Understanding attachment theory can help enhance the mentoring process

Using attachment theory in mentoring

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Attachment theory is a useful way to understand the bond between children and the people with whom they have emotional ties – usually caregivers.

The theory can also help us to understand any adult relationship that provides closeness and a sense of attachment, especially in times of stress or need.

Understanding the nature, cause and effect of the role and function of attachment from a training and development perspective, and different styles of attachment, may improve the quality of the mentoring experience for both mentors and mentees.

Relationships between mentors and mentees have been compared with parent-child attachments because of the intensity of the relationship created between two people who are at different stages of development (Ragins and Cotton, 1999).

Although attachment theory is based on observations of parents and young children (Bowlby, 1979), adult attachment theory goes further by describing romantic and other close relationships between adults who are relatively independent (Hazan and Shaver, 1987). The attachment framework can also be used to examine the main aspects of the relationship that mentors bring to mentoring.

Mentoring relationships have been defined as intense, special and personal, where more experienced and knowledgeable practitioners, advanced in their career, guide those with less experience (Johnson and Nelson, 1999). Traditionally, mentors provide support and guidance – essentially as wise and trusted individuals (Grossman and Valiga, 2005).

Descriptions of mentoring vary; some authors define it as a nurturing commitment, with a mixture of good parent and good friend (Pullen et al, 2001). Others depict the relationship as one of mutual respect focused on learning and achievement, with the mentor being a combination of leader, facilitator, coach and teacher (McCoughen et al, 2011; Rhodes and DuBois, 2006; Andrews and Wallis, 1999).

Neary (2001) described mentoring as a complex relational process that is unique to the individuals involved and compatible with preceptorship, supervising, facilitating and teaching roles.

Some authors have said that mentoring does not have to include a supervisory or professional evaluative role (Andrews and Wallis, 1999). They consider it to have a broader purpose that encompasses giving formal or informal support. I believe this theory confuses the idea of what mentoring is about. In nursing, the mentor's role is one of coaching and collaborative supervision (Dimmock and Lear, 2002). A reflective model that bridges the gap between theory and practice is needed.

A matter of trust
Quinn (2000) saw trust as the hallmark of a meaningful mentor-mentee relationship, and Ragins and Cotton (2000) insisted that the working relationship is the most important aspect of the entire process.

Every mentoring relationship is unique. Yet no matter who is involved, or what form the relationship takes, completing some groundwork helps create a stronger, more productive relationship. Applying a consistent theory will result in a clear, concise understanding of its role and function.

If mentors and mentees are to trust each other and develop a sound working relationship, they need to agree a contract (Zerzan, 2009). Quinn (2000) advised setting specific, realistic and achievable objectives, while Knowles (1984) said the advantage of a contract was that mentees would enter into learning “more purposefully and with greater motivation”. Proctor (2001) stressed the contract should emphasise that both mentor and mentee are open, honest and reliable to promote trust (Garraway and Pistrang, 2010).

Stages and quality of the mentoring relationship
The mentoring relationship has been described as a series of developmental phases: initiation; cultivation; separation; and redefinition (Kram, 1983). Each phase needs to be negotiated carefully or unforeseen issues may arise. This compares with the four phases of attachment, three of which occur in the first year of life (Bowlby, 1977). The outcome of both theories is that individuals resolve to feel secure when exploring their environment.

Mentoring relationships involve the development, maintenance and separation of the relationship created between two people who are at different stages of development (Ragins and Cotton, 1999). They consider it to have a broader purpose that encompasses giving formal or informal support. I believe this theory confuses the idea of what mentoring is about. In nursing, the mentor's role is one of coaching and collaborative supervision (Dimmock and Lear, 2002). A reflective model that bridges the gap between theory and practice is needed.
Experiences of mentoring relationships are likely to shape individuals’ expectations of future mentoring (Ragins and Cotton, 2000) and affect whether they are receptive to building mentoring relationships.

Attachment theory is uniquely suited to inform and enhance our understanding of functional and dysfunctional mentoring relationships because it provides a way of considering the complexities involved in close relationships (Bowlby, 1979).

Mentors and mentees should be committed to the process to maintain and develop the relationship. Commitment conveys two messages, described by Kierkegaard and Gold (2000) as the “Pygmalion effect” (if mentors think their mentees will succeed, they are more likely to succeed) and the “Galatea effect” (if individuals think they will succeed, they are more likely to succeed). Frequent, positive feedback from mentors, therefore, is likely to give mentees a consistent belief in their ability to perform to their full potential.

This caregiving behaviour is complementary to attachment behaviour. Mentorship should be considered as a type of caregiving, in that it provides supervised support to less experienced individuals.

Attachment and attachment style
Bowlby (1977) defined attachment as “the propensity of human beings to make strong affection bonds to particular others”.

The parent and child gradually move from dependency to independence through trust, security, risk-taking and exploration.

Attachment is a behavioural control model where proximity and emotional closeness to the main caregiver are regulated. For example, if a child needs help, the mother provides a timely and consistent approach with the aim of achieving “felt” security. When this is achieved, the child is able to explore the environment knowing they may return to a safe base.

According to Bowlby (1972) an attachment style is the way in which individuals approach, enter into and maintain relationships with others. Ainsworth (1969) classified mother-child dyads into three categories: secure; secure-ambivalent; and insecure-avoidant. This classification is now accepted as being central to developing relationships and mentoring functions received by mentees – it is important as relationship quality is a stronger predictor of positive outcomes than the presence of a mentor (Ragins and Cotton, 2000).

Individuals learn about providing support through their own attachment experiences, so their attachment styles are linked to attitudes and beliefs towards caregiving and providing support (Kunce and Shaver, 1994). Effective mentors tend to feel comfortable with their mentees and are likely to succeed, they are more likely to succeed) and feel intrusive and overinvolved (Feeney and Collins, 2000). Mentors high in avoidance will be less likely to attend to mentees’ needs and be effective, for example, in coaching.

Mentors with high levels of anxiety tend to exhibit compulsive caregiving, which can be inconsistent, and feel intrusive and overinvolved (Feeney and Collins, 2000). This means mentees paired with avoidant or anxious mentors will receive low-level and unpredictable mentoring.

Implications for practice
Dolan (2003) noted that the ultimate aim of producing competent nurses is to ensure patients receive the best possible care.

The formal and informal psychosocial and career-related functions mentors provide are similar to the safe haven and secure base provided by parental figures (Ainsworth, 1991). The lack of a secure base impairs a reflective approach to practice, making it more likely that nurses will be unable to contain interpersonal issues arising from delivering care, which can lead to withdrawal and avoidance (Rhodes,
A chronic form of this is burnout. Gormley (2003) believed attachment theory could predict psychological abuse in relationships and other problematic behaviours. The theory therefore could add much to our understanding of the mentoring relationship (Larose et al, 2005).

An individual’s ability to offer formal mentoring is directly related to their attachment style; therefore it may be useful to offer training that encourages avoidant/anxious/disorganised mentors to be more conscientious despite their pre-disposition to distance themselves from others. Duffy’s study highlighted the emotional difficulties some “sign-off” mentors faced (Duffy, 2007). Knowing a mentor’s attachment style may help to predict potential difficulties and provide an opportunity for effective management.

Those with insecure styles can be helped towards greater security of attachment. Knowledge of the theories and central tenets of attachment theory may help provide insightful guidance.

The attachment style measure adapted from the Adult Attachment Interview (AAI) (Main, 2000) is one of the most widely used ways to predict functioning in adult relationships and approaches to work. It could be a useful way of identifying attachment styles and pairing mentees with the most appropriate mentor and identifying support for mentors.

The Nursing and Midwifery Council (2008) standards for mentors, practice teachers and teachers provide standards for mentor preparation programmes, continuing professional development for mentors, and allocated learning time for mentor activity. It would be helpful for future service delivery to look at mentorship training within an interpersonal relationship framework such as attachment theory. In doing so, we will gain a better understanding of the factors that build and shape culture, organisations and mentors’ ability to care for, broaden and build the skills of mentees.

Evidence supports the idea of introducing personal therapy as part of nurse training and ongoing clinical supervision in helping them make sense of difficulties. Types of attachment experiences – early and current – are relevant to nurses’ practice, and contribute to the quality of their relationships with patients and staff.

It would be useful to conduct research to compare nurses’ attachment experiences with those of the general population; this could improve understanding of their therapeutic practice, specific difficulties and any implications for practice. Research that bridges the two literature bases of mentoring and attachment would enhance mentoring research and bring new perspectives to existing studies.

There may be implications for matching certain mentors with certain mentees to enhance their relationships and reduce difficulties and stress.

The willingness to mentor can be related to attachment styles. To train potential mentors to spend time with their mentees, as well as carrying out general mentoring duties, we need to promote the status of mentors by recognising those who perform well and rewarding them.

Conclusion

There is little doubt that attachment theory and style has a significant influence on the quality and effectiveness of the mentoring relationship in nursing.

Greater understanding and insight into the nature, cause and effect of the role and essential function of attachment, especially from a training and development perspective, may enhance the quality of the mentoring experience for mentors and mentees and improve standards of care.

References


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“If you want to sustain change, you must be ready to do things differently” John Bromley