

Epistemic Trust and its utility in the psychotherapeutic context: A scoping review

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ABSTRACT

Epistemic Trust (ET) refers to one's willingness to acquire new social knowledge from another human as trustworthy, generalizable, and relevant to one's self. As an emergent term commonly related to mentalization and the work of Fonagy and colleagues, ET has largely been foregrounded as a developmental concept with less focus on its application to treatment and psychotherapeutic concepts. A scoping review was conducted to identify and synthesize emerging evidence from the literature pertaining to the constituent elements of ET, its conceptual understanding, use, validation, and contemporary application within the psychotherapeutic context. Arksey and O'Malley's (2005) scoping review framework informed the protocol and *Rayyan AI software* was used to assist with data management and analysis. The initial search yielded 591 sources. After steps of screening and additional searches, a total of 73 sources were included for analysis. Results clarify the conceptual uses of ET relating to the creation of valid measurement tools, as well as theories of psychotherapy and psychopathology. The application of ET in the psychotherapeutic context is reported and discussed in terms of the therapeutic alliance, and as a possible psychomarker for treatment outcomes. Structural, environmental, theoretical, and therapist-related challenges to the implementation of ET in the psychotherapeutic context are explored in conjunction with gaps in the literature that may serve as springboard for future studies, given that research regarding the use of ET in applied settings is still in its infancy.

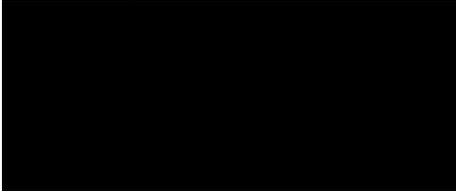
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DECLARATION

This short dissertation was submitted in partial fulfilment of the requirement for the degree of Master of Social Science in Counselling Psychology at the University of KwaZulu-Natal, Durban, South Africa.

I, Francesca Amar, declare that the following research project, submitted for the degree of Master of Social Science in Counselling Psychology, is my own intellectual contribution. The contributions of other scholars have been appropriately cited and referenced. No part of this work has been previously submitted at any university.

Student signature:



Francesca Amar (220082347)

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What's left to say?

Suspect too much sweet-talk
but never close your mind.

It was a fortunate wind
that blew me here. I leave
half-ready to believe
that a crippled trust might walk

and the half-true rhyme is love.

— *Seamus Heaney, The Cure at Troy: A Version of Sophocles' Philoctetes*

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CHAPTER 1: INTRODUCTION

1.1 Introduction

Epistemic Trust (ET) is defined as 'an individual's willingness to consider new knowledge from another person as trustworthy, generalizable, and relevant to the self' (Fonagy & Allison, 2014, p.373). There are philosophical (Lloyd, 1992), developmental (Ainsworth, 1969; Bowlby, 1958; Erikson, 1950; Winnicott, 1964), and pedagogical (Csibra & Gergely, 2009; Tomasello, 2020; Vygotsky, 1978) underpinnings of ET that help to situate the concept contemporarily. ET is often written about in relation to mentalization, which refers to the capacity for awareness of mental states in oneself and other people, especially regarding explaining their actions (Fonagy et al., 2019).

Several issues need to be addressed. Firstly, Fonagy et al. (2014, December; 2018) assert a bi-directional relationship between the epistemic stance and mentalization. Various links between the two concepts have been offered; ET can be seen as a precipitant of mentalization (Fonagy et al., 2014, December; 2015; 2017; 2018; Duschinsky & Foster, 2021), while it is also asserted that ET is established through the process of mentalization (Fonagy & Allison, 2014; Fonagy et al., 2017). This lack of clarity in the scope and understanding of the concept requires further clarification. Secondly, there is ambiguity about ET's role in the development of mental illness. ET can be seen as context-based, where an epistemic stance is learned within an attachment relationship and may shift through the developmental lifespan, or as a trait-based phenomenon: where persistent epistemic mistrust is associated with the symptomology of mental illnesses, and thus may inform treatment modalities. (Fisher et al., 2021; Luyten et al., 2019). Further clarification regarding these

models is needed. This is partially dependent on the scope and clarification of ET, and adjacent concepts in the literature, such as epistemic stances and the role of mentalization and attachment.

The presence of such theoretical vagueness has an impact on some broader issues, including the concern of reifying ET as a concept when trying to gain clarity around epistemic mistrust in terms of its developmental origins, as well as the mechanism through which it occurs (Duschinsky & Foster, 2021; Luyten et al., 2020a). Lack of conceptual clarity also has an effect on how ET may be utilized in the therapeutic context. There are assertions regarding the centrality of ET (Fonagy et al., 2017) around effective psychotherapeutic interventions, with ET being heralded as a common factor of psychotherapeutic change, along with the proposal of three systems of psychotherapeutic communication that facilitates the emergence of ET within the therapeutic relationship (Fonagy & Campbell, 2017b; Fonagy et al., 2017c).

However, there are some concerns regarding the robustness of the abovementioned claims at this time. This is linked to the concern that varied understandings of ET may relate to other concepts such as mentalization and attachment in differing ways. Pertinent to the push for clarity is being able to reflect on and analyze ET's pedagogical, developmental, and philosophical underpinnings that may provide insights into the relationship between ET and mental illnesses and their subsequent treatment within a psychotherapeutic setting. The status quo of uncertainty is, in part, contingent upon ways in which different schools of psychotherapy have navigated the historical ontological and epistemological conflicts inherent to their conceptions of knowledge and learning. The ambiguity regarding the constituency and location of ET in the field is further exacerbated by a dearth of research regarding the clarification and scope of concepts, the possible integration of context and trait-based understandings of ET (Fisher., 2020), as well as limited research in terms

of the objective measurement of ET (Campbell et al., 2021; Caspi et al., 2014; Fonagy et al., 2017; Schroder-Pfeifer et al., 2018).

1.2 Rationale

The overarching rationale for this research is in the exigency for the synthesis of evidence and clarity regarding the understandings and applications of ET. Two points underpin this need. Firstly, there is the need to identify the scope of the literature on ET. As a concept in its relative infancy, ET has not received as much academic attention in comparison with adjacent concepts, such as attachment and mentalization. With recent emerging evidence over the last decade, there is a growing need to synthesize this evidence and clarify key concepts in the field. Secondly, the scope of the utility of ET in its application within the therapeutic context is not currently well documented. Thus, this research could form a basis for a more focused systematic review around ET and its utility in the psychotherapeutic context in the future.

A scoping review has been selected as a research approach and design as it is the best appropriate means of answering the established research questions. ET and its applications have not been widely explored and may be indexed poorly in databases. As such, a study providing the synthesis of emerging evidence is apt. Due to the nature of the research questions and human capital constraints, a systematic review would be an inappropriate choice of design. Systematic reviews are typically required to have a certain rigour in terms of the quality of the evidence analyzed, while a scoping review focuses on the scope of literature available and its focus (Munn et al., 2018). This distinction highlights the suitability of a scoping review for this specific research.

1.3 Aims and objectives

This scoping review aims to synthesize available information about ET in relation to its position as a theoretical concept in the theory of psychotherapy, and its application in the psychotherapeutic

setting. It also aims to explore ET's current limitations. Identifying where there is a paucity of information in the literature will provide clarity regarding where future research may be applicable.

The objectives of the study are as follows:

- To prioritize the clarification of key theoretical concepts and definitions of ET and adjacent terms
- To explain how these concepts are understood and used in their contemporary application within the psychotherapeutic context.
- To identify and analyze knowledge gaps regarding the use of ET in the psychotherapeutic arena.

1.4 Research Questions

This scoping review aims to answer the following questions and sub-questions:

Question 1: What are ET's constituent elements as a concept in terms of theory of clinical practice.

Sub-question 1: How has the theoretical concept of ET been understood, used, and validated within the theory of psychotherapy?

Sub-question 2: How does ET relate to adjacent and associated concepts relating to the theory of psychotherapy?

Question 2: What is known from the literature about the application of ET in the psychotherapeutic context, and its outcomes?

Sub-question 1: How does ET impact the building and maintenance of the therapeutic alliance?

Sub-question 2: How is the application of ET used in the psychotherapeutic treatment of mental illness?

Sub-question 3: What are the limitations and challenges of using ET within the psychotherapeutic context?

Question 3: What current gaps exist in the literature?

1.5 Overview

This dissertation will begin with a review of the literature concerning the history and concept of ET in relation to its use in the psychotherapeutic arena. First, an exploration of its philosophical, pedagogical, developmental, and evolutionary underpinnings will be presented. Secondly, ET and its adjacent concepts and its position in the field of psychology and within the therapeutic context will be discussed. Lastly, an analysis will be offered regarding how various schools of psychotherapy navigate the ontological and epistemological challenges to ET. In the following chapter, the methodology selected for the scoping review will be described. The methodology for this scoping review requires that strict search terms be upheld in the context of a predetermined protocol. This clearly delineates the scoping review results from the literature reviewed in Chapter 2. In addition, eligibility criteria are set to ensure results relevant to the posed research questions. The data gathered through the protocol of the scoping review will be processed through software that will provide insights into the screening and selection process inherent in the data collection. A thoughtful discussion will be presented based on these insights and further analysis. The dissertation ends with an analysis of limitations, recommendations, and conclusions. These concluding remarks are hoped to guide a future systematic review of the literature.

CHAPTER 2: LITERATURE REVIEW

2.1 Introduction

Trust is a fundamental component of being able to successfully collaborate with and learn from other people. Epistemic trust (ET) refers to “an individual’s willingness to consider new knowledge from another person as trustworthy, generalizable, and relevant to the self” (Fonagy & Allison, 2014, p. 373). As individuals, we do not exist in a vacuum, but are situated in a large, complex, shared milieu. In order to survive and thrive, human beings need to be open to, learn and benefit from their social context (Bateman & Fonagy, 2019; Fonagy et al., 2015). This openness to the social context is necessary for change and adaptation to the environment. The ability to have appropriate trust in cultural sources of new knowledge is therefore evolutionarily beneficial (Csibra & Gergely, 2011; Sperber et al., 2010). This process requires one to acquire and subsequently internalize cultural knowledge in an efficient manner. However, not all information offered can be considered benign. From a young age, infants are thus tasked with needing to distinguish between trustworthy and untrustworthy sources of information (Csibra & Gergely, 2009). The establishment of ET is preceded by the use of ostensive cues, which refer to the concrete behaviours that allow for the feeling of being recognized by another as an individual with mental states, individuality, and intentionality. These include infant-directed speech (using the child’s name), contingent reactivity, turn-taking, and eye contact (Egyed et al., 2013; Fonagy, et al., 2007; Gergely, 2013).

ET therefore provides a channel through which individuals learn about culture. The extent to which one can epistemically trust has an impact on their quality of life and functionality within the social context. Consequently, the capacity for ET is linked to emotional wellbeing and mental health

(Fonagy et al., 2014, December; Fonagy et al., 2015; Luyten et al., 2019b). The use of ET in the psychotherapeutic context has been suggested, but the scope of this is not sufficiently stated (Bateman & Fonagy, 2019; Kamphuis & Finn, 2019; Kongerslev et al., 2014). This is, in part due to ET having been a largely theoretical concept, with unclear boundaries and definitions.

Given the scoping review methodology, uncovering the clinical aspects of ET will not be extensively reviewed or discussed here. The purpose of the literature review is to review core concepts, and understand the place of ET in the field generally. Questions will then be raised as to what issues are pertinent to the idea of ET being utilized in the clinical space. To unpack the concept of ET, a theoretical understanding of how we acquire knowledge, and the process through which one internalizes information in social-cognitive relationships, is required. First, a review of the philosophical, pedagogical, and developmental underpinnings of ET will be presented in order to better understand ET in its historical development. Adjacent concepts of attachment and mentalization are also key in being able to locate ET in the literature. This includes an analysis of the relationship between ET and concepts such as attachment and mentalization. Concerns regarding the status of ET in the field are considered. Central concerns include the lack of clarity as to how ET operates and can be measured and the risk of reification that is inherent in providing clarity. There are further broader issues that require engagement. It is vital to consider how ET may be best used within the psychotherapeutic context, as both a focus for therapy and as a tool to be harnessed in the context of the therapeutic relationship. We also reflect on how the use of ET may be impacted by the ways in which various schools of psychotherapy navigate the fundamental epistemological and ontological conflicts present in considering the role of ET.

2.2 The history of ET as a concept

2.2.1 Philosophical underpinnings

2.2.1.1 Epistemologies

With various schools of psychology being rooted in differing epistemological theories, clashes emerge based on their understandings of knowledge and learning. Theories of epistemology originate, circa 350 BCE, with Aristotle's empiricism, and Plato's rationalism. The former asserts that knowledge is acquired through experiential sense data, while the latter advocates for reason as knowledge's most reliable source (Lloyd, 1992). This clash of ideas is then mirrored in 17th-century philosophy, with Locke picking up the empiricist gambit, and Descartes' cartesian skepticism; rooted in rationalism and concerns that our senses may deceive us. Another important distinction between these schools of thought relates to Locke's (1689) concept of 'Tabula Rasa'; positing that all individuals are born as a 'blank slate' and acquire knowledge through experience. Whereas, Plato would argue for a recollection of knowledge; with individuals being born with pre-loaded information (Scott, 2009). These philosophical differences play out in schools of psychology and their epistemological underpinnings. Commonly, in psychology, this division has manifested in rational behavioural principles (Kitchener, 2018; Murtonen et al., 2017), in contrast with experiential and in-depth psychological theories (Roustang, 1984; Stănicke et al., 2020). Broadly speaking, in the applied field of psychotherapy, there is a division between the focus of the unconscious, in psychoanalysis, and the conscious in phenomenological and behavioural approaches to psychotherapy (Fonagy, et al., 2019). These divisions create an interesting path of inquiry, regarding the impact on how ET is received conceptually, and how it may be adopted in the psychotherapeutic setting.

2.2.1.2 The philosophy of trust

Within social-cognitive relationships, the transmission and subsequent internalization of knowledge as credible and personally relevant, is dependent on trust. Philosophers have written about the process through which trust is acquired. Baier (1986) highlights the distinction between trust and reliance, where trust is based on a three-place predicate. That is to say, trust is defined by a triadic relation, where '*A trusts B to do x*'. While trust is a type of reliance, the inverse is not true; reliance does not require that trust be present. Zagzebski (1996) echoes Baier, in stipulating that trust essentially contains reliance on another. Faulkner (2015), conversely, asserts that Baier's three-place predicate formulation of trust is contractual in nature but does not account for the fundamental, basic forms of trust. These are argued to be attitudinal, and therefore can be simplified to the one-place and two-place predicates of '*x is trusting*', and '*x trusts y*', respectively.

This distinction is illustrated in Faulkner's (2007) understanding of predictive trust, and affective trust. Predictive trust is based on reliance, with a prediction that '*B will do x*'. The result of '*B not doing x*', is disappointment. Whereas, affective trust is conceptualized to reflect a '*thicker*' type of trust that is both normative and interpersonal. It is thus based on reliance in conjunction with the belief that '*B ought to be dependable and thus will be*'. Here, the result of '*B not doing x*' is betrayal. The concept of affective trust conveys its social element, which has its basis in attachment dyads and speaks to the nature of ET. McCraw (2015) expands on these concepts to provide an account for the nature of ET, where it is asserted that ET is akin to the '*thicker*' '*trust in*' component of trust, that is interpersonal. It is posited that ET has two distinct elements that are not seen in the general term of trust; belief and communication. '*Belief in*' is necessary for trust to be deemed epistemic, and is contrasted with '*belief that*', which is propositional belief. '*Belief in*' denotes trust is placed in the person for epistemic reasons, and is not constricted to believing

content. The cause of *'belief in'* is rooted in communication, where belief is no longer strictly propositional. ET, therefore, comprises both epistemic and affective elements.

2.2.2 Pedagogical underpinnings

ET is a type of social cognitive learning, which describes the intersection of cognitive development and the social world as elements that facilitate learning. Vygotsky's theory of sociogenesis posits that "all higher psychological processes have a social origin" (Van der veer & Valsinner, 1988, p. 53). Social development theory highlights social factors in child development and learning. Here, learning is mediated through working with a more knowledgeable other (MKO), and cultural symbols. Thus, social heredity showcases an internalization of interpersonal processes, which result in intrapersonal characteristics and learning (Tudge & Winterhoff, 1993). For example, the gesture of pointing can be understood to originate from when an infant grasps an object. It is the response from adults that socially transforms a movement into a gesture with meaning. This can then become a tool of communication for the infant's deliberate use (Vygotsky, 1978).

Csibra and Gergely's (2009) theory of natural pedagogy (ToNP), a framework for social cognitive learning, posits that humans possess an exclusive ability to convey culturally relevant knowledge to younger generations. This is evolutionary in nature as it allows for individuals to better adapt to their social world, and collaborate with others (Tomasello, 2019). Cultural knowledge is cognitively opaque, shared, and has implied equal access. It is also generic in nature, and therefore generalizable (Csibra & Gergely, 2006., Csibra & Gergely, 2009). Within natural pedagogy, communication is needed for learning to take place. This communication of intent to transmit culturally relevant knowledge is achieved through the presentation of ostensive cues. Caregivers' use of ostensive cues act to signal to the infant that they are recognized as a mentalized being, and that relevant cultural knowledge is about to be imparted. Receiving a contingent response, or being

mentalized, acts as a fundamental ostensive cue that is the primary biological signal that it is now safe to learn. Ostensive cues thus trigger ET, open one up to learning, and also temper epistemic vigilance (Csibra & Gergely, 2011; Fonagy et al., 2015; Gergely & Csibra, 2013).

ET opens the proverbial gate to learning about culture. Learning about culture is evolutionarily advantageous as it allows for better functioning in the environment, and enables adaptation to changed circumstances (Fonagy et al., 2017). Being able to trust appropriately in cultural sources of new knowledge is therefore vital. Aside from its benefits in adaptation, and the cognitive advantage of security, salutogenesis allows for individuals to thrive in their given social context. Salutogenesis refers to the capacity to benefit positively from the social context and social experiences (Fonagy et al., 2015; Masland et al., 2020). For those individuals who experience persistent distress or trauma, the capacity to benefit from the social environment can be markedly diminished. Here, the individual may anticipate that social encounters may be untrustworthy and that any knowledge conveyed therein is not worthy of being trusted (Fonagy et al., 2019; Luyten et al., 2020b). How the creation of ET, in the context of psychotherapy, may be used to help those in distress is therefore worth further consideration.

2.2.3 Developmental underpinnings

The building of trust in human relationships is a dominant developmental theme (Erikson, 1950; Bowlby, 1958; Kohut, 1982). Erikson (1950) cites the establishment of social trust as being fundamental in psychosocial development. This conflict between basic trust and basic mistrust is located in early infancy. Basic trust is established through the infant's sensory easing of hunger, tiredness, and the relaxation of the bowels. Here, trust follows the triadic relation, whereby the infant may, for example, trust the caregiver to provide sustenance in the form of milk (A trusts B to x). Where basic trust is present, the infant is prepared to be separated from their caregiver briefly,

without experiencing an overwhelm of rage or anxiety. This is based on trust that houses both inner certainties of the self, and outer predictability of the caregiver. Erikson (1950) proceeds to describe the sense of trust that better mirrors the more fundamental one-place or two-place predicates of trust, and thicker, interpersonal trust. Here, caregivers may create a sense of trust through sensitive caregiving, and a “firm sense of personal trustworthiness within the trusted framework of their culture’s lifestyle” (p. 241). This links to some of the pedagogical foundations of ET, where trust in another as a communicator of cultural knowledge is key.

Winnicott (1964) builds on Erikson’s work by expanding on the conditions for building trust between infant and caregiver through the creation of a holding environment. The concept of holding goes beyond the physical, with emotion modulation being central. Holding involves the ablation of the mother’s needs, to best accommodate the infant’s needs. The extent to which basic trust is attained is based on the quality of the caregiver relationship, and whether care is perceived as sensitive. Sensitive caregiving refers to the caregiver’s capacity to accurately intuit and interpret the infant’s signals and behavioural communication. This capacity must be paired with a prompt and appropriate response from the caregiver (Ainsworth, 1969). The infant’s experience of marked mirroring has an impact on the development of stable mentalization. Marked mirroring is achieved when the caregiver’s response includes both of the abovementioned concepts: sensitive caregiving, and conveys an adequate holding of, and successful coping of the infant’s need and affect (Fonagy & Bateman, 2019; Fonagy et al., 2002). Fonagy et al. (2018) describe sensitive caregiving as a possible means through which ET can be fostered and facilitated. They assert that attachment trauma may result in the absence of ET, which may give rise to epistemic hypervigilance. In the context of understanding ET, it remains to be seen whether it is best understood as a developmental

achievement or a prominent phenomenon that occurs throughout development, or a combination of both.

Attachment theory is considered important in understanding the processes of mentalization, and ET. Bowlby's (1969) concept of a secure base is akin to Erikson's basic trust (Klafter, 2016). Though Bowlby criticizes Erikson for being stuck in Freudian thought, with an emphasis on understanding mistrust as a result of oral frustration, and not being able to see the potential for the additional drive of attachment, Bowlby is not constrained by the psychoanalytic party line of libidinal drives. Bowlby's (1969, 1973, 1980) attachment theory suggests that the infant's perception of sensitive caregiving influences future internal mental representations of their self and others. The development of an internal representation of the self as agentic and subjective is facilitated by the caregiver's reflective functioning capacity – also referred to as mentalizing (Fonagy et al., 2002). However, a later model (Fonagy et al., 2018) suggests that learning about the self has some importance in its occurrence in preceding the initial generation of mentalization in infancy. Hence, the question is raised as to whether learning about one's self takes place as a result of mentalization, or whether it is a necessary constituent for mentalization to take place.

2.3 The impact of history on ET

While it is important to have a solid background of the history of ET as a concept, it is equally important to understand the historical factors that may impact on individuals' ET in their current contexts. Here we must make reference to a history which cannot be divorced from the present; a history in which health care systems have historically been untrustworthy to certain communities, with violations including the chemical castration of homosexual men, who were regarded as having a mental illness (Giles, 1992), and the well-known concerning treatment in what was originally called “Tuskegee Study of Untreated Syphilis in the Negro Male” (Vonderlehr et al.,

1936). Psychology, as a discipline has been complicit in the ideological supremacy, and ensuing organized subjugation of various communities; ranging from its influence in South Africa's apartheid era (Louw & van Hoorn, 1997) through mental testing that suggested an innate cognitive difference based on race, to wider use of psychometric testing in its enmeshment with eugenics, which underpinned the ideology behind Nazi Germany's policies of racial purity (Yakushko, 2019)

In mental health-care, the institutional and structural oppression of various groups continues, in both overt and covert ways, that range from lack of access to resources (Williams et al., 2019), to decentering the experience of oppression as being linked to poor mental health (World Health Organization, 2008). In this light, an important discussion is to be had acknowledging historical factors that may influence an individual's predisposition to epistemically mistrust those working in a system that has historically failed them. This positions the existing mistrust of health care workers as an adaptive, and evolutionary response to the environment, just as Fonagy and Campbell (2017b) frames epistemic hypervigilance and EM as adaptive in individuals who have experienced neglect or attachment trauma.

2.4 Locating ET in the socio-ecological context

While this research focuses on the utility of ET within the psychotherapeutic context, it is salient to be able to locate the difficulties surrounding ET as systemic, where an understanding that the level of individuals' ET based, in part, on macro-systemic factors, will have implications for its use in treatment of mental health challenges. The work of Foucault (1978), and Gramsci (1971), allow for a framework of situating ET in the broader socio-ecological setting, by focusing on concepts such as power, discourse, and hegemony.

Foucault (1978) conceptualizes power beyond its traditional notion, whereby violence is used to enforce it. Here, the concept of bio-power describes the management and regulation of life, both

concerning the individual body, and the larger population. Bio-power is comprised of disciplinary power, and bio-political power. The former is a type of power that is exercised within systems, such as social services. These systems utilize surveillance and assessment to ensure self-disciplinary actions (Foucault, 2008). Bio-political power concerns itself with the administration and optimization of populations through the management of health and illness (Rogers et al., 2013). Combined, these elements of bio-power inform discourses detailing behaviour and knowledge around what is considered normal (Foucault, 1978). Typically, these discourses are supported by communities of experts.

Gramsci's (1971) theory of cultural hegemony asserts that ideas and information that constitutes 'common sense' are embedded in culture, cultural texts, and contemporary society, and are subsequently disseminated through public institutions, such as hospitals and academic institutions that produce research. This use of institutions allows for the legitimization of hegemonic discourses by manufacturing a natural consent to the status quo (Heywood, 1994). Developmental ET does not account for the current socio-historical impact that is imbedded cultural hegemony, be this directly or indirectly. Acknowledging this impact, and the bounds of developmental ET allows for a more comprehensive perspective on ET and its potential application, and challenges to application in the therapeutic setting.

In integrating the work of Gramsci and Foucault, Peet (2002) conceives of a "Hegemonic Discourse Theory", that is based on Gramscian notions of hegemony and a Foucauldian concept of discourse. To illustrate, there is a concentration of hegemonic power in the biomedical basis of understanding psychopathology, whereby experts are able to prescribe mental health treatment and policies through their ability to dictate the parameters of mental illness discourse. To put simply, hegemony explains how power is constituted in the realm of knowledge and philosophies. Here

we see the possible implications of hegemonic discourses permeating to the application of applying the concept of ET in the therapeutic space.

2.5 The use of ET in various fields

Following the discussion on locating ET, based on its philosophical, pedagogical, and developmental, historical foundations, it follows that the concept is often used in the fields of philosophy, education, and psychology. In the social sciences, the base of ET in philosophy has been useful as a springboard for its application to better understand political beliefs and behaviours, like believing unverified news, conspiracy theories, and vaccine hesitancy (Ryan, 2021; Tanzer et al., 2021). Based on its pedagogical underpinnings, ET has much application regarding practices for teaching and learning (Eaves & Shafto, 2012; Shafto & Goodman, 2008), with research spanning from primary education (Durkin & Shafto, 2016), to tertiary education (Curzon-Hobson, 2002). In developmental psychology, ET is a useful concept as it has been able to contribute to a theoretical knowledge base regarding the development of individuals, and in relation to different mental health outcomes (Duschinsky & Foster, 2021; Fonagy et al., 2018). However, the field of psychology faces some difficulty in its translation of ET from a developmental concept to a phenomenon that can be utilized within the practice of psychotherapy. It is asserted that this difficulty arises from the ill-defined and misunderstood nature of concepts adjacent to ET; attachment and mentalization. It remains to be seen how this challenge can be overcome.

2.6 The use of ET in the field of psychology

2.6.1 ET as a developmental concept

ET is widely understood as a developmental concept. In this field, ET has primarily been used as an ancillary concept to the adjacent psychological concepts of attachment, and mentalization: ET,

attachment, and mentalizing are three concepts that are theoretically close to one another. All three can be used to describe similar experiences and occurrences, albeit in different ways (Fonagy et al., 2015). These similarities have contributed to the current challenge of needing to extricate ET from its adjacent concepts. The challenge remains to better understand the relationships between the concepts as they manifest developmentally and in the psychotherapeutic setting, with the goal of achieving conceptual clarity and to assess their usefulness as discrete entities. What follows are overviews of ET, and its adjacent concepts of attachment and mentalization that aim to parse apart these related, but distinct ideas.

2.6.1.1 ET

There are three types of epistemic stances that an individual may adopt. The first is that of ET. ET refers to the readiness one has to consider new social knowledge that is reliable, personally relevant, and generalizable to other situations (Fonagy & Alison, 2014; Fisher, 2020). ET is not seen as the default epistemic stance. Rather, epistemic vigilance is. The stance of epistemic vigilance is evolutionarily founded as the initial position, until another person can convey their trustworthiness as a communicator of information. Epistemic vigilance therefore allows for protection against being misled (Gergely & Csibra, 2005; Fonagy & Allison, 2014). The second stance is persistent epistemic mistrust. Here it is important to differentiate between an absence of ET and persistent epistemic mistrust. The former may result in epistemic hypervigilance; an attitude that describes the experience of not perceiving conveyed information by another person as trustworthy, dependable, relevant, or generalizable (Asen & Fonagy, 2020). Persistent epistemic mistrust, on the other hand, represents a more enduring position that occurs subsequent to difficulties in mentalizing (Fonagy et al., 2018). The third epistemic stance is that of excessive credulity, sometimes referred to as epistemic hypo-vigilance. This describes the tendency to be

overly apt to believe that something is true. For those who experience an absence of ET, and experience impairments in learning about the self, an ‘epistemic hunger’ (Fonagy et al., 2019) may arise, where there is an increase in the need for recognition and further tendency to trust others’ views indiscriminately. Excessive credulity may thus arise due to lacking sense of self. For those who experience an absence of ET, all information may be adopted, even when it does not relate to the individual’s experience (Luyten et al., 2019b).

ET can be understood as a process that is dynamic in relation to context, or as a trait-based construct. But in finding its place, there is the risk of reification at the expense of nuanced understanding. This concern is founded, as related concepts such as ‘disorganized attachment’ (Fonagy, 1999; Forslund, 2018) and ‘The self’ (Honneth, 2008; Luyten & Fonagy, 2016) have met such a fate. It is a rather precarious process to explore, situate, and measure a construct without falling into one of two undesirable predicaments: reification, or basking in the seduction of that “luminous feeling of comprehension” (Duschinsky & Foster, 2021, p. 141) to bolster understanding of the abstract. Of course, there is great irony that such luminosity itself, may result in an area that deserves more attention, escaping analysis of what the concept means in practice. The dynamic, developmental perspective of personality and ET’s role within it, does allow for greater nuance. What becomes difficult is then holding this developmental perspective when faced with the task of creating measurement tools for ET that may foster a more accurate understanding of such a concept. The results of the scoping review, and their discussion will address how this difficulty can best be navigated, and may also assist in refining or understanding how concepts are applied or thought about in the clinical context.

2.6.1.2 Attachment

How is ET related to attachment? The attachment system itself is preserved through three functions: proximity maintenance, secure base, and safe haven (Lovenheim, 2018). Here, the experience of the attachment system's security is key in affect regulation (Fonagy et al., 2004). The process of healthy attachment in a caregiver-infant dyad can be described in five sequential steps (Mikulincer et al., 2003). First, the infant is exposed to a threat. Second, the infant experiences distress or fear. This leads to the activation of the attachment system. This third step triggers the fourth: proximity seeking. Through successful proximity seeking, there is the successful down-regulation of emotion. The above-outlined process can serve to strengthen the bond between infant and caregiver and provides a setting in which ET can be generated.

While attachment has been discussed in terms of its role in the developmental underpinnings of ET, the importance of attachment to ET must be highlighted. The importance of attachment is that ET develops in the context of an early attachment relationship, and the quality of this attachment relationship may have an impact on the epistemic stance that is built. Being mentalized in the context of an early attachment relationship is the prototypical ostensive cue through which ET is initially generated. It is the context of the attachment relationship that is foregrounded in its importance, compared to the type of attachment (Fonagy & Bateman, 2008; Fonagy et al., 2003). There are some links between the type of attachment relationship and capacity for ET and mentalization. However, we must stay away from the seduction of conflating correlation with causality, as it is not accurate to assert that attachment style dictates the capacity for ET. More important than the codified attachment styles, is the extent to which sensitive caregiving, neglect, or attachment trauma is present or perceived by the child in the dyad (Fonagy et al., 2018).

2.6.1.3 Mentalization

Mentalization can be defined in many ways. Duschinsky and Foster (2021) count nearly 30 definitions that have been stated between 1989 – 2019. While one understands that definitions may be developed and refined over time, it certainly contributes, in part, to the lack of clarity regarding the concepts of mentalization, and ET too, by extension. A recent, comprehensive definition of mentalization is used here. Mentalizing is “the capacity to conceive of and make available for reconsideration the thoughts and feelings implicated in motivations and intentions, in order to account for and explain the observable social behaviour, and present and past perceptions of oneself and others” (Duschinsky & Foster, 2021. p. 77). The mentalizing model is founded on the developmental process (Bateman & Fonagy, 2019), and thus has strong links to attachment, where attachment stress can derail the capacity to mentalize (Nolte et al., 2013). Joint attention is core to the process of mentalization. Through the joining of minds, three elements are brought together. First, there is the individual’s subjective experience. Next, there is the perceived subjectivity of another individual. Lastly, is the element of the objective, physical reality to which is being referenced. Co-ordinating these perspectives, where there is a shared focus, and an appreciation of individual perspectives is how mentalization is facilitated. The ‘we mode’ is often referred to when describing mentalization. It is synonymous with relational mentalizing, which speaks to a first-person plural perspective, where through collaboration, social cognition is embedded in the social environment (Fonagy et al., 2021).

Mentalization is charted on four continuums: self-other, internal-external, cognitive-affective, and implicit-explicit (Fonagy & Luyten, 2009). Mentalization posits that there is a bidirectional relationship between behaviour and mental states. There is a lack of theoretical understanding regarding relationships between various permutations of ET and mentalizing, when seen through

the self-other, and cognitive-affective poles. Here one must consider the relationships between epistemic mis/trust, of the self/other's feelings/thoughts to the conceiving/reconsidering of the self/other's feelings/thoughts (Duschinsky & Foster, 2021). This means that there are eight variations of ET that may have differing relationships with the eight variations of mentalization. While it is purported that ET does not cause mentalization, but is rather an effect thereof (Bateman et al., 2019), there is much clarity to be gained into how each variation of mentalization relates to each variation of ET, and how this may have implications for application in the clinical setting. We also need to enquire how the theory of ET fits into the theory of psychotherapy. While ET, attachment, and mentalization are indeed related, both of these latter mentioned concepts have successfully been translated into standalone applied interventions, as seen in attachment-based psychotherapy, and mentalization-based treatment (MBT). It is currently uncertain whether ET is able to provide sufficient clinical utility in the same regard.

2.6.2 ET as a phenomenon to measure

Much focus on ET has been surrounding its measurement, and the historical lack thereof. There have been recent advances in the measurement of ET. Previous research in the field has focused on the measurement of mentalization, or reflective functioning, such as the Reflective Functioning Questionnaire (RFQ) (Fonagy et al., 2016) and the newer Multidimensional Mentalizing Questionnaire (MMQ) (Gori et al., 2021). The development of valid and reliable measurements of ET has been highlighted as an “urgent need” (Luyten et al., 2020b, p. 317), and this sentiment has been echoed by others (Bo et al., 2017; Orme et al., 2019). Having valid measures are important for four main reasons. Firstly, it would assist in parsing and deconstructing the concepts of attachment, mentalization and ET from one another. Operationalization of ET in adults is much needed, and would be able to clarify some vagueness in the concept of ET, and how it operates.

Secondly, it would create the opportunity to chart the relationships between ET, attachment, and mentalization beyond theoretical assertions. Due to the previous lack of validated measures of ET, researchers such as Orme et al. (2019) have had to rely on reports of attachment as a proxy for ET. This is not ideal and potentiates the incorrect fusing of theoretically similar psychological constructs. Third, the measurement of ET may be able to bolster and refine theoretical links between ET and personality disorders. Lastly, it has potential to elucidate how ET operates and can be located in relation to its applied use in the therapeutic context – such as the possible ability to measure ET before, and either during or after psychotherapeutic intervention. Currently, the extent to which the assessment of ET is used as a therapeutic tool and its usefulness, remains to be seen and understood. It will thus form part of the scoping review.

Additionally, in the quest for valid and reliable measurement tools, we must remain mindful of the risks of reification, as is observed in concepts of intelligence, and personality in the light of cognitive, and personality psychometric tests (Gould, 1996; van Bork, et al., 2017). It must be noted that the lack of clarity regarding the conceptual relationships between the constituent elements of ET and mentalization, in all their permutations, is concerning with regard to the development of measures of ET. Not knowing which forms of ET the measure would be targeting, is equivalent to building a house on weak foundations. It remains to be seen what impact this will have on future experimental studies. Another factor to consider is whether the measurement tool is based on the understanding of ET as a trait-based, or context-based phenomenon. Three assessments pertaining to the measurement of ET will be discussed.

2.6.2.1 The Epistemic Trust, Mistrust, and Credulity Questionnaire (ETMCQ)

Campbell et al.'s (2021) recent development and validation of the Epistemic Trust, Mistrust, and Credulity Questionnaire (ETMCQ) measures epistemic stances of ET, epistemic mistrust, and

excessive credulity. The ETMCQ is the first validated measure of ET. Measurement of epistemic stances is achieved through an eighteen-item, self-report questionnaire. Two studies conducted (n=500, and n=705, for study one and two, respectively) yielded results that support a three-factor construct of epistemic stances: ET, epistemic mistrust, and epistemic credulity.

The ETMCQ found a strong, positive correlation between insecure attachment, and credulity and mistrust. A smaller negative correlation between trust and insecure attachment was also found. The factor of trust in the ETMCQ was not found to be a protective factor against mental illness symptomology, as it was not correlated with fewer mental illness symptoms, and it did not have a moderating effect either. It is thus suggested that perhaps trust is a value-neutral way of operating socially; where more trust does not translate to more benefits in terms of navigating the social world (Campbell, et al., 2021). However, as Sprecher et al. (2022) argue, based on the ETMCQ's context-independent, correlational results, it is hard to determine how ET may be present, and experienced by clients, in the context of therapeutic relationships. We must ask how this concern can be addressed, and what implications the measure of ET can have regarding its application in the therapeutic setting.

2.6.2.2 The Epistemic Trust Assessment (ETA)

Schroder-Pfeifer et al. (2018) developed a research protocol for the development of an ET assessment, and have just recently (2022) published a paper on their newly developed, and validated Epistemic Trust Assessment (ETA), which is an experimental measure of ET. The ETA now becomes the second validated assessment measure of ET to be developed. The ETA differs from the ETMCQ in its approach; the ETMCQ relies on self-reporting, while the ETA is experimental in design. The ETA has four phases to its procedure. First, the examinee will partake in a mock job interview, during which they will be interviewed. After this, the examinee will be

asked to perform a number counting task, where they will be interrupted if incorrect, or encouraged to go faster if they are providing correct answers. This is done in order to activate the hypothalamic–pituitary–adrenal stress system, and provoke an autonomic stress response. The second phase has examinees rate their performance in the previous stage on a computerized self-report questionnaire. The third phase provides examinees with computer-generated feedback that is presented as being written by an expert committee. In the fourth phase, the examinee is asked to reassess themselves on the items from phase two, keeping in mind the feedback received. The difference between scores conveys the examinee’s ability to revise their answers, based on trustworthy information given (Schroder-Pfeifer et al., 2022).

2.6.2.3 The *p*-factor

There is another approach to measuring ET that is less direct; through a general factor model. The *p*-factor, a proposed general psychopathology factor is described as an overarching construct and latent variable in the development of psychopathology (Caspi, et al., 2014). It should be noted that the *p*-factor did not begin as a measure of ET, but Fonagy and Campbell (2015) had boldly asserted that “The *p*-factor is a measurement of ET” (p. 243), though later it was argued that the *p*-factor is a proxy for epistemic mistrust (Fonagy, 2016; Fonagy et al., 2019). The *p*-factor, as a transdiagnostic, general factor in psychopathology may have clinical implications for the effectiveness of interventions and highlights the need to prioritize the building of ET in those who may be high-scoring on the *p*-factor (Fonagy, et al., 2017c. The *p*-factor builds on a context-based understanding of ET that is more prominent in Fonagy et al.’s (2017b; 2017c later work, where they show great reverence for the spirit of science by outlining what they have changed their minds about.

2.6.3 ET as a framework for understanding and treating mental illness

Fonagy (2016) states that mental illnesses may be understood as varying impairments in ET, that occur through poor capacity for social learning. This is not a new idea; decades before any discussion of ET, Bowlby (1979) described personality disorders as presentations that “reflect an individual’s impaired ability to recognize suitable and willing figures and/or an impaired ability to collaborate in rewarding relationships with any such figure found” (p. 126). However, Fonagy et al. (2017b) do shift the focus from a trait-based understanding of ET to a more developmental and contextually-based conception.

2.6.3.1 Understanding Borderline Personality Disorder

The understanding of ET is specifically useful in the treatment of clients presenting with personality pathology (Fonagy et al., 2017; Kamphuis & Finn, 2019). Many researchers agree that a developmental perspective is key in being able to grapple with the intricacies of borderline personality pathology (Cicchetti et al., 2014; Goodman et al., 2013; Perroud et al., 2013). Fonagy et al. (2015) offer a developmental framework stipulating that the borderline personality structure is underpinned and maintained by a vulnerability to psychopathology; an impairment in ET. In the absence of trust being established in early development, Erikson (1956) describes basic mistrust similarly to the struggles a client with diminished capacity for ET may experience, “... every delay appears to be a deceit, every wait an experience of impotence, every hope a danger, every plan a catastrophe, every potential provider a traitor” (p. 97).

An imbalance of the poles of mentalizing can create problems that are seen in those diagnosed with BPD (Fonagy & Luyten, 2009). Persistent epistemic mistrust creates and maintains the conditions for adopting prementalizing modes of subjectivity. There are three of these modes: pretend mode, psychic equivalence, and teleological mode. In pretend mode, feelings and thoughts

are spoken about but do not link to reality. Here, there is an absence of modulated and generative doubt that would allow for reconsideration of mental states. A type of pretend mode that is well documented is called hypermentalizing (Fonagy et al., 2004; Sharp et al., 2011). When hypermentalizing is present, the individual does not consider the opaqueness of the mind. Hypermentalization may masquerade as insight, with the individual retelling lengthy, repetitive, and over-analytical elaborations of internal states. However, there is a disconnect to their perceptual experience and affect, with a tendency to overlook the proverbial ‘elephant in the room’ (Keaveny et al., 2012)

In the mode of psychic equivalence, sense-certainty is mistaken for reality. Mental states and behaviour are only understood by immediate experience, with excessive certainty (Fonagy et al., 2019). Navigating the social world can be difficult whilst in this mode, where feeling a sense of distance from another becomes a reality of being left or forgotten. Feeling bad translates to a reality that you are bad; and the intensity of the feeling and lived reality allows little to no doubt that any alternative explanation can be trusted. This links to difficulties in emotion regulation that those with BPD experience (Bateman & Fonagy, 2016). Lastly, in the teleological mode, observable social behaviour alone is used to account for and explain the motivations and intentions of one’s self and others (Fonagy, 2000). This means that mental states are only identified when they are felt to be observable. Behaviour is used to retrospectively understand thoughts and feelings. When reality is only acknowledged in the presence of observable behaviour, impulsive behaviour may follow. In this concrete mode of operating, love may only be real through physical intimacy, and pain may only be acknowledged through parasuicidal behaviour. When the channel to learning from others is closed, through epistemic mistrust, it becomes increasingly more difficult to

navigate the social environment, and non-mentalizing modes are further cemented (Luyten et al., 2018).

Fonagy et al. (2018) suggest a bio-psycho-social model of BPD as an absence of resistance to social stress. The *p*-factor conveys a lack of resilience, or as a psychological equivalent of an immune system response, as Higgitt and Fonagy (1992) describe. As such, the nature of the stressor is not relevant, but rather attention must be paid to how a stressor may attack the biological and psychological mechanisms of resilience. One may then want to reconceptualize personality disorders as difficulties in accessing relevant cultural communication from the social context, and as an adaptive learned response to unreliable communicators and caregivers, instead of through a lens of deficit (Fonagy et al., 2017).

Given the link between persistent epistemic mistrust and personality pathology (Fonagy et al., 2015; Fonagy et al., 2017; Fonagy et al., 2019), it is understandable that research has been focused on the treatment of the notoriously ‘hard to reach’ (Fonagy et al., 2015) individuals who may often have borderline personality structures. However, the lack of literature surrounding ET being used as a framework for understanding former Axis I diagnoses is noted and provides a possible limitation on how broadly ET can be used in this regard.

2.6.3.2 Treating Borderline Personality Disorder

Mentalization Based Therapy (MBT) is a type of psychotherapeutic intervention that is based on attachment theory and psychodynamic psychotherapy. It was originally developed as a treatment for adults presenting with BPD (Bateman & Fonagy, 2016). The close theoretical links between mentalization and ET have been established. As such, there is much to be explored regarding how ET fits into the MBT model, and how else the application of ET may be used in other psychotherapeutic interventions, for the treatment of other mental illnesses. In the absence of

substantive literature, we may ponder whether ET is merely an adjunct concept to mentalization – and by extension MBT, or if it can be used outside of the MBT framework, for a wider treatment of mental illness.

Research suggests that there is an evidence base for MBT (Bateman & Fonagy, 2009; Nelson et al., 2014; Stoffers et al., 2012). A RCT study yielded results that MBT bore greater efficacy in decreasing self-harm and depression in adolescents, compared to TAU. An increase in the capacity to mentalize, and a decrease in attachment avoidance were found to mediate the symptom reduction (Rossouw & Fonagy, 2012). In addition, Laurensen et al. (2014) found improvements in quality of life and personality function after one year of treatment. However, a systematic review describes the evidence base for use of MBT to treat depression and eating disorders as currently limited (Malda-Castillo et al., 2019).

2.6.4 ET as an important factor in psychotherapeutic context

Although ET appears to be useful as a developmental concept, its utility in the applied clinical setting remains largely unexplored. Specifically, it is not clear from the literature whether ET has application in the facilitation of already established common factors of psychotherapy, such as the therapeutic alliance and empathy, or if ET can be applied as a therapy model or technique.

The importance of trust between therapist and client has been well documented (Kohut, 1982). The therapeutic ‘*we mode*’ describes shared intentionality experienced by both the psychotherapist and the client (Bo, et al., 2017). This experience is the foundation for co-operation and collaboration, and the commitment to shared therapeutic goals and tasks. The ‘*we mode*’ is able to facilitate the generation of ET. The ‘*we mode*’ is not a static entity but rather a dynamic, mutually formed experience that ebbs and flows. This suggests that ET may relate to the building and

strengthening of some of the constituent elements of the therapeutic alliance; the agreement about both the goals and tasks of therapy (Bordin, 1979). However, it remains to be seen whether this has been sufficiently explored.

ET is, in part, achieved by the use of ostensive cues used by the therapist (Fonagy et al., 2019). Through therapist attunement, ostensive cues such as physical cues, and identifying the client's personal narrative can facilitate the development or maintenance of ET in the therapeutic relationship. These cues allow for the client to feel seen and understood as a mentalizing individual. It appears that ET then may share similarities with the concept of empathy. Empathic understanding can be understood as a therapist quality (Grencavage & Norcross, 1990) that may encourage an interpersonal bond – the third element of the therapeutic alliance (Bordin, 1979). Empathy is also seen as necessary for the development of an alliance in terms of goal sharing and collaboration (Wampold, 2015).

During the COVID-19 pandemic, there has been an increasing move to online psychotherapy (OP) or 'teletherapy'. This has some benefits, such as increased accessibility, reduced cost, time efficiency, and convenience (Abbass et al., 2011; Chester & Glass, 2007). Research (Acierno et al., 2017; Markowitz et al., 2020; Varker et al., 2019), suggests that OP may be as effective as traditional in-person psychotherapy. However, there are implications regarding certain ostensive cues and the ease at which they are communicated over online platforms (Lemma, 2017). It is unclear whether the impairment of communicating certain ostensive cues online has a marked effect on the development of a strong therapeutic alliance or therapeutic outcomes.

Fonagy et al. (2017) posit that ET is central to the effectiveness of a therapeutic intervention. They outline three systems of psychotherapeutic communication whereby ET can be generated. Communication System 1 refers to the teaching and learning of content. Communicating the model

of understanding the mind (this differs across approaches) to the client, can assist in decreasing epistemic vigilance. This allows for Communication System 2, through which robust mentalizing reemerges. Communication System 3 speaks to the reemergence of social learning, that takes place outside of the therapeutic space. (Fonagy et al., 2017a; Fonagy & Campbell, 2017b). An apt method for exploring how a given type of psychotherapy is effective in the restoration of ET is to assess how they map onto the three levels of psychotherapeutic communication. However, one caveat must be made: this theory is contingent upon the assumption that the social environment to which the client returns, is benign (Fonagy & Alison, 2014). This is a non-trivial assumption to make, especially considering that those who may struggle with ET are likely to be in social environments that reinforce their persistent epistemic mistrust. The socio-economic environment does indeed buffer the individual's psyche, and this – alongside historical factors - cannot be divorced from theoretical models and their hopeful application.

2.7 Difficulties in the application of ET in the psychotherapeutic setting

2.7.1 Models of ET and their lack of clarity

Fonagy et al. (2018) theorize the role of caregiving in the development of mentalization and ET. Sensitive caregiving catalyzes the generation of ET as a selective opening of a learning channel. Sensitive caregiving also increases the likelihood of secure attachment in the infant-caregiver dyad. Mentalizing allows for an individual to be sensitive to accurate representations of personal narratives which creates a virtuous circle of mentalization both the self and others. This sensitivity, from mentalizing, enables a greater capacity to successfully navigate the social world, which in turn is associated with better mental health (Luyten et al., 2018).

Just as sensitive caregiving leads to the generation of ET, so too does attachment trauma or neglect act as a primer for the absence of ET. However, Luyten et al. (2019) note that other factors, such

as political and social hardships can also give rise to a lack of ET. Fonagy et al. (2018) present a developmental model that explains the channel between problems with early care, ET, and mentalization challenges. They assert a correlation between insecure attachment and the absence of ET. When ET is not initially generated, this creates epistemic hypervigilance. When an individual experiences epistemic hypervigilance, it makes it difficult for them to learn about themselves, others, and the world. In the state of not knowing who to trust, and experiencing difficulties learning about one's self and the world, a person will experience difficulties in mentalization. Difficulties may result in either an epistemic stance of excessive credulity or persistent epistemic mistrust. When persistent epistemic mistrust is present, learning from others becomes increasingly more challenging, and will result in problems adapting to the social world.

Fonagy et al. (2014, December; 2018) speak about the 'developmental triad' of attachment, mentalizing and ET, where attachment style is correlated with epistemic stance, and epistemic stance and mentalization have a reciprocal relationship. The bidirectional relationship between epistemic stance and mentalization capacity is apt to cause some confusion around these concepts. It is asserted that ET precedes mentalization (Fonagy et al., 2014, December, 2015, 2017, 2018; Duschinsky & Foster, 2021), yet ET is also established through the process of mentalization (Fonagy & Allison, 2014; Fonagy et al., 2017). In the push to create empirical clarity, it is important to be aware of the possible reification (Luyten, 2015), in terms of the developmental origins of the absence of ET, as well as the mechanisms responsible for the absence of ET (Luyten, et al., 2020). This circularity leaves us pondering if ET contained in the capacity to mentalize, is projecting mentalizing as a source of ET. Or perhaps the mentalization capacity contained in ET, is projecting ET as a source of mentalization? It may also be possible that natural pedagogy, as the basis for ET, is understood in its evolutionary origins, and can thus be said to be produced by

physical inception, while mentalization is a mental conception opening the possibility that ET has been retroactively ‘re-created’ to explain mentalization.

Despite clearer comprehension of epistemic stances, there still remains uncertainty around ET’s functioning in development and the context of mental illness. We must consider whether ET is best understood as context-based (learned in attachment relationships and liable to further shifts in context), or trait-based (Zilcha-Mano, 2018). In the former condition, we may see the absence (or presence) of ET as something dependent on context across the developmental lifespan. While a trait-based approach relies more heavily on seeing persistent epistemic mistrust as a deficit linked to the symptomology of mental illnesses (Fisher, 2020; Luyten et al., 2019a). Fisher et al., (2020) suggest that both positions are constituents of ET, though there is no explicit elaboration as to how this integration occurs.

2.7.2 Ontological and epistemological issues

ET is touted as a trans-theoretical concept that contributes to psychotherapeutic change. However, the use of ET within the psychotherapeutic context is facilitated, to a lesser or a larger extent, by how – and how successfully – the school of therapy itself has been able to navigate ontological and epistemological issues, as they pertain to ET.

2.7.2.1 Psychoanalysis

Psychoanalysis and attachment theory have historically clashed, with Bowlby’s evolutionary-based theory foregrounding the salience of attachment dyads in opposition to drive theory. While not in its entirety, there are some areas in which psychoanalysis can be integrated with attachment theory. This has been made possible by contemporary trends in the expansion and popularity of object relations, self-psychology, and relational-focused psychoanalysis (Fonagy, et al., 2018).

With a clear tie to Rationalism, it may be more accurate to link psychoanalytic theory with a Kantian epistemology (Stänicke, 2020), where knowledge cannot be derived from sense data exclusively, but also requires an understanding of how one's mind processes sense data. In this way, there is an attempt to synthesize both Rationalism and Empiricism. To elaborate, Bion (1967) provides an account for how one develops knowledge (K), through the processing of sense data. However, epistemologically, Bion's ideas are predicated on some of Klein's (1952) theories; presupposing an innate knowledge of various concepts. The development of K is influenced by the caregiver's capacity for containing and is ultimately achieved when the sensitive, attuned caregiver is internalized by the infant (Bion, 1962). The common ground between attachment and psychoanalytic theorists here is the mutually agreed upon relevance of the infant-caregiver dyad, and its quality (Klein, 1936). The differences occur in epistemological foundations, where explanations for how one acquires knowledge from the caregiver diverge.

The expansion of psychoanalysis has also raised the discussion as to how psychotherapeutic change is catalyzed. Traditionally, insight into unconscious drives has been seen as the process through which change happens (Freud, 1961). Though, others (Alexander & French, 1946; Messer, 2013), assert that in conjunction with insight the experience of the relationship with the therapist also fosters change. These two ideas of therapeutic change have successfully been integrated into some psychodynamic psychotherapies, such as time-limited dynamic psychotherapy (TLDP), where change occurs jointly through new experiences and new understandings that the client gains in therapy (Levenson, 2017).

The mentalizing 'we mode' can also be seen as analogous to Searle's (1961) phase of therapeutic symbiosis, which is characterized by a tone of maternal care, and a feeling of "you and me against the world" (Seinfeld, 1993, p. 29). This phase takes place when object representations and the

idealized positive self is stronger than the negative object and self-representations. One could assert that the generation of ET and mentalizing facilitates this process. Another way of understanding the ‘we mode’, is that it is based on increased ET within the therapeutic alliance, and corresponds to the psychoanalytic concept of the intersubjective third, which is based in Winnicott’s concept of transitional space (1971). Benjamin (2018) defines the intersubjective third as “anything one holds in mind that creates another point of reference outside the dyad” (p.23). The co-creation of such an intersubjective relatedness depends on the lowering of epistemic hypervigilance so that this process may ensue.

Looking at Fonagy et al.’s (2017) three Communication Systems, as they may apply to psychoanalysis, System 1 of teaching and learning content is present in the construction of the therapeutic frame, where the scope and expectations of the therapy are communicated. System 2, mentalizing, can be seen in curiosity about the psychotherapist as another person, which may play out in the transference relationship. System 3 is hoped to be activated when corrective emotional experiences emerge within the therapeutic space.

2.7.2.2 Phenomenology

Rooted in Rogers’ (1951) humanistic psychology, phenomenological psychotherapies are typically focused on present experience. For example, Gestalt therapy is exclusively focused on present sense-based experiences and encourages clients to ‘stop imagining’ (Naranjo, 1993). While this creates a trajectory for learning about the self in the ‘here and now’, it does stand to preclude ‘learning from experience’ (Bion, 1969). In its relation to mentalizing elements, Gestalt therapy focuses only on affective mentalizing of the self in the present, with little focus on conceiving the thoughts and feelings of others, and observable social behaviour.

Rogers' person-centered therapy (PCT), while also present-focused, is less rigid in its scope and approach. Its focus on the therapeutic relationship, and feeling understood by another, allows for the building of ET and more flexible capacities for mentalizing. We see an overlap of concepts and techniques that are needed to facilitate ET in the therapeutic relationship, and those that are fundamental to PCT, such as empathy. Rogers' (1961) describes optimal personality functioning as flexible, adaptable, and having an openness to experiences. This speaks to the construct of rigidity in personality pathology, highlighted by other non-phenomenological theorists (Kernberg, 1984; McWilliams, 2011).

2.7.2.3 Behaviourism

Behaviourism, rooted in empiricism, is based on the assertion that behaviour is predicated on experience, with learning occurring either through association (Pavlov, 1897; Watson & Rayner, 1920) or through the use of reinforcement and punishment (Skinner, 1932). However, behaviourism does not account for all types of learning, nor does it address factors such as affect and cognition in its model. Behaviourism is thus divergent from the Theory of Natural Pedagogy, as it does not account for the 'learnability' difficulty inherent in the transmission and integration of culturally relevant knowledge.

However, aspects of ET are evident in third-wave behaviourist therapies such as dialectical behavioural therapy (DBT) and acceptance and commitment therapy (ACT) are better theoretically integrated with aspects of attachment theory and ET as they pertain to learning. To illustrate, DBT's skills training can only be effective if the knowledge communicated from therapist to client is believed to be personally relevant, and generalizable, thus relying on Communication System 1, the teaching and learning of content (Fonagy et al., 2017). Systems 2 and 3 are followed in terms of the Hegelian emphasis on dialectical thinking, being congruent with increasing flexibility in

mentalization, and the necessity for skills that need to be practiced and applied outside of the therapeutic environment. These parallels create a conduit through which ET and its importance can be highlighted and understood within behavioural interventions.

2.8 Gaps in the literature

There are a three main gaps in the literature that need to be highlighted. ET is a developmental theory that is contemporarily beginning to be applied to the clinical practice of psychotherapy. Many of the identified gaps in the literature pertain to questions around how this developmental theory maps onto psychotherapy. First, is the apparent conceptual confusion pertaining to ET as a theoretical concept in terms of the theory of clinical practice. As an emergent concept, with exploratory research unfolding, this lack of synthesis is expected. The scoping review addresses this gap by charting, and exploring how the theoretical concept of ET been understood, used, and validated in the currently available literature. The scoping review is relevant to this body of literature, as it enables the parsing apart of ET and its adjacent and associated concepts relating to the theory of psychotherapy. Secondly, regarding the applied utility of ET, there are dispersed ideas about the application of ET in the psychotherapeutic context, and its outcomes are addressed. As such, the scoping review aims to contribute to future conceptual clarity in the field. In the application of ET in applied psychotherapeutic contexts, the literature lacks obvious explanations regarding the ways in which ET may impact the building and maintenance of the therapeutic alliance, and thus a scoping review is indicated. Lastly, the current literature does not provide explicit analysis as to the limitations and challenges of using ET within the psychotherapeutic context. The scoping review provides value in being able to chart obstacles to the implementation of interventions that support or facilitate ET in the psychotherapeutic context.

2.9 Conclusion

The literature review has examined and discussed ET and its core concepts, alongside its location in the academic and applied fields. A review of the philosophical, pedagogical, and developmental underpinnings of ET has been presented in order to better understand ET in its historical development while also acknowledging historical elements that may impact ET in current socio-ecological contexts. The review of adjacent concepts to ET; attachment and mentalization are also key in being able to locate ET in the literature. Concerns regarding the status of ET in the field, and its applied use, have been considered, and are presented in the context of the emergent rationale for the scoping review.

CHAPTER 3: METHODOLOGY

3.1 Introduction

This chapter outlines the research design and associated scoping review methodology used for this study. While scoping reviews do not carry the same robustness as systematic reviews (Munn et al., 2018), there is evidence for their use in certain contexts. These include clarifying key concepts and working definitions underpinning an area of research, and to gauge potential indicators for future systematic reviews (Levac et al., 2010; Lockwood et al., 2019). It may be especially opportune to use a scoping methodology in cases where there has not yet been a widespread review of the literature (Pham et al., 2014), and there is a need for a synthesizing methodology that focuses on research beyond RCTs (Arksey & O'Malley, 2005). The key aim in detailing the methodology used is to provide a transparent account of how data has been selected and collected. Methodology is important as it allows for replication of the scoping review. As such, the context of the study and the methodological choices made have been outlined. In addition, details regarding the protocol, sampling strategy, collection, and analysis of the data have been provided. Ethical considerations have also been highlighted.

3.2 Study context

The context in which this study is situated is one of continual expansion of knowledge regarding emerging and ill-defined concepts. In the current context, ET is primarily understood as a developmental concept within the field of psychology, with comparatively less focus on its application within the psychotherapeutic context.

3.3 Research paradigm and design

A scoping review has been selected as a research approach and design as it is the best appropriate means of answering the established research questions. ET and its applications to the clinical context have not been widely explored and may be poorly indexed in databases. As such, a study providing the synthesis of emerging evidence is apt. Due to the nature of the research questions, as well as human capital constraints, a systematic review would be an inappropriate choice of design. Systematic reviews are typically required to have a certain rigour in terms of the quality of the evidence analyzed, while a scoping review focuses on the scope of literature available and its focus (Munn, et al., 2018). This distinction highlights the suitability of a scoping review for this specific research.

3.4 Protocol

In a scoping review, it is vital that an a priori review protocol is established. The use of a peer-reviewed search strategy is thus required to ensure a methodology that is both explicit and transparent. Arksey and O'Malley's (2005) methodological framework for conducting a scoping review will be followed. The six stages of this protocol are as follows:

- (1) identifying the research question
- (2) identifying pertinent studies
- (3) study selection
- (4) charting the data
- (5) collating, summarizing, and reporting the results
- (6) a discretionary consultation exercise

Stage 1 has been completed, with the research questions stated in Chapter 1. The sampling procedure is outlined in this chapter. Due to the theoretical nature of this scoping review, stage 6 has not been engaged. In addition, as a scoping review, no review protocol has been registered independently.

3.5 Identifying pertinent studies

3.5.1 Information sources and search strategy

In endeavouring to identify potentially relevant articles, three databases were searched: PubMed, PsychInfo and Google Scholar. These databases were selected to ensure a targeted but sufficiently comprehensive review of existing literature. The types of documents included in this scoping review include peer-reviewed books and journals, and ‘grey’ literature such as examined and unpublished dissertations from official university library databases. The search terms selected have been based on their relevance to research questions one and two. The most recent search executed is dated 14 June 2022.

Search terms include the following:

‘epistemic trust’

‘epistemic trust + therapy’

‘epistemic trust + therapy use’

‘epistemic trust + therapy relationship’

‘epistemic trust + therapeutic alliance’

Sorted by relevance, the first 50 articles returned from each search string, from each database was considered. This a priori decision was based upon limited time for further screening. Following the database searches, 10 prioritized articles per single search string had their reference lists checked for additional articles eligible for review. It was hoped that this *'snowballing'* strategy may increase the amount of data collected (Horsley, et al., 2011; Sayers, 2007). Any author of text articles that were unavailable for retrieval, based on the university's access to journals, was contacted to request a copy thereof.

3.5.2 Citation and data management

Citations were managed using End Note, a web-based bibliographic manager. Citations were then exported into Rayyan, a web-based software used for scoping, and systematic reviews. Rayyan assisted with the screening and selection of studies for knowledge synthesis projects (Ouzzani, et al., 2016). This process is valuable as it provides an accessible user interface for effective data collection and charting.

3.6 Study Selection

Each source met the following eligibility criteria:

To be noted in the review: Papers were restricted to the English language, due to the lack of translation resources.

Papers had to focus on the content of ET as a psychological concept, or its application in the psychotherapeutic context. These inclusion criteria were set to ensure that the articles selected were of relevance to the established research questions.

The date of publication of sources was restricted to the past thirty years, 1990–2022. This is due to ET being a relatively new concept. Duplicates of sources were removed to ensure that each data source was a unique entry. Screening of returned search result records took place at an abstract stage and a full-text stage for eligibility.

3.7 Charting the data

A clear and comprehensive data-charting form was designed to effectively extract relevant information from sources. Items selected for charting were guided by the research questions in order to best synthesize and understand the data. A narrative review approach was adopted here, as this form of review is better suited to chart the data as it pertains to the research questions posed. As such, variables within data items were charted for frequency where relevant, but a greater focus was placed on the narrative and thematic content extracted from the data. Table 1 provides details of variables and values that were accounted for in the coding procedure.

Table 1*Coding Sheet*

<i>Variable</i>	<i>Value</i>	<i>Value Description</i>
<i>Bibliographic information</i>	Author	Name of the first author provided
	Publication Type	Journal article, book, book section, thesis
	Year of publication	Year in which publication took place
	Title of publication	Name of the article or study
	Country of origin	Country where article or study originated
	Name of publication	Name of book or journal where an article is located
	<i>How does the study understand the concept ET?</i>	Definition
Dispositional		A tendency/predisposition/vulnerability/sensitivity/willingness/openness relating to how traits are used and applied in specific situations
Context-based		A state that is episodic and/or triggered by internal or external factors

<i>Concepts that are dealt with in ET</i>	Trait-based	A skill and/or aptitude that is stable over time and across contexts
	Dimensional	ET is understood as occurring on a continuum, and not as a categorical variable
	Mentalization	The ability to understand the mental states pertaining to self/others that underlie social behaviour.
	Attachment	The extent to which proximity maintenance, a secure base, and a safe haven are present in a relationship
	Empathy	The ability to sense, imagine, and understand another person's feelings and subjective experiences
<i>How does the study use the concept of ET?</i>	Explanation of psychopathology	ET provides an explanation of symptoms, distress, and/or impairments
	Change factor in psychotherapy	ET explains the change process of psychotherapy
	Other	Any residual uses
<i>How has the concept of ET been validated?</i>	ET measurement	A tool that measures the construct of ET
	Proxy measurement	ET is inferred by a proxy measurement

<i>Application of ET to understanding therapeutic process and outcome</i>	Therapeutic alliance	The presence of ET within the therapeutic alliance is a change factor/clinical skills for the development of ET in TA described
	Marker of treatment outcome	Used to inform treatment and allocate resources
	Other	Any residual applications
<i>Interventions utilizing ET</i>	Setting	In-person/online
	Format	Individual/group/family/other
	Type	Modality used
	Presenting problem	Target problem or diagnosis
	Age group	Child/adolescent/adult
	Outcome	Treatment outcome described
<i>Challenges in applying ET to the clinical setting</i>	Structural	Challenges related to the political, economic, and/or social context
	Theoretical	Challenges related to epistemology and/or knowledge
	Environmental	Challenges related to the setting of psychotherapy
	Therapist-related	Challenges of an intrapersonal and/or interpersonal faced by therapists

3.8 Collating, summarizing and reporting the results

The above coding sheet was used to inform the creation of a codebook using Microsoft Excel. The codebook was designed to capture the relevant type of data for each variable and value. Many variables are coded for both frequency and textual narratives of meaning, as this allows for apt description and evaluation of various data. A special column dedicated to notes creates the opportunity for further findings to be documented, and sub-themes to be considered. Descriptive statistics and appropriate data visualization techniques were used to summarize and report the results in the following chapter.

3.9 Ethical Considerations

Adhering to industry and institution-approved ethics is important. While the generation of new knowledge is vital, it should never be at the expense of discarding ethical behaviour in research design and treatment of participants. In this research, there are no participants, as the methodology chosen is that of a scoping review. Prior to the initiation of data collection, an application for ethical clearance was submitted through UKZN's Research Information Gateway (RIG) portal, which allows for the Humanities and Social Sciences Research Ethics Committee (HSREC) to grant ethical approval to research projects. The application was sent on 7 March 2022, and on 28 March 2022, an exemption from the ethical review was granted (see Appendix A) by the UKZN Research Council.

3.10 The Trustworthiness of Findings

Lincoln and Guba (1985) provide a framework for assessing the trustworthiness of data and findings through the metrics of credibility, dependability, confirmability, and transferability. Subsequently, the criterion of authenticity was added (Polit & Beck, 2014). Given the scoping review methodology, and its similarities to content analysis, Elo et al.'s (2014) checklist for

improving the trustworthiness of content analysis studies, was consulted. Here, the phase of the study is given with questions to check. In this process, credibility, dependability, confirmability, transferability, and authenticity are addressed. In the preparation phase, questions are posed around the data collection methodology and sampling strategy. In the organization phase, questions pertain to the categorization of concepts, and the interpretation, and representativeness of the data. The reporting phase is the final phase, and questions regarding the reporting of results, and analysis process.

For this study, these questions were threshed through within supervision sessions, and through the refinement of the study protocol. For example, in the preparation phase, it was important to discuss how best to collect the most suitable data, and ensure that the scoping review methodology was a good fit to answer the research questions. In the organization phase, acknowledging the overlap between concepts, and the inherent lack of representativeness of the data as a whole was highlighted. In the reporting phase, ensuring that results were reported logically, and systematically.

The Preferred Reporting Items for Systematic reviews and Meta-Analyses (PRISMA) has developed an extension for use in conducting scoping reviews. This is called the PRISMA-ScR Checklist (Tricco, et al., 2016) (see Appendix B). This checklist has been used additionally to maintain the trustworthiness of the study, as the checklist provides the comprehensive specification of items that need to be accounted for in a scoping review. It indicates on which page each item is successfully reported. This template allows one to organize information regarding the process of identifying studies through databases and registers. It provides a simple visualization of the process by which data is identified, screened, and either included or excluded from the scoping review.

3.11 Conclusion

The transparency of the methodology for this scoping review has been clearly outlined and described. This is to ensure that should another researcher wish to replicate the study; they would be able to easily follow the protocol which has been adopted here.

CHAPTER 4: RESULTS

4.1 Literature search results

The literature search was conducted in accordance with the chosen databases, search terms, and conditions detailed in the methodological protocol. The initial literature search yielded 591 records. Table 2 graphically displays the distribution of records found for each search string, in each database.

Table 2

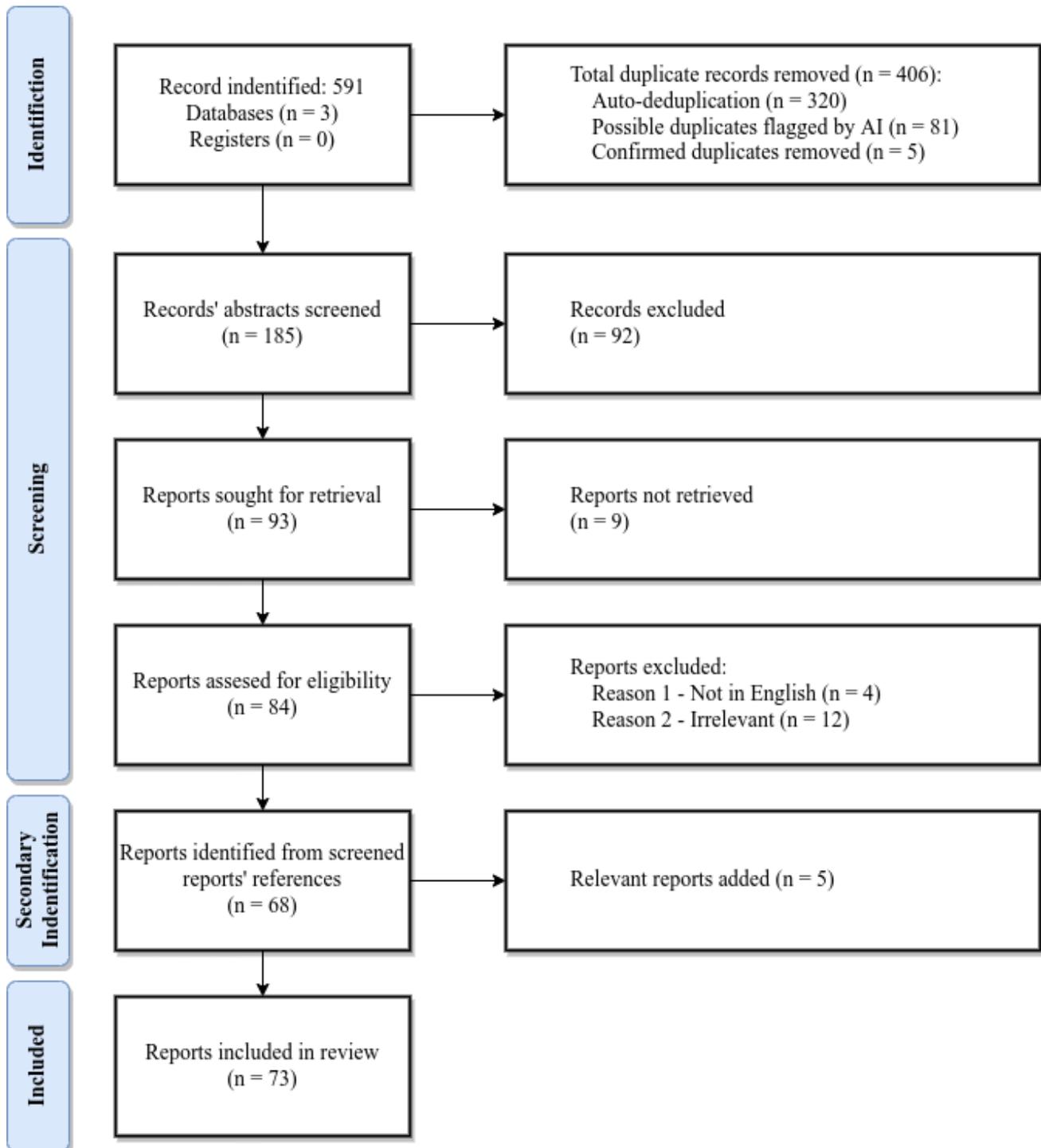
Literature search results

Search string	Database name	Number of hits recorded (50 max)
Epistemic trust	PubMed	50
	Google Scholar	50
	PsychInfo	50
Epistemic trust + therapy	PubMed	41
	Google Scholar	50
	PsychInfo	30
Epistemic trust + therapy use	PubMed	41
	Google Scholar	50
	PsychInfo	50
Epistemic trust + therapy relationship	PubMed	16
	Google Scholar	50
	PsychInfo	50
Epistemic trust + therapeutic alliance	PubMed	6
	Google Scholar	50
	PsychInfo	7
Total number of records		591

The process of identification of studies is visually depicted in Figure 1. The citations for each of the 591 records were exported to the Rayyan AI software, where 320 records were automatically deduplicated and deleted by the AI software. Rayyan then identified 143 records as possible duplicates. These records were reviewed manually, and 81 records were excluded as they were indeed duplicates. The remaining 190 records were manually screened for duplicates not identified by the software. Only five duplicates were identified in this stage. The abstracts of the remaining 185 records were screened for relevance. In this screening stage, 92 articles were excluded based on their failure to meet the second eligibility criterion pertaining to relevance. Therefore, 93 articles were sought for retrieval. There was a failure to retrieve nine full-text articles. A total of 84 full-text articles were read in order to further screen for eligibility. During this stage of screening, four articles were excluded based on failure to meet the eligibility criterion stipulating to the language requirements. A further 12 articles were also excluded, due to lack of relevance (eligibility criterion number 2). This screening process led to the outcome of 68 articles being included in the scoping review. Thereafter, 10 highly relevant articles were selected for their reference lists to be searched for additional sources that may not have been initially identified during the search procedure (see Appendix C). This stage of searching yielded an additional five sources that were added to the 68 included sources, resulting in a total of 73 sources to be analyzed.

Figure 1

Screening Process

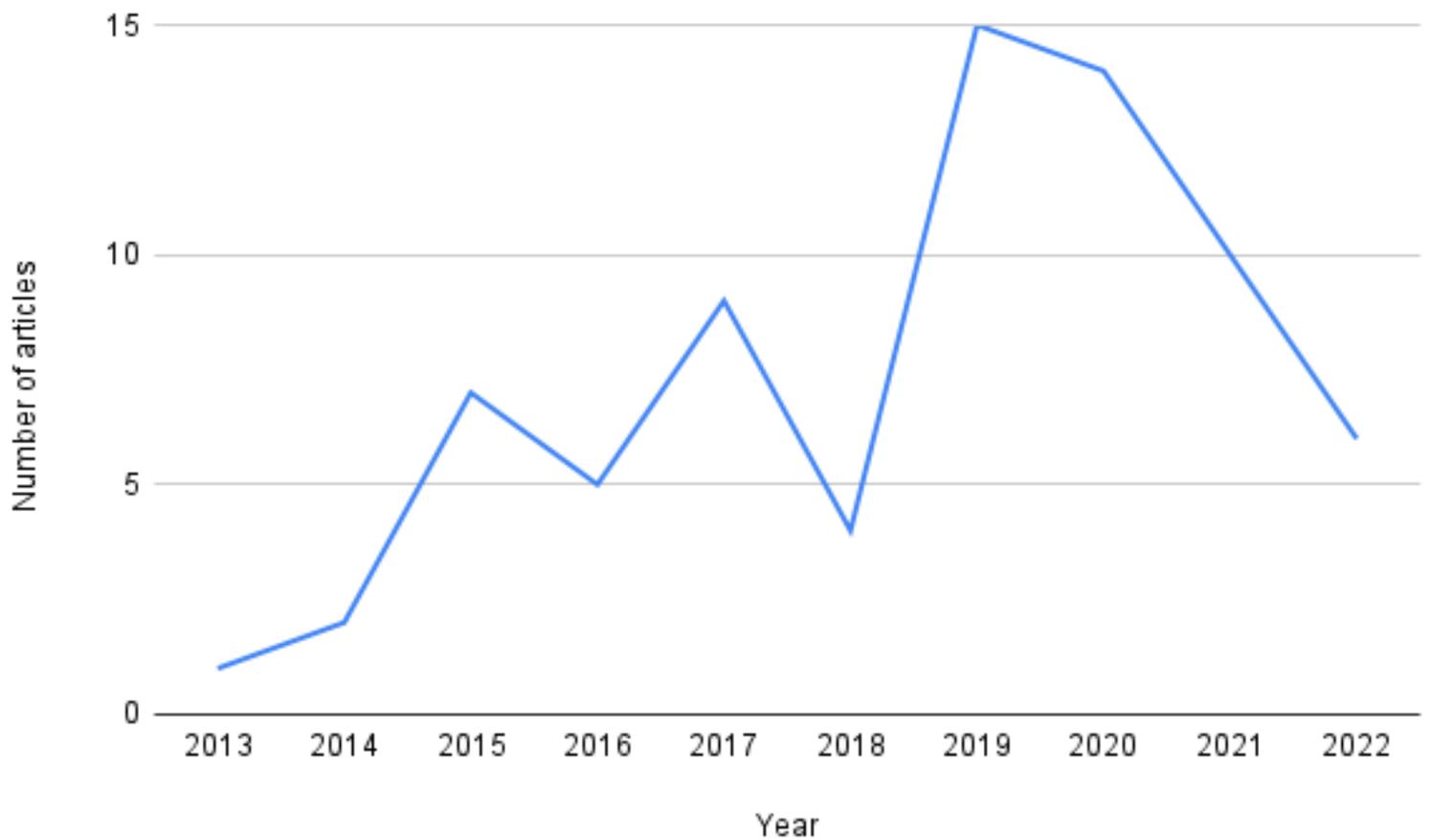


4.2 Bibliographic results

Figure 2 depicts the distribution of year of publication in the data set shows that the majority of articles have been published between 2019 and 2021. This uptick in interest in ET reinforces the motivation for this scoping review.

Figure 2

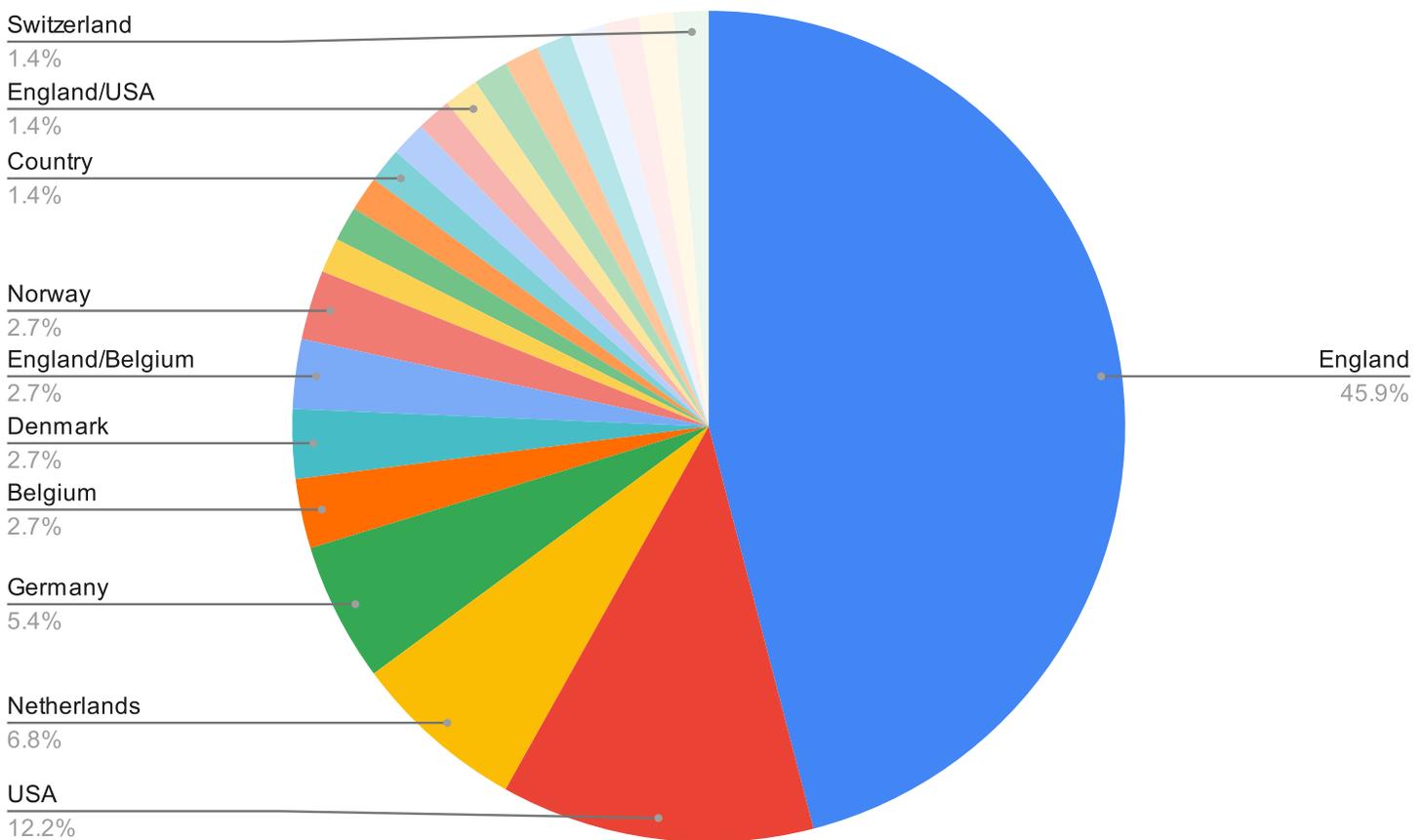
Distribution of Dataset Articles Published by Year



The data in Figure 3 conveys that the majority of research about ET comes from countries in Europe, specifically from England. Furthermore, there is evident dominance of the work of Peter Fonagy, who is an author, editor, or dissertation supervisor of 54.79% of the 73-item data set.

Figure 3

Distribution of Sources' Country of Origin



4.3 Strength of themes in the data

Looking at Table 3, the percentage of sources that speak to different themes is visually represented.

Here we see that the data primarily concerns itself with the use ET as a theoretical concept, as well as the applied use of ET in the therapeutic alliance.

Table 3

Percentage of sources in dataset loading onto themes

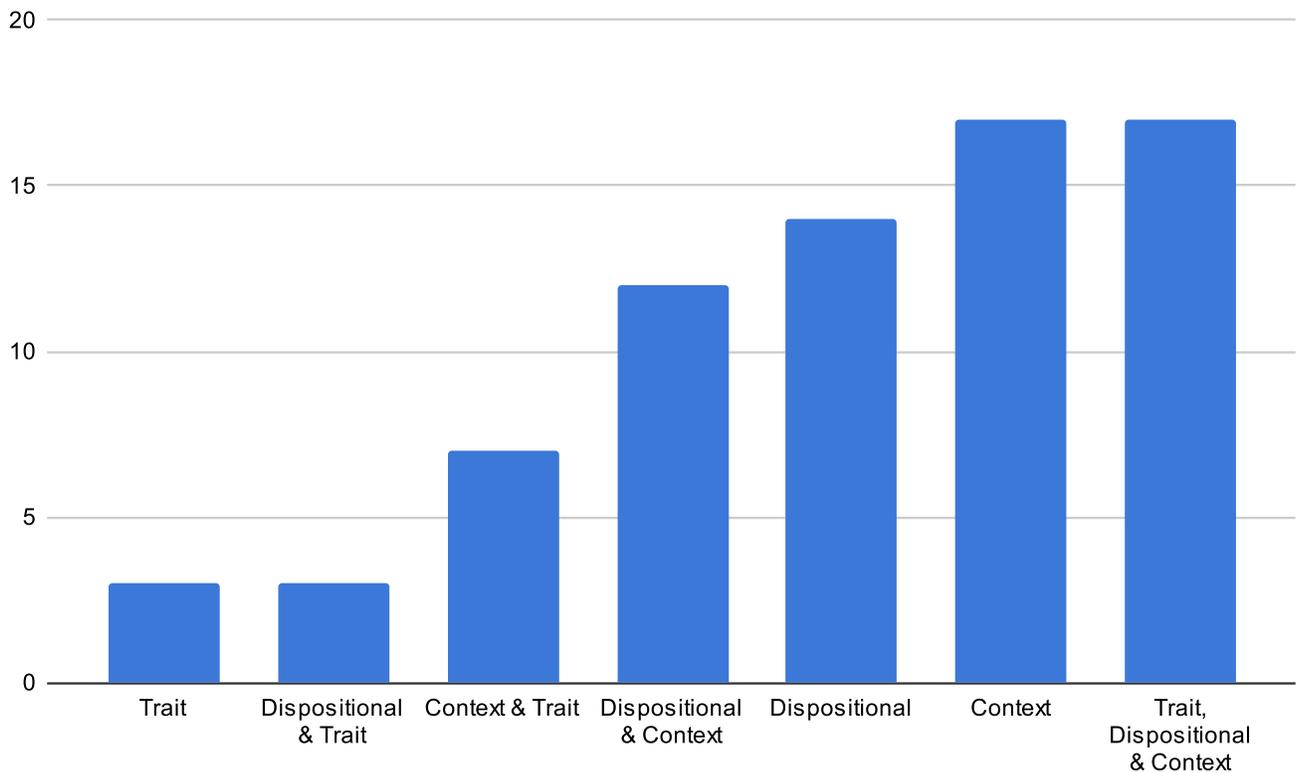
Dataset themes		Percentage
Use of ET as a theoretical concept		93.15
Applications	ET in Therapeutic Alliance	68.49
	Interventions	30.14
	Psychomarker	17.81
Challenges		63.01
Literature gaps		58.9
Measurement tools		20.55

4.4 Defining ET as a concept

As a relatively new theoretical concept in the past decade, there have been various ways in which ET has been written about as a construct. This has, in part, contributed to a lack of conceptual clarity in the literature. As explained in Chapter 3, the data in Figure 4 shows that ET is conceptualized as either a trait, disposition, or context-based concept, and often as some combination of these descriptors. The majority of sources write about ET as either a dispositional or context-based construct, or a combination of all three.

Figure 4

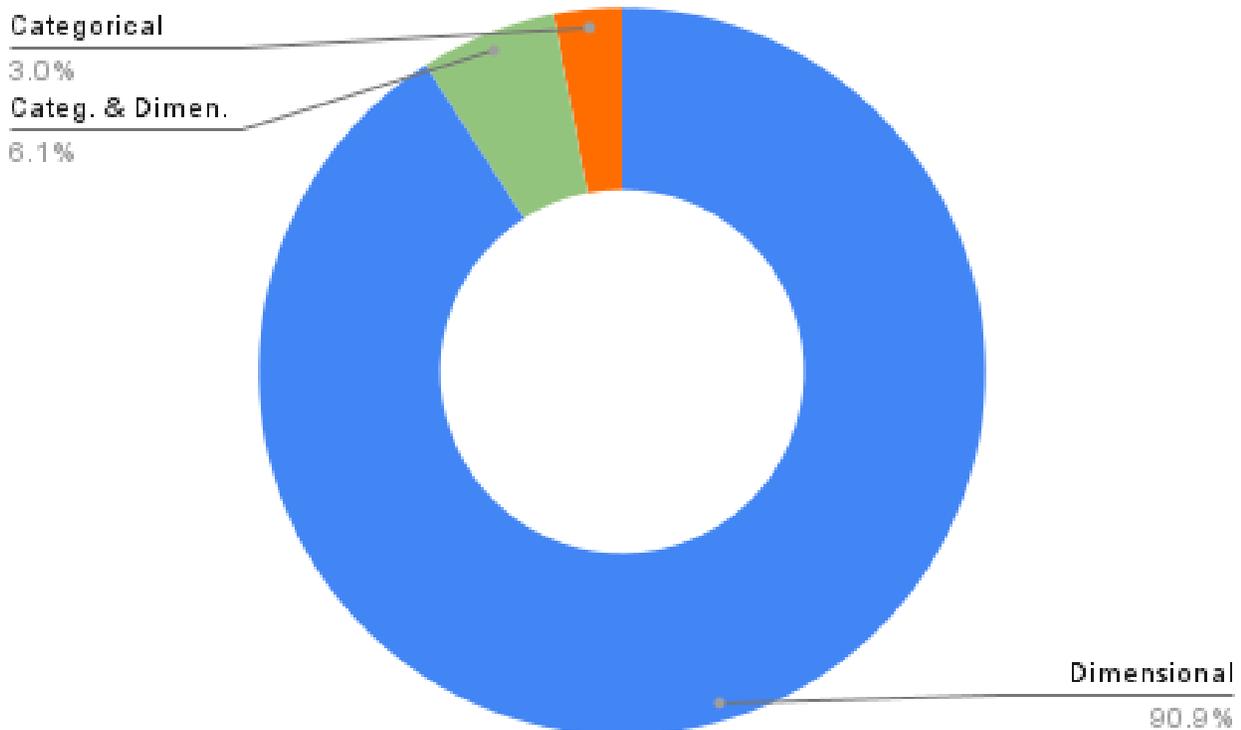
Data's Description of ET as a construct



Another point of contention has been whether ET is described as a discrete or dimensional construct. This has implications for the measurement of ET. Figure 5 displays the agreement that the majority of sources concur that ET is a dimensional construct. These results are relevant to a broader question that is prevalent in the discourse of understanding mental illnesses; in terms of creating effective taxonomies. While a historical categorical approach is still dominant, these results speak to the slow advances to include more dimensional constructs.

Figure 5

Description of ET as a Construct

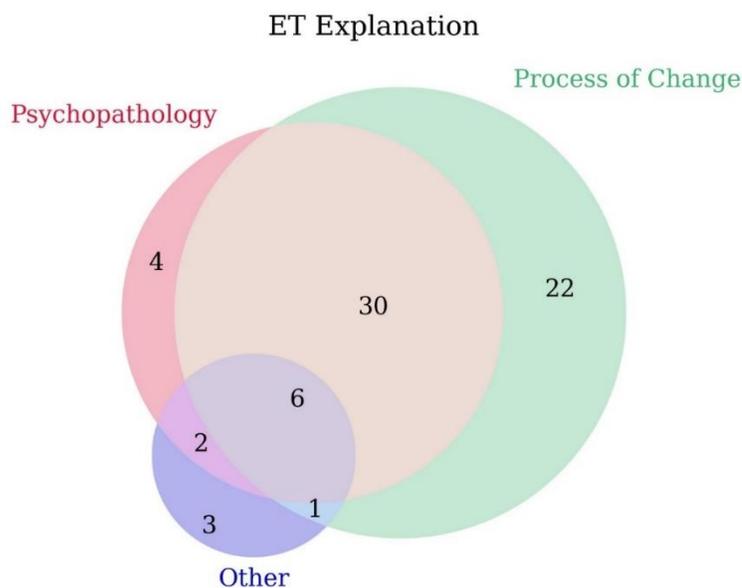


4.5 The use of ET as a theoretical concept

A large proportion of the data set included sources that pertained to the use of ET as a theoretical concept, as seen in Table 3. ET is used in the literature in two main ways as a means by which to explain either psychopathology or the process of change within psychotherapy. A total of 57.53% of sources spoke to the former, while 79.45% of the sources spoke to the latter. Being non-mutually exclusive explanations, there was a large incident of sources speaking to both these points, as well as ancillary uses. These other uses include using ET as a key treatment target (Orme et al., 2019), and in aiding understandings of fostering relationships (Sprecher et al., 2022). The table below shows the distribution of how the ET is used theoretically in the literature. Here, Figure 6 conveys that the literature points to a tendency of ET theoretically being used to explain *both* psychopathology and the process of change as two academic uses that are synchronous in nature.

Figure 6

Theoretical use of ET



4.5.1 Explaining psychopathology

Of all sources using ET to explain psychopathology, half of them spoke about general psychopathology, while others made reference to specific types of mental illness. This is shown in Table 4 below.

Table 4

Type of psychopathology detailed in sources

Variable	Count	Percentage
General psychopathology	21	50
Personality pathology	8	19.05
Borderline Personality Disorder	8	19.05
Complex Post Traumatic Stress Disorder	1	2.38
Conduct Disorder	1	2.38
Depression	1	2.38
TOTAL	42	100

From the 42 sources speaking to ET’s utility in explaining psychopathology, 56 individual data points were extracted, relating to how ET explains psychopathology. These variables are not mutually exclusive, with a single source sometimes loading on more than one variable, as conveyed in Table 5.

Table 5

ET’s explanation of psychopathology

ET’s Explanation of psychopathology	Number count	Variable by %
Impairment in social learning	28	50
General factor	20	35.71
Adaptive response to environment	8	14.29
TOTAL	56	100

As shown in Table 5 above, the most common ways ET has been used to explain psychopathology is that psychopathology is a result of impairment in social learning, and that ET represents a general factor of psychopathology. Understanding psychopathology from the perspective of being rooted in the impaired capacity for social learning, it is asserted that low levels of ET diminish salutogenesis – that is one’s ability to benefit from social communication (Fonagy et al., 2015a; 2017a; Masland et al., 2020). The implication of diminished salutogenesis is that the process of learning from experience is largely disrupted (Bo et al., 2017; Duschinsky & Foster, 2021; Fonagy & Luyten, 2018). In turn, there is rigidity in social and interpersonal functioning, which is suggested to be the core of psychopathologies (Fisher, 2020; Fonagy et al., 2019b; Rao et al., 2019). Epistemic mistrust is thus seen as a developmental mechanism in the emergence of psychopathology. In 2020 Knapen et al. succinctly argue that ET is “a final common pathway through which aversive relational experiences in the past, resulting in interpersonal dysfunctioning in the patient” (p. 418).

Another common understanding is that low ET represents a general factor of psychopathology (Fonagy & Campbell, 2017a; Fonagy et al., 2015a; Schroder-Pfeifer et al., 2022), and as a trans-diagnostic factor that underlies psychopathology (Fonagy & Luyten, 2019; Fonagy et al., 2017b; Knapen et al., 2020). Put simply; that low ET denotes a vulnerability to developing any presentation of psychopathology. To illustrate, Talia et al. (2021a, p. 2) claim that a “lack of epistemic trust may be a main factor undermining resilience to developing psychopathology in general trans-diagnostic light”. The p-factor, an established general factor, is suggested to reflect a lack of ET, or a lack of resilience (Byrne, 2020; Duschinsky & Foster, 2021; Fonagy et al., 2014; 2017c; 2019a).

Sharp and Fonagy (2015, p. 8) contend that “specific personality disturbances should not be seen as limitations of capacity or deficits, but rather as a way favored by natural selection for development to optimize the child’s adaptation to his/her social context, despite the challenges posed by the social context.” This sentiment reflects another emerging explanation found in the literature that focuses on epistemic hypervigilance and epistemic mistrust as adaptive responses to the environment and reflects a more systemic understanding of ET’s position in psychopathology (Luyten & Fonagy, 2019; Luyten et al., 2020b; 2022).

4.5.2 Explaining therapeutic change

ET has been used to describe the process of change that occurs within psychotherapy in three ways: through the three communication systems, as a common factor of change, or as change that may arise from a specific intervention. This is tabulated in Table 6.

Table 6

ET’s Explanation of change process in psychotherapy

ET’s Explanation of change process in psychotherapy	Count	%
3 Communication Systems	24	41.38%
Common factor	16	27.59%
Both above	11	18.97%
Specific interventions	7	12.07%

Just under half of the data explained ET as a mechanism of change in accordance with Fonagy et al.'s (2014) model of the three communication systems that underpin change. When looking at the sources to identify if one specific element of the model was prized above others, it emerged that the majority of the sources speaking to the communication systems did not focus on one system, but rather on the interconnected process of the three communication systems (Byrne, 2020; Duschinsky & Foster, 2021; Fonagy & Campbell, 2017a). Almost 30% of the data spoke to ET as a common factor that accounts for psychotherapeutic change and effective therapeutic outcomes (Black, 2019; Kongerslev et al., 2016; Knox, 2019). A smaller percentage of the data identified specific interventions in which ET may be increased and can facilitate change. These include examples of MBT in group and individual settings (Fonagy et al., 2017a; Sharp et al., 2020), and art psychotherapy (Buck & Havsteen-Franklin, 2013; Springham & Huet, 2018).

4.6 Measurement tools

Of all these sources making reference to measurement tools of ET, 60% spoke to the direct measurement of ET and 40% used proxy measurements to deduce ET. Five measurement tools of ET were identified. Aside from the known empirical ETMCQ (Campbell, et al., 2021) and the experimental ETA (Schroder-Pfeifer et al., 2018; 2022), three unpublished measurement tools in development were referenced in dissertations. The Epistemic Trust Scale (ETS) aims to measure an individual's ET in their therapist and other people (Aisbitt, 2020; Wickham, 2019), the Epistemic Trust Instrument (ETI) which aims to measure the overall ET of individuals (Draper, 2017; Reches, 2017), and the Questionnaire Epistemic Trust (QET) which looks at measuring ET for the purpose of treatment planning (Driehuis, 2021; van Dijk, 2021). The proxy measurements used to infer ET include the p-factor (Bateman et al., 2018; Fonagy & Campbell, 2015), as well as The Inventory of Parent and Peer Attachment (IPPA) (Orme et al., 2019).

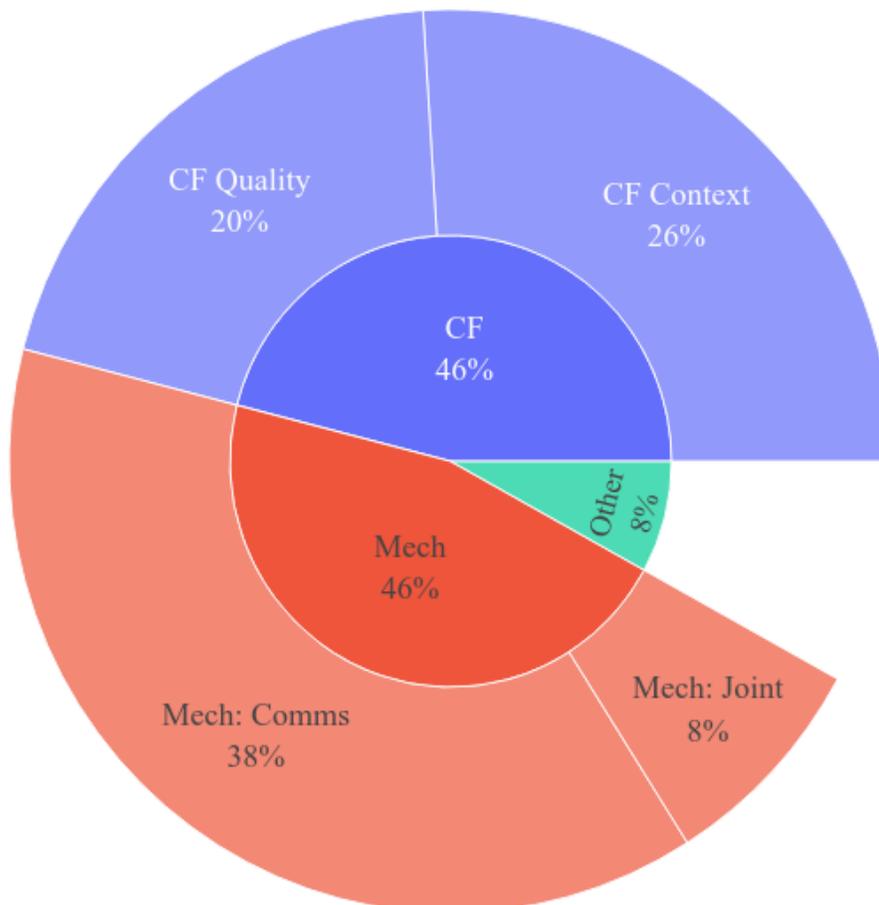
4.7 Application of ET to understanding therapeutic process and outcome

4.7.1 ET in the therapeutic alliance

The data set identified ET in the therapeutic alliance (TA) as a way of applying ET to the understanding of the therapeutic process and outcome of psychotherapy. This is described in the data equally as either a common factor (CF), or a mechanism of change (MECH), and depicted in Figure 7.

Figure 7

The application of ET in to understanding its salience in the therapeutic alliance



As a common factor, the presence of ET in the therapeutic alliance is understood in two ways. First, ET is seen as salient in relation to the quality of the therapeutic alliance (Byrne, 2020; Knapen et al., 2020; Schroder-Pfeiefer et al., 2021). Alternatively, the common factor data describes the therapeutic alliance as an important common factor insofar as represents the context in which ET can develop (Fonagy & Campbell, 2017b; Fonagy et al., 2017c).

When looking at the quality of ET in the TA, understanding the clinical skills needed for the development of ET within the TA is important. Within the dataset, 97 data points pertaining to psychotherapists' traits and techniques that can assist in the facilitation of ET, were extracted, and analyzed. These include mentalizing (Bevington et al., 2015; Fonagy & Allison, 2014; Mortimer et al., 2022), with Fonagy et al., (2015b, p. 18) explaining that "Mentalizing is a generic way of establishing epistemic trust, and therefore achieving change by being open to different kinds of social experience", as well as specific reference to techniques that are central to mentalizing like marked and contingent mirroring and the use of ostensive cues (Fonagy & Campbell, 2015; Fonagy et al., 2015a; Springham & Heut, 2018). Other important skills that were identified include collaboration (Fonagy & Luyten, 2018; Luyten et al., 2019b; Strehlow & Hannibal, 2019), focusing on affect and arousal (Fonagy et al., 2017a; Knox, 2019; Rao et al., 2019) and the adoption of the mentalizing stance (Allen, 2016; Fonagy et al., 2015b; Thomas & Jenkins, 2019). In addition, the data also suggested the importance of certain therapists' traits including empathy which along with mentalization is considered a generic means of establishing ET (Driehuis, 2021; Fisher et al., 2021; Leszcz, 2017). The final set of therapist traits pertain to the therapist's capacity to manage their own self. Folmo et al. (2019) describe that the therapist must maintain "the ability to tolerate negative feelings and bring up difficult themes with the patient" (p. 4) and Knox (2016) comments on the important of the capacity to be "less anxiously defensive about our own

helplessness” (p. 234). In focusing on the therapeutic alliance as a key context in which ET can be established, Fonagy and Luyten (2018, p. 15) aptly explain that “epistemic trust piggy-backed on to pre-existing attachment processes”.

As a mechanism of change, ET in the therapeutic alliance largely spoke to the use of the three Communication Systems which Fonagy and Allison (2014) have outlined, and others have concurred (Bateman et al., 2018; Byrne, 2020). Other sources understand ET in the TA as a mechanism of change that occurs through the establishment of a joint focus on an intersubjective third, as described in Chapter 2. This has been illustrated in the use of specific modalities that lend themselves to this task, such as music therapy (Strehlow & Hannibal, 2019), art psychotherapy (Buck & Havsteen-Franklin, 2013; Springham & Huet, 2018), and psychoanalytic psychotherapy (Wiwe, 2021).

4.8 ET as a psycho-marker of treatment outcomes

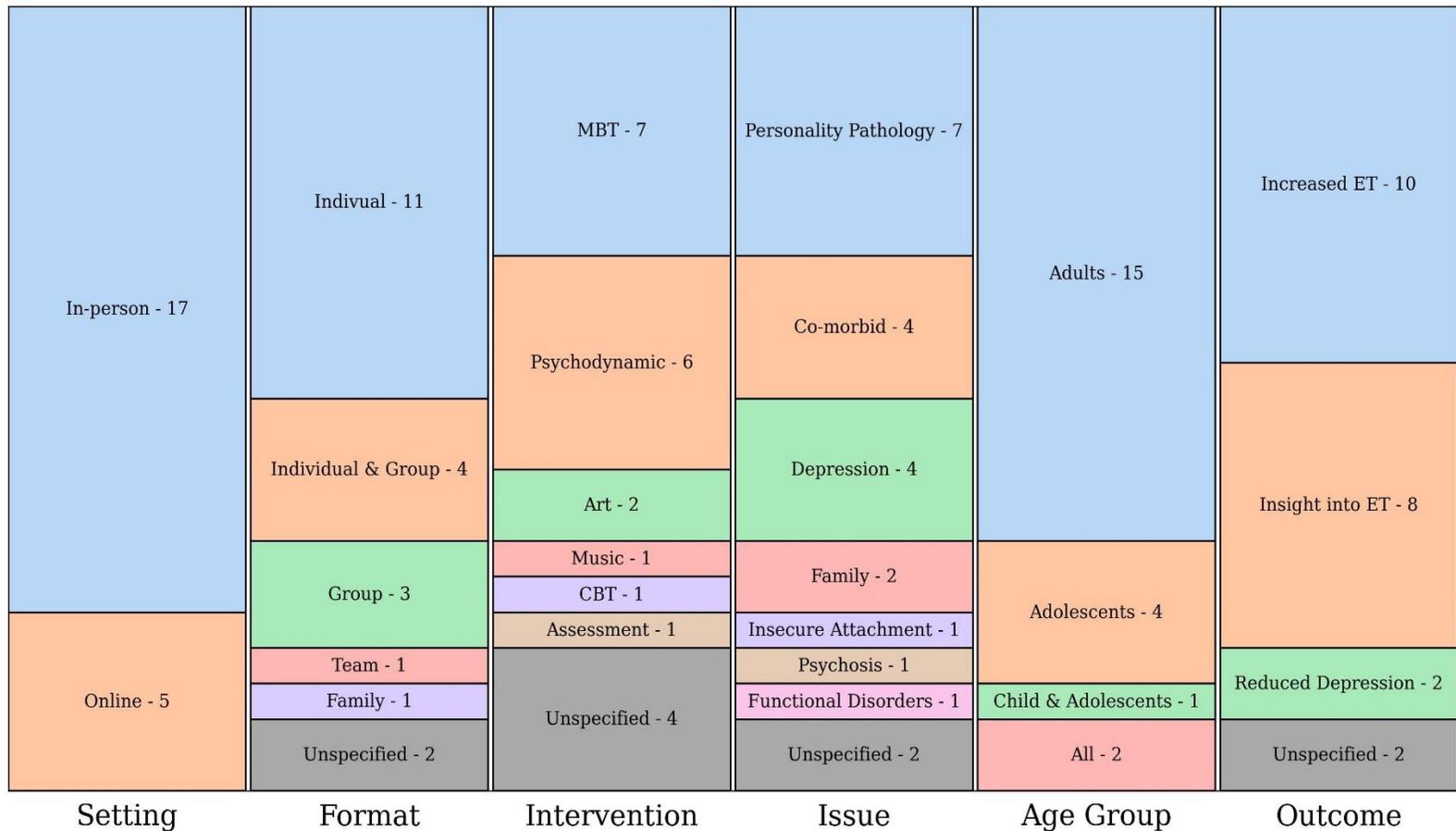
Another application of ET in the clinical context is its use as a psycho-marker for treatment outcomes, with 17.81% of sources identifying this potential application. Here, from a personalized medicine perspective, valid measurement of ET can be used to inform treatment and allocate resources in order to increase better treatment outcomes (Fisher et al., 2021; Knapen et al., 2022; Orme et al., 2019). Fonagy and Campbell (2015; 2017a) suggest using p-factor scores for this purpose. In predicting risk, there can also be greater prevention against iatrogenic treatment effects (Luyten et al., 2019a). Some sources have also noted the benefits of this application of ET in terms of cost efficiency (Driehuis, 2021; Knapen et al., 2020; Luyten & Fonagy, 2019).

4.9 Interventions utilizing ET

Interventions that utilized ET in some forms were extracted from the data set. These were largely explained by means of clinical examples and case vignettes. Figure 8 below conveys the descriptive breakdown of the extracted interventions.

Figure 8

Description of interventions that facilitate the establishment of ET



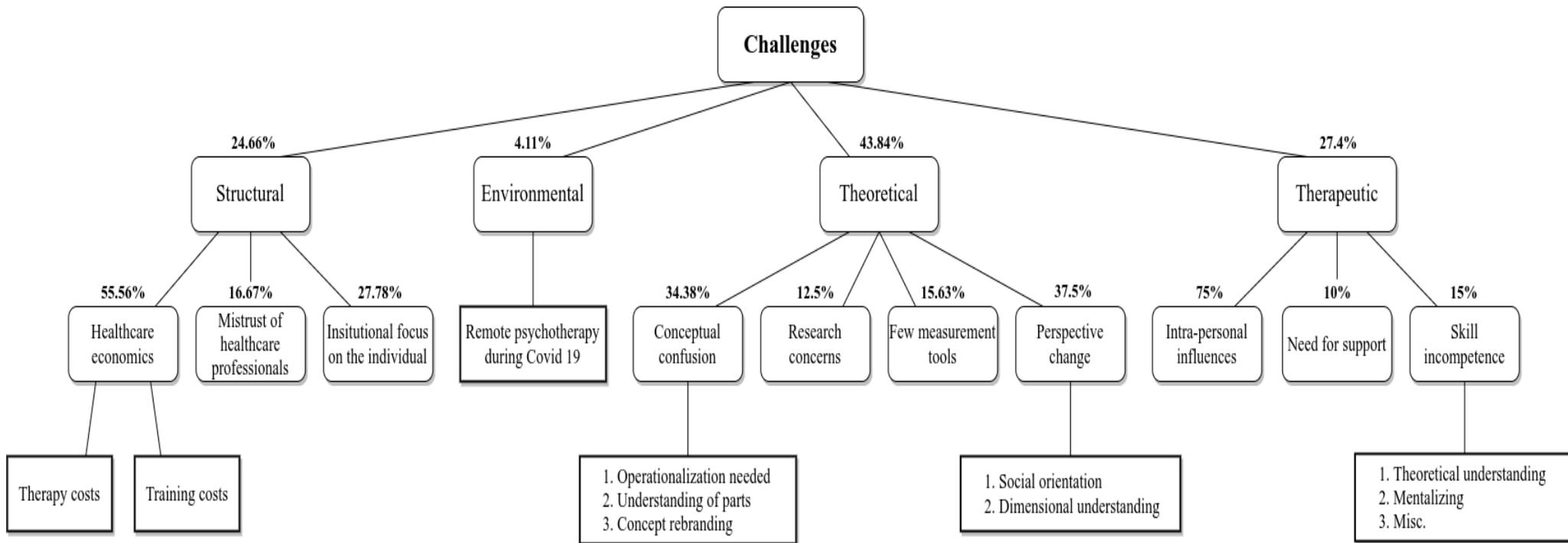
Notably, the majority of interventions were based on MBT and psychodynamic psychotherapies, and targeted personality pathology, depression, or co-morbid presentations. The reported outcomes of interventions mentioned primarily spoke to a perceived increase in client ET (Black, 2019; Luyten et al., 2019b; Strehlow & Hannibal, 2019), and an increased knowledge about ET in the therapeutic process. The knowledge gained spoke to the need to adapt techniques to the client based on their pre-existing epistemic stance; with specific reference to the provision of interventions online (Fisher et al., 2021; Fonagy et al., 2020; Mortimer et al., 2022). Another aspect of insight gained into the use of ET in the therapeutic process relates to the joint attention on a specific ‘third’ (Buck & Havsteen-Franklin, 2013; Wiwe, 2021). This may be done through mentalizing the relationship, or focusing on a more concrete co-created element that is both discovered and invented together, as is seen in therapies that make use of music, art, or assessment tools, which is predicated on a level of ET within the therapeutic alliance.

4.10 Challenges

Data analysis yielded 73 challenges to the application to implement interventions that support or facilitate ET within psychotherapeutic contexts. These challenges were thematically grouped and displayed in Figure 9.

Figure 9

Challenges to the Application to Implement Interventions that Support or Facilitate ET within Psychotherapeutic Contexts



4.10.1 Structural challenges

Structural challenges pertaining to the political, economic, and social contexts, accounted for 24.66% of the total identified challenges. Three sub-types of structural challenges to the application of interventions that support or facilitate ET in the psychotherapeutic context were found. The first is that of *the economics of mental health care*. These challenges describe 55.56% of the structural challenge and relate to the overall cost of therapeutic interventions. There are constraints on the duration and intensity of interventions, with pressure to provide brief interventions (Allen, 2016). However, Folmo et al. (2021) note that for individuals who may be described as ‘hard to reach’, the process of attachment and bonding in which ET can be re-established may require a longer period of time. With limited measurement tools for ET, its use in the psychotherapeutic context can be inhibited by costly and cumbersome assessments such as the ETA, which is based on an experimental design (Schröder-Pfeifer et al., 2018). Further concerns have been noted about the cost of training practitioners to better generate ET with patients. Fonagy and Luyten (2019) advocate for more complex and lengthy training in order to increase effectiveness in the long run, and others (Jaffrani et al., 2020; Mortimer et al., 2022) have identified the need for training of professionals in the contexts of adoption services, and online interventions, respectfully. The necessity to train teams of HCWs to promote a culture of mentalization has also been highlighted by various sources (Bevington et al., 2015; Fonagy & Luyten, 2018; Fonagy et al., 2020; Ventura-Wurman et al., 2021).

The second type of structural challenge to the implementation of interventions that support or facilitate ET within therapeutic contexts is *the institutional focus on the individual*, which describes 27.78% of identified structural challenges from the data. Multiple sources (Fonagy & Allison, 2014; Fonagy & Campbell, 2017a; Fonagy et al., 2017a; Fonagy & Luyten, 2018; Luyten

et al., 2022) identify the importance of the social environment and wider social system in which individuals are located, which is not typically foregrounded in the treatment of mental illness. The final type of structural challenge that has been uncovered pertains to *the existing mistrust of healthcare professionals*, (Byrne, 2020; Mason et al., 2020; van Dijk, 2021) and represents 16.67% of all reported structural challenges.

4.10.2 Environmental challenges

Environmental challenges relating to the setting of psychotherapy accounted for 4.11% of the structural challenges that were identified. All these reported environmental challenges were regarding the *difficulties in the provision of remote psychotherapy during the COVID-19 pandemic*. Sources (Aisbitt et al., 2022; Fonagy et al., 2020; Ventura-Wurman et al., 2021) have explained the challenges of communicating ostensive cues remotely with certain patient populations, and an added vulnerability to therapists' stability of energy levels and capacity to mentalize in the context of a global pandemic, while working online. Given the nature of ET, this raises broader concerns regarding online approaches to be discussed in the next section.

4.10.3 Theoretical challenges

Theoretical challenges to the application of interventions that support or facilitate ET in the psychotherapeutic context accounted for 43.84% of the total identified challenges from the data. These challenges focusing on knowledge and epistemology have been sorted into four further themes. First is a group of concerns about *conceptual confusion*; speaking to challenges around operationalization, as well as the understanding of constituent elements of ET, which represents 34.38% of all theoretical challenges identified. The lack of operationalization of ET has been covered by numerous researchers in recent years. (Duschinky & Foster, 2021; Knapen et al., 2020, Masland et al., 2020; Mortimer et al., 2022). Prior to these calls for better operationalization, others

(Fonagy & Sharp, 2015; Kongerslev et al., 2014) had already noted the concern of whether concepts related to mentalizing in psychotherapy were existing constructs that may have been rebranded. Some of the data spoke in particular to the dearth of understanding of constituent elements of ET and their mechanisms within the psychotherapeutic context (Allen, 2016; Fisher, 2020; Folmo et al., 2019; Sharp & Fonagy, 2015; Sharp, 2020). While this may warrant further research, a separate type of theoretical challenge relating to *research concerns* was explored and described 12.5% of all theoretical challenges. These concerns emerging from the data pertain to issues of sample size and study design (Knapen et al., 2022; Masland et al., 2020; Rao et al., 2019; Schröder-Pfeifer et al., 2018) that impacts on the epistemological challenges possibly impeding the use of ET in the clinical context.

A further type of theoretical challenge depicted in the data is *the lack of measurement tools* for ET, which constitutes 15.63% of the theoretical challenges (Draper, 2017; Orme et al., 2019; Kongerslev et al., 2014; Sharp & Fonagy, 2015). The final type of theoretical challenge identified is *the need for a change in perspective of psychopathology*, which illustrates 37.5% of all theoretical challenges. This challenge is delineated in two ways; the need for adopting a broader social orientation, and the need for a more dimensional understanding of psychopathology. Allen (2016) remarks that “there are human sciences other than psychology, and there is not the slightest reason to suppose that one can understand humanity without them” (p. 25). Fonagy et al. (2015a; 2017c) and others (Fonagy & Campbell, 2017; Jaffrani et al., 2020; Knox, 2019; Luyten & Fonagy, 2019; Luyten et al., 2020a) echo this sentiment in their call for a more socially oriented perspective of psychopathology that would value research from other disciplines. Linked to the need for shifting to a broader lens are the challenges in understanding, diagnosing, and treating psychopathology under the prevailing diagnostic system that favours a categorical approach.

Fonagy et al. (2019a) assert that mental disorders are not natural units, as evidenced by high levels of comorbidity. A reconceptualization of psychopathology—especially personality pathology—is advocated for, with the intentions of a more nuanced, and dimensional approach (Fonagy & Luyten, 2018; Luyten & Fonagy, 2019). In 2015 Fonagy and Campbell aptly urge schools of psychotherapy to “rethink their approach to psychopathology in a manner that moves us on from a descriptive, category-driven approach, the legacy of an essentially nineteenth-century medical mind-set” (p. 26).

4.10.4 Therapist-related challenges

Therapist-related challenges detailed interpersonal and intrapersonal hurdles that therapists encounter as obstacles to the implementation of interventions that support or facilitate ET in the psychotherapeutic context. These challenges accounted for 27.4% of all challenges found in the data. The type of challenges faced by individual therapists relate to skills incompetency, the need for support, and intrapersonal influences. *Skills incompetency* accounted for 75% of therapist-related challenges. Skills competency is rooted in a solid theoretical understanding that informs the skillful use of psychotherapy techniques and skills. Prominent researchers (Fonagy & Campbell, 2015; Luyten et al., 2019a) note that practitioners must be cognizant of patients’ presenting level of ET, as ignoring this may lead to iatrogenic treatment effects. A lack of proficiency in mentalizing skills are noted, with specific reference to maintaining and regaining mentalization (Byrne, 2020; Fonagy et al., 2020; Knox, 2019; Stehlow & Hannibal, 2019). To illustrate, Springham and Van Huet (2018, p. 9) explain that “art therapists are challenged to be concise in their marking and to avoid over lengthy perspective sharing or elaborations on clients’ artwork so as to not lose the receptive moment”. Another aspect of skills incompetency includes Sharp’s (2020) finding “that novice therapists struggle to keep in mind more abstract goals, such

as ‘stay with the affect,’ ‘elaborate the affect,’ ‘mentalize the client,’ ‘move the client to view the situation from a different perspective’” (p. 23). A final component relates to skills incompetency related to the need for training in remote psychotherapy (Aisbitt et al., 2022; Fisher et al., 2021; Ventura-Wurman et al., 2021). *Intrapersonal influences* describe 15% of therapist-related challenges. Here, challenges include being able to successfully contain and tolerate their own impulses, discomforts, and mental states (Butters, 2016; Byrne, 2020; Folmo et al., 2019). *The need for support* accounts for 10% of therapist-related challenges, with specific reference to the importance of obtaining support from mentalizing teams and colleagues (Fonagy et al., 2017c; 2019a).

4.11 Gaps in the literature

Gaps identified within the literature have been delineated in five categories, and are displayed in Table 7.

Table 7

Gaps in the literature

Gaps in the literature	Percent of total gaps identified
Robust methodology	32.56%
Effective measurement tools	25.58%
Theoretical content	18.6%
Applied and further research	16.28%
Ecological validity	6.98%

First is the gap in the literature that relates to a lack of robust methodology in current, recent research about ET. Here, many sources rely on case studies or vignettes (Jaffrani et al., 2020; Strehlow & Hannibal, 2019; Ventura-Wurman, et al., 2020) or small sample sizes (Byrne, 2018; Knapen et al., 2022; Thomas & Jenkin, 2019). The second gap in the literature pertains to the current landscape where effective measurement tools for ET need to be further developed and validated (Aisbitt, 2020; Byrne, 2020; Orme et al., 2019). Concerns here span from the need for measures of state-like ET (Fisher, 2020; Kamphuis & Finn, 2019), to the need for measurement tools that can be used in the applied setting, measuring ET prior to treatment and over time (Knapen et al., 2020; Kongerslev et al., 2015; Mortimer et al., 2022).

Missing elements in terms of cohesive theory have been identified. The gaps in integration between theory and empirical research about ET have been highlighted (Fonagy & Sharp, 2015; Masland et al., 2020), as is the need for further clarity on therapeutic mechanisms involving ET and their effectiveness (Knox, 2019; Reches, 2017). In this vein, Fonagy and Luyten (2019) have suggested that “more research is needed to identify transdiagnostic and transtheoretical mechanisms that are involved in the causation and maintenance of psychopathology” (p. 271). Numerous other sources have called for more applied and further research about ET, in general (Fonagy et al., 2020; Foubert et al., 2020; Leszcz, 2017). Another gap that has been found in the data is a lack of ecological validity pertaining to knowledge about ET and its uses. Masland et al. (2020) call for methodology in research that better reflects reality, while others (Luyten et al., 2022; Orme et al., 2019) speak to the need for more representative samples in research, considering that much knowledge is based on studies of “WEIRD” (Western, Educated, Industrialized, Rich, and Democratic) individuals.

CHAPTER 5: DISCUSSION

5.1 Introduction

Epistemic Trust (ET) potentially offers an interesting theoretical and clinical perspective to psychological theory and interventions, as outlined in Chapter 2. The results provide a greater understanding to ET's constituent elements as a concept in terms of theory of clinical practice. Here we discuss the problems in relation to conceptual clarity, the measurement of ET, its accounts of explaining psychopathology, and therapeutic change within the theory of psychotherapy. This chapter then discusses the results detailing the application of ET in the psychotherapeutic context, and its outcomes, with specific reference to the therapeutic alliance and psychotherapeutic treatment. Finally, the discussion debates the problem areas and challenges of using ET within the psychotherapeutic context.

As homage to the call from prominent academics (Allen, 2016; Fonagy et al., 2015a; Jaffrani et al., 2020; Knox, 2019) to value knowledge and research from disciplines outside of the silo of psychology, a Gramscian-Foucauldian inspired discussion of issues pertaining to the theoretical and applied use of ET will be offered. Here it is contended that engaging with some of the structural and theoretical challenges to the application of ET (see Figure 9) – such as the institutional focus on the individual, the existing mistrust of health care professionals, and the need for a change in the perspective of psychopathology – represents a form of counter-hegemony, and a resistance to bio-power. In this, we see elements of progression in establishment of alternative knowledges to the dominant, discursive ideas that legitimate discourses and practices relating to the understanding and treatment of mental health difficulties.

5.2 Theoretical use of ET to understanding therapeutic process and outcome

5.2.1 Describing and understanding ET as a concept

Conceptual confusion is discussed at three levels that reflect the three aspects of conceptual confusion detailed in the theoretical challenges to the use of ET in psychotherapeutic settings (see Figure 9). These comprise of concern about rebranding of ET-related constructs based on overlaps, the understanding of ET's constituent elements, and the need for operationalization within the concept of ET, especially as it pertains to the future development of measurement tools.

The endeavour to theoretically extricate ET from its conceptual siblings of attachment and mentalization, is far from complete. Chapter 2 describes these three terms in more detail, but the main distinctions and relatedness can be seen thusly. Attachment theory is largely developed as an objective, observation-based model that focuses on behaviour. While there are links between attachment and mentalizing, mentalizing refers to the capacity to perceive mental states behind behaviours. In addition, ET refers more definitively to the idea of trust in mental states. Attachment theory has historically received criticism for being too mechanistic and reductionist (Fonagy & Campbell, 2015) and it is hoped that ET avoids the same fate. Here, prioritizing the dynamic process of ET and its related constructs over linear explanations is important. To illustrate, Talia et al. (2021b) suggest that attachment-related differences are to be reconceptualized as more wide-ranging variances in epistemic trust.

The prevalence of sources describing ET as trait-based, context-based, and dispositional (see Figure 4) suggests that there is possibly a high level of conceptual confusion in the literature, or that all three descriptors are valid, and integrate parsimoniously. In approaching the conundrum dialectically; perhaps both assertions bear some truth. This interestingly is illustrated in the Knapen et al. (2022) Delphi study where there has been some consensus from industry experts, that ET, as

a concept, is dispositional in nature – but that this is based on a trait-like definition of ET in order to outline its enduring clinical features. The trend to a dynamic explanation of ET does have benefits in light of reification concerns. ET as a dispositional construct highlights its dynamic interplay with other factors, and prizes ET as a process. This subsequently renders ET less likely to be reified than more static constructs such as attachment styles or personality types. The focus on the dynamic interplay of factors of ET is reflected in shifts in understanding of its adjacent concepts. Here we see the newer conceptualizations of mentalization as both trait-like, and state-like (Duschinsky & Foster, 2021), as well as contemporary attachment theory foregrounding the dynamic aspects of attachment over its stable elements (Fonagy et al., 2017c). It is also argued that in locating ET within the socio-cultural context, ET is able to release itself from specific contexts, such as attachment. This is reflected in amendments made in Knapen et al.'s (2022) research, where it was originally suggested that ontogenetically, the development of the disposition to ET would be largely determined by the experienced safety in early attachment relationships with caregivers. However, there was low agreement on the ontogenetic characteristics of ET, and this was subsequently deleted from the definition.

The results of the scoping review (see Figure 5) have conveyed large agreement that ET is a dimensional construct, and not categorical in nature. This is challenging in light of a recent study from Knapen et al. (2022) who describe ET as theoretically existing on a bimodal continuum from epistemic trust to epistemic mistrust. However, there is no empirical data to confirm whether these constructs exist as a bimodal distribution. In contrast, Campbell, et al.'s (2021) findings in the development of the Epistemic Trust, Mistrust, and Credulity Questionnaire (ETMCQ), derived from factor analysis, contend that ET, epistemic mistrust, and credulity are best understood as distinct, but related factors. However, the ETMCQ does see each of these factors as dimensional

in nature. Further research needs to be conducted to provide better clarity on this theoretical issue about the constituent elements of ET and the way in which factors may be dimensional. What is clearly reflected, is the general trend to using more dimensional models across developmental constructs, as is seen in Crittenden's (2002) more dimensional approach to attachment throughout the lifespan. This is also congruent with the emphasis of equifinality in developmental psychopathology (Cicchetti & Rogosch, 1996).

A major implication of how ET is operationalized, is the impact on the development of subsequent measurement tools. For example, Campbell, et al. (2021) view ET, EM, and credulity as three correlated but distinct elements of an epistemic stance, which lends itself to the self-report format of the ETMCQ; measuring each dimension. Whereas, Schroder-Pfeifer et al. (2022) conceive of ET as "the extent to which participants were able to adequately modify their perspective on the basis of evaluators' trustworthy feedback." (p. 50). Their operationalization has allowed for the experimental design of the Epistemic Trust Assessment (ETA). The varied operationalization inherent in these assessment tools produces different information in their results. It also makes the direct comparison of measurement tools a challenge. Further, this has implications for the contexts in which each assessment may have utility. The ETMCQ appears more applicable to use in the psychotherapeutic setting, compared to the ETA in its current iteration. This raises the question of whether it is useful to have some psychometric tools that are not suited to applied use, or if it is imperative for there to be a confluence of assessments prioritizing clinical application over theoretical measurement in experimental tools.

It appears that it would be useful to consider attachment, mentalizing, and ET as having dynamic interactions across each other, while simultaneously acknowledging warranted distinctions that are

made; rendering each concept as discrete. Further research regarding the dynamic interplay between these concepts is necessary for the theoretical veracity and coherence of ET as a concept.

5.2.2 Using ET to explain psychopathology

ET situates psychopathology as grounded in socio-cultural learning. In doing so, it appears to lend itself to an understanding of psychopathology that is transdiagnostic and dimensional. In offering explanations of psychopathology, the majority of the data speaks about general psychopathology or personality pathology (see Table 4), instead of diagnoses or more specific presentations. This stance acknowledges that the domains of psychopathology are not discrete, and depicts congruence with a transdiagnostic model of psychopathology; able to address the task of comprehending comorbidity. All of the explanations of psychopathology offered by ET literature (see Table 5) share a common thread of de-centering the individual as the locus of pathology. Even the predominant explanation about impairment in social learning, is written about with nuance; foregrounding psychopathology as based in social interaction and context, with a focus on the mechanism of socio-cultural learning, and less attention to locating mental illness within the individual. It is hoped the emergent explanation; the view of psychopathology presentations being an adaptive evolutionary response to the environment, will be a future focus of research.

Hegemonic discourses shape and limit how one can understand, make meaning, and therefore talk about a phenomenon. This is evident in the case of psychopathology. As a legacy of the biomedical model, a deficit-based categorical approach is still prevailing in the conception of psychopathology. This is reflected in the data as both structural and theoretical challenges to the use of ET in applied contexts (see Figure 9). The former speaks to the institutional focus on the individual, and the latter to the identified need for change in the perspective of psychopathology –

both in terms of adopting a more social orientation, and dimensional understanding of presentations.

This shift is seen in the slow emergence of counter-hegemonic discourses; especially regarding non-categorical nosological theories, such as the work of Blatt (2008) and McWilliams (1999), both of whom have been instrumental in the development of the Psychodynamic Diagnostic Model, second edition (PDM 2), that promotes a more dimensional understanding of psychopathology (Lingiardi & McWilliams, 2017). For example, mental functioning is assessed based on various capacities, such as those for regulation, attention, learning, and for mentalization and reflective functioning, and personality organization is conceived based on level of functioning; with personality style being stressed over individual symptoms. The advent of dimensional approaches to psychopathology is also evidenced in the latest Diagnostic and Statistical Manual, 5th edition, text-revision (DSM 5-TR)'s section on hybrid dimensional-categorical model for diagnosing personality disorders (Psychiatric Association, 2022). While the current hybrid model is a departure from an exclusively categorical taxonomy; it is not too unsettling, and can be seen as an extension of dimensional elements previously accepted as valid within the DSM. Examples of this include the use of severity specifiers to indicate more information, and the adoption of Autism being reframed as Autism Spectrum Disorder (ASD).

Social change often takes the form of modification and refinement. In creating alternative taxonomies, the connection between specific vocabularies and governance mirrors Rose's (1988) work. His analysis suggests that the ability to think and speak about experience is based on the design of a constructed vocabulary, and that these abilities are constrained through governance and cultural institutions, such as health-care systems, that aim to manage individuals through their differences through biopower. Language, through its constitutive nature, gives rise to the

conception of alternate ideologies. In this vein, the above-mentioned shifts in perspectives of psychopathology are salient. Given Gramsci's (1971) assertion that power is constituted in the realm of ideas and knowledge, gradual movement in the language used to talk about psychopathology is of importance, as previously discussed in chapter 2. The implications here relate to being able to effectively address the challenges to the implementation of interventions that support or facilitate ET in the psychotherapeutic context, in endeavouring to provide more effective psychotherapeutic interventions.

5.2.3. Using ET to explain change in psychotherapy

Fonagy et al.'s (2014) model of the three communication systems that underpin change is the only established model that explains the mechanisms in a sequential way, and is the prevailing explanation found in the dataset with regard to using ET to explain psychotherapeutic change. As explained in Chapter 4, the system itself appears to be more important than the sum of its individual parts. It is interesting to note that there is not any direct criticism of this model in the dataset. It is possible that this is a reflection of its parsimony and trans-theoretical appeal, or that no other models have been established in opposition at the time of data collection. The common factor explanation offers an interesting association to the general factor (p-factor) explanation of the development of psychopathology; where it perhaps indicates preference for broader accounts of phenomena in order to embrace their intricacies.

Some individual sources cite both the common factor, and the three communication systems as means by which ET explains psychotherapeutic change, which furthers this acknowledgement of complexity, and allows for the transcendence of false dichotomies where there may be an urge to find a single, all-encompassing explanation for ET's connection to change in psychotherapy. While it has been problematized that the ET literature is dominated by Fonagy and colleagues,

their adoption of a mentalizing stance toward research about ET must be highlighted. Through a curious, not-knowing stance, Fonagy et al. (2017b; 2017c) show a refreshing humility in changing their minds when new evidence is presented. In the data, when specific interventions are used to explain ET and its relation to psychotherapeutic change, these are not touted as comparatively better interventions to other. Rather, there is a curiosity into the context of therapeutic modalities in how they may uniquely or generally allow for the facilitation of ET in the psychotherapeutic setting.

5.3 The applied use of ET to understanding therapeutic process and outcome

5.3.1 Measurement tools and their application in the psychotherapeutic setting

While the operationalization of ET is an important factor in establishing valid measurement tools, there are other points of interest surrounding the development of such assessments. It is acknowledged that the creation of such assessments is in its infancy, given the emergent construct of ET in the past two decades, and that measuring a process like ET comes with its own inherent difficulties. However, given that the lack of measurement tools for ET has been identified as a theoretical challenge to the application of ET in the psychotherapeutic setting, combined with its potential as a psycho-marker for treatment outcomes, as discussed in Chapter 4, it is proposed that the development and refinement of measurement tools be prioritized.

To illustrate, we consider the limitations in the design of the ETA; repetition and the time-consuming nature of the assessment. In its current status, the ETA is cumbersome to use in therapeutic settings. It must be asked how assessments can be created in a way that is helpful beyond research and has utility in the applied psychotherapeutic setting. There is also a need for research comparing the ETA with the ETMCQ, in the spirit of refinement and future development. We are also prompted to reflect on two difficulties regarding the p-factor as a proxy measurement

for ET. Firstly, there is a concern over the risks of poorly interpreting general factors, where there is no clarity as to whether the construct is a unitary, causal entity. Here, factor analysis can potentially be used to unearth a mysterious variable that explains a great deal. However, it is possible that the underlying model is not a factor model, but that other explanations better explain psychopathology's correlational structure (van Bork et al., 2017). Secondly, at the time of writing, there is not sufficient evidence of Fonagy and colleagues (2016) claim that the p-factor is a proxy for epistemic mistrust. Further research, outside of links made by Fonagy and colleagues, is needed to examine the strength of this argument. It will be interesting to see future research that may yield knowledge about how successfully the p-factor acts as a proxy for epistemic mistrust when juxtaposed to results on the ETMCQ and ETA, which have both been validated.

Not only will the development of robust and clinically useful assessments address the theoretical challenge to ET's applied use, but it is also asserted that it can respond to the elements of structural challenges pertaining to the economics of health-care. In its use as a psycho-marker for treatment outcomes, personalized medicine may be foregrounded as an approach that can lower the cost of treatment due to better efficiency in the allocation of scarce resources, and increase positive therapeutic outcomes that will reduce the overall cost to public health care systems. For example, based on the measurement of client ET, one may be able to divert those who display higher levels of trait-like ET to psychosocial interventions that may be delivered online. Whereas, those whose screening depicts lower levels of trait-like ET can be diverted to interventions that prioritize the re-establishment of ET, with specifically trained professionals.

5.3.2 ET in the therapeutic alliance

Chapter 4 (see Figure 7) highlights the equal prevalence of ET as being understood as a common factor and as a mechanism of change, within the therapeutic alliance. Here we note the use of ET

to understand psychotherapeutic change theoretically, and within its applied use in the therapeutic alliance are congruent. Such consistency across the theoretical and applied uses of ET bodes well for future research into ET and its various applications. However, the data pertaining to the ET in the therapeutic alliance provides more in-depth explanations around ET as a common factor in this context. Here, a distinction is made between quality of ET in the therapeutic alliance, and the therapeutic alliance as being the context in which ET may be re-established. Where the quality of ET in the therapeutic alliance is foregrounded, it is vital to look at identified skills needed for this, as explained in Chapter 4. This perspective runs parallel to some of the challenges to the implementation of interventions that support or facilitate ET in the psychotherapeutic context, where the cost of training and therapists' skills incompetency are highlighted as obstacles. Where the common factor explanation focuses on the therapeutic alliance as the common context in which ET can be facilitated, we note that this perspective mirrors the evolution of research and ideas of attachment and mentalizing. With attachment being more contemporarily viewed as a context that sufficient, but not necessary for mentalization to occur, so we see the emergent idea that the therapeutic alliance represents a sufficient, but not necessary context in which ET can be built, as highlighted by Fonagy and Luyten (2018).

The salience of ET in the therapeutic alliance as a mechanism of change, is also teased apart in its relation to the applied psychotherapeutic context. When ET's importance in the therapeutic alliance is understood as mechanism of change, the predominant way in which this arises is through the use of Fonagy et al.'s (2014) 3 systems of communication. Luyten et al. (2020), and Fonagy et al. (2015a) stress that what is key to mechanism of psychotherapeutic change is that any treatment has coherence, continuity, consistency, and communication. This sentiment not only links to communication system 1, but is also consistent with the common factor explanation offered.

An interesting alternative understanding of ET being a mechanism of change within the therapeutic alliance is in the joint focus on an intersubjective third, as discussed in chapter 2. Benjamin (2018) and Wiwe (2021) suggest that as a concept, the third maps onto the ‘we mode’ and elements of relational mentalizing. However, this is distinct from the communication systems as a mechanism of change. The joint focus on a third is also trans-theoretical in nature, despite its origin in psychoanalytic thinking. This is evidenced by its application in different modalities that draw on psychanalytic ideas; such as the earlier idea of Winnicott’s (1971) transitional space, and the more contemporary imagining of Benjamin’s (2018) intersubjective third. To illustrate, art psychotherapy and music therapy allow for the joint focus to be on the piece of art or music created. While Kamphuis and Finn’s (2019) Therapeutic Assessment approach frames the assessment tools used as the third. It is contended that having a very concrete third may be helpful for individuals who are prone to certain pre-mentalizing modes. This perspective of the intersubjective third emphasizes an alternate understanding of how ET in the therapeutic alliance may be implicated as a mechanism of change within psychotherapy.

5.4 Further areas of interest for discussion

5.4.1 The ET’s validity: External and Ecological

The external and ecological validity of ET as a construct, and the assessment thereof, requires unpacking. External validity refers to the generalizability of results to the population from which a sample was selected. Whereas, ecological validity – which is a type of external validity - asks whether the results can be generalized to real-life contexts, such as clinical practice. The convergence of poor external and ecological validity is both evident but also embodies key conflicts in understanding ET. While ET conceptually emphasizes the socio-cultural context in which social communication occurs, the majority of data-set in this scoping review is Eurocentric

in nature, with over half of all sources originating from Europe, and most prevalently from England (see Figure 3). Furthermore, it is noted that over half of the sources in the dataset is written by Peter Fonagy, or affiliated with the Anna Freud National Center for Children and Families or University College London where he works. It may be expected that when an emergent construct gains attention, the research around it will have a natural nucleus. However, in a multi-cultural world, the almost exclusive use of research and researchers representing a dominant Western culture is problematic. This is a well-documented, general existing challenge in research and subsequent epistemologies in psychology (Naidoo, 1996) and the broader social sciences (Alvares, 2011). Though, it is thought-provoking that even when a concept foregrounds a social orientation in the understanding of psychopathology, in its exploration and research, it is not immune from the hegemony. This concern is reflected in the coalescence of the theoretical challenges pertaining to research concerns, and the lack of measurement tools that is detailed in Chapter 4. We see concerns ranging from the lack of samples from non-WEIRD (Western, Educated, Industrialized, Rich, and Democratic) populations, to apprehensions around ecological validity of the ETA, due to its cumbersome experimental design that is unlikely to have clinical utility. These concerns are particularly relevant to the South African context in various ways. The ecological validity of knowledge regarding treatment, based on non-representative samples is concerning, given South Africa's demography. With an existing strain on an overburdened public health-care sector, assessment tools to inform treatment must be accessible and easy to use in the clinical context.

5.4.2 Establishing trust in untrustworthy systems

The structural challenge relating to the existing mistrust of healthcare workers is notable when looking at health care systems, and the wider social context in which individuals are located. As discussed in Chapter 2, the historical mistreatment of certain communities by health care systems

paired with continued institutionalized subjugation, can represent an adaptive and evolutionary response to the environment. It is problematic that the discursive practices within the mental-health care system serves to reinforce hegemonic discourses and the maintenance of existing power relations. However valid mistrust may be, it still poses a challenge in the provision of treatment to those who are experiencing very real psychological distress and impairment. If ET is indeed at the heart of effective therapeutic interventions as argued by Fonagy and colleagues (2017a), we are then prompted to consider what can be done to establish trust in untrustworthy systems. For example, in South Africa the legacy of systems proved untrustworthy under the apartheid regime, paired with the enduring Eurocentric psychology in an African context contribute to a lack of trust towards psychology as a discipline, and its practitioners.

5.4.3 The threat to the cultural identity of psychologists as elites

In discussing whether the salience of ET in the therapeutic alliance is related to the quality of ET, the context of the therapeutic alliance, or both, we are faced with some interesting questions. Fonagy et al.'s (2015) 'painful conclusion' (p. 600) has already introduced the question of whether clinicians are strictly necessary for the patient to achieve recovery. If they were not, what would this then mean for the role of psychologists? In proposing a more social orientation and dimensional understanding of psychopathology, what might the de-emphasis of an allegiance to an individualistic bio-medical model mean for psychologists?

On the one hand, the obstacle of skills inefficiency to the implementation of interventions that support or facilitate ET in the psychotherapeutic context paints a proverbial picture of the urgency for practitioners to have sufficient mentalizing skills, but also a theoretical understanding of ET. However, an argument can be made for the community level task sharing as an option when used in conjunction with assessment of trait-like, dispositional ET prior to intervention. Where there

are concerns with the economics of mental health care due to scarce resources, and there is the added challenge of an existing mistrust in health-care professionals, this proposition appears to address these difficulties. Nevertheless, there is resistance to task-sharing initiatives that threaten the status quo of mental health care (Patel, 2022). Here it is contended that the context of the therapeutic alliance is, to some extent, dependent on the knowledge, skills, and traits of the psychologist, and do not represent two discrete factors. Knapen et al. (2020) highlight this perspective in claiming that “Epistemic mistrust therefore may be dispositional, predicting risk for unfavorable outcomes, but the actual outcome will probably depend on the specific qualities of the therapist to overcome this disposition and trigger epistemic trustful states which may ultimately also impact upon the ET disposition” (p. 423).

5.5 Conclusion

The discussion of the study’s results has contextualized ET’s theoretical and applied uses in the psychotherapeutic setting. Through discussing shifts in conceptual clarity, the measurement of ET, its accounts of explaining psychopathology, and therapeutic change within the theory of psychotherapy, a more cohesive understanding of ET’s application, and potential applications in the psychotherapeutic context is fostered. Specific reference to ET’s relation to the therapeutic alliance, and psychotherapeutic treatment interventions are emphasized. The integration of a more sociological analysis of the results raises important questions and areas of discussion. This is especially relevant in the engagement with results pertaining to the challenges to the implementation of interventions that support or facilitate ET in the psychotherapeutic context.

Locating ET within the socio-cultural context, and prioritizing the dynamic process of ET and its related constructs is central. Through this contextualization, a shift to a more dynamic explanation of ET is noted. Alongside this, the benefits of a dynamic and dimensional conceptual

understanding of ET are highlighted; with reference to fewer reification concerns when ET is regarded as a dynamic process. In addition, the positioning of ET as a socio-cultural construct allows for ET to distance itself from explicit frameworks, like attachment. The overarching shift to using more dimensional models, and focusing on equifinality in developmental psychology is highlighted. This is discussed in relation to ET's influence of shifting formulations of psychopathology; with the emergence of counter-hegemonic discourses that can be seen in changing verbiage when talking about those who experience psychological distress, through more dimensional systems of diagnostics.

ET is understood equally as a common factor and as a mechanism of change, within the therapeutic alliance. Here we note the use of ET to understand psychotherapeutic change theoretically, and its applied use in the therapeutic alliance are consistent. This congruency is promising with regard to future research into ET and its various applications. It is also argued that the development and refinement of ET measurement tools should be focused upon. This assertion is grounded in the paucity of assessment tools of ET, which is a challenge to the implementation of interventions that support or facilitate ET in the psychotherapeutic context, in conjunction with its promising utility as a psycho-marker for treatment outcomes. Such an application of ET has the potential for addressing structural challenges relating to the economics of mental health care provision through more personalized treatment interventions.

By engaging with concerns around ET's external and ecological validity, concerns are raised about the Eurocentricity of the data, the challenge of establishing trust in historically untrustworthy systems, and the implications of the results regarding the threat to the cultural identity and position of psychologists as elite within a system that entrenches hegemonic discursive practices that may be at odds with the more effective treatment of psychopathology.

CHAPTER 6: CONCLUSION AND RECOMMENDATIONS

6.1 Introduction

Epistemic Trust (ET) has largely been used as a developmental construct, in relation to adjacent concepts of attachment, and mentalization. Understanding the ET's theoretical components, applied uses, and the challenges thereof are important. Their salience lies in the implications for the potential in increasing positive treatment outcomes within the provision of mental health care. This study sought to synthesize literature about ET in relation to its use as a theoretical concept in the theory of psychotherapy and its contemporary application in the psychotherapeutic setting. Two major findings came to the fore. First, the current state of ET's coherence conceptually as a complex concept that is dispositional in nature. Here the implications for the accurate measurement of ET, and its applied use as a psycho-marker for treatment outcomes are highlighted. Secondly, the way in which ET allows for differing conceptions of psychopathology suggests that the contextualization of ET in a broader, historical, and socio-cultural framework may be useful when approaching challenges to the implementation of interventions that support or facilitate ET in the psychotherapeutic setting. To conclude this study, its relative strengths and limitations are considered. Following this, a comprehensive review of recommendations for future avenues of research is offered.

6.2 Strengths of the study

There are three key areas of strength of this study; the fulfilment of the need for a scoping review in this research area, the strengths inherent to the scoping review design, and the contribution of knowledge to the topic. First, the study has satisfied the need for a scoping review. It has shown competence in its ability to explain complex issues, and synthesize available literature. In

providing further clarity on key concepts and their mechanisms, it lends itself to further theoretical refinement and highlights areas of applied use within the psychotherapeutic context of treatment.

Secondly, the methodology of the scoping review and its design are considered a strength as it allows for two important outcomes. Given the emergent nature of ET, the scoping review design allows for the inclusion of unpublished literature, such as doctoral dissertations. This has allowed for the review and consideration of a wider range of knowledge. The next aspect of the methodological design is that in its transparency and rigour, the study may be easily replicated by others. Finally, the results of the review are positioned as a springboard for others to generate new research questions and hypotheses in the pursuit of future, more targeted research that may be indicated.

The final area of this research's strength lies in its contribution to knowledge in the field. Here, it is argued that there are two prominent contributions from this review. First is the contextualizing of ET in a broader socio-cultural historical framework and the discussion of associated implications. The second contribution to the field pertains to the identification, thematization, and analysis of various challenges that exist in the implementation of interventions that support or facilitate ET in the psychotherapeutic context.

6.3 Limitations of the study

The main limitations of this study are related to the methodological challenges inherent to scoping reviews, and the nature of conducting research on an emergent construct. Methodological limitations include the inability to speak to causality, and the focus on research, over the quality of literature and studies. This is evident in the data, where many sources describe psychotherapeutic interventions that facilitate ET, by the means of vignettes and case studies.

A pitfall of engaging with literature around an emerging construct is that new information and data are being released in real-time. The consequence of this is that the scoping review may be out of date, as papers that have been published after data collection, would not have been captured. This poses a real concern, considering that 6.85% of sources in the data set were published in the first half of 2022.

A further limitation regarding self-reflexivity must be discussed. This is concerning the researcher's position as an Intern Counselling Psychologist, whose professional success is largely dependent on future registration as a Counselling Psychologist - professional accreditation that reaps benefits from dominant, hegemonic discourses that protect psychologists as an elite category in the provision of mental health care treatment. While this research has taken a somewhat critical approach in its analysis, this element of the researcher's identity should not be left unspoken.

6.4 Recommendations

This study yields various recommendations in terms of the direction of future research into ET. It is recommended that more targeted research be conducted around four salient aspects of ET, that reference the identified obstacles to the implementation of interventions that support or facilitate ET in the psychotherapeutic context. Firstly, further research is needed to refine conceptual clarity. There has been good evidence of initial engagement in this regard, as seen by the Knapen et al. (2022) study, and future studies that can refine or replicate these results would be useful in cementing an operationalized definition of ET, which can serve as a means of making future research findings more easily comparable.

Secondly, it is advocated that the development of measurement tools that have clinical utility and can assess ET as a psycho-marker for therapeutic outcomes, be prioritized. This would allow for the easing of certain challenges to the implementation of interventions that support or facilitate ET

in the psychotherapeutic context. Addressing the lack of measurement tools has the potential to alleviate other challenges, such as those pertaining to the economics of mental health care, with regard to the cost of therapeutic interventions, and the cost of training, which converges with the therapist-related challenge of skills incompetence. To put it simply, if measurement tools are able to provide insight into the best type of treatment based on ET, resources can be used in a more efficient manner. For example, those with low trait-like ET will be able to gain access to more specialized treatment from providers with the applicable training, which can result in better outcomes. This can allow for the strategic training of specific professionals, and teams in a cost-effective way.

Next, is the recommendation for future research to position itself at the vanguard of a systemic, socio-cultural approach. Therein lies the opportunity to recognize and focus on specific challenges to the implementation of interventions that support or facilitate ET in the psychotherapeutic context. Challenges of note, in this domain, relate to the existing mistrust of healthcare workers, the institutional focus on the individual, as well as the call for a change in mindset relating to psychopathology, with a proposed focus on it being understood more dimensionally, and from a social perspective. Lastly, it is proposed that the findings of this study be used to inform a future systematic review. This will enable some of the limitations of the scoping review methodology to be resolved in the pursuit of further knowledge generation, by synthesizing information, while also foregrounding the ability to assess the veracity of claims in the literature.

Appendix A: Exemption from Ethics Review

(Please note that the surname on this document reflects the writer's maiden name)



28 March 2022

Miss Francesca Katja Ray Favero (220082347)
School Of Applied Human Sc
Howard College

Dear Miss Francesca Katja Ray Favero,

Original application number: 00010194

Project title: Epistemic Trust and its utility in the psychotherapeutic context: A scoping review

Exemption from Ethics Review

In response to your application received on 07 March 2022, your school has indicated that the protocol has been granted **EXEMPTION FROM ETHICS REVIEW**.

Any alteration/s to the exempted research protocol, e.g., Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through an amendment/modification prior to its implementation. The original exemption number must be cited.

For any changes that could result in potential risk, an ethics application including the proposed amendments must be submitted to the relevant UKZN Research Ethics Committee. The original exemption number must be cited.

In case you have further queries, please quote the above reference number.

PLEASE NOTE:

Research data should be securely stored in the discipline/department for a period of 5 years.

I take this opportunity of wishing you everything of the best with your study.

Yours sincerely,

Prof Johannes John-Langba
Academic Leader Research
School Of Applied Human Sc

UKZN Research Ethics Office
Westville Campus, Govan Mbeki Building
Postal Address: Private Bag X54001, Durban 4000
Website: <http://research.ukzn.ac.za/Research-Ethics/>

Founding Campuses:  Edgewood  Howard College  Medical School  Pietermaritzburg  Westville

INSPIRING GREATNESS

Appendix B: Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Reviews (PRISMA-ScR) Checklist

SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
TITLE			
Title	1	Identify the report as a scoping review.	<i>i</i>
ABSTRACT			
Structured summary	2	Provide a structured summary that includes (as applicable): background, objectives, eligibility criteria, sources of evidence, charting methods, results, and conclusions that relate to the review questions and objectives.	<i>i</i>
INTRODUCTION			
Rationale	3	Describe the rationale for the review in the context of what is already known. Explain why the review questions/objectives lend themselves to a scoping review approach.	11
Objectives	4	Provide an explicit statement of the questions and objectives being addressed with reference to their key elements (e.g., population or participants, concepts, and context) or other relevant key elements used to conceptualize the review questions and/or objectives.	11-13
METHODS			
Protocol and registration	5	Indicate whether a review protocol exists; state if and where it can be accessed (e.g., a Web address); and if available, provide registration information, including the registration number.	N/A
Eligibility criteria	6	Specify characteristics of the sources of evidence used as eligibility criteria (e.g., years considered, language, and publication status), and provide a rationale.	48-49
Information sources*	7	Describe all information sources in the search (e.g., databases with dates of coverage and contact with authors to identify additional sources), as well as the date the most recent search was executed.	48
Search	8	Present the full electronic search strategy for at least 1 database, including any limits used, such that it could be repeated.	48-49 / 57
Selection of sources of evidence†	9	State the process for selecting sources of evidence (i.e., screening and eligibility) included in the scoping review.	49-50
Data charting process‡	10	Describe the methods of charting data from the included sources of evidence (e.g., calibrated forms or forms that have been tested by the team before their use, and whether data charting was done independently or in duplicate) and any processes for obtaining and confirming data from investigators.	50
Data items	11	List and define all variables for which data were sought and any assumptions and simplifications made.	51-53
Critical appraisal of individual sources of evidence§	12	If done, provide a rationale for conducting a critical appraisal of included sources of evidence; describe the methods used and how this information was used in any data synthesis (if appropriate).	N/A

SECTION	ITEM	PRISMA-ScR CHECKLIST ITEM	REPORTED ON PAGE #
Synthesis of results	13	Describe the methods of handling and summarizing the data that were charted.	50
RESULTS			
Selection of sources of evidence	14	Give numbers of sources of evidence screened, assessed for eligibility, and included in the review, with reasons for exclusions at each stage, ideally using a flow diagram.	59
Characteristics of sources of evidence	15	For each source of evidence, present characteristics for which data were charted and provide the citations.	Codebook available upon request
Critical appraisal within sources of evidence	16	If done, present data on critical appraisal of included sources of evidence (see item 12).	N/A
Results of individual sources of evidence	17	For each included source of evidence, present the relevant data that were charted that relate to the review questions and objectives.	Codebook available upon request
Synthesis of results	18	Summarize and/or present the charting results as they relate to the review questions and objectives.	60-82
DISCUSSION			
Summary of evidence	19	Summarize the main results (including an overview of concepts, themes, and types of evidence available), link to the review questions and objectives, and consider the relevance to key groups.	83-95
Limitations	20	Discuss the limitations of the scoping review process.	99-100
Conclusions	21	Provide a general interpretation of the results with respect to the review questions and objectives, as well as potential implications and/or next steps.	100-101
FUNDING			
Funding	22	Describe sources of funding for the included sources of evidence, as well as sources of funding for the scoping review. Describe the role of the funders of the scoping review.	<i>iii</i>

Appendix C: Table of screening 10 highly relevant articles' reference lists

10 highly relevant articles		
Article number (per coding book)	Number of referenced sources	Number of additional sources included
7	43	0
14	66	3
24	20	0
29	68	0
30	9	0
40	50	0
41	20	0
44	24	0
52	59	2
68	43	0
Total number of sources added		5

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