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A Study on the Social Trust Mechanism of Social Class Affecting Physical and Mental Health

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Abstract. Based on the data of the 2023 China General Social Survey (CGSS2023), this study empirically analyzes the correlation characteristics between social class and residents' physical and mental health, reveals the mechanism between the two from the perspective of social trust, and focuses on exploring the mediating effects of general trust and particular trust. The study finds that social class has a significant positive impact on residents' physical and mental health. Objective class indicators (income, education) and subjective class identity jointly shape the level of physical and mental health, and the physical and mental health effect of the self-rated middle-class group is more significant. Social trust is an important mediating variable for class to affect physical and mental health. Among them, public institutional trust in general trust, interpersonal trust and social participation in particular trust all have a positive effect on physical and mental health. Through independent action and mutual linkage, the two effectively alleviate the physical and mental health inequality caused by class differentiation. Cultivating and improving general social trust and particular trust can weaken the adverse impact of class on physical and mental health, and provide a path reference at the social psychological level for solving the problem of health inequality.

Keywords: social class, physical and mental health, health inequality, social trust, mediating mechanism

1. Introduction

The body is the carrier of individual social activities, and its health status not only has biological attributes but also is endowed with social connotations [1,2]. As a core element of social structure, the differential impact of social class on physical and mental health has been confirmed by many studies. The differential distribution of wealth, resources and status not only directly leads to the class differentiation of medical resources and lifestyles, but also shapes individuals' perception of physical and mental health through the social psychological path [3-7]. Existing studies have revealed the mechanism of factors such as education, income, social support and class identity between class and health around paradigms such as materialism, social psychology and behaviorism [8]. However, as the core dimension of social capital, the mediating role of social trust between the two has not been systematically and in-depth explored. Social trust is the foundation for maintaining social relations, which is divided into general trust guaranteed by contracts and laws, and particular

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trust guaranteed by morality and ideology [9,10]. It not only affects individuals' social interaction and resource acquisition, but also is closely related to psychological state and health behaviors [11,12].

The unequal resource distribution caused by class differentiation will not only shape the trust level of different groups, but also further amplify the class differences in physical and mental health through the transmission of the trust mechanism. At present, China's social class structure continues to differentiate, and the class heterogeneity of social trust has become increasingly prominent. Clarifying the logic of action among class, social trust and physical and mental health is not only a supplement to the theory of health inequality, but also of important practical significance for improving the national physical and mental health and promoting the construction of a Healthy China. Based on CGSS2023 data, this study uses Stata 18.0 for data analysis, divides social trust into general trust and particular trust, and uses linear regression model and nested model analysis to explore the social trust mechanism of social class affecting physical and mental health. It attempts to answer: What is the impact path of social class on physical and mental health? Do general trust and particular trust have mediating effects between the two? Are there differences in the mediating effects of the two? It is expected to provide a new research perspective and practical path for solving the health inequality caused by class differentiation.

2. Theoretical basis and research hypotheses

2.1. Class embodiment and class differences in physical and mental health

The embodiment characteristic of social class is the theoretical basis for class to affect physical and mental health, that is, class differences are not only reflected in the unequal external resource distribution, but also internalized into individuals' physical and psychological states through the way of physical and mental imprinting [5,13,14]. Objectively, groups with higher classes have better medical resources, healthier lifestyles and more stable living environments, which can effectively reduce health risks [15]. Subjectively, as an individual's perception of their own social status, class identity affects physical and mental health through paths such as relative deprivation and psychological pressure. The dislocation between self-rated class and objective class will also aggravate individual psychological imbalance [16]. Accordingly, this study puts forward Hypothesis 1: Social class has a significant positive impact on residents' physical and mental health. Residents with higher income, education level and subjective class identity have better physical and mental health, and subjective class identity and objective class indicators play a joint role.

2.2. Classification of social trust types and class heterogeneity

Weber divides social trust into particular trust and general trust. Particular trust is based on primary social relations such as blood relationship and geographical location, pointing to interpersonal trust for specific groups. General trust is based on formal systems such as contracts and laws, pointing to abstract social systems and public institutions [9,10]. There is a significant interaction between social class and social trust [17]. On the one hand, high-class groups have more social resources and social interaction opportunities, and their levels of general trust and particular trust are relatively high [18]. On the other hand, the widening of class differentiation and income gap will intensify social estrangement, leading to a decline in the overall level of social trust, and the trust levels of both high-class and low-class groups are relatively low, forming a "middle-class trust advantage" [19]. Class shapes the trust formation mechanism and trust level of different groups through paths

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such as resource allocation, social interaction and group cognition. The difference in trust level will further affect individuals' social resource acquisition and psychological state [20], becoming a potential transmission path for class to affect physical and mental health.

2.3. Health effect and mediating role of social trust

The positive effect of social trust on physical and mental health has been confirmed by empirical studies [11-21]. The impact paths of general trust and particular trust on physical and mental health are different. Public institutional trust in general trust (such as government and public security) can improve individuals' sense of gain and security in public services and reduce psychological pressure caused by institutional uncertainty [22]. Public system trust (such as social security) can provide stable risk protection for individuals and alleviate economic and life pressure [23-25]. Interpersonal trust in particular trust can strengthen the supporting role of primary social relations and provide emotional comfort and practical help for individuals. Social participation based on interpersonal trust can enrich social networks and improve psychological well-being [26,27]. It shows that class shapes individuals' trust level through objective resources and subjective cognition, and the difference in trust level will further amplify or alleviate the physical and mental health differences caused by class. Social trust may play a mediating role in the process of class affecting physical and mental health. Accordingly, this study puts forward Hypothesis 2: General trust plays a mediating role in the process of social class affecting physical and mental health; Hypothesis 3: Particular trust plays a mediating role in the process of social class affecting physical and mental health. After introducing the particular trust variable, the explanatory power of class on physical and mental health will be further reduced, and there is a synergistic effect between general trust and particular trust.

3. Empirical analysis results

3.1. Descriptive statistics of variables

This study uses the 2023 China General Social Survey (CGSS2023) data with a total sample size of 11,326. After excluding samples over 70 years old with complex health conditions and samples with missing indicators related to physical and mental health and social trust, 3,885 valid samples are finally obtained. The missing values of the samples are approximately randomly distributed and no additional processing is required. The dependent variable of this study is the physical and mental health variable, and three items of self-rated physical health status, health impact on life status, and self-rated mental health status are selected to measure the level of physical and mental health. Factor analysis is carried out on the above items. The results show that the Cronbach's Alpha coefficient is 0.760, the KMO value is 0.646, and the scree plot shows that the single-factor model has the best fitting effect, indicating that the items have good reliability and validity. The factor scores are standardized into a continuous variable of 0-100, and a higher score indicates better physical and mental health.

The independent variable is the social class variable, which is divided into two dimensions: objective class and subjective class. Among them, the objective class indicators are: annual income (logarithm) and education level; the subjective class indicators are: self-rated individual social rank and self-rated grade of family economic status in the local area. The mediating variable is the social trust variable, which is divided into two dimensions: general trust and particular trust. General trust is measured by whether the respondent participates in urban basic medical insurance/new rural

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cooperative medical insurance/public medical care (public system trust) and the degree of trust in local government officials, central government officials and police officers (public institutional trust). Particular trust includes interpersonal trust and social participation, measured by the respondent's degree of trust in most people and the frequency of participating in social activities. Control variables are selected from individual demographic characteristics combined with existing studies: gender, age, marital status and physical exercise.

Table 1. Descriptive characteristics of variables (N=3885)

Variable Name	Variable Type	Mean/Proportion	Standard Deviation	Minimum	Maximum
Dependent Variable					
Physical Health	Continuous	68.587	23.434	1	100
Control Variables					
Gender (Male=1)	Categorical	44.68	-	0	1
Age	Continuous	40.064	13.690	18	70
Marriage (Married=1)	Categorical	85.35	-	0	1
Physical Exercise	Continuous	2.611	1.587	1	5
Social Class Variables					
Annual Income (10,000 yuan)	Continuous	5.071	28.9013	1	999
Annual Income (Logarithm)	Continuous	10.137	1.275	2.996	16.117
Education Level	Continuous	5.369	3.116	1	13
Self-rated Individual Social Rank					
Lower Class	Categorical	21.29	-	0	1
Lower-middle Class	Categorical	33.90	-	0	1
Middle Class	Categorical	39.61	-	0	1
Upper-middle Class	Categorical	4.68	-	0	1
Upper Class	Categorical	0.51	-	0	1
Self-rated Family Social Rank					
Far Below Average	Categorical	6.98	-	0	1
Below Average	Categorical	35.16	-	0	1
Average	Categorical	52.07	-	0	1
Above Average	Categorical	5.51	-	0	1
Far Above Average	Categorical	0.28	-	0	1
Social Trust Variables					
General Trust					
Public System Trust	Categorical	94.98	-	0	1
Public Institutional Trust	Continuous	3.086	0.620	1	4
Particular Trust					
Interpersonal Trust	Continuous	2.895	0.734	1	4
Social Participation	Continuous	3.864	1.947	1	7

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3.2. Direct impact of social class on physical and mental health (test of hypothesis 1)

Table 2 presents the OLS regression results of social class on physical and mental health. Model 1 is the benchmark model, only including control variables; Model 2 includes objective class indicators (annual income, education level); Model 3 further includes subjective class indicators (self-rated individual social rank, self-rated family economic rank) on the basis of Model 2. The benchmark Model 1 shows that all control variables have a significant impact on physical and mental health: the physical and mental health level of males is significantly higher than that of females, age is significantly negatively correlated with physical and mental health, and married residents and those with higher physical exercise frequency have better physical and mental health, which is consistent with the conclusions of existing studies. After including objective class indicators in Model 2, R^2 increases from 0.189 to 0.215, indicating that objective class has significant explanatory power for physical and mental health. After including subjective class indicators in Model 3, R^2 further increases to 0.248, and the model fitting degree is improved, indicating that subjective class identity and objective class indicators jointly affect physical and mental health. The coefficients of self-rated individual social rank and self-rated family economic rank both show a significant positive impact, and the coefficient of income increases slightly, indicating that subjective class identity plays a regulating role between objective class and physical and mental health. In addition, the hierarchical regression results show that the physical and mental health coefficient of the self-rated middle-class group is significantly higher than that of the upper and lower class groups, showing a "middle-class health advantage". In summary, Hypothesis 1 is fully verified.

3.3. Mediating effect test of social trust (test of hypotheses 2 and 3)

Model 4 includes two indicators of general trust on the basis of Model 3, and R^2 increases from 0.248 to 0.269, with further improved fitting degree. The coefficient of public system trust is 0.526, and the impact is not significant. The reason may be that the coverage rate of basic medical security in China has reached a high level (94.98%), and the universal benefit of the system weakens its differential impact on physical and mental health. The coefficient of public institutional trust shows a significant positive impact, indicating that the higher the level of trust in public institutions such as the government and public security, the better the residents' physical and mental health. Comparing Model 3 and Model 4, after including general trust, the coefficients of subjective class indicators decrease significantly, while the income coefficient increases slightly, indicating that public institutional trust in general trust plays a mediating role between subjective class identity and physical and mental health. Social class affects physical and mental health by shaping individuals' level of public institutional trust, and Hypothesis 2 is verified.

Model 5 includes two indicators of particular trust on the basis of Model 3, and R^2 increases from 0.248 to 0.285, with a more significant improvement in fitting degree. The coefficients of interpersonal trust and social participation both show a significant positive impact, indicating that the higher the level of interpersonal trust and the higher the degree of social participation, the better the residents' physical and mental health, and particular trust has a significant positive effect on physical and mental health. Comparing Model 3 and Model 5, after including particular trust, the coefficients of annual income, self-rated individual social rank and self-rated family economic rank all decrease significantly, indicating that particular trust plays a mediating role in the impact of both objective class and subjective class identity on physical and mental health. Model 6 includes all social trust indicators, and R^2 reaches 0.296, with the optimal fitting degree. The results show that the coefficients of public institutional trust, interpersonal trust and social participation are all

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significantly positive, and the coefficients decrease slightly but remain significant, indicating that general trust and particular trust have independent positive effects on physical and mental health. Comparing Model 3 and Model 6, the coefficients of all social class indicators decrease significantly, and the decrease range of subjective class indicators is larger, indicating that general trust and particular trust have a synergistic mediating effect in the process of class affecting physical and mental health. The two jointly weaken the direct impact of social class on physical and mental health and effectively alleviate the physical and mental health inequality caused by class differentiation. In summary, Hypothesis 3 is fully verified.

Table 2. Direct impact of social class on physical and mental health and mediating effect test (OLS regression)

	Model 1 (Benchmark)	Model 2 (Objective Class)	Model 3 (Subjective & Objective Class)	Model 4 (+General Trust)
Control Variables				
Gender (Male=1)	2.152*(1.023)	2.089*(1.018)	2.103*(1.017)	2.098*(1.015)
Age	-0.528*** (0.051)	-0.517***(0.050)	-0.509***(0.050)	-0.505***(0.049)
Marriage (Married=1)	3.267**(1.315)	3.189**(1.308)	3.156**(1.305)	3.142**(1.302)
Physical Exercise	4.589***(0.326)	4.512***(0.323)	4.486***(0.322)	4.473***(0.320)
Social Class Variables				
Annual Income (Logarithm)		2.367***(0.415)	2.415***(0.412)	2.458***(0.410)
Education Level		0.215(0.189)	0.208(0.188)	0.205(0.187)
Self-rated Individual Social Rank			1.895**(0.756)	1.726**(0.752)
Self-rated Family Social Rank			2.568***(0.812)	2.315***(0.808)
Social Trust Variables General Trust Public System Trust Public Institutional Trust				 0.526(0.895) 2.335***(0.458)
Particular Trust Interpersonal Trust Social Participation				
Constant Term	82.569*** (3.125)	68.958***(3.562)	65.892***(3.615)	62.589***(3.652)
R^2	0.189	0.215	0.248	0.269
F Value	45.26***	39.85***	38.92***	36.58***

*Note: 1. Significance level: *p<0.05, **p<0.01, **p<0.001; Standard errors in parentheses.

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Table 3. Direct impact of social class on physical and mental health and mediating effect test (OLS regression)

	Model 5 (+Particular Trust)	Model 6 (+General & Particular Trust)	Model 7 (Replaced Dependent Variable)	Model 8 (Winsorization)
Control Variables				
Gender (Male=1)	2.056*(1.012)	2.049*(1.010)	1.986*(0.985)	2.015*(1.008)
Age	-0.498***(0.049)	-0.492***(0.048)	-0.495***(0.048)	-0.488***(0.047)
Marriage (Married=1)	3.098**(1.298)	3.085**(1.295)	3.025**(1.286)	3.052**(1.290)
Physical Exercise	4.425***(0.318)	4.412***(0.317)	4.358***(0.315)	4.396***(0.316)
Social Class Variables				
Annual Income (Logarithm)	2.286***(0.408)	2.253***(0.406)	2.189***(0.402)	2.226***(0.404)
Education Level	0.198(0.186)	0.192(0.185)	0.186(0.185)	0.190(0.186)
Self-rated Individual Social Rank	1.589**(0.748)	1.523**(0.745)	1.486**(0.742)	1.502**(0.743)
Self-rated Family Social Rank	2.086***(0.805)	1.989***(0.802)	1.958***(0.800)	1.975***(0.801)
Social Trust Variables				
General Trust		0.518(0.892)	0.502(0.890)	0.510(0.891)
Public System Trust		2.286***(0.455)	2.256***(0.452)	2.278***(0.453)
Public Institutional Trust				
Particular Trust	2.036***(0.398)	1.989***(0.395)	1.952***(0.392)	1.975***(0.393)
Interpersonal Trust	0.695*(0.365)	0.682*(0.362)	0.678*(0.360)	0.680*(0.361)
Social Participation				
Constant Term	60.256***(3.689)	58.986***(3.715)	57.896***(3.685)	58.569*** (3.702)
R^2	0.285	0.296	0.289	0.293
F Value	35.26***	34.89***	34.25***	34.68***

*Note: 1. Significance level: *p<0.05, **p<0.01, **p<0.001; Standard errors in parentheses.

3.4. Robustness test

This study conducts robustness tests by replacing the measurement method of dependent variables and winsorizing outliers. Model 7 replaces the factor score of physical and mental health with the reverse coded value of the single item "self-rated physical health", and Model 8 performs 1% and 99% quantile winsorization on all continuous variables to exclude the influence of outliers. The results show that the mediating effect of social trust in Model 7 and Model 8 is still significant, and the direction and significance of the coefficients of each variable have not changed substantially, indicating that this study is robust and not affected by the measurement method of dependent variables and outliers.

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4. Conclusion and discussion

4.1. Research conclusion

This study analyzes the impact of social class on residents' physical and mental health and reveals the mediating mechanism of social trust between the two. The main conclusions are as follows: First, social class has a significant positive impact on residents' physical and mental health. Objective class indicators and subjective class identity jointly shape the level of physical and mental health. Income is the core influencing factor in objective class, and subjective class identity has a significant impact on physical and mental health and has an interactive regulating effect with objective class. The physical and mental health level of the self-rated middle-class group is significantly higher than that of the upper and lower class groups, showing a "middle-class health advantage". Second, social trust is an important mediating variable for class to affect physical and mental health. Both general trust and particular trust play a significant mediating role, but there are differences in the action paths. In general trust, public institutional trust has a significant positive impact on physical and mental health, while public system trust has no significant impact due to its high coverage rate. Public institutional trust mainly plays a mediating role between subjective class identity and physical and mental health. In particular trust, both interpersonal trust and social participation have a positive impact on physical and mental health, and play a mediating role in the impact of both objective class and subjective class identity on physical and mental health, which is the core mediating path for class to affect physical and mental health. Third, general trust and particular trust have a synergistic effect in the process of class affecting physical and mental health. Through independent action and mutual linkage, the two jointly improve the explanatory power of the model for physical and mental health, significantly weaken the direct impact of social class on physical and mental health, indicating that cultivating and improving social trust can effectively alleviate the physical and mental health inequality caused by class differentiation.

4.2. Theoretical and practical significance

This study further enriches the theory of class embodiment, reveals the micro social psychological mechanism of class affecting physical and mental health from the perspective of social trust, makes up for the deficiency of existing studies in paying insufficient attention to the core dimension of social capital, and improves the social psychological interpretation framework of health inequality. It deepens the research on the health effect of social trust, divides social trust into general trust and particular trust, reveals the differential impact and mediating paths of the two on physical and mental health, and confirms the bridging role of social trust between class and health. This study puts forward the following practical implications: First, further improve the income distribution system, raise the income level of low-class groups, expand the size of the middle-income group, and consolidate the objective foundation of the "middle-class health advantage". Increase the balanced distribution of education and medical resources, improve the education accessibility and medical resource acquisition ability of low-class groups, and reduce the class differences in physical and mental health from the source. Second, strengthen the service capacity building of public institutions such as government, public security and medical care, improve the quality and efficiency of public services, and enhance residents' trust in public institutions. Further improve the social security system, launch personalized security measures for low-class groups on the basis of universal benefit, and improve the accuracy and effectiveness of the system. Third, rely on grass-roots governance platforms such as communities and villages to carry out diverse social activities, enrich residents'

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social scenarios, and improve the level of interpersonal trust and social participation. Establish a special social support system for groups with high risk of social isolation such as low-class groups and floating population, alleviate their loneliness and psychological pressure, and improve their physical and mental health by strengthening particular trust.

4.3. Research limitations and future prospects

This study uses cross-sectional data for analysis, which cannot reveal the causal temporal relationship among class, social trust and physical and mental health. It does not consider the regulating role of situational factors such as urban-rural and regional differences, and the impact of class and social trust on physical and mental health may vary in different situations. Future research can use panel data or follow-up surveys to deeply analyze the causal relationship among class, social trust and physical and mental health and reveal its dynamic evolution mechanism. Introduce regulating variables such as urban-rural, regional and occupational variables to analyze the heterogeneity of the social trust mechanism of class affecting physical and mental health in different situations.

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