Mapping the Journey from Epistemic Mistrust in Depressed Adolescents Receiving Psychotherapy

Elizabeth T. Li[1,2]*, Nick Midgley[1,2], Patrick Luyten[1,2,3], Eva A. Sprecher[1,2], and Chloe Campbell[1,2]

[1] Research Department of Clinical, Educational and Health Psychology, University College London, London, United Kingdom

[2] Anna Freud National Centre for Children and Families, London, United Kingdom

[3] Faculty of Psychology and Educational Sciences, University of Leuven, Leuven, Belgium

Author Note

Elizabeth T. Li https://orcid.org/0000-0001-9552-5755

Nick Midgley https://orcid.org/0000-0002-6263-5058

Chloe Campbell https://orcid.org/0000-0002-0592-9949

Elizabeth T. Li is now at the Research Department of Clinical, Educational and Health Psychology, University College London.

We have no known conflict of interest to disclose. This study was not preregistered. Interview and study materials are not publicly available. A portion of the data and results from this study has appeared in the abstract and presentation for the 2021 Annual British Association for Counselling and Psychotherapy (BACP) Research Conference. Data have been reanalysed and integrated for the present article.

Correspondence concerning this article should be addressed to Elizabeth T. Li, University College London, 1-19 Torrington Place, London WC1E 7HB. Email: elizabeth.li@ucl.ac.uk

Abstract

Although the theory of epistemic trust has started informing research in clinical populations and in psychotherapy, no study has yet explored the phenomenon of epistemic trust and mistrust in depressed adolescents receiving psychotherapy. The present study aims to address this gap by creating a typology of depressed adolescents' experiences regarding their different journeys through the course of psychotherapy in relation to issues of epistemic trust and mistrust over a 2-year period. This study is based on a post-hoc analysis of interview data collected for a broader purpose. A total of 45 semi-structured interviews at 3 time points were conducted with 15 adolescents (80% female; *M* age = 15.28, SD = 1.79) who entered treatment with indications of epistemic mistrust or hypervigilance. These interviews were qualitatively analysed using Ideal Type Analysis. Three distinct journeys of adolescents' experiences were identified. Some experienced a shift from epistemic mistrust to epistemic trust which seemed to be associated with the experience of therapy; other adolescents also showed a shift but did not consider it as an outcome of therapy; and finally, some adolescents reported continued mistrust over the 2-year period. An interpersonal component within or beyond therapy may be the key to breaking the vicious cycle of epistemic mistrust and generating epistemic trust; but not all depressed adolescents in therapy achieve this. Particular attention should be drawn to depressed adolescents who have difficulty making use of therapy and/or their broader social environment. Psychological interventions may need to openly address their issues of mistrust in early sessions as epistemic mistrust or hypervigilance may hinder paths to learning both within and beyond therapy. Treatments that intervene at the level of the wider social system are encouraged.

Keywords: Psychotherapy; Epistemic trust; Depression; Adolescents; Ideal Type Analysis

Public Significance Statement

This study highlights the importance of addressing trust issues within and beyond therapy when treating depression in adolescents. A therapist who displays a level of expertise and empathy or any supportive adult outside therapy who acts as a reliable source of knowledge for adolescents can help generate epistemic trust and trigger a capacity for social learning, in turn leading to recovery from depression.

1 Introduction

Recent findings have depicted a worrying picture for child and adolescent mental health. It has been found that in the UK, one in eight young people have a mental health disorder, and one in four young women aged 17-19 have significant depression or anxiety with half of those having self-harmed (Sadler et al., 2018). However, research has shown that an insufficient number of young people have received treatment that they need and those that did tended to remit (Whiteford et al., 2013). Considering the possibility that treatment may currently not be provided in a way that most effectively reaches those who need it the most, a more fine-grained understanding of distressed adolescents' experiences and participation in mental health services is needed. This study seeks to understand depressed adolescents' subjective perspectives and experience of treatment for depression through the lens of epistemic trust.

Epistemic Trust, Psychopathology, and Psychotherapy

Epistemic trust refers to an individual's capacity to acquire knowledge and accommodate new information in a way that supports resilient social functioning; by contrast, *epistemic mistrust* or *epistemic hypervigilance* refers to an inability to trust others as a source of knowledge about the world, which is reflected as pervasive mistrust in interpersonal interactions (Fonagy, Luyten, Allison, & Campbell, 2017b). The theory of epistemic trust posits that infants develop openness to the reception of social communications from their primary caregivers within the context of early attachment relationships, as an adaptation enabling them to survive and benefit from the environment (Fonagy, Luyten, Allison, & Campbell, 2017b). The theory of epistemic trust marks a notable shift from viewing impairments in attachment and mentalizing to considering social communicative inflexibility to be key in understanding psychopathology (Fonagy, Luyten, Allison, & Campbell, 2017a).

Epistemic mistrust is thought to capture an underlying propensity for any kind of psychopathology, as those who are in a state of epistemic mistrust tend to adopt negative appraisal mechanisms as a default in social communication (Fonagy, Luyten, Allison, & Campbell, 2017b). Accordingly, generating epistemic trust in individuals to increase their capacity to benefit from benign aspects of social environment may be a generic mechanism for change in effective psychotherapy (Fonagy, Luyten, Campbell, & Allison, 2014).

Fonagy and colleagues (2019) proposed a framework of three communicative processes that generate epistemic trust in psychotherapeutic interventions to achieve the effectiveness of psychotherapy. The three aspects of the communication process within psychotherapy contain epistemic match, improving mentalizing, and re-emergence of social learning outside therapy (Fonagy, Luyten, Allison, & Campbell, 2019; Bateman, Campbell, Luyten, & Fonagy, 2018). Fonagy and colleagues claimed that an epistemic match between therapists and patients enables patients to develop their capacity to mentalize, that is – an awareness of mental states in oneself and in others, particularly in explaining people's behaviours; the capacity to mentalize, in turn, brings about improved social relations and experiences outside the therapy room. Specifically, this is achieved via therapists providing patients direct experiences of their personal narratives being recognized and markedly mirrored (i.e., epistemic match) to develop an awareness of mental states in themselves and supporting patients in mentalizing social relationships to develop an awareness of mental states in others.

However, Fonagy et al. noted that effective therapeutic change can only be realistically entertained if the patient's social environment is "benign enough". Those who living in a deprived or hostile environment may not be allowed to generalise the learning experience in the therapeutic relationship to their wider social environment as their environment is unsupportive or harmful and thus remain poor mental health outcomes (Fonagy, Luyten, Allison, & Campbell, 2019). Fonagy and colleagues' highlight on the significance of a benign

social environment in sustaining one's therapeutic change collaborates with evidence on extra-therapeutic factors. The Third Interdivisional American Psychological Association Task Force on Evidence-Based Relationships and Responsiveness reported that 40% of the successful outcomes of psychotherapy were attributable to extra-therapeutic change, defined as "self-change, spontaneous remission, social support, fortuitous events", meanwhile specific therapeutic technique and hope and expectancy factors contributed about 15% respectively and common factors such as therapeutic alliance accounted for roughly 30% (Norcross & Lambert, 2019). In relation to work with children and adolescence, the Task Force further suggested that there may be more work to do in terms of engendering trust in the therapeutic relationship when treating young people (Karver, De Nadai, Monahan, & Shirk, 2019). The striking findings on the role of what happens outside the consulting room in determining therapeutic outcomes create an imperative for us to explore these processes in more detail through the lens of epistemic trust.

Epistemic Mistrust and Adolescent Depression

Research from neuroscience to clinical interventions has indicated that a default negative expectation may play a crucial role for the development, and specifically persistence, of negative emotions and the effects of psychological treatment (e.g., Pizzagalli, 2014; Clark, Watson, & Friston, 2018; Constantino, Arnkoff, Glass, Ametrano, & Smith, 2011; Delgadillo, Moreea, & Lutz, 2016). A recent narrative review (Rief & Joormann, 2019) proposed that a cognitive immunization process to invalidate the effect of positive, expectation-violating experiences, such as selective attention and ignoring stimuli that signal the contradicting information, is a major mechanism of persistent depression. Fonagy and colleagues' theory of epistemic mistrust in explaining psychopathology is congruent with Rief and Joormann's (2019) cognitive immunization theory of depression where negative

appraisal mechanisms become overriding in social communication and an ability to access positive appraisal is absent.

Adolescence is a critical period in which individuals learn to overcome prior social information and adapt trust behaviour based on social interaction and feedback information (Lee, Jolles, & Krabbendam, 2016). Research has shown that increased activity in certain brain regions (i.e., left temporo-parietal junction and right dorsolateral prefrontal cortex) during adolescence is associated with increased sensitivity to others' perspectives (van den Bos et al., 2011), which underpins one's capacity to infer others' motivations and intentions when deciding what to expect about others and whether to trust others. However, no study has yet explored adolescent depression in relation to epistemic trust and mistrust.

Studies Examining Epistemic Trust in Psychotherapy

Although the theoretical model for epistemic trust in the context of psychotherapy has been clearly articulated, there is so far little empirical research in this area. To date, four studies have explored the role of epistemic trust in relation to psychotherapy. Bo and colleagues (2017) found a significant increase in trust in 25 female Danish adolescents with borderline features who received one year of structured mentalization-based group therapy. However, they used the Inventory of Parent and Peer Attachment (IPPA) to measure adolescent's trust specifically toward peers and parents instead of assessing epistemic trust. The other three studies (Thomas & Jenkins, 2019; Folmo et al., 2019; Jaffrani, Sunley, & Midgley, 2020) all examined epistemic trust in psychotherapy by conducting qualitative analysis in interviews with individuals receiving Mentalization-Based Therapy (MBT).

Thomas and Jenkins (2019) found that epistemic trust appeared to be the overarching concept that encapsulated all emergent themes (i.e., experience of the group, attachment, learning flexibility, individual sessions, and impact) from interviews with six male participants

diagnosed with anti-social personality disorder (ASPD). Their MBT group was seen as a safe, transparent, and flexible space, thus enabling participants to explore different aspects and possibilities of their own and others' minds which facilitates a transition from epistemic hypervigilance to epistemic trust. Folmo and colleagues (2019) explored how therapeutic strategy, alliance, and epistemic trust interact to foster therapeutic processes in individual MBT sessions for patients with borderline personality disorders (BPD). Their analysis suggested that a genuine sense of being helped and repeated experiences of the therapist being able to help together have the potential of increasing the patient's epistemic trust. Whilst Thomas and Jenkins (2019) and Folmo and colleagues (2019) used the theory of epistemic trust to explain their qualitative results for clinical populations receiving MBT, they did not directly explore the individual experience of gaining or regaining of epistemic trust in psychotherapy.

Jaffrani, Sunley, and Midgley (2020), however, studied how epistemic trust was restored in an adoptive family. Their analyses of interviews with the adoptive family, who received six sessions of MBT, provided empirical evidence for a restoration of epistemic trust by revealing that the building of epistemic trust went through three stages, from understanding the difficulties that brought the family to therapy, building a secure base within therapy, to trust being transferred to the outside world. In addition, three components – the family's mentalization in sessions, their relationships with the therapist, and trust towards other professionals and systems beyond therapy – were found in their study to have contributed to the building of epistemic trust. In particular, their findings shed light on the importance of having previous trusted figures in the building of epistemic trust, as trust towards specific figures can be transferred to others and thus to general interpersonal interactions. Although Jaffrani, Sunley, and Midgley (2020) identified the factors that helped facilitate the building of epistemic trust from the patients' perspectives, the process was explored by the use of a

single-case design in one particular adoptive family. To date, available literature exploring epistemic trust in relation to psychotherapy focuses on populations with personality disorders and managing adoption. It remains largely unknown whether or not generating epistemic trust represents a transdiagnostic mechanism of therapeutic change.

The Current Study

To our knowledge, no study has yet explored the phenomenon of epistemic trust and mistrust in depressed adolescents going through psychotherapy or evidenced whether there is a shift of epistemic stance from mistrust to trust following psychotherapy for depression. The present study therefore aims to address these gaps by mapping changes in epistemic stance in adolescents receiving treatment for depression using longitudinal interview data, which allows an understanding of the process of change from the perspectives of those living it. We aim to first identify a group of adolescents who show indications that they entered treatment with a position of epistemic mistrust or hypervigilance, and then conducted Ideal Type Analysis of this group to create a typology of adolescents' experiences regarding the different journeys they went through across the course of psychotherapy in relation to issues of trust and mistrust towards the social world. Ideal Type Analysis is a person-centred, multi-case-study qualitative method in psychology research that aims to systematically describe naturally occurring patterns of human experiences and behaviours by forming categories (Werbart et al., 2016). Creating a set of categories to organize subjects' experiences according to their similarities and differences can help us to see patterns and make predictions about human behaviours, such as personality types and coping strategies (Stapley, O'Keeffe, & Midgley, 2021).

In this study, we hope to answer three questions by mapping the journey from epistemic mistrust in depressed adolescents receiving psychotherapy using Ideal Type Analysis. First,

by forming typology of different experiences, whether there appeared to be a shift from epistemic mistrust to epistemic trust following psychotherapy for depression? Second, by revealing different types of experiences in relation to epistemic trust and mistrust within and beyond therapy, what factors (e.g., therapeutic and extra-therapeutic factors) might contribute to or prevent such shift occurring from the perspectives of those living it? It is also needed to understand how the relationship between the therapeutic experience and extra-therapeutic processes is experienced by the patient. Third, if restoring epistemic trust is a generic mechanism for change in effective psychotherapy as Fonagy et al. hypothesized, whether the different journeys adolescents went through in relation to epistemic trust and mistrust were correlated with clinical outcomes in our sample?

2 Methods

2.1 Participants and procedures

This study uses data from the IMPACT-My Experience study (IMPACT-ME; Midgley, Ansaldo, & Target, 2014), which is nested within the Improving Mood with Psychoanalytic and Cognitive Therapies study (IMPACT; Goodyer et al., 2017). The IMPACT study is a pragmatic effectiveness superiority trial that randomized 467 clinically depressed adolescents across 15 specialist child and adolescent mental health services in England to one of three psychotherapeutic treatments: Cognitive-Behavioural Therapy (CBT), Short-Term Psychoanalytic Psychotherapy (STPP), and Brief Psychosocial Intervention (BPI). The IMPACT-ME study recruited 77 participants in the North London site of the IMPACT trial before treatment began. Semi-structured interviews were conducted individually across three time points: before treatment began (T1), immediately at the end of treatment (36 weeks; T2) and 1-year post-treatment (86 weeks; T3).

The interviews explored depressed adolescents' expectations of therapy, how they experienced changes in therapy over time, significant moments and turning points, and how they understood these changes, with a specific focus on what aided and hindered positive treatment outcomes (Midgley, Ansaldo, & Target, 2014). For example, adolescents at T1 were asked "What do you think would need to happen for things to get better?" At T2, they were asked "In thinking about the changes you have mentioned, what are the things that contributed to those changes? What has been helpful/unhelpful?" "What were the most helpful things about the therapy? What kinds of things about therapy were unhelpful, negative, or disappointing?" At T3, they were asked "If you compare today with how things were 12 months ago, have things changed? How are things similar or different?" "Now that we've talked about therapy, do you feel that your therapy is linked to the changes?" The interviews at T1 lasted between 7-20 minutes, at T2 and T3 lasted between 38-87 minutes, depending on how the young person responded (see the Supplemental Material for all interview questions at three times). Interviews were recorded and transcribed verbatim for analysis by research psychologists. The current study uses a post-hoc analysis of the interview data.

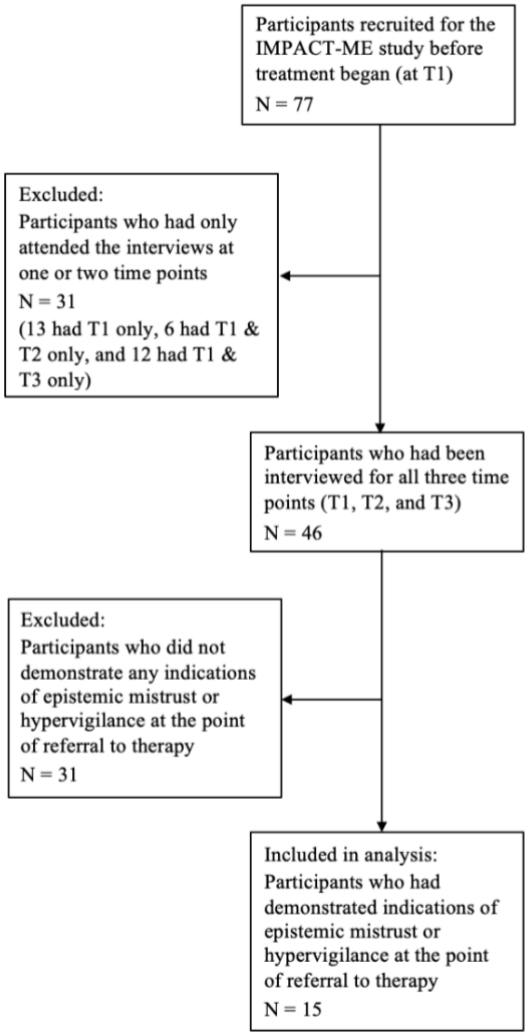
In the 77 recruited participants, 46 were interviewed at all three time points. To observe the journey that adolescents went through from the baseline to 1-year post-treatment, we only screened the 46 participants who had been interviewed for all three time points. Outcome assessments were carried out throughout treatment and at long-term follow up. Research has consistently shown extensive comorbidity and overlap of subthreshold symptoms between depression and anxiety in youths (Cummings, Caporino, & Kendall, 2014). Hence, quantitative data included for analysis in this study are the Mood and Feelings Questionnaire (MFQ; Angold et al., 1995) for measuring levels of symptoms of depression, and the Revised

Children's Manifest Anxiety Scale (RCMAS; Reynolds & Richmond, 1997) for levels of symptoms of anxiety.

2.2 Selection of cases

From the 46 depressed adolescents who had been interviewed for all three time points, 15 were identified as having demonstrated indications of epistemic mistrust or hypervigilance at the point of the baseline interviews prior to therapy starting. To identify the cases who had shown indications of epistemic mistrust or hypervigilance, the first author first developed an index of the signs of epistemic trust and the signs of epistemic mistrust or hypervigilance based on Fonagy and colleagues' work. The index was examined by one of the authors with expertise in this area. Following the feedback, the index was amended to enhance clarity, relevance, and accuracy. Briefly, signs of epistemic trust were defined as consistent willingness to receive information from others, underpinning a capacity for social learning; by contrast, signs of epistemic mistrust or hypervigilance involve a tendency to treat most sources of information as unreliable or unhelpful, demonstrating disengagement and isolation from the social world. The first author first listened to each interview (N = 138) in its entirety and was blinded to all participant information such as treatment orientations and outcomes. Then, an independent researcher who has a good knowledge of epistemic trust was involved to re-examine the cases, while also blinded to all participant information. The inter-class correlation coefficient for the reliability analysis in the case identification stage is 1.0. As a result, 15 cases featuring evidence of epistemic mistrust were identified leading to a final analytical sample comprising 45 interviews. **Figure 1** presents the selection flowchart for cases.

FIGURE 1 | Case selection flow chart.



Typically, those who entered treatment with indications of epistemic mistrust or hypervigilance tended to reject or avoid allowing themselves to be influenced by communication from others. Across the 15 cases, adolescents displayed a relatively low level of mentalizing capacity and tended to attribute negative interpersonal experiences to others' incompetence or malevolence, accompanied by a negative sense of the self. They, hence, held a negative expectation of interpersonal activities, considering social relations pointless. Their coping strategies tended to involve withdrawing from social communications and social interactions by spending the whole day in their rooms and refusing to take part in social activities (e.g., hang out with family or peers) even when invited.

Among the fifteen participants, five (33%) had been treated in the BPI arm, five (33%) in the CBT arm, and five (33%) in the STPP arm. At the time of referral to therapy (T1), the adolescents' ages ranged from 11.30 to 17.82 years old (M = 15.28, SD = 1.79), and 12 (80%) were female. In terms of ethnicity, eight of the adolescents described themselves as White British, three as Mixed or Multiple ethnic groups, two as Asian or Asian British, one as African or Caribbean Black or Black British, and one as Other ethnic group (see Table S1 in the Supplemental Material for demographic characteristics). Of the fifteen participants, two did not start the therapy assigned by the IMPACT trial but received psychotherapy somewhere else during that period of time – one was referred to inpatient care and received psychotherapy for depression and eating disorder, the other attended psychotherapy in another institute. Of the remaining thirteen cases who received therapy assigned by the IMPACT trial, five dropped out of treatment – two stopped therapy because they felt that they had got what they needed and felt that they did not require further therapy, one stopped therapy because they received professional support from other services and joined an autism support group, and two stopped going to therapy because they did not feel they were benefitting from it. The above seven cases were still included in the Ideal Type Analysis because they attended interviews at all three time points and most continued to receive professional psychological support during that period. Their subjective perspectives, therapeutic experiences, and extra-therapeutic processes in relation to depression and recovery from depression are valuable for us to map different journeys starting from epistemic mistrust. All researchers were blinded to the participant information mentioned above.

2.3 Ideal type analysis

In the fifteen cases included, we followed the seven steps outlined by Stapley et al. (2021) to conduct Ideal Type Analysis. To clarify, the word 'ideal' in an ideal-types context does not mean 'perfect' or 'best', but instead it refers to an 'idea' in the philosophical sense (Werbart et al., 2016). The first author first became familiarised with the transcripts across the three time points (Step 1) and developed case reconstructions for each adolescent (Step 2). Then, the first author constructed a typology of different journeys, that is – a grouping process whereby cases were divided into different types based on their common experiences (Step 3). As a rule of developing a typology, the features within a type should be as similar as possible and the differences between the types should be as distinct as possible, so that the cases within a type resemble each other and there is sufficient heterogeneity between the types (Kluge, 2000). Following the created typology, the first author selected optimal cases for each ideal type, that is – the case who particularly exemplifies and reflects the key characteristics of that type (Step 4), and formed the ideal-type descriptions by writing a comprehensive description of each ideal type (Step 5).

The formed typology, optimal cases, and type descriptions were then scrutinised by two co-researchers with expertise in this area and method respectively. Alternative designs for types and uncertainties about type descriptions were thoroughly discussed in the research team at this stage and revisions were made accordingly. Specifically, the first author initially formed four ideal types based on the case reconstructions; however, the co-researchers found a number of 'borderline' cases which could potentially have fitted more than one type. Considering that each case should only belong to one ideal type and the categories should be homogenous within themselves but distinct from each other, the research team restructured the typology by merging two of the initial four types as they overlapped at some key aspects, resulting in three ideal types and correspondingly new ideal-type descriptions. Throughout

the consensus-building discussions, the research team remained open and reflective about the decisions made in terms of classifying each case into a particular ideal type in the first place and revisited the case reconstructions as well as adolescents' own words as supporting evidence. Using a team approach to analysis, the refined ideal types share fundamental features within each cluster that link them together and also distinguish them from the other clusters of cases.

A co-researcher was involved again for credibility checks (Step 6), where she regrouped the cases into the refined ideal-types category using the ideal-type descriptions formed during the previous stage of the analysis. The first author and the co-researcher then compared notes on each case. No disagreement between the first author and the co-researcher occurred at this stage, indicating that the ideal-type category and descriptions were comprehensive and sufficiently clear. Finally, the first author compared the characteristics of cases within and between the ideal types (Step 7) to outline brief descriptions, essential features, and significant variations for each type. All researchers were blinded to participant information such as treatment orientations and outcomes throughout the process of conducting the Ideal Type Analysis. The constructed types were later compared with treatment outcomes to investigate whether and how the outcomes of adolescents differ between the types in our sample.

2.4 Ethics considerations

Ethical approval was granted by the Cambridge 2 Research Ethics Committee (REC Ref: 09/H0308/137). Fully informed written consent was sought from participants at the baseline assessment to take part in the IMPACT-ME study. For those under the age of 16, fully informed written parental consent was also sought. The policies from University College London, Anna Freud National Centre for Children and Families, and local NHS Trust on data

protection and confidentiality were followed. To ensure confidentiality, participants were invited to choose a pseudonym and any identifiable details have been removed or changed.

3 Results

Using Ideal Type Analysis, three types of experience in relation to changes in epistemic stance were constructed and are presented below (**Table 1**). Each section below provides an ideal-type description with essential features and significant variations and presents an optimal case for that cluster of cases. Ideal-type descriptions, essential features, and optimal cases were extracted and synthesised from participants' reports, whereas significant variations were summarised by the researchers. No pattern was observed between typology and treatment orientation in our sample. No variation by ethnicity, age, or gender was found across the three types. The typology was observed to be correlated with outcomes of psychotherapy, regardless of treatment orientations.

TABLE 1 | Ideal types, descriptions and essential features.

Ideal Type	Description	Essential features
1. Mistrust is Resolved in Therapy	Adolescents reported experiencing a discernible shift from epistemic mistrust to epistemic trust which they felt was mainly an outcome of the experience of therapy.	Adolescents expressed a view that therapy was a major contributor to their positive changes relevant to trust. The therapist in this type was experienced as genuine, warm and professional and the therapeutic relationship was felt to have laid the foundation for the adolescent's interpersonal relationships. Adolescents applied what was learnt in the therapy to real-life relationships and were prepared to actively learn from others in the future.
2. Feeling My Situation Is Different Now	Adolescents reported experiencing a shift from epistemic mistrust to epistemic trust which was not considered by them as an outcome of therapy.	Therapy by itself was not acknowledged to have led to any perceived change in the adolescents' life. Adolescents recognised positivity in existing relationships which they had not previously recognised and built new interpersonal relationships on their own.
3. Opening Up Is Pointless	Adolescents remained mistrustful towards people and pessimistic about social relationships.	Regardless of their experiences of therapy, adolescents maintained mistrustful and hypervigilant as they were concerned about being harmed or taken advantage of by others.

Ideal Type 1: Mistrust is Resolved in Therapy

Description

Adolescents in this type reported experiencing a discernible shift from epistemic mistrust to epistemic trust at the end of treatment (T2). They described how they became more trustful about people and more positive about interpersonal relationships, which they felt was mainly the result of the experience of therapy. Nine cases were categorised in this type (BPI = 4, CBT = 3, STPP = 2).

Essential features

The therapist was experienced as genuine, warm, and professional who created a safe space for adolescents to open up and provided good, useful advice for adolescents to learn and apply to real life. The young people whose journey's conformed to this type reported that they became more curious about their own and others' mental states and were actively learning different perspectives and skills from the therapist. They were thus able to change negative thinking patterns and see the positivity of interpersonal relationships. By the end of therapy or at one-year follow up, they held not only a positive outlook on life but also had coping strategies that could be used to navigate challenging circumstances in a way that they did not feel would have been possible pre-therapy. Overall, the therapeutic relationship was felt to have laid the foundation for the adolescents' improved interpersonal experiences: the adolescents applied what was learnt in therapy to real-life relationships and were prepared to learn from others in the future. The salient aspect of this type is that the adolescents acknowledged the contribution of therapy to their shift from epistemic mistrust to epistemic trust. They expressed a good understanding of how therapy has led to the positive changes that are relevant to trust.

Significant variations

This type varied in the way therapy contributed to the adolescents' shift from epistemic mistrust to epistemic trust. In some cases, the therapist involved the adolescent's family in the psychotherapy sessions. The therapist directly promoted a shift towards trust by creating a supportive network for the young person, where they were able to appreciate and learn from interpersonal relationships. In some cases, in parallel to therapy, there was a change in social environment which the adolescent considered had also contributed to the shift from epistemic mistrust towards trust. In these cases, some actively sought out a change in social environment, for example, they decided to transfer to a different school; but for most of them, this may have happened due to external factors, for example, they finished school to enter college.

Optimal case: Rachel

At the point of her referral to CAMHS, Rachel (17 years old, Asian or Asian British) described herself as being anxious, panicky, and paranoid. She believed that people were judgemental and ill-intentioned, and everyone was against her. Rachel disliked any form of communication with others and consciously put up a wall to cut people off. She felt completely alone, isolated, and desperate. She couldn't find anyone supportive or helpful around her. However, she reported that she used to have better relationships with people and was able to manage her life well until she entered her current school. Rachel described it as:

> *"I'm really sensitive. I don't like people […] like cutting myself off from everything but it like gradually snowballed like suddenly I couldn't stand the company […] Like I'd be paranoid, like it would seem like everyone was against me and that I was alone. The more you isolate yourself, the more you can't be around people and it's like this sort of vicious cycle."*

By the time of the T2 interview conducted immediately at the end of treatment, Rachel had moved to a new college and her relationships with family had improved, both of which were recognised as outcomes of therapy by her. Rachel described how the experience of therapy encouraged her to build connections with others, which brought about positive changes in her interpersonal relationships. She felt that everything was going well in the new college, where she made many friends and felt much less socially isolated, in a way that she did not feel would have been possible pre-therapy. She conveyed that she now believed that people could be helpful because of her experience of therapy, that is – the experience she had with the therapist restored her epistemic trust outside therapy:

> *"People put up fronts and masks. It's all really complicated and like you kind of think, who's genuine or what's genuine? They (i.e., Rachel's therapist and psychiatrist) sort of reassured me […] I think it's all about trying to get to know the individual person you're seeing who's trying to help you like establishing a connection with them. Communication has to be important. I realized that if I was willing to communicate, then they'd do whatever they could to help to me... And then you realize this is actually helpful."*

A year later, in the T3 interview, Rachel reported that she had a very good year in the college, and that she had applied for university. She felt happy about herself and positive about the social world.

> *"I'd like to know like about humans as a collective and like the world as a whole rather than just like a sort of you know one dimensional view of myself"*

In terms of therapy, Rachel witnessed how the therapist liaised with a psychiatrist and her mother in a joint effort to provide helpful treatment. She believed that the therapist and psychiatrists were competent in managing her case. She felt that the therapist had an active

interest in her and tailored the sessions to make them relevant and useful. She was given tasks to interact with others outside therapy to learn about social interaction. Rachel described how the experience she had with the therapist significantly changed her way of thinking and encouraged her to learn from social interactions. Rachel believed that trust is the most important component in therapy and that it was the real connection she had with the therapist that made a difference.

> *"Whenever I remember therapy, I just think of my therapist. If I didn't like my therapist, I don't think therapy would've worked […] I think the biggest thing between patient and like a mental health worker is trust and like once you've established that then you know then it's fine […] You see if someone's trying to work with you and for you, instead of against you… I think when you can be unreserved then […] The building up as if like she didn't go really fast, she went slowly. There has to be a balance of her constructively helping, so not just leaving me be […] I went to every single appointment I had […] I've changed like thought patterns, the way I deal with things, coping methods. All of that has completely changed. That's why, you know positives part's happening […] It was to see or watch, basically to learn, and then there were sort of interaction with other people […] I think if you go to the right person and you take a course of therapy, it might change your life for the better […] The therapy's always gonna be very important to me, because it helped me get out of that period of my life, it will always help me."*

Ideal Type 2: Feeling My Situation Is Different Now

Description

Adolescents in this type reported experiencing a shift from epistemic mistrust to epistemic trust at the end of treatment (T2) or at one-year follow-up (T3). The adolescents reported that they experienced the social world differently, however, the change was not considered by them as an outcome of therapy. Three cases were categorised as this type (CBT = 1, STPP = 2).

Essential features

Therapy by itself was not acknowledged to have led to any perceived change in the adolescents' life. The adolescents did not feel they were gaining much from treatment, and so were likely to disengage or drop out of therapy completely. They instead navigated difficult circumstances by using internal resources and found their own coping strategies adaptive. They gradually developed a new perspective about the social world where a shift towards trust came about – they became more optimistic about people and expressed a positive outlook on life. The salient aspect of this type is that the adolescents recognised positivity in existing relationships which they had not previously recognised, and built new interpersonal relationships on their own, although they did not find therapy helpful.

Significant variations

This type varied in the extent to which changing circumstances played a role in the adolescents' restored senses of trust towards others. For example, some experienced a remarkable change in circumstances outside treatment which contributed greatly to the improvements seen through the reduction of mistrust, whereas some mainly relied on internal resources (e.g., faith) and developed their own coping strategies. In addition, in terms of the reason for dropping out of therapy, some found that attending therapy was pointless as they felt that the therapist did not seem sufficiently interested or able to help, whereas some found

the experience of therapy stressful and aversive. Either way, the adolescents did not regard the experience of therapy as meaningful or relevant.

Optimal case: Margot

At the point of her referral to CAMHS, Margot was 13 years old, White British. Margot felt scared, paranoid, and extremely stressed at home and school. Her parents were divorced, and she had constant fights with her mother. Margot's father had moved away and started a new life. She felt distant from her father and rejected by him. At school, Margot did not trust the teachers because they had let her down in the past. Margot also felt like a misfit at school. She claimed she did not want to be close to anyone at school, and her attendance became disrupted. There was no one she could get support from in her environment.

> *"I've had issues with teachers before. Then they completely lost my trust […] I kinda scare myself, I'm kinda paranoid […] I can't relax […] I just wanted everyone to go away."*

In the T2 interview, Margot reported that she had decided to transfer to a different school and was on a waiting list. She had a few friends at the new school so was excited to get in. Her relationship with parents had improved and she spent more time together with both her mother and her father. Margot reported that she felt that she could rely on her parents:

> *"I got some good friends out of school now actually, the school that I'm hoping to get into […] I'm much happier now. Because my situation is different now."*

In the T3 interview, Margot reported that she had been doing very well over the past year because she had transferred to the new school, where she felt that both fellow students and teacher were generally supportive and reliable. She described her situation as very different now:

"I didn't feel like I had anyone and now I'm in a completely different situation where I have everything […] In my old school it felt like I had friends, but I wasn't able to rely on them like I can rely on my friends in this school […] The teachers seem to care a lot more."

Margot stopped going to therapy after four sessions. She felt that the therapist was patronising and not making any effort. She did not feel comfortable enough to open up because she did not experience her therapist as committed or well-intentioned:

"She was quite patronising. She didn't really interact with me […] When I spoke to her, she didn't really respond […] She didn't really work through things. She was kind of nodding and expecting me to… It was more like she was a robot […] It felt like she didn't want to help […] It felt more like I was meant to make the effort, rather than a joint effort to kind of talk about things […] It just didn't feel like I was gaining anything from it."

Ideal Type 3: Opening Up Is Pointless

Description

Adolescents in this group appeared to remain mistrustful towards people and pessimistic about social relationships at the end of treatment (T2) and one-year follow up (T3). Three cases were categorised in this type (BPI = 1, CBT = 1, STPP = 1).

Essential features

Although there were some fluctuations in their perceptions of others and varied experiences of interpersonal relationships, the young person's mind appeared to be caught in an unchanging situation characterised by negative expectations about the social world. They found it difficult to understand or relate to others. They spoke about their trust issues and not

understanding why or how people make friends. A salient aspect of this type is that the adolescents remained mistrustful and hypervigilant as they were concerned about being harmed or taken advantage of by others regardless of experience of therapy.

Significant variations

Within this type, there were some differences in the adolescents' experience of therapy. Some found therapy to be of some help as they can speak to someone other than people in their environment, whereas others found the therapist to be judgemental, patronising, and incapable. Nevertheless, all adolescents in the type found it difficult to build a relationship with the therapist and did not feel being meaningfully helped.

Optimal case: Nathan

At the point of his referral to CAMHS, Nathan (17 years old, White British) had been depressed for 5 to 6 years. He was irritable and had suicidal thoughts. Nathan's mother had symptoms of depression and was always angry with him. His ex-girlfriend hurt him deeply by cheating on him. Nathan had been expelled from college. He did not have anyone to talk to and felt acutely lonely and isolated. Nathan believed that he could not trust anyone because he has never had anyone he could rely on since childhood.

> *"I just got more and more depressed and angry and hated the world […] I felt like there was no one being there for me […] I shut everyone out. I don't feel like I can open up to anyone […] I don't really think I can trust anyone as long as I can remember. I have really bad trust issues."*

In the T2 interview, Nathan described a slightly improved relationship with some of his family. He also started hanging out with a group of people to keep himself cheerful. However, a year later in the T3 interview, Nathan described some of the things happened in the past year and mentioned that he did not feel that his relationships with family or peers had

actually improved, but instead he felt more disappointed about interpersonal relationships and more isolated; and due to which, Nathan felt that his depression had worsened. He now refused to get close to anyone or ask for help because he saw opening up to others as a harmful thing:

> *"I talk to people, but I still find it hard to relate to people, pretty much everyone […] She's the person I opened up to […] It just makes me feel like not talking to anyone ever again. That just feels like I have to deal with things by myself. I can't have any help. Coz if I do have any help, then they're just going to use me and make me feel shit about it. I'd rather die than open up to someone […] I'd like never leave my room. I'd just shut myself off from the world […] It's my trust issues with people. I just see opening up as more of a bad thing […] I find that most of the people I care about in my life tend to be abandon me, apart from my mum. That probably pre-determined that I wasn't gonna open up."*

Nathan stopped going to therapy after eight sessions. Recalling the experience of therapy, he described feeling constantly judged, belittled, and bullied. Nathan was disappointed and angry about the therapist. He did not feel that the therapist had commitment or ability to help him. The experience of therapy might have worsened his fears of betrayal, abandonment, and manipulation in interpersonal relationships. Nathan described how he completely closed himself off after the therapy and avoided any interaction or emotional connection with others. About therapists, he said:

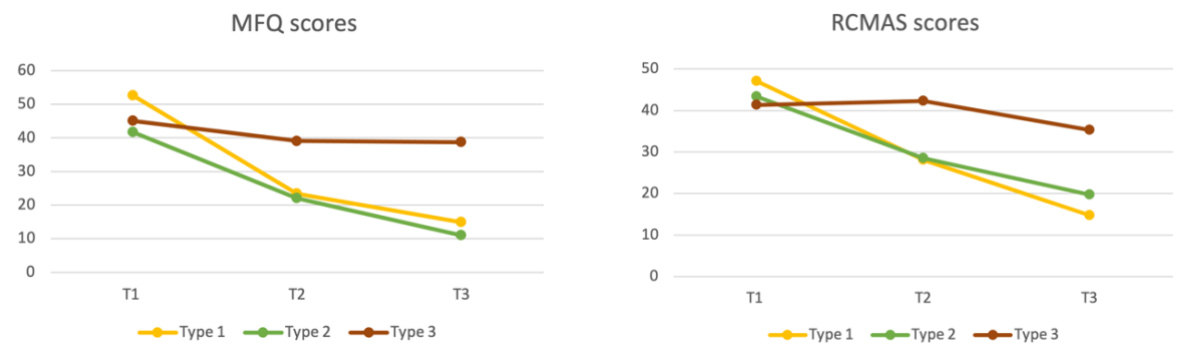
> *"You can't really have a relationship with them. They talk to me like a dog […] I got the general impression that she just didn't give a fuck. She was constantly downbeat and like she always seemed to be in a crap mood, it just felt like I*

was wasting her time and that I shouldn't be there […] They make you feel so small and insignificant by like with one sentence. They're bullies in a doctoring term […] I just didn't feel like I should open up. It just didn't feel right to […] It did give me the feeling like they didn't really know how to deal with my problems. I'm just asking, 'are you qualified enough to deal with me'."

Comparison of the Ideal Types in outcome assessments

Further exploration of the types was conducted using quantitative data to see whether there were any indications that outcomes of adolescents differed between the types. **Figure 2** shows the mean assessment scores of MFQ and RCMAS at each time point. Although the sample size was statistically insufficient for reliable analyses, the typology was observed to be correlated with outcomes of psychotherapy regardless of treatment orientations. Adolescents across the three types demonstrated similar levels of symptoms of depression and anxiety at the point of referral to therapy. Adolescents in the 'Mistrust is Resolved in Therapy' or 'Feeling my Situation is Different' groups showed clear declines in levels of depression and anxiety symptoms from T1 to T2 and further decreases from T2 to T3. In comparison, those in the 'Opening Up is Pointless' group continued to maintain high levels of depression and anxiety symptoms from baseline to one-year follow up, where no significant improvements in levels of depression and anxiety symptoms were seen.

FIGURE 2 | Mean MFQ and RCMAS scores at T1, T2, and T3 for each ideal type.



Note. MFQ = Mood and Feelings Questionnaire; RCMAS = Revised Children's Manifest Anxiety Scale. Type 1: Mistrust Got Resolved in Therapy; Type 2: Feeling My Situation Is Different; Type 3: Opening Up Is Pointless'.

4 Discussion

The aim of our study was to create a typology of depressed adolescents' experiences regarding the different journeys they went through across the course of psychotherapy in relation to issues of epistemic trust and mistrust. Using Ideal Type Analysis, this study showed three distinct patterns of journeys starting from a position of epistemic mistrust or hypervigilance at the point of referral to therapy and over this 2-year period. Adolescents in the 'Mistrust is Resolved in Therapy' journey demonstrated a shift from epistemic mistrust to epistemic trust at the end of treatment, with the shift understood as due primarily to the experience of therapy. Adolescents in the 'Feeling My Situation is Different' journey also showed a shift from epistemic mistrust to epistemic trust at the end of treatment or at one-year follow-up, and they attributed the change to altered circumstances and perspectives rather than due to the experience of therapy. Adolescents in the 'Opening Up is Pointless' journey, however, reported continued mistrust at the end of treatment and at one-year follow-up. The typology was observed to be correlated with outcomes of psychotherapy regardless

of treatment orientations, providing preliminary evidence for Fonagy and colleagues' (2019) theory that restoring epistemic trust may be a generic mechanism in effective psychotherapy.

Adolescents in the 'Mistrust is Resolved in Therapy' group experienced their therapist as empathic, warm, and understanding, indicating that a perception of the therapist's genuine intention to help plays a key role in building epistemic trust. They also reported experiencing their therapist as knowledgeable and competent, corroborating the assumption in Folmo et al. (2019) and Jaffrani et al. (2020) that epistemic trust may develop as a result of repeated experiences of the therapist being professional and demonstrating a capacity to help. This is in line with Wilmots and colleagues' (2020) finding that good outcomes for depressed adolescents were achieved by a collaborative and egalitarian approach with the therapist balancing the dual roles of being 'affable' with being a 'professional expert'. Our analysis of this ideal type suggest that a therapist must display a level of expertise and empathy for the patient to gain a positive expectation of therapist trustworthiness and, thus, start to treat the professional as a source of knowledge about both the internal and external world. A trusting therapeutic relationship where the individual felt cared for, recognised, and helped may allow them to relax their epistemic vigilance. As a result, the adolescents in this journey reported genuine curiosity and interest in their own mind as well as the minds of others and the therapists appeared to successfully pass on new knowledge and skills that were personally relevant and useful to the adolescents in the therapy, breaking down their previous, more rigid ways of interpreting and responding to social experiences. The regenerated capacity to mentalize and acquire new perspectives were henceforth used by the adolescents to navigate challenging social circumstances and accumulate experiences of social interaction that are beneficial. This journey provides preliminary evidence for Fonagy and colleagues' (2019) three communication system model, in which they propose that therapy constitutes a learning experience that, by increasing the patient's capacity to mentalise social relations, opens up a

more salutogenic stance of epistemic openness outside the therapy room. The finding of this type further collaborates Wampold's claim (2015) that therapist actions aiming to develop deeper bonds of trust and attachment can create positive expectations in the patient about their ability to cope with the difficulties that brought them to therapy; these positive expectations encourage the patient to undertake salutogenic behaviours, resulting in good outcomes.

By contrast, adolescents on the 'Feeling My Situation is Different' journey, although they spoke of changes that had taken place for them, did not generally regard their therapy as helpful; instead, they attributed their improvement to a change in circumstances outside treatment, such as improved family relationships or changing school, creating a social environment which stimulated epistemic trust. The finding of this ideal type is congruent with the emphasis on the importance of the wider context in stimulating epistemic hypervigilance as an adaptation to non-mentalizing social experiences in Fonagy and colleagues' three communication systems model (Fonagy, Luyten, Allison, & Campbell, 2019). This theory was well evidenced by one of the participants, Margot, who described herself as paranoid and hypervigilant in her old school but felt greatly relieved when she got on to a waiting list to be accepted to a new school, and one year later, described herself to be doing very well after transferring to the new school. Although psychotherapies are commonly acknowledged to be more effective than no treatment (Mulder, Murray, & Rucklidge, 2017; Barth et al., 2016), research has shown that significant positive changes can also occur without treatment (Whiteford et al., 2013). As the APA Task Force reported (mentioned above), the largest factor influencing therapeutic outcomes was found to be what took place in the patient's life outside the therapy relationship (40%) (Norcross & Lambert, 2019).

The contribution of extra-therapeutic factors to positive outcomes is a complex one. We cannot be sure whether such a shift happens solely due to the appearance of reliable,

supportive people who were previously not in the adolescents' social environment, or where it might be regarded as a (potentially unacknowledged) consequence of an underpinning epistemic openness facilitated by therapy. For example, Margot stopped going to therapy after four sessions, but she started actively seeking out a change in social environment by transferring to a different school after dropping out, which made it possible for her to use her social environment in a positive way. There is a possibility that adolescents who fit this type have a different understanding of how the experience of therapy may have influenced their ability to experience others in a different way. Future research should investigate what happens in the psychotherapy sessions themselves to answer this question. Nevertheless, our typology illustrates the potential routes, via therapy, via the social environment, or via both, to create a shift from epistemic mistrust to epistemic trust, leading to positive outcomes.

What may happen if adolescents cannot make use of either therapy or their social environment? From a clinical perspective, the experience of such young people is of particular concern. Adolescents on the 'Opening Up Is Pointless' journey continued to take a position of epistemic mistrust and show high levels of depression and anxiety symptoms following psychotherapy and one year after therapy had ended. Contrary to the 'Mistrust is Resolved in Therapy' type, none of the adolescents in this type experienced their respective therapists as someone who demonstrated a dedication to make a collaborative effort in the treatment; instead, they displayed low confidence in their relationships with the therapist as well as low trust in receiving help from the therapist. Taking Nathan as an example, he felt it was impossible to form a bond with his therapist as he felt he was not given a chance to have a real conversation in the therapy. This feeling of not being seen or understood might be caused by the therapist's inadequate mentalizing – the therapist failed to recognize or reflect Nathan's personal narrative back to him. It might also be a consequence of the young person's own impaired mentalizing capacity that is associated with depressive symptoms

which may have meant he didn't experience the therapist's attempt to reflect back his experience as a match with his own inner reality. Either way, the painful experience of interpersonal alienation in therapy may have led to a further loss of Nathan's sense of agency and chronic epistemic mistrust. On the one hand, the fear of being hurt contributed to Nathan's "trust issues with people" which, as he said, pre-determined his disengagements from social interactions. On the other hand, Nathan found it difficult to understand or relate to anyone. He expressed confusions about social interactions and did not see any benefit of accessing to social information and social networks. This phenomenon can be explained by Fonagy and colleagues' (2019) model that, as a human, our identity is primarily social and we are identified through the social communication and social capabilities; whereas in depressed adolescents, the feelings of subjective alienation and epistemic mistrust might originate from their social circumstances which are highly isolating or harmful, and therefore, distrusting people who claim to offer help can be viewed as an adaptive response. We do not know whether it is the therapist's failure in mentalizing, the adolescent's chronic state of epistemic mistrust, shown as a resistance to trusting that therapists will be helpful, or a poor working relationship between therapist and patient, that contribute to poor outcomes. Psychotherapy process research is needed to develop a greater differentiation between these possible scenarios, or to understand the way in which the three might inter-relate. Our research indicates that young people with particularly entrenched levels of epistemic mistrust, often as an adaptation to operating in a social environment in which their mental states and agency have been consistently unrecognised and under-supported, require a particularly mentalizing-rich therapeutic experience (regardless of modality), and it may be that therapist training does not always support therapists to make such adaptations.

Although our sample size was insufficiently powered for reliable statistical analyses, we observed that, over the 2-year period, the adolescents in the 'Opening Up is Pointless'

journey continued to show high levels of depression and anxiety symptoms following psychotherapy, whereas those who experienced a shift from epistemic mistrust to epistemic trust showed clear improvements in their levels of depression and anxiety. This was despite the fact that all groups entered therapy with similar levels of depressive and anxiety-related symptoms, suggesting that the typology of different journeys adolescents went through in relation to epistemic trust and mistrust was correlated with clinical outcomes. Comparing the three distinct journeys of depressed adolescents' experiences, we are able to discuss what factors within and beyond psychotherapy may facilitate or hinder positive treatment outcomes through the lens of epistemic trust.

An adverse social, especially family, environment seemed to be a shared factor in our analysed sample at the starting point. Contrary to those who experienced improved interpersonal relationships and gained new perspectives on life in the other two groups, adolescents in the 'Opening Up Is Pointless' group continued to report an adverse social environment over a 2-year period. Zimmermann et al. (2021) found that depressed patients with less social support benefited more from a good therapeutic bond compared to patients with more social support, indicating that good therapeutic bond quality might be especially important if a patient lacks social support. For vulnerable adolescents, a therapeutic experience that provides a safe space for social learning may be particularly salient as an active ingredient. Informed by the three types, we believe that a patient must make a determination of whether their therapist is trustworthy, based on therapist behaviours and the therapeutic relationship, and this decision can profoundly influence whether the treatment is going to succeed. There is a possibility that some adolescents in the 'Opening Up Is Pointless' group, due to various reasons, resisted trusting that a therapist can be helpful. A state of epistemic mistrust or hypervigilance may be a generic factor in treatment-resistant mental disorders and one of the barriers that stop patients from getting help. This may be

particularly the case in adolescence. Compared to adult patients who recognise their problems and choose to attend psychotherapy to make changes, adolescent patients often enter psychotherapy at the direction of their parents and may be more likely to lack insight into difficulties (Karver, De Nadai, Monahan, & Shirk, 2018). Patient motivation for change determines the patient's engagement in treatment and thus influence treatment outcomes (Ryan, Lynch, Vansteenkiste, & Deci, 2011; Watsford & Rickwood, 2014).

Besides, any supportive adult outside therapy may act as a reliable source of knowledge for adolescents, creating epistemic openness. Among youth in foster care, Nesmith and Christophersen (2014) found that the young people who have had a supportive adult in their lives tend to have a wider variety of ongoing social network, because they know how to identify and approach new people who might be supportive and how to initiate new, positive relationships. Meta-analytic reviews have consistently shown that not only good therapeutic bond but strong social support outside the therapy setting predict successful treatment outcome (Flückiger et al., 2018; Roehrle & Strouse, 2008). As the broadening of social networks brings simultaneously problems, opportunities, and resources, adolescence is viewed as an age where the narratives change suddenly and profoundly (Brizio, Gabbatore, Tirassa, & Bosco, 2015). Therefore, our findings suggest that a range of positive human relationships which fulfil certain criteria, not exclusive to psychotherapy, can generate epistemic trust and trigger a capacity for social learning, in turn leading to recovery from depression, especially for adolescents. This study provides some preliminary evidence on how the relationship between the therapeutic experience viewed from the perspective of epistemic trust and the extra-therapeutic processes experienced by the patient relates to therapy outcomes. More research is needed to investigate the role of epistemic trust as a possible salutogenic mechanism by which extra-therapeutic change can be harnessed by the patient.

Strengths and limitations

By analysing qualitative longitudinal interview data with depressed adolescents, the current study allows an understanding of the process of change from the perspectives of those living it, thus revealing different aspects in their experiences in relation to epistemic trust and mistrust within and beyond therapy. Although our method was developed retrospectively and there was no formal assessment of epistemic mistrust in these young people prior to entering therapy, the interview data contains a rich account of the adolescents' subjective experiences in relation to trust and mistrust in interpersonal contexts. Using Ideal Type Analysis, we retained a focus on the individual participant's experience, while elucidating the patterns that exist across the cases. Although the typology was initially constructed from the first author's point of view, which unavoidably contains bias, two independent researchers were involved to check the data and scrutinise the analysis to mitigate implications of subjectivity and the finalised typology was a result of agreement through multiple discussions within the research team. However, Ideal Type Analysis shares a feature with many inductive analyses of qualitative data that the results may not be the only answers to the research questions and our sample size of 15 was fairly small in comparison to previous research. Thus, we hope that future studies in this area will build on our exploratory results.

Implications for clinical practice and future research

Future research into the therapeutic process should seek to investigate whether there are detectable warning signs of patients' epistemic mistrust at the point of being referred for psychotherapy. Psychological interventions may need to openly address their issues of mistrust in early sessions as their hypervigilance may hinder the path to learning both within and beyond therapy, thus preventing any profound change. Moreover, particular attention should be drawn to the adolescents who have difficulty making use of either therapy or social

environment. It is possible that psychotherapy is currently not offered in a way that most effectively reaches those who need it the most; this may be especially true for those young people who have experiences of systematic racism or discrimination, which may lead to epistemic mistrust, including in relation to mental health professionals. For young people with who do not experience trustworthy environments, either within therapeutic settings or in the outside world, the development of epistemic trust may in face be detrimental and maladaptive. For example, research has shown that patients from racial or ethnic minorities prefer less of therapists of different racial or ethnic group and rate such therapists more negatively (Cabral & Smith, 2011), suggesting that characteristics of therapists may associate with trust fostering. Therefore, a more fine-grained understanding of this very vulnerable, mistrustful, hard-to-reach group of adolescents' experiences and participation in mental health services can help us better meet their needs. As this group of adolescents may live in social circumstances which are highly alienating, isolating and deprived, treatments that intervene at the level of the wider social system (e.g., bring the family to therapy or liaise with other professionals in social services to put a joint effort), or which actively address systematic racism and discrimination, are encouraged.

Our findings must be viewed cautiously but suggest a direction for future research to rigorously test the link between epistemic mistrust and clinical outcomes in a sufficiently powered study. Future studies can test whether the typology developed in our study can apply to individuals suffering from a range of mental health issues and in other social and cultural contexts. Future research can take a further step to explore how epistemic mistrust can be resolved as well as how epistemic trust can be (re-)built through psychotherapy; and moreover, what therapeutic approaches might be most effective in reducing epistemic mistrust to remove one of the barriers to effective treatment. Considering the wide applicability of the featured factors in creating a shift to epistemic trust, future research

should build on our exploratory results and seek to evidence whether the process of generating epistemic trust is a shared mechanism for change, and whether restored epistemic trust is a generic outcome in psychotherapy, regardless of therapeutic orientations and skills, as hypothesized by Fonagy et al. (2019) in their model of three communication systems.

Conclusion

Using Ideal Type Analysis, three distinct patterns of journeys depressed adolescents went through across the course of psychotherapy in relation to issues of epistemic trust and mistrust were identified. This study not only adds to the sparse literature exploring the phenomenon of epistemic trust and mistrust in clinical populations and in psychotherapy but provides preliminary empirical evidence for Fonagy and colleagues' (2019) three communication system model. In line with Fonagy et al., we conclude that an interpersonal component within or beyond therapy may be the key to breaking the vicious cycle of epistemic mistrust, creating a shift to epistemic trust, in turn leading to recovery for depressed adolescents. Positive therapist behaviours displaying a level of expertise and empathy can facilitate a good therapeutic relationship and thus contribute to a transition from epistemic mistrust or hypervigilance to epistemic trust. Beyond therapy, social circumstances also play a key role in stimulating epistemic trust, and for some young people this may be a more decisive factor than therapy itself. Treatments that intervene at the level of the wider social system may be needed for individuals living in a highly alienating, isolating and deprived environment. Moreover, a state of epistemic mistrust may be one of the barriers that stop people from getting help. Research should look into detectable warning signs of people's epistemic mistrust and explore ways of addressing it.

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