How do adult survivors of childhood abuse, experience and understand their capacity to trust in relationships?

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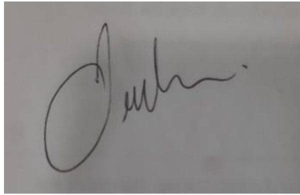
Declaration

I hereby certify that this material, which I now submit for assessment on the programme of study leading to the award of Doctor of Psychotherapy is entirely my own work, and that I have exercised reasonable care to ensure that the work is original, and does not to the best of my knowledge breach any law of copyright, and has not been taken from the work of others save and to the extent that such work has been cited and acknowledged within the text of my work.

Signed:  Date: March 2023

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Abstract

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How do adult survivors of childhood abuse, experience and understand their capacity to trust in relationships?

Feedback from adults with histories of developmental trauma indicated they experienced considerable difficulties 'trusting in others generally', which had significant consequences for their overall quality of life. Using a classic grounded theory design, this study examined the relational trust recovery paths of 13 (10 female, 3 male) survivors of childhood abuse to develop a three-phased model of recovery that highlighted the significance of the therapeutic relationship (Initializing phase), live experimentation (Input phase), and an internal journey from a traumatized self to a more empowered self-concept (Processing phase).
The therapeutic work within each phase is described along with a suggested role for motivation to learn theories (Expectancy-Value and Attribution theories), specifically the potential contribution of 'expectancy of success' and 'task value' to motivate movement through the process. The internal journey to a more positive sense of self varied for each participant; however, in all cases, a reported shift in feelings of 'personal agency' and 'self-efficacy' facilitated positive adjustment(s) to connect with others. Central to making positive changes was growth in the relational skillsets in two key areas, '*feeling valued*' characterized by improved self-acceptance, self-esteem, and self-efficacy, and '*adaptive and flexible responsiveness'* characterized by self-confidence, self-acceptance, and engagement. The therapeutic journey was perceived as challenging and fraught with risk and setbacks; however, perseverance brought the much-cherished rewards of a more trusting relationship with the self and other

Chapter 1

Introduction

1.1 Introduction

Trust is universally understood to be a key component of human interaction (Baghramian, 2018) whereby individual needs and desires are juxtaposed with fears and concerns of a negative outcome (Simpson, 2007). Deutsch (1973) succinctly defined trust as "confidence that [one] will find what is desired [from another] rather than what is feared" (p.148). Apart from Baier's (1986) belief that trust or some early derivative of it was innate, researchers and theorists agree that trust is generally a developmental phenomenon based primarily on psychosocial and relational experiences with significant others (Beaton & Thielki, 2019; Mitchell, 1990; Rotter, 1980; Saunders & Edelson, 1999). Based on this understanding, the dynamics of how individuals come to trust versus distrust in themselves, others, and their environment rest predominantly on the calibre of developmental experiences in close relationships.

The forces believed to influence the conduct and quality of these developmental experiences are vital to understanding and guiding a process conducive to later developing relational trust where it does not already exist. Philosophical thinking favours intentional mental phenomena such as moral considerations (Baier, 1986), social norms (Mullin, 2005), and affective attitudes (Faulkner, 2018; Jones, 1996). Empirically based considerations highlight attachment styles (Bowlby, 1988), mentalizing capacity (Allen, 2012; Fonagy et al., 1991), and epistemic trust (Fonagy & Allison, 2014a; Jaffrani et al., 2020; Knox, 2016). The general thrust of relevant research is from a social-cognitive perspective that tends to isolate and measure different development interactions, features, and styles. In general, study

findings have reported on the psychological impact of developmental abuse (Knapen et al., 2020; Mitchell, 1990; Phillips & Daniluk, 2004), recommended treatment strategies (Asen & Fonagy, 2017; Fonagy et al., 2017), and the experience of the therapeutic process (Chouliara et al., 2011; Koehn, 2007; McGregor et al., 2006). While many referenced an impact on trust, relatively few have made trust the central focus of their research (Rempel et al., 1985; Simpson, 2007). In a review of extant literature as part of the analysis phase, the researcher could not find any peer-reviewed studies that examined relational trust implications/capacities for individuals with a history of developmental abuse.

1.2 Background and Rationale

The Irish National Counselling Service (NCS) was founded in 2000 to provide counselling and psychotherapy to adults who experienced abuse as children, and in particular for those who had been reared in institutional care. This service operates nationally and is organised regionally across 10 hubs each providing more locally accessible community-based services free of charge. As part of his role as counsellor/therapist within the NCS, the researcher has conducted a series of analytical reviews of service user feedback spanning fourteen years (2006 – 2020). Following completion of therapy, clients are invited to complete a standard evaluation form giving details of their experience and an appraisal of their therapy's effectiveness. A standard question using a Likert scale format asks respondents to rate the change that had occurred for them as a consequence of attending therapy. The question is specific to the following areas: the ability to cope, close relationships, understanding difficulties, dealing with stress, improving everyday life, feelings about self, and their ability to trust in others generally. A noted and consistent feature of results has been the significant negative difference in ratings awarded to improvements in 'the ability to trust in others generally' relative to averages for all the others. The average difference was 22% fewer respondents considered their ability to trust had gotten 'a lot or 'somewhat better' relative to

all other changes. The range in the five sets of reports was 19% – 26%, with a median of 21%, confirming the consistency of the finding over the fourteen years involving more than 2000 respondents.

From a performance quality and service provision perspective, examining this finding and addressing measures likely to improve client clinical outcomes was appropriate.   While educated clinical opinion based on a knowledge of such areas as psychosocial development, attachment, social-cognitive learning, and trauma literature could inform and guide understanding of this clinical deficit, the dearth of extant literature focusing on relational trust as it applies to survivors of childhood abuse, means that relatively little is known about why relational trust unravels and what might restore and maintain it into the future. Using a grounded theory method, this study presents the findings from an in-depth account of relational trust for individuals who experienced developmental trauma.

1.3 Research Question, Aims, and Objectives of the Study

The research question and focus of the study are "How do adult survivors of childhood abuse experience and understand their capacity to trust in relationships?". The study aims to build a theory of relational trust that accounts for the views and experiences of individuals with a history of developmental trauma. Adopting the Glaser and Strauss (1967) recommendation to concentrate on the main concern facing participants and their efforts to resolve those concerns, the following objectives were followed:

To explore experiences of relational trust and mistrust.

To provide an in-depth account of adult survivors of childhood abuse experience of relational trust.

To inform practice on specific issues of adult trust linked to developmental trauma.

1.4 Methodology Overview

Glaser and Strauss (1967), founders of grounded theory (GT), defined it as "the discovery of theory from data – systematically obtained and analysed in social research" (p.1). This study aimed to build a theory of trust within the substantive area of adult survivors of childhood abuse; ergo, a GT method was followed, specifically the principals of Classic Grounded Theory were applied (Glaser & Strauss, 1967). The study used a purposeful sampling method to select participants from the pool of National Counselling Service users receiving therapy at that time. Participants were informed of the study via their therapist, who distributed relevant contact information; interested persons were invited to attend a semi-structured interview of approximately 60 minutes duration, conducted either in person, online or by telephone and audio recorded.

This study followed GT's unique systematic methodology to analyse the data collected; initially, it was reduced into themes/concepts that were later converted into categories leading ultimately to the resulting theory. Some distinguishing CGT principals applied across the study included theoretical sampling; post the initial three interviews, the focus of interviews was adapted to ensure adequate data on emerging concepts, and memos captured these emergences. The constant comparative analysis engendered the completion, enrichment, and integration of categories as data was collected, which optimized conditions for abductive reasoning in the final phase when the theory was developed. The structured and interconnected coding system began with 'open coding' to develop conceptual categories from interview recordings. Then 'selective coding' further elevated the level of conceptual abstraction to create more substantive concepts used in 'theoretical coding' that developed the study's final theoretical propositions and working model of relational trust for adults with developmental histories of abuse.

1.5 Thesis Outline

This current chapter opens with a suggested definition of how to understand relational trust from the perspective of individuals with histories of developmental abuse. The expansive scope of possible influencers on the trust journey is highlighted in philosophical and practical terms. The background and rationale for the study and its aims and objectives are provided, plus a synopsis of the methodology used. This chapter concludes with a reflective comment from the researcher highlighting his connection to and motivation for the study.

Chapter 2 is a purposive preliminary review of extant literature that provides a more detailed account of philosophical writings on the general topic of trust. In this regard, it served as a data source that stimulated questions and theoretical sensitivity. Additionally, empirical studies linked to the substantive area, relating principally to the sequelae of developmental abuse, supported the study by providing awareness of how abuse conditions can influence experience and the process of change over time.

Chapter 3 argues for using the GT methodology as the optimum approach in light of the stated aims and objectives. An account of the researchers' positions on the ontological and epistemological underpinnings is presented and supported with an explanation of how the symbolic interactionist stance is adopted to 'lift the veil' on participant experiences. Also presented is the operation of the analytical processes, recruitment, research rigour, and ethical considerations.

Chapter 4 presents the findings of the study. It identifies core concerns and concentrates on participants' attempts to resolve their concerns to build a three-phased account of how relational trust issues may be resolved and maintained. The dynamics of the changes involved are tabulated according to the locus of relational impact: intrapersonal, interpersonal, and social domains.

Chapter 5 discusses the study findings and the newly defined trust model with specific reference to some extant theories in other fields of psychological study: psychosocial development and learning - expectancy-value, attribution, and social-cognitive theories. Finally, this study's findings are considered in the context of similar studies within the domain of developmental abuse, where alignments and novel findings are highlighted.

Chapter 6 presents the contribution and potential clinical implications for practice generally and particularly those working with adults with abuse histories. It looks at the strengths and limitations of the study, with some suggestions for future research within the area, plus some concluding messages from the study.

1.6 Researcher's Reflective Comment: Motivation for the Study

Before qualifying as a therapist, I spent three decades working predominantly within the pharmaceutical industry, initially within human resources, then supply chain, and ultimately operations in Ireland, Europe, and the US. A core component to prepare for my work has always been a steadfast belief in continuing education; an undergraduate degree in business studies, a masters in pharmaceutical science, a master's in psychology, and counselling psychology all served me well. Following an overseas assignment, on my return to Ireland, I felt somewhat de-skilled, not confident in my clinical approach, not current with readings, and feeling very much in need of a professional reboot. A former lecturer recommended the DCU Doctorate program, which was the perfect solution. I was re-launched into a highly professional learning environment; it was personally satisfying and, I believe, a clinical advantage for clients.

My thesis for the counselling psychology program centred on the evaluation of service user feedback to the National Counselling Service (NCS); this was when the differential impact of therapy on the capacity for relational trust was first reported. Possibly because it was

surrounded by so much other positive feedback, it did not attract attention. Nevertheless, the consistency of the deficit across five separate sets of analysis at three-year intervals suggested to me that there may be an inherent pattern to these results. DCU's requirement for a doctoral thesis, allied to my role as counsellor/therapist with the NCS, and my in-depth understanding of the service user's feedback, made for a unique confluence of events that allowed me to examine these outlier results.

The topic was now decided; it only remained to decide on a methodology, which for me had to be a grounded theory approach, as my aim was to develop a theory that could explain the gap. I also hoped to produce relevant clinical insights for practice that might benefit the client's experience.

Chapter 2
Literature Preview

2.1 Introduction

The correct procedure for the conduct of a grounded theory study is not to do a literature review in the substantive and related areas, thereby ensuring the researcher remains open and free to the emergence of concepts and interpretations from the data (Glaser, 1998). The initial research area of interest for this study was curiosity about reported findings on relational trust, presented by adult survivors of abuse. Given the wide-ranging and multi-purpose applications for the concept of trust, a preview of the topic was undertaken to define boundaries to better locate the study within the adult survivor population. Expected ancillary gains linked to this conceptual overview include enhancement of theoretical sensitivity and a possible indication of knowledge gaps in extant literature.

This chapter is presented in three main segments starting with a brief look at some philosophical underpinnings of trust from moral, affect, belief and dispositional stance perspectives. Next, an overview of key developmental milestones understood to have an important socio-cognitive role in establishing trusting relationships including attachment theory, mentalizing capacity and epistemic trust. Finally, an integrated model of trust in dyadic relationships (Simpson, 2007) is presented as a framework which formulates how and why trust develops. Despite the relatively broad base of relevance, trust related research has tended to dominate within specific arenas such as intimate relationships (Rempel et al., 1985; Wells, 2016; Wells et al., 2017), institutional trust (Spadaro et al., 2020), frequently conducted using students within university settings (Mitchell, 1990; Zak et al., 1998). Within the field of complex trauma research has focussed on the impact of group work (Fonagy et al., 2017; Saunders & Edelson, 1999), recovery processes (Arias & Johnson, 2013; Phelps et al., 1997; Saha et al., 2011), and the informed views of therapists (Beaton & Thielki, 2019).

This study addressed a significant gap in the research by investigating the specific dynamics of how adult survivors of childhood abuse work with their relational mistrust, the process steps they took and the personal adaptations required to return relational trust to their lives.

An initial comprehensive search was conducted using electronic databases Academic Search Complete, Medline, PsycArticles and PsycINFO using the search terms: adult survivors OR adverse childhood experience OR childhood abuse OR victim impact AND trust OR trustworthiness. The search sets were entered on EBSCOhost database research interface, using Advance Search. Results were limited to English language published in peer reviewed journals. The database search produced 760 records in total, that following review was reduced to 42 deemed relevant, which were retrieved in full and examined further including a detailed check of reference sections that yielded a further 27 applicable articles. Selection criteria included articles based exclusively on adverse childhood experiences (ACE) intended to include all potentially traumatic events that may have occurred in childhood, with an expressed reference to trust, involving talk therapies or clinical settings ideally dyadic, connections to parental or therapist alliance/relationships, with any reference to the role of mentalization, theory of mind, reflective function, or epistemic development. Two subsequent searches were conducted using the same search protocol but separate search terms: "philosophy of trust" yielded 153 records 8 of which were deemed relevant and "trust in interpersonal relationships" yielded 96 records that following review was reduced to 26 deemed relevant.

2.2 Philosophical Thinking

The Oxford English Dictionary defines trust as "Firm belief in the reliability, truth or ability of someone or something", a description that possibly belies its true complexity and diverse nature. Trust features in practically all dimensions of our lives; micro/macro, public/private,

political/personal, and social/cognitive. The choice of who or what to trust sometimes requires difficult epistemic (our basis of knowing what to trust) normative (the influence of social norms) and ethical decisions (Baghramian, 2018). The brief overview of philosophical thinking that follows suggests that there are at least four core themes to understanding the nature of trust and ergo the possible basis of our decision making; moral, social, affective, and dispositional stance.

2.2.1 Moral Consideration

The question of who can be trusted, in what way and why? was central to Baiers (1986) “Trust and Antitrust” seminal paper in this area. She explored a variety of different forms of trust, as might be known to exist between intimates (romantic partners), strangers (asking for directions in a foreign city), enemies (times of truce), and our personal safety when we rely on pilots, drivers, or doctors. As a moral philosopher she predominantly understands trust as a model of entrusting which she conceptualized as a three-place predicate: A entrusts B with care of C, thereby giving B some discretionary powers over caring for C (Baier, 1986). Her central thesis is that in trusting the other party, we trust in their goodwill to motivate them to use their discretionary powers competently and non-maliciously and moreover to not mislead us on how those powers were used.

Baier (1986) makes special mention of the relationship between trust and relative power as might be the case between infant (truster) and parent (trusted). In this scenario she likens such relationship to “Trust in God”, whereby the infant, absent any capacity for judgement or decision making regarding entrusting its care, is totally reliant on the good will of the parent. This she argues supports the notion that trust, or some early form(s) of trust have some degree of innateness, since infant trust does not normally need to be earned and can be relied upon to continue in existence unless it is destroyed. In extrapolating the three-place predicate

to the infant parent trust dynamic Baier (1986) highlights the features of infant care (i.e., nourishment, clothing education) and loving attachment as common goods to both, hence for the trusted to harm them would be tantamount to self-harm. Furthermore, she claims that the strongest reason for thinking one's own good is a common good is being loved. In light of our emerging understanding of developmental trauma over recent decades, we can note that little if any of the identified sound moral antecedents to trust may be present in such circumstances, which begs the question: whither the path for trust?

2.2.2 Social Norms

Mullin (2005) proposed that social convention can play a significant part in why we trust. She argues that in each case we expect the trusted to act in accordance with the prevailing social norm(s) within the given domain. This notion broadens our understanding of trust beyond the assumption that the one trusted necessarily needs to have the truster's interests at heart, as for example a patients' expectation of their doctor is that they will do their job competently, professionally and in a manner appropriate to the prevailing circumstances (Mullin, 2005). This conceptualization of trust carries not only an instrumental but an intrinsic commitment to specific social norms influencing the trusted one's performance within the domain of interest. This idea Mullin (2005) argues helps elucidate the special case of the trust that exists between infant and parent. Clearly the infant (truster) is not aware of their expectations nor the trusted (parents) intrinsic commitment to the applicable parenting conventions, so as the truster they do not get to reflect and make appropriate judgements on whether to trust or not as would be the norm. Instead, and particularly in infancy, the child's trust in the parents is governed by the parent's commitment to the social norms defining the nature of their relationship (Mullin, 2005).

2.2.3 Affective Attitude

Jones (1996) argues for an account of trust based on an affective attitude involving reciprocity between truster and trusted. Adapting Baier's three place predicate to this account: "If A's attitude toward B (in a given domain of interaction) is predominantly characterized by optimism about B's goodwill and by the expectation that B will be directly and favourably moved by the thought that A is counting on her, then A has a trusting relationship with B (in that domain)" (Jones, 1996). She proposes the attitude of optimism in the goodwill of the trusted is central but not sufficient, it also requires the competence of the trusted within the domain over which it extends.

The credibility of this account resides in its capacity to explain some obvious facts about trust, firstly that trust cannot be willed, given its reliance on attitudes which themselves must be gleaned from features of the surrounding context, implies one cannot simply conjure up a position of trust though one might be capable of cultivating same. Secondly, that trust and distrust are contraries but not contradictories, again because trust involves attitudes that are justified, one is free to trust or distrust or indeed hold a neutral emotional attitude in the given circumstance. Thirdly, that trust can generate beliefs that remain highly resistant to evidence, is explained by the filtering effect of an attitude once it is adopted, it can become a lens through which future evidence is interpreted (Jones, 1996). A final note that signals a point of convergence across each of the writers mentioned thus far, is when the competence referenced here is understood to include moral competence, then we can understand infant-parent trust as the infants' reliance on the goodwill and moral competence that the parents garnered from their exposure to social norms.

Faulkner's (2018) paper broadly supports Jones's thesis through acknowledging the influence of contextual matters in choosing who to trust. He instanced the credibility one would afford

a friend (trusted) accused of murder, to examine the trust dynamics involved in terms of epistemic partiality of the truster. In other words, to what extent is one prepared to extend the benefit of the doubt to persons that one is close to. In his conclusion he noted that trust had both a causal and justificatory role, one believes one's friend is innocent because one is epistemically justified in this belief and because one trusts the friend for the truth on this matter (Faulkner, 2018).

2.2.4 Dispositional Stance

Niker and Sullivan (2018) expand meaningfully on the influence of relationship closeness/intimacy on the trust phenomenon. Their critique of Baier and Jones' works focus on the former's view of trust as entrusting something to another while the latter's perspective is an attitude of optimism connected to a corresponding expectation. While acknowledging and valuing the mentioned works, they argue that such platforms fail to adequately capture the special character of trust within close/intimate trusting relationships, such as might exist between parties with a shared history; romantic/familial relationships, close friendships, and parent child (Tsai, 2018). Instead they argue that trust should be viewed as a component of the trust between people and not their psychological states taken individually (Lewis & Weigert, 1985). They proposed that interpersonal trust was better understood as a property of the relationship itself rather than an attitude that one party has toward the other (Niker & Specker Sullivan, 2018). The key departure offered here is the view of trust as a function of interdependence, i.e., as a general feature of the relationship, rather than inter-party dependence, where trust is viewed as a commodity over which one or other party has discretionary power.

Booth, (2018) raises the prospect that trust may not lend itself to a univocal position, instead he adopts an eclectic and contradictory approach by understanding trust to be belief based but

thought of in 'pragmatist' terms. So, it would seem that possible reasons to trust can be epistemic and non-epistemic, indeed they may be considered as competitors in our determination as to whether to trust or not, probably context driven in any given situation. In conclusion, it doesn't seem possible to apply a general prescription as to the kinds of reasons that justify trust (Booth, 2018), philosophically we must all learn to negotiate this paradox, the outcome of which can be influenced by life experiences irrespective of which side of the epistemic divide your loyalties lie. Empirical research within the psychosocial field has produced copious amounts of data that has informed on the impact of particular types of life experiences. The next section examines three significant inter-connected fields of research that guide our understanding of the importance of attachment style, mentalizing capacity, and epistemic trust as a determinants of adult relational trust.

2.3 Key Conceptual Developments in Relational Trust

2.3.1 Attachment Styles

The focus of this research was individuals with histories of childhood abuse (CA), much of the CA research has focussed on attachment styles and associated interpersonal dynamics when attempting to explain behaviour. The attachment styles developed originally by Bowlby in the 1950's and supported by research up to the present time, makes a primary distinction between secure and insecure attachment, further sub-dividing the latter into insecure-avoidant, insecure-ambivalent and disorganised (Bowlby, 1988). In a parent-child relationship, the parent or primary caregiver, makes a significant contribution to the psychological, social, and cultural development of children. Caregiver responses that are sensitive and caring develop secure attachment in the child, they are considered foundational to the development of affect regulation and good mental health (Howe, 2005). Securely attached individuals are understood to have internalised their caregiver's capacity to regulate

distress, from which they derive the capacity to self-regulate and trust in the relationship bone fides of others. Securely attached individuals tend to be more stable and adaptable within relationships, more authentic and confident in expression of their relationship needs, more trusting that attachment figures will be unconditionally available and responsive (Holmes, 1993) and generally considered to have adaptational advantage over their more insecure counterparts (Mikulincer, 1998).

Conversely, significant and prolonged failings in caregiver's response give rise to infant distress and development of an insecure attachment, leading to the development of corresponding mal-adaptive strategies of avoidance or ambivalence (Holmes, 1993). The choice of strategy adopted will be context dependant, informed by the content of the prevailing mental representations (internal working models) built from life experiences of what to expect when needs or feelings are expressed. These internal models are understood to enable a form of cognitive engineering of the social landscape such that the goal of self-regulation may be optimised in times of fear and distress (Bowlby, 1988).

Carers who consistently fail to respond or respond inadequately to a child's attachment behaviour (e.g., showing distress or making emotional demands) are said to provide a rejecting or dismissing type of caregiving. The response to 'rejecting/dismissing attachment' is avoidance of closeness, a defensive stance achieved through minimizing and suppressing the feelings of need (Allen, 2001). Individuals with an avoidant attachment style tend to close down (defensively exclude) their attachment-generated emotions, so in place of using intimacy and closeness to elicit care and protection in relationship, they tend to avoid it, and in so doing, hope to achieve the desired proximity through pleasing their caregiver for their lack of expressed neediness (Howe, 2005).

In the case of ambivalent attachments, the carers have tended to remain under-involved with their children, being instead more pre-occupied with their own needs and anxieties. This model of care is experienced by the children as inconsistent and adapted to by increased displays of protest behaviour (crying, fretting) to demand attention. Caregiver response when achieved, cannot always be trusted to remain available and so the child may resist being regulated or comforted (resistant attachment) in order to retain the involvement of the caregiver (Bowlby, 1988). Individuals with an ambivalent attachment style have little understanding in how their actions affect the behaviour of others, and believe that to have their need for connection and affiliation met, they must act consistently from a state of heightened arousal for others to respond (Allen, 2001).

Because both the avoidant and ambivalent styles are adopted strategies intended to increase the availability of the attachment target, they are described as 'organised' attachment styles (Holmes, 1993). In circumstances where parents not only fail to deal with a child's distress, but themselves become the source of that distress or fear as might be the case with hostile or abusive parenting, that child remains unconnected and in an unregulated state of arousal. Children of neglectful or abusive parents may acquire a far more psychologically impoverished experience of the self, which is internalised as an antagonistic, abandoned, and delusional identity, resulting in a very distressed state, that in some instances may lead to disorganised attachment (Howe, 2005).

2.3.2 Mentalization

Ainsworth's (1989) work on operationalisation and measurement of maternal sensitivity-insensitivity marks a significant departure and advance on Bowlby's work in that it provided for a communicative function in interactive mother-child behaviours. To this point Bowlby's work understood such signalling to have the sole behavioural goal of proximity. Ainsworth

made specific provision for the notion that for infant signalling to be effective it needed to elicit the appropriate caregiving response, a component of which is maternal sensitivity to the infant's positive social overtures (Bretherton, 1995). This marked a step-change from the previously identified behavioural and psychological outcomes of safety and security as proposed by Bowlby (1988), to the establishment of the notion of interpersonal contact having a communicative value beyond words and language, at a mental level, opening a new line of investigative research.

Influenced by writings that explored interpretations of human behaviour (Bogdan, 1997), and the philosophical notion of "intentional stance", a form of practical reasoning engaged to predict the actions of others (Dennett, 1978), Fonagy et. al. (1991) developed a new measure termed "Reflective-Self Function", which focussed on the individual's capacity to focus on one's own and other's mental states to understand and guide observed behaviours and actions. This defining human achievement, which at its core is about recognising and interpreting behaviour as being connected to intentional mental states, is now termed "Mentalization" (Allen et al., 2008).

Mentalizing relies on memory, emotions, desires, attributions, intentions, and beliefs to formulate our and other people's intentional mental states such that the actions of the "self" and "other" may be guided and meaningful (Freeman, 2016). The predominant role of mentalizing is to facilitate individuals to successfully navigate their social environs and circumstances (Fonagy & Allison, 2016). It operates at both conscious and unconscious levels: explicit mentalizing is conscious, reflective, analytical, factual, converts feelings into words (Siegel, 2010). In contrast implicit mentalizing is automatic, non-verbal, unreflective, procedural, and unconscious (Davidsen & Fosgerau, 2015). Van Overwalle and Vandekerckhove (2013) investigating the neural networks supporting implicit and explicit social mentalizing concluded that both processes operate in tandem, such that implicit

mentalizing acts as a default condition allowing for quick inferences possibly reflecting pre-existing knowledge. Subsequent reprocessing cycles benefit from the increased reflection and analysis associated with explicit mentalizing, providing data that can be used to verify or correct original beliefs (Cunningham & Zelazo, 2007). Davidsen and Fosgerau (2015) argued that implicit mentalization, despite not being fully accounted for theoretically or operationally, was of critical clinical importance in any professional psychotherapeutic relationship.

The nature of the connection between mentalizing and attachment can be complex, not alone for the challenging lexicon used to describe the evolving processes, but also for the mutuality of their interconnection. Mentalization and attachment are believed to inter-relate in various ways: they are commutative, in that one begets the other and so will always be mutually inclusive (Fonagy, 1995). It is proposed that they relate reciprocally in times of stress through the inhibitory dynamic imposed on mentalization by an activated attachment system (Fonagy & Bateman, 2006); lastly, they can be understood to relate causally, through caregiver mentalizing that inaugurates secure attachment (Fonagy, 2003). Evidence to-date confirms that damage to the primary caregiver relationship disrupts mind to mind exchanges and learning, that may lead to maladaptive response patterns capable of undermining social development and psychological wellbeing. The social-cognitive route by which traumatic or atypical attachments can disrupt effective mentalizing, is believed to be failure of a third key developmental achievement of epistemic trust (Bateman & Fonagy, 2019).

2.3.3 Epistemic Trust

As discussed secure attachment and mentalization are integrally linked, and together they are understood to create a third key developmental concept to emerge from early experiences, that of epistemic trust: defined as "an individual's trust that new knowledge from another person

is authentic, generalizable, and relevant to the self" (Fonagy & Allison, 2014a, p. 373). The inspiration for this understanding originated from infant learning research by (Csibra & Gergely, 2009), who demonstrated the existence of a unique infant learning system, termed "natural pedagogy", being relied upon to acquire a large amount of culturally relevant general knowledge very quickly and effectively. Their research highlighted the importance of ostensive cues that included eye contact, turn taking, tone of voice ('motherese') and contingent reactivity – involving spontaneous interplay between mother and child involving facial expressions, touch, and utterances in response to the child's expression of emotion. In many ways they were operationalising the earlier work of (Salter Ainsworth, 1989) in recognising the presence and role of embodied interpersonal patterns of communication. Infant sensitivity to ostensive cues, some of which are considered innate, form the basis of this learning system by triggering the pedagogy stance that prime for new and relevant learning (Fonagy et al., 2017). Failure to appropriately mentalize the child can translate to erroneous and or inconsistent social biofeedback (Knox, 2016) the experience of which disrupts the child's own mentalizing capacity resulting in their withdrawal from epistemic trust in favour of epistemic vigilance (Fonagy et al., 2015).

Sperber et al. (2010), contended that the human species had an array of cognitive mechanisms that managed epistemic vigilance: an adaptive interpersonal stance adopted by default pending assurance of the other's bone fides. They argued that given the enormous reliance placed on communication by humans, it had to be buttressed with epistemic vigilance to protect against the risk of misinformation, otherwise the advantage bestowed by communication would be removed. Referencing an amalgam of psychological and philosophical topics within the domain, cognitive endeavour in such areas as; rationality testing, distinguishing the processes of comprehension and acceptance, judgements on the trustworthiness of the source both the communicator and the content, and coherence checking against personal beliefs, were seen as

undergirding the process of epistemic vigilance (Sperber et al., 2010). In a young children's test of trust, Corriveau et al. (2009) demonstrated that securely more so than insecurely attached infants, favoured (trusted in) the claims of their mother over those of a stranger, despite being given perceptual evidence favouring the stranger. Their results also showed that not only were insecurely attached children less likely to accept the claims of their mother over those of a stranger, but there were differences also in the responses of insecure-avoidant versus insecure-ambivalent children, the former's reliance on their mother being weaker than the latter.

Given these circumstances, epistemic vigilance and how it is to be discharged whether in terms of hyper-vigilance, mistrust or freezing versus complete relaxation into trusting, will have major consequences for emerging developmental pathways. Fonagy and Allison (2014b) graded each of these potential outcomes with corresponding attachment styles: epistemic trust with secure attachment, epistemic mistrust/uncertainty with avoidant and ambivalent attachment respectively, while epistemic hypervigilance aligned to disorganised attachment. A central tenet of this study is the epistemic implication of insecure attachment styles: the tendency towards cognitive closure, increased thought rigidity and intolerance of perspective taking (Mikulincer, 1997), has potentially important victim abuse and adult treatment considerations.

2.3.4 Variation in Developmental Faculties

There is an abundance of research detailing long-term psychological, behavioural, interpersonal, and physical effects of childhood abuse (Ackner et al., 2013; Manning & Stickley, 2009). Shaw (2004) highlighted a combination of psychological difficulties in areas of learning, development, and affect that combined to cause intense emotional disruption. He hypothesized that abusive histories could permeate daily living in a paradoxical fashion, on

the one hand manifesting in a dissociative way through a compelling desire to bury the abusive past yet continue to feel a compulsion to re-live and re-experience in various forms the legacies of the abusive past. Reflective of Freud's repetition-compulsion theory that defined the desire to return to the earlier state of things, asserting that re-enactment substituted for remembering (Freud et al., 1981), in the current context this would be understood as un-mentalized experiences (what cannot be thought about) being acted out (Bateman & Fonagy, 2019). Much research evidence exists that links serious mental health difficulties including major depressive disorders, dissociative identity disorders, PTSD, and schizophrenia with a history of developmental trauma (Ackner et al., 2013; Manning & Stickley, 2009; Rhodes et al., 2018).

Research investigating the relationship between childhood abuse (CA) and adverse mental health outcomes, tends to focus on identifying causal factors and dose effect (Read et al., 2005). Anda et al. (2006) linked ACE with a range of changes in brain structure and function that are used to explain the impact of childhood maltreatment on adult health and psychological wellbeing. This seminal study was the result of a collaboration between Kaiser Permanente's Health Appraisal Centre (HAC) and the U.S. centres for Disease Control and Prevention, found a graded relationship between ACE scores and neurobiological responses in the developing brain, that are known to result in structural and functional limitations. Ackner et al. (2013) found a dose-response effect between emotional abuse (EA) and psychotic symptoms, and maintained EA was present in all forms of ACE and mediated its effect, at least partially, through the betrayal of trust. A review of developmental literature on the negative effects of incest, concentrating on the domains of self and social functioning found the capacity to self -regulate, and trust in relationships to be compromised (Cole & Putnam, 1992).

Gobin & Freyd, (2014) found that early experiences of abuse by close others, termed High Betrayal (HB) trauma, may disrupt developing social capabilities including the capacity to make appropriate/correct decisions about whom to trust. Their results concluded that HB trauma exposure was linked to reduced levels of self-reported general and relational trust, that adversely impacted intimacy and elevated their risk of revictimization. HB trauma theory (Freyd, 1996) posits the notion that abuse perpetrated by close and trusted other(s), results in an intensification of the post abuse symptomology. Goldsmith et al. (2012) found evidence supporting Freyd's theory demonstrating more severe physical, cognitive, and psychological outcomes for victims abused by relatives, or others with whom they had a close/strong relationship. The study also found that traumatic stress symptoms including anxiety, depression, dissociation, and alexithymia, influenced the relation between HB trauma and physical health complaints (Goldsmith et al., 2012).

As the symptomology linked to developmental adversity outlined above would indicate, attachment trauma may trigger a profound destruction of trust (Allen, 2012). Research reviewed through this section highlights the role of secure attachment in facilitating acquisition of mentalizing, and both their roles in determining the epistemic outcome for trust. All research in this arena seems to agree that secure attachment assists in the creation of the benign conditions for the easing of epistemic vigilance (Fonagy & Allison, 2014b), however the focus of this research will be to focus on the relational dynamics created under insecure conditions, where there will be greater likelihood of defensiveness, un-mentalized traumatic experiences, and constant compulsion towards re-enactments/re-experiencing of a frightening past (Mikulincer, 1997). Fonagy and Allison (2014b) concluded that a cumulative effect expected from those abused, is an adaptive, self-protective response that perceives others as potentially mal-intentioned, and hence not trustworthy (Fonagy & Allison, 2014b).

This creates a particular difficulty for psychotherapy with individuals who have a history of developmental trauma, Saunders and Edelson (1999) argued that understanding attachment styles helped explain the emergence of distrust in therapeutic settings. In her review of implicit mentalizing Knox, (2016) posited that in a clinical setting, any close empathic attention to individuals who have experienced deviant and immoral behaviour, will likely cause automatic activation of their epistemic mistrust, and potentially frustrate creation of an effective therapeutic alliance.

This section has credited attachment theory and the pathways by which it may be mediated (mentalization and epistemic trust) with an influential role in supporting the notion that the quality of early attachment with caregivers shapes psychological, social, and cultural development throughout the lifespan (Mikulincer & Shaver, 2012). The Minnesota study, a thirty-year longitudinal study (Sroufe, 2005) recognized the importance of attachment as an initiator and organizer of developmental processes, but also concluded that infant-caregiver attachment alone did not necessarily relate well to every outcome for their sample. The study acknowledged the significance of infant attachment as an organising core development and elaborated the view of development to incorporate context and complex developmental systems and processes. This study (Sroufe et al., 2005) found multiple influences in addition to attachment that significantly improved predicted outcomes leading them to conclude that a full accounting for functioning should entail not only consideration of early history but also ongoing supports and challenges that may originate from extended family, peers, education and professional experiences and surrounding context. Others have proposed alternative frameworks for understanding psychosocial development; these would include Bandura's (1977) social learning theory, which understands social behaviour to be learned by observing and imitating the behaviour of others, and Erikson's (1985) psychosocial development theory, that understands personality development and individual differences to be the result of eight

developmental changes that occur throughout the lifecycle. Both these frameworks and their potential relevance and influence in formulating a basis for trust will be elaborated on in Chapter 5.

2.4 Leading Theoretical Conceptualizations of Trust

When the matter of trust is reflected upon one soon realises that the structure of what we do, within our families, our community, our culture almost always involves trusting someone else including ourselves. Simpson (2007) registered his surprise at the dearth of empirical attention afforded to trust given its key role in relationships across the lifespan. Based upon a review of interpersonal trust literature, he developed a dyadic model of trust that accommodated his understanding of the key principles of trust. His model is included here for its use of most of the philosophical and developmental concepts highlighted above, notable exceptions being the influence of social convention and the role of mentalizing and epistemic trust, though he does acknowledge their influence through a heavy reliance on attachment style and the role of internal working models.

The first principle is that individuals gauge whether to trust a partner based on whether the partner exhibited expected 'transformation of motivation' (where the trustee makes a decision against their own personal self-interest in favour of the best interest of the individual or the relationship). Second, that attachment orientations impact the development or decay of trust over time, he believed that securely attached individuals were likely to experience trust as well as enhancements of trust in relationships over time. Finally, neither the strength nor direction of relational trust can be ascertained without considering the dispositional stance of both relationship partners in circumstances requiring trust.

The first step of his model is that the parties concerned are willing to enter a trust-diagnostic situation in their relationship, for this to happen they must be favourably disposed to doing

so, a condition that requires positive working models (Simpson, 2007). If Simpson's 'positive working models' is understood to be synonymous with secure attachment style (psychologically coherent, high self-esteem: (Howe, 2005), then the evidence grows in favour of positive developmental experiences favouring a positive attitude toward trust Baldwin et al.,(1993) and Mikulincer, (1998) both found secure attachment style to have statistically significant links to an expectation of trust and confidence in the trustworthiness of the other. Ostensibly sound logic to presume that those with a positive history of trusting would be likely to trust again, nevertheless, such generalized expectancy was not found to be reliably the case (Rotter, 1971). Rotter's study, designed to develop a theoretical measure of interpersonal trust, reported that individual differences measure alone, of stable personality characteristics were not a reliable predictor of trust. Acknowledging individual differences in social behaviour to be primarily due to earlier condition differences, he found that an interaction design that combined condition differences (manipulation of experimental conditions) with relevant personal measures produced the most efficacious results. These quantitative findings developed with the exclusive use of college entrants, were borne out in a qualitative study of low-income black adolescents when exploring the sources of socialization for interpersonal trust. The analysis revealed that participants received direct messages about trust from family members and through personal relationship experiences (condition differences) a developmental pattern underscored by attachment theory. Most respondents maintained that interpersonal trust was based on honesty and fidelity, there was a fairly evenly divided view on whether trust could be educated for or only learned through personal experience (McElroy-Heltzel et al., 2019).

The second step of Simpson's (2007) model is the trustee's 'transformation of motivation' (see definition above), which is understood to convey to the truster, as a consequence of experiences with the trustee, the degree to which they can trust that person. This idea appears

to be supported by the manner of social exchange described by Rempel et. al. (1985) where predictability, dependability and faith combine to build a history with the trustee that dictates the destiny of the relationship for enhancement of trust or establishment of mistrust. Added support for the influence of history comes from social learning theory, where trust is considered as a "generalised expectancy held by an individual that the word, promise, or statement of another individual can be relied upon" (Rotter, 1980, p. 444). An interesting detail on social (fair) exchange theory was presented by (Vanyperen & Buunk, 1991) who found that individuals who focused more on their partner's needs (communally oriented) were more satisfied with their relationships than those with an equity/exchange focus. This finding also applied to an individuals' own trusting actions Zak et al., (1998), reported a significantly greater proclivity for trust among the communally oriented versus equity/exchange oriented cohorts.

The third step in Simpson's (2007) model arises as a consequence of the partners in trust, making mutually beneficial decisions that in turn generate a climate of positive attributions, emotions, and future expectations which in turn should stimulate perceptions of trust and felt security. Findings by Rempel et. al., (1985) revealed that as feelings of trust become more customary and typical of the relationship, partners come to rely more on beliefs about the partner's motivation and less on direct measurements at a transactional level. A further consequence to the positive attributions and emotions is the favourable impact they are believed to have on mental health (J. A. Martin, 1981; Mitchell, 1990). The link between interpersonal trust and health was confirmed in a longitudinal study that not only showed a positive relationship but also identified the process by which health and trust are related (Schneider et al., 2011). They proposed the link between physical wellbeing and trust was mediated through anxiety and depression, that is to say, strong trust inhibits anxiety and depression thus promoting physical health. The converse was anticipated in circumstances

where weak trust prevailed, it was believed to promote anxiety and depression resulting in harm to physical health. This finding was discovered to be the case in a phenomenological analysis of an in-depth interview conducted by a group of six members investigating the topic of mistrust. The mistrust was construed by the interviewee to be associated with undermining of self/identity, emotional turmoil, and a pervasive spread of unease (King et al., 2008).

The final step in Simpson's (2007) model predicts that there is a feedback loop from the outcome of step three (perception of felt security) back to step one (willingness to enter a trust diagnostic situation) and so the process of trust relaunches itself provided conditions support such behaviour. An important premise to understanding outcomes at each step in the model including the feedback loop, according to Simpson, was the presence and extent of positive internal working models (IWMs) for each of the partners to a trust situation. Developmental milestones highlighted above provide greater granularity on the social dynamics at play, we can understand IWMs in terms of the relative security of childhood attachment, the consequence of disrupted mentalizing and the resulting implications for epistemic trust. Insecure attachment carries the risk for poor or inadequate developmental interactions leading to faulty and inaccurate learning about one's own state of mind (Allen et al., 2008), under such conditions epistemic mistrust is fostered and built into the IWM of the developing child based on repeated patterns of social interaction (Holmes, 1993). Studies confirm that attachment styles developed in childhood sustain themselves through adulthood such that the attachment style represented in the working model dominates interactions in the adult relationships (Brennan & Shaver, 1995).

To help answer the question of why some individuals enjoy close, trusting relationships with partners while others seem to constantly encounter hurt and rejection, Baldwin (1992) proposed researching the social cognitive perspective on interpersonal expectations that he

labelled relational schemata (Baldwin et al., 1993). The distinction with this approach is its focus on social cognitions about relationships versus the individual partners in isolation (Baldwin, 1992). The assumption is that over time and based on repeated personal experiences, individuals develop working models of interpersonal experiences, coded as “if-then” contingencies, that function as mental maps that help them navigate their social world. Research conducted to test this hypothesis confirmed a cognitive mechanism linked to attachment style, consisting of interpersonal expectations expressed in the form of “if-then” contingencies (Baldwin et al., 1993).

Mikuliner (1998) studied the connectivity between adult attachment style and the feelings of trust in close personal relationships and concluded that dependability comprising partner availability, responsiveness and caring was a core component of trust and an integral part of secure attachment. In his study of 70 undergraduate students, he researched the relationship that existed between attachment style and the level of trust operating in close relationships. Results showed that “attachment groups differed in the levels of trust felt toward partners, the accessibility and effective quality of trust related memories, the appraisal of trust related experiences, the interaction goals related to the sense of trust, and the strategies used in coping with trust-violation events” (p.1219). With this increased understanding of the possible pathways from attachment style to trust levels, he speculated that these components operated via associative links whereby relevant information within a component could activate other related components and inhibit competing cognitions to arrive at their position of trust (Mikulincer, 1998).

This preview reflects a sample of academia's thinking and general handling of trust. An abundance of literature exists that provides well-defined understandings of the nature and dynamics of trust in constricted and experimentally manipulated settings. An underlying premise to most trust research has been to understand it in terms of the psychological states of

the parties concerned (Lewis & Weigert, 1985) at the expense of contextual and environmental factors such as socio-political dynamics and the prevailing culture (Rotter, 1971). This latter point notwithstanding, research to date has developed a substantial body of knowledge that details the complex nature of trust in terms of the cognitive (Baldwin, 1992), affective (Gobin & Freyd, 2014), and behavioural (Paul & McDaniel Jr., 2004) elements responsible for the development and maintenance of trust. A limitation of this research is the focus on individual-level factors and a lack of emphasis on studying the possible impact(s) of contextual factors such as ethnoracial differences (Smith, 2010), institutional factors (Spadaro et al., 2020), and relational power disparities (Wells et al., 2017). Despite the deficits noted, research to date does provide quite an extensive understanding of how the various dimensions of trust are influenced and maintained, as demonstrated by Fonagy and Allison's (2014) paper highlighting the role of mentalization and epistemic trust. This current study made specific provision for context insofar as it conducted its investigation into the topic of trust exclusively with participants whose backgrounds included developmental histories of abuse.

2.5 Conclusion

Philosophically speaking, it would appear that we tend to trust another when any one or combination of moral, epistemic, or affective reasons prevail in adequate measure to justify doing so. A review of key developmental features linked to relational trust have shown their origins to be rooted within these philosophical motivations to trust. Research in the area of developmental capabilities for the most part concentrates on the psychotic, psychological, and physical sequelae, and while many acknowledge the damage to the individual's capacity to trust, relatively little attention is devoted to the lived experience of adult survivors' capacity to trust/mistrust or what might influence this in the adult's life. Virtually all the studies sourced and reviewed were quantitative in nature, leading to a dearth of understanding about the fabric of trust experiences encountered by adults with experience of trauma

histories. Moreover, much of this research is compiled using scales developed primarily with middle and upper-class third level students and adults in manipulated experimental settings.

This study was inspired by an empirical finding that indicated a significant majority of adult survivors of childhood abuse experience difficulty in trusting others generally, extant literature can offer various rationales for understanding possible causal factors involved. The absence of any clear, coherent, and applied understanding for why this phenomenon should persist post counselling/therapy for the abuse, represents a major gap in the literature. Working directly with adult survivors of childhood abuse this study will endeavour to explore the nature of their experiences and use that knowledge to build a theory that explains why the phenomenon prevails.

Chapter 3
Methodology and Methods

3.1 Introduction

This chapter will detail the research aims and objectives of this study and situate them within the preferred methodological approach of Grounded Theory (GT). A case will be made for the choice of GT employed having regard to the underpinning philosophies of other potential approaches. An overview is presented of the essential GT methods engaged for the study, highlighting the use of inductive and abductive logic in the collection and analysis of data to produce an integrated GT. Factors typically considered to influence quality in GT research will be reviewed with specific regard to this project, including the impact of ethical and legal concerns that may arise, given the participant profile under consideration.

3.2 Aims & Objectives

The research question: "How do adult survivors of childhood abuse, experience and understand their capacity to trust in relationships?" aims to build a theory of relational trust. The question is informed by feedback provided by former service users of the Irish National Counselling Service (NCS), indicating ongoing deficits in their capacity to trust in others generally. In pursuit of this aim, this study will address the following objectives:

1. Explore experiences of relational trust and mistrust.
2. To provide an in-depth account of adult survivors of childhood abuse experience of relational trust.
3. Inform practice on specific issues of adult trust, linked to developmental trauma.

3.3 Research Design and Methodology

Routinely within psychotherapy research, qualitative methods are engaged to explore and analyse the internal processes of clients' experiences (Levitt, 2015). According to Timulak and Elliott (2019), despite significant growth in the choice of qualitative approaches available to researchers, little meaningful difference exists across the various brand-names. Such conclusion is arguably justified considering their evaluation criteria (sampling, data collection, data analysis/interpretation and presentation of results), however it omits the key GT differentiator whereby data is systematically analysed to the point of theory generation on the research phenomenon within the given substantive area (Strauss & Corbin, 1990).

This study was conducted within the psychotherapy discipline, it sought to gain an understanding of a specific phenomenon and build a definition of success conditions that could help others experiencing similar circumstances. Qualitative as distinct from quantitative research methods are typically preferred for counselling/psychotherapy studies, McLeod (2015) suggested this was because they both relied upon structured open-ended discourse to illustrate experiences, and involved acquiring a deep understanding of the other. Some of the different types of qualitative research include Narrative research, Ethnography, Phenomenology, and Grounded Theory. Narrative research is about exploring the life of an individual, it examines how stories are told to inform on how individuals perceive and make sense of their experiences. Ethnography requires immersion in the culture of the study group to build an in-depth description and understanding of everyday life. This study wanted to explain a phenomenon that applied nationally, the study wanted to engage with as many participants as possible, hence a narrative approach was less well suited to the study goal. Similarly, given the individual and personal nature of the subject being studied an ethnographic approach was not practical, though it has potential to be a very informative research. Phenomenology investigates to understand and describe the lived experiences of

participants. A phenomenological method would have suited this study insofar as it could have answered all three study objectives, however, given this study's aim was to build a theory of relational trust, a GT methodology was considered the most appropriate.

The choice of method is a qualitative design that follows a GT methodology as the optimum means to investigate the research questions' aim and objectives. GT contrasts most qualitative approaches that involve 'what?' and 'how?' questions, by raising and answering 'why?' questions that seek to provide explanatory generalisations (Charmaz, 2014). A stated goal of GT, which is to generate a theory that accounts for latent patterns of social behaviour (Glaser, 1998), directly addresses the explanatory aim of this study, making it a compelling choice when seeking to explain results for a specific behaviour (capacity to trust in others) for a substantive area (adult survivors of childhood abuse).

Stated objectives (1 & 2) are deemed natural areas of inquiry motivated by the study's need to understand "what is the main concern being faced by persons with a history of CA?" and "what accounts for the continual resolving of this concern?" (Glaser & Strauss, 1967). Most generic qualitative approaches through their general intent to uncover the nature of an individuals' experience, would be sufficiently well equipped to inform on these topics. However, this study's third objective must overcome the common claim that qualitative research is not generalisable (Timulak & Elliott, 2019), otherwise relevance and applicability for therapeutic practice will be called into question. According to Charmaz (2014) generality emerges from the analytical process and the intimacy of the grounded theorist with the phenomenon. Rennie et al., (1988) were satisfied to abandon their here-to-fore hypothetico-deductive approach, in favour of GT's reliance on participant numbers appropriate for emergent categories to saturate, to claim identification of frequently experienced phenomenon. Thus, it is the specificity and rigour of the GT analytical process in preference

to the more traditionally acknowledged random sampling of large numbers of individuals, that can support transferability of findings.

GT is one of the most favoured qualitative research designs (Birks & Mills, 2015), offering systematic yet flexible processes for collecting and analysing data to construct theories from the data themselves (Charmaz, 2014). Since its inception, GT has evolved as the research method premised on the inductive/abductive generation of theory about a phenomenon (Walker & Myrick, 2006). Its evolution has been undergirded principally by differing philosophical beliefs that, in turn, have influenced how selected methods are understood and applied, which though they strengthen the potential contribution of GT, also point to some possible challenges for the method, including researcher bias, theory emergence versus forcing, limitations to generalisability, and the relative demands in terms of time and resources required.

Despite Glaser's strong denial of Charmaz's constructivist notion of the mutual creation of knowledge by the viewer and the viewed, he acknowledges that "researchers are human beings and must to some degree reify data in trying to symbolize it" (Glaser, 2002). Many would agree that the subjective scope within the iterative elements of data collection, coding, and theoretical development creates the potential for researcher bias. Theoretical sensitivity is what CGT relies upon for theoretical insight and the researchers' ability to make something of these insights (Glaser & Strauss, 1967). In essence, theoretical sensitivity is the product of the researchers' personal, professional, and experiential history, it is an abstract quality that cannot be easily measured or monitored, yet the degree to which it is present is what CGT relies upon to avoid forcing, foreclosure or conjecture regarding data in place of theory emergence.

Generalizability also needs to be considered when designing a grounded theory study; it begins with using the method to address appropriate questions (e.g., how individuals make meaning from intersubjective experience) versus broader, more complex social structures (e.g., cultural differences) or power dynamics (e.g., differing political realities) (Suddaby, 2006). Generalizability is enhanced when the study is within a substantive area, has more than one coder, or can offer a means of triangulating the study (Urquhart, 2013). Researchers working with CGT are likely to favour these positivist/postpositivist criteria, the application of which places limits on the uses of the method. A final limitation to be considered when selecting the CGT method involves investment in time and resources. The requirement to remain with data collection until saturation is achieved is challenging as this may remain unknown until the event occurs; in the meantime, theoretical sampling may extend the boundaries of the study beyond that originally foreseen should persistent gaps in the data prevent refinement of the theory around the core category (Annells, 1997).

In conclusion, while CGT differentiates itself from other versions of grounded theory on foundational assumptions and conceptual agendas, it sustains itself by reference to the unique and distinct methodological techniques (theoretical sampling, coding, constant comparison, saturation, and memo writing) first presented by its founders Glaser and Strauss in 1967. Their approach was innovative and successful for engaging an inductive approach rather than deductive, their goal of building theory rather than verification, and their rigorous coding system rather than sorting produced a popular and reputable qualitative methodology that generates theory and informs practice. In the author's opinion the choice of GT method also requires an appreciation for the philosophy of science, and what it has to say about the notional structures that buttress the pursuit of knowledge.

3.3.1 Philosophical Underpinnings

How this study's aim has been expressed reflects the researcher's belief in the possibility of capturing the nature of reality for the selected individuals. This implies that a specific set of assumptions regarding the nature of reality itself (ontology) and knowledge construction (epistemology) must be evaluated for methodological congruence with the chosen GT inquiry paradigm. Since the establishment of GT by Glaser and Strauss in 1967, it has evolved along trajectories that reflect the worldview of dominant researchers in the field. Selecting the correct mode of inquiry requires an understanding of the philosophical underpinnings to the three most commonly used approaches: Classic (CGT), Straussian (SGT) and Constructivist (Con.GT), each representing a position on a philosophical continuum from positivist through postpositivist to constructivist paradigms, respectively. The choice of GT method must be congruent with the desired knowledge required to answer the study's question (Strauss & Corbin, 1990).

3.3.2 Paradigms of Inquiry – Evaluation Matrix

Table 3.1 is a matrix based on the paradigm categories presented by Denzin and Lincoln (1994), offset against differentiating attributes as considered by Ponterotto (2005), and this is the frame against which the ideological and methodological rationale for CGT is based.

3.3.3 Ontology

Ontology is concerned with the 'study of being, with the kind of world being investigated, the nature of existence and the structure of reality' (Crotty, 2004, p. 10). In terms of models of scientific inquiry, it can be regarded as the philosophical contrast between positivism and constructivism.

Table 3.1

A summary of Philosophy of Science and Research Paradigms Adapted from Ponterotto (2005)

	Positivism	Post-positivism	Constructivism
Ontology	• Goal is explanation/ prediction/control • Nomothetic • Etic • Quantitative	• No true "reality" • Nomothetic • Etic • Quantitative	• Multiple "realities" • Hermeneutical • Idiographic • Emic • Qualitative
Epistemology	• Dualism & objectivism • Rigorous procedures • No researcher bias	• Modified dualism • Possible bias	• Subjectivist stance • "Lived experience" • Dialectic inquiry
Methodology	• Scientific method • Find relationship(s) between variables	• As per positivism • Generalisable	• Researcher-participant relation • Naturalistic inquiry

Positivists believe that society consists of 'social facts', and consequently individual actions may be explained in terms of the social norms one may have been exposed to, while constructivism favours the more subjectivists' stance, understanding individuals to be more intricate and complex, capable of producing quite diverse behaviours in response to the same 'objective reality' (Ponterotto, 2005). In terms of study design, positivism adopts an empiricist belief and uses quantitative methods for measuring structured experimental outcomes, alternatively constructivism privileges individual consciousness in creation of their reality, and uses qualitative methods to gain in-depth insight into the lived experience of

study participants, to understand behaviour (Trochim, 2020).

Beliefs about the nature of reality is a central issue that directs how GT is to be used. Glaser maintained that GT was a research method and resisted aligning it with any philosophical understanding (Kenny & Fourie, 2015), in this regard it was to be understood as a method as well as a methodology (Cho & Lee, 2014). Nevertheless, some researchers have attributed a positivist realist ontology to the original Glasser and Strauss GT study, implying that an orderly real world exists, capable of being objectively measured (Rieger, 2019). Others believe CGT to be based on a postpositivist critical realist ontology, which amends the positivists realist view, by believing that all observation is fallible, may contain error and is therefore subject to revision (Trochim, 2020). Arguably, Glaser and Strauss (1967) despite remaining silent on GT's philosophical underpinnings, seem to confer a postpositivist critical realist ontology in how they described the constant comparative method "dependant on the skills and sensitivities of the analyst, the constant comparative method is not designed (as methods of quantitative analysis are) to guarantee that two analysts working independently with the same data will achieve the same results; it is designed to allow, with discipline, for some of the vagueness and flexibility" (p103). Notwithstanding this argument, it remains the case that Glaser resisted aligning the CGT methodology with a research paradigm, preferring instead to regard it as a research method separate from philosophical considerations (Urquhart, 2013).

The focus of inquiry for this study was to understand and explain the reported findings in relational trust, that remained unyielding and consistent over the decade of review, indicating that this reality for adult survivors of abuse, is generalised to the group and apprehendable. This study is suited to the post-positivist's notion of 'no single reality' acknowledging the presence of individual difference however still adopting Glaser's (2002) assertion that 'conceptual reality DOES EXIST' (p.8). An abundance of psychological research (Ackner et

al., 2013; Manning & Stickley, 2009; Rhodes et al., 2018) correlates developmental trauma with selected mental health difficulties, indicating a causal relationship which supports adopting a nomothetic over an idiographic approach. Similarly, within the context of developmental trauma the goal of this study is etic in that it attempts to build a theory of explanation for the substantive area under investigation.

3.3.4 Epistemology

Epistemological assumptions are concerned with the grounds of knowledge, that is the degree of belief in a 'knowable world', which translates to a position on a continuum between objectivism and subjectivism (Gergen, 1990). Objectivists believe that knowledge can be acquired independently of any observer bias. That bias, should it arise, can be monitored, and controlled, thus underlining the capacity to produce objective reports (Ward et al., 2015). Subjectivists privilege the data collected from individual accounts, preferring to gain in-depth insight into lives to understand behaviour, and acknowledge close interaction between researcher and participant (Glaser, 2002).

Within the GT frame, definitive epistemological correlates apply to the researcher-participant relationship, depending on the researchers' ontological perspective. These epistemological underpinnings centre around the power to explain versus interpret phenomena, data collection methods, researcher bias, and the enduring versus ephemeral nature of data (Charmaz, 2014).

This study sought explanation(s) for the observed difficulties in relational capacity, as expressed by those with a developmental trauma background. This study assumed that service user reports to date were sufficiently significant in statistical terms, to reflect an external reality capable of being investigated and producing results of general applicability to that group. Strict application of standard research protocols enhanced objectivity of this study to investigate the knowable and well researched world of developmental trauma. The

epistemological stance adopted for this study was modified dualism/objectivism. This postpositivist position is taken in recognition that as an internal researcher there is some inevitable bias that may arise owing to familiarity with the study context, and previously formed professional opinions and views acquired through the work. However, strict observance of research protocols, constant comparison by forcing correction of concepts, and successive cycles of data abstraction to higher order concepts served to ameliorate any subjectivity that may have arisen.

3.3.5 Methodology

Given this study was aiming for theory discovery within expressed ontology and epistemology preferences, the principals of Classic Grounded Theory (CGT) were applied in this study. CGT assumes an external reality, that can be investigated for subjective experiences using a qualitative method but processed through a coding system that permits data to be technically and statistically analysed (Glaser & Strauss, 1967). Empirical results to date, notwithstanding individual variation(s), supported the idea that participant data represented a reality that could be empirically investigated regarding the phenomenon of ‘trust’, within the substantive area of interest. Careful application of the research method is assumed to deliver a grounded theory about the phenomenon (Strauss & Corbin, 1990), that will meet the key study criteria of; fit, understanding, generality and control (Glaser & Strauss, 1967).

3.3.5.1 Symbolic Interactionism

Symbolic interactionism as an approach to investigating human behaviour, provides a pathway from the philosophical underpinnings of CGT to development of an explanatory theory. Charmaz (2014) advocated its use to raise theoretical questions about the data, believing it would lead to fresh insights into the studied phenomenon, similarly the focus of

inquiry advocated by Glaser was to research 'what is the main concern being faced by the participant' and 'what accounts for the continual resolving of this concern' (Kenny & Fourie, 2015, p. 1272). This study was concerned with the response of survivors of abuse to the issue of trust, as such it wanted to access and explore what Mead (Jeon, 2004, p. 250) termed the "objective 'me' that sees the self as a reflection of what others see and what one sees when looking back at one-self". This concept of 'self', in particular the element(s) created in response to developmental trauma, was of special relevance to this study. Herbert Blumer a former student of Mead, maintained that human responses were mediated through the creation of meaning as a consequence of social interaction with others (Blumer, 1998). He proposed the following three basic premises:

1. The meanings that things (e.g., persons or events) have for individuals will determine how individuals act/behave towards those things.
2. The meaning of things arises from the social interaction with people and the environment.
3. Meanings are formed and modified through an interpretative process used by individuals to help them navigate life's encounters.

Blumer's third premise represents the basic research assumption of this study, in-so-far as it recognises that individuals are active agents, in a reciprocal relationship with their environment (Annells, 1997). Blumer (1998, p. 39) describes research metaphorically as "lifting the veils that hide what is going on", in like fashion this study sought to 'lift the veil' on how adult survivors of childhood abuse interpreted their early experiences, and the possible implications it may have had for their capacity to trust in others. This study sought to build a theory of explanation through discovery of what survivors took into account, and what alternatives were chosen when confronted with different conditions. In effect this

inquiry was to discover what happens to a survivors' capacity to trust in others, as understood from the perspective of adjustments made to behaviour, following interpretation of specific experiences. According to Charmaz (2014), Strauss is credited with bringing the assumptions of symbolic interactionism to GT and for embedding its logic in the essential GT methods.

3.4 Methods

A founding premise of the GT study is that a close relationship be maintained with the data at all times (Birks & Mills, 2015) hence the importance of features such as constant comparative analysis and theoretical sampling / sensitivity. The initial step in achieving 'closeness' to the data was the purposive sampling of participants with a history of developmental trauma. In contrast to other research designs GT involves analysing the data as it is collected in order to determine what additional data may be required and where it may be obtained (theoretical sampling), thus enriching the emerging theory (Glaser & Strauss, 1967).

3.4.1 Participants

The post therapy, NCS service user evaluation results, were the inspiration for this study hence the initial purposive sample was drawn from NCS service users. Inclusion criteria were defined as follows:

- Be a current service user of the NCS, GDPR constraints precluded contact with former service users.
- Participants must have attended a minimum of 4 to 6 therapy sessions and have their therapist agreement to participate in the study. An ethical consideration to assure the safety of participants.
- Fluent in the English language. GT aims to gather data rich in detail capable of abundant coverage of emerging categories (Charmaz, 2014).

- Be willing and able to participate (be open to, and have the capacity to discuss their ability to trust in the context of their childhood experiences).

Exclusion criteria included:

- Clients assessed by their therapist to carry a risk of suicide or high emotional vulnerability, were not invited to participate in the study.
- Having attended the researcher for therapy.
- Exceeding the required sample size. As part of the invitation process participants were advised that responses would be accepted on a "first come" basis until required numbers were achieved.
- Theoretical sampling, as outlined above, if required the study would target specific topics/characteristics, in these circumstances the researcher would exercise his judgement on participant needs based on initial data analyses and further content required.

Recruitment for the study was restricted to the specific geographic region for which the ethics committee had responsibility. However, following a period of 8 weeks and one follow-up reminder to the therapists, only two participants had been recruited. To extend the ethics approval to another region, a protocol for management's review was prepared and approved by them following which an adequate compliment of participants was recruited.

Participants for this study were accessed as follows:

1. A meeting with the researcher and therapist team to introduce and explain the study and request therapists to inform their clients of the study and invite their participation.
2. Therapists supplied a copy of the study invitation (Appendix A) and the Opt-in Slip (Appendix B) to interested and qualifying clients.
3. A single follow-up reminder was made to therapists three weeks after launch of the study.

4. The researcher made telephone contact with all expressions of interest, and provided additional contextual information, discussed any issues or concerns, confirmed inclusion/exclusion criteria were met, and agreed arrangements for interview.
5. Those with on-going interest were forwarded the study information sheet (Plain Language Statement, Appendix C), and a copy of the study Informed Consent (Appendix D).

A total of 13 participants (10 female, 3 male) were recruited from the two community healthcare organisations. Other demographics on the profile of participants are presented below in Table 3.2.

Typically, a GT study takes advantage of theoretical sampling methods to ensure that emerging concepts are amply investigated by pursuing data that is deemed pertinent. Given the time constraints, it was not possible to engage in theoretical sampling, however detailed review of the data being collected did facilitate a re-focusing of interview questions resulting in increased relevance of data from subsequent interviews. An example of a memo compiled post the second interview is demonstrated below.

3.4.2 Data Collection

A basic principle of GT that "all is data" (Glaser, 1998), conveys the notion that information, notwithstanding its source, if germane to the research question, then it should be considered for its potential value in formulating conceptualisations as distinct from description (Glaser, 2007). This study generated data primarily through interviews supported by pre-existing client feedback reports, and academic literature. The research question followed on from an empirical finding that indicated developmental trauma victims' deficit in the capacity to trust in others, this inquiry sought to explain this phenomenon through accessing the experiences and cognitions of other similarly impacted individuals, hence interviewing is selected as the primary method.

Memo

Phase 1 Coding – Generating Concepts, 'Meaning of Trust'

Nov. 28th, 2021

A review of phase 1 coding on completion of coding of the first two participant interviews indicated some lack of emphasis in the area of participant understanding of what it was or might be like to trust. In light of the research question which is to investigate their experience and understanding of their capacity to trust it would seem important to make specific enquiry in this regard, the analysis to date suggests a strong bias towards "not trusting" material which is understandable given the background of the study participants.

Future interviews will be adapted to question in more depth for information about positive experiences of trust and where such experiences are absent probe for what the participants understanding/fantasy of trusting in others might be. The following type of question(s) will be introduced:

Who did or could you trust?
Why did you trust?
To what extent can you or could you trust?
Under what circumstances could you (were you) able to trust?
Understanding of what it might be like to trust?
Is there any capacity to trust currently or in the past despite circumstances?

The semi-structured interview was used for the flexibility it affords the researcher to remain in tune with the participants' story while also having the means to redirect in accordance with theoretical needs (Willig, 2008). Two pilot interviews were conducted using colleagues with a professional background in psychology, to provide the researcher with some experience conducting the research interview, to receive feedback on the researcher's performance, and to gauge the effectiveness of the questions in eliciting relevant experiences linked to the research question (Appendix E). Feedback from this exercise highlighted the following:

1. The potential risk that participants, by telling their stories, are exposed to emotional turmoil.
2. The potential for traumatized clients to be highly variable in how they might react, ranging from hyper-vigilant to hypo-vigilant and over-disclosure.

3. The importance of transparency and holding throughout the interview as participants who may become anxious during an interview are likely to revert to old patterns (defences), making open discourse less accessible.

Table 3.2

Demographic of Study Participants

Participant	Abuse Type	Duration of Abuse	Relationship to Abuser	Reason for Counselling	Time in Therapy	Interviews	
						Format	Length
1	Sexual	months	Outside Family	Terminal illness	3 years	F2F	68mins
2	Sexual	2 episodes	Outside Family	Depression	2 years	F2F	67mins
3	Sexual, Physical & Emotional	11years	Within Family	Relationship Difficulties	Months	F2F	118mins
4	Emotional & Physical	20 years	Within Family	Depression	1 year	Video link	72mins
5	Sexual	6 years	Outside Family	Deal with Guilt Feelings	1.5 years	F2F	69mins
6	Sexual	5 years	Outside Family	Self-harming	1 year	F2F	56mins
7	Emotional	20 years	Within Family	Improve Coping	3 years	Video link	72mins
8	Sexual	4 years	Within Family	Court Support	1 year	F2F	64mins
9	Emotional & Sexual	15 years	Within + Outside Family	Depression	1 year	F2F	68mins
10	Emotional	10 years	Within Family	Panic & Depression	3 years	Phone call	78mins
11	Emotional, Physical & Sexual	14 years	Within Family	Depression	2 years	F2F	56mins
12	Emotional & Physical	10 years	Within Family	Improve Coping	1 year	F2F	58mins
13	Sexual	15 years	Within Family	Panic & Anxiety	2 years	F2F	55mins

Notes: Mins = minutes. F2F = Face-to-Face interview format. All face-to-face interviews were conducted at the venue normally attended by the participant for therapy with the exception of participant 6 who attended the researchers' private office to better accommodate his logistical requirements. All the interviews were conducted one-to-one with the exception of participant 12 who requested that her therapist be present to help ease her anxiety.

These comments were built into the research interviews' structure, format, and performance. The organisation details of each interview are presented in Table 3.2. Interviews were structured in terms of format, duration, and location to mirror as closely as feasible their regular therapeutic routine, it was hoped this would help participants to be more relaxed and less inclined towards upset by the interview. In this regard two accommodations were noted participant 6 was interviewed in the researcher's private office for logistical reasons, and participant 12 requested that her therapist also attend for, but not participate in the interview. Participant potential for risk was addressed in the protocol developed for their care and discussed later as part of the non-maleficence principle in section 3.6 Ethical Considerations. Awareness and anticipation of the potential for wide-ranging levels of participant response allowed the researcher to be cognisant of and prepared for a potentially unforeseen response. The researcher remained aware of the need for good reflective listening throughout, tracking each participant closely to optimize the establishment of rapport, monitoring for emotional change(s), and being prepared to intervene to allay any emerging fears or concerns. All interviews were audio recorded using a digital voice recorder (Olympus AS- 2600) and later transcribed into a Word document using the researcher's PC Transcription Kit (Olympus AS – 2400). The transcribed interviews were uploaded to an NVIVO database, where coding, subsequent analysis, and data management were performed.

The initial interviews constitute what Thomson (1999) termed the tentative theoretical 'jumping-off point', a GT study is iterative in nature and will move to theoretical sampling as concepts emerge. As referenced above this study did not move to theoretical sampling however the researcher was satisfied to have reached saturation of the identified categories. A judicious use of literature was adopted and used specifically to amplify theoretical sensitivity and as a source of possible theoretical frameworks during analysis. In the spirit of use intended by Charmaz (2014), technical literature was used as a tool that served to open up

inquiry, in preference to being considered as definitive concepts that served to impede the researchers' openness to discovery and emergence of concepts (Glaser, 1998). Recent client feedback to the service was also consulted for instance(s) of particular concept(s) or emerging storyline(s) linked to relational trust. There was a total of 59 unsolicited commentaries to trust related matters that came from 416 respondents. This survey data was added to the interview findings and when used they are identified by their source as 'client evaluation feedback'.

3.4.3 Data Analysis

Strauss and Corbin (1990) identified data analysis as a major component of qualitative research, noting that procedures and techniques for conceptualizing data are key to creation of classifications and novel connections between categories, that provides the basis for fresh insight. CGT's post-positivist epistemology emphasises objectivity in data collection and analysis and seeks to demonstrate this feature through its use of a formal coding system, operationalized in an objective manner (Madill et al., 2000). Within this coding system described below, the process moves from basic description (raw data), through detailed methods of conceptual ordering to eventual theorizing at its conclusion. A high-level view of the contending positions of the three major GT paradigms is presented in Table 3.3.

Table 3.3

The Three Major Contending Data Analysis Positions within Grounded Theory

	Philosophy	Coding	Literature
Glaser	Positivist/Postpositivist	Abstraction	Post Analysis
Strauss & Corbin	Postpositivist/Constructivist	Complexity	All stages
Charmaz	Constructivist	Discovery	All stages + Lit. chapter

Before addressing the detail and significance of the various coding frameworks, the variable uses of literature need to be appreciated as they are strongly aligned with the ideology underlining each of the frameworks. Glaser (1998) was quite emphatic in his view about when to read the literature "do not do a literature review in the substantive areas and related areas where the research is to be done" (p. 67), his argument being that the grounded theory researcher needed to remain as open as possible to discovery and emergences from the data, free of any undue influences. Strauss advocated using literature at all stages of a study, believing that it had several advantages, including enhancing theoretical sensitivity, helping direct theoretical sampling, it could also stimulate questions and even be a secondary source of data (Strauss & Corbin, 1990). Charmaz (2014) agreed with the latter approach and extended her support by advocating its use to assess and critique the most significant works in relation to the grounded theory being developed, claiming that "your literature review can do more work for you than merely list, summarize and synthesize major works" (p. 308). Finally, the philosophical underpinnings of each method are evident, from Glaser's positivists stance to minimize possible researcher bias, to the middle-ground held by Strauss and Corbin versus the constructivist view of Charmaz, who views research as being influenced and informed by context.

As illustrated in table 3.3 coding systems also evolved, reflecting GT's theoretical evolution described above, nevertheless, several techniques have prevailed across all GT methodologies. The core processes unique to GT include, theoretical sensitivity, theoretical sampling, constant comparison, coding, and memo writing (Kenny & Fourie, 2015; Rieger, 2019), operating as a package, and employing an inductive method, to systematically generate a theory from data (Strauss & Corbin, 1990) . These core processes function in a mutually supportive way, detailing the steps and activities to be undertaken to assure

systematic rigour throughout the process that will a yield a GT that fits, works and is relevant (Glaser, 1998).

GT was developed to build theory; theoretical sensitivity addresses the personal attributes and capacity of the researcher to perform this work. It is concerned with qualities and abilities such as understanding, insight, conceptualisation, and formulation of theory (Strauss & Corbin, 1990). Its role is to bring analytical depth to what is there, it is enhanced by the degree of researcher knowledge or personal experience, provided the conceptual ability is also present to give meaning to data (Birks & Mills, 2015). It has a key role in other core processes; it can guide the direction(s) taken in theoretical sampling, in the reduction stage of constant comparison and in the analytical thinking that goes into memo writing (Charmaz, 2014).

According to Chen and Boore (2009) the constant comparison analytical method (CCAM) represents two foundational processes to the generation of grounded theory: asking questions and making theoretical comparisons. CCAM seeks to elaborate the levels of abstraction through a process of continual comparison of variously classified data; data with codes, codes with codes, codes with emerging categories and categories with categories (Rieger, 2019). This process facilitates the researcher to mine for improved understanding of the data, that generates categories, their properties, and inter-relationships (Glaser & Strauss, 1967). Decisions around what the data is saying relies on inductive (making predictions based on a specific set of observations) and abductive (most likely inference(s) possible from available observations) logic, which serves to advance the conceptualisation of the data beyond description and toward formulation of theory (Birks & Mills, 2015). Informed in this way, the theoretically sensitive researcher is also equipped to make quality decisions on where and how to direct theoretical sampling.

Theoretical sampling, an exercise in abductive reasoning, occurs post initial data analysis, at the point where the researcher can determine what data to collect next, and where to find it, to develop the emerging theme(s) (Drucker et al., 2007). It is the purposeful selection of additional participants based on their theoretical relevance to the emerging categories, the purpose of which is to add further to the conceptual and theoretical development of categories and not the population (Charmaz, 2014). It may involve re-interviewing existing participants, adding new ones, or a connected group(s), as deemed necessary to substantiate existing categories, verify relationships between categories or enhance emerging categories (Chen & Boore, 2009). As referenced earlier this study did not have the opportunity to theoretically sample or re-interview participants. The study did modify the interview questioning to target specific areas of interest that emerged following analysis of the initial interviews, and it included relevant data from service user feedback provided from a separate client evaluation survey exercise. The analysis to this point led to saturation of the categories their properties and relationships, bringing the data collection step to a close (Glaser, 1998). Completion of this step paved the way for the sorting and integration of memos that guided and supported the organisation of the analysis thus far.

Memos are intended to capture the researchers thinking, analytical insights, abstractions and emerging conceptualisations about themes and patterns in categories and their relationships (Chen & Boore, 2009). Below is an example of a memo prepared at an advanced stage in thinking through the data seeking a core category that fit the data. Sorting of memos is about building the order and logic of how categories align around a core category. Initially a descriptive account of the substantive area is prepared from readings of the memos, later by including the categories from the memos, the descriptive account is translated to an analytical one, from, it is argued, the order and logic should emerge (Strauss & Corbin, 1990).

Memos can be grouped according to this organising scheme and with repeated reading can serve to tweak and finalise the integration of the data. Because memos recorded the passage from participant raw data through the successive levels of abstraction, they were key to mapping and providing an audit trail of the journey through conceptualization to ultimate formulation of a theory.

Divergence in coding procedures (Table 3.3) is the third area of contrast amongst the primary GT methods. Glaser's pursuit was to build theory at the highest level of abstraction (Apramian et al., 2017). He maintained that while a hypothesis is formulated around how individuals respond to presenting problems (Blumer's third premise), it must nevertheless be sufficiently abstract to transcend the context in which they were discovered. Strauss

Phase 2 Selective Coding – CORE Category Definition

13th Feb 2022

The core concern is currently conceptualised as ***optimizing intra, interpersonal and social protection.*** The description of the 'trust paradigm' (File:Phase1OpenCodingFinalversionFeb7th2022) tab: 'Trust Paradigm' is a specific account of how participants accommodate their relational fears, and the work they undertake to optimise protection. The 'closed loop' nature of the process may account for the relatively stable maintenance of the status quo, and the challenges involved to effect change which always tends to be iterative in nature.

A sustained deterioration in quality-of-life markers, underpinned largely by concerns for personal safety or that of others close to them, will in certain conditions sponsor a desire to trial some ***trust development techniques.*** Constant monitoring of outcomes allied to the conduct of ***confirmatory tests*** will yield a result that either ***positively reinforces*** the change or produces a ***negative result.*** This step in the process acts like a 'Go – No go' gate when the individual decides "if the juice is worth the squeeze". Negative outcomes may leave the individual continuing to rely on prevailing protection strategies described in 'withdrawal from threat' and 'vigilance' sub-categories.

A positive outcome leads to a complicated pathway that involves fresh ***interpretation of behaviours*** which seeks to attain personal minimums of defined relational experiences. Minimums will be idiosyncratic to the individual; however, they will need to be sufficient to justify a ***reframing of understanding,*** again there are a range of options, the minimum acceptable here is likely going to be influenced by the type and intensity of the original trauma. Whatever new understanding is achieved it must be sufficient to engender a ***felt experience*** of value, and a belief in the ***reliability*** of the other.

A sufficient result through the process to this point will yield a positive decision on ***trustworthiness*** which will justify ***self-trust or trust in another***. This is not an absolute process, a successful run through does not yield permanent change, initially it may be person or event specific with the potential to be expanded. It is worth noting that the complexities involved make heavy demands on psychological and cognitive resources possibly leading to a further decision by individuals to restrict the scope of their efforts to trust.

introduced the notion of complexity of human existence, to argue for the reconfiguration of the coding procedure, (Apramian et al., 2017) believing it was necessary to create (not discover) theory that was well grounded in the data. Charmaz being true to her constructivist

orientation, modified her coding process to develop a more conceptual interpretation of the data in preference to precise apprehension (Charmaz, 2006). As was the case with the treatment of literature, the choice of coding system hinges on the epistemological stance being adopted, already argued for this study to be CGT, hence the principals of classic GT coding procedures were followed.

Coding is the critical activity within GT that facilitates ever increasing levels of conceptual abstraction of data and its subsequent reintegration to build theory. Holton (2010) described the procedures, summarized below, involved in the substantive and theoretical coding types linked to CGT. Substantive coding includes both open and selective coding whose roles respectively are to produce a 'core category' and 'substantive concepts'. It is recommended that the researcher approach all data analysis with two key questions in mind; 'what is the main concern being faced by participants?' and 'what accounts for the continual resolving of this concern?' (Glaser & Holton, 2004, cited in: (Kenny & Fourie, 2015).

The core category is built at the open coding stage, from an initial line-by-line analysis of each reported incident, to produce a segmentation of the data that is labelled with a relevant word(s) that summarize each segment. See appendix E for a sample representation of the conceptual categories developed at this initial coding stage. These segments were then compared to each other and grouped conceptually to generate the maximum number of conceptual categories. At this stage, the researcher engaged in the constant comparison process, at all data levels as described above, incorporating new data as it was gathered, compared, and analysed, adding greater complexity and density to the categories. At the conclusion to this process principal core categories were identified with sufficient power to account for variation in the data, and relevance in terms of connectivity to other categories.

The substantive concepts were built at the selective coding stage when the researcher focus was on the core category and its principal supporting categories. See appendix F for an

extract of the selective coding that abstracted from concepts to sub-categories and further into categories. The final level of abstraction was theoretical coding and an example of some early thinking on how the substantive concepts identified thus far in the analysis might have been inter-related is presented in appendix G. The work of theoretical analysis continued until a theoretical account that explained the relationship between concepts was established. The goal of this study was to build a theory that explained a feature of relational behaviour, in that sense theory was understood to be as described in Abend's (2008, p. 178) second of seven definitions; "a theory is an explanation of a particular social phenomenon…. the explanation should identify a number of 'factors' or 'conditions' which individually should pass some sort of counterfactual test for causal relevance". Theoretical coding can achieve just such a purpose, by conceptualising how substantive codes may be logically connected, either using coding families or relying solely on the creative endeavour of the researcher. To execute this phase Glaser and Strauss (1967) spoke of the need for theoretical criteria, the route followed in this study was that described by Birks and Mills (2015) was to identify a core category heavily supported with saturated related categories and a comprehensive repository of analytical memos. Urquhart (2013) argued strongly for the importance of memos in this phase believing they captured key impressions about the data and potentially offered creative insights for the emerging theory. At this point in the process Glaser (1998) advocated trusting in the emergence of a theory drawn from this final abstraction, believing that the relationships between substantive concepts would explain the latent pattern of social behaviour under investigation.

3.5 Research Rigour

Within the scientific community controversy prevails as to the correct approach to evaluate the quality of qualitative research, in particular whether or not positivist assessment criteria should be applied (Mays & Pope, 2000). Qualitative studies such as this, that subscribe to a

post-positivist paradigm, must reconcile with, and adopt research measures that at least reflect how that scientific method is understood to operate: objectivity, generality, replication, and falsification (Mays & Pope, 1995). Glaser and Strauss (1967), individuals who came from academic roles in quantitative and qualitative research fields respectively, revolutionized this polarity by offering a systematic set of procedures that they argued brought methodological parity to both approaches (Charmaz, 2014).

Notwithstanding the founders' confidence in the rigour of GT to generate theory, the fact remained that different criteria from those used in quantitative research with their reliance on statistical operations i.e., predictive or construct validity, test-retest reliability would be required for assessing qualitative research. Initially Glaser and Strauss (1967) not only challenged the relevance of prevailing criteria to assess the veracity of theory developed directly from data, but they also originally proposed the concepts of credibility and applicability. They linked credibility to the depth of knowledge and understanding of the researcher and the insightfulness of its use when scrutinizing the data. They maintained this criterion could be judged based on:

1. Vivid description of the data, to the degree that readers feel present with participants.
2. Transparency to readers as to how conclusions from the data were arrived at.
3. Use of comparison groups to enhance scope and generalisability.

Applicability in turn was connected to generalisability of the discovered theory and they proposed four interrelated criteria (Charmaz & Thornberg, 2020):

1. <u>Fitness</u>: considered by Glaser (1998) to be another word for validity i.e., ensuring that the concepts represent the data they claim to symbolise. He argued that under the strictures of GT the findings will by definition, fit the data.
2. <u>Understanding</u>: theory generated must be comprehensible to those laypersons and researchers alike who work in the substantive area.

3. Generality: while theory is built through a process of ever-increasing abstraction, it must not lose its correlation to the topic being theorized. The new theory must have explanatory power to explain the multi-conditional and ever-changing daily situations that it purports to represent (Charmaz & Thornberg, 2020).
4. Control: Glaser (1998, p. 236) insisted that GT "generated a theory of how what is really going on is continually resolved", this not only made the theory relevant to the topic but also bestowed predictive power for users.
5. Modifiability: assesses if the theory is modifiable as new data emerges. Glaser (1998) anticipated that new incidents would potentially continue to occur, so procedures (constant comparison) were designed to modify theory as appropriate to fit the data.

The combination of these evaluation criteria according to Glaser (1998) serve to provide readers and researchers alike, grounds to be able to trust in GT. Similarly, the accuracy and faithfulness of this study to its goal of explanation, prediction, and generality within the survivor community, will be evaluated later as part of the Discussion chapter, when assessing the findings generated in this study using CGT principals.

3.6 Ethical Considerations

Ethical approval for this study was obtained from Dublin City University and the Irish Health Service Executive. As a GT project conducted with a potentially vulnerable population, careful attention was paid to respondents, verbal and emotional responses and reactions to assure the safety and correct treatment of participants. Because this study is seeking to access the private lives of its participants and place the findings in the public domain, there are two points of interaction with potential to cause harm: the interview and publication (Brinkmann & Kvale, 2005). In this study the author relied on the dual model of moral and ethical reasoning devised by Beauchamp and Childress (2013), operating from personal intuitive and critical-evaluative levels. On the personal level, reliance was placed on the ethical guidelines

of the researchers' accrediting body (Psychological Society of Ireland) and his practical wisdom (phronesis) to perceive and judge presenting events in an ethically competent manner (Brinkmann & Kvale, 2005).

Codes of conduct may not always adequately provide for the subtleties and particularities of a given situation making recourse to the principles of Beauchamp and Childress an essential guide to best ethical practice from study design through write-up. These principles including autonomy, beneficence, non-maleficence, and justice guided the study design in the following ways:

1. Autonomy incorporates the freedom to make personal choices and to decide on ones' own actions. In this regard participants were initially approached by their therapist who introduced the study and provided a letter of invitation (Appendix A) and a 'Opt-in Slip' (Appendix B) for individuals to complete if they had an interest and choose to participate in the study. There was no further involvement of the therapist at this recruitment or later at interview stage. A further level of participant decision making happened prior to engagement in the data gathering process, when the review and approval of the study's Informed Consent (Appendix D) took place. Participants were also made aware that they were free to withdraw at any point up to 4 weeks following interview without explanation.
2. Beneficence seeks to promote the greatest good for others, while this study did not offer any direct tangible gains for participants, it did offer the potential for indirect benefits arising from:
    a. An hour-long interview that encouraged reflection on the role of trust in relationship with others, had the potential to be intrinsically helpful to self-understanding and relational awareness.

    b. Dedicated focus on a self-exploratory task, (trusting in others generally), may have prompted participants to engage more thoroughly on the topic with their therapist.

3. Non-maleficence is the principle of 'do no harm', it prioritizes protection of participants. At a macro level this study was subjected to ethical vetting and approved by DCU's Research Ethics Committee and Data Protection Unit and by the Health Service Executive CHO8 Region's Research Ethics Committee. At a micro level, participants were provided a Plain Language Statement (Appendix C) detailing the study and advised on the legal and practical limitations to confidentiality. Having due regard for participant safety and wellbeing discussed above (section 3.4.2 Data Collection), because this study was conducted with a potentially vulnerable population the following measures were put in place for their safety and protection:
    a. Should a participant become distressed, the interview would be paused, and time afforded to compose themselves. At this time, participants would be reminded that their participation was entirely voluntary, that they can withdraw at any time up to one month following interview. The interview would only resume following the expressed request of the participant to do so.
    b. Close attention was paid to any drift off topic by participants into discussion of their abuse, where this occurred participants were re-directed and encouraged to speak of their experiences with relational trust.
    c. A qualifying criterion to participate in the study was that all participants were attending personal therapy. The rationale for this qualifying condition was to ensure that any distress experienced because of their participation could be processed through their therapy.

d. In the event that participants experienced distress post the interview but sufficiently prior to their next scheduled session to be of added concern, they were provided the free phone contact details, and advised to contact the service's National Adults Counselling Service – "Connect".

There were no instances of participant upset in the course of interviews, neither was the researcher made aware of any subsequent difficulties, though it is possible that further processing of issues may have occurred in the course of a participants personal therapy. Justice requires actions that are fair and appropriate whereby the study is conducted and written up in an impartial and just manner in accordance with the university governance structures overseen by academic supervision and HSE guidelines as overseen by relevant regional director(s). As an NCS counsellor/therapist the researcher is a mandated person under the Children's First Act 2015, and as such is obliged to inform Tusla, the Irish Child and Family Agency of any abuse to a child revealed in the course of interviews. As all participants in this study had been attending therapy with the NCS from a number of months to a number of years, reporting had been completed in all cases and no new disclosures were made.

3.7 Conclusion

This chapter presented arguments based on the study's aim to justify the selection of a GT methodology. Research paradigms were considered from ontological and epistemological perspectives to eventually define the choice of GT method to be used. The philosophical positioning that supports the use of CGT was underpinned with a discussion of the role of symbolic interactionism to help develop theory. Finally, the principles to be adopted to assure the necessary standard of research rigour and ethical considerations specific to this study was presented and discussed.

Chapter 4. Findings

Optimising Intrapersonal, Interpersonal and Social Protection.

4.1 Introduction

This study was concerned with acquiring an empirically based understanding of relational trust dynamics among adults with a history of developmental trauma. This chapter through consolidation of the research findings, seeks to explain critical aspects of relational trust within this grouping that could be utilised to advance trauma-informed professional practice. A well-constructed grounded theory (GT) will be anchored in observations from the data; this study provides illustrative quotes from participants that convey their strength of connection with the analysis and subsequent theory development. When presenting analysis, words or short phrases from the participants are sometimes used within the main text to convey added emotional closeness to the concept under review; such words or phrases will be italicised and identified by participant number. Participant quotes are verbatim accounts, save where a brief segment may have been edited out to remove redundancy. In such eventuality, care will be taken to ensure the quote remains close to the participant's own voice.

GT, as a research design, typically identifies the core concern of those impacted by the study area. This study sought to discover under what conditions participants were willing to re-evaluate prior decision-making to establish levels of relational trust that facilitated improved engagement with others.

A total of thirteen interviews were conducted, initial interviews identified the core concern of participants to be *navigating relational fears*, these, and subsequent interviews, identified the core variable as *optimising intrapersonal, interpersonal, and social protection.* This core variable describes how adults with a history of childhood abuse typically address their pre-occupation with inherent dangers and their pursuits to have them neutralised. The general

process expanded in this chapter starts with a view of participants who resile from opportunities to engage with others to avoid being hurt.

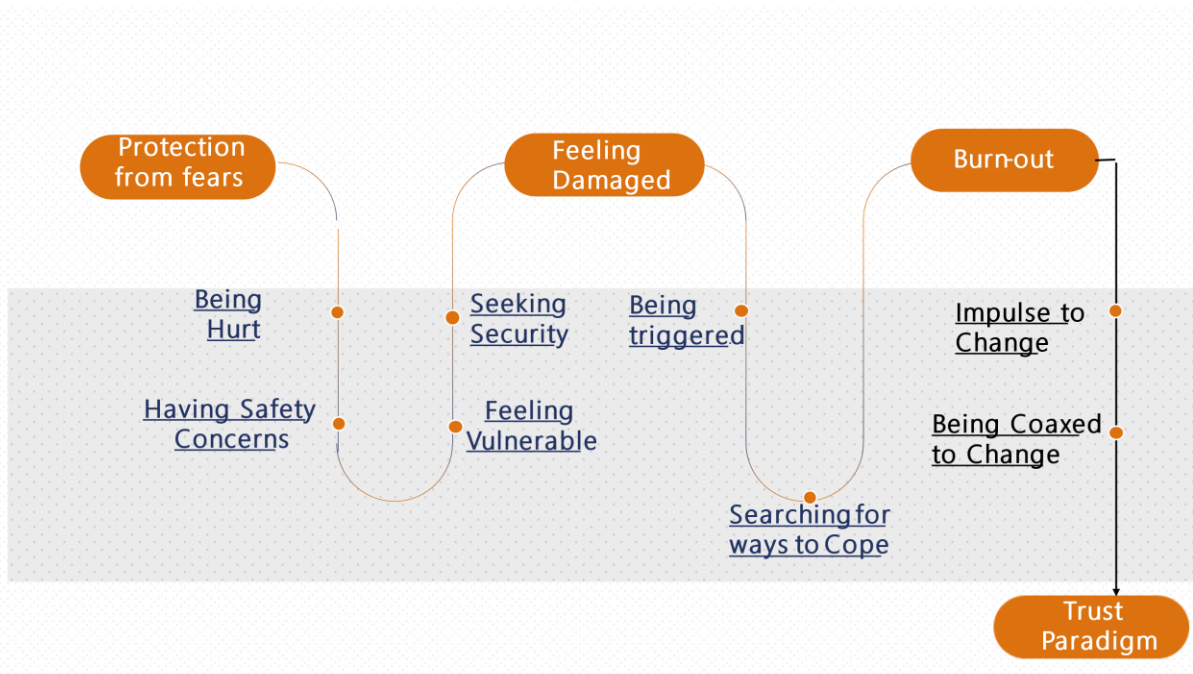
The sequence and presentation of findings parallel the GT design; initial data analysis identified the core concern. These findings are presented under the sub-headings of *seeking protection from fears, feeling damaged, and burn-out*. Subsequent analysis informed the core variable which emerged as a three-phased process. Phase 1, *Initialising,* identified psychological and behavioural incentives to engage further with the process. In phase 2, *Input*, participants experiment with a new way of being before moving to phase 3, *Processing*, where they engage in a more in-depth appraisal of conditions before deciding whether to trust. The processes within and across individual phases go to building the core variable that is elaborated over the remainder of this chapter.

4.2 The Core Concern: Navigating Relational Fears

Early analysis focussed on why participants did not trust. It was considered appropriate to explore if participants connected their history of abuse with their current relational trust difficulties and, if so, how they understood the difficulties to manifest. All participants identified their individual experience of abuse as being one or a selected combination of emotional, physical, sexual, or neglect abuses. The core concern was conceptualised as involving three dominant themes: *'seeking protection from fear'*, *'feeling damaged'*, and *'being overwhelmed to the point of burn-out'*. Figure 4.1 models a high-level summary of these categories and the sub-categories considered to feed into and sustain them.

Figure 4.1

Core Concern: Navigating Relational Fears



Note. Behaviours and concerns within the grey zone are sub-categories of the 3 main themes that constitute the core concern. The loops shown are bi-directional indicating that these phenomena can have their impact on any of the dominant themes depending on circumstances.

Each participant navigated their individual path through the model with variable pace and emphasis through different phenomena before eventually completing the journey with a decision to trial or not trial, a new way of being and living. A decision to change involved developing an improved capacity to trust; hence they began the work of building a new trust paradigm. This work is what Glaser and Strauss (1967) labelled resolving the core concern and it constituted the core variable.

4.2.1 Seeking protection from the fear(s)

The predominantly emotional pain experienced by participants included strong feelings of loneliness/isolation, alienation, and fear. Participants tended to be unambiguous as to the

origin of their reason(s) for not trusting, Participant 4 declared her understanding for why her difficulties arose.

> Growing up I felt that there were people in my life who should have protected me, and they didn't. They should have done things a lot differently with me than they did, and that destroyed my trust in people.

To address the need for protection, individuals became preoccupied with keeping themselves safe and actively adopted security measures to ease their suffering. Participant responses were revealed to be quite variable and complex but always reported to be linked with the perceived risks of hurt and danger of getting close to others. Reported safety strategies were motivated principally by the need for protection. Participant 6 epitomised the two sub-strategies that emerged: the inner world, vigilance,

> It's a feeling of fear that they will do something. It's me having to be always one step ahead so I can control everything and calculate " if I did this, then that's what will happen," and see every possibility and every outcome. I'm not in a position to feel I can trust someone because I fear that they will turn around and put me in a vulnerable position, like when I was as a child. It's hard for me to describe this feeling but If I was to give it a word it probably would be FEAR.

and the external world, physical withdrawal/self-reliance.

> I can have a relationship with other people but to me it's all sort of stuff. There's no real trust there. I have my barriers put up and nobody gets in through those barriers. I have a surface relationship with people. There's no trust. Everything I have to do I rely on myself, everything I can do, I do myself.

Participant 10 relied on a publicly aggressive presentation when he felt threatened.

> My guard goes up. I create an image of "I'm a bad boy" there's no approaching me, I make like a dog at a gate. He [dog] has that look about him where he's going to eat you. I was very much so on my guard.

Participant 4 makes her anger much less visible, but is acutely aware of its dominance within her and the reasons for its presence.

> I am a very angry person. It always shocks people because I don't come across as an angry person, but obviously the years of being abused had to manifest itself somewhere and I struggled with my anger my whole life because of it.

Participant 12, when asked how she coped with her fears as a child, explained how she channelled her fears into protection of her older sister, she appears to have found safety and relief is providing the care and protection to her sister that she needed herself.

> I managed all that because I became the protector of my sister. So, I shut off all my sort of "what about me?" and just focused on mainly protecting her and I think that's what got me through life. To be honest, I had all of them feelings myself, it wasn't until I was alone that I'd cry, and I'd wish I was dead.

These remedial strategies showed themselves ineffectual at ameliorating the felt sense of vulnerability and exposure to being hurt by others. Participants reported a negative emotional valence towards others, a feeling that over time caused many to see themselves as possibly damaged in some way.

4.2.2 Feeling damaged

Feeling damaged was reported to be the consequence primarily of being constantly triggered by feelings of vulnerability and suspicion about the intent of others. The most frequently cited triggers involved experiencing boundary intrusion(s), encountering attempts at intimacy

from others, and feeling manipulated by others. In the following quote participant 13 believes that his abuse altered his brain such that the prospect of an intimate relationship triggers his inability to trust.

> I was exposed to it [abuse]for years at a young age when I was developing. A person who was supposed to be a carer, look after you, it's the most intimate relationship we have at a young age with our caregiver. Clearly it has caused my brain to form in certain ways that aren't the same as other peoples. I now have this jaded view, they lied to me for years, they used me, they pretended to be out for my best interests, when they weren't. They never were. So, it was implanted in my brain that I can't trust in the most intimate way. Being with friends is one thing, if you have acquaintances you're not really being as intimate, but if you have a partner or someone I wish to be physically and emotionally intimate with, it's just impossible for me and it's something I'm still working on.

Being triggered typically filled participants with feelings of vulnerability so in order to cope, they responded in most instances unconsciously from a repertoire of stock actions and emotions as highlighted here by participant 12.

> Even my husband would say that to me in certain situations, "you're overreacting", I'm like well it's not an overreaction to me, to me it's just automatic. In certain situations, it does bring you back and you do feel like that helpless child.

4.2.3 Burn-out

All participants who experienced an impulse to explore the possibility of trusting claimed it arose after some exasperation with life when they felt overwhelmed or struggled with burn-out. Facing a 'nothing left to lose' option, participants found themselves more open to taking a new direction involving a need to take some risk(s) to change long standing practices.

Consistent with other themes that constituted relational fears, burn-out manifested in quite a broad spectrum of feelings and behaviours ranging from sheer desperation at the constant bombardment of life struggles, as exemplified by participants 1 and 7. Participant 1 describes her journey to near collapse at living *in a world that didn't care*.

> I choose to explain it as I experienced it a complete and utter burn-out. My body gave up and my mind wasn't far behind. I suffered a serious illness, and I was just getting over that when I received a life-threatening diagnosis just a couple of weeks later, I was only out of hospital. Nothing left, I just literally, my body, I was on empty, a close family member suffered a mental health crisis, and I went through all of that on my own. Literally on my own. I dealt with self-protection on my own, I dealt with the illness on my own, and now I'm dealing with I too am one of the people, [life-threatening diagnosis] there's just nothing left. I was living in a world that didn't care. (Participant 1)

Participant 7 when asked what had prompted her motivation to develop her capacity to trust, describes a very different set of circumstances but with equally compelling emotional urgency to the feelings experienced at the time. Her journey to the point of burn-out brought her to thinking about ending her life, before deciding *to trust somebody*.

> If I didn't, to be honest with you, I don't think I would be here. I don't think I would. I had to do something as it was taking over my head. It was driving me mad. I had to do something. I had to trust somebody. When I did start to go to counselling at the start I had to weigh them up, I had to examine that person, can I trust that person? Whatever I tell them there is a lot in it, but I had to do it for my own mental health. It was eating me alive. The whole time I had no interest in anything, it was not nice.

A more subtle but definitive example of decent into a form of despair was provided by participant 8's response to the question of how she forms the view that others are not trustworthy.

> I'm probably tarring everybody with the same brush, maybe it's me being oversensitive, maybe I'm over paranoid, maybe it's me – I don't know, I don't think so. So, yeah I'm surrounded by a lot of people I don't trust.

The words used to describe herself could, in a different context, indicate an openness to more flexible and broadminded thinking, however, how they were spoken, and in the context of the interview, they were intended to convey the opposite meaning. In similar vein, a consequence of the behaviour(s) intended to protect, may have the unintended consequence of de-skilling individuals resulting in strong feelings of frustration and self-deprecation at failing to perform even rudimentary tasks. Participant 9 explained how her self-imposed isolation resulted in her losing the confidence to communicate with others.

> I got so used to not talking to people, I didn't know how to actually start a conversation, how to actually talk to someone. In my head I thought I was going to make an absolute fool out of myself.

These expressed sentiments constituting the core concern were experienced by participants as a source of incessant negative thoughts and self-treatment, that they linked to their past trauma. Their history of trauma would seem to have over-sensitized them to present-day life stresses and lifestyle demands, such that adverse encounters can be magnified to feelings of rejection, abandonment, or attack. Over time, participants sought escape from these painful emotional states by various means including, retreating into isolation, engaging in self-destructive acts, or through aggression/rage. When participants realized that these maladaptive strategies did not resolve their difficulties, they entered therapy in the hope of

cultivating a new pathway. In the beginning, participants wanted relief from the unbearable emotional pain(s) of their everyday lives, they all stated that feeling safe, and protected was an essential requirement, the remainder of this chapter will describe the psychosocial processes adopted by participants to overcome their concerns, captured in the core variable.

4.3 The Core Variable: Optimising Intrapersonal, Interpersonal and Social Protection

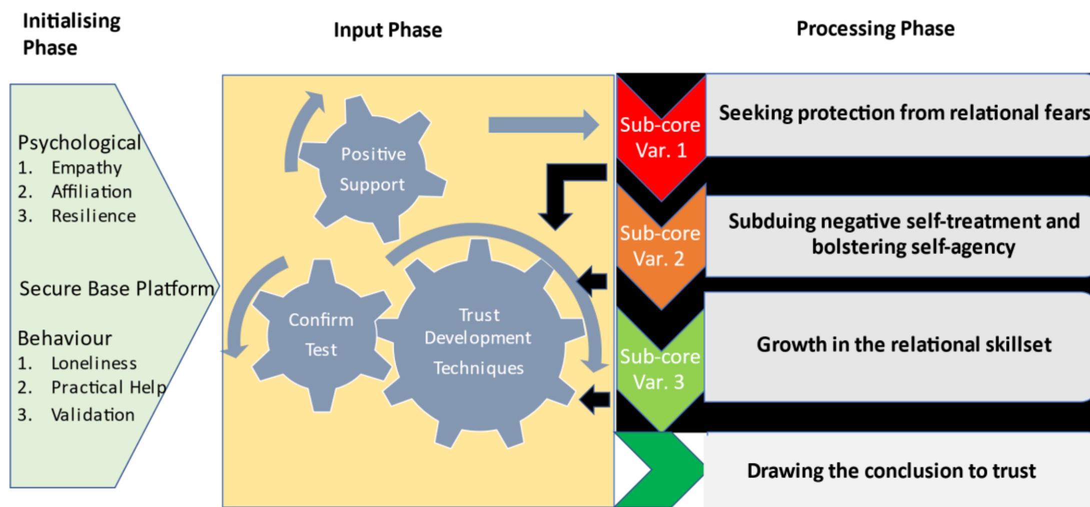
The second phase of this study focussed on the psychosocial processes adopted by participants to address their relational fears. The decision to attend therapy was frequently initiated through a vexatious, indignant, or exasperating response, within the therapeutic process participants were motivated to address their concerns via a different path that evaluated the potential for trusting. The core variable of this study, *"optimising intrapersonal, interpersonal and social protection,"* appropriately describes the as yet undiscovered, dormant pattern of behaviour(s) and understanding(s) reported by interviewees to overcome their lack of aptitude to trust themselves/others.   The reported underlying behaviours coalesced around three central themes depicted in Figure 4.2: *Initialising*, how individuals are stimulated and incentivised to change, *Input*, mini piloting of trust techniques and *Processing*, in-depth scrutiny for risk assessment.

The Initialising phase was the participants first encounter with considering an alternate path to meet their protection needs. The experience of a secure connection with a reliable and dependable other, encouraged participants to experiment further within the following Input phase. The Input phase was found to have three components, the function of which was to launch and assess the trustworthiness of minor trust situations. The final Processing phase engaged participants in a more in-depth analysis of conditions intended to glean if sufficient protection(s) were present to overcome their perceived risk(s) associated with trusting. An important dynamic depicted here is the interdependence and direction of the flows of

information within the system.   Assuming successful outcomes the sequence of information processing was found to move from Initialising to Input and onward to the Processing phase where it became more dynamic in nature. Within this phase the sequence initiated with sub-core variable 1 then sub-core variables 2 and 3, as depicted in Figure 4.2. Sub-core variables have specific and distinct purposes and remain interdependent throughout with process failures having the potential to be recycled back to the Input phase.

Figure 4.2

The Core Variable: Optimising intrapersonal, interpersonal, and social protection



Notes. Figure 4.2 is a working model of the three-phase process adopted by participants who sought to improve their capacity to trust. The initial phase actively influenced by a secure connection, typically set the process in motion via a number of psychological and behavioural considerations. A continuing interest in trust led to the Input phase where participants trialled relatively inconsequential trust situations, positive outcome(s) from which led to more in-depth analysis within the Processing phase. Within the processing phase participants first addressed safety concerns before entering a cycle of experiential learning that culminated in decisions to trust or not trust.

4.3.1 **Initialising Phase**

This stage presented psychological (empathy, affirmation, and resilience) and behavioural (validation, not alone, and practical help) inducement to trial trusting. A primary driver to cause an individual to attempt to trust was found to be *empathy*, which is typically but not exclusively linked with input from the therapist.

> He [therapist] just felt so welcoming to me, our first meeting we did it remotely as well, it was so strange, it was a feeling that I got maybe twice before in my life, I felt very safe with him after our first phone call. Obviously, because safety is a huge thing for me, trust comes very quickly with that. He made me feel so safe, I really trusted him. (Participant 4)

A positive, long-term, and enduring relationship with a life partner, family member, or personal friend can also incentivise to experiment beyond the normal limits on trust.

> It feels safe, that there will not be a huge bust up, I feel loved in it. There is still a doubt in me, I have to be honest about that, it's a terrible thing to say but at some level you're almost wanting a bust up! But it doesn't happen. She's [partner] good and kind. I feel appreciated and know she could not do me any harm.

This participant (#11) clarifies that despite being many years in a safe and loving relationship, he still anticipates and inexplicably believes he may want a breach of trust in the safety of their relationship. It suggests a re-enactment of attachment trauma in adult relationships dealt with in more detail later but noted here to mark the power of the unconscious to block attempts to trust.

While empathy showed itself to be a pre-requisite and often sufficient for participants to move forward, when combined with *affirmation*, it became a more potent influence. Participant 9 highlights the power of a consoling and supportive expression by her therapist.

> Just hearing her saying "you're ok" it was so strange for me as no one ever said that to me before. If I was crying over something emotional, just hearing someone say that you're ok, it might seem very small but for me it was huge.

Further psychological preparation for trialling trust is *resilience* to meet the time and risk factors involved. All through this decision-making process participants took risks with their emotional safety, participant 3 demonstrated the scale of uncertainty and the toughness required to advance the process.

> We all have to take a chance on being vulnerable but when you have been let down so many times in your past, it is a huge gamble to trust and then maybe end up doubting yourself. Then what or who do you have to fall back on?

Participant 12 noted that patience and endurance are important components of resilience as it took her years to build needed levels of trust in her husband.

> It took a good few years, for a long time I wouldn't even leave him alone with our children. The kids would be with me constantly. I wouldn't trust anyone with my babies… I was very, very protective. So that's only changed now in the last few years, that I will actually leave and let him mind the kids.

A significant behavioural deterrent for participants was their sense of being alone with their problems owing to fears linked to disclosure. Post disclosure difficulties typically arose within the more intimate relationships involving the life partner and family members. Being supported through the company of others has a very significant opposite effect as portrayed by participant 4.

> I could trust my partner that he was going to help me, and it didn't matter what I was going to say I wasn't going to face it alone anymore.

All participants confirmed that a consequence of developmental trauma is failure to trust self/others. Accordingly, when it came to learning a new behaviour finding a reliable information source was essential. Participants reported that many therapeutic gains originated from the trusting relationship forged with their therapist. Leading examples included the provision of a new vision of the possibilities, a planned approach on how to achieve the goals, plus advice and encouragement along the way. Interviewees noted how their trauma experience damaged their self-trust, frequently resulting in some feelings of culpability for what happened to them. When survivors tell their story, to be judged as untruthful was experienced as a significant dilemma that heightened their resistance to seeing others as trustworthy. Participant 9 identifies how her unresponsive carer damaged her adult sense of self and a belief in effective dependency on others, because she didn't matter.

> I reported the abuse to my granny one day and she said " stop looking for attention" when I was trying to tell her the truth. I will never forget her saying that to me. My feelings were invalid, no matter how I felt it didn't matter, I didn't matter.

In summary, interviewees have spent much of their lives dealing with abuse sequelae and disruptive impulsions to the point where it no longer feels tolerable or sustainable. Participants, believing they had nothing left to lose, elected to take a chance and act on their emotional response to specific encounters that were revelatory or inspirational. The next step was to experiment with the trust proposition in as safe and inconspicuous a manner possible.

4.3.2 Input Phase

Motivated to minimise risk while experimenting with low-risk trust exercises, participants engaged a three-step process within the Input phase. Tasks within this phase are entering a trust diagnostic situation *(Trust Development Techniques)*, calculating the outcome

(Confirmatory Tests), and deciding to move forward or remain with the status quo *(Positive Support)*. An individual entering the Input phase is unlikely to have decided to trust; their action is viewed more as an ongoing assessment. In general, as participant 12 indicates, individuals are operating from a place of fear from behind an imaginary wall/barrier that restricts entry to only those deemed safe circumstances.

> I have a wall, and it's very hard for people to get through that wall, and when you're outside the wall I just come across as being cold and heartless. I don't want people.

4.3.2.1 Trust Development Techniques

A hallmark of all participants was their conviction about life's dangers born out of their fateful childhood experiences and never seriously tested since. Those who elected to move forward deployed trust development techniques that tended to be inconspicuous and internal to the participant and included: *remote observation, therapeutic bond, and cognitive restructuring.* When describing the implications of their developmental hurt, greater than two third of participants noted feelings of alienation whereby they felt judged and excluded by individuals or sections of society. Two majority responses noted were feelings of disapproval by self and others and a tendency to disengage as expressed in their desire not to burden others. These responses featured strongly in the interviews that identified *remote observation* as a trust diagnostic mechanism suggesting a level of fit with their learned behaviours away from contact with others. Participants who monitored in this way did so exclusively by observing from a safe social distance and concealed from those observed. In general, the checks at this stage are rudimentary and straightforward and focus on observing public behaviour patterns, treatment of others, discussion of others and good manners. This *reading people* happens informally and covertly as participant 8 states,

> I can read people . I think it's intuition. I'm not saying I don't like people; I'd be careful around you; you just see the behaviours and the whispering behind peoples back. When you stand and observe you would see a lot, and I do that. I would see things that people wouldn't see.

To achieve a positive outcome, as experienced by participant 11, it must meet a standard of genuineness that is repeated consistently over time.

> It takes time, interacting with them because in my new relationship it took me a long time, I was waiting for the row, or for something to happen and it didn't happen. It took me a long time to trust that I was safe in it…time and consistency and no major blow up or row. When it is calm, calm, calm, and no big bust-up.

All participants noted the critical role of the therapist and the uses of the *therapeutic bond* as a model for trialling a trusting experience. Most participants named their therapist as the change agent that inspired them while providing the supportive relationship that contained their fears. At this stage, key themes noted as helpful included planning, contracting, and professionalism. The therapist guided and supported development of the approach to follow and was relied upon to a great extent by participants in all reported incidents. Creating a plan of approach was essential both as a pathfinder and as a means of remaining safe as exemplified by participant 10.

> My plan now is with the help of [therapist], is to help myself, where before there was no plan, I lived day by day, hour by hour really, I survived . With the therapist help now, I'm working on trusting more myself and people.

Contracting for confidentiality, regular engagements, and consistency over time were cited as significant issues that engendered a therapeutic bond.

> I knew that in this setting there was a confidentiality rule and knowing that this was a healing circle or space, is a key factor and still is today and will continue to be. (Participant 13)

The professionalism of the therapist was noted by participants as critical to incentivising change. The contrasting quotes from a former service user and participants 6, provide some insight into how therapy evolved for each, the latter changing therapist before continuing his journey.

> Her approach was brilliant, and I trusted her and the direction she took me in. (NCS, 'Role of the Therapist', reference 3).
>
> At the start it was not the best experience, but at that point I sort of pushed myself to do it. I felt sort of back in the vulnerable place that I was in to talk about. At that time, I didn't get the response I thought I would from the therapist. For me it felt like an interrogation of the abuse and there were follow-up questions as to why I felt this way blah, blah, blah, and then I heard "it wasn't all that bad" sort of comments. (Participant 6)

Difficulties for which *cognitive restructuring* was deemed helpful by interviewees highlighted the unreliable and maladaptive nature of their thinking and the ensuing anxiety. The action(s) taken are generally derived from minor epistemological tweaks to the participant's perception of reality. The techniques adopted included a reframe that revised personal accountability, thought experiments, and breathing exercises to calm anxiety. These were very tentative acts at this early stage; they were not seen as solutions but as evidence that helped persuade participants to risk their safety and do something different. In some instances, as illustrated here by participant 9 the cognitive restructuring happened in the therapy room.

> Looking back and seeing things that happened and saying wait, that wasn't actually my fault because I have blamed myself for absolutely everything.

Participant 13, now estranged from his past abusive context, is puzzled by what he must have been thinking to have remained in such a relationship.

> When you're wrapped up in someone else and their needs and wants [his abuser], your needs don't matter in that relationship, they're not interested in fulfilling your needs it's about me, me, me for them. When I look back at that abusive relationship now as an outside observer, I'm asking myself why isn't this guy getting away?

Participant 4 describes how her therapeutic experience contrasts her developmental experiences that she maintains accounted for her struggle to be believed by others.

> I have a huge thing that I feel like people don't believe me when I tell them something. Because I would have spoken out about the abuse many times and been told I was a liar and that it didn't happen. Now I have this thing that when I tell somebody something, you know serious enough, but it doesn't have to be serious I still feel like they won't believe me … In contrast, I just felt so safe talking with [therapist], he was really validating what I was saying, and I just felt like he really cared.

4.3.2.2 Confirmatory Test and Positive Support

The outcomes of these tests are immediately interpreted and appraised for worthiness; alongside this process, individuals are monitoring outcomes to confirm the original result(s). Individuals received descriptive data about their condition and feelings, possibly for the first time, that may be so incredulous that they will double-check the accuracy via an independent third party. Participant 10 shows that building confidence in the veracity of the session content brings safety to the therapeutic relationship.

> Over the weeks, of my therapist addressing whatever I brought or if I had a question. When I would leave [the session] at the start [of therapy], I would google stuff to see if I could find a little hole in the loop, where I might catch her out so I would have a reason to not trust her, and there wasn't.

The data from trials and therapy is constantly being evaluated for two critical factors: the earnest intent of the other and reliability. When results are favourable, they must also be consistently dependable such that individual safety is stabilised and predictably so. Participant 4 explains how destabilizing it was for her positive and loving relationship of three years, to have a third party show interest in her partner.

> A third-party situation happened during the pandemic neither myself nor my partner cheated but somebody was trying to get in between us. I would say it shocked the foundations with me because again my distrust was coming back up, I felt that if he talked to her then I can't trust him. I couldn't understand why my partner couldn't see what the other was trying to do. It was a lot like, but we overcame it, we actually went to counselling together, I was really struggling with trust all over again, even though he hadn't done anything.

Allied to confirmatory tests participants needed to feel that they would be positively supported in future trust endeavours, and this was gauged principally by the absence of judgement and the presence of emotional support. As explained by participant 2, fear of being judged serves to maintain the secrecy that blocks the process of trusting.

> I always felt like it was a bad secret that I had, in that if people knew that they would think less of me I suppose I think I felt a lot of that when I was younger… yeah, I think that's where it came from really, being judged because it was never talked about, so I just assumed it was something bad.

Having the backing of friends and family as explained by participant 8 can be pivotal to a decision to continue their trust journey.

> My sister was naïve to think she would have family support; I was well aware that we weren't going to have their support. I was naïve to think I was going to have support in my work. They said back then [when they first learned of my history of abuse] that they wanted to support me, that was then, now they would never ask!

In summary it was found that participants who felt sufficiently emboldened by their experience of positive outcomes post the trust diagnostic, were motivated to continue the process of enhancing their capacity for relational trust. The next phase involved increased scrutiny of available protection(s) supporting change(s) that promoted a positive shift in experience culminating in a decision on trust. To facilitate this more in-depth probe, participants moved to the third and final level of review, the Processing phase, where they were exposed to more in-depth analysis of life experiences to-date before concluding whether to trust.

4.3.3 Processing Phase

Despite fearing their perceived risk to trust, individuals choose a path or combination of pathways that involved exposing themselves to some amounts of psychological/emotional pain. The concept of trust was an inherent paradox for all the interviewees. The capacity to trust was understood to be a possible panacea, yet no participant cited this potential in their struggle to attain satisfactory levels of protection. A possible reason for this was the reinforcement effect of repeated developmental abuse recognized by participants. Rotter (1966) defined locus of control as a generalized cognitive expectancy of internal versus external control over behavioural outcomes.

Table 4.1

Matrix of Sub-core Variables and Key Participant Responses

Stage	Locus of Relational Impact		
	Intrapersonal	Interpersonal	Social
<u>Sub-core Variable 1.</u> **Seeking Protection from Relational Fears**	Feelings/impulses to self-harm (10,12) The feelings of guilt & shame (9,18)	Living with the feelings of abandonment (6,16) Recurring relationship difficulties (10,25)	The weariness of constantly struggling to cope (9,23)
		Being deceived (9,34) and let-down (10,32)	
		The malevolent intent of others (11,29)	
<u>Sub-core Variable 2.</u>			
Subduing Negative Self-treatment	Feelings of negativity (9,22) Retreating from threat (12,39) Lack of self-worth (7,18)		
&		Perceived negative judgement by others (10,32) Negative responses to disclosure (6,17)	
Bolstering self-Agency	Enhancing self-esteem (10,20) Needing to be heard (9,26)		
		Increasing relational efficacy (9,22)	
<u>Sub-core Variable 3.</u>			
Growth in the Relational Skillset	Adaptive/Flexible Responsiveness [(self) Confidence (9,18) + (self) Acceptance (10,20) + Engagement (13,23)]		
	Feeling Valued [(self) Approval (7,16) + Self-esteem (9,25) + (self) Efficacy (9,26)]		
Drawing the Conclusion to Trust	Trust in the Self (6,17)	Trust in the Other (13,38)	

Note: This table links each sub-core variable with the key participant responses that informed its development. The strength of each concept is indicated by the numbers in brackets, the first digit represents the number of interviews coded to that concept, the second represents the incidence of that concept across all interviews.

This concept proved helpful for structuring participant experiences, beliefs, and behaviours, and prompted creation of Table 4.1, a matrix that connects the three sub-core variables of the Processing phase with the locus/loci of personal impact (Intrapersonal, Interpersonal, and Social) based on reported participant experiences. The remainder of this section reveals the major endeavours pursued by participants as they re-evaluated and rebuilt their capacity to trust in selves and others.

4.3.3.1 Seeking Protection from Relational Fears

Table 4.1 sub-core variable 1, provides a high-level summary of the protections sought by participants at an individual, interpersonal and social level. In the context of this study intrapersonal impact refers to an internal conflict within oneself. A suicide attempt was the safety concern of greatest consequence for over half the participants who believed it to be the only means to resolving their difficulties at that time. Other more socially invisible forms involved self-sabotage and self-denial. Participants concerned appreciated that the narrative needed to change from self-harm to self-care before an earnest attempt to trust could be initiated. Participant 13's articulation of his internal monologue represents a heightening level of self-awareness that was building into a greater confidence in his potential capacity to change.

> Doing all this crap, self-loathing, damaging my brain, actually destroying myself … why pornography and why not a real person who cares for me and is intimate with me? … I clearly want that at some deep level. Why am I doing drugs and alcohol? I'm clearly an able person, I can do anything I put my mind to, what am I doing?

A second intrapersonal concern was the need to process the guilt that followed years of condemnation from the family, in particular accusations of *encouraging the abuse, being vindictive* (participant 8)*, looking for attention* (participant 9), or bringing shame and disgrace

to the family by *disclosing* (participant 6). Recounting one's story and expressing the associated emotions(s) seemed insufficient for change to happen; a deeper, more embodied engagement with the material was required. Participant 9 provides insight into how heavily ingrained and self-perpetuating her negative feelings could be.

> I hated myself. There's still an element of that. After all these years, sometimes I'm grand, I feel I can do this, I'm a good person but then there are still those days where I think I'm not worth anything, that I'm not valued, and people would be better off without me.

The main protection issues that arose at the interpersonal level included fear of being abandoned and difficulty in establishing or sustaining relationships. The threat of being abandoned generally emerged from concerns of being *disowned or kicked out* (participant 9) if participants were ever to displease or fail those in authority. It also manifested in more pervasive ways as a mental state, as explained by participant 10, being excluded was not necessarily conditional on some failure but rather was a permanent condition.

> It does at times make you feel like you're not human. You're different than everyone else. You're an outsider, looking in at everyone else living their way of life, the way you believe it should be in your own head, having the laugh, close bonds, having someone that loves you and that's there for you. It can be very hard and challenging and even upsetting at times.

Over three-quarters of participants cited difficulty with having or being in a meaningful relationship. A negative view of self and/or other often dominated by past experiences of being deceived and/or disappointed by the failure(s) of others, meant that trust became an enormous risk. Participant 5, referring to her two adult children, provides an appreciation for how difficult it is to disengage from the feeling of distrust.

> It's a crazy thing to say but I feel both of them have let me down. Not in an intentional way, but they hurt me deeply. Their attitudes and their lifestyle … it's not even that, I can accept them and have them in my life, but that doesn't mean that I have to trust them.

Socially, the noted safety concern was sensitivity to being manipulated by those with malevolent intent. The coping philosophy of participant 10 to social engagement reflects a general resistance to connection with others, to do so seems to trigger painful memories that he prefers to avoid.

> I wave them off and convince myself that I'm doing the right thing on the basis that it is far better in the long run than allowing them to get close. They leave you because everyone in your head leaves you at some stage. They get tired of you or get sick of you, they don't like you, or you're not what they want, so they will leave you and you are the one that will get hurt.

Other perceived dangers had a specificity to them that reflected the wrongful treatment and social deprivation they encountered in childhood. Participant 4 explains how she linked her tolerance of a physically abusive relationship with her physically abusive childhood.

> I think when you're brought up in a certain way like that with so much physical abuse you almost try to make yourself believe that this person does love me, and this is how they show it. I believed that for so long and that's why I stayed with that partner who was doing the same things because I thought he loved me.

All the study participants reported a negative view of others, greater than two-thirds noted that deception by others meant they were unreliable and unpredictable, and hence very difficult to trust. Deceit was not only visited upon abuse victims; they also engaged in it for reasons linked to preserving the family secret, their shame and embarrassment, or to escape their reality by attempting to normalise events in their life. The noted ramification of being

lied to was a sense of danger, lying acted as a trigger that activated recall of the original trauma and the associated pain. Participant 12 explains how lies trigger an emotional chain reaction for her that results in her engaging her defences and retreating behind her mental walls for protection.

> For me they [lies] are just triggers, it would be like in the sense of being alone, being lied to, being scarred. I would associate some form of lies with needing protection. It would just bring up a lot of emotions for me from childhood. It would bring back that, and then my feelings and emotions would spiral, and it would feel like a loss of everything again for a while, and just being scarred and the wall goes back up.

All the participants were aware that they lived with deception, at this stage in the process, there was an appreciation that a new basis of relating is required, as exemplified by participant 5's guidance to her granddaughter, the only person in whom she has trust.

> Well, I've always told her from the youngest day she was that if you want to know something you ask me, and I'll tell you the truth. That's the ground rules we set for ourselves: TRUTH.

This sub-core variable Protection described how not being understood and misunderstanding others sustained a perception of an unsafe or threatening environment. On an intrapersonal level, the behaviours they needed to challenge related primarily to self-harm/self-sabotage. On the interpersonal level, it was about learning to develop a more positive model of relating and becoming more adaptive in the conduct of relationships. Socially, participants became aware of their coping mechanisms and came to appreciate the gaps in social learning that needed to be addressed. At the conclusion of this stage, participants had a better understanding of the genesis of their current behaviour(s), had defined, and were engaged in

making desired change(s), the practice of which would reframe their understanding of relational dynamics.

4.3.3.2 Subduing Negative Self-treatment(s) and Bolstering Self-Agency

This second sub-core variable had a dual aspect insofar as it identified some strong deterrents to trust that needed to be curbed as well as inducements that needed to be enhanced. Table 4.1 highlights participant's most frequently cited inhibitors and incentives to trust across the spectrum of relational impact. Intrapersonal inhibitors included feelings of negativity, an impetus to retreat from perceived threat(s), and a lack of self-worth, interpersonal and social deterrents included being judged negatively by others and previously received negative response(s) to disclosure of their abuse. Intrapersonal inducements derived from the calibre of the therapeutic relationship that inspired a renewed sense of self that was invigorated to trial new initiatives. Interpersonal and social impact(s) were the feelings of self-efficacy that resulted from the positive outcome(s) to the new initiatives trialled with others as part of the input phase.

4.3.3.2.1 Subduing Negative Self-treatments

Participants noted their tendency to imagine a different reality in response to their overwhelming negative thoughts and feelings, preventing them from dealing adaptively with their relational fears. Despite participants' awareness of many external confirmations to the contrary, they continued to be governed by powerful internal feelings of negativity. Participant 13 explains why he chooses to deprive himself of the company of others despite desiring a more socially active lifestyle.

> I'm afraid. Even though I have no proof that it wouldn't work, if anything I've the opposite, i.e., lots of information that confirms I am good enough. People want to spend time with me, but I discount it.

Dealing with such negative feelings about the self, a regular automatic response and the

second intrapersonal quality needing to be transposed, was the impulse to withdraw from perceived sources of threat. Participant 10 has a very clear understanding that keeping others at a distance is a protection against being hurt.

> It's almost like a protection you form, if you don't trust anybody then you can't get hurt. If you keep your arm's length and you don't form this thing where you trust them, or confide in them, if you don't do that, then if they do turn on you or back stab you, you can't get hurt. It's handy not to trust anyone, don't get close.

Self-isolating with thoughts of personal inadequacies may have been instigated by the abuse or been a culmination of years living with the resultant trauma, either way a majority of participants were left with a generalised feeling of not being good enough. Participants appreciated that they preserved these feelings through their own beliefs and internal dialogues. Participant 11 described her process very succinctly.

> It would be self-talk, berating myself, that I'm stupid, and should not have done this or that. These would be voices that I would have heard at home when I was growing up, you are stupid, you're no good, all this kind of stuff.

These negative self-appraisals had the effect of reinforcing prevailing beliefs and thus strengthened the initial resolve of individuals to not change. Participant 9, despite excelling in her sport at the most senior national echelons, her negative self-view prevented her seeing herself as a part of the team or fitting into any social context, and because of this she retreated from all contact by electing not to engage with others.

> Even when I was playing, I was on the team, but I didn't feel like being part of the team … Not fitting into any group … I never tried to talk to people. I didn't give them anything that they could come back to me on! – gave them no ammunition. I

> had the idea in my head even if I tried, I'd just get hurt and that stopped me from trying. If someone did try to talk to me I would always shut them down straight away.

Participant 4 informs on the incessant and insidious nature of these feelings, thus prioritizing them as important components of the change process that must be addressed before other more positive forces can take effect.

> I had an inner dialogue of you're never good enough, you will never be good enough, it doesn't matter what you do it's never going to be enough. No matter what happens you're still going to have to struggle. It was very bleak, I attempted suicide a few times.

The interpersonal/social concerns that offered further resistance to change included being judged negatively following a disclosure of their abuse history. A significant meaning attached to being judged was the fear of being blamed or seen to be the one at fault. Learning how to manage disclosure(s) of past abuse or current feelings as a consequence of that abuse was shown to be a prerequisite for change to take place. A feature most described by participants was the associated shame and its potency to close down contact with others. Participant 8 shares her childhood experience of shutting down and also demonstrates the risk(s) disclosures can have for friendships.

> I did once [make a disclosure], with one friend and I asked her a question, maybe I was trying to sus out was it normal what was happening to me at home … she was shocked, she exclaimed: What!? What are you talking about!? so I knew there and then, I shut it down. That same friend now that would pass me out, because they have gone on a smear campaign against myself and my sister.

A number of steps were identified by participants as being instrumental in encouraging them to alter their negative self-beliefs; being understood and having their feelings validated,

realizing the abuse was not their fault, and developing an enhanced sense of security. Participant 10 explains how novel it felt to be simultaneously understood and accepted.

> I was very much so on my guard. At times it does throw people off, but the therapist was genuine and nice. She [therapist] approached me and said she could see my guard was up and that's all right. That was a kind of curve ball, it threw me off for a few. It was like she knew my guard was up and didn't give out to me about it, she understood.

Being understood and accepted prompted participants to be less apprehensive and risk sharing the secret of their abuse. Participant 2 describes the significant benefit she derived from shedding the belief that she was to blame for her abuse.

> I think it unusual, not unusual but like it's a shame that I wasn't able to open up and say those things, because it did make me feel better about myself when I was able to say that and realise that it's not my fault. But before that I thought everything was my fault that I just couldn't open up to somebody that they wouldn't all say to me yeah, it was your fault. I'd say that's what my fear was in telling people that they'd judge me that I'd be found at fault, yeah there were fears of my own thoughts.

All participants made reference to transitioning to a place of greater felt security that motivated them to relax prevailing obstacles to change as explained by participant 10, once he was able to see his needs as a legitimate entitlement his worldview changed, and he was able to appreciate that everybody didn't want to harm him.

> [Therapist] allowed me to have what I'm entitled to and should have in life. I suppose not all people in the world are monsters or are out to hurt me or tear me down. There are a few out there that are genuinely nice and that.

In the case of participant 7 it was her feelings of paranoia about sharing any information about herself that blocked her ability to change, her time in counselling is facilitating a shift in that belief.

> That's why I can't trust people. But I know now I can a little bit more, but that time I couldn't. I was too afraid. I was afraid to open my mouth.

In many cases it was a nondescript fear of allowing themselves to feel exposed and vulnerable as detailed by participant 2.

> Yeah, I think that's why I trusted [therapist] I felt able to be open or vulnerable, it took a while I think, but over the last while that's what happened, I wasn't afraid to open up, I think that's good.

Noteworthy for participants on this path to change was its highly iterative and conditional context, it was an effortful journey that relied heavily on the positive experiences of mini victories along the way.

4.3.3.2.2 Bolstering Self-agency

Participants who did not trust, tended to rationalize their world to fit their circumstances by ascribing often-times known invalid reasoning to reconcile actions with cognitions. Consequently, many participants identified with low self-confidence, lacking in self-belief and assertiveness. Some commentary that reflected the self-critical thinking included *dating safe rather than interesting partners* (participant 2)*, not believing one was good enough* (participant 5) *and accepting the blame for everything that was wrong in their life* (participant 9). Participants noted they reached a point when they could no longer bear the strain of how they were experiencing their life, participant 4, illustrates how the first step to enhancing self-esteem was a belief in her own intrinsic value and personal accountability for making the required change(s) in her life.

> I just wanted the inner voice to stop. My last time of flirting with the idea [suicide] I actually realized that I don't want to die, that I just want it to stop. That's when I decided to focus on me and get myself some help and try and help myself because no one else is going to help me or save me, I have to do it myself!. That's only since last year that I came to that realisation.

In declaring that "I have to do it myself!", this participant demonstrated that over the past year in therapy, she had attained a level of assertiveness that empowered her to make needed change(s) to assure her personal safety.

Relative to relational experiences prior to therapy, participants reported a favourable experience of the therapeutic relationship. They discovered the value of an empathic, supportive, and validating relationship with another human being, as explained by a former service user (NCS, 'Communicate Openly', reference 4)

> She [therapist] listened and heard me. I felt so safe, and I trusted her. In time this allowed me to open up and explore crippling and toxic thoughts, feelings, and relationships. In the past I had difficulty sharing. It was too exposing, and I felt too vulnerable. [Therapist] was gentle and compassionate but highly professional and intuitive to my needs.

From within these very trusting relationships participants were prepared to try new initiatives which boosted their self-confidence. Participant 11 described how practicing a self-containment technique and not catastrophizing was so empowering for him.

> There's a thing (therapist) does for me. It's about if something happens I don't add to it and create a huge disaster in my head. Catching a thing on time, that's a huge thing. It's not real. I stop myself and say it's not real. That would be the biggest one.

Similarly participant 2 explains how feeling validated by her therapist gave her the confidence to share with selected friends and family and reap the psychological benefits of

doing so.

> I thought afterwards it was actually nice that I can say that and know this is how I felt and its valid that I felt that … Whereas I think I would have never brought it up before [counselling], everything was just kept inside really … Then I just noticed over the last year I opened up to one of my sisters and 2 or 3 of my good friends, people that I trust won't tell other people ... Whereas I find now, I nearly have an urge to share it [difficulties] with somebody, to get my own head and thoughts organised.

Positive changes in self-esteem were noted to have significant potential to transpose how participants perceived themselves. Participant 1 transitioned from a *state of burn-out from trying to survive in a world that didn't care* to a person that feels competent, capable, and prized by the world that granted her most treasured desire.

> I'm like a child on Christmas morning at the moment when I talk about it, because you know that one gift that you ask for, but that you never really thought you'd get, Well, this is it for me! … That's what it feels like, I feel like I'm 4 again, and I've gotten what I wanted, even though I don't know how it happened … I'm actually as good as everybody else in that room.

Over three-quarters of participants cited *being heard* as conveying that they were believed and understood, and therefore felt validated. This experience facilitated further exploration of their subjective experiences as highlighted by a former service user (NCS, 'To Be Heard' reference 7)

> Being heard, not only listened to, gives a person a sense of value and encourages a person to show the real them, or in my case me.

After a lifetime of invalidation these participants were often confused and doubted the truth of their own experiences, as participant 4 explains.

> I definitely didn't trust myself at all, I didn't trust my own opinions, I didn't trust my own thoughts nothing, I didn't value myself. Because I felt I had never been valued. I felt like if I don't value myself how can I trust myself?

Being listened to attentively and considerately conveyed to participants that what happened to them mattered, and that it was legitimate for them to challenge for and expect more respectful treatment. Participant 1 shares her reflections of this journey.

> It's very sad, because as a young woman, I denied myself so much because I didn't want others to think poorly of me. I don't remember expecting people to do it, [care for her] when I started in therapy I found that quite difficult actually to get my head around it, which seems completely ludicrous now. It was like that I had accepted that nobody was ever going to care about me or care about my wellbeing.

All social encounters whether one-to-one or group were the ultimate testing ground for participants who ventured to take their newfound relational efficacy beyond the therapeutic setting. The positively modified self-concept developed within the therapeutic relationship, facilitated a revised perspective that modulated their resistance to change. Participant 2 explains that perspective change was a pre-cursor to action(s) that changed her approach, albeit all the pre-existing risks continued she pressed ahead and was duly rewarded.

> That [therapist input] did change my perspective on sharing with people that you trust… I was encouraged to do it with somebody you feel you can trust… I tried it once which was a big thing and the reaction I got was positive, so I went again and did it again and now I feel it's more and more part of what I do when I have a hard time.

Eventually, if the change journey is to proceed, participants needed to take a leap of faith that could overcome unwarranted paranoia enabling them to be less controlling and more flexible

and relaxed. Participant 9 describes the condition whereby all the facts and logic confirmed the safety of her children in play school, yet an uncertainty remained that only her faith in the teachers could ease.

> I trust my sons and daughter's teachers to an extent. The teachers are lovely women, they're made for their jobs. I know I wouldn't be able to do what they do. I trust that they make sure everything is okay, but there's also a part of me where I don't trust them one bit either. The only reason why I'm comfortable with them is because I've seen the way they were with the kids … It is an irrational fear of mind, I know deep down they will be fine.

Notwithstanding the duration or course of therapy, all participants struggled with the question of their future effectiveness at trusting the self/others. The process that unfolded was one of increasing tolerance for the perceived risks involved.

The dynamics of transitioning to a more trusting stance seemed to involve mitigation of strong negative self-treatment(s) and empowerment of the personal determinants of self-agency. In addressing the chronicity of negative self-regard participants reported a degree of movement along one or more of the following dimensions: from self-criticism to self-confidence, self-rejection to self-acceptance and social withdrawal to engagement. All the participants reported being energized by the empathic and supportive nature of their therapeutic relationship. The dominant changes attributed to the relationship included greater self-belief in the possibility of change inspired by experiences modelled in therapy, being validated facilitated creation of new meaning without fault or blame attached, and having faith in their competence to cope with any residual risk given the ongoing support of therapy. These adjustments in mindset paved the way for new relational experiences many of which had a direct bearing on the ultimate decision on whether to trust.

4.3.3.3 Growth in Relational Skills

Sub-core variable 3 describes the primary psychological and behavioural outcome(s) reported by participants who recorded incremental advances in relational trust. Thus far the therapeutic process concentrated on exploring, educating, and re-modelling participant experiences in a respectful, non-judgemental, and constructive environment. This process generated a sense of know-how and empowerment that participants described in terms of how they experienced themselves and others differently. Table 4.1 outlines the primary growth experiences that clustered around two dominant themes; *Adaptive/flexible Responsiveness* comprising (self) confidence, (self) acceptance and engagement, and *Being Valued* arising from (self) approval, enhanced self-esteem and (self) efficacy. Because these traits and abilities could apply in an individual sense (self) and interpersonally (other(s)), no distinction is made as to where the change(s) in relational skills actually manifest. It would seem reasonable to suggest that for change to happen in relationship with other(s), some pre-emptive adaptation would have first occurred within the individual.

4.3.3.3.1 Adaptive and Flexible Responsiveness

Prior to attending therapy, participants consistently described how they had evolved a very fixed and inflexible way of interacting socially. As explained, these automatic or implicit responses were motivated by a perceived need for protection (Sub-core Variable 1) and not necessarily an adaptive or accurate reflection of the intended interpersonal exchange. Participants who attained acceptable safety levels and who found the courage to reframe relevant understanding(s) generally acquired more self-control to influence their behaviour. Participant 1 demonstrates a shift in self-confidence that powered a much more positive engagement style with the following before and after therapy quotes. Before therapy her feelings were not challenged for fear of some risk of hurt/pain.

> That body memory [childhood trauma] has stayed with me throughout all of the different events in my life. When I'm in the company of somebody I don't like or I don't trust, I get that feeling … Somehow my body picks up on that energy and knows that something around me isn't safe.

Post therapy similar fears were present however there has been a shift in perspective, there is a belief in self-worth and a sense of legitimacy in having her personal needs met.

> It's the vulnerability of actually showing up [to university] and saying to these people this is what I want, and you can help me get there, but I need your help.

A former service user (NCS, 'Safety', reference 2) highlights how their experience of encouragement, containment, and safety inspired sufficient confidence to overcome their resistance to trust. Once the client engaged the transformation happened, the experience which had been perceived as the threat to remain silent had mutated into motivation to engage.

> I was so fearful of talking about abuse, but I was able to trust her [therapist] and was pleasantly surprised when I held it together. She built me up with her words and held it for a moment while I processed it. She cradled my feelings which I had missed out on. Her presence was safe, and she overcame my unconscious resistance quite amazingly. I enunciated something that I had felt but never said. I had never realised the importance of saying it out loud. But also feeling.

Tailoring more adaptive responses frequently involved acknowledging and understanding the role childhood trauma plays in adult life, and the adjustments required for a more constructive relationship. Participant 12 explains how her marriage relationship improved after she accepted that her interpretation of events was inaccurate and damaging.

> I think in the last year of doing therapy I would say that's where my wall has come down the most with my husband. Because there were certain things that make sense to me, but then through attending therapy I realised that those same things make no sense. How could he understand the way that I'm acting if I don't explain it a little bit? After I started explaining a little bit, he started understanding a bit more … So, when he started understanding, we started communicating better, one brick would come down here and one brick would come down there. Definitely communicating more openly now.

The default mode for participants was to remain safe and this prompted them to be closed and inclined to be rigid in their thinking and behaviours. The therapeutic journey sought to open their minds to processing new information about their own and other mental states, to the extent that this was possible, participants were able to engage more flexibly and openly and trust in the potential of others to respond.

4.3.3.3.2 Feeling Valued

When participants felt valued for their good qualities their capacity to engage and relate positively was much improved. To experience the positive regard of another conveyed a sense of self-worth and approval. Participant 1 depicts the sharp contrast in her feelings of acceptance and esteem as she described her reasons for engaging with the service.

> She [therapist] was genuine. She spoke to me in that moment as if I was her friend. She cared about how I was feeling in that moment versus the other officials and departments I was dealing with at that time. To them we were an annoyance, that's all we were. We were a major headache for people that's all we were, but I wasn't to her in that moment in that day.

Greater than three-quarters of participants noted that when others exhibited good intent toward them, they often felt incredulous, but eventually experienced a positivity about themselves that encouraged them to engage more flexibly and to expect a continuing positive response. Participant 10 explains his initial and eventual response to his experience of goodwill from his therapist.

> I take a step back and I try to take it in that maybe she does mean it, maybe she does think that? I just throw the “maybe” in at the start and try to get used to the maybe first, and then try to force myself to believe it. If I go that road to force myself to believe it, I am not going to believe it. I reject that straight away, because as a child everything was forced on me that I didn’t want … It’s nice to listen to someone [therapist] for once that’s looking out for me as a person and wants the best for me. For 20 years I was listening to one person in my head, but he wasn’t looking out for my long-term well-being. He was essentially looking out for himself.

This participant managed to recalibrate his subjective experience of twenty years standing because his therapist’s actions imbued him with a sense of self-worth, he came to believe he was a person of value and hence “worth looking out for”.

The Input phase described the trial-and-error approach to trusting for safety purposes, successful outcomes bestowed a quality of self-efficacy that a majority of participants noted was very empowering and reinforced the new more satisfying behaviour(s). Participant 2 demonstrates how her accomplishment of very difficult tasks not only left her feeling okay but encouraged her to continue implementing needed realignments in her life.

> Well, I suppose before therapy, I thought the worst thing that could happen was saying to my partner that I want to break up, that has happened, and I was okay, and some other bad things have happened, or bad fights and things are said, I would have thought they were the worst thing that could happen, and I’m still okay afterwards.

In a similar vein, participant 4 after some initial disbelief in the positive intent of her partner, was able to draw on that unwavering positive regard and convert it into the required resilience to make the needed changes in her life.

> He was trying! I couldn't rely on that sort of goodness because I wasn't used to it. It frustrated me because I couldn't read him, and I could read everybody … I just had enough. I didn't want to be sad anymore, I didn't want to be lying in bed crying anymore. Sitting there crying just wasn't getting me anywhere. I really wanted to go and have fun with my partner, and I wanted us to build a life nothing like my life had been.

This experience also demonstrated that being made to feel valued was not the exclusive preserve of the therapist, but rather a potential capable of being evoked in any meaningful relationship.

As participants discovered ways to inhibit their more automatic unreflexive and restrictive responses in social settings, they gradually became more amenable to the notion of a different style of engagement. This process began with the regulation of negative self-treatment and enhancement of self-agency (Sub-core Variable 2), to reveal the more influential personal traits likely to enhance the relational skillset. Two dominant growth areas emerged, more 'adaptable and flexible responsiveness' when relating to others, and the behavioural impact(s) of 'feeling valued'. Key supports of adaptive and flexible responsiveness were growth in (self) confidence and (self) acceptance both of which informed an improved style of engagement. Acquiring a sense of approval and experiencing success with various change endeavours created an awareness of self-efficacy and enhanced self-esteem which underpinned and elevated the feelings of being valued. The aim of an improved capacity to trust that was rekindled within therapy or other meaningful relationships, and then came

through a period of trial-and-error experiential learning, now needed to focus on working out who in the social world was trustworthy.

4.3.3.4 Drawing the Conclusion to Trust

All the participants linked their difficulties in trusting themselves/others to their history of childhood abuse; this study found that the sequelae of that abuse created an array of fears that motivated various maladaptive behaviours. The maladaptive responses constituted the core concern that this study revealed to be an unremitting exigency to *Navigate Relational Fears,* which was found to actuate three dominant clusters of behaviour, *protection from fears, feeling damaged, and burnout.* The findings from this study were found to occur across three distinct phases of engagement (*Initial, Input, and Processing)* (Figure 4.2) that were further developed and refined across three stages of personal development (*Sub-core Variables 1, 2, and 3)* (Table 4.1).

Each stage of engagement and phase of personal development was found to align with and act as a countermeasure for each cluster of behaviour within the core concern. The I*nitialising phase* and *Sub-core variable 1* both served to alleviate fears. The initialising phase was characterised by establishing a secure connection with the therapist and creating a safe space, while sub-core variable 1 concentrated on making developmental changes that applied to relational dynamics outside the therapy setting. The *Input phase* and *Sub-core variable 2* acted as counteragents to the damaged feelings. The input phase involved the performance of trivial and inconsequential tasks that were perceived as benign in terms of incremental hurt but had an ameliorating effect when the experience(s) did not fail. Sub-core variable 2 worked directly on remedying what emerged as the root causes for feeling damaged. It included personal development in areas such as increased self-confidence, self-acceptance, and engagement. The *Processing phase* and *Sub-core variable 3* proposed a means to undo the automatic unreflexive responses that this study found to be instrumental in

sustaining a negative self-appraisal that, in time, occasioned feelings of burnout. The two major growth areas that emerged were the capacity for more adaptive and flexible thinking and the positive behavioural impact of being valued.

A decision to trust came at a point when a sufficient weight of evidence in support of trusting, prompted participants to change their behaviours. While the final transformation that motivated participants to adopt new relationship-enhancing experiences occurred toward the final stages of the overall process, different levels of decision making (strategic, tactical, and operational) had been happening from the beginning. The strategic decision to consider trust as a possible solution was taken by participants as part of the outcome of the Initializing phase. Participants were experiencing unendurable emotional states and feeling like they had nothing to lose, so they decided to take their lives in a new direction. Through the Input phase calculated decisions about how trust might be achieved without over-exposure to the perceived risks were devised and trialled. When participants attained sufficient confidence in the planned success of various techniques they engaged in more smart decision making associated with each of the sub-core variables of the Processing phase.

Rosenbloom and Williams (1999) made a distinction between trusting the self and the other, they maintained the former generated feelings of confidence and low risk, while the latter reduced feelings of loneliness and created a sense of security. Table 4.1 reveals that half the participants noted their inability to trust themselves was either responsible for not being able to trust others, or complicated their recovery process in this regard. The decision to trust the self was not unqualified for participants at this stage in their therapy, a level of apprehension and vigilance continued to prevail. Their process was contemplative, evaluative and reflective the consequence of which they began making life changing decisions that would enhance their wellbeing. Participant 2 explains how a newfound trust in her own judgement supported a difficult personal decision to end a relationship.

> I think because the stakes were quite high I just wasn't confident enough to really listen to what I felt. I struggle with it now even, and we're only in the middle of breaking up. It's very tough, even in the tough days I can trust how I'm feeling, and I know it's the right decision, but its only now, there are some days it would be easier if we just keep going the way we are going. But I just know that the way I feel, I know it's not going to get better. I trust in the feeling that I'm never going to be happy with this type of relationship.

Participant 4 has emerged from a life of being conditioned to not trust in herself to now believing otherwise and sees trusting herself as an active and potentially difficult process.

> Bad people told me all my life that there's absolutely no reason that I should trust myself, because I'm the bad egg not them. I am now realizing that I can trust myself, I just have to navigate the waves because it's going to be really difficult, but I just have to navigate it.

A decision to trust in others was also described as an active process, a phenomenon that did not occur naturally or without significant effort, as participant 1 makes clear.

> Trust is something that doesn't come naturally to me and it's something I actually have to think consciously about.

Participant 4 provides insight into the demands and required decisions of the trusting process, which for her is about conscious risk taking, using controls and boundary management to assure her protection.

> I have to actually open up to it and trust them and then if something happens it happens, it's not the end of the world, like I used to think it was... I'm trying not to be too controlling, if I have everything in control no outside forces can hurt me, I'm

> protected. I kind of like to lessen the role of control a little bit, I don't need to hold tight all the time.

Participants noted the rewards for trusting justified the investment of effort and reinforced the new behaviours(s). Participant 1 explains the transformative nature of the change and the positivity that followed.

> But for me to feel that [trust] with somebody else is transformative, it is the single greatest gift you can give another human being. I believe it's literally a whole new world for me. It's a new way of living that I'm coming to terms with slowly. In a world where you don't trust people, to come into a safe space physically with somebody you trust it's just, it's like recharging. It's like plugging yourself in. It just energises you, revitalises you, you know.

At the conclusion of this process those who succeeded in attaining a level of relational trust were those who learned how to effectively navigate their relational fears, participant 4 describes it as a type of negotiated settlement in the interest of her longer-term wellbeing and happiness.

> Things kind of fall into place, I decided that well I have to open myself up because I can't live my life like going around and analysing people, in that state I'm never going to be happy.

4.4 Conclusion

This findings chapter presented that all the participants believed their lack of capacity to trust originated from their individual histories of childhood abuse. The sequelae of their developmental trauma included domination of disturbing and disruptive internal mental states and relational fears regarding others. The data showed how participants sought to address these concerns through the development of a new trust paradigm but in a manner that

optimized protection from the real and imagined psychosocial threats that had established themselves since childhood. The process of developing trust in self/other was found to build over three distinct phases; Initialising, where the decision to venture into the process is taken, then an Input phase, where various trust techniques are trialled in a protected context before finally engaging in a more detailed assimilation of trust requirements as part of the Processing phase. The Processing phase privileged the protection and safety of participants who then felt enabled to risk introducing behaviour change that resulted in novel and rewarding experiences that supported and reinforced a conclusion to trust in self/other.

Chapter 5.
Discussion

5.1 Introduction.

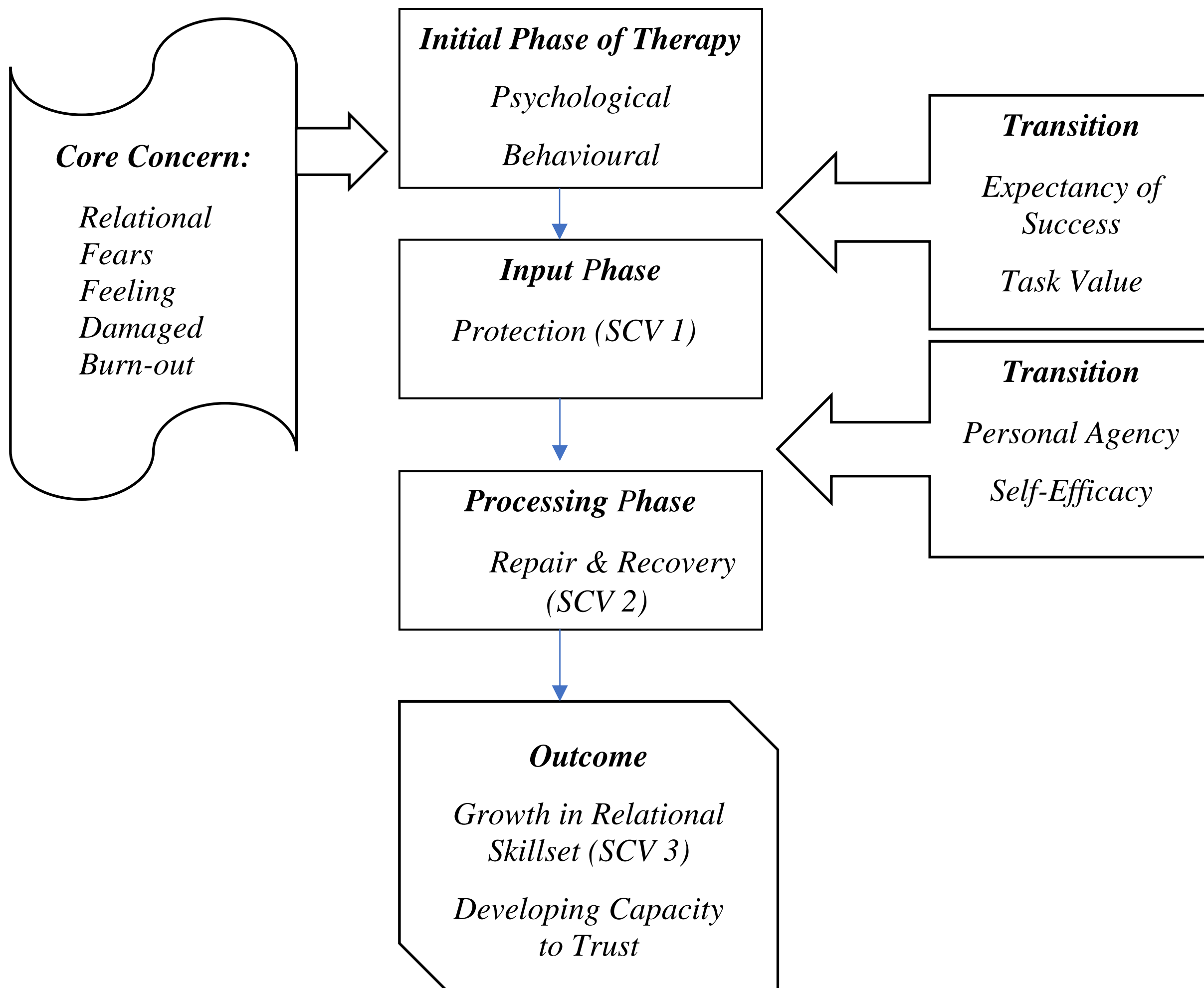
This was a Grounded Theory research process, the aim of which was to build a theory of relational trust, that would account for the views and experiences of individuals with a history of developmental trauma. To ensure that the analysis remained highly relevant to the substantive area of interest, the thirteen participants in this study were drawn from the service user community of the Irish National Counselling Service, a nationally based adult counselling service working exclusively with adults who had experienced childhood abuse. The relational trust journey presented itself as a transition from a 'traumatized self' to a new 'self-definition'. The process summarized below, was highly iterative and resulted in newfound support, garnered from new style relationships, aided by an emboldened 'sense of self'.

Following on from the analysis of participant interviews and data from the NCS service user reports, this chapter presents further theory development through relating study findings to other relevant research and theoretical literature. This was important in enhancing theoretical sensitivity and in helping to further define and validate theoretical codes. Participants shared openly how they understood their experiences had influenced their relational capacity to trust, and the changes that happened in therapy. Literature from the unrelated field of motivation to learn theories, provided the theoretical linkage between the Initializing and Input phases (Expectancy-Value, and Attribution theories), and Input to Processing phases (Social Learning theory) (Figure 4.2). Additionally, Eric Erikson's psychosocial development theory provided a very insightful psychological architecture to understand how an absence of trust

might lead to the array of reported maladaptive tendencies, together with some recommended clinical interventions to help rebalance tensions.

Figure 5.1

Theory of Trust Flow Diagram



Note: The trust development process began when therapy was sought to ameliorate the core concern. Therapeutic interventions establish a secure base platform, from where expectancy of success and task value motivate new relational learning and skill development. Successful trust experimentation in low-risk settings enhances personal agency and positively impacts on perceptions of self-efficacy prompting belief that change is achievable. Within the processing phase the detailed work of repair and recovery to the traumatized self is undertaken, paving the way for more adaptive trusting interactions with self and others.

Figure 5.1 is a sequence of propositions constructed using the grounded theory (GT) process that brings together key findings discovered throughout this study and hypothesises how they may be linked. The therapeutic journey and development of relational trust began when individuals reached a level of emotional turmoil that they could no longer endure or tolerate, hence their referral for therapy. Typically, a pattern of dysfunctional thinking and behaving had developed at intrapersonal, interpersonal, and social levels to help them navigate their relational fears regarding trust.

The uniquely dependable connection that formed with the therapist, buttressed with selected psychological and behavioural interventions, expanded the therapeutic setting to a secure base platform where individuals felt sufficiently safe to reflect and consider a new trust paradigm. Participant 4 recalled how special and strange she felt post her first meeting with her therapist *"it was a feeling I got maybe twice before in my life, I felt very safe with him."* Powering the motivation to assimilate new information and learn new skills were the constructs 'expectancy of success' and 'task value'; together, they formed a basis for transitioning to the input phase, where much of the practical learning about who and when to trust could be acquired.

The input phase comprised three activities: conducting low-risk trust exercises that accommodated prevailing protection needs, appraisal of results to confirm if the gain(s) from trusting exceeded the risks, and identifying available support(s). Discovering and experimenting with novel and more functional approaches to ameliorating relational fears encouraged more widespread use of the newly acquired skills.

Specific skill development is considered influential in advancing individuals from an experimental to a more permanent stance on trust. Hence, the transition to the process phase that included 'personal agency' and 'self-efficacy.' The processing phase emerged as the

‘workhorse’ of repair and recovery from the traumatized self to a more empowered self-concept. It was characterized by reduced feelings of negativity and threat(s) of engagement, enhancement of self-esteem, and relational efficacy. It was transformational for participants to practice their new personal evidence-based self-beliefs to combat lifelong restrictions such as not having a voice, being judged, self-isolation, guilt, and shame. The emergence of an enhanced sense of self and the accompanying growth in relational skills seemed to prompt a reappraisal of perceived threats, thus creating space for a more adaptive style of engagement. This more functional interaction style leads participants to rely on themselves and others in more adaptive ways and feel supported instead of re-victimized. When the emotional scales begin to tip in favour of feeling safe and supported, the iterative process of trusting begins; it is never ‘a given’. It must be earned.

This chapter discusses the study findings with specific reference to the trust model defined by participants (Figure 4.2) and their key responses (Table 4.1). The chapter opens using Erikson’s psychosocial development theory to help account for the reported relational difficulties and suggests how the Initializing phase addresses the expressed need for protection from relational fears. Section 5.3 uses two motivation to learn theories, to explore what may account for participants’ motivation to change their here-to-fore reticence to engage with others and move into the Input phase. The Input phase was quite idiosyncratic in that it relied upon live interaction with others, to inform participants on the advisability of risking vulnerability for relational gain. In section 5.4, a reciprocal interaction pathway to behavioural change, is proposed as a possible learning medium, adapted from social cognitive theory, about how, who, and when to trust. The final section looks at the reported ‘sense of self’ changes that led to favourable shifts in the self-protection versus relationship enrichment dynamic. The changes that enhanced participants perceived value/self-worth, that enabled a

more adaptive responsiveness, resulting in more supportive relationships, are looked at using attachment, mentalizing, and epistemic trust perspectives.

5.2 A Block to Trusting the Self and Others

An objective of this study was to provide an in-depth account of participants experience of interpersonal trust, and its links to developmental trauma. All the study participants experienced abuse from significant others, typically one or both parents, or a member of their extended family resulting in trauma. In all cases, participants maintained that their capacity to trust was lost, and this loss not only sustained itself through the intervening years, but also impeded personal growth resulting in a damaged sense of self, that set-in motion a domino effect that began with the loss of safety and security in caregiver relationships. An existential consequence of these failures was the perceived absence of control over potentially meaningful life fulfilling decisions in favour of withdrawal and avoidance as a means of protection.

An initial challenge for all participants was overcoming the barrier to not trust their therapist, over three-quarters of participants reported a prior therapy/counselling experience(s) that failed because they weren't able/prepared to engage in the process, while the remainder described a relatively protracted preamble before they felt sufficiently safe to engage in greater depth. Knox (2016), based on her experience, explores this phenomenon in terms of therapy itself being experienced as abusive, for the un-initiated it can be experienced like grooming, and hence a prolusion to possible future abuse. An added complication for the therapist is that many caring and empathetic behaviours also constitute grooming behaviours (e.g., attention, interest, understanding) and may be experienced as re-traumatization triggers (Berliner, 2018). Fonagy and Allison (2014a), theorized this difficulty to be the individual's

experience of mentalizing their engagement with the therapist as unsafe, because it meant confronting the unbearably painful knowledge of their carers wanting to harm them.

The reported pervasiveness across all participants, allied to the type of individual difficulties created, suggests a causality in human development and in particular the psychosocial development possibilities expected for individuals with a history of developmental abuse. Erik Erikson's theory of human development is highly instructive in helping to elucidate a likely genesis of difficulties to trust. Erikson adapted the notion of epigenesis to describe personality development as a sequence of eight developmental changes occurring throughout the life cycle at pre-determined levels of readiness (Erikson, 1995). Readiness is understood to be a combination of chronological age (stages 1 - 8) and the individual's preparedness to engage in a broader range of interactions with people and social institutions (Kroger, 2018). Continuing the biological analogy, Erikson (1995) believed that each stage of development involved a resolution of conflict between opposing poles, the success of which was influenced by the availability of support structures (e.g., personal, social, emotional). In addition, he considered the process to be organic in-so-far as the resolutions to each stage influenced subsequent stages, and just as the environment influenced the individual's development so too the evolving individual could shape their social and institutional participation in meaningful ways.

While Erikson's theory of human development offers many relevant facets, there are some limitations to be cognisant of when reviewing it in the context of this study. Firstly, Erikson focused on the individual and their relative success/failure in resolving a series of conflicts that occurred sequentially and systematically at fixed life stages (Kroger, 2018) at the expense of the importance of sociocultural factors throughout the lifecycle (Maree, 2021). Secondly, his work emphasises the role of the ego (unconscious) in his model of individual development with little regard for psychological or biological factors (Kerpelman & Pittman,

2018). Finally, Erikson's theory provides for the resolution of ‘crisis’ in a prearranged sequence, each stage having its own developmental goal from birth to old age. Recent adaptations of his work understand these stages to be more fluid and dynamic, with the potential for earlier stage difficulties, such as consolidation of one's identity in adolescence, to arise much later in the lifecycle as exampled by the occurrence of 'career identity crisis' in mid-life adults stage (Knight, 2017; Maree, 2021).

Table 5.1 juxtaposes the eight stages of psychosocial development according to Erikson (1995) with some key responses from this study reported earlier in Table 4.1. The table reflects a very high level of agreement between the first 7 stages of psychosocial development and the study findings. Significantly, this study would suggest that individuals with histories of developmental abuse are likely to find it challenging to achieve balanced integration of Erikson’s opposing psychological tendencies at each stage of development. This process begins with the baby’s experience of its caregiver – if it was comfortable and predictable Erikson believed it formed the basis for a general state of trust, which in turn would become the foundation for stage 2, autonomy (Graves & Larkin, 2006). Erikson understood the resolution of each stage to be a matter of achieving integration and balance between the opposing poles and not the extinction of one in favour of the other, hence he maintained in relation to stage one, the individual learns to trust in oneself and the world but must also know who and what not to trust (Knight, 2017).

Erikson’s theory provides a rationale for the emergence and dominance through adulthood of specific maladaptive tendencies such as those described in Table 4.1, under sub-core variable 1, that had their origin in childhood trauma. This study makes the argument that for each of the first seven stages, participants failed to successfully resolve (master) the different challenges effectively.

Table 5.1

Links between Study Findings and Erikson's 8 Stages of Psychosocial Development

Stages	Erikson's Eight Stages of Psychosocial Development	Key Study Findings from Table 4.1
Stage 1 *Infancy*	Trust versus Mistrust	Mistrust (13,38)
Stage 2 *Early childhood*	Autonomy versus Shame & Doubt	Guilt and Shame (9,18)
Stage 3 *Play age*	Initiative versus Guilt	
Stage 4 *Middle & Late childhood*	Industry versus Inferiority	Feelings of Negativity (9,22) Lack of Self-worth (7,18)
Stage 5 *Adolescence*	Identity versus Identity Confusion	*Recurring Relationship Difficulties (10,25) Struggling to Cope (9,23)
Stage 6 *Early Adulthood*	Intimacy versus Isolation	Retreating from Threat (12,39) Feeling Abandoned (6,16)
Stage 7 *Middle Adulthood*	Generativity versus Stagnation	Burn-out (6,9) (Core Concern)
Stage 8 *Late Adulthood*	Integrity versus Despair	N/A

Note: The first two columns define Erikson's 8 stages of expectable psychosocial crises and outcomes that apply throughout the life cycle. Column 3 aligns key findings from this study with developmental outcomes described in column 2. The first number in brackets represents the number of participants from the total of thirteen who reported that finding while the second number represents the number of times the finding appeared across all interviews.

Failure to achieve a favourable outcome at any stage, not only can create problems within the given stage, but also accumulate and adversely impact processing through subsequent stages (Graves & Larkin, 2006). Knight (2017), citing from Erikson's original works, noted that trust and its adaptive strength, hope, repeated across all the stages and moreover argued that

there were few frustrations that could not be endured once the individual had established a basic sense of trust in the self and the world. When a sense of trust fails to establish in the first stage, Erikson's theory predicts complications and added challenges in all subsequent stages. Allied to these difficulties were the ongoing deficits in caregiving experienced by all the participants, meaning that failure(s) in subsequent stages was almost inevitable. The findings from this study seem to confirm such a process, with participants presenting with multiple and complex case histories reflective of legacy issues from incomplete resolutions to all prior stages. Participant 13 believes that because he was "*exposed to it [abuse] for years at a young age when I was developing… clearly it has caused my brain to form in certain ways that aren't the same as other people."*

This study identified some early phase psychological and behavioural work that participants identified as effective introductory interventions when they first attended therapy. Empirical research on Erikson's developmental theory, linking it with various approaches to therapeutic interventions (Marcia & Josselson, 2013), upheld these findings. Table 5.2 summarizes the Marcia and Josselson (2013) suggested therapeutic interventions for individuals considered to be 'stuck' somewhere on the psychosocial development spectrum. Their findings are presented here alongside phase 1 findings from this study, to highlight their alignment with findings for the pertinent stages of this study namely: adolescence, early and middle adulthood.

In summary, Erikson's framework provides a holistic developmental overview that proffers explanations for human behaviour by reference to the quality of the psychosocial experiences through the life cycle. In tandem with this study's findings, it provides a very useful architecture to help understand the reported resistance of individuals entering therapy with a background of developmental abuse. In addition, it was the basis for suggested

psychotherapy interventions by development, personality, and clinical psychologists Marcia and Josselson, all of which corroborated this study's findings. Finally, for those with abuse

Table 5.2

Alignment of this Study's Findings with Empirical Research on Erikson's Developmental Theory

Stage	Statuses	Participant # by Status	Suggested Intervention	Study Findings (Initializing Phase Fig.4.2)
Adolescence (Identity/Identity diffusion)	1. Id. Achieved	#0	-	
	2. Moratorium	#5	Validation	Validation
	3. Foreclosure	#5	Supportive Alliance	Practical help
	4. Id. diffusion	#3	Internalized object	Empathy/Affirmation
Early Adulthood (Intimacy/Isolation)	1. Intimate	#2	-	-
	2. Pre-intimate	#2	Encouragement	Support/Resilience
	3. Stereotyped	- }	Loneliness	Loneliness
	4. Isolated	#9	Relational style	Modelling
Middle Adulthood (Generativity/stagnation)	1. Generative	#4	Self-care	Burn-out (Core Concern)
	2. Pseudo-Gen.	-	-	Role modelling within therapy
	3. Conventional	} #9	*Relational style &	
	4. Stagnant		Identity change	

Note. Columns 1,2, & 4 are taken from Figure 2 published in Marcia & Josselson (2013). Column 3 represents the number of participants in the current study deemed to match the general description of each status. Column 5 are this study's findings presented earlier as part of the Initializing Phase in Figure 4.2. This column describes the more popular interventions described by participants as constituting the Secure Base Platform from where their first experimentation with trusting was launched.

* Identity precedes intimacy (Erikson, 1985), a strong developmental progression in identity and intimacy verified in a longitudinal study by Beyers and Inge Seiffge-Krenke (2010).

histories, we can now add that they are likely to have difficulties mastering all stages of psychosocial development. This study's findings suggests that therapeutic alliance may be optimized if it includes practical support, and a key to therapeutic bonding at this early stage is containing fear, empathizing, and affirming prosocial behaviours.

5.3 The Motivation for Emotional Growth and Development

The psychological and behavioural interventions described as part of the Initializing phase (Figure 4.2), jointly constitute what this study termed a secure base platform. As discussed above, this was key to establishing a safe and trusting introduction to therapy. To progress along a path to improved relational trust, participants needed to acquire new information and learn new skills. Participant 9 highlighted the significant impact it had to learn that her abusive past "*wasn't actually my fault because I have blamed myself for absolutely everything."* The means by which participants assimilated new trust data is the subject of the Input phase (Figure 4.2), the motivation to engage in such a process, appeared to be linked to confidence that effort(s) to do so would not be in vain. Some clarification on what influenced participant choice to transition, and persevere with that phase, may be gleaned from integrating findings from this study with two motivation to learn theories: Expectancy-Value theory (EVT) and Attribution theory (AT).

Expectancy -Value theorists argue that an individual's motivation to select a particular achievement task(s) plus the level of effort and determination invested, is a function of their expectation of success and the degree to which they value the activity (Wigfield & Eccles, 2000). This paper reviewed research concerned with the nature and development of expectancy and value constructs as they applied to children and adolescents. The research conducted within a learning environment, provided empirical support that expectancy beliefs fell within three broad categories, goals (objectives), self-concept (capacity beliefs), and

perceived task difficulty (expertise/ability), that predicted both task engagement and achievement levels (Figure 5.2, 'Level 5'). It was further indicated that expectancy beliefs of success may be a better estimate of future success than past performance.

Expectancy-value is understood to result in some perceived personal gain or advantage to the individual as a consequence of doing well on a given task. The main components of task value include its importance (priority), interest (intrinsic value), cost (effort involved) and utility (usefulness), set primarily by affective recall associated with prior experiences (Figure5.2, 'Level 5') (Wigfield & Eccles, 1992). The motivational beliefs that give rise to the expectancies of success and value, are deemed to be the product of cognitive processes that explicate social influences and events that duly inform individual perceptions of their level of competence (Cook & Artino, 2016). Figure 5.2, Image 1, pathway ABC, depicts a simplified version of the theoretical processing steps identified by Wigfield and Eccles (2000).

AT provides an account of how self-directed cognitions, post a negative or unexpected event, can form the basis of an intrapersonal theory of learning motivation. The theory relies upon the individual's affective response to adversities, to explain events (attribute) in a way that is pertinent given the prevailing personal and environmental factors (Weiner, 2000). Empirical research has shown that just three causal properties can account for conversion of attributes into actions, locus (internal/external to the individual), controllability (within/outside the individual's control), and stability (whether a fixed or changeable condition) (Cook & Artino, 2016). Figure 5.2, Image 1, pathway XYZ, depicts a simplified version of distinguishing features of AT as presented by Weiner (2000).

Figure 5.2

Integration of Motivation to Learn Theories, (Expectancy-Value and Attribution) with Study Findings.

Image 1: Motivation to Learn Theories

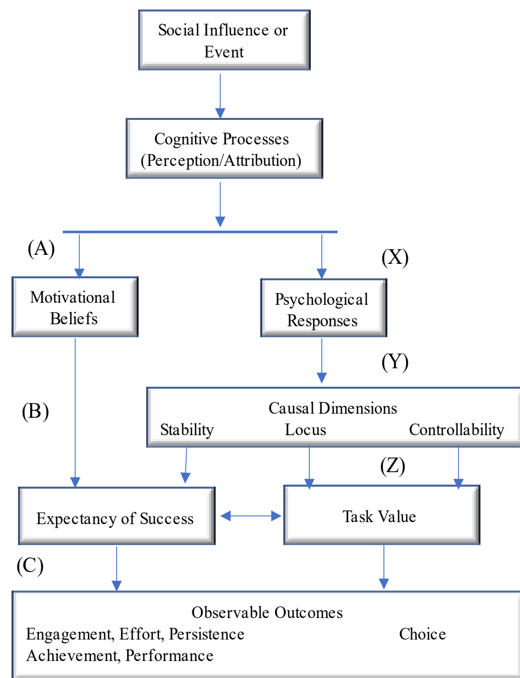
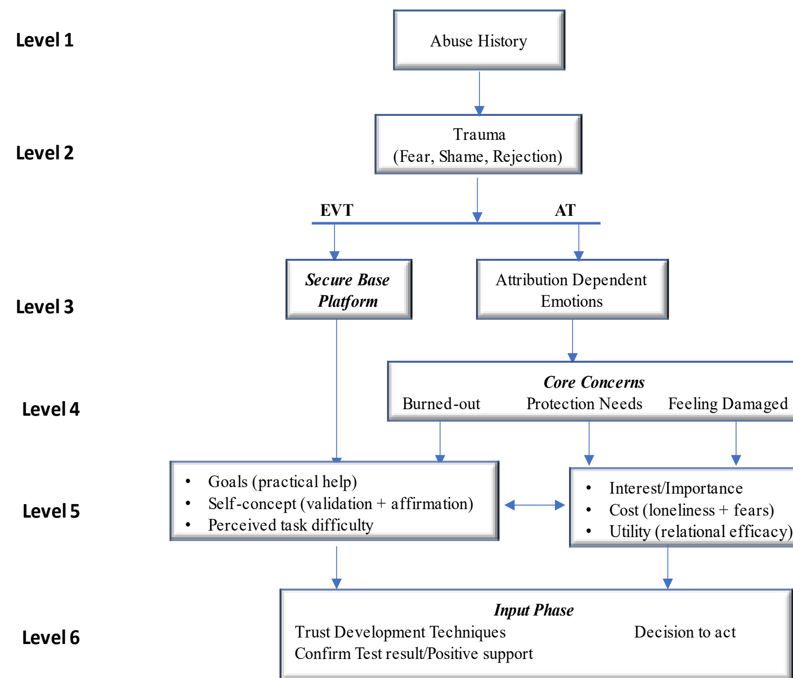


Image 2: Study Findings



Note. Image 1 is a composite of core elements adapted from two motivation to learn theories; Wigfield and Eccles (2000), Expectancy-Value theory (EVT, path A, B, C) and Weiner's (2000) Attribution theory (AT, path X, Y, Z). Both theories agree the likely predictors of motivation to be an expectancy of success and the perceived value/benefit of task completion. EVT holds that both these concepts are a function of motivational beliefs while AT maintains that difference in response is a function of the perceived cause(s) of relevant experiences, classified according to the specific underlying causal properties of stability, locus and controllability.

Note. Image 2 replicates the process flow of Image 1 and populates each step with key findings from this study. Levels 1 and 2 represent the negative environment and outcome(s). Level 3 is where the motivational beliefs manifest as part of building the secure base platform. Level 4 core concerns, are general affective states attributed to the history of abuse. Level 5 comprises study findings that enhanced participant's expectancy of success and task value. Level 6 identifies the outcomes, the decision to act is primarily driven by task value while expectancy of success motivates engagement and performance to the extent identified within the Input phase.

Motivation to learn theories are considered as a means to account for participant engagement and persistence, when transitioning from the initialising to the input phase (Figure 4.2). While these theories through their heavy reliance on human cognitions are a good fit with this study, the empirical studies that support them are quite narrowly based, typically classroom settings with minimum regard for social and environmental factors (Weiner, 2000; Wigfield & Eccles, 2000). A second relevant feature is that the motivation to learn construct is understood as a stable entity, that changes little with time, this tends to ignore the possible influence(s) of condition changes, individual differences, or positive/negative feedback.

Figure 5.2, Image 2, replicates the process flow of motivation to learn theories described for Image 1, but with key study findings substituted for each process step. Levels 1 and 2 provide a general description of the social context and traumatic consequence(s) to participant's history of abuse. The secure base platform described earlier as part of the Initializing phase (paragraph 4.3.1), was considered a parallel processing step to motivational beliefs at Level 3. The rationale for this claim is that the motivational beliefs that power expectancy of success and task value, were found to have significant overlap with related constructs from the Initializing phase; goals, self-concept, cost, and utility (Figure 5.2, 'Image 2, EVT, Level 5'). The expectancy of success defined goals to be long- and short-term learning objectives (Wigfield & Eccles, 2000), within this study participants named the importance of receiving advice, encouragement, and support in planning (practical help) to achieve goals. Self-concept refers to one's sense of their capacity to perform in a given domain, the findings of this study indicated that others' failure to validate significant childhood feelings damaged the sense of self and belief in their relational abilities. Task value defined cost in opportunity cost terms, this study named loneliness and fear as the unbearable emotional cost that prompted many to seek therapy as a means to improving their relational abilities (Utility).

In place of motivational beliefs, Weiner (2000) linked attribution dependent emotions with motivation through the same constructs of expectancy of success and task value (Figure 5.2, 'AV, Levels 3,4 and 5'). The core concerns identified early in this study constituted the emotional response of participants to their history of abuse, and ultimately was instrumental in their motivation to change their trust paradigm. Weiner's model helps illuminate further the intrapersonal dynamics that may be at work during the Initializing phase (Figure 4.2) that this study termed the secure base platform. While acknowledging that his empirically derived causal dimensions were within an education context, the aspect of change that involves motivation to try something novel and learn new skills/behaviours, seemed highly relevant to feelings expressed by the participants in this study. Populating the causal dimensions with the study core concerns suggests a sound explanation and rationale for the follow-on Input phase, that trials trust scenarios. Locus concerns addressed protection needs; an internal imperative that prevented participants from risk taking in live situations. Controllability was seen as outside the participant's control; hence they had a constant sense of being damaged by the actions of others. Stability referred to the possibility or likelihood of change; participants believed their circumstances to be fixed and unlikely to change without some intervention (Figure 5.2, 'Level 4'). Creating conditions that enhanced the expectancy of success, such as would apply in the trialling exercises identified as part of the Input phase, allied to affirming and reinforcing positive outcomes, conveyed a sense of task value that arguably resulted in the decision to act and hence move to the input phase (Figure 5.2, 'Level 6').

In summary, joint consideration of EVT and AT can provide a logic that accounts for participant decision-making that moves them from Initializing to the Input phase. Both theories highlighted expectancy of success and task value as constructs that influenced motivation to act. EVT elaborated the types of motivational beliefs that informed

expectancies of success and value while AT's psychological responses to adversity mapped onto the same two main determinants of motivation. The motivational beliefs overlapped significantly with the reported content and experience of therapeutic engagement at the initial stages of therapy. The causal dimensions involve thoughts (stability) and feeling states (locus and controllability), the former is understood to exert its greatest influence over expectancy of success while the latter inputs predominantly to perceived task value. The model permits us a generic understanding of participants who have their beliefs altered by the unprecedented experience of the secure base platform that provides practical help, validation, care, and a sense of safety. These feelings need to be sufficiently strong to overcome the individual's emotional attributions to their history of abuse, typically an internal attribution (locus) externally controlled (controllability) that promotes a low task value, allied to a belief in a fixed negative context (stability), prompting a low expectancy of success. A successful outcome of this phase of work was the participant deciding to act and undertake some trial initiatives that tested trust in themselves or another.

5.4 A Reciprocal Interaction Pathway to Behavioural Change

Following the establishment of the motivation to develop new skills/behaviours, the question of how this might be addressed safely and unobtrusively was the subject of the study's Input phase (Figure 4.2, & Section 4.3.2). In the main, participants exhibited a strong focus on performance capabilities over personal or psychological features as they worked to reduce defensive behaviours and enhance relational competency. This notion of developing a degree of personal mastery via direct and live interaction with others and the environment, suggested that Social Cognitive Theory (SCT) (Bandura, 2018), and specifically its construct of 'triadic reciprocal determinism' offers a useful conceptual model to elucidate the reported dynamics of this phase.

SCT as a model of learning contrasts sharply with the previous motivation to learn models (EVT and AT) in that it places a strong emphasis on observational and imitation learning from social experiences. In keeping with EVT and AT it doesn't make any allowances for individual differences and so it is silent on why one individual may be more prone to imitation than another. Despite SCT's reliance of observation and imitation to account for behaviour it does not explain all forms of behaviour such as criminal activity, that can occur without prior role modelling. Finally, SCT ignores the role of some cognitions known to mediate learning such as perception and problem-solving ability, and neglects maturational changes over the lifespan (Nabavi, 2012). Notwithstanding these shortcomings, SCT has strong relevance to this study because it is concerned with the highly applied manner by which individuals acquire new skills/behaviours through engagement with the social behaviour of others.

SCT contends that an individual's performance is the product of interactions between three factors: personal (cognitions), behavioural (social interaction) and environmental (physical), referred to as triadic reciprocal determinism (Figure 5.3, 'Oval shapes'). This theory understands individuals to be pro-active and self-regulating and not simply shaped by their environment, hence they can be both products and producers of their social system (Cook & Artino, 2016).

When an individual actively pursues behavioural change it is believed to be primarily based upon self-efficacy beliefs (personal factor), the strength of which are believed to determine the level and duration of effort to be expended in the face of obstacles or aversive experiences (Bandura, 1977). A second noteworthy feature of SCT is the role accorded to human agency in determining psychosocial functioning (Bandura, 2018). In the context of this study, it is understood to have relevance as an environmental factor, given the extent of relational influence(s) exerted by others on the actions and beliefs of participants. The third component

of the triad is behaviour, in this study it was represented by participants assessing trustworthiness through recourse to various low risk techniques including observations, experiments, and available supports. This was an inferential process that built into formulation of personal judgements of one's capabilities and safety linked to expanding levels of relational trust (Figure 5.3, 'Study findings 1'). Self-efficacy is the belief a person has about what they can do; it is informed in order of importance by performance accomplishments, vicarious experiences, verbal persuasion, and physiological states. An individual's own performance is the most dependable measure for assessing efficacy, with successes and failures predictably raising and lowering perceptions of it. Efficacy information acquired vicariously from similar peers is best within this category, but typically has a weaker effect, while persuasory information can have a temporary positive effect but be easily reversed by subsequent failures (Schunk, 1991) (Figure 5.3, 'Shaded rectangles'). These self-efficacy dimensions, despite being developed within an educational context, nevertheless proved very helpful in explaining not only why participants choose the route described in the Input phase, but also how the outcome(s) might be contributing to the goal of improved relational trust.

It was reported in the previous section that expectancy of success was a key motivator, SCT research identified that self-efficacy plays a dominant role in forming that expectancy, and furthermore that favourable performance accomplishments are essential to a positive determination of self-efficacy (Zimmerman, 2000). This study found that all participants initially trialled trust techniques, SCT accounts for this as participants seeking evidence that confirms they are sufficiently competent (self-efficacy) to attain their designated goal of increased relational trust. Figure 5.3, 'Study findings 2', aligns this study's findings with the information sources that informed self-efficacy. As discussed, outcomes and learnings from the Input phase (Figure 4.2) are the most potent determinants, followed by capability

information from others (vicarious experiences), that in this study originated from a significant other (spouse, partner, family member) and /or the therapist, also the source of verbal persuasion in the majority of cases where that element applied.

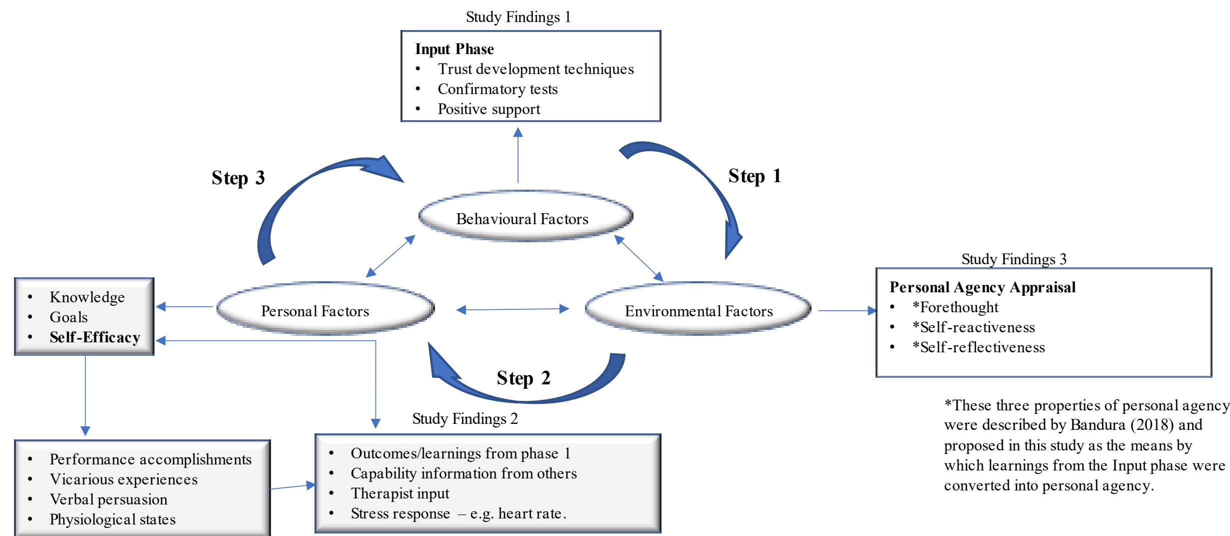
The role of human agency is considered within an environmental context given that the greatest fears and concerns expressed by participants related to their anticipated negative treatment by others. In general, participants perceived a need for protection that tended to dominate their lives, and led to impairments in psychosocial functioning. Agentic properties include forethought (imagining, and planning for better outcomes), self-reactiveness (gauging and adapting performance to attain target standards), and self-reflectiveness (metacognitive analysis of personal objectives) (Bandura, 2018) (Figure 5.3, 'Study findings 3'). The assimilation of these properties underscores the acquisition of new psychosocial skills and behaviours (Bandura, 2004).

Forethought was evidenced in this study by participants' transcendence of their abusive past, in favour of a more desired future that could be accessed through mastery experiences, acquired while conducting various trust diagnostic routines within the Input phase. Self-reactiveness was facilitated through the conduct of confirmatory tests and identification of positive support(s) (Figure 4.2, & paragraph 4.3.2.2). Participants monitored and validated test outcomes to be assured of safety standards and to confirm competency with new behaviours. This model assumes these results are assimilated under performance accomplishments, before informing self-efficacy judgements, the valence of which would either encourage or block participant's progress to improved relational trust. Self-reflectiveness used the information/judgements formed by forethought and self-reactiveness, to support their decision making for personal and social change designed to improve their scope for relational trust.

In summary, SCT's theoretical premise of learning through reciprocal interactions between self, others, and the environment, implied that people were products and producers of their social world, ergo change to improved personal and social utility is possible. Key factors to emerge from the dynamics of this triad were the feelings of self-efficacy, and judgements on personal agency, both of which derive from world experience(s). This model fitted very closely with this study's findings whereby participants regularly tested the trust component of their relationships and carefully monitored and analysed outcomes. Arguably, SCT extended the interpretation of this study's findings by suggesting that output from the Input phase informed participant appraisal of personal agency, that in turn updated perceived levels of self-efficacy. A positive judgement of self-efficacy actuates a "can do" attitude that encourages further experimentation at more meaningful levels of relational trust (Figure 5.3, 'Steps 1,2 & 3). The cycle proposed by SCT was generally replicated in figure 4.2, whereby participants cautiously introduced trust components to their life, when tests were positive, they were emboldened and deepened their work, participant 1 exemplifies this enthusiasm *for me to feel that [trust] with somebody else is transformative, it is the single greatest gift you can give another human being*. While inconclusive or adverse outcomes were repeated depending on the strength of the self-efficacy judgement. Participant 4 recognised this, even post realizing that she could trust herself, *I just have to navigate the waves because it's going to be really difficult, but I just have to navigate it.*

Figure 5.3

Study Input Phase findings set within a Social Cognitive Framework of Motivated Learning



Note. The oval shapes represent the interplay of the three primary drivers of behaviour in the causal model of Social Cognitive theory, known as reciprocal determinism (Bandura, 2018). Personal or cognitive factors are concerned with beliefs, attitudes and expectations, environmental factors are forces that influence outcomes, while behaviours are the activities individuals engage in. Within the personal factors self-efficacy has primacy and is considered to be the basis for motivated action. Self-efficacy and its components are displayed within the shaded rectangles (Schunk,1991) with a directional arrow to the study findings that addressed them. Behavioural factors are the motivated actions pursued in phase 1 of the study. Environmental factors are the existing social supports/barriers the influence(s) of which are modified by the prevailing levels of human agency (Bandura, 2018).

5.5 Risk Regulation and Attachment Dynamics

Findings from this study tended to gravitate around three sub-core variables (SCV) detailed in Table 4.1, operating across three loci of relational effect, participants initially described self-protection initiatives (SCV 1), then their recovery journey that primarily involved a regeneration of their sense of self (SCV 2), culminating in self-improvements that could tolerate greater closeness to others (SCV 3). Participants operated within a type of risk regulation system (Murray et al., 2006), whereby they balanced self-protection versus relationship enrichment, the purpose of which was to restore social connection through an improved capacity to trust in the self and other. The structure of the next three sub-sections will be an appraisal of study findings from the Processing phase (Table 4.1), in light of extant literature at intrapersonal, interpersonal, and social stages, from the perspective of attachment, mentalization, and epistemic trust theories respectively. It is acknowledged that the proposed alignments are not theoretically exclusive to each other, indeed all loci of impact have relevance to all three theories, the purpose is to succinctly demonstrate the broad basis of theoretical relevance for the study findings.

5.5.1 Intrapersonal Experience and the Developing Mind

As part of the literature preview (Chapter 2, paragraph 2.3) key conceptual developments in relational trust were identified, specifically of interest to this study were the possible sequelae of an insecure attachment with caregiver(s). Different types of caregiver failures are understood to result in corresponding attachment behaviours, inadequate and inconsistent care generally result in avoidant and ambivalent responses respectively, while the children of abusive parents frequently present with a disorganised attachment style (Howe, 2005). All study participants reported a history of childhood abuse and recounted difficulties in

emotional regulation when interacting with others, table 4.1 SCV 1, highlights strong intrapersonal feelings linked to impulses to self-harm, guilt, and shame.

A preponderance of theoretical literature supports the notion of a strong link between sexual abuse and self-harming behaviour (BARAL et al., 1998; Zlotnick et al., 1996), empirical research with adolescents (Gratz et al., 2002) expanded the possible risk factors to include insecure attachment, emotional neglect and childhood separation, while another study (G. Martin & Waite, 1994) identified a low quality of parental bonding to be a sufficient causal factor. Collectively, these studies cover a broad spectrum of possible predictors of self-harm and were found to be consistent with findings of participants in this study. Feelings of guilt arising from the condemnation of others and self-blame (Paragraph 4.3.3.1) were closely mirrored in the clinical assessment of traumatized women (Allen, 2001), "I hate myself", "feeling worthless" (p. 90) and "I'm not deserving of anyone's love" (p. 91) are the same sentiments expressed by participant 9, noted above (Paragraph 4.3.3.1). These feelings are regular sequalae of abuse that has been consistently active over time, and can result in individuals withdrawing from potential contact(s) to avoid the risk of emotional pain (Lee & Harris, 2011). This understanding of guilt and shame lends further credence to the intrapersonal findings for SCV 1, whereby participants are experiencing impulses and pressures to avoid contact(s) with others as a means of protection from relational fears.

SCV 2 notes changes in the sense of self, identified by participants as having a role in their healing process. This step in the process has a dual aspect, subduing negative self-treatment addresses the stigma of victimhood, while bolstering self-agency seeks to empower a more agentic self. The focus of interventions to treat negative self-treatment included self-perceptions of negativity, low self-worth, and interpersonal threat(s), interventions to address enhancing self-agency included enhancement of self-esteem and being heard (Table 4.1, SCV 2, 'Intrapersonal'). This notion of focusing on the disrupted sense of self, was the subject of

a narrative exploration study with four women recovering from histories of childhood sexual abuse (CSA) (Saha et al., 2011). The main finding of their study suggested that "prior to intervention there was a 'traumatized self'. This led participants to adopt avoidance as a means of coping. This traumatized self was also characterized by shame and guilt which led them to perceive themselves as "being insignificant and undeserving" (p. 109). The path to recovery detailed a four-step process: a more active sense of self, analysis of strengths and weaknesses, trialling aspects of the new self, and ultimately relying on the enhanced sense of self to battle negative emotions linked with their distress. This process provides further support for the rediscovery process defined by this study, as explained when detailing activities within the Initialising, Input, and Processing phases (Figure 4.2). This study and the Saha et al. (2011) study are not only in strong agreement regarding the aetiology of participant's distress, but also in the detail of how recovery can be affected through evolving from a damaged to a more functional sense of self.

SCV 3 described what emerged for participants once they engaged a more active and positively oriented sense of self. This step was themed around growth and development in the capacity to relate with self and others, it was strongly linked to feelings of empowerment that flowed from feeling valued, the antecedents to which were an elevated sense of self-approval, self-esteem, and self-efficacy. Participants employed this more empowered state, to fine tune, and over time become more adept, at attuning to more adaptive responses involving choice, flexibility and agency, an engagement style sustained by improved self-confidence and self-acceptance (Table 4.1, SCV 3). A qualitative study with fourteen female CSA survivors, who repeatedly described having "no sense of self" (p. 4), identified being heard, being able to access a safe place for healing, and learning about self and others as most important to the healing journey (O'Brien et al., 2007). Being heard (Initialising phase), was also a finding of this study, but with the added dimensions and dynamics of the Input and

Processing phases, that provided a more explicit account of where and how safe encounters could be had and used to learn more about the self. Attachment theory can account for these behaviours by understanding them as the product of insecure attachment models, individuals faced with processing psychologically painful attachment information will tend to defensively exclude that information from further processing, and hence continue to process new information in accordance with pre-existing understandings (Dykas & Cassidy, 2011). In this context SCV 1, may be regarded as important negatively biased attachment information within the internal working model, SCV 2 concerns the focus of work required to positively modify that information, SCV 3 is when the individual can access the revised model and process social information more adaptively. This NCS respondent demonstrated how feeling safe and being heard, facilitated her to engage more meaningfully with her therapist, *she listened and heard me. I felt so safe, and I trusted her. In time this allowed me to open up and explore crippling and toxic thoughts, feelings, and relationships.*

5.5.2 An Interpersonal Predictive (dys)-Function

As part of the literature preview, the construct of mentalization was introduced (Paragraph 2.3.2), to explain how it may influence individuals to successfully navigate their social environs and circumstances (Fonagy & Allison, 2016), through reliance on an ability to take account of one's own and others' mental states to explain human behaviour (Fonagy et al., 1991). It has been regarded by Bateman and Fonagy (2019) as the interpersonal "workhorse" that connects and provides order and direction to the interactions between individuals. Interpersonal difficulties are understood to arise owing to a possible failure to mentalize or an imbalance in one or more of the four noted dimensions of mentalizing. The SCV 1 findings, appear to represent mentalizing failures, the strong feelings of abandonment align with the psychic equivalent style of thinking, while the recurring relationship difficulties are arguably attributable to teleological thinking influences (Table 4.1, SCV1, 'Interpersonal').

Psychic equivalence mode describes when thoughts and feelings are experienced as being so real, that individuals are unable to countenance an alternative perspective(s) (Bateman & Fonagy, 2019). This study evidenced this feature strongly, a majority of participants felt abandoned and excluded, in one instance, to the point of not feeling human *I wave them off and convince myself that I'm doing the right thing* (Participant 10). This phenomenon may account for the resistance offered to arguments intended to help clients counter particular beliefs that may feel dangerous, such as might be the case when experiencing flashbacks of their original trauma (Fonagy & Target, 2006). Teleological mode of thinking relies exclusively on what is physically observable, to inform on the mind state(s) of the self and others, making this mode of thinking also quite resistant to verbal assurances – tantamount to the maxim, 'seeing is believing'. This study offered many examples of participants disadvantaging themselves, by favouring their personal observations of what they themselves and others physically do, over what they knew in their hearts to be true . Participant 13 knew that he was *"destroying his life with pornography, drugs and alcohol*" nevertheless, only these physically observable acts: pornography for intimacy or drugs and alcohol in place of more intrinsically rewarding pursuits, felt accessible or real to him.

Other SCV 1 issues applied to both interpersonal and social contexts, and related to being deceived, let-down, and believing in the malevolent intent of others (Table 4.1, SCV 1, 'Interpersonal & Social'). In mentalizing terms, the preponderance of these types of thoughts and feelings are explained in terms of imbalance in the 'Self – Other' mentalizing dimension, resulting in individuals focusing preferentially on the 'Other' end of the spectrum (Bateman & Fonagy, 2019).

SCV 2 recovery initiatives applied to both interpersonal and social loci and focussed on responses to negativity and critical judgement of others and finding ways to improve relational efficacy (Table 4.2, SCV 2, 'Interpersonal & Social'). Within the mentalizing

paradigm, recovery involves moving from pre-mentalizing to mentalizing mode and/or more balanced mentalizing within the various dimensions of mentalizing. Envisaging new patterns of mentalizing necessarily requires assimilation of new knowledge, which is unlikely to occur without the presence of a further social-cognitive process, epistemic trust. Epistemic trust (ET) refers to "trust in communication or communicated knowledge, specifically it refers to the capacity of the individual to consider knowledge that is conveyed by others as significant, relevant to the self, and generalisable to other contexts" (Campbell et al., 2021, p. 1). Individuals who have experienced developmental trauma may not trust others as reliable sources of information about the social environment (Bateman & Fonagy, 2019), hence any treatment relying on new knowledge, or new meaning ascribed to existing knowledge, may need to address the generation of epistemic trust.

Work by Fonagy et al. (2017) set out a process to facilitate the development of ET and mentalization, comprising three communication systems that functioned together to open individuals up to social learning experiences. They understood the three communication systems (CS) to be interacting, sequential and cyclic in manner, in much the same way as this study's participants described their trust development process as having three phases: Initializing, Input, and Processing (Figure 4.2). The correspondence extends beyond the structure and dynamics of the steps involved and includes parallels in the therapeutic work content within each stage as outlined below:

CS 1& Initializing Phase

CS 1 is about learning content from the therapist that lowers epistemic vigilance, e.g., receiving explanations, suggesting new interpretations, offering solution focussed strategies, this style of relating recognises the clients' agency and leads them to a less defensive/inflexible stance. This study's Initialising phase sought to establish a

secure base platform through a range of psychological and behavioural steps (e.g., affirmation, practical help, and validation), also elements that conferred agency to participants that supported movement to the next phase.

1. *CS 2 & Input Phase*

CS 2 is about the re-emergence of robust/corrected mentalizing, brought about by consistent mentalizing of the client by the therapist. Balanced mentalizing requires collaboration, two minds, client and therapist working together, seeing things from each other's perspective, creating an open and trusting context, against a low arousal background. This study's Input phase was created by participants because it was a low arousal environment, they designed inconsequential tests of trust to trial mentalizing collaborations with significant others, to resolve difficulties they routinely returned to CS 1 stage, to receive consistent mentalizing and mentoring on how to resolve interruptions/weaknesses in mentalizing the self and other.

2. *CS 3 & Processing Phase*

CS 3 is about the establishment of social learning through the generalization of learned epistemic trust beyond the therapy room. In this context, improved ET assumes a sufficiently supportive social network, that permits relaxation of epistemic vigilance/rigidity to allow renewed social learning from experience. This study's Processing phase described how participants adapted their behaviour, derived primarily from a modified sense of self, that led them to feel more valued/accepted and able to engage more competently in the conduct of relationships. Participants had not completed therapy so it cannot be generally concluded that they have made lasting positive changes in their capacity to trust others. However, what is clear is that therapy and the social experiences of the Input phase, have reduced the automatic

tendency toward epistemic vigilance and mistrust and prompted participants to view interpersonal and social encounters more benignly and hence were able to relate more competently. Only after therapy will it be possible to evaluate if participants' epistemic trust has been sufficiently repaired to facilitate ongoing engagement and learning from their social experiences.

5.5.3 An Emerging Sense of Personal Growth and Development

In general participants entered therapy feeling unsafe, stigmatised, isolated, and operated from a very weakened 'sense of self'; their thinking was typically unreflective and automatic, behaviours were fixed and inflexible, their lived experience was very much internally focused on keeping safe from the pain of intense negative emotions. It has been proposed that the 'sense of self' is what organises our experience of the world into a coherent and cohesive unit, it bestows our sense of individuality and continuity over time (Saha et al., 2011). Developmental abuse has been shown to disrupt that sense of self (Murthi et al., 2006), and how it can lead to low self-esteem, poor self-image, and feelings of unworthiness (BRIERE & RUNTZ, 1989). This study's SCV 3 findings described how participants re-defined themselves and made incremental adjustments to their engagement with themselves and others as their recovery process evolved.

A focus on repair to the 'sense of self' has been supported by various research studies within the abuse survivor community. A phenomenological qualitative approach by Phillips and Daniluk (2004), explored how seven female incest survivors experienced their identity post extensive therapy for their sexual abuse. Their study traced the emergence of how these participants redefined themselves, initially they moved from lives of chaos to being a survivor and afterwards needed to advance beyond survivor-hood "to be all they had become" (p.180). This evolution may also be understood in Eriksonian terms as outlined above (Table

5.2), pre-therapy participants experienced their identity in diffused or foreclosed mode, through therapy it evolved into a survivor identity or moratorium mode, before moving to their final identity achievement. Three of the five themes revealed in their study, self-acceptance, connection to others, and sense of visibility, aligned directly with the self-perception changes noted in this study as the antecedents to a more adaptive and flexible responsiveness' (Table 4.1, SCV 3). To explain terminology differences, where Phillips and Daniluk (2004) use 'connection to others' this study termed 'engagement', and 'sense of visibility' spoke to a shift from negativity to a more positive worldview, the current study labelled as enhanced self-confidence.

The Saha et al. (2011) retrospective quality study referenced above, also reported a post intervention overall positive sense of self, that was characterised by an increased sense of self-awareness, self-acceptance, and self-confidence. Again, this is strong support for the constituents of personal growth identified by this study as the antecedents to an improved ability to connect and attune more responsively. Becoming effective at connecting and developing supportive relationships was identified as a critical step in the recovery process, this study showed how it could be the antithesis to the relational difficulties identified as part of SCV 1. A qualitative study that used a categorical-content approach as part of a grounded theory exploration of recovery stories from 27 adult sexual abuse survivors, confirmed the importance of supportive relationships in their lives, and highlighted their belief that "recovery could not be done in isolation" (Anderson & Hiersteiner, 2008, p. 421).

Paragraph 4.3.1 (Initializing phase) describes the work content of the initial stage of therapy that provided participants, for the first time, with a new and different relational experience involving empathy, validation, and caring support. This was a break from their more familiar feelings of fear and isolation and prompted them to respond differently, because they felt safe in the relationship, they were able to disclose and unpack their experience of the abuse. Their

experience of being cared for by another, brought about changes in self-regard, and engendered a more positive self, re-assigning responsibility for the abuse to the perpetrator relieved participants of much guilt and shame, creating opportunities for them to feel greater self-acceptance, self-worth, and self-esteem. These changes in beliefs and behaviours became the antecedents for participants attaining a greater feeling of personal value, that empowered them to take calculated risks in the Input phase (Figure 4.2) and be more daring by investing in more adaptive and flexible responsiveness. Supporting this study's finding of greater self-assurance, a qualitative phenomenological study of seven women recovering from a history of child maltreatment, reported that a central theme of their recovery was "breaking trauma-based patterns" supported by four sub-categories; changes in beliefs, changes in behavioural patterns, changes in connectedness and opening up new experiences (Parker et al., 2007). A second study in a related area, conducted qualitative interviews with 13 abuse survivors and 31 professionals, to elicit their perceptions and experiences of talking therapy services (Chouliara et al., 2011). A finding of their study themed as part of the benefits from talking therapies was "enhancing self-worth and sense of self" (p. 136) deriving from improved self-esteem. These and the other studies cited in this section provide strong support for the SCV 3 findings of this study which, on initial view appeared counter intuitive to the researcher. The Oxford English Dictionary defines trust as "firm belief in the reliability, truth or ability of someone or something", and this has been largely reflected in the philosophical thinking highlighted in Chapter 2 section 2.2.

All philosophical works reviewed understood the basis for trusting another to be whether or not they could be regarded as having certain qualities typically formulated as a three-place predicate: A entrusts B with care of C, thereby giving B some discretionary powers over caring for C (Baier, 1986). Different writers favoured different motives for trusting, Mullin (2005) believed adherence to social norms indicated trustworthiness, Jones (1996) advocated

that trust was attitudinal based on goodwill and optimism, Faulkner (2018) argued it was based on credibility afforded the other. In all instances trust was being understood in terms of conditions, attributions, or experiences of the other. The work of Niker and Sullivan (2018) lessened reliance on the other and favoured a view of trust as being a product of the relationship between two parties rather than an attitude of one towards the other. Insofar as Niker and Sullivan's (2018) approach is more dispositional than attitudinal towards the other party, it at least introduces the notion that both individuals have a role in making any relationship a more trusting one. Alternatively, when an attitudinal stance to trusting the other person is adopted, it implies that person must change in order to be trusted if they don't already have a trusting relationship. The findings of this study contradicted this perspective by emphasizing the areas of change needed to be within the concept of self and not predominantly the other party. This study highlighted that for victims of abuse, the path to establishing relational trust was predominantly an internal one, transitioning from a traumatized self to a more enhanced self-concept.

In summary, this study brought together key findings via a novel sequence of propositions that combined to form a framework of countermeasures to address diminished capacity for relational trust. The most salient aspects are summarised as follows:

- It emerged that enhancing relational capacity involved taking an approach that involved three distinct phases to the recovery journey – Initializing, Input, and Processing, each with a specific purpose and goal (Figure 4.2). The process was found to be iterative. Based on participant feedback from exercises performed as part of the 'Input phase' allied to the pace of personal development as reflected in the degree of enhanced capacity to engage, participants will likely need variable amounts of time to achieve the desired adaptation(s). The idiosyncratic nature of an individual's internal

journey is accommodated within the model through its facilitation of the flow and recycling of information within and across all the phases.

- The therapeutic process, engaged for individuals with relational trust difficulties that originated with their history of childhood abuse, should anticipate, and consider novel interventions designed to address restrictive patterns at intrapersonal, interpersonal, and social levels (Table 4.1).
- Neither the process of therapy nor the therapist was trusted at the beginning of the Initializing phase. This study called attention to the unintended and potentially damaging impact of the routine counselling skills used to establish a solid therapeutic relationship. By highlighting their correspondence with 'grooming' practices often deployed as a prelude to the abuse suffered, this study heightens awareness of this potential 'mirroring effect' in order to facilitate enhanced management of this introductory period.
- The Input phase was unique because it called for 'live experimentation' by clients on a trial-and-error basis to validate new inputs and information. This was the preferred approach of all participants who seemed to need factual or observational validation before having the confidence to take risks to engage in new social and personal experiences in preference to their therapists' attempts at persuasion or coaxing.
- A second unique finding of the input phase was the consistency of the behaviours followed by participants in their quest to confirm their safety, *tests* were constructed, outcomes *appraised*, and *support(s)* were identified.
- The Processing phase revealed itself to be an internal journey for the participants, facilitated by the therapist, that focused on the steps of repair and recovery that transitioned individuals from a traumatized self to a more robust and enhanced self-concept, capable of a more adaptable style of engagement. These findings were

initially counter-intuitive to participant expectations, which had been formulated based on 'navigating relational fears' perceived to originate principally from contact with others. Reframing their difficulty in more personal terms was quite a radical piece of information that tested their boundaries of incredulity. It is possible that to support them in overcoming their difficulty in accepting this new learning, they repeatedly tested and validated this emerging reality with live experiences.

- The process framework that emerged (Figure 4.2) evidenced how individuals needed to move across three distinct phases of increased learning complexity and perceived threat(s) in order to navigate their relational fears.
- The motivation to continue risking vulnerability for relational gain presented a challenge that this study used to incorporate learnings from an alternate discipline to suggest possible rationales. Motivation to learn theories offered an expanded scope for thinking around case conceptualisation and an increased range of potentially relevant therapeutic interventions.

5.6 Conclusion

This chapter sought to position the study within a broader theoretical context by using extant literature to validate findings by integrating empirical studies that added understanding and coherence to this study's findings. Erikson's psychosocial development theory provided a credible understanding of the reported maladaptive tendencies among all participants. He placed a failed sense of trust at its centre, thus predisposing individuals to subsequent failures through the lifecycle. Significant correspondence between markers for Erikson's eight stages and study findings (Table 5.1), plus strong alignment of empirically based therapeutic interventions with the Initializing phase findings (Table 5.2), offered strong validation for the proposed theory.

Participants described their experience of the Initializing phase as building a secure base from where they launched several trust trials in the Input phase. It was understood that the former had a causal relationship to the latter; by introducing evidence from motivation to learn theories, this study enhanced understanding of the possible motivation dynamics operating for individuals who decided to continue their process. Expectancy-Value and Attribution theories map onto 'expectancy of success' and 'task value' as determinants of motivation, albeit via the different routes of 'motivational beliefs' and 'psychological responses,' respectively (Figure 5.2). Data from motivational belief studies aligned positively with this study's findings regarding the importance of the secure base platform, while the nature and organisation of this study's 'core concern' matched the empirically derived intrapersonal causal dimensions (Figure 5.2, levels 3 & 4, respectively).

A novel component of this study was participant focus on actual performance in live circumstances to experiment with new ways of being and interacting and thus generate provisional assessments of their relational competence. Social cognitive theory, specifically triadic reciprocal determinism (Figure 5.3), was a solid theoretical fit with this study's findings and helped explain why participants selected this option, the most likely change agents, and the perpetual dynamic of its operation. Personal agency and self-efficacy were understood to combine with output from the Input phase. Positive experience(s) informed personal agency, then updated self-efficacy, which actuated a "can do" response that encouraged more meaningful and trusting engagements.

The recovery pathway described in this study comprised a re-definition of a self that had emerged from a nexus of damaged attachment bonds, failed, or disrupted mentalizing, and epistemic vigilance. This study used the Oxford English Dictionary definition of trust (Paragraph 2.2), "belief in the reliability, truth, or ability of someone or something" understood trust to be something external to the individual. It may seem counterintuitive that

participants opted for change that advocated a change from a damaged to a more functional self. The aspects of self that participants found most efficacious in adapting their relational style were ‘feeling valued’ and ‘adaptive/flexible responsiveness’ (Table 4.1, SCV 3). The constituents feeding into the sense of being valued were self-approval, self-esteem, and self-efficacy, all of which were well supported by empirical qualitative studies conducted within similar study contexts. A probable consequence of strengthened internal characteristics appeared to be the courage and ability to engage more adaptively and flexibly, participants noted their less automatic and more adaptive/flexible responses, a behaviour believed to reflect an improving level of trust in themselves and others.

Chapter 6

Impact, Limitations, Future Developments, and Conclusion

The aim of this study was to build a theory of relational trust that accounted for the views and experiences of individuals with a history of developmental trauma. This section will discuss one of its supporting objectives; to inform practice on specific issues of adult trust, linked to developmental trauma. Specifically, the implications and recommendations for clinicians, clients and trauma services are presented.

As may have been anticipated from client feedback reports, trust is a challenging characteristic to address within the general therapeutic setting, its apparent resistance to change suggests a degree of uniqueness that this study sought to explain. The findings that emerged supported and extended beyond such an observation, the expressed views combined to produce quite a structured approach, combining three distinct phases, operating on intrapersonal, interpersonal, and social levels, and connected via cognitive, psychological, and social learnings (Figure 5.1). Each of the phases and their interconnections may have varying consequences for practice, some individual elements may be well understood while others may be less familiar, overall, it may be the amalgamation, and sequencing of the individual parts into a cohesive whole that proves most effective.

6.1 Recommendations for Clinical Practice

Participants in this study were presented with the unanimous view that past trauma damaged the capacity to trust and replaced it with a range of relational fears that functioned at intrapersonal, interpersonal, and social levels. A point revealed by this study was that therapy and by extension the therapist, were viewed with similar suspicion and mistrust, despite being cast as the source of good and healing. Perhaps such clients are more typically viewed as 'not psychologically minded' or 'hard to reach' and hence their sudden or

unplanned departure from therapy may be attributed to their lack of readiness (Fonagy et al., 2017). This study would suggest a broadening of clinical awareness to take account of this potential, with an intervention that acknowledges that therapy and/or the therapist may be the focus of the clients' mistrust. Based on this study's findings, it is recommended that the therapist remains cognisant of the unequal and possibly threatening nature of these early encounters and work to redress the power imbalance through judicious use of counselling skills. At this early-stage emphasis needs be on the softer skills including active listening, observation, reflecting back (paraphrasing, summarising), and delaying the more active techniques including probing, use of questions, challenging, and giving feedback.

This study privileged the role of Erikson's epigenetic psychosocial development framework, it considered trust as the first of eight developmental steps, occurring within the first two years of life at 'infancy stage'. The success or failure of this phase i.e., the ratio of trust to mistrust, he argued becomes a foundational block for the development of subsequent stages. All of this study's participants were adults, and consequently past the social contexts that might offer appropriate social support(s), their world is no longer configured to provide the unconditional responsiveness of care as would be expected at infancy stage. In psychodynamic parlance the therapist may be faced with issues including, splitting, projection, denial, dissociation, and acting out. What participants found invaluable was the establishment of feelings of safety with their therapist, and its subsequent generalisation to the therapeutic work via the various psychological and behavioural interventions discussed above (paragraph 4.3.1 Initialising phase). The type of interventions most appreciated included, providing encouragement, offering hope, naming, and expressing experiences, and reinforcing adaptive behaviour(s) and discouraging others. In many ways this mirrors a correct infant experience, where it is cared for, supported, encouraged, and facilitated to explore the world at its own pace.

A key finding of the study was how restricted and controlled participant lives had become owing to their unrelenting need for protection from relational fears. These fears were intrapersonal (self-harming, guilt, shame), interpersonal (feeling abandoned, broken relationship(s)), and social (malevolence, not coping). While these concerns are not unusual for people with histories of abuse, it was novel for them to be explained and justified on the basis of not trusting oneself to make good decisions, or the other who is presumed to be a threat, deceptive or unreliable. As these beliefs about untrustworthiness are influencing a range of negative self-treatments, a suggestion, for inclusion in the assessment phase of therapy, might be to incorporate a specific inquiry around matters relating to Sub-core variable 1 (Seeking Protection from Relational Fears) and how they are experienced in each category of relational impact – intrapersonal, interpersonal, and social (Table 4.1). Should the therapy warrant specific work within this area, then elements of this study's findings could be adapted as required (Figure 5.3).

This study proposed a therapeutic pathway that built on the confidence and security established during the initializing phase, by targeting two empirically based learning constructs, 'expectancy of success' and 'task value'. To improve relational abilities, new information and skills needed to be assimilated, to do so, selected protective measures needed to be relaxed, this appeared to happen when there was an anticipation of improved wellbeing. This study combined the learnings from two motivation to learn theories, Expectancy-Value and Attribution, in combination they offered possible behavioural and psychological interventions, that could promote wellbeing. The former advocates for stimulating motivational beliefs including setting achievable goals, bolstering self-belief, and accentuating expertise/ability to overcome perceived task difficulty. The latter relies on emotional attributions to the abusive past, research has established that just three causal properties can account for conversion of these attributes into actions. The first is 'locus'

whether the difficulties are internal or external to the individual, second is 'controllability' whether the matter is understood to be within or outside the individual's control, and third is 'stability' whether the condition is understood to be fixed or changeable. Awareness of these dynamics and development of interventions/sample questions that draw on these motivational pathways, could stimulate/encourage individuals who have become psychologically stuck to find a new enthusiasm for the work.

The second (Input) phase of the proposed model recognized the practice of testing and development of relational capabilities in live settings in preference to reliance on talking. Research highlighted earlier (section 5.4) notes that self-efficacy is a key contributor to 'expectancy of success', and that personal performance was the most dependable measure of self-efficacy. The experience of this study was that the mutuality and inter-dependence of practical output from the input phase on personal agency and self-efficacy (Figure 5.3), resulted in considerably greater impact on performance than attempts at persuasion or coaxing. This might be a factor worth considering particularly for therapeutic approaches that tend not to consider practical exercises or experiments outside of the therapeutic setting. Drawing from a CBT paradigm is likely to be most therapeutically helpful for clients as they face the challenges of their negative self-thoughts. This study recommends the setting up of multiple A (activating situation) B (beliefs) C (consequences) (ABC) cycles, to confirm for individuals that they have the capacity to break their negative thoughts/belief patterns of the past. Conditions need be created outside of the therapy session where individuals can experiment and 'act as if', in order to confirm what would happen if they were to adopt a new belief. Additionally, in light of this study's assumed importance of personal agency and self-efficacy at this juncture, it might be useful for the clinician to help the client catalyse these feelings and create added momentum entering the third and final (processing) phase.

The focus of the processing phase was repair and recovery of a damaged sense of self. This study proposed that rediscovery or reconstruction of a more functional self, was driven by a dual process operated to subdue negative self-treatment and bolster self-agency, that applied across intrapersonal, interpersonal, and social interactions. The general expectation of a trust dynamic is that an entity external to the individual will deliver on a requirement, additionally, individuals typically encounter experiences of mistrust from an external source. In this regard this study's findings were at variance with expectation by highlighting that repair and recovery was mostly an internal journey from a traumatized self to a more robust self-concept, capable and willing to take the necessary risks involved in trusting. It emerged that removing the environmental context, credited with damaging their relational capacity to trust, left a legacy of distrust that needed to be addressed through reappraisal of feelings of negativity, lack of self-worth, and the sense of empowerment that came from enhanced self-esteem and finding their voice. The goal within this phase is to change thoughts and feelings and thus change the meaning(s) ascribed to events such that behaviours can be modified. Typically, each therapeutic modality proposes a theory of how change can be effected, but given the current study's findings which were independent of the type of therapy participants received, inclusion of the following three steps is recommended:

1. Therapist and client need to prepare specific goal(s) regarding relational trust difficulties, and develop a plan of action specific to each of the phases within the framework developed (Figure 4.2).
2. The magnitude of the challenge to change the established patterns of adaptation to a history of navigating relational fears, requires new and novel experiences to aid the initiation of new behaviours. Particular emphasis needs to be placed on planning for relational trust experiments, appropriate to the individuals particular stage in development.

3. Developmental processes are typically understood as contextual (Bowlby, 1988; Erikson, 1985; Sroufe, 2005) ergo therapist/client interventions need to incorporate ongoing appraisal of progress through the model (Figure 4.2), having particular regard to the saliency of issues detailed in Table 4.1.

A consequence of the personal development described above and marker of an enhanced and recovering self, is the degree to which the style of engagement has advanced from a rigid and inflexible mode to a more engaging style that can process new information more flexibly and trust in the potential of others to respond adaptively.

6.2 Recommendations for the Client

Findings from this study also met the requirement of the second objective of this study which was to provide an in-depth account of service users' experience of interpersonal trust. Study findings have configured the range of behaviours and emotions experienced from beginning therapy and including key developmental milestones, as they occurred at intrapersonal, interpersonal, and social encounters (Table 4.1). Providing clients with an overarching context for their feelings, creating awareness of the linkage between damaged trust and relational efficacy, may assist and accelerate the clients' appreciation of the therapeutic relationship and by extension their personal recovery. Daniel Siegel,(2010, p. 74) wrote "I feel felt by you; I can come to trust you, to trust our relationship, to feel at ease with our interaction, to trust our connection."

A key finding within the input phase (Section 4.3.2.1) was the reinforcement effect to the therapeutic bond of planning, contracting and professionalism. This study's findings provide a generic three-phase model of the change processes adopted by participants to improve their capacity to trust (Figure 4.2). This model can be adapted to incorporate the client's objective

events and the associated experiences, it can be a roadmap that provides some containment, and focus while providing some vision of the therapeutic journey ahead.

This study's findings showed that clients with abuse histories are typically coming to therapy to address a lifetime of perceived difficulties developed over many years as they attempted to navigate their relational fears. If clients engage with the process outlined in this study, particularly the input phase, they are likely to be re-enacting behaviours that may previously have resulted in childhood maltreatment - initiating contact with strangers, and reducing levels of vigilance to allow more open and flexible engagement. Therapists need be mindful of this possibility and if circumstances are deemed appropriate sensitively introduce, the potential risks for cross-over in how empathy can be interpreted.

The process of learning to cope more effectively with perceived risks/dangers is iterative, and occasional setbacks are to be expected. Figure 5.3 helps conceptualize the cyclical nature of the process that commences with the 'input phase' where individuals trial some new behaviours (taking a risk to share with another) and using that experience (positive or negative) to consider its impact on their personal agency (Step 1). Positive impacts on 'personal agency' (a favourable response that boosts enthusiasm) informs personal factors (Step 2). Negative or unhelpful impacts on personal agency, depending on how they are perceived, may result in further experimentation within the 'input phase'. Within 'personal factors' self-efficacy has the most potent effect; positive impact here typically relaunches the process (Step 3) leading to enhanced confidence and a wider range of relational trust experiences. Building client awareness of the recycling step will enhance their understanding of events, provide a context for variation of experience, and hopefully enhance their commitment the process.

6.3 Recommendations for Trauma Services

Findings from this study also addressed the final objective the aim of which was to explore reported relative lack of improvement in relational trust in NCS service user evaluations. The National Counselling Service (NCS) conducts regular analysis of service user feedback for consideration in policy formation and development. As explained in Chapter 1, the performance gap on trusting, that emerged and sustained itself throughout the years of being measured, from a service management perspective, warranted being measured. This study has provided an in-depth account of the relational trust challenges faced by clients with abuse histories, and the therapeutic pathways followed by those determined to find a way to improve that capacity. The NCS service leadership and other trauma service providers may consider disseminating this information to their counsellor/therapists for their review, and feedback, or possible adaptation into their clinical work.

A key development within this study was the universal use of live data to inform personal agency and self-efficacy when computing the 'expectancy of success'. These exercises, albeit centred around low-risk circumstances, nevertheless for some individuals represented a formidable challenge taken without backup support. This study's findings indicate that the social learning context of group therapy is likely to offer a particularly valuable context for developing relational trust skills, in light of this opportunities for group therapy could be further developed within the NCS and other trauma services. The safety and containment within a supervised group setting, in person or online, would make the option more accessible to all.

6.4 Future Research

The aim and scope of this study was to research the views and experiences of individuals with a history of developmental trauma, methodologically, theoretical sampling would have

permitted inclusion of therapists views, which this study excluded due to resource constraints. As a key participant in the process, inclusion of the therapists' perspective would deepen and enrich our understanding of the dynamics involved and may provide further evidence for what has been revealed by this work. A study design that included participant clients, and therapists working in one-to-one and group contexts, would contribute significantly to our understanding of how to optimize the transition from traumatized to a recovering self.

This study highlighted a recovering self-concept as the fulcrum of the healing process, through its positive generative effect in helping participants to find their voice to use in producing more adaptive responses in relational settings. Future studies should consider exploring in more depth, the elements that constitute self-concept, the relative influence(s) of each, and how they are optimally mobilized to serve personal development of the individual.

This study involved participants with histories of developmental abuse, it may have been any one or combination of physical, sexual, emotional or neglect abuses. It may also have been single or multiple incident, or rooted in impersonal, interpersonal, or attachment settings. Future studies could glean a great deal of knowledge and understanding by examining the dimensions of connectedness between the type and nature of abuse and the impact on relational trust and whether alternate recovery paths are indicated.

This study chose participants who were in therapy for variable periods (see Table 3.2) at the time of their interview, and consequently were in the process of making personal change(s) to their capacity for relational trust. It would be highly informative and add considerably to the predictive and explanatory powers of these findings if a GT study on this topic was conducted using long-term follow up studies with individuals who have completed therapy.

6.5 Limitations

While this study paid due care and attention to required methodological rigour, a number of observations are warranted concerning the homogeneity and sample size of participants. The selection process incorporated the clinical judgement of the therapist on the prospective fitness of participants to be interviewed. This requirement may have excluded clients actively struggling to address issues of trust, those negatively disposed to trusting, individuals who quit therapy because they didn't bond successfully, and those who were suitable but uninterested in becoming involved. In addition, all participants were white nationals, there were no participants from ethnic minorities such as traveller community, foreign nationals, or asylum seekers. This study recruited a total of 13 participants, by grounded theory standards it is a relatively small sample, allied to the selection criteria it means that these findings can't be assumed to generalize to those not represented.

The NCS is an Irish national community-based counselling and psychotherapy service operated under the auspices of the Health Service Executive, its services are provided free to the users, who generally come from middle to lower socioeconomic backgrounds. The associated social and educational challenges may have introduced a degree of bias to the insights and contributions of participants when asked to reflect on their experiences, note that Arias & Johnson (2013) reported that a higher standard of education had been instrumental in the healing and recovery of survivors.

This study had potentially two researcher-based sources of possible bias. Firstly, as detailed above (Section 3.4.2 Data Collection) priority was afforded to participant safety while conducting interviews, this required the researcher to preserve careful boundary management by keeping participants on the topic of their trust experiences. There is a possibility that redirecting the course of the interview(s) away from emotionally sensitive and potentially

retraumatising narrative(s) may also have restricted the range and richness of the reported experiences and thus compromised emergence. A second possible source of bias may have emanated from the researcher's, role as a counsellor/therapist within the service and the possible influence his familiarity with the service user profile, and the issues that their abusive past can create.

Finally, caution is recommended when reviewing this study to bear in mind that it is an exploratory account based on service users' perspective of what happened in therapy. Given the time constraints, it was not possible to engage in theoretical sampling, had time and resources permitted, it would have been helpful to include, in addition to the therapist, the impact of other regularly involved services such as, social care, child protection services and psychiatry. What this study produced were findings on relational trust based on a managed sample of service users, its propositions will hopefully stimulate further academic interest.

6.6 Quality and Rigour of the Study

The aim of this study was to generate findings on the phenomenon of trust as it applies to adult survivors of abuse, using a grounded theory (GT) methodology. Factors influencing the conduct of a good quality GT include researcher expertise, methodological congruence, and procedural precision (Birks & Mills, 2015). It is my view that all three have been achieved, the researcher is an accredited counselling psychologist with 15 years direct experience working with survivors, the methodology and procedural precision successfully delivered the stated aim. The quality of GT studies are typically judged based on the relevance of the theory to the phenomenon under investigation in terms of: fit, understanding, generality, and control (Glaser & Strauss, 1967). Fit refers to the closeness of the data to the everyday reality of participants and the standard of inductions derived from that data, this study worked exclusively with participants actively engaged in counselling for developmental abuse. The

latter feature also applied to understanding, given the propinquity of the data to participants experience, leading to their ready comprehension of the study's narrative. Generality was addressed through development of the broadest possible conceptualizations when coding, to take account of the maximum amount of variation. Control was observed through creation of a three-phase model containing proposals to guide and control possible interventions. I would contend that an acceptable standard has been achieved on each point with a possible exception for generality, owing to restrictions on selection noted above. It is also worthy of note that while every effort was made to follow correct data analysis protocols, time constraints resulted in the study output being less conceptual and more descriptive than intended or desired.

6.7 Conclusion

This study highlighted how the perceived need for emotional protection gave rise to an array of behaviours and core beliefs that restricted the ability to relate effectively with self and others. Data analysis provided evidence that participants addressed, and to varying degrees overcame, the self-imposed curtailments to their lives, by focusing therapeutic efforts on repair and recovery of the traumatized self. The motivation to engage and take risks to rebuild the sense of self, resulted from complex decision-making processes that seemed to rely on positive beliefs regarding 'expectancy of success' and 'task value'. A novel feature within the study was how all participants used learnings from low-risk social engagements to inform their sense of personal agency and self-efficacy, both of which appeared to be precursors to 'expectancy of success'. When participants experienced more open social engagement and communication, they wanted more, they worked on growing their relational skillset, which increasingly displaced their perceived need for protection, making way for enhanced trusting.

This study marks a number of innovative departures for the study of trust. Firstly, it is acknowledged that trust has been central to research involving many different types of interpersonal relationships, romantic partners, work colleagues, students and even laboratory settings where conditions of the trust game are manipulated to help account for real life behaviours. To the researcher's knowledge this is the first study to specifically focus on the interplay of developmental abuse and adult relational trust, in a trauma treatment setting with survivors of childhood abuse. Secondly, the introduction of motivation to learn theories to explain new decision-making and connected behaviours, provided a novel line of thinking with potential for new types of interventions targeting pre-cursor conditions highlighted in this study. Thirdly, based on findings, this study has been able to construct a clinical model with recommended phased-based clinical interventions that supported improvement in relational trust towards the self and others.

In conclusion, this study mapped a pathway that sought to prepare and support emotionally traumatised individuals to take the ultimate risk and begin to trust again, perhaps the novelist and Nobel prize winner Hemmingway had it right all along: " the best way to find out if you trust somebody is to trust them".

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Appendix A: Study Invitation

Invitation to participate in research

Dear Name,

You are invited to participate in a research study entitled “How do adult survivors of childhood abuse, experience and understand their capacity to trust in relationships?”. This study is designed to explore how adult survivors experience their capacity to trust in others generally and is prepared in part completion of a doctorate in psychotherapy at Dublin City University.

You are eligible to participate in this study because you are currently attending the National Counselling Service (NCS), a service dedicated to supporting those who experienced adversity in childhood. If you agree to participate, I would like to interview you for approximately one hour, at a time of your convenience, at the local NCS counselling rooms or via Zoom (on-line platform). Your participation is completely voluntary, and should you participate, you will have up to one month following the interview to withdraw without providing a reason.

If you would like to learn more about this study, please contact me on 086 0496529 or by email: frank.reddan2@mail.dcu.ie alternatively you may complete and return the attached “Opt-In” slip and I will contact you to discuss any concerns and arrange next steps.

Thank you for your time and consideration.

Yours Sincerely

____

Frank Reddan

Appendix B: Return Slip to Opt-In

If you decide to take part in this study please complete the slip below and return in the stamped

addressed envelope enclosed or email to: frank.reddan2@mail.dcu.ie

Contact Details:

Telephone Number: ______________________

Email: ______________________

Best time to phone you: ____________________________________

Appendix C: Plain Language Statement

Research Title: How do adult survivors of childhood abuse, experience and understand their capacity to trust in relationships?

Researcher: Frank Reddan, doctoral candidate, School of Nursing, Psychotherapy and Community Health, Dublin City University, D09 W6Y4.

What is the purpose of the study?

The National Counselling Service (NCS), regularly receives feedback from former clients indicating that users of the service continue to experience particular difficulties with regards to their ability to trust in others generally. This study will attempt to build understanding of why some individuals have difficulty to trust in relationships, while some others may improve their capacity to do so. It is expected that the study outcomes will inform practice on the specific issue of trust, and help improve our capacity to work wit client concerns.

What will I have to do?

If you are willing to take part, you will be invited to an interview lasting approximately one hour, followed by a short debriefing, at your local NCS offices, or on-line on a secure platform if preferred. The interview will be digitally recorded and later transcribed for analysis. The interview will focus on your perspectives on trust, your historical experience(s) of trust and mistrust, current feelings, any changes experienced over time and your beliefs in relation to why matters may have changed or remained unchanged.

Will my taking part in the study be kept confidential?

Quotes from the interviews will be used in the academic thesis and in reports of the research and presentations at professional and educational meetings. However, your name and other details that would identify you, will not be used in any report of the findings. Nevertheless, while this study will be run in strict accordance with procedures on confidentiality, certain legal limits apply, so should there be a disclosure of information which involves risk to a child, another person or yourself, the researcher will discuss its management with you.

How will my interviews be used & my information disposed of?

All the interviews will be typed up, anonymised and analysed by the researcher. After transcription your audio recording will be deleted, and the anonymised transcript of your interview will be stored safety under password control on a secure server. Any hard copies of your information (e.g. your consent form) will be stored in a locked filing cabinet in a private office. All handling, processing, storage and destruction of your information will be conducted in full compliance with General Data Protection Regulation (GDPR) and DCU policies & procedures. Your data will be confidentially and securely destroyed after a period of five years. Should you need to lodge a complaint concerning your data you may do so with the Irish Data Protection Commission (D02 RD28). Should you require access to

your data you may do so by contacting the DCU Data Protection Unit (data.protection@dcu.ie).

What are the advantages & disadvantages of taking part?
There are no direct benefits to taking part. However, NCS service users may derive some personal
satisfaction from contributing to research that may help to improve therapeutic services. A potential disadvantage to taking part might be that recalling memories and experiences. from the past, may prove to be emotionally upsetting. In this event, the researcher will stop the interview and work to support and contain your distress and only resume the interview with your express permission. Should additional resources be required additional supports will be made available through the service telephone help line "Connect" and the option of re-referral to counselling.

What happens if I don't want to carry-on with the study?
Your participation is voluntary. You are free to withdraw at any time up to one month following the interview and without giving a reason. A period of one month is afforded to allow time for you to fully reflect and consider your continued participation in the study. After this period the data you provided will be fully anonymised by virtue of its analysis in conjunction with the data from all the other study participants. Because the analysis fully anonymises your data, it is no longer possible to extract its content from the data pool and hence your withdrawal from the study will not be possible once this analysis has begun.

How will results of the study be used?
Results from the study will form the basis of a doctoral thesis that will contain verbatim quotations from interviews, so although you will not be identified you may if reading the document recognise something that you have said. It is planned to inform the NCS management and their counsellors/therapists of the study findings, in addition an executive summary of results will be presented to the wider mental health professions potentially through conferences or journal articles, and to you should you request a copy.

What do I need to do if I want to take part or have more questions?
If you decide to take part in the research study please keep this information sheet, complete the attached Opt-In slip, and return it using the enclosed stamped addressed envelope. If you have any questions regarding the research please contact the researcher: Frank Reddan – frank.reddan2@mail.dcu.ie Tel.: 086 049 6529. Participants may also contact the academic supervisors for the study: Dr. Aisling McMahon – email: aisling.mcmahon@dcu.ie and Dr. Siobhan Russel – email: Siobhan.russell@dcu.ie or if an independent contact is required please contact: The Secretary, Dublin City University Research Ethics Committee, c/o Research and Innovation Support, Dublin City University, Tel.: 01 700 8000 or email: rec@dcu.ie.

Appendix D: **Informed Consent**

Research Title: How do adult survivors of childhood abuse, experience and understand their capacity to trust in relationships?

This study will investigate the relational trust experiences of people who experienced childhood abuse. It is being conducted by Frank Reddan (frank.reddan2@mail.dcu.ie, telephone: 086 049 6529). and supervised by Dr. Aisling McMahon and Dr. Siobhan Russell at the faculty of Science and Health, Dublin City University. If you agree to participate and are selected for this study, you will be interviewed at least once, and asked to share your experiences and perspectives on your ability to trust in others generally.

If you consent to participating in the study please tick Yes/No to the following statements as they apply to you:

I have read the Plain Language Statement (or had it read to me)	Yes/No
I understand the information provided	Yes/No
I understand the information provided in relation to data protection	Yes/No
I have had the opportunity to ask questions and discuss the study	Yes/No
I have received satisfactory answers to all my questions	Yes/No
I am aware my interview will be audio taped	Yes/No

I understand that my participation is voluntary and that I am free to withdraw without giving any reason, up to one month following interview, and without legal rights being affected.

Yes/No

I also acknowledge that all data gathered during this research will be deleted and shredded five years post completion of the study or earlier, in accordance with DCU guidelines.

I have read and understood the information in this form. My questions and concerns have been answered and I have a copy of this consent form. I agree to take part in the above study.

Participant Signature: ________________

Name in Block Capitals: ________________

Researcher: _________________

Date: _________________

Appendix E. Indicative Content for Initial Interviews in Phase 1.

(Interview content will evolve based on data analysis in Phase 1.)

Background/Demographic Question Areas:

1. Type(s) of childhood abuse experienced

Emotional	Physical	Sexual	Neglect

2. Duration of Abuse

Once-off	# months	# years

3. Relationship to abuser(s)

Family	Outside family	Institutional

4. Reasons for attending counselling/psychotherapy

5. Views about counsellor

Helpful	Undecided	Unhelpful

6. Views about counselling/ psychotherapy received

Satisfied	Undecided	Unsatisfied

7. Therapeutic history

Current experience: Previous experience(s):

Interview Schedule:

1. How would you rate and describe your capacity to trust in others?
   a. What are your beliefs around how you came to hold your current views?
   b. Has your experience of trusting in others changed over time?
      ✓ Prompt for examples/incidents, agent(s) of change,
   c. Can you share with me how your capacity to trust/mistrust makes you feel?

- ✓ Prompt for vulnerabilities, avoidance behaviour(s), future hopes

2. Can you share with me your earliest memories concerning trust/mistrust?

    a. Have you ever considered that your experiences in childhood impacted your capacity to trust?

        - ✓ Prompt for the deep visceral meaning

    b. Can you describe if your feelings/capacity for trust has changed pre versus during therapy?

        - ✓ Prompt for what changed, what motivated / inspired the change, how are the feelings characterized.

    c. Can you explain why you believe no change happened for you?

        - ✓ Prompt for personal beliefs re extent and type of damage to the trust system, their experience of trying to trust, is it just mistrust now?

3. Can you describe for me what influence(s) therapy is having or has had upon your capacity to trust, if at all?

    a. Is/Was trust a goal for therapy?

    b. Is/Was it a topic of discussion or exploration in therapy?

    c. If not, what is the understanding for why this was so?

4. What is it you believe would have been or would be helpful to achieve a better therapeutic outcome?

Throughout the interview the researcher will be minded of the two key questions that form a basis for subsequent analysis; “what is the main concern being faced by participants?” and “what accounts for the continual resolving of this concern?” (Glaser & Holton, 2004, cited in Kenny & Fouri. 2015).

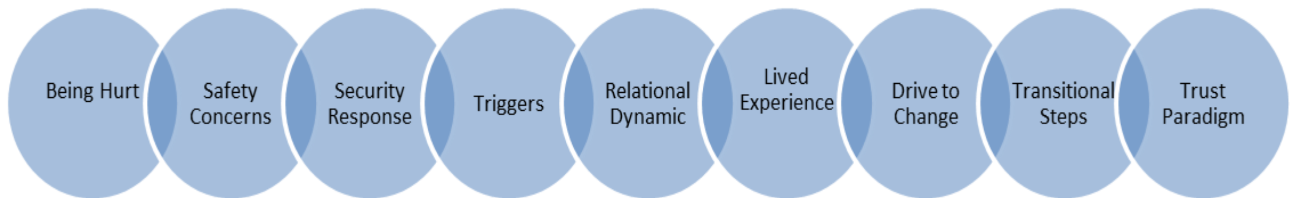
Appendix F: Open Coding: Sample of 'Concepts' Coded from Transcripts

Initial Coding 'Concepts'	**No. of Interviews** (raising the concept)	**No. of References** (across all interviews)	**Description of the 'Concept'**
Trust features	1	2	Participants understanding of trust from a dimentional perspective
Trustworthiness	9	18	Participants who identified this trait as relevant to their journey on trust
Trust the self	4	12	Participants who claimed to be unable to reliably trust in themselves (their gut, intuition)
Limitations on trust	10	24	Participants who noted a graduated approach to trusting.
Trust in workplace	4	7	Experience of trusting in the worklace relative to other domains
Trust in relationship	12	28	Particiapnts contextualizing of trust in relationship with significant other(s)
Self Trust	3	6	Trust in the self as distinct from thrusting others or situations or things.
Reliability	9	22	Participants whose understanding of trust was that the other was reliable and would keep a confidence/a commitment
Patience	2	2	A feature defined by participants in their journey towards trusting others.
Felt seen	6	11	Participants who identified being heard, understood, validated, being seen as a change point in their relational ability OR opposite
Experience of trust	7	18	Participants expression of what it meant to them to be able to trust in another or perhaps to have another trust in them
Coping mechanism	9	23	Participants description of how they coped in circumstances where they didn't trust
Dissociation, distraction	3	3	Participants who relied on this type of mechanism to enable them to cope
Deprivation	3	4	Participants who noted this feature as a means of coping whether of the self or at some other level
Confidence	1	2	Participants who noted it as very key and important to their decision to trust
Trust can be learned	3	6	Participants who believe that trust can be learned with favourable inputs from others
Trust is a skill	1	1	The participants identifies trusting others as a skill
Reframing understanding	9	26	The steps or pathway to recovery of trust, may involve new meaning or different understanding of past experiences
Trust devel. techniques	6	19	Steps taken to assess the trustworthiness of the other
Timeframe	6	10	Once on the journey to trusting, the time periods involved
Positive reinforcement	7	16	Participants who noted the rewards of starting to trust in either receiving or giving trust
Interpreting behaviours	7	16	What participants noted when explaining how they learn to trust
Inauthentic	5	6	Participants who noted lack of honesty, genuineness, duplicitous OR the converse
Fluidity of trust	4	12	Particiots who highlighted the conditionality of trust
Empowerment	4	6	Participants who felt thay had freedom of choice and allowed full autonomy and self agency, feeling more self assured.
Control	3	4	Participants who noted this feature as a form of new begining, new realisation, a redirection from the compulsive people pleasing.

Appendix G: Data Analysis Extract Connecting Concepts, Sub-categories and Categories

Categories	Sub-Categories	Concepts	No. of Interviews (raising the concept)	No. of References (across all interviews)	Description of the 'Concept'
Being Hurt					
	Emotional	Alone	2	7	Participants who noted loneliness as a consequence of their life journey
		Shame	9	26	Participants who noted one or other of these experience when relating to others or in relationship with others
	Physical	Abandoned	6	16	Participants who were made to feel abandoned or rejected or run-out on, creating the feeling of distrust
		Anger	9	32	The family context involved anger and rage
	Social	Alienation	9	22	Participants who found themselves being judged and excluded by individuals and/or (sections of) society
		Connectivity	1	2	Participants who noted lack of connection to others
	All 3	Neglectful treatment	9	29	Failure to provide needed and appropriate supports to facilitate realising the potential of the child/person OR that the opposite effect could be achieved with the opposite treatment
		Isolation	10	35	The sense of loneliness and isolation that ensues from being emotionally/physically alone to deal with life issues
		Not valued	9	25	Participants who noted not being valued (disapproved of) or having an acceptable level of esteem from others.OR the converse
		Deficit(s) in Soc learning	8	21	An absence of appropriate teaching/nurtuing/encouragement
Security Response	**Protection**		13	88	Participant experiences of self protection or protection by others in an environment without trust
	Vigilance		12	36	Participants noted it as a replacement for trusting
		Burdening others	9	12	Participants offer this as a reason for not fully or partially sharing/trusting others
		Deception	9	34	Participants who noted deception/lies/deceit/misrepresenting or otherwise the belief that matters are not dealt openly & honestly because they distrust the circumstances
		Don't Trust	13	31	Participants who stated that they didn't trust others
		Resisting input of others	10	24	The absence of trust leads participants to resist the input of others, rigidity, inflexibility
		Dissociation, distraction	3	3	Participants who relied on this type of mechanism to enable them to cope
	Withdrawal from threat		12	39	Participants means of dealing with an absence of or reduced trust in person/place or thing is to withdraw AND why they might return!
		Emotional escape	6	11	Participants who noted a psychological / emotional need for escape and protection OR who noted the mis-treatment of their emotions as underlying their abuse and distrusting
		Silence	10	28	Participants who maintain silence and secrecy to keep themselves safe
		Manipulation	4	7	Participants who identified manipiulation as the means used to contol them
		Coping mechanism	9	23	Participants description of how they coped in circumstances where they didn't trust
		Deprivation	3	4	Participants who noted this feature as a means of coping whether of the self or at some other level

Appendix H: Theoretical Coding: Early Conceptualization of the Inter-Relationship of Substantive Concepts



Appendix I: DCU Ethics Approval

Ollscoil Chathair Bhaile Átha Cliath
Dublin City University

Frank Reddan
School of Nursing, Psychotherapy & Community Health

Dr. Aisling McMahon
School of Nursing, Psychotherapy & Community Health

Dr. Siobhan Russell
School of Nursing, Psychotherapy & Community Health

26th February 2021

REC Reference: **DCUREC/2020/253**

Proposal Title: **How do adult survivors of childhood abuse, experience and understand their capacity to trust in relationships?**

Applicant(s): **Frank Reddan, Dr. Aisling McMahon, and Dr. Siobhan Russell**

Dear Colleagues,

Further to full committee review, the DCU Research Ethics Committee approves this research proposal. Please note that this approval is pending the receipt of approvals from the Hospital REC prior to commencing the research.

Materials used to recruit participants should note that ethical approval for this project has been obtained from the Dublin City University Research Ethics Committee.

Should substantial modifications to the research protocol be required at a later stage, a further amendment submission should be made to the REC.

Yours sincerely,

Dr Geraldine Scanlon
Chairperson
DCU Research Ethics Committee

Taighde & Nuálaíocht Tacaíocht
Ollscoil Chathair Bhaile Átha Cliath,
Baile Átha Cliath, Éire

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Appendix J: HSE Ethics Approval

Posted 13/5/21

Regional Manager Consumer Affairs
HSE Dublin North East
Bective Street, Kells
Co. Meath, A82 NX32
Tel: +353 (0) 46 9251264
Fax: + 353 (0) 46 9251774
Hampton Court, Cootehill Road
Cavan Town, H12 YY84
Tel: + 353 (0) 49 4377343
Fax: + 353 (0) 49 4377379
Email: consumeraffairs.hsedne@hse.ie

Mr Frank Reddan
"The Arches"
Adult Counselling Service
21 Church Street
Tullamore
Co Offaly

23/4/2021

Re/ Research Study Proposal: Revised Submission
"How do adult survivors of childhood abuse, experience and understand their capacity to trust in relationships"
REC Ref: REC/21/014

Dear Mr Reddan

I refer to your email correspondence of the 21/4/2021 in response to issues raised by the HSE North East Research Ethics Committee (REC) in connection with the above study. I wish to advise that I have had an opportunity to review same.

I can confirm that you have met all the conditions of the Committee.

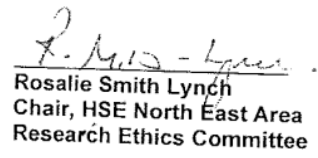
Approval is now given to commence the above Study.

You should note that ethical approval will lapse if you do not adhere to the following conditions:

1. Submission of an Annual Progress Report (due annually from the date of this approval letter)
2. Report unexpected events or any event that may affect ethical acceptability of the study.
3. Submit any changes to study documentation (minor or major) to the North East REC for review and approval.
4. Notify North East REC of discontinuation of the study.
5. Submit a final Study Report/Study Synopsis when the study has been completed.

This approval will be formally noted at the next REC meeting.

Yours sincerely,



Rosalie Smith Lynch
Chair, HSE North East Area
Research Ethics Committee

Copied to/ Dervila Eyres, Head of Service MH, Ardee Business Park, Hale Street, Ardee, Co. Louth
Fiona Ward, Director of Counselling, 34 Brews Hill, Navan, Co. Meath

HSE North East Area Research Ethics Committee
HSE Dublin North East, Bective Street, Kells, Co. Meath

List of site/s with favourable opinion/approval

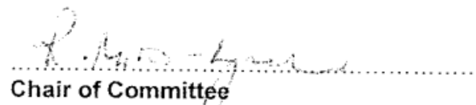
Research Identification

Title of Research: "How do adult survivors of childhood abuse, experience and understand their capacity to trust in relationships"

Approval to commence the study was given on 23/4/2021.

The study approval is extended to each of the site/s listed below.

Applicant	Site
Frank Reddan	"Rian" National Counselling, HSE Dublin North East, 34 Brews Hill, Navan, Co. Meath

Signed: 
Chair of Committee

Date: **23/4/2021**