for the final report.

Results

Summary of Primary Studies

In several of the 241 included reports, data from multiple studies were reported, and for those studies, often multiple effect sizes could be computed. For the current meta-analysis, we could include 991 effect sizes (k) from 488 studies (n). Moreover, these samples were nested within 211 "data sources," such as the World Values Survey, which provide data on multiple samples across several countries and cohorts. Detailed study and sample characteristics for each included study can be found in Supplemental Table S1.

The mean age of the participants ranged from 6.02 to 83.89 years (M = 46.06, SD = 15.52). The majority of the samples were in middle adulthood (n = 221), followed by early adulthood (n = 139), elderhood (n = 67), and childhood and adolescence (n = 59). Studies including samples from the youngest and oldest age categories are thus relatively scarce. Moreover, within the youngest age category, children and younger adolescents are underrepresented, with an average mean age across studies of 17.90 years. Similarly, within the oldest age category, the oldest old are also underrepresented, with an average mean age across studies of 73.67 years. The percentage of females in the included samples ranged from 0% to 100% (M = 55.45, SD = 13.75). Regarding the type of samples, the majority were from the general population (n = 388). The other samples consisted of victims of natural disasters or pandemics/crises (n = 58), socially vulnerable groups (e.g., refugees and ethnic minorities; n = 28), clinical groups with or without a control group (e.g., with psychiatric diagnoses or mental health diagnoses; n = 8), and participants with physical problems (e.g., with disabilities or serious medical and/or physical illnesses; n = 6).

The studies were geographically distributed as follows: 254 in Europe, 114 in Asia, 57 in North America, 21 in Oceania, 18 in Africa, 15 in South America, and six studies included participants across multiple continents (for the remaining three studies, this information was missing). The United States (n = 43), China (n = 37), and the United Kingdom (n = 19) were the countries with the highest number of studies included in this meta-analysis. The national-level generalized trust scores ranged from 3.50 for Trinidad and Tobago to 59.45 for Finland (M = 39.18, SD = 13.20). Regarding different types of trust, most effect sizes were based on a measure of generalized trust (k = 460), followed by institutional trust (k = 320), interpersonal trust (k = 172), and a measure in which different types of trust were combined (k = 39). Regarding different components of subjective well-being, most effect sizes were based on a measure of negative affect (k = 304) or life satisfaction (k = 299), followed by positive affect (k = 208) and a measure in which different components of well-being were combined (k = 180).

Cross-Sectional Associations Between Trust and Subjective Well-Being

For the cross-sectional association, our analyses yielded an estimated mean Fisher's Z of 0.21 (SE = 0.01, $p < .001$), which when back-transformed to a Pearson correlation corresponds to a mean estimated effect size of $r = .21$, 95% confidence interval (CI) [0.19, 0.23]. Moreover, we identified 16 outliers that deviated more than three standard deviations from the mean effect size. After removing these 16 outliers, a similar estimated mean Fisher's Z of 0.21 ($SE = 0.01, p < .001$) was observed, corresponding to a Pearson correlation $r = .21$, 95% CI [0.19, 0.22]. As outliers may have a large impact, especially on moderator analyses, the remainder of the results were based on the models without these outliers. For transparency and completeness, the results of the models including the outliers are presented in Supplemental Material S2 and Supplemental Table S3.

When examining heterogeneity in the effect sizes, the median sampling variance was 0.001, accounting for 5.41% of the total variance. The Level 2 variance was 0.003, $\chi^2(3) = 15{,}875.70$, $p < .001$, and accounted for 18.78% of the total variance. This indicates that there was systematic variance between effect sizes within the same study. The Level 3 variance, 0.002, $\chi^2(3) = 79.09$, $p < .001$, and the Level 4 variance, 0.010, $\chi^2(3) = 150.80$, $p < .001$, accounted for 14.06% and 61.75% of the total variance, respectively. These results indicate the presence of systematic variance between studies within the same data source and between data sources.

Moderators of the Association Between Trust and Subjective Well-Being

The results of the moderation analyses are presented in Table 1 and reveal significant effects of types of trust, components of subjective well-being, age, and national-level generalized trust. Gender and types of sample[2] were nonsignificant moderators.

To facilitate the interpretation of these significant moderators, their mean estimated effect sizes (Fisher's Z) were converted into Pearson correlations (r). Overall, the results were consistent with our expectations. Specifically, regarding type of trust, interpersonal trust showed the strongest correlation with subjective well-being (r = .25), followed by generalized trust (r = .20), while institutional trust showed the weakest correlation (r = .17). Regarding the components of subjective well-being, the correlation between trust and life satisfaction (r = .23) was stronger than the associations between trust and positive affect (r = .20) and between trust and negative

[2] The univariate analyses with outliers mostly supported the findings of the univariate analyses without outliers, except for types of sample, which only showed significant results in the analyses with outliers. Details of the univariate analyses with outliers can be found in Supplemental Table S3. However, the multivariate analyses with outliers yielded similar results to the multivariate analyses without outliers, indicating that the types of sample did not have a unique moderating effect on the association between trust and subjective well-being, $F(4, 917) = 1.1745$, $p = .321$.

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Table 1

Separate Regression Analyses for the Moderators of the Association Between Trust and Subjective Well-Being Without Outliers

Model	Moderator	*k*	*ESz*	*SE*	95% CI	Omnibus test	*p*
1	Types of trust	975				$F(3, 971) = 22.008$	<.001
	Generalized trust	452	0.207_{a}	0.009	[0.189, 0.225]		
	Interpersonal trust	168	0.251_{b}	0.011	[0.229, 0.273]		
	Institutional trust	317	0.170_{c}	0.010	[0.150, 0.189]		
	Mixed trust	38	0.239_{b}	0.016	[0.207, 0.271]		
2	Components of subjective well-being	975				$F(3, 971) = 12.998$	<.001
	Mixed subjective well-being	180	0.228_{a}	0.011	[0.206, 0.250]		
	Life satisfaction	296	0.230_{a}	0.010	[0.211, 0.249]		
	Positive affect	199	0.207_{b}	0.010	[0.187, 0.227]		
	Negative affect	300	0.191_{b}	0.009	[0.173, 0.209]		
3	Age group	973				$F(3, 969) = 5.303$	.001
	Childhood and adolescence	119	0.255_{a}	0.017	[0.222, 0.288]		
	Early adulthood	303	0.183_{b}	0.011	[0.162, 0.204]		
	Middle-aged adulthood	437	$0.201_{b,c}$	0.011	[0.180, 0.222]		
	Elderhood	114	$0.219_{a,c}$	0.015	[0.190, 0.248]		
4	Gender[a]	960	0.016	0.041	[−0.065, 0.097]	$F(1, 958) = 0.154$	.695
5	Sample	975				$F(4, 970) = 1.231$	.296
	General population	752	0.220	0.010	[0.201, 0.240]		
	Clinical samples (with/without control group)	9	0.221	0.049	[0.125, 0.316]		
	Samples with physical problems	13	0.161	0.049	[0.064, 0.257]		
	Socially vulnerable groups	44	0.194	0.024	[0.147, 0.241]		
	Victims of natural disasters or study conducted during a pandemic/crisis	157	0.180	0.020	[0.140, 0.220]		
6	National-level generalized trust[b]	918	0.002	0.000	[0.001, 0.002]	$F(1, 916) = 25.060$	<.001

Note. Effects sizes are significantly different if they do not have the same subscript. *k* = number of effect sizes; *ES* = regression coefficients (Fisher's *Z* effect sizes, where positive values indicate that higher levels of trust are associated with better subjective well-being). For categorical variables, the given regression coefficients represent the estimated mean effect size (Fisher's *Z*) for each category; *SE* = standard error; CI = confidence interval.

[a] To facilitate interpretation, the estimated mean effect size for male only samples is 0.20, and for female only samples, it is 0.22. Most samples in the present study had a rather balanced gender distribution with an interquartile range ranging from Q1 = .50 to Q3 = .59, for both of which the estimated mean effect size is 0.21. [b] The estimated mean effect size for the lowest level of national trust in our database (i.e., 3.50 for Trinidad and Tobago) is 0.15, and for the highest level of national trust in our database (i.e., 59.45 for Finland), the estimated mean effect size is 0.24. Regarding the interquartile range, Q1 and Q3 represent national levels of trust of 31.21 and 47.45, respectively, for which the estimated mean effect sizes are 0.20 and 0.22, respectively.

affect (r = .19). In addition, the association between trust and subjective well-being was stronger for individuals in childhood and adolescence (r = .25) and in elderhood (r = .22), than in early adulthood (r = .20) and middle adulthood (r = .18). Furthermore, stronger associations between trust and subjective well-being were found in countries with higher national levels of generalized trust (r = .002).

Next, we conducted a multivariate conditional model to examine the effects of all significant moderators simultaneously. The omnibus test yielded significant results, $F(10, 905) = 16.04$, $p < .001$, indicating that at least one of the regression coefficients of the moderators was significantly different from zero. Subsequent analyses revealed that all significant moderators remained significant, including type of trust, components of subjective well-being, and age group, Fs(3, 905) = 12.19–23.74, ps < .001, and national-level generalized trust, $F(1, 905) = 23.83$, $p < .001$. This suggests that these factors have unique moderating effects on the association between trust and subjective well-being.

Longitudinal Associations Between Trust and Subjective Well-Being

Standardized regression coefficients for each study are presented in Table 2, reflecting the longitudinal associations between trust and subjective well-being, while controlling for prior levels of the variables and the cross-sectional correlation between trust and well-being at Time 1. Time lag between assessments ranged from 0.5 to 96 months (M = 30 months, SD = 28 months). When conducting the four-level models, results revealed that Level 2 and Level 3 were nonsignificant (see Supplemental Material S4). Therefore, to simplify the models, we removed the nonsignificant levels, one by one, that is, Level 3 and Level 2, respectively.

Results of the resulting two-level model reflecting the association of trust with subsequent well-being (k = 55) revealed a mean estimated regression coefficient of 0.07 (SE = 0.01, $p < .001$, 95% CI [0.05, 0.09]), indicating that trust was significantly and positively associated with subsequent well-being. Time lag between assessments did not significantly moderate these associations, $F(1, 53) = 0.00$, $p = .96$.

Results of the two-level model reflecting the association of subjective well-being with subsequent trust (k = 49) revealed a mean estimated regression coefficient of 0.06 (SE = 0.01, $p < .001$, 95% CI [0.04, 0.08]), suggesting that subjective well-being was significantly and positively associated with subsequent trust. Time lag between assessments did not significantly moderate these associations, $F(1, 47) = 0.05$, $p = .83$.

When examining heterogeneity in the effect sizes reflecting the association between trust and subsequent well-being, we found that the median sampling variance was 0.001, which accounted for 44.34% of the total variance. The variance between studies was 0.001, $\chi^2(3) = 1{,}862.43$, $p < .001$, and accounted for 55.66% of the total variance, suggesting that there was significant variability between studies. Similarly, regarding the heterogeneity in the effect sizes reflecting the association between subjective well-being and subsequent trust, the median sampling variance was 0.001, which accounted for 48.71% of the total variance. The variance between studies was 0.001, $\chi^2(3) = 410.85$, $p < .001$, and accounted for 51.29% of the total variance, suggesting that there was significant variability between studies.

Publication Bias

Regarding the cross-sectional association between trust and subjective well-being, the contour-enhanced funnel plot (see Figure 2) did not exhibit clear symmetry, making it challenging to determine the presence of publication bias. Egger's regression test indicated a significant effect, which might suggest the presence of publication bias (Z = 0.21, SE = 0.01, $p < .001$). Regarding the longitudinal associations, the contour-enhanced funnel plots in Figure 2 seemed rather symmetrical, suggesting that publication bias did not influence the current results. These findings were supported by the nonsignificant results of the Egger's regression tests for both the association of trust with subsequent well-being (Z = 6.11, SE = 6.15, p = .33) and the association of well-being with subsequent trust (Z = 1.98, SE = 6.23, p = .76).

The Plausibility of Causality

Potential Sources of Confounding

The studies included in this meta-analysis used nonexperimental designs. As is the case with all observational studies, there is an inherent risk that unmeasured third variables may confound the observed effects (e.g., Little et al., 2007). However, most studies did not examine confounding factors, potentially because the predictive effect of trust on subjective well-being (or vice versa) was not their primary focus. The studies that did examine potential confounding factors all examined the predictive effect of trust on subjective well-being. In several studies, demographic characteristics of the participants were included in the models as control variables, but these usually did not greatly impact the strength of the association between trust and subjective well-being. Other confounders examined in these studies were most often related to participants' social networks or social capital (e.g., Ahn, 2021; Tuominen & Haanpää, 2022), their perceptions of social support (e.g., Bye et al., 2020; Cao et al., 2015; Irwin et al., 2008), or personality characteristics (e.g., Oshio, 2017). In a few studies, the predictive effect of trust on subjective well-being disappeared after adding potential confounders. For instance, it was found that the association between trust in neighbors and life satisfaction (and not so much trust in families) disappeared when adding social capital to the model (Tuominen & Haanpää, 2022). However, in another study that controlled for a similar factor, the association between trust in neighbors and life satisfaction remained significant (Ahn, 2021). In some studies, adding potential confounders led to a reduction of the strength of the predictive effect of trust on subjective well-being (e.g., Bye et al., 2020; Irwin et al., 2008; Oshio, 2017), although the effect remained significant. In other studies, adding potential confounders did little to change the strength of the effect (e.g., Achdut & Refaeli, 2020; Cao et al., 2015; S. Wang et al., 2019). To summarize, the combined results from previous research indicate that social factors and personality characteristics may only partly confound associations between trust and subjective well-being. However, the inconsistent findings across studies also warrant more research.

Potential Mechanisms

In our review of the included longitudinal studies, we identified only three that examined mediating factors in the association between trust and subsequent subjective well-being, or vice versa.

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Table 2
Longitudinal Studies of the Association Between Trust and Subjective Well-Being

	Sample characteristic						Correlation					Effect size			
Report	Country/ region	Age group	Trust category	SWB category	Wave	Time lag (months)	T1SWB1	T1SWB2	SWB1T2	T1T2	SWB1SWB2	N_1	T → SWB	N_2	SWB → T
Arampatzi et al. (2018)	Netherlands	Early adulthood	Generalized trust	Negative affect	1–2	12	0.26	0.19	0.20	0.65	0.44	605	0.08	605	0.04
			Generalized trust	Positive affect	1–2	12	0.28	0.22	0.20	0.65	0.58	605	0.07	605	0.02
Baron-Epel et al. (2021)	Israel	Early adulthood	Generalized trust	Negative affect	1–2	12	0.14	0.13	0.12	0.59	0.53	326	0.06	326	0.04
Belkin and Kong (2022)	United States	Early adulthood	Institutional trust	Positive affect	1–2	0	0.41	0.29	0.33	0.82	0.74	195	−0.02	195	−0.01
			Institutional trust	Negative affect	1–2	0	0.19	0.17	0.20	0.82	0.69	195	0.05	195	0.05
Bittmann (2022)	Germany	Middle-aged adulthood	Institutional trust	Life satisfaction	1–2	13	0.21	0.20			0.59	8,119	0.08		
DeMaris and Oates (2022)	United States	Middle-aged adulthood	Generalized trust	Mixed subjective well-being	1–2	24	0.18	0.19	0.20	0.66	0.47	887	0.11	887	0.08
			Generalized trust	Mixed subjective well-being	2–3	24	0.24	0.10	0.16	0.64	0.49	887	−0.02	887	0.00
			Generalized trust	Mixed subjective well-being	1–3	48	0.18	0.14	0.19	0.64	0.48	887	0.06	887	0.07
Fukasawa et al. (2020)	Japan	Middle-aged adulthood	Institutional trust	Negative affect	1–3	33	0.17	0.15	0.18	0.55	0.65	939	0.04	950	0.09
			Institutional trust	Negative affect	1–3	33	0.10	0.12	0.09	0.47	0.65	939	0.06	940	0.04
Hawkins et al. (2017)	Australia	Late adolescence	Generalized trust	Life satisfaction	13–14	48	0.14	0.16	0.13	0.24	0.41	882	0.10	884	0.10
			Institutional trust	Life satisfaction	13–14	48	0.18	0.19	0.09	0.41	0.41	877	0.12	875	0.02
			Institutional trust	Life satisfaction	13–14	48	0.19	0.12	0.11	0.34	0.41	882	0.05	878	0.05
			Institutional trust	Life satisfaction	13–14	48	0.15	0.16	0.11	0.31	0.41	872	0.10	869	0.06
			Generalized trust	Life satisfaction	13–15	96	0.14	0.13	0.18	0.25	0.43	835	0.07	803	0.15
			Institutional trust	Life satisfaction	13–15	96	0.18	0.19	0.17	0.33	0.43	831	0.12	801	0.12
			Institutional trust	Life satisfaction	13–15	96	0.19	0.13	0.19	0.37	0.43	834	0.05	801	0.13
			Institutional trust	Life satisfaction	13–15	96	0.15	0.17	0.19	0.32	0.43	823	0.11	792	0.14
			Generalized trust	Life satisfaction	14–15	48	0.22	0.18	0.20	0.47	0.56	801	0.06	779	0.10
			Institutional trust	Life satisfaction	14–15	48	0.19	0.17	0.15	0.49	0.56	799	0.06	776	0.06
			Institutional trust	Life satisfaction	14–15	48	0.14	0.18	0.13	0.47	0.56	798	0.10	773	0.07
			Institutional trust	Life satisfaction	14–15	48	0.22	0.20	0.17	0.45	0.56	798	0.09	775	0.07

(*table continues*)

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Table 2 (*continued*)

	Sample characteristic						Correlation					Effect size			
Report	Country/ region	Age group	Trust category	SWB category	Wave	Time lag (months)	T1SWB1	T1SWB2	SWB1T2	T1T2	SWB1SWB2	N_1	T → SWB	N_2	SWB → T
Hong and Park (2021)	Korea	Middle-aged adulthood	Interpersonal trust	Life satisfaction	1–2	24	0.01	0.01	0.01	0.91	0.60	228,781	0.01	228,781	0.00
			Interpersonal trust	Life satisfaction	1–3	48	0.01	0.01	0.01	0.86	0.59	228,558	0.01	228,558	0.00
			Interpersonal trust	Life satisfaction	1–4	72	0.01	0.01	0.01	0.85	0.60	228,381	0.01	228,381	0.00
			Interpersonal trust	Life satisfaction	2–3	24	0.01	0.01	0.01	0.88	0.58	228,558	0.01	228,558	0.00
			Interpersonal trust	Life satisfaction	2–4	48	0.01	0.01	0.01	0.87	0.59	228,381	0.00	228,381	0.00
			Interpersonal trust	Life satisfaction	3–4	24	0.01	0.01	0.01	0.88	0.60	228,381	0.00	228,381	0.00
Jhang (2020)	Taiwan	Middle-aged adulthood	Generalized trust	Negative affect	1–2	84	−0.05	−0.10	0.01	0.13	0.46	698	−0.08	718	0.02
			Interpersonal trust	Negative affect	1–2	84	0.22	0.15	0.16	0.34	0.46	698	0.06	711	0.09
Ngai et al. (2021)	Hong Kong	Early adulthood	Interpersonal trust	Negative affect	1–2	12	0.06	0.15	0.05	0.74	0.63	391	0.11	391	0.01
Nickerson et al. (2019)	Australia	Early adulthood	Mixed trust	Negative affect	1–3	24	0.18	0.16	0.15	0.38	0.40	1,894	0.09	1,894	0.08
Poulin and Haase (2015)			Generalized trust	Positive affect	1–2	24	0.14	0.11	0.13	0.53	0.40	1,016	0.06	1,014	0.06
			Generalized trust	Positive affect	1–3	48	0.14	0.09	0.13	0.48	0.38	1,044	0.04	1,044	0.07
			Generalized trust	Positive affect	2–3	24	0.11	0.16	0.09	0.57	0.44	833	0.11	833	0.02
Richter and Näswall (2019)	Sweden	Middle-aged adulthood	Interpersonal trust	Mixed subjective well-being	1–2	12	0.33	0.29	0.28	0.68	0.60	906	0.10	906	0.06
Ristolainen et al. (2020)	Finland	Elderhood	Generalized trust	Negative affect	1–2	3	0.42	0.40			0.76	207	0.11		
			Generalized trust	Negative affect	1–3	6	0.42	0.35	0.38	0.62	0.78	207	0.03	207	0.14
			Institutional trust	Negative affect	1–2	3	0.34	0.31			0.76	207	0.05	207	
			Institutional trust	Negative affect	1–3	6	0.34	0.37	0.44	0.69	0.78	207	0.12	207	0.23
			Generalized trust	Life satisfaction	1–2	3	0.27	0.23			0.75	207	0.03		
			Generalized trust	Life satisfaction	1–3	6	0.27	0.26	0.16	0.62	0.73	207	0.07	207	−0.00
			Institutional trust	Life satisfaction	1–2	3	0.16	0.14			0.75	207	0.02		
			Institutional trust	Life satisfaction	1–3	6	0.16	0.21	0.22	0.69	0.73	207	0.09	207	0.11
Rotenberg et al. (2005)	United Kingdom	Childhood	Interpersonal trust	Negative affect	1–2	8	−0.03	0.08	−0.02	0.24	0.63	434	0.10	434	−0.01
Rotenberg et al. (2010)	United Kingdom	Childhood	Interpersonal trust	Negative affect	1–2	12	−0.02	0.15	0.03	0.14	0.15	211	0.15	211	0.03
			Interpersonal trust	Negative affect	1–2	8	−0.03	0.11	−0.03	0.36	0.61	434	0.13	434	−0.02
	United Kingdom	Late adolescence	Interpersonal trust	Negative affect	1–2	5	0.34	0.34	0.30	0.50	0.52	220	0.18	220	0.15
			Interpersonal trust	Negative affect	1–2	5	0.31	0.30	0.27	0.50	0.51	220	0.16	220	0.13

(*table continues*)

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Table 2 (*continued*)

Report	Sample characteristic						Correlation					Effect size			
	Country/ region	Age group	Trust category	SWB category	Wave	Time lag (months)	T1SWB1	T1SWB2	SWB1T2	T1T2	SWB1SWB2	N_1	T → SWB	N_2	SWB → T
Sekizawa et al. (2022)	Japan	Middle-aged adulthood	Generalized trust	Negative affect	1–3	6	0.20	0.18	0.20	0.58	0.75	13,279	0.04	13,279	0.08
			Generalized trust	Negative affect	1–3	6	0.19	0.18	0.19	0.58	0.74	13,279	0.04	13,279	0.08
Stephens et al. (2020)	New Zealand	Elderhood	Generalized trust	Life satisfaction	1–2	24	0.28	0.28			0.61	2,910	0.12		
R. J. Zhang (2020)	Multiple	Middle-aged adulthood	Generalized trust	Life satisfaction	1–2	6	0.33	0.31	0.31	0.67	0.77	8,587	0.06	8,587	0.10
			Interpersonal trust	Life satisfaction	1–2	6	0.37	0.33	0.33	0.70	0.77	8,587	0.05	8,587	0.08

Note. T1SWB1 represents the correlation between trust and subjective well-being at Time 1, where a positive value indicates that higher levels of trust are associated with better subjective well-being. T1SWB2 represents the correlation between trust at Time 1 and subjective well-being at Time 2. SWB1T2 represents the correlation between trust at Time 2 and subjective well-being at Time 1. T1T2 represents the correlation between trust at Times 1 and 2. SWB1SWB2 represents the correlation between subjective well-being at Times 1 and 2. N_1 represents the number of participants who completed the questionnaire for Trust at Time 1 and subjective well-being at Times 1 and 2. The T → SWB column represents the cross-lagged effect of trust at Time 1 on subjective well-being at Time 2, and N_2 represents the number of participants who completed the questionnaire for Trust at Times 1 and 2 and subjective well-being at Time 1. The SWB → T column represents the cross-lagged effect of subjective well-being at Time 1 on trust at Time 2. SWB = subjective well-being.

Notably, all three studies used only two waves of data collection, despite the need for at least three waves to robustly test mediation effects. Additionally, these studies focused exclusively on interpersonal trust and its impact on subjective well-being, neglecting other types of trust or the reverse direction.

The first study, among children and adolescents in the United Kingdom, found that interpersonal trust (at T1) was associated with higher social engagement (at T1), which, in turn, predicted reduced loneliness (at T2; Rotenberg et al., 2010). The second study investigated physical health as a mediating factor and found that changes in physical health partially mediated the association between changes in interpersonal trust and trait anxiety among Chinese older adults (Jhang, 2020). The third study found that treatment adherence and health maintenance efficacy fully mediated the association between interpersonal trust and subjective well-being in a sample of Chinese early adults with a chronic illness (Ngai et al., 2021). These findings highlight the need for further longitudinal research, particularly studies incorporating at least three waves of data collection, to better understand the mechanisms linking trust and subjective well-being.

Given the limited longitudinal evidence, we reviewed cross-sectional studies to identify additional potential mediators that might inspire future research. These studies suggest several plausible mechanisms for the association between trust and subjective well-being. For interpersonal trust, proposed mediators include subjective social status (Chen & Zhu, 2021), self-esteem, and forgiveness (Ma et al., 2019). For generalized trust, proposed mediators include personal development (Chin & Idris, 2017), self-compassion and social empathy (Q. Wang et al., 2023), and social capital (H. Xu et al., 2023). For institutional trust, political interest (Piumatti et al., 2018), social identification (Paolini et al., 2022), perceived relative income (Aliyev et al., 2022), and belief in a just world (L. M. W. Li, Lou, & Bond, 2022; Zhang & Zhang, 2015) may mediate associations between trust and subjective well-being. These findings provide valuable directions for future research on the mechanisms underlying the association between trust and subjective well-being.

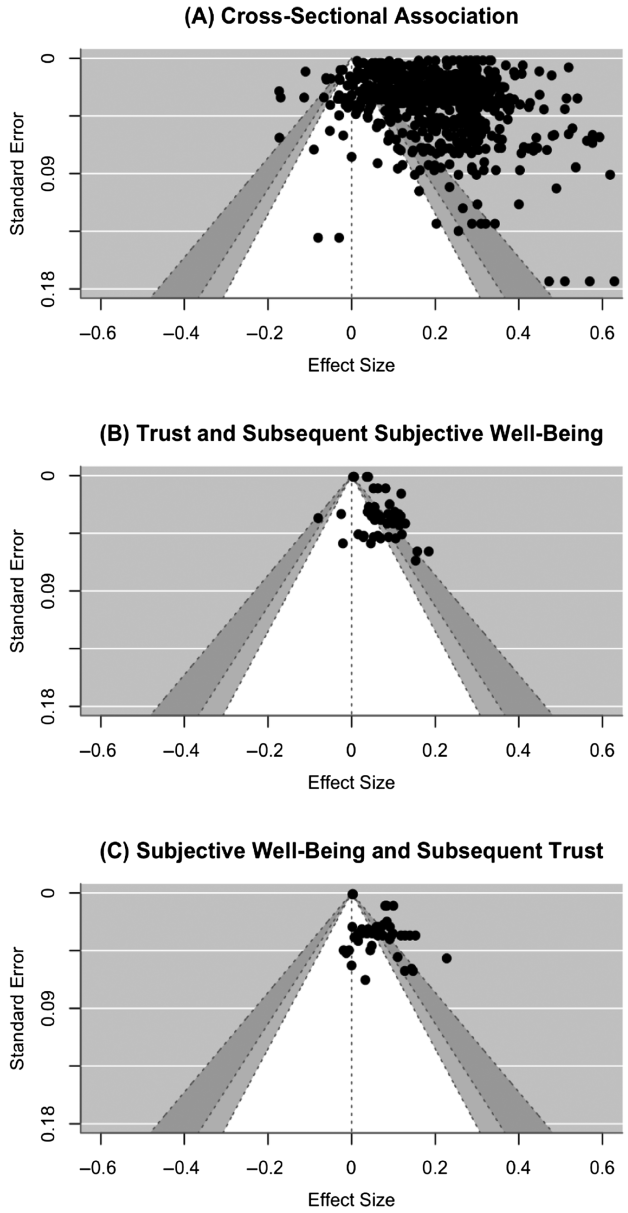
Regarding the reverse direction of the association—subjective well-being influencing subsequent trust—to our knowledge, no longitudinal studies have examined potential mediation effects. However, theoretical frameworks suggest mechanisms that warrant future exploration. For example, Beck's cognitive theory (Beck, 2008) suggests that the cognitive distortions caused by depression can lead individuals to perceive interpersonal interactions more negatively and adopt a more pessimistic view of the world, which may, in turn, reduce trust in other people or institutions.

Evidence From Experimental Studies

The analyses we conducted in this study did not include experimental studies. However, experimental evidence generally increases confidence in a causal explanation of an observation (Hill, 1965). Unfortunately, only a few experimental studies were found. One study manipulated trust and examined its impact on loneliness in a sample of U.K. undergraduate students (Rotenberg et al., 2010). As part of a "memory" study, students were required to learn neutral words along with either trusting priming words (e.g., trustful, honest) or distrusting priming words (e.g., dishonest, deceiving). Results showed that participants in the trust condition reported less loneliness as compared to participants in the distrust condition.

Figure 2

Contour-Enhanced Funnel Plots of the Cross-Sectional and Longitudinal Associations Between Trust and Subjective Well-Being



Note. Panel A: Funnel plot of the cross-sectional associations between trust and subjective well-being, where a positive effect size indicates that higher levels of trust are associated with better subjective well-being. Panel B: Funnel plot of the longitudinal associations between trust and subsequent subjective well-being, where a positive effect size indicates that higher levels of trust are associated with better subjective well-being at a later time point, while controlling for prior levels of subjective well-being and the cross-sectional association between trust and subjective well-being at Time 1. Panel C: Funnel plot of the longitudinal associations between subjective well-being and subsequent trust, where a positive effect size indicates that better subjective well-being is associated with higher levels of trust at a later time point, while controlling for prior levels of trust and the cross-sectional association between trust and subjective well-being at Time 1.

In addition, three studies were retrieved in which subjective well-being was manipulated. The first study included four conditions in which German male participants were instructed to immerse their hands in either warm or cold water, with or without social evaluation (von Dawans et al., 2018). The social evaluation component increased stress among participants and could therefore be considered as a manipulation of subjective well-being (i.e., distress). The warm and cold water conditions combined, reflecting the social evaluation component, seemed to reduce trust levels, although trust levels did not differ when the four conditions were examined separately. The second study used slideshow pictures to unconsciously induce positive or negative emotions in Tunisian undergraduate students (Saadaoui et al., 2019). The authors concluded that there was a positive effect of negative emotions on trust, although the regression results and a mediation model conducted later showed negative effects of negative emotions on trust. In the third study, the autobiographical emotional memory task was used to induce specific emotions (i.e., anger, anxiety, guilt, happiness, or self-assurance) in a sample of U.S. undergraduates (Myers & Tingley, 2016). The results showed that the anxiety manipulation had a positive effect on trust. However, their causal mediation analysis (which also accounts for the impact of nontargeted emotions) showed that the effect of negative affect, through anxiety, is in fact negative.

In summary, the results of these studies partly indicated that negative emotions lead to lower trust, although results in two out of three of these studies showed inconsistent results across assessed models. As such, it is hard to draw conclusions based on these studies. Importantly, all three studies measured trust with a trust game, which is a behavioral measure of trust and, hence, different from the self-reported survey measures that have been used in the studies included in the present meta-analysis.

Discussion

Trust is seen as an important determinant of individual well-being across a variety of scientific disciplines. Nevertheless, empirical studies on the association between trust and subjective well-being have yielded inconsistent results regarding the strength and direction of this association. This multilevel meta-analysis provides a comprehensive examination of this association across the lifespan, including a total of 2,518,769 participants. Based on 991 effect sizes (for an overview, see Supplemental Table S1), results confirmed that, on average, trust was positively associated with subjective well-being (r = .21). We further found that the strength of this association substantially varied across studies and that this variation, to some extent, depended on the type of trust, the component of subjective well-being, the age of the participants, and the national-level generalized trust of the country in which the study took place (see Table 1). Last, our longitudinal analyses indicated that trust was positively associated with subsequent well-being ($B = 0.07$) and that subjective well-being was positively associated with subsequent trust (B = 0.06). Together, these results suggest that trust and subjective well-being mutually reinforce each other.

Cross-Sectional Association Between Trust and Subjective Well-Being

As predicted, we found a positive cross-sectional association between trust and subjective well-being: Individuals who reported

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more trust in other people and institutions also reported better well-being on average. The strength of this association varied across studies, and we examined whether this variation could be explained by several sample and study characteristics. Contrary to our expectations, we found no evidence for a moderating role of gender or type of sample examined.

More specifically, we hypothesized that the association between trust and subjective well-being would be stronger for women than men. The reasoning behind this was that trust is essential for building and maintaining social relationships, and women are, more than men, socialized and motivated to build and maintain such relationships (Haines et al., 2008), which may strengthen the association with well-being. However, we did not find such a difference between women and men. This might relate to a long-standing debate in the literature, with one perspective emphasizing the greater importance of social relationships for women, and another perspective emphasizing the similarities between men and women. Highlighting similarities, several studies have shown that although women may value certain types of relationships (e.g., dyadic relationships) more than men, both men and women are equally social and take comparable care in how they relate to others (Baumeister & Sommer, 1997; Gabriel & Gardner, 1999; Rose & Rudolph, 2006). Finding similar associations between trust and subjective well-being for men and women would be consistent with this perspective, and, more broadly, with the gender similarities hypothesis, suggesting that the diversity among men, and the diversity among women, is much greater than the diversity between men and women (Hyde, 2005). Moreover, the finding is in line with the need to belong theory (Baumeister & Leary, 1995; Lambert et al., 2013) and the self-determination theory (Ryan & Deci, 2000), as relatedness is a fundamental need for all people, regardless of gender.

We also expected the association between trust and subjective well-being to be particularly strong among people from vulnerable groups, such as refugees, individuals with mental or physical problems, or individuals affected by major events such as a natural disaster or pandemic. We hypothesized that trust mitigates the psychological impact of the stressors faced by people from such vulnerable groups, but we did not find conclusive evidence to support this suggestion. Trust encourages cooperation and facilitates the formation of social networks (Van Lange, 2015), which can reduce stress by creating expectations of support and fair treatment. Such effects are important for the well-being of all individuals, regardless of their vulnerability. In addition, it might be that the potential mitigating effect of trust is less pronounced than we expected because of the diversity and complexity of the stressors and environments of the various vulnerable groups included in this meta-analysis.

The association between trust and subjective well-being did vary depending on the type of trust examined. As expected, we found that interpersonal trust had the strongest association with subjective well-being, followed by generalized trust, while institutional trust showed the weakest association. However, it is important to acknowledge that the differences in the strength of these associations were rather small. These findings are consistent with Bronfenbrenner's ecological systems theory (Bronfenbrenner, 1979), which suggests that proximal factors have a greater impact on an individual's well-being compared to distal factors in the broader social context. Individuals' social and physical ecologies (Van de Vliert et al., 2023), from families to neighborhoods, from institutions to social norms, account for both proximal and distal factors that, through reciprocal interaction, shape people's trust. Our results are in line with some previous research that found a stronger association for interpersonal trust as compared to the other two types (e.g., Jovanović et al., 2023; A. Leung et al., 2011; Mironova, 2015). Previous work was less consistent concerning the strength of the association when comparing generalized with institutional trust (e.g., Jovanović, 2016; Soukiazis & Ramos, 2016). Our findings indicate a stronger association with well-being for generalized than for institutional trust, which could mean that people, even when not known to the individual, may still act as a more proximal factor than institutions (which might feel even more distant and abstract).

The strength of the association between trust and subjective well-being further varied depending on the specific component of well-being, although differences were small. Specifically, trust was more strongly associated with life satisfaction than with either positive or negative affect, aligning with the findings of previous research (Bălțătescu, 2009; Fan & Mahadevan, 2019). Trust may reflect a foundational sense of security and predictability in social networks and environments. When individuals have trust in their social networks, community, and institutions, they often perceive their lives as more stable and feel supported, leading to increased life satisfaction. In contrast, emotional states, like positive or negative affect, are more variable over short periods of time and are influenced by numerous factors and thus might be less strongly affected by trust.

The strength of the association between trust and subjective well-being further varied depending on the age of the participants, although the differences were quite small. Specifically, the association was stronger among children/adolescents than among young and middle-aged adults. This indicates that trust is particularly important for young people's well-being. For young people, forming and maintaining meaningful and supportive social relationships is one of their main developmental tasks, and trust plays a crucial role in this process (Finkenauer et al., 2019; Rotenberg et al., 2010). In addition, we found that the association between trust and subjective well-being was stronger for older adults than for young adults. This finding is consistent with previous studies that found that trust was particularly important for older adults' well-being (e.g., Jovanović et al., 2023; Poulin & Haase, 2015). One possible explanation is that in old age, individuals prioritize existing social relationships due to their awareness of a limited future time (Carstensen et al., 1999; T. Li & Fung, 2013). To maintain good relationships with a select group of significant others, trust is likely to play an essential role. Moreover, as physical and cognitive limitations increase, older adults become more dependent on others. Failure to trust the people and institutions on which one becomes increasingly dependent is likely to have a relatively large detrimental impact on one's well-being.

A final factor that we identified as having some influence on the strength of the association between trust and subjective well-being was national-level generalized trust. In line with the value-as-moderator model (Oishi et al., 1999), our findings revealed that the association between trust and subjective well-being was stronger in countries with higher national levels of generalized trust. It might be that if individuals feel that they can trust other people and institutions, and if this affirms and aligns with the broader environment they are in, this benefits their well-being. In contrast, being a high-trusting individual in an environment where most people actually cannot be

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trusted might not be particularly beneficial for people's well-being. This finding underscores the importance of not only focusing on individuals' levels of trust but also on fostering a safe, prosperous, and cooperative social environment (Van Lange, 2015).

Longitudinal Associations Between Trust and Subjective Well-Being

In line with our hypotheses, we found that higher levels of trust were associated with higher levels of subsequent well-being and that higher levels of subjective well-being were associated with higher levels of subsequent trust. These findings are in line with the need to belong theory (Baumeister & Leary, 1995) and the self-determination theory (Ryan & Deci, 2000), which both emphasize the importance of positive and supportive social relationships for one's well-being. Given the foundational role of trust in social interactions and thus in building and maintaining social relationships, it can be expected that individuals who report higher trust are more likely to have this basic human need met and thus experience better well-being (Balliet & Van Lange, 2013; Schilke et al., 2021; Tov & Diener, 2009).

The findings are also in line with mood-congruency models, which suggest that people's well-being influences the way they perceive the world around them (Bower & Forgas, 2001; Jones & George, 1998; Olson, 2006; Schwarz & Clore, 2007; Williams, 2001). When people are happier and have more positive emotions, they are more likely to perceive and experience others and institutions in a more positive way, making them more inclined to trust the people and institutions around them (Dunn & Schweitzer, 2005). Although the effects were relatively small, together, our findings suggest that trust and subjective well-being mutually reinforce each other in a cyclical fashion. People who experience more trust also experience better well-being, and experiencing better well-being makes people more inclined to trust others.

Practical Implications

Our findings highlight the crucial role of trust for one's well-being, and the impact one's well-being has on one's ability to trust others. We found that trust was associated with the subjective well-being of people of all ages, but especially so for children, adolescents, and older adults. Moreover, although the association was strongest for interpersonal trust, it was rather comparable and still significant for generalized and institutional trust as well, indicating the importance of all three types of trust for one's well-being.

The association between trust and well-being may also be important in the context of social media. While providing many opportunities for social connection, social media also have important risks, including cyberbullying, aggression, and disinformation. The abundant and sometimes false information that is shared may spillover to real life, by making people, especially adolescents, feel anxious and undermine trust, both in other people and in institutions (Abi-Jaoude et al., 2020). In response to such threats, the European Union and its member states have reinforced their efforts at increasing awareness and media literacy and developed regulation methods that help to build trust and cooperation (European Commission, 2018, 2022).

However, it is not enough to simply advise individuals to increase their trust levels, as trust is also dependent on characteristics of the trustee (i.e., the person or institution in whom or in which the trust is placed; Hancock et al., 2023). Or, as O'Neill (2018) highlighted, trust is necessarily a target or subject and needs to be earned. Only when that subject—be it an individual, an institution, or a process—is genuinely trustworthy will trust yield beneficial outcomes. Viewed in this light, our research underscores the collective duty of various social actors to cultivate and maintain an atmosphere marked by trustworthiness (cf. Balliet & Van Lange, 2013; Spadaro et al., 2023). For instance, in family settings, trust can flourish through open and honest dialogue. This can be achieved through family interventions, especially those that emphasize daily interactions (Buehler, 2020).

As another example, when looking at the school context: Educational institutions have a role in equipping students with the skills to discern and nurture reliable relationships, including relationships among the students, but also between students and teachers, and between students and their school as an institution (Flanagan & Stout, 2010; Yeager et al., 2017). Similarly, the responsibility rests on governments to provide both transparency and fairness in policy creation and implementation. Essential components of this approach would include a transparent judiciary and an unbridled press.

Limitations and Future Directions

Despite having revealed important new insights, the present meta-analysis also has several limitations. First, the number of effect sizes for some moderation analyses was rather low. For instance, only 12% of the effect sizes were obtained from samples of children and adolescents, which might have reduced the statistical power. Future research should prioritize underrepresented subgroups, especially those encompassing children and adolescents. Not only because they are underrepresented in the literature at this moment, but also because the association between trust and subjective well-being was especially strong in this group, and because these developmental phases represent an important formative period for the emergence and development of trust (Abdelzadeh & Lundberg, 2017).

Second, our results indicated a potential publication bias regarding the effect sizes representing the cross-sectional association between trust and well-being. A related, potential limitation is that we included peer-reviewed articles only. As papers with significant findings may be overrepresented in published research, our effect sizes may be slightly inflated. The inclusion of unpublished studies and gray literature may partly overcome this problem but may introduce additional biases and concerns about the reliability of findings as they often lack the rigorous quality control of peer-reviewed work (Ferguson & Brannick, 2012). More importantly, we were able to extract effect sizes from several studies for which the main focus was not on the association between trust and subjective well-being (and, hence, have a lower risk of publication bias). Relatedly, we could not include all relevant studies in our meta-analysis because insufficient information was provided to calculate an effect size. Two thirds of the relevant studies lacked crucial information, and we contacted 375 authors to request the missing information. Of these authors, 30% responded and 23% could provide us with the relevant information. We were, therefore, able to include several of these studies but still needed to exclude 268 studies because they lacked the information to calculate an effect size. Therefore, we urge researchers to report on all results, regardless of their level of significance, and to always report the

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descriptive statistics of and the correlations among their research variables. This is not only crucial information to interpret the findings of the research but also facilitates a cumulative science and provides essential input for systematic reviews and meta-analyses.

Third, we only used English-language search strings during the literature search, and we only included studies published in English during the selection phase. This strategy may have introduced language bias and geographical limitations, which is an important issue to consider when interpreting and generalizing the current findings (Johnson, 2021). However, despite our monolingual strategy, the samples reported on in the studies we included are very diverse, including 114 samples from Asia, 18 samples from Africa, and 15 samples from South America. Approximately two thirds of the samples (68%) were from Western countries, but they also represent a wide range of regions, including both Western and Eastern Europe, North America, and Oceania. Given this diversity of the included studies, we remain confident in the generalizability of our findings.

Fourth, the current research prevents us from drawing causal conclusions. There is a striking lack of research that addresses issues of causality, including confounding, mediation, and experimental work. The evidence that is available suggests that demographic characteristics do not play a major confounding role. In addition, some studies examined whether social factors or personality characteristics confound the association between trust and subjective well-being and did not consistently find this to be the case. Still, examining confounding effects is not yet common practice in the field and remains an important issue of consideration. In addition to confounding, future research could further examine potential mediators underlying the associations between different types of trust and between different types of subjective well-being, and vice versa (cf. Glatz & Schwerdtfeger, 2022). In addition, mechanisms may be different at the country level and the individual level and may interact across levels (Schwartz, 1994). More research using a complementary approach that zooms in on individuals and their proximal social contexts, such as relationships and communities, and that zooms out to consider the influence of more distal processes, such as the physical environment and cultural norms, on the development of trust across the lifespan would be particularly promising (Van de Vliert et al., 2023). Such research may allow researchers to systematically identify mechanisms at different levels and explore the influence of confounders and moderators (cf. Kirkland et al., 2023). Should more longitudinal studies become available in the future, with at least three waves of data in which the different types of trust and indicators of well-being are assessed at each wave, it would be very promising to conduct an Individual Participant Data Meta-Analysis. In an Individual Participant Data Meta-Analysis, raw data from each participant in each of the included longitudinal studies are obtained and reanalyzed. Such a study can be used to examine mediators but could also provide opportunities to test for interactions, both across levels and between the different moderators that were tested in this meta-analysis.

Last, there is a shortage of experimental work manipulating either trust or subjective well-being. At the same time, the work that is available focused on trust as measured with a trust game (i.e., a behavioral measure of trust) and on momentary emotions (rather than a more general or stable feeling of well-being). Hence, additional work is needed to examine how and where both fields of research overlap and diverge.

Conclusion

This preregistered multilevel meta-analysis was the first to provide a comprehensive overview of the association between trust and subjective well-being across the lifespan, examining the direction and strength of the association, as well as factors explaining variations in the strength of the association. Using longitudinal data from 19 reports, findings showed that trust predicts subsequent well-being and that well-being predicts subsequent trust, which, together, suggest that both mutually reinforce each other over time. Furthermore, based on 991 effect sizes, results indicated a positive cross-sectional association between trust and subjective well-being across the lifespan. Interpersonal trust showed the strongest association with subjective well-being, followed by generalized trust, while institutional trust exhibited the weakest association. Trust demonstrated a stronger association with life satisfaction than with positive or negative affect. The association between trust and subjective well-being was found to be stronger among children, adolescents, and older adults compared to young and middle-aged adults. The association did not differ by gender or sample type. Additionally, we found that the association between trust and subjective well-being tended to be stronger in societies with higher national-level generalized trust. Our findings have substantial implications, informing not only policy formulation but also future interventions on the well-being of individuals across the lifespan.

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