

# CAREGIVER-INFANT ATTACHMENT FOR ABORIGINAL FAMILIES



*Prepared for the NCCAH by Dr. Cindy Hardy Ph.D., R.Psych. Associate Professor, Psychology, UNBC and Sherry Bellamy MSc. UNBC*

## What is attachment?

Attachment relationships are emotional bonds between people that serve a biological function, especially for infants and young children. Attachment relationships protect infants and children when they are too small to protect themselves, by keeping them close to their caregivers.<sup>1</sup> Infants and children develop an attachment bond to caregivers who consistently provide comfort and care, especially during times when they are afraid, distressed or ill. The comfort and care provided by caregivers serves to reduce the child's stress levels and bring feelings of calm and safety. Infants are

highly dependent on their caregivers for soothing because their nervous system is still immature and they are unable to calm or soothe themselves (Lewis, Amini, & Lannon, 2000). The ability of the caregiver to help the infant feel safe and calm is especially important during the early years of life, when the brain is undergoing rapid development. This is because high levels of stress hormones are detrimental to early brain development (Schore, 2008).

In the early years of life, the experience of interacting with a caregiver who is repeatedly responsive to the child's needs teaches the young child to soothe him- or herself. In this way, the attachment relationship provides essential building blocks for future emotional well-being. In addition, the attachment relationship shapes how the infant relates to others, in that it teaches him or her about norms of

behaviour, especially in close relationships. These norms, or expectations, are carried into adulthood and influence peoples' relationships with others, particularly their own children if they themselves become parents (Bretherton & Munholland, 1999).

## Attachment and health outcomes

Attachment relationships may be linked to health outcomes through the impact of emotion regulation on physical health. Emotion regulation exerts its effects on physical health through the body's biological responses to stress and negative emotion (Taylor, Lerner, Sage, Lehman, & Seeman, 2004). Emotion regulation may be defined as the internal and external processes that serve to evaluate, monitor and modify emotional reactions

<sup>1</sup> We use the word **caregiver** to refer to the people who provide care to an infant or child on a daily basis. Caregivers can be parents, grandparents, aunts, uncles, or any adult who provides parenting care to an infant or child. Most attachment research has focused on mothers, but infants and children are able to form attachment relationships with a number of adults as long as those adults provide regular parenting care to the infant.



with special emphasis on the duration and intensity of emotions (Thompson, 1994). Emotion regulation also involves enhancing and maintaining an emotional response or inhibiting and subduing it for the purposes of attaining one's goals (Thompson, 1994). During infancy and early childhood, the attachment relationship not only regulates the child's emotions but also provides the early building blocks for future emotion regulation skills in the child.

The biological impact of emotion regulation has important health implications as children and adults with poor emotion regulation skills may experience a stronger biological response to stress. It may also take longer for such individuals to return the body's physiology to normal after a stressful event (Taylor et al., 2004). The attachment relationship is directly linked to infants' and children's biological reaction to stress. For example, evidence shows that the quality of the infant's attachment relationship influences the level of cortisol secretion in response to stress (Repetti, Taylor, & Seeman, 2002). Infants who are in reliable healthy relationships show lower increases in cortisol in response to a stressful situation compared to infants in less healthy relationships (Luijk, et al., 2009). Cortisol is an important hormone that plays a role in several physiological systems such as metabolism and immune system functioning. For example, prolonged exposure to increased levels of cortisol can inhibit immune system functioning (Dickerson & Kemeny, 2004). Suppression of the immune system as a result of stress has been associated with higher rates of infection from colds and other respiratory illnesses (Anda, Brown, Dube, Bremner, Felitti, & Giles, 2008). Further, prolonged cortisol exposure has also been shown to increase vulnerability to the development of certain chronic diseases such as hypertension and diabetes (Dickerson & Kemeny, 2004).

Infants who do not develop emotion regulation skills through healthy attachment are at risk for experiencing negative emotions such as depression, anxiety and anger (Repetti et al., 2002). It is well documented that negative emotions such as depression, anxiety and anger impact physical health (Kiecolt-Glaser, McGuire, Robles, & Glaser, 2002). Anxiety and depression have been shown to contribute to the development of coronary heart disease as well as increased likelihood of death or recurrent cardiac events after an initial coronary event (Kiecolt-Glaser et al., 2002; Kubzansky, Kawachi, Weiss, & Sparrow, 1998; Miller, Chen, & Cole, 2009). Further, children who have grown up in environments that do not promote the development of emotion regulation capabilities are at increased risk for engaging in health-threatening behaviours such as smoking, substance abuse and unsafe sexual activity (Repetti et al., 2002). It is likely these unhealthy behaviours are a form of compensation for deficits in emotion regulation and provide a method of self-medication for negative emotional states (Repetti et al., 2002).

Given the multiple pathways in which negative emotions and stress impact health, healthy attachment relationships during childhood offer substantial protection. The regulation of emotions during infancy and childhood sets the stage for experiencing less stress over the entire lifetime, gives children the foundation to develop coping skills and emotion regulation abilities, and reduces the likelihood that the child will engage in health threatening behaviours during adolescence and adulthood.

## Cultural diversity and attachment

The term "Aboriginal" refers to all original peoples in North America. Three separate groups are recognized by the Canadian constitution: First Nations, Métis and Inuit (Indian and Northern Affairs Canada, 2006). It is important to note

that these groups are made up of diverse peoples, each with their own unique histories, spiritual beliefs, languages and cultural practices (Indian and Northern Affairs Canada, 2006). Further, parenting practices and parenting styles among different Aboriginal groups, communities or families should not be considered to be homogeneous. In addition, it is important to note that all cultures change and evolve over time and parenting practices within each culture also change slightly over each generation (Reebye, Ross & Jamieson, n.d.). However, the biological function of the attachment relationship is the same across cultures and generations and serves to provide safety, comfort and stress reduction to the infant.

While research on the appropriateness of attachment theory outside of Western cultural parenting practices has been limited (Christensen & Manson, 2001; Neckoway, Brownlee, & Castellán, 2007), attachment is not about parenting styles, values, or even about different parenting behaviours. Attachment behaviours may look different across different cultures but they achieve the same function. For example, researchers investigating attachment behaviours across cultures observed markedly different greeting behaviours shown by American people as compared to those shown by the Ganda people of Uganda, Africa (Reebye et al., n.d.). While American children hugged and kissed their caregivers after a separation, Ganda children clapped their hands when reuniting with their caregiver (Reebye et al., n.d.). While these behaviours look very different, of crucial importance is the function and goal of the behaviour, in which a positive emotional reconnection is established between caregiver and child.

The diversity among Aboriginal groups in Canada is reflected in the different ways health and illness are understood by different Aboriginal groups (Vukic, Gregory, Martin-Misener, & Elowa, 2011).



Common themes such as holism, balance and respect may underlie many Aboriginal peoples' understandings of health, sickness and relations to others (Adelson 2007). The Medicine Wheel is one model which represents an Aboriginal worldview in relation to health and wellness (McCormick, 2009). The medicine wheel represents a holistic framework understood as the interaction and balance between mind, emotions, spirit and body (Mitchell & Maracle, 2005) as well as the interconnectedness with all the person's relations, community and the land (Vukic et al., 2011).

The western view of the attachment relationship between a caregiver and child might appear simplistic because it does not take a holistic perspective. Researchers working in this framework do not always pay attention to the history, ancestors, extended family, and community to which a caregiver and child are connected, but they should and could. The attachment relationship between the caregiver and child is an important aspect of holistic health. The caregiver-child relationship not only impacts the health of the caregiver and child, but is also connected to the health of their family, community, culture, and nation.

### Why is attachment important for Aboriginal child and family well-being?

The well-being of Aboriginal children and families has been disrupted and distorted by the processes of colonization. Placement of children in residential schools led to the loss of language and culture, and prevented earlier generations from passing down traditional parenting practices. Disruption in the transmission of ancestral knowledge is a substantial loss for Aboriginal families, as Aboriginal history contains rich knowledge on many topics including child rearing (Blackstock, 2008). Traditional Aboriginal knowledge with respect to child rearing has not entirely reached today's generation.

In addition to residential schools, child protection efforts have continued the removal of Aboriginal children from their families. During the 1960's and 1970's this occurred on a massive scale that has since been termed the "60s scoop" (Blackstock, 2009). Aboriginal children are still 15 times more likely than non-Aboriginal children to be taken into care by child welfare authorities (Blackstock, 2008). Aboriginal peoples represent only 5% of

the Canadian population, but Aboriginal children constitute approximately 30% to 40% of children in care (Farris-Manning & Zandstra, 2007). Aboriginal families face systemic disadvantages (such as poverty and poor access to education), and as a result are at much higher risk of experiencing intervention from child welfare authorities (Farris-Manning & Zandstra, 2007).

Many of today's Aboriginal parents and grandparents were raised in foster care or the residential school system. As children, they were separated from trusted caregivers and many were exposed to abuse, grief, loss and trauma. As adults, people who experienced abuse, grief, loss, or trauma as young children are more likely to form unhealthy attachment relationships with their infants and young children, particularly if they have not resolved the hurt feelings and emotions linked to those experiences (Lyons-Ruth, Repacholi, McLeod, & Silva, 1991; van IJzendoorn, Schuengel, & Bakermans-Kranenburg, 1999). In this way, early separations from families and exposure to multiple traumas have had lasting negative effects on multiple generations of Aboriginal people.





## How can Aboriginal caregivers strengthen and support healthy attachment relationships?

Caregivers can help children by strengthening and supporting attachment relationships. The following strategies (adapted from Landy, 2002) help infants and young children feel comforted and cared for.

### **Comfort infants and children when they are distressed.**

Infants and children can become distressed when they are hurt, afraid, ill or lonely. It is important to provide comfort to them in a way that is soothing to them, for example, by holding or rocking them, or by giving calm gentle reassurance. When children experience regular and predictable comfort from their caregivers, it helps them feel safe and secure in the world.

### **Respond to infants and children, so they know you care.**

Knowing they are important and that their caregivers love them is important for infants and young children. Giving positive attention, helping with a problem,

or sharing special moments together helps build strong attachment relationships.

### **Create warm and joyful memories.**

Every family has traditions that vary according to their culture and history. Traditions and activities related to holidays, spiritual celebrations, or special events such as birthdays or weddings are important for developing a sense of predictability and security in children. It also helps them create positive memories to hold over their lifetime.

### **Attempt to be predictable when responding to children's behaviour. Let them know where you are going and when they can expect you back.**

Although it is difficult to always respond predictably to children's behaviour, it is important to give children a sense of predictability through establishing clear guidelines and rules for behaviour. If you find you are unable to respond predictably, develop a strategy to help you calm yourself when reacting to your child's behaviour. Short durations of separation may strengthen children's attachment to their caregivers as it helps them develop a sense of trust that their caregivers will

return when promised.

### **Express love, joy and other positive feelings toward children. Accept that children have feelings such as sadness, anger or jealousy.**

Letting children know they are loved and are important to their caregivers helps them to develop a sense of security and well-being. Children with caregivers who accept and help them deal with negative emotions learn that they will have their needs met in good as well as in challenging times.

### **Allow children to explore the world around them as much as possible while keeping them safe. Be careful not to overwhelm children with overly intrusive or directive behaviour.**

Childhood is an important time for learning and exploring the world around us. Children develop a sense of trust in their abilities when their caregivers allow them to be independent and do things for themselves. Allow children to learn and explore while keeping them safe without being overly directive.

## What are the signs that attachment relationships might need help?

Sometimes attachment relationships are harmed by life events. These events can leave families hurting and needing support. Families experiencing the following situations might require assistance in restoring healthy attachment relationships.

### **Lost or broken relationships.**

Prolonged separation is extremely detrimental to attachment relationships. Loss of a caregiver through divorce, death or separation can cause intense distress to a child in the short term which may continue over time if the loss is not resolved (Bowlby, 1982). Foster placements can have the same effect (Fish & Chapman, 2004) even if the child is eventually reunited with his/her caregivers. A child who has lost a significant caregiver needs as much stability as possible (Oosterman & Schuengel, 2007). Remaining caregivers should offer comfort and reassurance to the child that he/she is loved and will be cared for. Pictures and objects that remind the child of the lost or absent caregiver can be helpful to the child.

### **Unpredictable or frightening caregiver behaviour.**

In order to feel safe, children need to be able to predict their caregivers' behaviours. Physical violence, sexual behaviour, excessive anger or hostility, and other unpredictable caregiver behaviour directed towards a child is damaging (Lyons-Ruth, Bronfman, & Parsons, 1999). If the person or people who are meant to protect the child instead harm or frighten the child, he/she will go into a state of unresolvable distress that is very detrimental to his/her well-being (Schore, 2002). Caregivers who engage in such behaviours on a regular basis need support to learn to treat their children with increased care and respect.

## Concluding Remarks

Attachment is a relationship with biological functions designed to keep young children close to their caregivers and regulate their nervous systems. The function of attachment is observed across cultures but the behavioural expression of attachment is known to vary across cultures. Early attachment relationships are linked to health outcomes through the impact of emotion regulation on physical health. Attachment relationships in some Aboriginal families have been adversely affected by colonization, trauma, and separations. Strategies for strengthening and supporting healthy attachment relationships can help heal the hurt.

## Online Resources for Parents and Caregivers

### **Canadian Association of Family**

**Resource Programs** - Parenting Resources; Infant to Teen; Behaviour and Mood; Nutrition; Attachment; Self-Esteem; Health and Safety  
<http://parentsmatter.ca/index.cfm>

### **Canadian Council on Learning**

- Early Childhood Learning; Research; Aboriginal; Play and Learning  
<http://www.ccl-cca.ca/ccl>

### **Canadian Institute for Child Health**

- Downloadable videos; Activity ideas; Safety tips; Health Quick Facts  
[www.cich.ca](http://www.cich.ca)

### **Circle of Security**

- Look for pdf files containing graphics illustrating key concepts  
[www.circleofsecurity.org](http://www.circleofsecurity.org)

### **Infant Mental Health Promotion Project**

(IMP) - Reading List; Downloadable Tools; Video Series *A Simple Gift*; Quick Facts  
[www.sickkids.on.ca/imp](http://www.sickkids.on.ca/imp)

**NCAST Programs** - Information on training programs, materials available to support infants and families.  
[www.ncast.org](http://www.ncast.org):

### **Positive Parenting Program Canada**

- Self Help Parenting Training Tips; Downloadable Tools; Parenting Philosophy; Research  
<http://www18.triplep.net/?pid=58>

### **Public Health Agency Canada**

- Connections for Life Resource Kit; Attachment Across Cultures Toolkit.  
<http://www.phac-aspc.gc.ca/hp-ps/dca-dea/prog-ini/funding-financement/npf-fpn/family-famille-eng.php>

### **Zero To Three**

- Policy; Parenting Resources; Nutrition; Language Development; Emotional Growth  
<http://www.zerotothree.org>

## References

- Adelson, N. (2007). Biomedical approach a poor fit with aboriginal views on health and healing. *Canadian Psychiatry Aujour'hui*, 3(1): 10.
- Anda, R.F., Brown, D.W., Dube, S.R., Bremner, D., Felitti, V.J., & Giles, W.H. (2008). Adverse childhood experiences and chronic obstructive pulmonary disease in adults. *American Journal of Preventative Medicine*, 34(5): 396-403.
- Blackstock, C. (2008). Rooting mental health in an Aboriginal world view: Inspired by Many Hands One Dream. The Provincial Centre of Excellence for Child and Youth Mental Health at CHEO. Retrieved July 18, 2011 from [http://onthepoint.smartsimple.biz/files/237865/f93069/policy\\_aboriginal\\_world\\_view.pdf](http://onthepoint.smartsimple.biz/files/237865/f93069/policy_aboriginal_world_view.pdf)
- Blackstock, C. (2009). When everything matters. Comparing the experiences of First Nations and non-aboriginal children removed from their families in Nova Scotia from 2003 to 2005. Toronto, ON: Unpublished doctoral dissertation, Graduate Department of the Factor Inwentash School of Social Work, University of Toronto. Retrieved July 18, 2011 from <https://tspace.library.utoronto.ca/handle/1807/19024>
- Bowlby, J. (1982). Attachment and loss: Retrospect and prospect. *American Journal of Orthopsychiatry*, 52(4): 664-678.

- Bretherton, I., & Munholland, K.A. (1999). Internal working models in attachment relationships: A construct revisited. In *Handbook of attachment: Theory, research, and clinical applications*, J. Cassidy & P.R. Shaver (Eds.), pp. 89-111. NY: Guilford.
- Christensen, M. & Manson, S. (2001). Adult attachment as a framework for understanding mental health and American Indian families. *American Behavioral Scientist*, 44(9): 1447-1465.
- Dickerson, S.S. & Kemeny, M.E. (2004). Acute stressors and cortisol responses: A theoretical integration and synthesis of laboratory research. *Psychological Bulletin*, 130(3): 355-391.
- Farris-Manning, C. & Zandstra, M. (2007). Children in care in Canada: A summary of current issues and trends with recommendations for future research. In *The welfare of Canadian children: It's our business. A collection of resource papers for a healthy future for Canadian children and families*. Ottawa, ON: Child Welfare League of Canada. Retrieved July 18, 2011 from <http://www.cwlc.ca/files/file/policy/Welfare%20of%20Canadian%20Children%202007.pdf>
- Fish, B. & Chapman, B. (2004). Mental health risks to infants and toddlers in foster care. *Clinical Social Work Journal*, 32(2): 121-140. doi:10.1023/B:CSOW.0000024323.62429.5e
- Indian and Northern Affairs Canada (2006). *Aboriginal peoples and communities*. Ottawa, ON: Indian and Northern Affairs Canada. Retrieved July 18, 2011 from <http://www.ainc-inac.gc.ca/ap/index-eng.asp>
- Kiecolt-Glaser, J.K., McGuire, L., Robles, T.F., & Glaser, R. (2002). Emotions, morbidity, and mortality: New perspectives from psychoneuroimmunology. *Annual Review of Psychology*, 53: 83-107.
- Kubzansky, L.D., Kawachi, I., Weiss, S.T., & Sparrow, D. (1998). Anxiety and coronary heart disease: A synthesis of epidemiological, psychological, and experimental evidence. *Annals of Behavioral Medicine*, 20:47-58.
- Landy, S. (2002). *Pathways to competence. Encouraging healthy social and emotional development in young children*. Baltimore, MD: Paul Brooks Publishing.
- Lewis, T., Amini, F., & Lannon, R. (2000). *A general theory of love*. New York: Vintage Books.
- Luijk, M.P.C.M., Saridjan, N., Tharner, A., van Ijzendoorn, M.H., Bakermans-Kranenburg, M.J., Jaddoe, V. W. V., et al. (2010). Attachment, depression, and cortisol: Deviant patterns in insecure-resistant and disorganized infants. *Developmental Psychobiology*, 52(5): 441-452.
- Lyons-Ruth, K., Bronfman, E., & Parsons, E. (1999). Maternal frightened, frightening, or atypical behaviour and disorganized infant attachment patterns. *Monographs of the Society for Research in Child Development*, 64(3): 67-96.
- Lyons-Ruth, K., Repacholi, B., McLeod, S., & Silva, E. (1991). Disorganized attachment behavior in infancy: Short-term stability, maternal and infant correlates, and risk-related subtypes. *Development and Psychopathology*, 3: 377-396.
- McCormick, R. (2009). Aboriginal approaches to counseling. In *Healing traditions: The mental health of Aboriginal peoples in Canada*, L.J. Kirmayer & G. Guthrie Valaskakis (Eds.), pp.337-354. Vancouver, BC: University of British Columbia Press.
- Miller, G., Chen, E., & Cole, S.W. (2009). Health psychology: Developing biologically plausible models linking the social world and physical health. *Annual Review of Psychology*, 60: 501-524. doi:10.1146/annurev.psych.60.110707.163551
- Mitchell, T. L., & Maracle, D. T. (2005). Healing the generations: Post-traumatic stress and the health status of Aboriginal populations. *Journal of Aboriginal Health*, March: 14-24.
- Neckoway, R., Brownlee, K., & Castellan, B. (2007). Is attachment theory consistent with aboriginal parenting realities? *First Peoples Child & Family Review*, 3(2): 65-74.
- Reebye, P.N., Ross, S.E., & Jamieson, K. (n.d.). Research report. A literature review of child-parent/caregiver attachment theory and cross cultural practices influencing attachment. Toronto, ON: St. Joseph's Women's Health Centre/Parkdale Parents Primary Prevention Project. Retrieved from <http://www.attachmentcrosscultures.org/research/index.html>
- Repetti, R.L., Taylor, S.E., & Seeman, T.E. (2002). Risky families: Family social environments and the mental and physical health of offspring. *Psychological Bulletin*, 128(2): 330-366. doi:10.1037//0033-2909.128.2.330
- Oosterman, M., & Schuengel, C. (2007). Autonomic reactivity of children to separation and reunion with foster parents. *Journal of the American Academy of Child and Adolescent Psychiatry*, 46(9): 1196-1203. doi:10.1097/chi.0b013e3180ca839f
- Schore, A.N. (2002). Dysregulation of the right brain: A fundamental mechanism of traumatic attachment and the psychopathogenesis of posttraumatic stress disorder. *Australian and New Zealand Journal of Psychiatry*, 36: 9-30.
- Schore, A.N. (2008). Attachment and the regulation of the right brain. In *Affect dysregulation and disorders of the self*, pp. 54-70. New York: W.W. Norton & Company.
- Taylor, S.E., Lerner, J.S., Sage, R.M., Lehman, B.J., & Seeman, T.E. (2004). Early environment, emotions, responses to stress, and health. *Journal of Personality*, 72(6): 1365-1394.
- Thompson, R.A. (1994). Emotion regulation: A theme in search of definition. *Monographs of the society for research in child development*, 59(2/3): 25-52.
- van Ijzendoorn, M.H., Schuengel, C., & Bakermans-Kranenburg, M.J. (1999). Disorganized attachment in early childhood: Meta-analysis of precursors, concomitants, and sequelae. *Development and Psychopathology*, 11: 225-249.
- Vukic, A., Gregory, D., Martin-Misener, R., Etowa, J. (2011). Aboriginal and western conceptions of mental health and illness. *Pimatisiwin: A Journal of Aboriginal and Indigenous Community Health*, 9(1): 65-86.



NATIONAL COLLABORATING CENTRE  
FOR ABORIGINAL HEALTH  
CENTRE DE COLLABORATION NATIONALE  
DE LA SANTÉ AUTOCHTONE

FOR MORE INFORMATION:  
UNIVERSITY OF NORTHERN BRITISH COLUMBIA  
3333 UNIVERSITY WAY, PRINCE GEORGE, BC V2N 4Z9

1 250 960 5250  
NCCAH@UNBC.CA  
WWW.NCCAH-CCNSA.CA

© 2013 National Collaborating Centre for Aboriginal Health. This publication was funded by the NCCAH and made possible through a financial contribution from the Public Health Agency of Canada. The views expressed herein do not necessarily represent the views of the Public Health Agency of Canada.