Defining the Concept and Clinical Features of Epistemic Trust

A Delphi study

Saskia Knapen, MD,* Roos van Diemen, MSc,* Joost Hutsebaut, PhD,†‡ Peter Fonagy, OBE, FMedSci FAcSS, FBA, PhD,*¶§||¶# and Aartjan Beekman, MD, PhD**††

Abstract: Early identification of “patients at risk” for not completing regular treatment or not benefitting (sufficiently) from treatment might be among the most cost-effective strategies in mental health care. The recently introduced concept of epistemic trust (ET) may have the potential value to predict patients at risk and therefore act as a marker of treatment outcome. We argue that ET may be the final common pathway through which aversive relational experiences in the past result in interpersonal dysfunctioning, which in turn result in dysfunctional therapeutic relationships, rendering it difficult for patients to trust whatever is offered to learn in therapy. Hence, the concept of ET can play an essential role in personalized medicine, allowing for a more tailored treatment assignment to specific patients’ characteristics, which may improve treatment outcomes. In this brief report, we define the clinical features of ET by describing its core domains based on consensus of expert opinion on the concept. The response rate was high, and there was a high level of agreement across experts, demonstrating a strong consensus between experts on the definition and clinical features of ET and mistrust and its significance to the understanding of personality disorders. By means of having a clear definition of the clinical features of ET, we hope to make it accessible for assessment.

Key Words: Personality disorders, epistemic trust, outcome, personalized medicine, psychomarker

(J Nerv Ment Dis 2022;210: 312–314)

Early identification of “patients at risk” for not completing regular treatment or not benefitting from treatment might be among the most cost-effective strategies in mental health care. It would help prevent exposing patients to treatments that do not work and help develop a more personalized approach to treatment assignment (US Food and Drug Administration, 2013).

In an earlier article (Knapen et al., 2020), we introduced the potential value of the concept of epistemic trust (ET) as a measurable predictor or “psychomarker” of treatment outcome.

The concept of ET is defined by Fonagy and Allison (2014) as “the individual’s trust that new knowledge from another person is authentic, trustworthy, generalizable and relevant to the self” (p. 373). They describe ET as an adaptation evolved to be able to receive social information from caregivers. It is closely related to the development of social cognition, allowing a child to assess the intentions of others and to learn in therapy. Hence, the concept of ET can play an essential role in personalized medicine, allowing for a more tailored treatment assignment to specific patients’ characteristics, which may improve treatment outcomes. In this brief report, we define the clinical features of ET by describing its core domains based on consensus of expert opinion on the concept. The response rate was high, and there was a high level of agreement across experts, demonstrating a strong consensus between experts on the definition and clinical features of ET and mistrust and its significance to the understanding of personality disorders. By means of having a clear definition of the clinical features of ET, we hope to make it accessible for assessment.

METHODS

Study Design

The Delphi method was used to survey expert opinion and gain systematic consensus on the definition and clinical features of ET and epistemic mistrust (EM). The Delphi method is a consensus-building technique that uses expert opinion to formulate a shared framework for understanding a topic or theoretical concept with limited empirical support (Boulkedid et al., 2011; Langlands et al., 2007; Linstone and Turoff, 1975; Powell, 2003). The Delphi method has been proven to be especially useful to address topics involving lack of empirical data (Delbecq et al., 1975; Powell, 2003; Wollersheim et al., 2009), which makes it particularly suitable to obtain more substantiation to the still new and relatively unexplored concept of ET. The current Delphi study...
consisted of three rounds, which were presented to the experts via an online survey tool.

Procedure

A provisional definition of ET was proposed by the authors based on the available literature. Experts were asked to indicate to what degree they felt that each section was valuable as part of the definition of ET and were stimulated to give feedback in terms of additions and rephrasing of the sections. Subsequently, revised sections were presented again for reconsideration, even when consensus was already reached.

Selection of Experts

Professor Peter Fonagy (P.F.) was asked to support the process of the selection of experts, as he is one of the founders of the theory on ET. The Delphi experts were all clinically and/or scientifically active in the field of personality disorders, mentalization, and ET. Selection criteria were drawn up based on criteria from other Delphi studies (Legra et al., 2017; Van Alphen et al., 2012). A total of seven experts completed all three Delphi rounds (Fig. 1, Table 1).

Data Analysis

Data were analyzed using mean, standard deviation, and median formulas to calculate consensus for each section of the definition. The average score served as a measure of the level of agreement (Van Alphen et al., 2012; Sharkey and Sharples, 2001). Agreement was reached when at least two thirds of the respondents (≥267%) “agreed” or “fully agreed” on a 6-point Likert scale.

Definition

To be able to define the more stable clinical features of ET, we chose to specifically focus on a trait-like definition of ET as an adaptive predisposition characterized by a tendency to perceive, think, feel, and behave in a certain way in specific situations. The definition therefore was formulated in accordance with the characteristics of a personality trait, as described in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (American Psychiatric Association, 2013).

**RESULTS**

In the first round, consensus was reached on six of the seven sections of the definition of ET, meaning that on these sections, more than 66.6% of the experts scored a 5 or 6, indicating medium and strong agreement on the inclusion of the fragment as part of the definition of ET. Total agreement rates ranged from 43% to 86%. In addition, substantial feedback was given both textually and on the content of the definition. In Table 2, the values marked with superscript letter “c” met the criterion of 66.6% or greater agreement.

In response to the feedback the experts provided, several sections were revised, and suggested additions were taken into account (see Appendix A&B, Supplemental Digital Content 1, http://links.lww.com/JNMD/A125). The section on ontogenetic characteristics of ET met low agreement (42.9%) and was deleted from the definition. Although consensus was reached for all other sections, five of the remaining six sections were again presented to the experts in the second round, since considerable textual revisions were made. This resulted again in sufficient consensus on all these sections, where agreement was higher (sections 1 and 2) or equal (sections 3, 4, and 7) to the first round.

In the second round, one of the experts drew our attention to a possible ambiguity of the original definition. Because this feedback related to relevant conceptual aspects of the definition, we decided to perform a small adjustment to the original definition and conduct an additional third round where 85.7% of the experts agreed with the proposed refinement of one aspect of the definition. Appendix C (Supplemental Digital Content 2, http://links.lww.com/JNMD/A131) illustrates the final Definition Epistemic Trust based on expert consensus.

**DISCUSSION**

The theory of ET may have the potential to predict outcome of (social) interventions, but there is still very little empirical evidence for this theory. To make the concept of ET accessible to a clinical assessment, consensus is needed about its definition and clinical features. We therefore conducted a Delphi study to gain consensus on the definition of ET. To our knowledge, this was the first Delphi study focusing on ET and mistrust. An international panel of experts on the subject was asked to participate, and ultimately, consensus was yielded on six of the seven topics concerning ET or EM. The response rate was high, and there was a high level of agreement across experts, demonstrating a strong consensus between experts on the definition and clinical features of ET and mistrust and its significance to the understanding of personality disorders.

We chose to conduct an additional third round because of a relevant conceptual discussion about ET as a stable personality trait. A conceptually similar discussion may be seen in the attachment literature, where there has been a paradigm shift from attachment as a relatively stable personality trait toward a more dynamic understanding of attachment (Kobak and Bosmans, 2018). Although attachment style may be largely stable and as such predictive of the actual relational style, specific attachment states may still be changeable and (partly) also depend on the specific attachment person involved in the dyad.
TABLE 2. Results for the Agreement of the Following Sections as Part of the Definition of Epistemic Trust/Mistrust in Round 1 (N = 7)

<table>
<thead>
<tr>
<th>Definition Epistemic Trusta</th>
<th>Range</th>
<th>Median</th>
<th>Mean</th>
<th>SD</th>
<th>1–2</th>
<th>3–4</th>
<th>5–6</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. General definition</td>
<td>3–6</td>
<td>6</td>
<td>5.3</td>
<td>1.11</td>
<td>—</td>
<td>14.3</td>
<td>85.7c</td>
</tr>
<tr>
<td>2. Expression ET</td>
<td>3–6</td>
<td>5</td>
<td>4.9</td>
<td>1.07</td>
<td>—</td>
<td>28.6</td>
<td>71.4c</td>
</tr>
<tr>
<td>3. Continuum</td>
<td>4–6</td>
<td>5</td>
<td>5.0</td>
<td>0.82</td>
<td>—</td>
<td>28.6</td>
<td>71.4c</td>
</tr>
<tr>
<td>4. Expression EM</td>
<td>2–6</td>
<td>6</td>
<td>5.0</td>
<td>1.53</td>
<td>14.3</td>
<td>14.3</td>
<td>71.4c</td>
</tr>
<tr>
<td>5. Context</td>
<td>4–6</td>
<td>5</td>
<td>5.3</td>
<td>0.76</td>
<td>—</td>
<td>14.3</td>
<td>85.7c</td>
</tr>
<tr>
<td>6. Ontogenetic</td>
<td>3–6</td>
<td>3</td>
<td>4.1</td>
<td>1.46</td>
<td>—</td>
<td>57.1</td>
<td>42.9</td>
</tr>
<tr>
<td>7. Effect ET/EM</td>
<td>4–6</td>
<td>5</td>
<td>5.0</td>
<td>0.82</td>
<td>—</td>
<td>28.6</td>
<td>71.4c</td>
</tr>
</tbody>
</table>

aFor full definition, see Appendix A, Supplemental Digital Content 1, http://links.lww.com/JNMD/A125.
bDistributions of ratings (%) of the tertiles 1–2, 3–4, and 5–6 along the 6-point rating scale.
cValues met the criterion of 66.6% or greater agreement.

We believe ET might be conceptually similar; although ET has features that are rather stable over time, the emergence of these features also depends on the actual relational context within a specific (therapeutic) encounter, determining whether trust is evoked. In consideration of this, we chose to refine our original definition by defining ET as a trait-like disposition.

Limitations of this study were the limited number of experts (7), and all experts had backgrounds in attachment and mentalizing theory. Other frames of reference in background were not represented. Because of practical issues, we chose an online survey program, which may have sacrificed an opportunity for more active and personal engagement in this effort. Still, the Delphi methodology offers a practical and cost-effective approach to this problem. Delphi research relies on level III evidence, although it is recognized as an excellent starting point for further scientific inquiry (Wollersheim et al., 2009).

The purpose of this study was to reach consensus on the definition of ET to allow the design of a tool to measure ET. This tool could be used as a psychomarker to predict who may benefit from psychosocial interventions and who may need adaptations to the treatment, for example, selecting highly specialized treatments, which take into account epistemic hypervigilance from the start. The potential predictive value of ET may not only be limited to mental health treatment, but to any intervention that depends on trust in others.

In a subsequent Delphi study, we will focus on the design of a questionnaire to be able to measure ET at the start of any treatment.

ACKNOWLEDGMENTS

We would like to thank Ron Allen, Efrain Bleiberg, Chloe Campbell, Martin Debbane, Peter Faggie, Tobias Nolte, and Carla Sharp for participating in our Delphi study as experts on epistemic trust.

Author contributions: Saskia Knepen designed the first draft and did the final editing. Roos van Diemen wrote Methods. Joost Hutsebaut, Peter Fonagy, and Aartjan Beekman edited. Peter Fonagy participated in the study as advisor.

DISCLOSURE

The authors declare no conflict of interest.

REFERENCES
