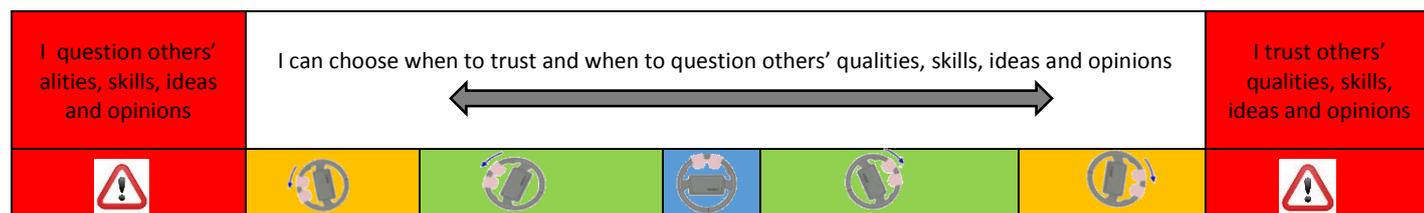


A Psychological and Developmental Understanding of the Factor Trust of Others



When we trust others, we see them as supportive of our needs; we assume they are for us and want the best for us. We believe that the requests they make of us are of good intent and will benefit us, so we are responsive to their requests. We are willing to modulate our behaviour in response; we join in, fit in, comply, and acquiesce.

Whilst there will always be a genetic component which may cause an affective or behavioural bias towards the degree of trust we have in others, it is acknowledged that environmental factors are a significant contributory factor. Developmental psychologists suggest that the degree to which we trust or question others is shaped by our early attachments with caregivers (Bowlby 1971-1975, 1969-1980) Attachment theorists suggest that as children we draw upon past experiences with caregivers to formulate an internal working model of interaction; this internal working model influences the expectations we have of subsequent interactions with others in the future. Our anticipation of others' responses to us affects our behavioural patterns; over time, reinforced patterns of behaviour may be thought of as traits.

It is important to note that increasingly, research shows that while early attachment exerts substantial influence over later development, a child or adolescent's internal working model can change as a function of deterioration or improvement in the parent-child relationship, a change of environmental risk, or the influence of significant adolescent peer relationships (Cicchetti, Cohen 2006). With the advance of adolescence, the amount of time spent with parents typically drops while time spent with peers increases considerably, giving peers and significant others outside the family home an opportunity to influence the early internal working models to date. As such, adolescence is widely seen as a second window of developmental opportunity and risk (Sroufe 2005).

Children who experience early care givers as emotionally available, responsive and supportive, are likely to anticipate a similar response from others. For example, a child who is comforted and reassured by a parent when hurt as a toddler, is likely to assume that their nursery teacher will be supportive when their sandcastle collapses at nursery; at primary school they are likely to assume that teachers are there to support them in their learning, and teenage peers will be there for them when their dog dies, they lose a match or fail their driving test. The anticipation that others will be available, responsive and supportive towards them reinforces a pattern of trusting interpersonal behaviours: they may intentionally seek out support when facing a challenge or in difficulty; they may initiate intimate and close attachments; they may be more disclosing at an earlier stage of a relationship; they may exhibit greater deference and compliance; they may be particularly willing to modulate their behaviour in order to fit in or please others.

One of the most critical developmental goals of early childhood is the ability to manage heightened states of arousal, of both negative and positive affect. It is equally important for a child to know how to respond in a healthy way to feelings of anger and disappointment, as it is to know how to respond to feelings of excitement and joy without losing control and getting overwhelmed. Effective emotional self-regulation has been described as the 'bedrock of healthy psychological functioning' (Hoyle 2010). There is very considerable research conducted through longitudinal studies over thirty years to evidence that the early ability to self-regulate emotional state predicts future healthy psychological functioning, social competence and academic outcomes (Eisenberg et al. 2000).

Research suggests that a child's trust of their caregiver to meet their needs may have a significant impact on a child's subsequent emotional self-regulation (Morris et al. 2007). In receiving appropriately available, supportive and responsive care at an early age, children learn to trust that their caregiver will be able to help them when emotionally aroused (Cassidy, Cassidy-Shaver 2008). With sensitive support from a caregiver who gently rocks them when agitated, comforts them when upset, settles them to sleep when tired, listens when they are worried, remains calm and consistent when they are angry, sets fair and reasonable boundaries when they seek to test the limits of their own power – children observe and learn a wide repertoire of strategies to manage their emotions in a healthy way. In this way, emotional self-regulation is modelled by a sensitive, supportive parent, who seeks to scaffold their child as they begin to internalise and utilise their own self-soothing, self-regulating strategies in times of emotional arousal (Sroufe 2005; Kopp, C.B, Neufeld, S.J. 2003). Over time, effective emotional self-regulation gives children and adolescents a repertoire of skills which have been said to have a greater positive impact on future outcomes than academic ability (Blair, Diamond 2008) they include the ability to find healthy strategies to deal with uncomfortable feelings, exhibit impulse control, delay gratification, inhibit inappropriate responses in social situations, and resist distraction (Eisenberg et al. 2010; Trentacosta, C.J., & Shaw, D.S. 2009).

The risks associated with a bias towards a polar high trust of others

Whilst it may be instinctive to assume that children who have an implicit trust of others are significantly advantaged, it is not necessarily so. A reliance on others to regulate our emotional state can result in limited self-regulatory skills. For some children, this may manifest in *attention expectant* behaviours such as assuming that others should give us what we need when we want it. For others, this may manifest in *attention needing* or seeking behaviours, such as over emphasizing behaviours to elicit attention from others.

An over responsive parent or adult who intervenes unnecessarily can hinder a child's opportunity to learn to sit with uncomfortable feelings and find their own effective self-soothing strategies. If a young child is picked up as soon as they cry or held in a parent's arms until they go to sleep, they will not learn to work through feelings of fear and discomfort; they may not develop healthy self-soothing strategies that they will need to navigate through these feelings in later life. If a child's feelings of hunger and need are instantly gratified, they will not learn to delay gratification and control their own impulses; a self-regulatory function highly predictive of higher levels of academic and social competence (Blair, Razza 2007; Mischel et al. 1988; Mischel et al. 1989). If a parent leaps in to defend their child in a conflict situation and absolve them of any responsibility, they are denying their child the opportunity to question their own actions and adjust their own behaviours (Leary et al. 1995). Children whose feelings of boredom are quickly sated do not learn to stay focused and attentive once novelty wears off; they are easily distracted and it affects their learning outcomes. Children who are given help and support as soon as a task becomes challenging are denied the opportunity to learn perseverance and resourcefulness (Gilliom et al. 2002). Children who are repeatedly allowed to win games, and have their feelings of frustration and disappointment quelled, do not learn to lose with grace; they can become overwhelmed by their frustration, exhibit poor sportsmanship and experience peer isolation as a result (Eisenberg et al. 2000).

Teenagers who are expectant of a teacher's responsibility to support them as soon as something is difficult, and who experience affirmation which is not linked to effort are likely to develop a learned helplessness towards their learning goals, and exhibit complacency and a lack of aspiration (Walker Simon P. 2014) they are unlikely to develop the self-efficacy essential for high performance (Zimmerman 1996). Teenagers who are expectant of others' attention can alienate peers and frustrate teachers who see them as attention demanding and self-referential. If a teenager experiences things they have broken or lost simply being replaced, they will not learn to take responsibility for their belongings, anticipate consequence or organise themselves. Teenagers who assume that what others have is freely available to them, are more likely to borrow without asking or take the last piece of toast; behaviours which exhibit a sense of entitlement and thoughtlessness for others.

In an era of social networking, children who instinctively assume that others are reliable, trust worthy and supportive may not develop the protective behaviours necessary for safeguarding. They may respond to requests which place them in harm; they may disclose something that they believe will remain confidential and find it thoughtlessly shared; they may be naively assumptive that the joke they post on a Facebook post will be taken as such, yet may have devastating consequences; they may assume that because others have engaged in an online behaviour, then they must too in order to remain part of the social group.

Some children may be predisposed towards a high level of trust in others, and may need skilled parental emotional regulation to develop an appropriate sense of others' availability, reliability or trustworthiness. Other children may adopt a contextual inflation of others' reliability and availability. They may assume that because their parents pay for private education, they ought to receive a certain level of availability and responsiveness from teachers; they may perceive their peers as socially powerful and seek to maintain their approval; they may be the youngest cohort in the school and have a deference to those older than them. Again, these children will need skilled adult emotional regulation to develop an appropriate and measured trust of others.

The risks associated with a bias towards a polar low trust of others

A child's experience of interaction with their earliest caregivers are influential in forming internal working models which provide a child with a guide as to how to anticipate future interactions. Children who experience early care givers as less emotionally available, reliable, responsive and supportive, are likely to exhibit a reluctance to rely on others to acknowledge, support and regulate their emotional state. They are more likely to develop a repertoire of self-reliant strategies, which may in the long term have a limiting impact on their social competencies and mental health (Sroufe 2005, 1997).

Self-reliance is a strategy seen in young infants who perceive care givers as unavailable. They are more likely to self soothe in times of stress and struggle; they may take themselves off, go quiet and refuse to engage, or play solitarily with a favourite toy (Nachmias et al. 1996). Although not displaying signs of emotional distress, physiological tests conducted at the same time, show significantly elevated levels of the stress chemical cortisol and other physiological effects of internalised anxiety (Hane et al. 2008). Their purposeful internalisation of anxiety can be seen as an adaptive regulatory response to minimize reliance on the caregiver. Whilst such self-soothing strategies may be effective in the short term, in not trusting caregivers to support their emotional needs, these children are not developing a wide range of healthy self-regulating strategies, strategies which might include talking to someone, asking for help, asking someone to stop, or doing something to put the situation right. Evidence shows that heightened internalised emotional arousal at an early age leads to difficulties in self-regulation in later years which can have a significant impact on a young person's social competencies and mental health (Trentacosta, C.J., & Shaw, D.S. 2009; Gilliom et al. 2002)

A low trust of others' willingness and availability to meet their needs is likely to lead to self-reliance in times of threat or stress. Consider the experience of a toddler, fearful of the dark, whose fear is overlooked or deflected by their care giver; they needed help to make sense of those feelings and build their confidence in sleeping with the light off. Without this help, a deep seated fear of the dark may remain, with the child developing a range of self-strategies in later years to cope with this threat, such as needing to sleep with the light on, or avoiding sleeping at other people's houses who may not keep a light on at night. A young child in nursery who has not experienced others as noticing or attending to his needs may experience peers at nursery similarly. She may develop behaviours which serve to meet her needs irrespective of others, such as taking the spade before others do, hiding her favourite book where no one else can get it, hitting out at the person who 'deliberately' stood on her finger although to others it was surely an accident. For many children, this is simply a stage of development which will gradually abate; for others, these self-protective behaviours may emanate from an internal working model which suggests that others are not reliable, supportive or necessarily for you.

A school child who has perceived others as unsupportive in times of struggle of confusion may extrapolate the same of adults at school; he may refuse to acknowledge when something is difficult or confusing, and resist offers of help, preferring to find his own solutions. Whilst this may be advantageous towards developing resilience and resourcefulness, he may struggle to see others as a learning resource, is reluctant to engage fully in collaborative tasks and sees the expression of struggle or confusion as failure. Internal frustration may also at times erupt as he struggles to contain those emotions, having fewer healthy self-regulating strategies to draw upon (Cassidy, Cassidy-Shaver 2008). In addition, if he hasn't experienced others as supportive when he has been frustrated, upset, angry, worried or disappointed, he will have little modelled

experience to know how to respond appropriately when he see his peers frustrated, upset disappointed or worried. He may respond by getting frustrated or impatient himself which may escalate the situation.

A young adolescent who has not experienced others as emotionally available, supportive and responsive may develop self-reliance which manifests as *attention indifference*. She may come across to others as detached, dismissive of others and self-referential. She may assume that others have nothing to offer her, or that others can't be trusted to deliver what they promise. She may be controlling and arrogant in social situations, assuming that the only way to get something done is to do it yourself. As a result, she may experience increased social isolation and struggle to form mutual, reciprocal peer relationships.

For other children and adolescents, self-reliance may manifest in *attention avoidant* behaviours. They may fear that others will reject or diminish them in some way, and seek to avoid the threat. They may resist forming close attachments which they regard as unstable and fragile; they may sabotage positive experiences before they are spoiled by others; they may deflect attention through a performance which safeguards their vulnerability from perceived hostility; they may be cynical and dismissive of positive affirmation; they may have a heightened radar for injustice and duplicity; they may live life 'in the shadows', preferring to sit at the back, or watch from the side-lines rather than getting fully involved. Over time, again, this may lead to increased social isolation, and a lack of opportunity to develop meaningful, close relationships.

Self-regulation of trust of others

Emotional self-regulation is the ability to effectively manage our internal emotional state and subsequent responses; it is a skill which underpins our psychological stability and social competency in later life, and has significant impact on our ability to be an effective learner. To emotionally self-regulate requires an ability to know when it is appropriate to question or trust others. In questioning others' qualities, skills, ideas and opinions, we act with caution and build our own resilience and resourcefulness; in trusting others, we see others as supportive and reach out to them when in need.

For a child to develop a bias in either direction is to limit their capacity to make wise choices in their social interactions, negatively impact their resilience and self-efficacy as learners, and lessen their opportunity to develop a wide repertoire of healthy strategies necessary to navigate through the inevitable emotional ups and downs of life.

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