Learning to Trust, Trusting to Treat: Epistemic Trust and Significant Learning Moments for Psychotherapy Trainees in their Own Therapy

(Project Thesis)

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MRes

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Statement of Candidate

I hereby confirm that all material contained in this project are my original authorship and ideas, except where the work of others has been acknowledged or referenced. I also confirm that the work has not been submitted for a higher degree to any other university or institution. The research project was approved by the Macquarie University Human Research Ethics Committee (Approval No. 5201500626).

Signed:

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Date: 10/10/2016

Abstract

Objectives~

A cornerstone for the personal and professional development of counsellors and psychotherapists is frequently identified in the experiences of their own therapy. But, how does one come to trust another as a reliable source of knowledge about themselves as a person, and as a professional who provides the same support for others? And, what arising within this helping relationship becomes regarded as significant? This study seeks to explore the role of the trainee's attachment pattern to their own therapist as shaping their preparedness to trust this individual as a reliable source of social knowledge.

Design & Method~

The study used a mixed methodology to firstly quantitatively identify trainee attachment patterns with their treating therapist. Semi-structured interviews were used to explore trainee experiences of trust and doubt in themselves and their therapist, and significant or teachable moments. A qualitative framework was used to construct plausible models that reflect different epistemic stances taken with the treating therapist.

Results~

Following triangulation of a self report measure and a clinician rated scale of the trainees' attachment to their therapist, a two-group comparison of interviews was made which reflected a contrast between four securely attached, and one trainee identified as having a hyperactivating attachment orientation to their therapist. The emergence of distinct epistemic stances taken by secure and hyperactivating trainees suggest that the prevailing attachment orientation of the therapeutic dyad did shape the trainees' approaches to learning social knowledge and the kinds of moments experienced as significant.

Conclusion~

This study represents a first exploration of the linkages between a trainee therapist's pattern of social learning (epistemic stance) with their own therapist and the subsequent moments they regard as significant. Differences in epistemic stance do indeed shape the trainee's approach to trusting in and collaborating with another mind, leading to differing trajectories not just in their own therapies but across the spectrum of social relationships. An awareness of differing epistemic stances across trainees may well sharpen training and development avenues for those individuals identified as having insecure attachment patterns, as well as potentially shape the ways in which psychotherapy delivery is offered to these individuals.

Introduction

To paraphrase Freud, psychotherapists possess a special skill, but beyond that we are inescapably human

*(*Norcross & Connor, 2005)

In Kihaya (Bahaya) there is a saying, 'Omwana taba womoi,' which translates as 'A child belongs not to one parent or home.' In Kijita (Wajita) the proverb says 'Omwana ni wa bhone,' meaning regardless of a child's biological parent(s) its upbringing belongs to the community. In Swahili, the proverb 'Asiyefunzwa na mamae hufunzwa na ulimwengu' approximates to the same."

(Cowen-Fletcher, 1994)

A history of psychotherapy and the training of its practitioners shows a number of rationales given for the importance of a personal therapy experience for trainees and practitioners of the profession. The chief reason given for such an experience was originally articulated by Freud (1937) who suggested that a personal therapy was the main route to solidifying a professional identity for trainees. On the basis of this and other considerations, many schools of psychotherapy mandate a lengthy period of intensive work that may include several sessions a week, whilst others have placed less rigorous expectations on trainees. A growing pool of research (Norcross, Geller & Kurzawa, 2000; Ronnestad & Skovholt, 2003; Bike, Norcross & Schatz, 2009) has supported the utility of a personal therapy for the trainee and practitioner, and has highlighted a number of key outcomes, namely; improved emotional wellbeing, greater inter- and intra-personal understanding, stress management, and the identification with the client's role in treatment.

Therapy for the therapist: a brief survey.

In concluding a large systematic review of outcome research exploring personal therapy for the therapist, Geller, Norcross & Orlinsky (2005) suggested that an appreciation of the psychotherapist's psychological background and functioning asked that they be viewed like any

other individual, carrying what Whitaker and Malone (1954; in Norcross & Conner, 2005) described as a "patient vector". In this sense, the therapist can be generally regarded as managing the same kinds of challenges and histories as the individuals they treat, and to this extent, a "patient-self within" is assumed to respond to and struggle with their therapist in similar ways.

By 1973, the notion of a "patient vector" had been taken up by professional training bodies and was explored extensively in Henry, Sims and Spray's book, "Public and Private Lives of Psychotherapists" (1973). The authors concluded that not only did the therapist's own therapy serve as a focal point of their professional development, but served as a key resource for the ongoing maintenance of emotional well-being. Since this time, several key researchers (Orlinsky, Norcross, Ronnestad & Wiseman, 2005; Bike, Norcross & Schatz, 2009) have contributed perspectives on the utility of personal therapy for the trainee therapist and practitioners throughout their career.

Malikiosi-Loizos (2013) suggests that clinical training and development also requires a period of personal therapy for trainees, to assist training bodies identify those whose personality vulnerabilities may compromise treatment outcomes. In addition, Norcross (2005) comments on the necessity for educators and trainers of counsellors and psychotherapists to encourage a professional culture that supports and seeks to develop the necessarily heightened levels of psychological maturity, resilience and awareness required for the work.

The outcomes of a personal therapy for the therapist appear to be overwhelmingly favourable, with Orlinsky, Norcross, Ronnestad & Wiseman (2005) citing a range of outcome studies, with as much as 88% of therapists in the United States reporting at least one experience of *great or very great benefit* to themselves personally. The results of this study, which included 3,629 therapists from countries spanning Europe, US, South Korea, Israel and New Zealand, showed similar ratings of

personal benefit regardless of country or treatment modality. Furthermore, the vast majority of psychotherapists in the study reported a range of improvements across a range of dimensions including: behavioural / symptomatic; cognitive / insight; and emotion / regulation domains.

Since then, further studies examining therapists in treatment repeatedly highlight the benefits of personal therapy including improved self-awareness and understanding; self-esteem; and enhancement of the capacity for openness to, and acceptance of complex and at times intense feelings (Norcross, Bike & Evans, 2009; Norcross, Bike, Evans, & Schatz, 2008). For instance, Linley and Joseph's (2007) research found that therapists who had received therapy previously or where currently receiving therapy, reported a more satisfying personal growth experiences and less symptoms of burnout.

The most frequent values therapists describe as deriving from their experiences in personal therapy include reliability, empathic grasp and patience during periods of uncertainty (Orlinsky et al, 2005). Participants in this study described the benefit gained from experiencing a consistent, well-organised and available therapist, who was able to communicate their understanding and grasp of their difficulties in a way that validated their strengths as well as struggles.

These findings are echoed in qualitative studies which explored the key elements therapists report as valuable for themselves in personal therapy. Butler's (2014) longitudinal case study that followed a trainee’s progress in their own treatment highlighted the presence of reliability, empathic engagement, and tolerance of ambiguity as growing capacities. On the other hand, Kumari (2011) referred to the increased effectiveness in the use of clinical skills, ability to use the self in therapy and relate authentically with the client, and enhancement of self-awareness as key professional outcomes identified by trainees who had received their own therapy.

From the above studies, two broad benefits can be surmised from personal therapy experiences of trainees and graduate counsellors or psychotherapists: a) to assist in consolidating knowledge and skill development, and b) to promote self-awareness and wellbeing. Norcross, Strausser-Kirtland and Missar (1988) report an additional benefit for the therapist in treatment, one that is made somewhat cursorily by the aforementioned researchers, yet one that has significant resonance with this research paper. For these investigators, who reviewed almost 30 years of research, the benefits for the therapist in treatment are described as emerging out of a 'profound socialisation experience' leading to the internalisation of a 'professional healer role'. From this discussion, one might venture that within the intensive socialisation experience of treatment, a capacity highly salient to the role of the therapist is developed.

Treatment gains in search of a causal theory.

Attempts at demonstrating the ways in which a personal therapy assists the trainee have however, been problematic (Risq & Target, 2010a) and have largely included quantitative approaches employing self-report measures which, as Wiseman and Shefler (2001) argue, are likely to be too limited to capture the full spectrum of experiences of a personal therapy. In response to these apparent research limitations, a number of qualitative approaches have explored therapist's experiences of treatment (Macran, Stiles & Smith, 1999; Wiseman & Shefler, 2001; Butler, 2014) which provide valuable perspectives into the process and outcomes of personal therapy for the therapist. Nevertheless, what remains somewhat elusive in their findings is a generalizable theoretical framework to both explore and account for outcomes and further avenues of research (Risq & Target, 2010a; Geller, Norcross & Orlinsky, 2005).

One notable framework that may be well used to explore the dynamic processes underpinning therapy can be found through recent interest in common factors, which point to the central role of the treatment relationship as a basic factor contributing to the positive effect of treatment, regardless of prevailing treatment modality (Zuroff et al, 2010; Lutz et al, 2007). Fonagy (2014) highlights the general contribution of the treatment relationship well, stating if therapies worked the way indicated, some should work better than others.

Stiles and Wolfe (2006) provide a similar account of the broad impact of the working alliance, describing it as encompassing a positive affective bond, that supports a shared commitment and engagement to work toward a goal. The effect of this alliance is well researched and reflected in studies that show strong associations between strength of alliance and positive outcome from treatment (Horvath & Bedi 2002; Orlinsky, Ronnestad and Willutzki, 2004). Bateman and Fonagy (2012), Fonagy (2014); and Fonagy and Allison (2014) further suggest a marked overlap between the effect of the working alliance and the security found in an attachment bond, which provides the conditions under which psychological growth unfolds. It is through the generalizable lens of attachment theory and its relevance to the establishment of psychological security, that the experience and response of the trainee to their own therapy can be explored.

Attachment theory and its link to the therapeutic relationship

In one of his last works, Bowlby (1988) observed that the therapeutic relationship for adult clients reflects many of the basic elements of childhood attachment. Five key aspects of a secure attachment bond in infancy have been explicated by Mikulincer and Shaver (2007) and later developed by Mallinckrodt (2010) to account for client responses to their therapist. These aspects include: 1) regarding their therapist as stronger and wiser, 2) seeking proximity through emotional

connection and regular meetings, 3) reliance on the therapist as a safe haven when distressed, 4) gaining a sense of felt security when exploring psychological material with the therapist, and 5) experiencing a sense of anxiety when anticipating a loss of the therapist.

However, as Mallinckrodt et al (2014) suggest, whilst some therapeutic relationships have all features of these relationships, clinical experience suggests that not all actually commence this way.The lasting effects of family disruption / dysfunction, neglect and trauma places the child and later adult in distinct jeopardy in making meaningful use of others, precisely because critical social competencies required for such exchanges were not developed during attachment phases in early life (Mallinckrodt et al, 2014). In response to these early deficits, a number of maladaptive defensive strategies may develop early in life and become quickly activated once again, within the therapeutic relationship (Chen & Mallinckrodt, 2002).

According to Mikulincer and Shaver's (2007) initial framework for understanding attachment behaviours in treatment, when a client perceives their efforts have failed to gain the successful identification and management of their emotions, such individuals shift from a primary security based strategy to one of two defensive strategies. These strategies include one of hyperactivation, or the magnification of expressions of distress, close monitoring of potential abandonment by the attachment figure and a search for continued proximity to this figure. In deactivation, there is considerable effort made to divert attention from distress- or attachment-evoking thoughts and emotions. In this sense, there is an uncoupling of thought from emotion during periods of heightened distress leading to a withdrawal from the therapeutic relationship as a potential context for the successful management of such feelings.

The key contention of adult attachment researchers whose interest focuses on therapy (Mallinckrodt et al, 2014; Lilliengren et al, 2014), is that through the activation of these two secondary attachment strategies, the likelihood of the therapeutic alliance reflecting all constituent elements of secure attachment is greatly reduced. A follow-on effect of the reduced presence of attachment security are greater challenges to the successful exploration and amelioration of the factors responsible for distress (Mallinckrodt et al, 2014). Of significance to this study is the contention that as attachment phenomena present a broad generalizable framework for exploring adult behaviours in therapy, its significance is likely to extend to the trainee.

Rizq and Target's (2010a) examination of the contribution of the trainee counsellor's attachment status with their therapist in shaping the ways in which they made use of their own therapy, reflects a notable attempt in exploring the effect of attachment variation. Results of this study suggested that counsellors who were securely attached were able to better identify and explore challenging emotions that were, for example, evoked by difficult clients and/or interactions. Those therapists identified as insecurely attached (either hyperactivating or deactivating), engaged with and found benefit from their therapist in other ways, reflecting a preference for behavioural modelling of their therapist, over the identification and management of complex feeling states. Both outcomes might be regarded as positive benefits, yet the difference suggests a number of possibilities regarding the process of learning and development as mediated by attachment.

In another study, Risq and Target (2010b) used a qualitatively-driven approach to examine accounts by trainee therapists of their training analysis. Results of the study suggested that despite setbacks and struggles within the relationship, securely attached and earned-secure trainees reported significant benefits from their experiences in treatment. For those individuals identified with insecure attachment patterns, significant challenges were identified by trainees both in terms of their

reported sense of support by their therapist, and in the emergence of difficulties managing power imbalances and the degree to which disclosure and exploration of emotional content was possible. Results suggested that the effect of a background of neglect or compromised experiences in childhood continued to shape their current experiences with their training institutions and their therapist.

In both studies by Risq and Target (2010a, 2010b), the effect of the individual's attachment orientation to their own therapist was found to play an important role in shaping trainee-clients' capacities to collaboratively engage with their therapist, and the consequent trajectory and outcomes of treatment.

Fonagy and Allison (2014), further propose that variations in attachment (secure and insecure / hyper- and deactivation) between therapist and client are reflected in different patterns of credibility that patients attribute to both their own and their therapist's perspective. This pattern of credibility attributed to an attachment figure's perspective and that of their own, is described as shaping the prevailing 'epistemic state'. This perspective builds on recent contributions by developmental psychologists Csibra and Gergely (2009), whose contributions point toward attachment relationships as primary sites for the transmission of social knowledge: a knowledge that corresponds to the significance of words, gestures, artefacts, social habits, and rituals (Gergely & Unoka, 2008) as they relate to the self and the wider social world. Of particular significance to this store of social information, is the emergent capacity to recognise in themselves and others, those categorical emotions which are shared within the culture.

A specialised context for learning: The Theory of Natural Pedagogy

Social learning or referencing (Egyed, Kiraly and Gergely, 2013) involves the accumulation of knowledge of objects and the relationships between objects that are readily encountered within the social and material world: as transmitted from one individual to another. Research with preverbal infants shows them to be open to transmissions which involve object-directed emotion expressions that convey person-specific feelings toward both the object and what is termed kind-generalizable information about objects (Egyed, Kiraly and Gergely, 2013). An example of this kind of generalisable object-directed expression might be seen in the parent who puts their hand near a hot plate and winces in pain whilst looking at the infant and back to the plate. The transmission encapsulates a specific emotional valency of a hand going near to an object that will possibly injure, and that this situation will be generalizable to objects that look similar. In this way, to borrow from Winnicott, *the caregiver brings the world to the child* (Greenberg & Mitchell, 1983), and begins a process of learning to trust in the relative usefulness in another perspective to broaden one's grasp or handle on the experiences evoked by the wider animate and inanimate world.

The attachment relationship has been identified as an environment which is ideally designed for the transmission of this kind of knowledge, through what is described as the Pedagogic Stance (Csibra and Gergely, 2009). This stance involves the child and the parent in a particular readiness to broadcast and to receive: the caregiver is biologically cued to act in the role of teacher, or pedagogue, whilst the child assumes a role of student.

Csibra and Gergely (2009) develop Sperber and Wilson's (1995) notion of communicative ostentation, proposing that an agent (adult, parent, or teacher) uses particular signals or cues to cue the addressee (infant or student) for the intention of the agent to communicate. These kinds of

ostensive cues are nested in the rhythm of mother-infant interactions and include: the increase in eye-to-eye contact; the use of mother-ease which corresponds to the tone and gesture specific to the caregiving relationship; and an indication that the information about to be provided is directed toward and relevant to the child-addressee. Such cues serve to momentarily halt a kind of 'natural disbelief' (Fonagy and Allison, 2014) or what Sperber and Wilson (1995) call 'epistemic vigilance'. The momentary halting of vigilance brings with it a preparedness to assume a relationship not just with the source of information but what is being transmitted, to trust it. Shafto et al (2012) refer to this state as *epistemic trust,* a state of mind which is shaped through the inference not just about the credibility, but the intent of informants.

The information encoded in these transmissions includes a universe of objects, concepts and experiences available for the shared attention of parent and infant (example, "that kettle is hot, better not touch it!": accompanied by a look of physical discomfort on the face). It may also include information about the mind of the addressee that can be regarded as generalisable and relevant to the addressee across situations (example: "when you feel unsure about x, you can speak up and look for assistance"). This information can be stored and used as part of procedural and semantic memory, perhaps best reflected in the kinds of secure scripts associated with attachment security ("If I fall and cut my knee, Mummy will make it better").

Research by Fonagy, Gergely and Target (2007) make the overlap between ostensive communication, maternal sensitivity and attachment security explicit, suggesting that a securely attached child will readily trust his/her caregiver to be a credible source of knowledge because the caregiver has more reliably made use of ostensive cuing. Infact, predictors of secure attachment in the parent-infant dyad include the presence of such cues in communication (eye contact, accurate turn-taking, use of mother-ease or specific tone and gesture, and appropriate or "in-time"

reactivity). These cues appear to trigger in the infant, the conditions under which the reliable transmission of information about the self and the wider world can be made (Egyed, Kiraly and Gergely, 2013).

Attachment and epistemic states

A summary of the above discussion is succinctly made by Nolte, Guiney, Fonagy, Mayes and Luyten (2011, p. 52) who note that in infancy and childhood, attachment security presents the ideal context for the conditions of epistemic trust. Here, the presence of trust in the attachment figure indicates to the infant that the information relayed by them can be regarded as both useful in the social and cultural context and relevant to the self. This information would include experience about the internal world of emotion and cognition, wish and belief, and how these experiences are shared by others. In this sense, the self and its links with the social world are in a process of identification, exploration and elaboration whether between child and caregiver, and by extension, patient and therapist. In both contexts, the mind of one is found in the mind of the other (Bateman & Fonagy, 2006) and given social or cultural relevance and value.

Corriveau et al (2009) provides evidence of this link between attachment security and its contribution to the development of epistemic trust. In a longitudinal study of attachment, 147 children whose attachment was assessed in infancy were tested twice for epistemic trust at 50 and 61 months of age. For the test, the child's mother and a stranger made contrary statements to the child regarding the name of an unfamiliar object; the name of a hybrid animal made up of 50% of two animals; and a third hybrid made up of 25% of one and 75% of another animal. In the last case, the mother always made the less believable claim whilst the stranger provided the more likely answer. The nature of their attachment relationship turned out to have a strong effect on the child's

trust in information imparted by the attachment figure. Children identified as securely attached, tended to show a preference toward accepting claims made by their mother when they were plausible but trusted their own perception when the claim made by the mother appeared implausible (in the third hybrid animal). Conversely, insecure-avoidant children appeared to withhold trust in their mother and preferred to attend to information from the stranger, while insecure-resistant children withheld their trust in the strangers claims even when their mother made improbable claims. As the findings demonstrate, attachment security, embedded in a history of feeling registered as separate and understood, appears to increase the likelihood of trust in a source of communication when it is reasonably credible (Fonagy and Allison, 2014).

Epistemic Trust in adulthood

In adulthood, epistemic trust is signalled in an individual's willingness to consider new knowledge from another person as trustworthy, generalisable, and relevant to the self (Fonagy & Allison, 2014). In a sense, epistemic trust reflects an attitude of readiness to learn information from others, that may be highly salient to the self, but which may be otherwise inaccessible. It is a counterpoint to the saying "you cannot see around your own corners", to which epistemic trust replies "but you can make use of others to assist you". This emphasis on learning from others points not so much to the content of what is learned but rather how one receives and absorbs social knowledge; a process that involves privileging some individuals with a credibility regarding such personal information. This process of opening the mind so that one can trust the social world by altering expectations regarding the credibility of one's own or another's perspective (Nolte et al, 2011) is central to our understanding of the movement from epistemic vigilance to trust.

Attachment variation in adults and differing epistemic states

To return to findings by Corriveau et al (2009), it would appear that differences in attachment orientation do indeed shape variations in the capacity to trust and make use of social information. These differences are reflected in expectations in the credibility and authority not just in another, but in the capacity to trust one's own perspective at times when it differs from an attachment figure. Fonagy and Allison (2014) speculate about differing types of epistemic attitudes shaped through attachment insecurity: in which a history of attachment avoidance may generate "epistemic mistrust", reflected in the strategy of "bond de-activation". Mallinckrodt's (2014) description of bond deactivation with its search for a "compulsively independent" solution to attachment losses, can now additionally be viewed as a withdrawal from regarding the therapist as a credible, authoritative and benign source of information about the themselves and the wider social world.

In anxious attachment by contrast, Fonagy and Allison (2014) suggest a different stance made by the client, vis-a-vis their approach to learning and developing a knowledge of minds. Here, a kind of "epistemic uncertainty" may emerge, through over-reliance on the views of the attachment figure, even when they differ markedly from their own. The stance once again reflects Mallinckrodt's (2014) description of the hyper-activation orientation, which emphasises how such individuals may favour affect and affect expression over cognition as a key vehicle for increasing proximity to attachment figures, leading to reduced opportunities for exploration of the cognitive content of belief and expectation.

Both hyperactivating and deactivating strategies may further reduce credibility and usefulness of one's subjective experience to manage emotion or navigate social exchanges, either because of biases towards or away from the attachment figure. This conceptualisation offers an intuitive link

between attachment orientation and one's style of making use of social information made available by others, and in particular, from one's counsellor or therapist. Yet to date, no quantitative or qualitative research has examined these hypotheses specifically explicating their presence and relevance to process variables in adult psychotherapy.

Attachment variation, trust and significant moments

Fonagy and Allison's (2014) description of differing epistemic states raises a number questions regarding their relevance to clinical practice. If attachment variation does shape the approach to learning from another, will it also shape the kinds of narratives trainees recount when they describe significant or memorable moments in therapy? Csibra and Gergely (2011) refer to education theorist Robert Havinghurst's description of the "teachable moment" as one in which the learner registers that their teacher has sufficiently found their mind enough to present information that will make subsequent learning possible. It is ventured here that such moments represent the nucleus around which a developing aspect of social knowledge emerges, and as such may be encoded and recalled by individuals as having particular heuristic significance.

A client with an insecure attachment style is, by definition, someone who has difficulties in the past and continues to have difficulty in the present, experiencing his or her attachment figure as a secure base (Fonagy & Allison, 2014). There is no reason then, that the therapist will somehow escape these difficulties and immediately become a secure base. Berant and Obegi (2009) in fact point out that there is every reason to expect that in important respects, the insecurely-attached individual will experience the therapist in ways similar to the experience of his or her attachment figure. In this sense, the client will not necessarily and automatically have a confident expectation in the availability of the therapist, and indeed will at some level fear

and expect rejection from their therapist, and a possible lack of sensitive responsiveness or empathic understanding the part of the therapist. In this particular way, one may expect that the repetitive nature of attachment organisation will show some effect on those moments that are viewed as both instructive and facilitative to the trainee. A hypothetical example may be reflected in the hyperactivating client, whose recollection of a therapist who does not reject following an angry broadcast by the client, may be viewed as a teachable moment regarding the significance of anger in social negotiation.

This spectrum of interpersonal sensitivities and consequent negative treatment reactions associated with attachment insecurity (Berant & Obegi, 2009; Mallinckrodt, Choi & Daly, 2014) place growth and exploration in jeopardy, and heighten therapists' need to engage with sensitivity and flexibility to the ways in which clients experience what helps and halts the process.

In early development where attachment security emerges, sensitive responsiveness on the part of a parent involves reliable responding to the child's unfolding emotional and behavioural display, coupled with the provision of a relatively un-intrusive environment where safety and play occur in balance (Van Ijzendoorn, 1995).

What constitutes 'sensitive responsiveness' in adult therapy involves an analogous process whereby, as Fonagy, Gergely, Jurist and Target (2002) suggest, the key factor includes a process of feeling understood by the attachment figure. In therapy, sensitive responsiveness refers to the accurate representing of the client's mental state in the mind of the therapist (Fonagy & Bateman, 2006), and their communicating this understanding in such a way that the client feels

heard, understood and able to see more confidently the particular organisation of their mind as it relates to, amongst other things, their difficulties.

It is this cultivation of mental activity to reflect on the organisation of one's own mind and the minds of others which facilitates trust and the emergence of teachable moments between individuals. Fonagy, Gergely, Jurist and Target (2002) refer to this key activity as mentalization, and propose that at the heart of a secure attachment relationship, is the presence and effect of mentalization. As the activity of mentalization progresses throughout treatment, what was once a capacity readily activated by the therapist is gradually taken up with greater confidence by the client, to explore theirs and other minds, with less anxiety and distress.

"The need for the literal physical proximity to an attachment figure in early life, gives way to the emotional and epistemic [author's inclusion] proximity to the attachment figure in later life. Both experiences of physical and emotional closeness provide the speculated benefit of lowered distress and the sense of greater security". (Berant and Obegi, 2009. p.356).

An understanding of the contribution of epistemic trust to variations in learning stance, experiences of rupture and repair, and facilitative moments may well provide fruitful perspectives to what processes assist not simply in the development of the trainee therapist, but clients in general. Moreover, an account of what in-session experiences epistemically mistrusting or uncertain individuals identify as helpful would extend our clinical reach to individuals who as Landrum, Eaves and Shafto (2015) describe, struggle to both *learn to trust, and trust to learn*.

Aims

This study explored descriptions of mistrust in long term psychotherapy, and the strengthening of the capacity to learn from and teach another mind. The capacity to view information about ourselves as credible when presented by another, is referred by researchers such as Sperber et al (2010) and Fonagy and Allison (2014), as epistemic trust. This study sought to explore this phenomenon in graduate trainees of psychotherapy, for whom both personal and professional life may be enhanced through the development of this kind of trust.

In exploring the subjective experience of epistemic trust and proposed variations associated with attachment insecurity, this study sought to ask two broad questions:

* Are there identifiable patterns of social learning or epistemic states and, if so, what are the particular qualities associated with them?, and
* Are differing epistemic states associated with different accounts of significant or teachable moments by trainees?

Responses to these questions were hoped to provide a useful perspective into the developmental processes underpinning a range of clinical phenomena including therapeutic impasses, facilitative activities and outcomes. For the trainee therapist whose work occurs at intersection of the personal and the professional, a knowledge of their generalised approach to social learning may also offer valuable insights into both spheres of life.

Based on the previous review of literature, it was expected that interviews with trainees who receive their own therapy would likely reflect positive outcomes, yet may well reflect different approaches to trust formation and subsequent growth: possibly reflected in differing learning pathways.

Methods

The Design

At the basic level, this study asked the question: what does a preparedness to learn from another about oneself look like? What are the signs that suggest to the individual receiving therapy that the person they are speaking with is a trusted source of information about themselves and the social world? And, at a more pragmatic level, do differing attachment orientations vis a vis the therapist shape different experiences of trust, or epistemic states, in the trainee?

Following an exploration of variation in epistemic states, a second focus sought to identify if differing epistemic states are associated with different accounts of significance or teachable moments as described by trainees. The above questions involve not so much an investigation of the magnitude or prediction of a phenomenon (as reflected in quantitative research) but the shape, texture and variability inherent in it. This kind of investigation draws specifically from the individual voices that make up the data collection process, and the theories that emerge are explicitly shaped through such information. It is an attempt to capture the "what" of trust formation in all its real world complexity - and as such it reflects and draws from a qualitative research paradigm.

A QUALITATIVE-Quantitative Mixed Methodology

The methodological approach for this study can be described as a Mixed Method, employing a comparative case study approach to exploring the experience of epistemic trust and growth for trainees in their own psychotherapy. The use of case studies allows for an in-depth exploration trust and growth for the purposes of building a plausible theory derived from the analysis of and comparison between individual cases (Eisenhardt, 1989).

A primary qualitative analysis of semi-structured interviews was used to explore trainee responses to questions relating to trust and significant moments. This analysis produced a coding framework that was applied to all trainees and would become the basis of later contrasts that would be made according to attachment variation. A quantitative exploration of trainee attachment orientations to their therapist was used to triangulate a self-report measure (Therapeutic Distance Scale) and a clinician-administered rating scale (Patient Attachment to Therapist Rating Scale), which was applied after coding of transcripts took place. A concordance between these two scales was sought to produce a valid approach to the formation of differing attachment groupings to the treating therapist.

A Primary Qualitative Approach

The comparative case study approach is matched well with a grounded theory paradigm which during the analysis phase, continually moves between within-case and cross-case analyses of data. The creation of codes through this iterative process within and between cases is described by Charmaz (2006) as abductive. Eisenhardt (1989) suggest that this approach to interview data forces investigators to go beyond initial impressions toward a more reliable and representative conclusions

regarding the phenomena under investigation. This method for conducting qualitative research has been adopted widely by clinical and research psychologists (Wertz et al, 2011) for its ability to incorporate large volumes of data from sources such as intensive interviews and narratives, for the purposes of studying topics related to the self, identity and meaning formation.

A notable contributor to grounded theory, Kathy Charmaz (2006), describes the method as a directed conversation which typically used the interview format to explore and eventually codify the experiences that arise within it. Interviews are flexible and emergent in terms of the ways in which participant responses shape the focus of enquiry. The method of grounded theory consists of a systematic approach to inquiry with several key strategies for conducting analysis. These strategies are: (i) inductive in the way meaning is derived from the actual voices of respondents; (ii) comparative in terms of how these voices correspond and differ with one another; (iii) interactive in terms of how the material corresponds to other data, and; (iv) iterative in terms of the researcher's referencing between older and newer emerging data.

With an emphasis on the phenomenon of action, a branch of grounded theory which emphasises the contribution of social interaction to the construction of knowledge is described as social constructivist grounded theory (Charmaz, 2006). Charmaz (2015) states that this approach to the analysis of social interaction is particularly useful in psychological research where the system is constantly in process but the nature of which is not immediately apparent (Wertz et al, 2011). Key questions for the researcher in interacting with the data and engaging with the inductive process of collection and analysis include: *what is the participant or interviewee doing right now - how are they responding and what are they describing?* (Charmaz, 2015). It is an approach which differs from earlier versions of grounded theory, such as "objectivist approaches" described by Strauss and Corbin (Wertz et al, 2011) which present an approach to conducting analysis of interview data that

can represent phenomena in overly conceptual, inclusive or experience-distant terms that lose the intrinsic linkage between meaning formation and its interactive context.

Secondary Quantitative Approach

Coupled with a qualitative framework, a smaller quantitative exploration will be used to provide both a source of data that may be used for confirmatory reasons, and the possible ready identification of contrasting groupings. The data from these tools is intended to identify differing attachment patterns between trainees and their treating therapists, and will be used for the purposes of identifying different attachment patterns present in the trainee group.

Participants

The participants for this study were sourced from two well-established institutions in Sydney, responsible for the training of post graduate-level counsellors and psychotherapists.

Participants were selected on the basis that they had received their own therapy for a minimum of six months, in order to ensure some degree of change or collected therapeutic experience. The selection of a minimum of six months in-treatment as an inclusion criterion was also used in line with Mallinckrodt's (2010) identification of mid-treatment times as reliable points from which to identify attachment patters between clients and treating therapists.

Five individuals (4 female, 1 male) agreed to participate in the research, with four conducting face-to-face interviews and one agreeing to a Skype interview due to travel-time restrictions. They were aged from 39 to 61 years old and each had previous undergraduate qualifications and a minimum of

eighteen months clinical experience as counsellors or psychotherapists. Trainees typically received treatment by practitioners who were referred by the training bodies, and provided intensive psychoanalytically informed or relational psychotherapy. There was a marked spread in therapy duration, with a range of fifteen months to 20 years.

Each participant identified their intention to work as a psychotherapist at the completion of their studies, in either private practice or within an organisational setting.

Materials

Client Attachment to Therapist: The Therapeutic Distance Scale (TDS)

The Therapeutic Distance Scale (TDS) was developed by researchers Mallinckrodt, Choi and Daly (2014) to assess and explore a client's experiences of therapeutic distance versus engagement with their therapist. The scale is included in Appendix 1.

The self-report scale was first pilot tested in 2013 and explored client attachment patterns at mid-stage and termination of their therapy, and the degree to which these patterns are altered through emotionally corrective experiences with their therapist. Respondents were asked to record the extent to which they agreed to statements relating to their experiences and perception of their therapist.

The 36-item scale includes two sub-scales highly correlated with the two insecure patterns of attachment (avoidance and anxiety) as they relate to client subjective reports of their feelings about their therapist, and two corresponding dimensions that assess the presence and experience of in-therapy corrective emotional experiences (Growing Engagement and Growing Autonomy).

The scale is presented with a six-point Likert-type response format: 1 (strongly agree) through to 6 (strongly disagree). Respondents are asked to record the extent to which they agree to statements relating to their experiences and perception of their therapist.

The sub-scale relevant to patterns of attachment avoidance or deactivation, reflects items that measure client assessments of their therapist as "Too Close" in terms of 'therapeutic distance'. A second sub-scale that correlates to patterns of attachment hyperactivation is included and reflects items that explore client assessments of their therapist as "Too Distant" or emotionally unavailable.

In the development stage of this scale, Mallinckrodt et al (2014) showed acceptable estimates of test-retest reliability, with 0.85, 0.77, 0.77, 0.71 for the Too Distant, Too Close, Growing Autonomy and Growing Engagement sub-scales (Mallinckrodt et al, 2014). Evidence for construct validity was found in relation to working alliance, with elevated levels on either Too Close or Too Distant being found to be significantly negatively correlated (-0.49** and -0.83) with scores on the well-established self report scale known as the Working Alliance Inventory (WAI, Horvath & Greenberg, 1989; cited in Mallinckrodt et al, 2014). With respect to the dimensions (hyperactivation and deactivation) and their relationship to a previously validated measure of client attachment orientation (Experiences of Close Relationships, ECRS, Brennan et al, 1998, cited in Mallinckrodt et al, 2014); results reflected significant correlations with Anxious (r=0.36*) and Avoidant (r=0.31*) groupings respectively.

Patient Attachment to Therapist Rating Scale (PAT-RS)

The Patient Attachment to Therapist Rating Scale (PAT-RS; Lilliengren, Werbart, Mothander, Ekstrom, Sjogren & Ogren, 2014) uses a system for rating sections of transcribed interviews in

which patients discuss their relationship to their therapist. The rating scale is designed for assessing the patient's attachment to their therapist from any kind of qualitative data where the patients describe their therapy experience and the relationship with the therapist.

A rater first reads the interview transcript, and applies a rating system which compares patient responses with four prototypical descriptions of the secure and three insecure attachment patterns. An example of the rating system can be found in Appendix 2. Results from this rating process reflect the patient's attitude toward their therapist across nine theoretically established aspects of an attachment relationship (see Apprendix 3). The outcome of this rating process across all nine dimensions reflects not only a specific attachment category; but also a dimensional reflection of the degree of security across the anxious and avoidant spectrum.

An example of the way an assessment is made using one of the nine dimensions reflected in the tool, would be the degree to which the participant experiences their therapist as a 'haven of safety': someone who is described as available for providing an appropriate degree of emotional proximity and soothing for the patient during times of distress. Each attachment sub-scale will have its own description for the likely appraisal each attachment orientation makes regarding this component.

The PAT-RS shows excellent internal consistency (Cronbach's alpha a > .90; in Lilliengren et al, 2014) which was observed for all four sub scales (Security, Deactivation, Hyper-activation and Disorganisation). Three of the four sub-scales showed good inter-rater reliability (ICC > .60) with the hyperactivation sub-scale showing a weaker rating (ICC < .40). When added to the other two insecure sub scales, however, - an 'insecurity index" produced a stronger inter-rater reliability index (ICC > .70). This possibly highlights that the hyperactivation scale still offers utility in terms of a

secure / insecure discrimination, but may still require review regarding what items best account for a hyper-activation sub-group.

The PAT-RS differs from self-report measures such as the TDS (Mallinckrodt et al, 2014) in that it uses independent ratings of patient narratives. Arguably, this makes PAT-RS less susceptible to self-report biases and more receptive to implicit indicators of attachment quality. Further, rather than resulting in a patient attachment to therapist classification, PAT-RS assesses both secure and insecure attachment to therapist dimensionally, which is more useful for research purposes.

Semi-structured Interviews

To best capture the experience of mistrust and subsequent development of a learning relationship between therapist and client, a semi-structured interview format was selected. The interview was organised to assess not only trainees' prevailing attachment patterns with respect to their therapist; but also key aspects that have been theoretically discussed (Sperber et al , 1995; Fonagy & Allison, 2014) in relation to epistemic trust. **A copy of the interview guide can be found in Appendix 4.**

With respect to assessing attachment patterns of trainees, two aspects of the therapeutic relationship were explored in the interviews and rated using the PAT-RS. These sensitising aspects firstly revolved around descriptions of the progress of the trainee's therapies. Questions such as "Could you describe how your therapy has progressed to date?" were used to explore thematic and process variables that was be used to identify differences between 'secure' and 'insecurely attached' participants. Another series of questions explored participant experiences of their therapist in terms of both positive and negative, and helpful and unhelpful qualities. In order to identify if participants could coherently elaborate on their therapist's facilitative aspects, they were asked questions such

as: “Could you share how your therapists helpful qualities have assisted you in the treatment so far”.

Whilst the entire interview was not rated by the PAT-RS, the above-mentioned aspects relating to progress and descriptions of the therapist provided a large data source to rate trainees’ attachment orientations to their therapist. Lilliengren et al (2014) suggest that any transcribed material which contains patient descriptions of their therapist and the progress of their therapy together, provides data which can be used to yield a valid assessment of the patients attachment to their therapist. The information from this clinician-administered rating of transcripts was used to provide convergent agreement with the TDS, which was completed by trainees prior to the interview.

In relation to the domain of epistemic trust, a series of questions revolved around two particular sensitising topics. These topics included the trainees’ experiences of trust or mistrust associated with their perception of their therapist as a credible and benevolent source of knowledge about the trainee and their state of mind. Questions such as, “could you describe a time when you may have doubted or not trusted your therapists perspective of you” were selected to explore such experiences of mistrust as episodic or more global struggles. This difference between episodic versus global struggles with the therapist has been well captured in Risq and Target’s (2010) exploration of the differences between secure and insecure accounts of the therapeutic relationship.

A further set of questions were designed to explore trainee experiences of trust and possible uncertainty, not of their therapist’s perspective, but of their own developing perspective as a credible source of social knowledge. This area of research is based on speculation that particular forms of attachment insecurity may give rise to the ‘over-valuation’ of the perspective of the therapist (Fonagy & Allison, 2014) to the possible exclusion of their own independent perspective

as a source of credible information. The area of difference and the negotiation of differences was therefore identified as a phenomenon that may be associated with the development of epistemic trust.

Procedure

Data Analysis

Stage 1 - Grounded Theory Analysis of interviews (inc: Inter-rater coding of 10% and reliability check)

The five interviews were audiotaped and transcribed using a format that identified time-codes and significant pauses taken in participant responses. Following collection of each transcript, a line-by-line approach to coding was used, in which initial codes were created and an iterative process of comparing between participants emerged as each interview was completed.

The coding process was organised around the sensitising topics inherent in the research question. They began with an exploration of the attachment between client and therapist covered through, a) descriptions of the progress of their therapy, and b) descriptions of the therapist as a person. Aspects of mistrust and the development of a learning relationship were explored through, descriptions of doubt and mistrust in the therapist, and descriptions of the handling of differences in content or perspective between the trainee and their therapist. A final set of codes were also developed and corresponded to descriptions of significant moments as recalled by trainees.

This large set of initial codes and possible categories to which they belonged, were then assessed by an independent researcher to determine the degree of validity and inter-reliability of the coding system. Tashakkori and Teddlie (1998) refer to this type of reliability as "inter-judge" or "inter-observer," describing it as the degree to which ratings of two or more raters or observations of two or more observers are consistent with each other.

Following the completion of all line-by-line codes associated with all interviews: a selection of 10% of the transcribed material was provided to a senior clinical psychologist with experience in the application of coding systems in qualitative studies. Codes were independently formulated by this individual and a systematic comparison of all codes associated with the section of transcripts undertaken. Any possible additional coding perspectives from this individual would then be utilised to review the total set of transcripts in a series of comparative sequences to establish a more reliable system of codes.

Stage 2 - Scoring of TDS

The scale was provided to participants prior to their interview and scored after coding of all transcripts, so as to reduce the possibility of bias into the way codes were applied to individual transcripts. Individuals scoring high on the "Too Close" sub-scale, yet low on the "Too Distant" scale were initially identified as having a de-activating attachment to their therapist. Conversely, those individuals scoring low on the "Too Close", yet high on "Too Distant" would be identified as having a hyper-activating pattern. Individuals with low scores on both are identified as "secure". Cut-off scores were determined through reference to the group averages at pre and mid-treatment times as used in Mallinckrodt et al's (2014) research.

Stage 3 - Convergence of TDS scores with interview responses on probe topics (Person of therapist, Progress of therapy)

Following use of the TDS to make an assessment of each participant's attachment orientation to their therapist, a secure and insecure group was initially formed. This quantitative approach to making distinctions between participants in terms of attachment was then compared results from a clinician-administered measure of the trainees' attachment to their therapist.

The Patient Attachment to Therapist-Rating System (PAT-RS) was used to assess participant responses to two attachment related aspects in the interview. Responses were assessed in line with coding guidelines established by the tool, and an attachment orientation to the therapist was made. The use of this separate rating tool that used clinician-rating approach to assessing attachment patterns, was made to provide a valid confirmatory approach to establishing the group differences that would be used to compare narratives.

Stage 4 - Comparison of secure and insecure subjects across interview topics (Mistrust, handling different perspectives, and significant moments)

All interviews were first subjected to descriptive line-by-line open coding. The most frequent and/or significant initial codes were then condensed into higher level analytical categories. Themes common across the initial set of earlier participants were further validated by being carried forward additional clarifying questions. New properties and dimensions of existing categories and new categories were incorporated into the evolving coding framework.

Ongoing comparison of codes and memo writing led to the development of several core categories relating to experiences of mistrust, the handling of perspectives and significant moments. Comparisons between secure and insecure groups were then made across these core categories which could not be condensed further without losing either distinctiveness and commonality across all trainees.

Trustworthiness

The worth of a quantitative research endeavour is reflected in measures that refer to the validity of the concepts under investigation, and their reliability. Within the quantitative research paradigm, authors such as Guba (1981) propose four criteria which apply the rigour of the quantitative paradigm to the naturalistic or qualitative investigation of phenomena.

This study attempted to employ several of these criteria, to establish an approach which validly investigated the phenomenon of attachment orientation, and apply a reliable exploratory frame from which to view epistemic trust variation and significant moments in trainees.

Guba's (1981) first criterion of credibility refers to the internal validity of the instruments and processes used to investigate attachment orientation, and the trainees' experiences of trust and change. In relation to the former aspect of credible and valid research instruments, both measures of trainee attachment (TDS and PAT-RS) were selected for their specific focus on the attachment orientation to the treating therapist, and both demonstrated sound results across internal consistency and inter-rater reliability. The timing of the scoring and interpretation of these scales was also considered to be a significant element to maintaining an unbiased approach to coding, which was completed prior to the determination of attachment styles. This decision was made so as to reflect a

valid coding matrix which stayed faithful to interview data, rather than being potentially shaped through a knowledge of a prevailing attachment pattern.

As previously outlined, credibility was also sought through the use of an independent rater, who provided a line-by-line coding matrix for 10% of the interview data. This coding matrix was compared with the matrix established by the investigator, and a comparison and exploration of codes undertaken. Such an approach was used to achieve a convergent agreement of the coding matrix that would be used across all cases.

The interview guide developed by the researcher also followed an terative approach to investigating experiences of mistrust and significant moments. Shenton (2004) discusses the use of multiple probe questions to elicit detailed data of specific experiences, which increases the likelihood of establishing a credible data source through the inclusion and elaboration of common or repeating themes.

Guba's (1981) description of dependability refers to the degree to which a study could be repeated, in terms of investigative devices, tools, and processes, and across means of data analysis and interpretation. The previous section on procedure, represents an approach to investigating epistemic trust in psychotherapy trainees, which could be readily repeated by another investigator. In the section, a sequence of implementation; and an operational detail of data gathering using attachment measures and the interview guide reflect a dependable and repeatable study approach.

Results

i) Triangulating TDS and PAT-RS: Secure / Insecure Groups

Table 1 shows trainee scores on the Therapeutic Distance Scale (TDS), a self-report attachment measure on the trainee's attachment orientation to their therapist. Results from this measure were then compared with the outcome data for a group of clients (n=47) at a large US university counselling centre which was used as the initial pool of subjects used for the validation of the instrument (Mallinckrodt et al, 2014).

Participant	Too Close	Too Distant	Growing Autonomy	Growing Engagement
Kathy	**2.11***	2.89	5.33	5.33
Claire	1.89	**3.11***	**4.44***	4.67
Sally	1.78	2.78	4.78	5.56
Amy	1.78	2.67	5.44	5.44
Marcus	1.78	2.56	4.78	5.33
Means / SDs	1.87 / 0.14	2.80 / 0.21	4.90 / 0.42	5.20 / 0.34
Means / SDs original TDS n=47	2.14 / 0.74	2.16 / 1.4	4.78 / 0.73	4.91 / 0.74

Table 1. Therapeutic Distance Scale (TDS) results for Interviewees with insecure scores in bold

The results from this present study show similar means and standard deviations on the dimensions as participants in the initial US validation study of the scale (Mallinckrodt et al, 2014). The current

findings indicate that one trainee holds a hyperactivating orientation towards their therapist, with the remaining four holding secure orientations.

The results are suggestive of a possible two group comparison of narratives. This question of two groups was explored by triangulating TDS results with the clinician-administered Patient Attachment to Therapist - Rating Scale (PAT-RS) scores. These scales were completed following initial coding of all interviews to reduce the possibility of rater-bias during the coding process of the transcripts. Table 2 shows PAT-RS results for the current sample of trainees.

Participant	Security	Hyper activation	Deactivation	Disorganisation
Kathy	4.1	1.5	1.4	1.3
Claire	3.5	**3.4 ***	1.4	1.2
Sally	4.6	1.1	1.7	1
Amy	4.4	1.4	1	1.3
Marcus	4.5	1	1	1
Means	4.22	1.68	1.3	1.36
Means / SDs original study n=70	3.34 / 1.09	1.88 / 0.80	1.85 / 0.89	1.39 / 0.80

Table 2. PAT-RS (Patient Attachment to Therapist - Rating Scale) scores for interviewees with insecure in bold

Results from clinician-administered PAT-RS corroborate a two group breakdown of trainee attachment orientations to their therapist, with the same trainee indicating a heightened scale score for the ‘hyper-activation’ dimension.

Given the evidence of convergence, results from the two scales were used to construct a two group comparison which explored the narratives of four trainees who presented with a 'secure' attachment orientation to their therapist, and one trainee with a likely hyperactivating attachment pattern.

ii) Attachment to the therapist, experiences of mistrust and the management of different perspectives: constructing differing epistemic states

The following section includes results from the qualitative analysis of the two areas of interest to this study, the exploration of distinct epistemic states and differing accounts of significant or teachable moments. For each emergent theme, a section of transcript is presented which reflects the source of data from which codes were generated and from which the theme common to all participants is discussed. Sections which are underlined represent the points in the transcript where a code has been generated through the process of line-by-line coding, and which would be used for within and between case comparisons.

Coding of trainee accounts of mistrust revealed four major categories with distinct sub-themes for secures and insecure groups. With respect to descriptions of differences in perspective, there were three major categories with further sub-themes included in secure and insecure accounts. Differences were also evident for accounts of significant moments, with secure trainees eliciting four major categories and the insecure group, three.

Experiencing mistrust across secure and hyperactivating trainees (Source Vigilance) ~

Coding of the interview transcripts yielded four key themes tied to the five trainees' accounts of mistrust in their therapist and experiences that emerged for them in treatment. Table 3 highlights

these four thematic aspects and the ways in which secure and hyper activating trainees adapted to, and experienced them.

Table 3. Relationship between mistrust theme and attachment orientation for trainees

	Attachment to Therapist	
Mistrust Theme	*Secure*	*Hyperactivating (Anxious - insecure)*
Intense Feelings	**"What might happen next ~** Private (not broadcast) / anxious / anticipatory / uncomfortable and somatically registered.	"**What has just happened ~** Evident (broadcast) / angry / irritated.
Narrowing attention and vigilance	**Distributed across self and relationship~** Focus of mistrust includes the capacity of either the self or the relationship to 'handle' the emerging experience.	**Constricted to the therapist ~** Focus of mistrust on the interpretation and perspective of the therapist which suggests something limited or static about them.
View of Therapist	"**The message is not the messenger"** The person of the therapist is experienced as distinct from their messages and transmissions. What they say does not call into question who they are to the client.	"**The message becomes the messenger"** A static ideologically-shaped message episodically dominates over the more "human and present" therapist who is valued and sought out.
Mode of adapting	**Active Remembering ~** Constructing a mental picture of the possible effect of sharing mistrust or emergent experience, based on previous interactions.	**Acting and seeking separation ~** Thoughts about staying or going / seeking out adjunct therapy / irritation is broadcast.

a) Secure trainees describing the experience of mistrust within the relationship:

Theme 1. Intense Feelings (What might happen next)

Secure trainees described intense and uncomfortable emotional states as initially emerging during feelings of mistrust in therapy. Anxiety was frequently noted as a physically uncomfortable presence that was reluctantly tolerated by trainees. They also described a temporal dimension to this

as well, in which attention was centred around what was anticipated to occur if the source of uncomfortable experience were to continue to rise. Trainees described these feelings as private experiences that were not initially broadcast to their therapist.

An example of the above features was illustrated by Amy, who described periods of physically-arresting states of mistrust which were often privately experienced, and coloured by a sense of aloneness.

> *"It was intense to be in a place of feeling really unsure like that. I didn't speak about it for a while and it felt incredibly alone…sometimes it would involve a sense of panic that I might not get out of the state i was in"*

Theme 2. Narrowing attention (Distributed across self and relationship)

For this group, attention and vigilance appeared to narrow around the potential vulnerability in either themselves or the relationship to tolerate and successfully manage the emerging experience. In comparison to the hyperactivating trainee whose attention narrowed toward the therapist only, more aspects were regarded with scrutiny.

Kathy, a trainee who had been in treatment for five years noted the sense of mistrust, which was centred on a vigilance for the solidity of the self:

> *"But it's also a mistrust of myself because I get afraid of myself. I get afraid then… When I'm not back in that way (of trust), I can get afraid of the intensity of my experience…like I might not be able to stay with it"*

The sense of mistrust for some trainees seemed tied to the perception that something within the self would remain unmanaged, misunderstood or threatening. However, other secure interviewees, remarked that vigilance was less about a focus on the anticipated failing capacity of the self, but rather towards the capacity of the relationship to continue to provide what they were beginning to experience as a useful and supportive milieu.

Amy captured this sense well, noting that for herself, mistrust was triggered during a time when her therapist contacted her regarding the presence of an unpaid bill. She said:

> *"My feelings about how she handled the unpaid bill had me worry that we'd not get past it…I had the sense firstly that perhaps she was only in it for the money, but I could put that aside.What I couldn't get past, um…was how I was going to handle this awful feeling I was alone to, and whether there was going to be any way we'd be able to talk about it."*

Marcus echoed mistrust in the strength of the relationship too, but this time, it was centred around the capacity of the relationship to include his feelings which reflected an erotically-tinged element. He described his sense of gratitude for his therapist in being able to help him through a number of key struggles centred around self-esteem and his career transition into counselling and psychotherapy. The emergence of more powerful feelings of attraction toward his therapist stimulated a period of worry and vigilance, in which he struggled privately to come to a choice of whether to share his feelings. His narrowed vigilance at this point in the therapy is captured this way:

"There was a real fear of potentially losing the relationship and all the support I'd had to that point…I was afraid of damaging that…destroying the relationship and therefore the therapy… Could we still have a relational experience?

Theme 3. The Message and the Messenger

Secure trainees' views of their therapist at times of mistrust were often shaped by some rising vigilance regarding the intention and reasoning behind their therapist's perspectives. Despite this skepticism, secure trainees retained a sense of distinction between the person of the therapist and their interpretations or provisions. In this respect, secure trainees descriptions of their therapist frequently illustrated an individual who welcomed feedback from them regarding the accuracy or usefulness of their perspective.

For instance, Kathy described her therapist as actively seeking out her perspective in gaining an understanding of her experience. The communication here seemed to provide her with an assurance that whilst her therapist's ideas could be occasionally be inaccurate, their availability as a safe figure to explore Kathy's mistrust was still present. In a sense, Kathy, like others in the secure group continued to appreciate that the messenger and the message were distinct aspects. She stated:

"Even though at times I'd struggle with doubt about our work together, or what they said or what-have-you, it never got in the way of knowing there was more to learn with them"

Theme 4. Mode of adapting to mistrust

The final theme produced from trainee accounts of mistrust revolved around their subsequent considered response to the emergence of this difficult state of mind. Trainees illustrated a period of

time which was concerned with a quite active mental process of remembering previous interactions with their therapist, and constructing a mental picture of the possible or likely effect of sharing their state of mind. Descriptions also revealed mental activities in which alternate decisions were explored privately and compared. Marcus said:

> *I'm aware of the choices I have around that. Like whether to act, or to think through ways of acting on that (feeling), or whether I choose to let it go.*

b) "Hyperactivating" narratives describing the experience of mistrust within the relationship:

In contrast to the secure trainee's descriptions of mistrust, the trainee identified as hyperactivating reflected different themes that emerged from the four main categories.

Theme 1. Intense feelings (What has just happened)

Claire had been in her therapy for 20 years and for her, the relationship was summarised as "the mothering gap I never had". She described the sense of gratitude toward what her therapist had come to mean for her; a woman who was "solid, present and emotionally engaged" in the work.

Claire also described a lengthy history and struggle against her therapist's perspective on her early life, which when presented unexpectedly or during times of heightened emotion, was experienced as cuing frustration, anger and protest.

The emergence of mistrust in Claire's description, seemed to signal a sense of disconnection to the otherwise highly-prized human presence of the therapist. In response, Claire's quick protest

broadcast the painful loss of this 'human presence' coupled with the sense of being misrepresented. In contrast to the secure group, Claire's feelings were made quickly evident to the therapist. There was little sense of Claire's deliberation or tolerance of the feeling, and the protest signalled a change in Claire's state of mind toward her therapist. Also in contrast to the secure group, Claire's expressed emotion seemed tied what has just happened within the dyad, which both repeated and confirmed a frustrating expectation. For example:

Claire: *So the biggest thing for me has been, um, has been when I get the sense that she's holding onto, that but she's in that ideology…Sometimes I'd rail against her, and I'd say, does it always have to come back to my childhood!"*

Interviewer: *And then do you think something happens with trust at those times?*

Claire: *Um, I get annoyed with her and I used to get really annoyed with her, yeah. Um, we've talked about that kind of thing. I'd get angry because I wouldn't feel seen by her.*

Theme 2. Narrowing attention (Restricted to the therapist):

Claire also described a different focus of vigilance in her descriptions of mistrust, in which she perceived her therapist's view of her early life as shaped by her "psycho-analytic ideology" which seemed to remove the human presence of her therapist from the encounter. It prompted Claire to regard her past history which seemed less traumatic and fraught to her, and it also cued a wariness in her that her therapist's perspective lacked *"the specific training that could speak to the particular symptoms that initially brought me to therapy".*

For Claire, whilst she noted a strong bond with the human and emotionally-present therapist, she felt angry that the ideology of her therapist threatened the hope of being understood. In relation to the triggering of mistrust by the source (her ideology), Claire continued to scrutinise and keep close attention on the therapist and the possible emergence of an ideology which could signal a separation.

Theme 3. The Message and the Messenger (The Messenger becomes the Message)

Claire's descriptions of mistrust suggested the presence of, at times, marked ambivalence toward her therapist. In contrast to an "ideologically oriented therapist" who she railed against, there was also a therapist who was constant, desiring of the work and emotionally engaged. Claire summarised this as a sense that *"she has been really there for me…even in the fine details of my life".*

The theme emerging from this aspect of mistrust was reflected in the difference between the "messenger" of the therapist as a valued attachment figure and their 'message' or transmission which included a perspective, gesture or interpretation.

These two senses seemed to collapse during periods of mistrust, in which the valued messenger became a frustrating message to be 'railed against'. When a message intruded through a poorly timed interpretation or description of Claire's early life, an ideology and interest in past experience was seen to dominate over a connection to a more useful and prized human presence. Claire described the impact of this ideology on her view of the therapist below:

"It becomes like, you know, she's not really going to be able to help me with this because she's going to see it through that lens…

In response to her therapist's ideological lens, Claire became angered and broadcast this as a request to be understood outside "her mode" or ideology. But, the protest seemed to then take up the focus of the exchange, and produced in Claire a sense of growing uncertainty about her own perspective. In one way, Claire's protest obscured her own possible agency as a "messenger" who could amend another's perspective. It was a moment that belied a need for closeness and proximity to the human presence of the therapist, and a withdrawal from entering a process of exploration of differences.

Theme 4. Mode of adapting to the presence of mistrust (Stay or go?)

Claire's attempts to resolve the uncomfortable mistrust in her therapist's ideology was found in recursive patterns of thinking (*"should I stay or go?"*), and the eventual emergence of an action or choice that she saw could assist her sense that another perspective was needed.

Claire described her decision to seek out another therapist to provide a specialised perspective on her struggle. She described the choice as a short term exploration, one that would run along side her existing treatment. She said:

"I'd go through phases of, you know, of thinking this is not helping or should I just leave — and I did go off and see a cognitive behaviourist at one point…Paralleling."

Claire described the time with this therapist as a useful experience which assisted her in developing a knowledge specific to her symptomatic difficulties. To this end, the choice and action seemed to serve an adaptive attempt to fill in a gap in knowledge or self-perspective.

The management of differences across secure and hyper-activating trainees (Content Vigilance)~

The next series of questions explored trainees' experiences of vigilance to the content of information explored within the dyad. This aspect follows Sperber et al's (2010) perspective that epistemic vigilance is shaped by factors that include the benevolence of the source of information (the therapist), and the plausibility of their transmissions in terms of content. To this end, questions were used to explore how differences in perspective were negotiated between trainee-client and therapist. Table 4 contains the three main categories that emerged from transcripts, with each grouping showing a separate theme.

Table 4. Relationship between the handling of content differences and attachment orientation for trainees

	Attachment to therapist	
Managing Different perspectives…	Secure	Hyperactivating
Initial reactions	**Struggling with & accepting difference ~** Feeling initially anxious, then accepting or allowing of a difference in perspective.	**"Latching onto anything" ~** talking about things I know she's interested in"…'coming for tea'… seeking lowered intensity. Seeking an absence of difference by presenting information oriented to the interests of the therapist.
Developing perspectives	**Comparing differences ~** Comparing perspectives and referring to memories of previous interactions with the therapist and previous beliefs to determine the plausibility of new information.	**Developing separate account ~** Developing an account on herself as somewhat different to that of therapist / creating a discrete "personal hypothesis".
Responding to the difference	**Broadcasting & incorporating ~** Therapist inside epistemic loop - "more data for joint attention" "Mutual journeying" - co-influence	**"Waiting" / delaying ~** "Waiting" for the right time… / Therapist is out of epistemic loop - no mutual influence / joint attention on difference deferred

a) Secure narratives describing experiences of different perspectives

Theme 1. Initial reactions. (Struggling and accepting)

Amy suggested that in the first year her therapy, her therapist's perspective on her state of mind or symptoms would trigger feelings of anxiety and wariness, due in part to the possibility that her own perspective on herself might be less certain than she once thought. For example, "opening to an alternate perspective which may be more flexible and veritable" (as Amy notes) calls into question the certainty with which Amy viewed herself and others. She described a period of uncomfortable and anxious awareness of the difference, which slowly gave way to an acceptance that the difference may well provide a useful resource to managing her difficulties.

Amy: *Well I did struggle for a while because I had held this pretty fixed view about how I was…*

Interviewer: *So it was hard to give that view up?*

Amy: *I couldn't believe she could see me any other way…her sense of me just seemed at times so different…but she kept telling me to use my own experience to check it out. And, um. It had me start to wonder how I had been so sure of what I knew..it was scary at times to see that in a way, I might have to revise something I'd been so sure about.*

Theme 2. Developing Perspectives. (Comparing differences / Building Ground)

During this period of struggle with alternate perspectives offered by their therapist, secure trainees described moments of intensive mental activity in which viewpoints were compared, and

experience and background belief was used to assess the plausibility of perspective. Memories of past interactions with their therapist were actively referred to, which built the ground to accept as credible the content of the therapist's perspective. Referral to these memories also provided an impetus to broadcast their perspective to the therapist at times when they regarded them to be in error.

"Built ground" arose out of the numerous exchanges that on average confirmed to trainees that differences and errors in attribution could be successfully negotiated within the dyad. These experiences were then recalled during times of heightened awareness of difference: bringing some assurance to the possibility that a moment of broadcast from the trainee could assist in orienting their therapist to that difference. And in offering this correction, assist the therapist in understanding a view of the trainee that they had previously not seen. Building ground assisted in moving the dyad into collaboration.

Marcus, reflected on the effect that a successful interaction had on the laying down of what he described as "built ground"

Marcus: *What I think I was doing was checking out – we'd already covered significant built ground to that point.*

Interviewer: *Built ground?*

Marcus: *Yeah. We'd worked on some really huge things. I guess, for me, it was probably just noticing my process of anxiety or my process of fear around it and helping reassure myself that she would hold this. That there was enough evidence there to show that*

she would be able to support me in this…So, that was the process, really checking in and stepping around the critical or the fears and checking out are they real or are they imagined fears, and then being able to support myself to go there and share more.

Theme 3. "Responding to the difference" (Broadcasting / incorporating)

Following reference to the built ground of previous interactions with their therapist, trainees in the secure group described moments whereby the choice to broadcast or amend their therapist's perspective, or some acceptance of new / alternate information, was made. The relationship was described as being a place of whereby material was incorporated or emerged after multiple broadcasts by the trainee and re-orientations by the therapist. For example, Sally remarked on a sense of greater trust with her therapist, who was described as both encouraging scrutiny on the content of his provisions and encouraging of her capacity to correct and amend during times of heightened mistrust. The effect laid down a series of memories she would later use to support her growing capacity to broadcast amendments to her therapists understanding of her.

Sally: *"Him kind of owning his contribution kind of settled me down a bit and we were able to work it through I suppose and eventually I think we got to a place where I could see what he was saying but I was able to also say my bit too. It helped me see he was open to to being corrected by me. It has become an important sense in me that I can use to speak up when things feel off"*

Marcus sharpened this aspect of intersubjective or co-constructive activity which involves client and therapist in a state of preparedness to both teach and learn from one another.

Marcus: *"If I bring myself authentically - she's already demonstrated she brings herself authentically, and we can meet in that place…if its authentic its going to be welcomed…it's a relationship based on mutual journeying - not her as expert, even though she will hold the space for me as client.*

b) Hyperactivating descriptions of the experience of different perspectives:

Theme 1: Initial Reactions ("Latching on")

Claire described moments of "latching on about anything", which seemed tied to a preference for proximity to her therapist rather than broadcast of difference in perspective or need. Her search for material that she saw would appeal to her therapist's interests was suggestive of this move, via an orientation to her therapist's perceived suite of interests. By orienting this way, the unfolding experiences she described had a lowered demand or intensity. At these times, Claire sensed that she "coasts", but the choice seemed to bring its own relief.

The attentional bias during these early moments of difference, is once again directed toward the therapist and Claire's imagined state of mind attributed towards her. This is similar to the experience of mistrust Claire described earlier, whereby her protest is directed toward an insufficient message/messenger who's ideology presents a division or rupture.

Claire: *Um, well there's been times where I just, you know, debriefed, I go along to see her and I just sort of, you know, latch on about anything.*

Interviewer: *Are you saying that that happens at times times when her perspective hasn't felt helpful?*

Claire: *I don't know actually…there are times though where you come in, sit down and talk about anything and I know at times I can talk about things that I know that she'd be interested in, um, I can use up all the time then.*

Interviewer: *But that doesn't sound like it bothers you?*

Claire: *Um, because, you know, like. she does pick me up at those times …*

Interviewer: *Like, you got me…so to speak?*

Respondent: Yeah, yeah. Um, but sometimes I'll come away thinking oh, you know, I just sort of coasted.

Theme 2. Developing Perspective (A private process)

Claire's responses to how she related to her own perspective and its potential points of difference with her therapist was described as a private search for some certainty or credibility of her own memories and perspective. For Claire, she described a process of solidification and active remembering, which required a privileging and return to her private hypothesis on herself, undistracted by her therapist's constructions of her early life.

Interviewer: *What do you do when the uncertainty comes up, regarding your difference of view from hers?*

Claire: *I think it's much, much harder to try and hold onto believing those memories or viewpoints…so it was kind of like you have to have a bit of a hypothesis and then eventually believe your own experience so that's been my big struggle.*

Interviewer: *It sounds like a private struggle at times.*

Claire: *Yes. And things are not linear you know, I don't know how much I had to revisit being able to own that view of mine, and sit with both what I didn't get and honour that and what I did get and honour that…sitting with my own story and remembering it…*

Theme 3. Responding to the difference ("Waiting")

Claire's choices at times when she reached a potentially different perspective on herself to that of her therapist were thematically reflected at several moments of the interview in a decision to wait or delay broadcast. She reflected at one point in the interview how her protectiveness of her mother carried over to her to avoiding certain conflicts with her therapist. Her awareness of the repetitive nature of this was not lost to her, yet she seemed unable to find the right time to introduce her difference of perspective which she regarded as risky. For example:

Interviewer: *How does that difference get handled…once you're seeing your side?*

Claire: *Um, it's never easy really, it's never easy, um, if I feel like I might, you know, offend her in some way and of course at this point in time there's - there's - like I'm wanting to say something to her at the moment about that kind of thing. Um, but I can't bring myself to do it. I'm choosing to not give her…not put any pressure on her, um, but I will, I will raise it. There's something that she said a couple of sessions ago and I thought I will raise it, I'm just waiting.*

The withdrawal of her private account reduced the possibility for mutual exploration of these differences within the dyad, reducing the likelihood for the kinds of re-orientations described in the secure descriptions. Claire's pattern of waiting, seems to hold her therapist out of an epistemic loop; in which a joint attention to differences, errors and misreadings readily takes place.

iii) Attachment orientation and significant moments

Table 5 presents a summary of the key themes emerging from interviews regarding trainee accounts of significant or memorable moments. Coding of the interviews yielded four chief categories that were found in all trainee narratives, and included: moments which were described as "accumulative"; moments which involve an interactional element occurring between therapist and client; moments which might have been private events only evident to the trainee; and finally out-of-session interactions or moments. Interestingly, only those trainees identified as secure described out-of-session significant moments.

a) Secure Interviewees and significant moments:

Theme 1. Accumulative effects (Multiple sources of experience)

A number of teachable moments were described by the secure group which are suggestive of an accumulative development of a capacity or sensibility to learn from a greater range of credible sources.

The "body as a source of experience"

Sally described the growing sense of mastery in learning to privilege experiences that emerge from her body, a kind of somatic receptiveness which she recalls as a significant experience in therapy:-

Sally: *A significant or memorable time…There's been a lot of them I think. A lot of them have been around coming into far greater awareness of myself and my body. How my body feels. I remember being quite surprised when my therapist first asked me what was going on in my body…I don't think I quite appreciated that when you have a feeling, a feeling isn't just something that happens in your head, it's something that happens in your whole body and that that information, that what happens in the body is something that you can trust. That it says something about what's going on.*

"Other minds as separate rational worlds"

Amy reflected on another growing sensibility which emerged through accumulated experiences with her therapist: a growing sense of trust in her own rational perspective. She reflects on the growing appreciation of separate minds having their own distinct rationality or reasoning, a perspective that gives order and predictability, and also a perception that minds are both separate and opaque. The effect for Amy, seems to counter earlier experiences of paranoid ideation in which peoples' behaviours and thoughts seemed too personally contingent and tied to her own mind.

Table 5. Descriptions of significant moments across attachment patterns

	Attachment Pattern	
Theme	Secure	Hyper activating
Accumulative effects	**Multiple sources of experience ~** - Valuing experiences from the body - Valuing multiple rational perspectives - Valuing 'feelings as reliable signals" to orient oneself and others.	**"Being remembered" ~** Being remembered sometimes hurts because you feel the pain of early injuries again"…
Heightened in-session interactions	**Cognitive & emotional exploration~** - Finding the right words together: marking experience - Including intense feelings:	**Togetherness ~** - Generous interactions: seeing her tear up; being called when mother died. - "Ordinary Relating
Private events	**Mutual responsibility for learning ~** - Discovering "communicative agency" -	- **"Waiting Closer"**: registering "that I am waiting closer in the waiting room" …ready to present a more private self.
Out-of-session Interactions / moments	**Generalising social competancies ~** - Sally: letting a friend down - Marcus: affiliating with other men - Amy: not looking for a bigger person in the room - Kathy: 'giving space' to a client	

Interviewer: *Can you describe a moment or moments which have been significant for you during therapy?*

Amy: *Yes, it actually came to me a little while ago so its fresh in my mind…I was at childcare and there were some people there who seemed to need to be in charge of things and were being quite rude and pushy, and I thought how once I would have really flown off the handle at them…but I found that I was quite calm about it all…*

Interviewer: *What did you make of that change?*

Amy: *I've got more understanding that if people don't treat me very nicely that something's happened to them. Something's gone on in their life, either in the past or that day…but there's an explanation for that behaviour that they might not know about or that they may know about it and it kind of makes me just feel a little less wild with anger when someone's rude to me or something.*

"Own emotions as valid signals"

A final code that emerged from accumulative effects for the secure grouping, was the growing value trainees placed on the role of their emotions to signal self experience. Kathy highlights this aspect well, describing the link between her feeling of isolation and the need to seek connection from her therapist, and then later Kathy's husband. In this sense, feelings are regarded as valid sources of experience which can be used to orient the trainee to a particular need and subsequent behaviour.

Kathy: *And I know, the more isolated I feel the more I need to call for help. So that's an indicator. If I'm feeling isolated because there's so much going on for me, that's an indicator; I say OK, this is time to call for help. I've learnt that about myself. It's not about becoming more and more isolated, it's about when I start to feel really lonely and I think oh I need a conversation, I need a conversation. And coming in and giving those feelings of mine validity has been so significant.*

Theme 2. Heightened In-session Interactions (Cognitive & emotional exploration)

"Finding the right words together"

Amy recalled the sense of validation and change in mood during a period of exploration with her therapist into her experience of separation during therapeutic rupture. She recalled the moment of hearing her therapist describe her state of mind as 'un-mothered'; a link to both her state in moments of rupture and her early maternal relationship which seemed not only to explain its significance, but provide meaning for its intensity. Amy described how learning the right words seemed to provide a heightened regulating effect as unreflected experience was found in her therapist's mind and articulated. Amy said:

> *"Its like the best feeling when the right words are used for something…It made me know what i was feeling - like it wasn't a mysterious, weird feeling…it was recognisable and it took on a bit more safety because i knew what it was"…*

"Including intense and threatening feelings"

Marcus described the significance of two charged interactions with his therapist who both encouraged the inclusion of his feelings, and marked his willingness to express them as affirmations of his gender and growing trust in the therapeutic relationship. The effect was described as a growing confidence in Marcus' capacity to express affect, and also build a distinctive sense of himself as a male:

Marcus: *For me, that's been one of the revelations of therapy – that I've actually been able to grow that awareness of that need to express that*

frustration rather than just absorbing it all inwards and dealing with it myself.

Interviewer: *That it belongs in a relationship?*

Marcus: *It belongs in a relationship. Absolutely….That's been one of the core discoveries….trusting that my feelings, my experience and my potential difference to another is part of actually what helps create closer relationships by me bringing that authentically…it has helped me feel safer to be a male and feel these things.*

Theme 3. Private Events or insights (Discovering communicative agency)

Kathy described a private insight which she recalled as stimulating a notable exchange between herself and her therapist. She recalled that insight shed light on her defensive withdrawals from her therapist, and the possible effect this withdrawal would have on the relationship and her state of mind. The insight seemed to build a case to Kathy, that she is responsible for part of the effort in creating understanding and connection.

Interviewer: *What comes to mind when you think about significant times in therapy?*

Kathy: *I caught myself thinking at one point, well if I can't bring this to you… well I'm thinking this is the beginning of the end. If I can't bring this to you, if this is a place where I can't bring stuff then I'm on my way out and I don't want to go.*

Interviewer: *Sharing your mistrust…and that dispelled the feeling?*

Kathy: *Yes. Oh it deepened our relationship considerably…It took me a while to bring in – some of these things would be incredibly, they'd be very raw things for me so I wouldn't be able to do them at the time. But my view of myself backing out of relating seemed worse than the raw things I'd be feeling.*

Several interviewees reflected on a growing appreciation that they were responsible for assisting their therapist in perceiving and better understanding their internal world of thoughts and feelings. There was also a heightened sense of minds remaining obscured unless acts of communication and transmission between individuals take place…in one sense, that minds cannot be adequately understood unless first expressed. For example, Amy described a growing pleasure in seeing that her own state of mind can be effected by the degree to which she broadcasts her needs and experiences with their therapist. Both Amy and Kathy described an appreciation of themselves as agents of communication who could broadcast information to another mind that, whilst open, did not experience their's as transparent. In that awareness, something relieving emerged:

Amy: *Early on my sense was that her understanding of me came from her, with 40 years experience, she was able to draw on a lot, so it gives the impression almost of being able to read my mind which used to freak me out. It's funny isn't it but that's how it felt. It felt so seamless that I – it is really a kind of recent thing that, "No really, if I don't say things she won't know." I guess I've always kind of known that… And now I find myself seeing that I could make things harder for myself by not*

letting her into things, or I could make it way easier by speaking up.

Thats been really significant to me.

Theme 4. Out-of-session interactions (Generalising capacity to wider contexts)

Each interviewee within the secure grouping shared an event or exchange which occurred outside of the therapeutic relationship but which suggested to the trainee that what they had been developing with their therapist could be generalised to contexts outside the therapy. What seemed to make these events significant for the trainee, was the transfer of capacity from one context to another. More specifically, key struggles and their successful interactive resolution within the therapeutic relationship, were then generalised to a wider social context. Examples from transcripts included: Sally's struggle with guilt which she experienced first with her own family, then her therapist, seemed better managed for her in an exchange with a friend, whom Sally "uncharacteristically lets down, without feeling bad". Similarly, Marcus, whose uneasy identification as a safe male, described how he began to seek out other males in his profession with whom he could find commonality.

For Amy, whose early life was marred by early losses and a struggle with 'unmothered' feelings that built an abiding sense of insufficiency, she noted that of key significance for her was a moment at daycare, in which "*I found myself no longer looking for someone bigger in the room".*

b) Attachment Hyperactivation and significant moments:

Theme 1. Accumulative Effects (Being remembered hurts, then helps)

Claire described a struggle to hold onto a cohesive picture of herself which included an early history that she found difficult to coherently account for. The effect of this struggle to retain a cohesive narrative account of herself was reflected in momentary lapses in her interview:

Claire: *I mean I've certainly been…needy and lacking in some self-sufficiency stuff at points in my life for sure but I don't think I've ever actually that way, you know, I've never considered myself to be highly dysfunctional although sometimes I've certainly felt it, um, I've lost my train of thought now, this is what happens um, [pause] it's gone….*

For Claire, her therapist's capacity to reliably track her state and feed back to her a perspective that oriented and reconnected her to a cohesive narrative was identified as significant. Claire noted the ongoing provision of this within the therapy and likened it to a process of 'being remembered'. Yet, in being remembered, there was the intensity of experience which she also struggled with:

Interviewer: *The experience of being treated in a way that you are able to treat yourself… it sounds really significant.*

Claire: *Yeah, yeah. And certainly in the forgetting things, forgetting, you know, um, forgetting some of the stuff that…or the consequences of what I didn't get. She'll remind me of those things which means that I will end up feeling like I've got…I get connected with the part of me that needs to remember that and feel, um, compassionate for myself about that and I can leave and forget that…so it's been a process of remembering it and forgetting it and*

sometimes I think I get angry with her when she reminds me…I get angry and then I get incredibly touched and grateful…

Interviewer: *Angry and then grateful*

Claire: *Yeah, yeah. And I guess because it makes you feel the, um, the pain of it again….something gets acknowledged…something gets to see the light of day…they're the moments that stay with me.*

Interviewer: *Do you think there's something reassuring about being remembered like that?*

Claire: *Well yeah, she never ever loses the sight of, um, of the of the core issue yeah, but I do. I completely lose sight of it and she never does and I lose sight of it, you know, that's when I come back and I'm always sort of whatever I am.*

Theme 2. Heightened In-Session Interactions (Togetherness)

"Generous engagements"

Claire described a number of memorable interactions with her therapist, which confirmed for her not only her therapist's ongoing availability, but a sense of deep involvement: "a mothering gap". She reflected on moments of heightened emotional exchange, when, "I can see her tear up". At another time, following the death of Claire's mother, a phone call from her therapist comforts and presents a solid and available other at a time of profound

loss.

Claire: *it was kind of like when the chips are down she's just this other human being who was really, really there for me. She wasn't a therapist working out, you know, what I had to pay and what I'd missed…she was just like a person giving me, you know, empathic responses you would want from just another human being in the world.*

"Ordinary relating"

Claire also reflected on moments of stillness and calm with her therapist, whose presence or 'nearness' provided a context in which Claire experienced a rhythm of 'togetherness'. In both descriptions, the human, ordinary presence of the therapist was valued in which something rarified was replaced by something necessarily ordinary.

Claire: *It's called therapy but I sometimes think, you know, it could be Auntie Joan that lives up the road that I go to every Thursday and will do for the rest of my life or, you know what I mean, or, um, in some ways it feels congruent with growing up*

Theme 3. Private Events ("Waiting Closer")

Claire reflected on a moment of heightened awareness for herself as she sat in the waiting room of her therapist. During one of these moments, she realised that she had moved from her usual seat in a downstairs section, to a seat upstairs and adjacent to the consult room. The move seemed significant to her, and she reflected to herself that she had moved closer to her therapist and that she had made the move from her own volition.

Claire: *I was quite nervous at first and there's a whole history of where I would wait, she was in a two storey building and I initially waited downstairs and I just one day I decided I'd wait up on the landing near her room, you know, oh, it's interesting like I'm waiting closer.*

Interviewer: *Did you remember what was going through your mind at that time?*

Claire: *Um, oh, there might have been a little bit of she'll come down the stairs and tell me she was ready and so part of it might have been the thought that she doesn't have to bother coming down the stairs if I'm already up there, um, and I just registered I could put myself where I liked which was to bring myself closer. I was ready to do that. I could trust that it was ok to wait closer.*

Discussion

This study sought to understand and construct the subjective experiences associated with differing 'epistemic states' (Fonagy & Allison, 2014) as they were described through accounts of psychotherapy trainees in their own treatment. Following this explication of differing epistemic states, a second focus explored these trainees' accounts of significant or formative moments: moments when something heightened emerged for them and became a possible nucleus around which their own practice as a therapist revolved.

Based on the previous review of literature, it was hypothesised that interviews with trainees who received their own therapy would likely reflect positive outcomes, yet may well reflect different approaches to trust formation and subsequent growth: possibly reflected in differing learning pathways. Tied to this speculation is the question of whether the trainee's attachment to their therapist shapes BOTH what what is valued AND how it is absorbed.

Results from this study showed that one out of five participants at the time of assessment had an insecure state of mind with respect to their attachment to their therapist. Clearly, it is not possible to generalise to the profession of counsellors and psychotherapists, which would need a far larger quantitative study to establish whether this is a representative proportion. Indeed, some researchers such as Glickhauf-Hughes and Mehlman (1995) suggest that there is a relatively high proportion of insecurely attached individuals in the counselling profession who are motivated, in part, to seek out a career which offers the opportunity for vicarious or "bilateral healing" (Brothers, 1999). Yet, to speak candidly with a researcher about experiences of trust is itself a significant marker of some security, and could thus account for the predominance of this secure group in the sample. As a result, this group of trainees provide a unique set of voices from which to draw speculative conclusions regarding variation in attachment security and its contribution to learning for the trainee in therapy.

To approach the question of what constitutes epistemic trust, Sperber (2010) introduces the central place of vigilance in human interactions, which is to be understood not as the opposite of trust, but as the opposite of blind trust. In exercising vigilance with information presented to us, we consider not just the credibility and benevolence of the informant; but whether the information is believable independent of its source. In this sense, epistemic vigilance as it relates to the attachment relationship in treatment, speaks to two central questions: *who to believe and what to believe about*

my mind and the minds of others. The integration of these two aspects presents a plausible theoretical perspective to exploring epistemic trust, and is supported in experimental research with infants (Corriveau et al, 2009) which explicitly examines these two features.

The key interest to this study was the possibility that attachment variation shapes the balance between these two aspects of vigilance and produces differing patterns of social learning reflected in preferences either toward or away from the source of social information, and the content of their transmissions. The coding analysis of all transcripts yielded notable differences between secure and hyper-activating trainees, both in terms of vigilance to the therapist as a source of social knowledge, and in terms of the handling of content or perspective differences.

Secure attachment and epistemic trust

Of interest to an exploration of epistemic trust were the ways in which mistrust in the therapist was experienced and handled by trainees. In particular, those trainees identified as securely attached appeared to preserve their treating therapist as an available and still-credible source of information about themselves, despite the intensity and discomfort associated with periodic feelings of mistrust.

There was evidence of greater tolerance to the sense of discomfort associated with heightened vigilance, with secure trainees reflecting on an experience of private unease which was somatically registered. The effect of mistrust in the therapist also narrowed the field of concern for the trainee, stimulating a heightened scrutiny to either the self or the relationship to successfully handle the emerging experience. Several trainees reflected on their concerns that the relationship itself could be in jeopardy during moments of mistrust, possibly reflecting an awareness that it is the milieu cultivated in secure relating that was at stake: as much as each individual. The emergence of this

kind of vigilance to the integrity of a relationship suggested an appreciation for the mutual contributions between trainee and therapist: as opposed to being the sole responsibility of either party.

Of note also was the capacity in secure trainees to retain distinction between the message (content of their therapist's interpretations) and the messenger (the therapist as a source of social knowledge), which seemed to provide the conditions for the trainee to continue relating with their therapist despite heightened vigilance. This distinction may well be supported through the influence of several capacities associated with the ability to maintain a mentalising stance with another individual who has, for a moment, stimulated mistrust. To return to contributions by Bateman and Fonagy (2006), the ability to mentalise under stress is strongly associated with conditions of attachment security, in which perspective taking and forgiveness are key activities. By perspective taking, an individual is able to appreciate that whilst a phenomenon may be self-evident, to another individual it may be viewed quite differently. To this end, mental events such as feelings are appreciated as not necessarily apparent to another and can be misread. Tied to this perspective is the capacity for forgiveness of errors or empathic gaps, via a ready acceptance that mental states are both opaque and easily misperceived. Messages or reflections made by the therapist on the state of mind of the patient that includes an erroneous perspective, are more likely to be accepted or forgiven without calling into question the capacities of the therapist as a competent or benevolent messenger.

The presence of a retained mentalising stance was apparent for secure trainees when navigating moments of vigilance tied to perceived differences in perspective. The three themes that emerged from transcripts suggested a sequence of experiences which began with an initial sense of heightened affect tied to a perceived difference in perspective. Anxiety and surprise was described

in interviews, with the sense that somehow what was certain in terms of self-knowledge, was being viewed through an alternate lens. Amy's sense of surprise in her therapist's perspective captures a moment where a quite fixed, anxiety-evoking perspective gives way to an alternate account; and with it, a growing sense of skepticism about the certainty with which she viewed herself. Trainees subsequently described a period of quite active coherence checking (Sperber, 2010) in which viewpoints were compared, and a history of interactions with their therapist would be referred to in the service of providing the trainee with some confidence in broadcasting their sense of difference with their therapist. Memories of previous successful broadcasts were also recalled and used as the base from which to motivate the next broadcast, possibly disconfirming the fear that such a transmission may raise. Marcus referred to this experience as "building ground", a process in which the trainee assumes an active position within the dyad not just as a receiver of social knowledge, but a potential broadcaster. This willingness to assume a responsibility in the handling of content differences, may well be an aspect of the intentional stance generated by mentalizing, as one's own actions are viewed as contingently associated to one's own thoughts, feelings, beliefs (Bateman and Fonagy, 2012) and emergent perspectives. Following this phase, trainees were frequently motivated to seek out interactions with their therapist which would lead the dyad back into an *epistemic loop*, whereby perspectives were compared and exploration of material readily took place.

This rendering of epistemic trust illustrates that whilst initially skeptical of their therapist, secure trainees readily engaged in two particular activities that assisted in building the relationship as a place for collaborative effort. The first activity could be described as a private internal activity of coherence checking and perspective taking, used to support not only the credibility of the trainee's perspective but the benevolence of the therapist as an available and competent object with whom emergent experience might continue to be managed. In response to this work, secure trainees

consequently seemed more able to engage in a second activity which involved some broadcast of their state, perspective, thoughts or wishes.

The two activities can be be seen to support each other in maintaining an ‘epistemic loop’, or a bi-directional exchange of knowledge between a teacher and student. Csibra and Gergely (2009) describe this particular exchange and relationship as the Pedagogic Stance, which readily opens under conditions of attachment security. Of interest in their research is the description of a range of activities by the pedagogue or parent, which facilitates a preparedness in the student or infant to trust an interpretation as both credible and reliable across contexts. According to the authors these kinds of activities, include a range of signals such as eye contact and object-related communications which are designed to momentarily halt “natural vigilance” and stimulate a receptiveness toward information transmitted by the pedagogue. This kind description may well suggest that, on the side of the student, reception of socially relevant information about themselves is a passive process in which vigilance to new information is momentarily shut down. Yet, as the accounts of this process might suggest, the patient or student is themselves involved in a quite active process which holds trust open long enough for a potentially threatening experience to be successfully managed. As Marcus suggests, the transformation of a potentially threatening experience in the presence of his therapist not only dispelled his mistrust in his own gendered self, but in her as an object in relation to him. The effect was described as “deeply healing” and supported the conditions for further interactions in which trust would be initially tested, then transformed by both participants in the dyad in an active process of “mutual journeying”.

Epistemic arrest and attachment hyper-activation

In contrast to the secure group, Claire's descriptions of her therapist during episodes of heightened mistrust were suggestive of a collapse or conflation of the message and the messenger: between the therapist as an individual as distinct to their broadcasts such as interpretations. For Claire, this distinction was lost during moments of heightened mistrust and was reflected in her escalating sense that her therapist was unable to accurately understand her due to a fixed or limited perspective shaped by what Claire viewed as her ideology. At times of mistrust, Claire's evaluation of her therapist became one of limited specialised knowledge as it related to Claire's particular struggle. It was a viewpoint that suggested a certainty in the limited reach of her therapist who seemed unavailable to amendment by an alternate perspective.

This evaluation shaped Claire's subsequent thoughts and choices, encapsulated in her eventual decision to seek out another therapist who possessed a specialised perspective.The choice could be viewed from several points of view. First, one could regard such a choice to seek out another therapist as a re-emergence in modes of mental operation and activity that predate the capacity to mentalise, described by Bateman and Fonagy (2012) as teleological mode.

Bateman & Fonagy (2012) describe teleological mode, as a return to developmentally earlier forms of mental organisation in which external acts and behaviours in the external world are particularly required to modify internal experience. These alterations in the environment may include a change of therapist which may be perceived as necessary to re-install the intentional stance within the patient.

Another perspective on Claire's choice to seek an alternate therapist reflects a speculation from biological anthropology, which describes caregiving systems in which individuals other than the parent assume attachment roles (Mesman, van Ijzendoorn & Sagi-Schwartz , 2016; Waterman, 2014). Within communities where this kind of co- or alloparenting predominates, there would be an opportunity for multiple pedagogues, each available to provide alternate sources of attunement and social knowledge to the developing infant. Indeed, state Mesman, van Ijzendoorn & Sagi-Schwartz (2016), these kinds of communities can be seen in abundance across continents, from Africa, East Asia, and China. Where such communities exist, one also finds the central tenants of attachment theory supported in that, a) identifiable patterns of attachment can be observed, b) attachment security is the norm and c) attachment security is dependent on specific childrearing antecedents, particularly in terms of caregiver responsivity. Of import to this enlarged pool of caregivers is the contention that multiple individuals within the community can and do serve as primary attachment figures.

Within such a system of care and provision, the opportunity for greater compensatory and growth enhancing experiences beyond the original (and later therapeutic) attachment dyad becomes available. In this sense, individuals with attachment insecurity may have a better chance at establishing earned security via contact with multiple attachment figures. For Claire, one might speculate that a decision to seek an alternate perspective suggests presence of epistemic hunger (Hurley et al, 2011), or an attempt to seek out multiple pedagogues, similar to that found within an alloparented community. A decision to engage another mind might then be regarded as an adaptive move, rather than something akin to a collapse of mentalising.

The presence of pre-mentalising modes is however reflected in Claire's descriptions of the management of different perspectives. She describes moments of 'latching on' in which she would

choose to speak about topics she perceived her therapist was interested in. These choices purchased not only sessions of lowered intensity or demand, but would offer an experience in which proximity or closeness to her therapist was gained over exploration of different perspectives.

Bateman and Fonagy (2006) describe this mode of subjective organisation as an uncoupling of links between inner or private and external experiences; a mode in which thought can be successfully dissociated from emotion. The challenge presented to the dyad at these moments is that whilst such a mode of activity is ascendent, little mutual exploration of difference can be made in a way that links affect and cognition in meaningful ways. The possibility that emerges may well be that differences in perspective, especially as they relate to affectively charged material, remain out of the dyad. This feature of Claire's account motivates her to 'develop a private hypothesis', which she 'comes to believe': yet which remains to some extent unavailable for joint attention.

A final set of codes produced from Claire's accounts on the handling of differences captured the net effect of this strategy of "latching on" for the dyad. Here, Claire notes the phenomenon of 'waiting' as an experience in which she finds herself delaying broadcast of her perspective to her therapist. Claire presents compelling reasons for this decision and they reflect a very sincere emotional care for her therapist and a possible defensive protectiveness, which she noted had been a significant part of their work together. She spoke too, of her relief when she was encouraged by her therapist to see her as both willing and able to take Claire in her efforts to present her own distinct perspective in the relationship. Yet, these encouragers seemed insufficient in reliably motivating Claire to broadcast these personally relevant private hypotheses. She continued to wait for the right time. What relevance would this have for a trainee who themselves provides treatment for others? A speculation offers two plausible avenues which may well shape the domains of activity the therapist favours with their client. First, a ready orientation to the mind of the client or other, might well lead

to the establishment of a close bond in which proximity or emotional nearness is successfully negotiated and achieved (Berant & Obegi, 2009). This would be particularly so for hyperactivating clients, who themselves seek and benefit from emotional proximity early in treatment (Lilliengren et al, 2014). Yet what of the more deactivating client, whose need for some distance in treatment may well experience overstimulation early in the relationship? Without a flexible attachment strategy, the hyperactivating therapist may well experience such contrary attachment needs as frustrating (Berant & Obegi, 2009) priming the relationship for potential impasse.

Second, a favoured strategy of eschewing mutual exploration of difference may also lead to the co-creation of a fantasy of mutual discovery; one emergent product of a dyad that allows for lengthy periods of pretend mode (Bateman and Fonagy, 2012). Once again, a pretence of togetherness is achieved over the 'elephant in the room', present in the form of a 'private hypothesis'.

Significant moments and attachment variation

In discussing trainee descriptions of significant moments, two tentative process models that account for the contributions of attachment variation to therapeutic outcomes will be contrasted. These models are provided by Lilliengren et al (2014), and will be used to contrast accounts of significant moments from both groups, and highlight the contributions of attachment security to epistemic trust in the trainee.

In exploring accounts by secure trainees, the first category of "accumulative effects" highlights a growing sense or confidence in seeing validity in multiple sources of experience. A key marker of a mentalising therapist is an openness and curiosity to experience (Bateman and Fonagy, 2012): a curiosity that extends to novel somatic states, emotionally heightened moments or indeed,

appreciating other minds as having their own distinct rational organisation. In this way, it would seem that for this grouping of trainees, key teachable moments with their own therapist provide the 'software' and curiosity required to assume a robust mentalising stance with their own clients. Sally added an additional point to this growing trust in body-experience, which adds an intersubjective edge:

> *"Its been so important, personally and now professionally and if I make use of what's going on in me, um, you can…as a therapist. I can give it to another…you pass the trust on".*

The development of an intersubjective capacity is also suggested in several trainees' discoveries that they were active contributors to the management of joint attention and the reflective process within the dyad. The descriptions centred around a growing perspective that they, as active agents of communication, took responsibility for what their therapist knew about them. Tied to this perspective was also the sense that the felt security of the therapeutic relationship could also be effected by a choice to broadcast self experience. Amy reflected, "if i don't tell her, she wont know". It was an appreciation of opaque minds, one that contributed to a growing sense that acknowledged the active role of the student or patient in shaping the quality and depth of involvement with another, namely their therapist.

Lilliengren et al (2014) describe similar interactions between patient and therapist that facilitate the development of a secure therapeutic relationship. Integrating the results of four studies, two tentative process models were suggested to account for the effect of attachment variation on the consolidation of trust and eventual therapeutic outcome.The first model integrated the curative factors that emerged in their research, and illustrated a "broaden-and-build" cycle between therapist

and client. The model illustrated the process of sharing mental or emotional states in treatment which typically lead to corrective emotional experiences for the patient, leading to shifts toward greater attachment security in the therapeutic relationship. These gains enabled mutual exploration, which fostered an increased capacity for mentalization. In turn, increased ability to mentalize was speculated to strengthen the patient's sense of agency and self-definition tied to a growing capacity to broadcast self experience, and trust their therapist's subsequent perspective which is filtered back. This reinforcing pattern of interactions within the dyad may well be reflected in Marcus' description of 'mutual journeying'.

A final aspect of significant moments for the secure grouping described heightened social exchanges that took place for trainees outside the therapy, and which included the successful negotiation of a core conflict that was often a key theme of the therapeutic effort. Of particular note to this discussion, was the absence of these kinds of exchanges in accounts made by the trainee identified as hyperactivating. How does one account for this difference?

Initially, one may speculate that the absence of such an account may reflect an artifact of the limited sample size in the hyperactivating group. Given the preference for proximity-seeking interactions within the hyperactivating group (Mallinckrodt et al, 2014), one might imagine these individuals seeking out and experiencing a range of social exchanges beyond the therapy. Yet perhaps, the absence of these kinds of generalized rewarding interactions can be attributed to a maintained compromise in epistemic trust which, as Fonagy (2015) describes, reduces the likelihood of social learning beyond the therapy. It might be speculated then, that the hyperactivating individual is caught mid-way in a process of social learning, whereby gains in epistemic trust might initially be made within the dyad, but not generalized to the wider social world.

For the secure grouping, a number of highly reinforcing exchanges outside the dyad were described and which highlighted two particular features which Fonagy and Allison (2014) suggest are associated with the re-emergence of social learning beyond therapy. Here, secure trainees reflected on exchanges which demonstrated that a) they were able to interact with others in ways that were less governed by rigid patterns of expectation and b) in experiencing the exchange as rewarding, there was an accumulated sense in which others were viewed as relatively benign. Amy captured this accumulating sense of others having benign reasons, as opposed to harbouring destructive intentions:

> *"Something's gone on in their life, either in the past or that day or whatever…there's an explanation for that behaviour"*

It is this perspective; the assumption of an opaque and benign rational basis as organising the behaviours of others, that provides this secure group with both a curiosity and a trust to learn from and seek to engage with the minds of others, especially during moments of interpersonal rupture. In contrast, Claire's descriptions of significant moments centred around memorable events that exclusively took place inside the therapeutic dyad. Of note is the value placed on her therapist's capacity to consistently 'remember' her, through an ongoing preparedness to empathically attune and re-orient Claire to a cohesive narration of herself. This almost dogged willingness to return Claire to self-experience is described as initially frustrating, yet is later regarded as an essential or necessary activity.

A second series of codes reflected Claire's sense of significance placed on interactions with her therapist in which a "genuine and emotionally effected human being" confirmed for Claire that another was both "engaged and present" for her. A code emerged which reflected Claire's value she

placed on the sense that the therapeutic relationship reflected something both ordinary and necessary. She said, *"it could be a therapist I go to, but it could also be Aunty Joan who I see on a Thursday who is part of the ordinary rhythm of my life"*. Perhaps this once again, draws on the relevance of the alloparent (Mesmen, van Ijzerdoorn & Sago-Schwartz, 2016), whose presence as a necessary, yet ordinary representative of a wider community, is sought out and valued.

The above codes do however, describe moments in which "emotional nearness" is remembered and favoured, over periods of exploration. Mermelstein's (2002) re-rendering of Kohut's biphasic treatment model articulates a similar perspective. Kohut's model of therapeutic action highlights the activity of two phases of treatment in which the therapist first verbalizes to the patient what they have grasped in what the patient thinks and feels; demonstrating that another person has been able to experience at least in approximation, what they have experienced. This phase is regarded as a necessary stage of structure building in which self-acceptance and a cohesive self-narrative is achieved. Following this phase of pre-interpretive understanding, the therapeutic dyad moves into a phase of mutual exploration of material that explores the impact of early relationships on the patient's current dilemmas and the transference relationship with the therapist. Mermelstein (2002) argues that for those individuals who have experienced attachment trauma or compromises to good-enough attunement, a tolerance for only the first element of this biphasic approach is present for several reasons: a) an absence of trust in the therapist's capacity to disconfirm transference expectations, b) insufficient self-cohesion or dissociation, c) vulnerabilities to shame, and d) tendency to experience the interpretive activity of the therapist as either blaming, intrusive, competitive or critical. From Claire's accounts, both her recollections of significant moments coupled with her struggle with her therapist's interpretations suggests a preference, and ongoing need for attunement over exploration.

In response to an interpretive move by the therapist who prematurely encourages exploration, we might speculate that a resultant increase in vigilance toward either the therapist or the content of their interpretations stimulates a 'react and disconnect' pattern (Lilliengren et al, 2014). This second model of therapeutic activity suggests that patients' negative reactions to specific elements in treatment may activate insecure attachment strategies. This, in turn, may evoke therapist countertransference and prompt the therapist to hold even tighter to the specific factors in their treatment model. Consequently, the therapeutic process becomes characterised by mutual disconnection and/or pseudo-mentalizing, blocking genuine exploration, integration and change. The preservation of symptoms and distress may trigger even further negative reactions and disconnection. Of note however, in some cases the therapeutic alliance may still be rated as strong from the view of the patient (and possibly also by the therapist) due to the relative emotional "safety" provided by the insecure attachment strategies.

It would be an oversimplification to phrase the course of Claire's account of her therapy as an example of the 'react and disconnect' model of therapeutic action. There is much to suggest that a consolidation of self experience had taken place within a therapeutic relationship that, as described by Claire, spoke to a "mothering gap". Yet, the effect of the epistemic stance to social learning shows itself compellingly in the kinds of experiences regarded as significant by this individual.

Moreover, in contrast to the secure grouping, a trainee identified as having a hyperactivating style of attaching may well favour therapeutic activities that remain well within the rubric of empathic understanding, yet with a relative eschewing of activities that include mutual exploration. This later activity may well draw on a capacity for communicative agency, demonstrated by secure trainees in the broadcast of self experience; an activity that promotes a growing confidence in one's distinctive voice, and reinforces a developing trust that one mind can move, effect, and change another.

To return to Lilliengren et al's (2014) models of therapeutic change and disruption associated with attachment security, the present findings extend the conceptualisation that 'broaden and build" and "react and disconnect" patterns reflect not only variation of emotional regulation in therapeutic dyads, but also a variation in trust formation and subsequent social learning. This speaks to the larger perspective that attachment theory offers - as a lens to understanding the dynamics of emotional life, intimate relationships and indeed, the ways in which social and cultural knowledge is acquired by the infant and throughout the life cycle.

Study Limitations

There were several limitations in the scope of this study, in particular, results reflect attitudes and experiences captured from a single point in time. The capacity to undertake a longitudinal perspective with trainees would have highlighted the ways in which the epistemic stance taken by the trainee is modified over the course of treatment. An ability to interview trainees in the opening, working-through and later phases of treatment may also have identified those individuals who commenced treatment with less secure orientations and later gained an "earned secure" attachment status. Used this way, a longitudinal approach to trainee descriptions of the therapeutic relationship may well explicate the linkages between changes in attachment status and epistemic trust.

The voluntary recruitment process also limited both the number and possible spread of trainee attachment patterns; the possibility being that those with a more mistrusting or deactivating attachment to their therapist may well have selected themselves out of such a study. Authors Berant & Obegi (2009) suggest that individuals with a more deactivating or dismissive attachment orientation are likely to either avoid discussion regarding their thoughts and feelings associated with attachment figures, or regard such topics with a degree of wariness that would make the decision to

participate in such a study challenging. The absence of trainees with this attachment orientation may well be explained through this lens.

The identification of one trainee with a hyper-activating style of attaching to their therapist also needs consideration. With regard to the issue of a theoretical saturation of codes; it is unlikely that one account would be sufficient to yield a comprehensive set of codes associated with epistemic trust and teachable moments. Charmaz (2006) suggests that in the event of a small sample from which to draw material, the resultant conclusions from a qualitative analysis may at best present 'modest, non-causal claims' on the phenomenon under investigation.

Moreover, the trainee who was identified as hyper-activating with respect to their therapist also indicated that they were nearing a possible termination of their work together. What possible implications would this have on their current attachment organisation? Holmes (2001) suggests that each ending in treatment encompasses both hope and regret, loss and gain; a time of heightened emotion. For the individual in a long term therapy, an ending may itself stimulate similar conflicts to what precipitated the beginning of the therapeutic effort. In this sense, it may be speculated that Claire's attachment orientation at the time of interview reflected a re-emergence of ambivalent feelings toward her therapist, following a period of more settled, 'earned-secure' relating. This is suggested in the PAT-RS score for the secure dimension, which was by no means low.

Conclusion

A considerable implication of the theory of Natural Pedagogy (Csibra & Gergely, 2009, 2011) prompts one to appreciate the central role of the attachment relationship as a channel for 'bringing

the world to the infant'. This study represents a first attempt at exploring this particular perspective to the trainee, for whom their own therapist brings a knowhow and sensibility that would potentially shape the trainee's own approach. Attachment experiences shape not only the content and tenor of what one knows, but establishes a lifelong approach to trusting others and developing further. Results from this paper situates the attachment relationship that emerges for the trainee in their own therapy, as a primary vehicle and resource, one that builds on a growing sense of trust to both learn from and teach others (in conditions of security) or presents frustrating obstacles to entering a process of mutual discovery (in hyperactivation). The implications for trainee psychotherapists are many, and is encapsulated poignantly by Sally, who remarked, "you pass the trust on". For the securely attached trainee, a singular attachment experience with a useable pedagogue may present a sufficient developmental and profession-enhancing experience. Yet, for the insecure trainee, the contributions of research in alloparenting present a possible heuristic for more robustly encouraging epistemic trust in others, via engagement with several pedagogues (allo-therapists). This contention presents an interesting avenue for future research.

It is this legacy of trust (as opposed to blind trust) in others that the developing therapist cultivates in their own therapy, and which may serve as a necessary element in their own work as professionals.

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Appendix 1.

Therapeutic Distance Scale Version 2.1

These statements refer to how you currently feel about your therapist. (If you prefer, substitute the words "counselor" and "counseling" for "therapist" and "therapy" below.) Please try to respond to every item using the scale below to indicate how much you agree or disagree with each statement.

1	2	3	4	5	6
Strongly disagree	disagree	slightly disagree	slightly agree	agree	strongly agree

1. My therapist is pushing me way too hard.
2. My therapist is not nearly as helpful as she/he could be.
3. As a result of therapy, I am able to handle situations more often without help from others.
4. My therapy sessions are not as stressful as I thought they would be.
5. My therapist respects my need to keep some things private.
6. I need a lot more from my therapist than I am getting.
7. My therapist is helping me to face more challenges on my own.
8. My therapist provides a safe place for me to discuss some upsetting topics.
9. I need to take things at a slower pace, but my therapist does not understand this.
10. There are times when my therapist seems cold and personally distant.
11. I realize that sometimes my therapist withholds something I want from her/him because it would be better for me to learn to do it for myself.
12. I have been able to put aside most of the worries I had at first about what therapy would be like.
13. Before a session starts I often worry very much about what is about to happen.
14. I sometimes feel frustrated with my therapist.
15. My therapist helps me to generate my own solutions instead of telling me what I should do.
16. My therapist has helped me feel more relaxed and comfortable to talk about very personal topics.
17. My therapist wants me to reveal too much personal information.
18. My therapist has been very helpful so far.
19. My therapist is helping me to become a more independent and self-reliant person.
20. Sometimes I am surprised by how much I have learned to trust my therapist.
21. My therapist does not insist on pursuing a topic if I don't want to go there.
22. I often feel disappointed with how little help I get from my therapist.
23. My therapist encourages my autonomy.
24. I am relieved that most of my worries about what might happen in therapy have not come true.
25. I would prefer a therapist who works without insisting on such a close relationship with me.
26. I don't have the sense of connection with my therapist that I need.
27. Much of the time in the past two weeks I have felt overwhelmed or helpless.
28. As time passes in therapy, I have grown quite a bit more comfortable talking about things that I rarely, if ever discuss with others.
29. My therapist insists on talking about topics I do not feel safe discussing.
30. I have felt abandoned by my therapist when I needed help the most.
31. My therapist has done little to help me gain confidence in my own abilities.
32. I have formed a much closer connection with my therapist than I expected at the start of therapy
33. In some sessions I feel as though my therapist insists on invading my privacy.
34. I wish my therapist had a closer relationship with me.
35. Much of the time in the past two weeks I wanted someone stronger and wiser to tell me how to solve my problems.
36. There are not many people I trust as much as I have grown to trust my therapist.

Appendix 2.

Example of Rating Sheet (PAT-RS)

Component 1: Secure base

Read all four prototypical descriptions below before rating

Security
The patient describes feeling secure with the therapist and is open with inner experiences such as painful/ frightening thoughts, feelings and/or memories in sessions. The therapy process is described as emotionally deep, engaging and meaningful. The process might also be experienced as somewhat challenging,but not overwhelming. The patient describes trying out new situations and/or confronting problems, both in and between sessions, with (explicit or implicit) reference to feeling supported by the therapist. The therapist as a person is described as trustworthy, supportive, reliable, etc.

1	2	3	4	5
Does not fit at all		Fits to some degree		Fits very well

Hyperactivation
The patient describes yearning for a supportive relationship with the therapist which has not, or only temporarily, been achieved. The patient discusses personal problems extensively in sessions, but the impression is that he or she primarily seeks the therapists' emotional support, with little room for joint reflection. The patient typically avoids trying new things between sessions. The therapist might be described as frustrating; alternatively, the therapist is experienced as "supportive", but the context indicates over-dependence on the therapist and avoidance of personal agency or mutual exploration.

1	2	3	4	5
Does not fit at all		Fits to some degree		Fits very well

Deactivation
The description of the therapeutic relationship is characterised by emotional detachment. The patient seems unwilling to engage or "open up" and explore his or her inner experiences with the therapist. Alternatively, the patient might describe discussing personal issues with an intellectual/superficial quality that seem to have little impact. If the patient approaches problems between sessions, there's typically a lack of connection with the therapy process and his or her efforts reflect self-reliance rather than mutual collaboration.

1	2	3	4	5
Does not fit at all		Fits to some degree		Fits very well

Disorganisation
The patient describes a sense of fearful distrust in the therapist. The exploration of inner experiences seems very limited due to fear of the therapists and/or own reactions. The description of the therapist is incoherent and might oscillate between experiencing the therapist as a frightening, threatening or worrying figure to experiencing the therapist as kind or supportive. The patient expresses a strong need for therapy but conveys a profound lack of confidence and trust in the therapist and/or the self at the same me.

1	2	3	4	5
Does not fit at all		Fits to some degree		Fits very well

Appendix 3.

PAT-RS Scoring Sheet showing 9 dimensions of attachment security

	Security	Hyperactivation	Deactivation	Disorganization
1. Secure base	____	____	____	____
2. Stronger and wiser	____	____	____	____
3. Safe haven	____	____	____	____
4. Proximity seeking	____	____	____	____
5. Particularity	____	____	____	____
6. Responsiveness	____	____	____	____
7. Strong emotions	____	____	____	____
8. Separation anxiety	____	____	____	____
9. Mental representation	____	____	____	____
SUM	____	____	____	____
	/	/	/	/
Components Rated(/9)	____	____	____	____
Final Subscale Score	____	____	____	____

Appendix 4.

Interview Guide:

Exploring the subjective experience of mistrust, teachable moments and change in psychotherapy.

Abstract:

To to read to each interviewee to introduce the study and orient them to their participation requirements over the next 60-90 mins.

For individuals involved in receiving psychotherapy or counselling - the story of change from difficulty to resolution is as varied as the kinds of problems people present with. The process frequently takes place in the rarified setting of an office, whereby therapist and client engage in a conversation within which a particular kind of relationship might emerge. The presence of this helping relationship is thought by many researchers to be the basis of change and positive effect - but what might be the subjective experience of individuals who enter this kind of relationship? What are the challenges and rewards? Are there significant moments around which change emerges? And - what, if anything, is transformed in the process?

What the interview is about: This interview will take approximately 90 minutes and will concern itself with an exploration of your thoughts, feelings and memories associated with your own therapy. It is an opportunity to reflect on the challenges that may have been present for you; the ways these challenges were handled; your thoughts or memories associated with any significant moments in the therapy; and what changes you or others have noted in you.

What the research might be used for: the information provided by you will be used to construct a theoretical account that captures the experiences of trust and learning inside a psychotherapy. This information may be used to better heighten awareness in trainees and practitioners of the ways in which individuals learn to make use of the therapist as a source of reliable social and cultural information.

What tasks will interviewees be expected to perform: You will be asked a series of questions that will require you to be as frank and as open as you can about your experiences of your therapy; your therapist; and your sense of change that may have occurred for you as a result of this work.

Interview Questions

Demographic Information~

* Work?
* Whom do you live with at home?
* Have you been to see a therapist before your current therapist?

The current therapy~

* How long have you been seeing your therapist?
* Could you tell me something about what brought you to therapy?
* How would you describe how the therapy has progressed?

The person of the therapist-

* How would you describe the personal qualities of your therapist?
* What qualities in them, have you found most helpful? Do you have an example of when this quality in them really assisted you?
* what qualities in your therapist have you found least helpful?

Experiences of Mistrust~

* Could you describe a time when you felt a sense of mistrust about your therapist?
* Was there anything your therapist did or said that assisted you in managing this feeling…Was there anything they did which made it worse?
* Was there anything you had to do in yourself to manage this feeling?
* Has this sense of risk changed over the course of therapy?

Differences in perspective~

* Have there been times when you just couldn't make use of your therapists perspective?
* Could you describe a time when you might have experienced a difference of opinion or perspective from your therapist: perhaps a time when you felt you have needed to draw from another perspective?
* How was this difference handled by you? Your therapist?

Significant Moments~

* At times when you feel like you're really working something out - is there anything that you and / or your therapist are doing together that seems to happen before or during these moments?
* Can you describe a time that felt particularly significant or memorable to you in therapy?
* Could you describe if anything about yourself was altered or challenged following this moment?
* How do you feel your therapist contributed to this moment (s)?
* Was there anything happening for you outside the therapy that you feel contributed to this moment?

Effects and alterations in self / other~

* Has your view of your therapist changed in any way through this period?
* Could you describe how your thoughts about yourself or others have changed over the course of treatment.
* Have these changes in the way you think about yourself or others altered anything about how you behave with others, or on your own?
* Could you describe how the experience of your therapy has shaped your own sense of being a therapist?

* Is there something else about your work with your therapist that you feel is relevant to what we have been talking about today?