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Editorial Comment: Reflections of an Admissions Tutor

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Can Psychoanalysis, a Knowledge of Ego-Defense and Attachments Enrich the Safety of Nursing Preparation?

A knowledge of psychological concepts is important across healthcare specialties, not only psychoanalysis, psychotherapy and counselling. For example, ego-defense mechanisms allow a person to manage emotional conflicts, anxiety, trauma and illness. Much like physiological defence, within limits, psychological defense can be protective and necessary to healthy functioning and adjustment. However, they can also hinder adaptation.

Defenses can influence ways patients respond to falling ill, diagnosis, treatment plans and communications with professionals. To illustrate, denial can initially shield a person from the distress of illness - appearing unconcerned about losses, change and treatment outcomes. The detachment falsifies or denies reality. First described by Sigmund Freud, later developed and listed by Anna Freud in 1936, ego-defense mechanisms remain relevant to contemporary healthcare, clinical practice and communication. Research continues to build on early work, expanding our understanding of their roles and impact. Defenses are not invoked in isolation but develop in relationships and so attachment theory is a natural companion to understanding psychological adaptation.

Attachment Theories: Developmental Psychology and Application Throughout Healthcare

Attachment theory is intimately linked to ego defenses. Attachment styles provide the setting for relational engagements, while ego defenses provide psychological protection. Contemporary research literature, nonetheless, questions aspects of attachment theory. Discussions are not, however, concerned with the veracity of ideas - rather the intricacy, stability and universality of concepts and their manifestations. Without invalidating attachment theory, or the importance of security in early relationships, and its expressions, literature throws light on the complexity and importance of early development and different cultures. Attachment styles can impact on how we experience falling ill, seeking help and adhering to treatment regimens but also life choices can be biographically determined.

Attachment theory was first discussed by the psychoanalyst John Bowlby (1962; 1969), with later contributions by child psychologist Mary Ainsworth [1]. The ideas refer to the emotional bonds that infants form with mothers, fathers and other caretakers. Disturbances in secure attachments in infancy can result in varied difficulties with oneself and others can last into adult life. Disorders can also underpin difficulties with family, social, romantic and professional relationships, while impacting mental ill-health more generally.

The influence of attachments can also be passed on generationally. It is imperative for all healthcare professionals to become proficient in assessment, gatekeeping and early intervention. A detailed knowledge of attachment theories should arguably form part of all health curriculum regardless of clinical specialties.

Nursing Anxiety and Organizational Containment

These developmental processes can also influence occupational choice and offer pointers to why some people are drawn to human service professions. As a university admissions tutor, I interviewed nursing candidates and read detailed personal profiles. It seemed evident that many aspiring to nurses had experienced pivotal moments in their lives - influencing their desire to care for others.

Family illness, personal vulnerability and other life-crises acted as catalysts directing career choice and professional calling. However, the realities of healthcare - systemic, bureaucratic and unromanticised - often brought later challenges, along with anxiety. Unlike psychotherapies, nursing does not have a culture of personal therapy and so there are few opportunities to consider

personal motivations in educational settings.

My observations at this time were that many are drawn to nursing without fully understanding the reasons for vocational choice. Some interviewees spoke about family illness, expectations, losses, being assigned the role of caregiver and other adversities influencing their desire to care for others. Without the safeguards of reflection, throughout their educational and professional experiences, there existed potentials for trauma to become embedded rather than integrated. Clinical practice, while fulfilling, also potentially allowed an unconscious repetition of relational patterns - aligning with the psychoanalytic ideas of repetition-compulsion, transference and unconscious motivations.

If personal histories influence the choice to become nurses, they can also shape how those histories are expressed. Early research conducted by Isabel Menzies-Lyth suggested that nurses do bring their own unconscious struggles and developmental histories to healthcare settings. She examined the unconscious defenses employed by nurses to protect themselves from anxiety. Menzies-Lyth proposed that nursing work can arouse deep internal conflicts in nurses. Psychological defenses may be unconsciously mobilised to combat anxiety and, in part, correspond to aspects of the nurse's internal world. However, some anxieties relate to objective clinical realities and the inherently distressing nature of nursing work itself.

Menzies-Lyth argued that repeated exposure to distress, dependency and suffering can result in unmanageable anxiety. She suggested that healthcare delivery should be organised thoughtfully, allowing nurses to confront and contain anxieties safely and meaningfully. Clinical supervision potentially offers one such reflective space. Through supervision, and similar forums, planned and structured discussions allow thoughts to be organised. However, it is possible that moderated reflective groups conducted throughout the duration of healthcare curricula would allow some measure of clearer understanding of the motivations underlying the desire to care for others repeatedly. To some extent anxieties may be managed safely, permitting a psychological balance and sense of security while improving communication and reflective capacity. This might be carried over to clinical work promoting better communications in teams.

None of this implies that experience of trauma should be considered a barrier to entering nursing. Many candidates I interviewed, later taught and assessed, became exceptional clinicians, showing an ability to grasp the hidden complexities of circumstances while demonstrating a deep compassion, understanding and empathy for patients and colleagues alike.

Research exists addressing trauma-informed motivations or unresolved developmental experiences underlying nursing as an occupational choice (for one example see, Schimmels [2]). Importantly, this study suggests that repeated exposure to critical incidents can impact a nurse's psychological wellness and influence patient care. Studies have also proposed that trauma influences nurse's self-perception and how they view the standing of nursing as a profession - from a position of low-esteem Choi [3]. Similarly, Boedagani [4] believe that fostering secure attachments in nurses can reduce the incidence of burnout, moderate pressures to please others in interdisciplinary settings and develop a safer capacity to empathize with patients, families and colleagues.

This discussion, while limited by subjectivety, should therefore be considered more than a hypothesis, drawn from professional observations but a framework meriting further empirical investigation. It proposes that a greater understanding of psychoanalytic concepts and social psychology may enrich nursing preparation, reflective practice and patient care [5-7].

Nurses are professionals educated and trained to understand patients and their families but often without sufficient understanding of themselves. Yet, self-understanding may be a critical element in protecting from burnout, relational enactments, moral injuries and unconscious repetition of unhelpful behaviours in educational preparation, clinical settings and personal lives. If nurses are expected to understand the emotional worlds of patients and families, nurse education and clinical experiences should help them to understand their own lives. Self-awareness, alongside self-compassion, is a requirement for safe, sustainable and psychologically informed nursing work.

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