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# Transgenerational Transmission of Caregiver Behaviors Promoting Secure Attachments in American Indian Communities

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Running head: TRANSGENERATIONAL ATTACHMENTS

Transgenerational Transmission of Caregiver Behaviors Promoting Secure Attachments in  
American Indian Communities

by

Bryan P. Ellingson, B.A.

MSW Clinical Research Paper

Presented to the Faculty of the  
School of Social Work  
St. Catherine University and the University of St. Thomas  
St. Paul, Minnesota  
In Partial fulfillment of the Requirements for the Degree of

Master of Social Work

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

## Abstract

The purpose of this study is to describe American Indian caregiver behaviors that promote secure attachments and keep tribal practices alive through transgenerational transmission. This qualitative study included interviews with three American Indian participants to describe culturally specific caregiver behaviors promoting secure attachments. The urban Indian participants in this study's purposive sample participated in interviews that yielded four salient themes and three sub-themes. The themes included: connection to culture, importance of extended family, significance of elders, and respect as a value. The three sub-themes under connection to culture included: language, ceremonies and practices, and re-visiting the reservation. The results of this study indicated that Indian ceremonies and practices such as powwows, smudging, and celebrations of life and death were essential to American Indian caregiver behaviors promoting secure attachments with Indian children. Cultural connections through language and history were indispensable sources of pride in being Indian and fostered healing of past trauma. Furthermore, child rearing included blood relatives and non-familial tribal community members. Also, caregiver modeling of behavior that is respectful of the earth and all life was an important factor in promoting and transmitting transgenerationally secure attachment behaviors. Attachment behaviors can look different across cultures, but still arrive at a universally secure attachment.

*Keywords:* transgenerational transmission, American Indian, caregiver behaviors, attachment theory, secure attachment

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### **Introduction**

The majority of research on American Indians focuses on physical and mental health disparities, but this gap in literature fails to highlight successful present-day American Indian caregiver behaviors that promote secure attachments and are transmitted transgenerationally. The aforementioned health challenges are real and prevalent, but additional literature is needed to fill this gap and describe ongoing, revered caregiver practices in the American Indian community that continue to be passed intergenerationally. Specifically, more research is needed on American Indian caregiver behaviors that continue to be honored in families and promote secure attachments and are passed to the next generation.

Given the influential research on attachment theory, there is great insight and knowledge to be gained by exploring and describing culturally specific caregiving behaviors within American Indian communities. Seminal research on attachment theory elucidates the correlation between healthy human development and primary caregiver behaviors that promote secure attachments. Research supports the universal nature of secure attachment bonds, but more research is needed on non-Western caregiver behaviors that promote secure attachments and arrive at equally secure attachments between children and caregivers. According to Bowlby (1982), attachment theory seeks to explain both *attachment behavior* and the *attachment bond*, where the child uses different behaviors to gain and maintain proximity to their attachment figure, and caregivers are used as a secure base for exploration. The power of culturally specific behaviors that promote secure attachments is crucial for healthy development and ameliorating American Indian challenges.

American Indians have experienced a multitude of traumas: “community massacres, genocidal policies, pandemics from the introduction of new diseases, forced relocation, forced removal of children through Indian boarding school policies, and prohibition of spiritual and cultural practices” (Evans-Campbell, 2008, p. 316). According to *Mental Health Disparities: American Indians and Alaska Natives* (2010), American Indians experience severe psychological distress 1.5 times greater than the general population and post-traumatic stress disorder more than twice as often as the general population. They use and abuse alcohol and other drugs at younger ages and higher rates than all other ethnic groups relative to the general U.S. population, and are more likely to live in poverty and die from alcohol related causes.

While research is needed to continue to address the causes contributing to these profound disparities, more research is needed to describe American Indian caregiver behaviors that promote secure attachments. American Indians have a history of strong, nurturing, and rich child-rearing practices that promote secure attachments and result in healthy human development. Unfortunately, these culturally specific caregiving behaviors are less ubiquitous, largely due to injustices inflicted on American Indians involving historical trauma that interrupted connection to their culture. Rather than pathologize Indian child-rearing traditions based on Western standards, more research is needed that illuminates strengths and culturally specific behaviors found in communal family networks (Mirecki & Chou, 2013).

From American Indians that are leading healthy and successful lives irrespective of past historical trauma, I wish to gain a deeper understanding of the cultural practices that have not been lost and are so highly valued that they continue to be passed on to the next generation of



Indians by parents, grandparents, aunts, uncles, and their tribal community. The purpose of this qualitative research study is to describe American Indian caregiver behaviors that promote secure attachments and keep tribal customs alive via transgenerational transmission.

### **Literature Review**

The research on attachment theory is predominantly through a Western cultural lens. This Western perspective on attachment dominates empirical studies and does not address non-Western caregiver behaviors that promote secure attachments. There are many practices from American Indian culture that nurture universal human development of secure attachment styles (Keller, 2013). American Indians have successful and powerful traditions that promote secure attachments with their infants and children (Kahn, Reinschmidt, Teufel-Shone, Oré, Henson, et al. 2016). This literature review presents literature related to attachment theory, functions of attachment, American Indian historical trauma, American Indian behaviors that promote secure attachments, and transgenerational transmission of secure attachment behaviors.

### **Attachment Theory**

Extensive research exists that explains attachment theory, beginning with the founder of attachment theory, John Bowlby and the subsequent work by Mary Ainsworth. Specifically, attachment theory began with Bowlby's evolutionary and ethological research and was later augmented via Ainsworth's experiments with attachment organization styles and the infant-mother Strange Situation Experiment on attachment styles (Bowlby, 1982; Ainsworth, 1969). *Attachment theory* is summarized as, "attachment is identified with: an insistent interest in maintaining proximity to one or a very few selected persons (usually but by no means

necessarily biological relatives); the tendency to use these individuals as a *secure base* for exploration of unfamiliar environments; and flight to the attachment figure(s) as a haven of safety in times of alarm” (Main, 2000, p. 19). Additionally, *attachment behavior* is explained as “any form of behavior that results in a person attaining or maintaining proximity to some other clearly identified individual who is conceived as better able to cope with the world” (Bowlby, 1982, p. 668).

Introductory research in the field of attachment began with John Bowlby. Main (2000) posits that Bowlby started attachment theory research via evolutionary theory working with primates and emphasizing the attachment behavioral system. Empirical evidence on attachment behavior uncovered and explored the connections between nurturing and attuned care, maternal rejection or caregiver neglect of the child and subsequent healthy human development, disrupted attachments, psychopathology, and organization patterns of attachment.

Literature describes a correlation between maternal neglect and adverse childhood experiences during the early stages of child development and unfavorable personality development (Main, 2000; Bowlby, 1982; Agishtein & Brumbaugh, 2013). There are significant implications and innovative findings in attachment theory that expand on these ideas. Children growing-up in an environment with a history of insecure and disrupted attachment styles are predisposed to later psychopathologies and increased potential for intergenerational transmission of insecure attachments. Bowlby (1982) suggested that given the “many types of psychological disturbance that are traceable, at least in part, to one or another pattern of maternal deprivation, the effects on parental behavior and thereby on the next generation are potentially the most

serious” (p. 675). Bowlby’s research was expanded on by the subsequent and pioneering research of Mary Ainsworth on infant-caregiver relationships with mothers in Uganda and Baltimore.

Ainsworth (1969) describes attachment theory as an infant-mother relationship with predictable outcomes where the infant seeks *proximity* to his or her mother or a very select few caregivers. Main (2000) clearly describes attachment research by Mary Ainsworth which organized patterns of infant response to separation and reunion with the caregiver as secure, avoidant, resistant/ambivalent, or disorganized in the strange situation experiment. This lab experiment focused on attachment and exploratory behavior in one-year olds and their mothers. The quality of the attachment relationship between the infant and the caregiver is a salient determinant of attachment organization and the quality of those secure or insecure human developments.

### **Types of Attachment Organization**

Organization of infant-mother attachment behaviors are established as *secure*, *avoidant*, or *resistant/ambivalent*. Specific characteristics exist for each attachment organized category and related causal behaviors by caregivers for particular attachment styles. These attachment categories have been found to deeply impact individual quality of life and interpersonal relationships. Research supports the findings that “Attachment theory assumes that the organization of attachment during infancy has implications for later relationships” (Keller, 2013, p. 178). The literature thus suggests that there are serious, lifelong implications for attachment styles that are formative and carry over into adulthood.

Therefore, it is crucial in human development that infants develop secure attachments and benefit from the functions that secure attachments provide. Equally critical to understanding attachment category organization is elucidating the behaviors associated with the disparate attachment styles and how these attachments are developed. The following section describes caregiver parenting behavior responsible for forming particular child attachment styles and what those behaviors look like in child-caregiver interactions.

At the core of attachment theory and the formation of “felt security” is the knowledge that children adhere to the demands, preferences, and nuances put forth by their caregiver, and those interactive experiences drive the stable or unstable nature of thoughts, feelings, and emotions linked to their main attachment caregiver (Slade, 2004; Bowlby, 1982). According to Main (2000), in the strange situation procedure experiment (SSP), *securely* attached infants immediately begin exploring his or her environment when the caregiver is present. After the caregiver leaves the room the child soon starts to cry, and upon return of the caregiver the child goes quickly to his or her mother, leans closely, and immediately stops crying; *avoidantly* attached infants in the same SSP scenario were neutral to their caregiver in the room, appear to be indifferent to the caregiver leaving the room, and never look to the door for his or her mother or caregiver. When the mother returns to the child, the infant focuses on objects in the room and turns away from the caregiver and looks away from the mother; *resistant/ambivalent* attached infants in the SSP setting characteristically display distress immediately upon being in an unfamiliar lab environment even though their primary caregiver is in the room. When the caregiver leaves the room, the child looks uneasy, refuses to engage in interactive play, and

immediately begins to cry upon separation while angrily resisting the strangers attempts to comfort the child. Finally, upon return of the caregiver the child is inconsolable and continues to cry irrespective of caregiver's proximity. Specific caregiver behavior is at the core of each attachment style; *disorganized/disoriented* attached infants and children is considered the fourth major category in the attachment groupings. It is identifiable by conflicting movement patterns of approaching, freezing, and retreating in the caregiver's presence, in which the caregiver is simultaneously the source of fear and safety (Hesse & Main, 2000, p.1099).

Main (2000) points out that *securely attached* infants consistently had caregivers that displayed sensitivity to the child's signals and communications and the caregiver was timely and soothing in response to the distress. She also noted that security was closely linked with "tender, careful holding, and with synchronous pacing of face-to-face interaction" (Main, 2000, p. 1068). Main (2000) further explicates that *avoidant* attachments in infants as being rooted in the caregiver's rejection of attachment behavior. This rejecting behavior is displayed through verbal communication expressing displeasure about having the child, and via a repulsion of physical contact with the child. Furthermore, the *resistant/ambivalent* organized pattern of attachment is strongly linked to the caregiver's inconsistent, insensitive, and unpredictable responsiveness to the child's signals (Main, 2000, p. 1075).

Secure attachment styles offer essential functions necessary for healthy human development that allows the full expression of human potential. Functions of secure attachment focus on healthy development of mentalization, brain development, and affect regulation.

**Attachment Functions**

Research supports several core purposes of attachment that are necessary for healthy human development. The primary attachment functions resulting from secure attachment styles are mentalization, brain development, and the regulation of emotional states (Allen, Fonagy, & Bateman 2007; Siegel, 1999).

**Mentalize.** The ability to mentalize is a requisite for healthy and fulfilling interpersonal relationships. Mentalization promotes an internal world where an individual is at peace. According to Allen et al. (2007), mentalizing is pivotal for positive relationships, amelioration of self-defeating and impulsive behaviors, and influencing others. Allen et al. (2007) posit that when people are aware of the thoughts and feelings in their own minds and the minds of others, they are mentalizing. In order for children to develop this capacity they need a caregiver capable of holding that child in their mind (Allen et al. 2007). According to Slade (2004), it is essential that caregivers hold the baby in their mind just as it is equally essential that the infant is held physically and emotionally. Furthermore, mentalizing encompasses “an attitude of openness, inquisitiveness, and curiosity about what’s in others’ minds and in your own” (Allen et al., 2007, p. 320).

Furthermore, Slade (2005) describes parental reflective functioning as a parent mentalizing about their child, which is something that is necessary to comprehend their child’s behavior in the context of underlying mental states and motivations. All humans have the capacity to develop mentalization abilities, but it is our early relationships that present the greatest opportunity for children to learn about mental states, prevent disturbances in normal

human development, and successfully enter into the subjective experience of others (Slade, 2005; Allen et al. (2007). Connected to the development of mentalizing capabilities is the neurological function of brain development that is significantly impacted with secure and insecure attachments.

**Brain development.** According to Siegel (1999), insecure attachment is not akin to mental disorder, but forms a predisposition for a greater risk of psychopathology and discord with interpersonal relationships. Research suggests there is a relationship between early attachment experiences and neurological development. As Siegel (1999) notes, “Early experience shapes the structure and function of the brain. This reveals the fundamental way in which gene expression is determined by experience” (p. 84).

There is further research on brain development in the context of attachment behaviors from a non-Western perspective. The Nitsiyihkâson project with the Cree, Saddle Lake Elders from Alberta, Canada is a resource promoting childhood attachment in Indigenous families using their teachings for culturally appropriate principles for early brain development (Pazderka et al., 2014). This project offers compelling findings that integrate “traditional ways-of-knowing with current neurobiological and epigenetic scientific understanding” that enhances the understanding and respect for the traditions and wisdom of Indigenous families (Pazderka et al., 2014, p. 53).

The Cree Elders articulated the importance of early childhood sensory experiences when the baby’s brain is growing and changing rapidly. The Elders spoke of:

‘Singing the baby into the world’ with a special song (*nikamowin*); as well as early experiences conveyed through smell and touch. These processes lay the fundamental groundwork for how the child experiences the world. In western culture, parents are often left on their own to determine what kind of environment is “best” for their newborn, but new parents may be confused or challenged, and require guidance. The Cree teachings

place importance on those early days in connecting to the infant in a physical way (Pazderka et al., 2014, p. 58).

The child's attachment to a soothing and comforting caregiver provides a protective environment that ameliorates exposure to harmful levels of stress hormones during moments of distress that can be pernicious to early brain development for the child's developing nervous systems that disallows the young child to independently soothe themselves (National Collaborating Centre for Aboriginal Health, 2013; Pazderka et al., 2014). Besides the critical attachment functions of mentalizing and neurobiology, affect regulation is a third vital function of secure attachment.

**Affect regulation.** The literature strongly suggests a connection between attachment and affect regulation: "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" (National Collaborating Centre for Aboriginal Health, 2013, p. 2). Randall (2009) suggests that infants lack the capacity to regulate their stress levels and are entirely dependent upon their attachment figure for stress regulation. Consequently, the absence of a normal developmental history demonstrates the sequelae of underdeveloped affect regulation capacity:

A core developmental experience children require in order to learn to manage their own emotional experiences is to be calmed when their emotional arousal is too high, and to be stimulated when arousal is too low. In the absence of learning this developmental capacity, a child will not learn to regulate her or his affect (emotional states). . . . For example, traumatized children typically do not develop the capacities to comfort or soothe themselves, and this lack of ability to regulate affect (emotional states) persists into adulthood. The lack of ability to regulate affect, or affect dysregulation, is at the core of a range of trauma responses, many of which can cause significant further harm to traumatized peoples, including, in many cases, substance and alcohol abuse (Haskell & Randall, 2009, p. 65).



The adverse effects on healthy development of an insecure attachment and trauma is contrasted by the long-term benefits that secure attachment has on affect regulation. In many North American tribes, Indigenous elders place significant honor and meaning on holding children and skin-to-skin contact between the child and the caregiver. This Indigenous caregiving tradition is exemplified with the mossbag.

Pazderka et al. (2014) describe the Indigenous tradition of carrying children in a mossbag. Within the Indigenous culture, the mossbag replicates the mother's womb and the laces on the bag simulate the mother's ribcage. The mossbag allows the parent to control the amount of the infant's exposure to external elements, facilitate attunement between infant and caregiver, and help the child build self-regulation capabilities. The literature indicates that the three core functions of attachment are most successful developmentally and have the highest probability of healthy development in relationships with secure attachments. Mentalization, brain development, and affect regulation are primary functions of attachment and necessary for healthy development. The presence of trauma and its impact on development is explored in subsequent sections.

### **American Indian Historical Trauma**

According to the Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5; American Psychiatric Association, 2013) children, adolescents, and adults exposed to actual or threatened death, serious injury, sexual violence via direct experience of a traumatic occurrence or discovering that a violent or accidental traumatic event affected a family member or friend are strongly correlated with trauma and stressor related disorders. Furthermore,

Evans-Campbell (2008) report that multi-generational or historical trauma is an encompassing, complex trauma inflicted on a group of people sharing a common group identity and is experienced intergenerationally with psychological and social responses.

Historical genocide of American Indians and ongoing discrimination and oppression provide causal explanations for the social and psychological responses that promote disrupted attachments. Significant literature exists on the collective trauma perpetrated on the American Indian people. Colonialism, cultural genocide, and oppression impacted the ability of American Indians to form and transmit transgenerational behaviors that promote secure attachments.

Many American Indian parents grew-up in boarding schools or foster care and could not benefit from traditional Indian parental role models (Evans-Campbell, 2008). Even though the majority of American Indian parents can parent effectively, some may struggle due to these out-of-home familial experiences that disrupted intergenerational transmission of healthy child rearing practices and instilled negative behaviors (Evans-Campbell, 2008). The government has historically not considered American Indian families an appropriate environment to raise children and this evil paradigm may result in American Indians internalizing this message and doubting their unquestionable value regarding their culture and their traditional ways of parenting (Evans-Campbell, 2008). American Indians have a long history of using advanced child care practices to nurture healthy, caring, and courageous children. According to Brokenleg & Van Bockern (2003), American Indians created communities where these values were supported and a philosophy called the Circle of Courage supported the values of generosity,

independence, belonging, and mastery. The literature supports the understanding that the Western cultural perspective continues to dominate normative views.

Interconnected with Western colonialism are the atrocities of cultural genocide and oppression inflicted on American Indians. Colonialism was driven by a doctrine of divine destiny and a colonial education mantra of “kill the Indian to save the child” where children were torn from their families and sent to boarding schools where they were beaten if they spoke their native language and had their knowledge of cultural self-worth horrifically distorted and parental bonds destroyed (Brokenleg & Van Bockern, 2003; Myhra, 2011; Coyle, 2014; What is Historical Trauma, 2016). The ability to understand and develop a healthy cultural identity, life skills, resilience, and strong self image is adversely impacted by white dominant culture and passed on intergenerationally to American Indian children (Cheshire, 2001; Kahn et al. 2016).

Colonialism single mindedly focused on destroying American Indians attachment to their “land, customs, culture, modes of self-governance, languages, and ways of life, but the traumatic impact of these disrupted attachments have reverberated through both the communities and through the individual lives of Aboriginal peoples in this country” (Haskell & Randall, 2009, p. 49). Irrespective of the legacy of trauma and ongoing discrimination, American Indians have a profound resilience and continue practicing caregiver behaviors that promote secure attachments via cultural traditions, tribal ceremonies, and a fighting spirit passed on to future American Indians. Counter to the historical trauma is the need for research that explores and describes what is going well in American Indian communities. Specifically, more insight in needed on positive anan caregiver behaviors that promote secure attachments. This exists from a Western lens, but is

minimal from an Indigenous perspective.

### **American Indian Caregiver Behaviors Promoting Secure Attachment**

Attachment behaviors may look different across cultures, but they achieve the same universal function of secure attachment (National Collaborating Centre for Aboriginal Health, 2013). Limb, Hodge, & Panos (2008) posit that in many tribes, family is extended to include blood relatives and clan members where child rearing views the child as a sacred gift bestowed with unique gifts. This is in contrast to earlier Western culture that often viewed children as property, not-yet human, and inferior to adults. The non-Western, American Indian perspective extends respect to the child in a communal balance that comforts children in moments of distress, soothes, and provides a secure caregiver role model that promotes a secure attachment that preserves culture and identity (Limb, Hodge, & Panos, 2008; Carriere, & Richardson, 2009).

Predominantly, literature is biased toward Western ideals concerning cultural norms and ideas about what constitutes attachment promoting behaviors that result in the universal secure attachments. According to Bornstein (2013), “variations in what is normative in different cultures challenge our assumptions about what is universal and inform our understanding of how parent-child relationships unfold in ways both culturally universal and specific” (p. 258). In American Indian culture it is common for children to experience tribal caregiving modes that include nurturing, social interaction, security, reduction of distress via tribal members that include familial and nonfamilial adults (Bornstein, 2013; McMahon, Kenyon, & Carter, 2013). These interactions are sources of strength, resilience, and promote secure attachments. Culturally specific attachment behaviors found in American Indian families are as valuable as Western

based child rearing practices that promote secure attachments. These child rearing practices promote secure attachments and prevent the deep loss of ancestral roots known in some tribes as a “split-feather” (Simard, 2009).

Attachment bonds and sensitivity look different depending on cultural context and require a multicultural application of the attachment framework (Mirecki, & Chou, 2013). Research describes the need for sensitivity when evaluating relationships of culturally diverse families and awareness of parenting strategies as reflecting the cultural norm. Furthermore a wider lens is also necessary with attachment theory in order to promote understanding of non-Western parenting practices that arrive at equally secure attachments via different looking caregiver practices (Neckoway, Brownlee, & Castellan, 2007; Rastogi & Wampler, 1999). American Indian caregiver behaviors that promote secure attachments are inextricably linked with the transgenerational transmission of these culturally specific attachments.

Cross-culturally, there are many child-rearing behaviors that promote secure attachments and arrive at a universal secure attachment bond between child and caregiver. American Indian child-rearing principles and customs offer a traditional perspective into the process of transmitting secure attachments intergenerationally. Specifically, the Indigenous process respects and honors the American Indian traditional ways and views discipline as the teaching of self-control. Many tribes embrace these traditions as honor and they are reflected in “fasting, vision quests, endurance during ceremonies, or self denial in ceremonies” (Honoring children, making relatives: Indigenous traditional parenting practices compatible with evidence-based treatment, n.d.). There is significant value and insight for future Indians regarding child-rearing

behaviors that promote secure attachments and how these attachments are transmitted intergenerationally.

American Indians raise children using some traditional methods that look quite different from Western normative approaches in terms of promoting secure attachments. For instance, cultural identity and pride in being Indian are fostered through a more communal approach to raising secure and healthy children:

Native Americans are typically part of an extended family structure. Aunts may be called mother, uncles may be called father. An individual's [sic] cousins may be treated as brothers and sisters. Grandparents are often key decision-makers and frequently play a central role in the parenting of young children. Other members of the extended family usually assume child care responsibilities and may discipline children. ... Members of the extended family are expected to share what they have and take care of each other. ... The extended family structure and its many members can be a tremendous source of support, and it can compensate for inadequacies in a biological parent's ability as a parent (Reactions by Native American Parents to Child Protection Agencies: Cultural and Community Factors, n.d.).

Extended family are invaluable assets in American Indian culture that extend a secure base for the child to seek proximity for comfort, safety, biological needs, and sensitive attunement to the child's signals and communication (Reactions by Native American Parents to Child Protection Agencies: Cultural and Community Factors, n.d.). Carriere & Richardson (2009) conclude in their research that culturally relevant applications of attachment theory integrate tribal history and kinship imparted by Elders, blood relatives, and extended family. This tribal kinship is a network of supportive connections for the child that provide secure attachment behaviors that include social and religious functions where children are recipients of emotional and physical love and kindness from a circle of friends and relatives (Carriere & Richardson, 2009; Mooradian, Cross, & Stutzky, 2006).

The role of American Indian elders is an honored position bestowed with transmitting tribal culture and skills (Mooradian, Cross, & Stutzky, 2006). Cultural transmission involves reinforcement, modelling, and identification with the child's family, and recognizes that attachment behaviors vary across cultures and yet arrive at the same universal, secure attachment bond (Cheshire, 2001; National Collaborating Centre for Aboriginal Health, 2013, n.d.).

There is a shortage of literature that elucidates and adds to our knowledge of Indian cultural practices in child-rearing that promote secure attachments. This gap in the literature requires additional research to gather, analyze, and describe contemporary Indian child-rearing practices that use culturally specific tribal practices that promote and transmit transgenerationally secure attachment behaviors. The predominant literature and research on American Indians focuses on disparities and deficits. Examples of successful non-Western child-rearing behaviors that promote secure attachments are critical to healthy American Indian and minority child development. More research is needed in the area of cross-cultural attachment behaviors to counter misinformation and injustices faced by Indigenous families.

### **Summary and Research Question**

There is extensive research on attachment theory and American Indian disparities, but relatively insufficient research describing strength based caregiver behaviors associated with promoting secure attachments in American Indian communities. More research is needed to elucidate present-day Indigenous caregiving behaviors that promote secure attachments and are passed intergenerationally. This research does not look to prove that someone does or does not have a secure attachment style, but rather describes American Indian cultural traditional behavior

in caregiving that promotes secure attachments. The research study addresses gaps in the literature by focusing on Indigenous caregiver behaviors that are passed to subsequent generations. The research question for this study is what are the child-rearing practices used by caregivers in the American Indian community that promote secure attachments and are transmitted transgenerationally.

### **Research Lenses**

The research lenses or conceptual framework address the researcher's biases that can influence the construction, content, and attitude toward the research. The subjective nature of the researcher's lens in qualitative research requires a systematic, reflective, and transparent approach in order to produce quality research. The following paragraphs explicate the researcher's theoretical, professional, and personal lenses. This chapter concludes with the use of reflexivity to deal with researcher biases.

### **Theoretical Lenses**

Attachment theory is a salient theoretical model shaping the researcher's frame of reference and conceptualization of healthy human development and the design for this study. It is the opinion of the researcher that secure attachments between a child and a primary caregiver are cornerstones in shaping the healthy trajectory of human life. The researcher wants to use the attachment theoretical lens to understand and describe the experiences of successful American Indian experiences. Success in healthy human development will be communicated from the perspective of American Indian research participants. According to Main (2000), attachment theory is characterized by a biological drive to seek out close proximity to a primary caregiver as



a secure or safe base during times of distress and later to return to exploring his or her environment. Similarly, the founder of attachment theory states that “any form of behavior that results in a person attaining or maintaining proximity to some other clearly identified individual who is conceived as better able to cope with the world” (Bowlby, 1982, p. 668). This theory provides insight into the effects of early relational experiences on human development. The impact of attachment behaviors, cultural influences, and resulting attachment styles affect neurobiology, mentalization, regulation of emotional states, and predispositions for future psychopathologies (Siegel, 1999; Slade, 2005; Allen, Fonagy, & Bateman, 2007). It is powerful, evidence based, and inextricably linked with the human experience.

Attachment theory has evolutionary and biological human needs that integrate physical proximity to a caregiver for keeping a child safe and the necessity for positive caregiver behaviors that promote secure attachments for a chance at healthy development. Based on these theoretical assumptions, the researcher valued collaboration with research participants. Understanding attachment theory and corresponding research will be a part of the thematic analysis to compare, analyze, and describe themes in the literature and participant interviews.

### **Professional Lenses**

The researcher studied and publicly presented the historical significance of the American Indian Movement (AIM) of 1968 at the graduate school level. Extensive research was conducted using secondary data to communicate the purpose behind AIM and the life experiences of the movement’s founders - Russell Means, Dennis Banks, Clyde Bellecourt, and other stakeholders. The AIM research was followed by the researcher working through the University of St. Thomas

Interprofessional Center for Counseling and Legal Services in Minneapolis, MN. Specifically, the researcher worked with an American Indian client to find housing, winter clothing, and remove roadblocks to receive social security disability insurance related to a traumatic brain injury. The researcher's experiences working with American Indian issues resonated with a visceral understanding and respect for their history, culture, resilience, and strength. These research experiences influence the researcher's professional bias.

The researcher's professional bias is in the direction of feeling anger over how American Indians have historically and continue to be mistreated. The researcher views the research participants with respect, admiration, and understanding. This is important to be aware of and the researcher must manage this goodwill with objectivity during data analysis. The researcher's gathering, organizing, and data analysis must let the data reveal what is in the data and not what the researcher would like it to reveal. Overall, the researcher's professional bias fuels a passion for the research and strives to avoid entering subjectivity and inaccuracy into the data analysis and research results through self-awareness, objectivity, and using a research committee to review the research study.

### **Personal Lenses**

The researcher's personal history of growing-up in poverty and witnessing domestic violence as a child shaped a visceral understanding of injustice and fuels a desire for fairness and opportunity for all humans. The researcher will never personally know the struggles and successes of American Indians, but seeks to gain deeper insight into the research participants' lived experiences. It is with passion, belief, and intellect that the researcher approached a more

in-depth understanding and process of describing American Indian caregiving experiences. Thus, the researcher's personal lenses influenced the research approach and development.

The researcher's personal lenses highlighted a desire to see the best outcomes for participants, but also awareness for the data to tell its own story as it unfolds. Researcher self awareness and understanding the need for objectivity in gathering and interpreting the participant data is necessary for quality research and is a valuable tool to ensure objectivity in light of any personal biases. Researcher biases will not corrupt the research, but rather fuel areas of exploration, and understanding, adding to the body of knowledge in literature with American Indians and attachment theory.

### **Reflexivity**

The observations or actions of the researcher shape the study, and in-turn, the participants and study shape the researcher. The researcher and study participants-interviewer and interviewee-collaborated in shaping the research content. According to Heyl (2000), the researcher can practice reflexivity when he or she:

Listen well and respectfully, developing an ethical engagement with the participants at all stages of the project; acquire a self awareness of our role in the coconstruction (sic) of meaning during the interview process; be cognizant of ways in which both the ongoing relationship and the broader social context affect the participants, the interview process, and the project outcomes; and recognize that dialogue is discovery and only partial knowledge will ever be attained (Heyl, 2000, p. 370).

The researcher chose the focus for this study because of the impact of attachment theory on

human development and a passion for social justice concerns of American Indians. The study's design focused on deeper meanings, explored, described research participants' lived experiences, and prioritized disallowing preconceptions from skewing the research process. Another objective of the researcher with this approach to the study was to leave readers feeling like they had "walked-in the shoes" of the participants. The researcher acknowledged value in both quantitative and qualitative approaches to this study, but there was a deep interest in avoiding the distance imposed by quantitative statistics by sitting face to face with research participants who could speak to the heart of the issues that address my research question. The researcher was also aware of a personal hope that the interviews with research participants would yield empowering and positive insights. Awareness of this bias in the researcher allowed for a more objective stance, allowing the data to independently reveal its own conclusion.

### **Method**

This qualitative research study was designed as a phenomenological analysis and sought to answer the research question: What are the child-rearing practices used by caregivers in the American Indian community that promote secure attachments and are transmitted transgenerationally? A phenomenological analysis afforded the opportunity to focus on deeper meanings that became evident in the process of analyzing interview data. The following sections include sampling procedures, protection of human subjects, instrumentation and data collection, data analysis, and conclude with strengths and limitations.

**Sampling Procedures**

This study used a purposive sampling technique to recruit three participants. Participants were recruited from a list of potential American Indian participants provided by an American Indian elder with extensive experience and contacts. A non-probability sample was highly effective for this study's goals, objectives, cost, and time requirements. Furthermore, this purposive sampling method proved effectual with a limited number of people accessible as data sources. Participants were thoughtfully selected for their unique power to impart needed information. The research question and scope of this study did not require identifying the participants as having been officially diagnosed with secure attachment styles as indicated by the Adult Attachment Interview. Participation was open to adult male or female American Indians that had a mix of both adverse and empowering childhood experiences.

**Protection of Human Subjects**

A consent form (see Appendix A) was created based on the University of St. Thomas template, reviewed and approved by the research Chair, and Institutional Review Board (IRB). A discussion about informed consent took place with each research participant before interviews began and each participant read and signed a consent form. Research participant privacy was protected during their participation in this study by signing an informed consent after having their rights and responsibilities explained. At the conclusion of the informed consent discussion participants were asked four open-ended questions by the interviewer to verify understanding of the research project's risks, voluntary nature, and what they will be expected to do. The professional contact was provided a script about the research (see Appendix C) and did not know

which people decided to participate in my study. This protected confidentiality and prevented the possibility of coercion. Interested participants contacted me directly by phone and I used a telephone script (see Appendix D) to guide answering questions, arranging interview times and locations of their choosing. The study has no known risks to subjects. In order to protect confidentiality, the researcher de-identified transcripts. There were no direct benefits for participating in the study. Research participants also controlled the location, timing, and circumstances for sharing their personal information.

### **Instrumentation and Data Collection Procedures**

The researcher was the primary instrument for gathering, filtering, and analyzing the research data. This qualitative research study also used semi-structured interview questions to address this study's research question. There were 15 primarily specific interview questions that started with general questions, became more specific and required more thought on the part of the interviewee, and concluded with more general questions. Interview questions are found in Appendix B.

The interviews were conducted at the participant's choice of location and lasted between 60 to 90 minutes. Each interview was audio recorded and uploaded to a secure online site for verbatim transcription. Transcribed audio recordings were approximately 85 percent accurate, and then the researcher listened to each audio recording while proof-reading and making necessary corrections to ensure complete accuracy. Three copies of each transcription were printed to use in a systematic approach to data analysis. Additionally, field notes were taken after each interview to augment the data collection process.

**Data Analysis Procedures**

A descriptive phenomenological lens was used to analyze, listen for, and identify latent and manifest thematic content. A systematic approach was used to “input” and immerse the researcher in the data and analyze the data from the transcribed interviews. To start, each transcription was read without making notes or markings. Next, each participant response was read for the same question until each transcription was read completely without making notes or markings. Thirdly, the first two steps were repeated in order to thoroughly immerse the researcher in the data. Again, no markings or notations were made.

The next phase of the data analysis included reading each transcript again, this time making analytical memos or notes in the margins, underlining, and circling significant words and phrases. This step also included creating codes or short-hand notations for identified topic/category areas during this first level coding of words, phrases, and topics (Monette, Sullivan, DeJong, & Hilton, 2014). Phrases and quotes related to the preliminary themes were highlighted on the transcripts. The fifth step in this sequence moved to second level coding that involved a deeper level of analysis and interpretation of the data. The second level coding looked for patterns revealing underlying themes. Potential categories were identified on a separate, unmarked transcript. Investigator responsiveness was a salient element of the instrumentation and data collection process. This openness served to allow the data to reveal the facts that were discovered and disallowed imposing the researcher’s personal subjectivity. The list of categories were analyzed to see if any could be condensed into a smaller number of preliminary themes. Another clean transcript was read through, searching again for the previously identified

themes and being aware of new trends, themes or sub-themes coming from the data. Quotes and phrases were marked and linked to the relevant themes. The data for each theme was re-read for analysis of any new patterns. A final decision was made on the salient themes based on those that captured the essence of the transcription data and were strong thematic content that resonated with all participants.

### **Strengths and Limitations**

Several strengths stand out with the design of this research study. The phenomenological analysis approach to this qualitative research concentrated on deeper meanings explored, and described the lived experience of American Indians. A phenomenological analysis is “uniquely suited to leave readers feeling as if they have ‘walked a mile in the shoes’ of participants” (Padgett, 2008, p. 36). This approach also allowed for meaningful trust, understanding, and connection through in-person interviews. Additionally, the purposive sampling technique was cost and time effective, and was also effective in directing the researcher towards persons who could contribute answers, but not for the intent of generalizing to a larger population (Padgett, 2008, p. 53).

Limitations with this research study involve the small sample size that has a lower level of generalizability compared to probability sampling (Padgett, 2008, p. 53). Other limitations include the brief time frame for starting and completing the research project, and limited tribal diversity in the sample. This study interviewed only urban American Indians, and therefore is limited in-terms of its applicability to American Indians in rural areas or on reservations.



## Results

Study results in this section describe characteristics of research participants, followed by demographic data, observational data, and finally overall research results. There were four salient themes that emerged from the interviews with the participants: Connection to Culture, Importance of Extended Family, Significance of Elders, and Respect as a Value.

### Description of Participants

Three participants were interviewed for this study. They ranged in age from 34 to 61, and included two females and one male. Two participants had bachelor's degrees and one had a master's degree. Participants were from the Ojibwe of Red Lake, MN, Oneida of WI, and the Pine Point community of the White Earth Nation of Ojibwe tribes. The participants are professionals working at nonprofit and government organizations. One of the organizations worked specifically with American Indian youth and the other organizations had a broader scope of services focusing on health and human services.

### Observational Data

Interviews lasted approximately 90 minutes and participants experienced strong emotions during the interview while telling their stories. Emotions ranged from tears to laughter and interviewees stated that they *had not thought about some of these memories for a long time*. Although each participant had different professional roles and responsibilities there was a commonality in that each of them worked in a human services capacity. It also appeared that participants enjoyed telling their unique stories. Additionally, several unexpected findings emerged that included participants not experiencing caregiver behaviors explicitly demonstrating

love in-terms of physical expressions or hearing “I love you.” Secondly, it was not fully anticipated by the researcher that the caregiver behaviors identified by participants as promoting secure attachments would be so closely tied to a way of life different than Western cultural behaviors linked to attachment theory. Through the participants’ stories the following themes and sub-themes are described, explained, and supported by interview data.

### **Connection to Culture**

The first theme that emerged repeatedly across all interviews was the necessity for American Indians to connect to their culture. This connection to culture was paramount in addressing the research question for this study. One participant conveyed the power and meaning of cultural connection in the Indian community by stating, *There is extreme shame in not knowing our culture and not knowing your language. I know because I carry it. I know because I see it.* The following quotes from each of the participants convey the importance of culture:

*Culture is so important in the native community to healing. ... The challenges are that not everybody knows their language and not everybody knows their culture and traditions or ceremonies that are really healing to our people, and what we’re doing currently now is eliminating that shame and creating dialogue.*

*It was one of my uncles who really started taking the initiative to kind of re-gain the culture and language, and that kind of spurred-on our grandma, being one of a handful of speakers now. So, that kind of dispersed with the rest of the family to gain that cultural knowledge. And so my uncle, he’s very revered in [the] community as one of our cultural teachers, and people rely on him for the what and the how of our culture.*

*... Some families do other things like continue having their children participate in powwows or different ceremony type things. And that’s how we stay connected to the culture, and learn about you know, what it is that we’re teaching our children about respect for the earth, and respect for other living things. Because that’s a big part of what it meant to be Indian. You don’t just take, you have to give things back.*

The research participants' stories demonstrated how stripping away their culture was a systematic and deliberate part of the historical trauma of American Indians and that reconnecting with their culture is a core part of healing. It is part of breaking a cycle of pain and suffering and growing and changing by restoring what was unjustly taken from their people. Connection to culture was reported by participants as one of the most meaningful experiences in how they were raised that promoted secure attachments. Intertwined with the theme of cultural connection, are three sub-themes: language, ceremonies and practices, and re-visiting the reservation.

**Language.** Participants reported that language is an integral part of connecting to their culture. One noted that language is essential to American Indian healing and strength, and *trying to continue the language is another barrier* that Indians face in caregiving for their children. Continuation of Indigenous language is a barrier because only a small number of tribal members know the language. Participants detailed the essential nature of language by describing its link to Indian heritage and cultural identity. They noted that knowing their language is akin to knowing who they are and feeling connected and proud of who they are, and eliminating shame.

**Ceremonies and practices.** Participants discussed the importance of ceremonies and traditional practices and staying connected to their tribe or reservation. They noted that participation in these are essential for healthy development. Participants described their experiences of regularly returning to their tribe or reservation for *powwows, funerals, celebrations of life, and reunion of family, and neighbors*. Participants across across all interviews noted a number of ceremonies, including: powwows, smudging, prayer, talking circles, naming, the use of Indian swings and cradle boards. These culturally specific traditions

were frequently discussed as being passed from caregiver to children:

*Creating talking circles and creating opportunity for families to come and engage, and sit, look, and listen and learn and be able to do that in a safe way and be able to teach that back to their own kids. And then even with our kids we have storytellers that come in. We have teachers that come in. We have kids that come back and say 'wow, that really changed my life.' And now they're drumming and they're singing and they're doing things.*

Another participant described the importance of the traditional practice of *smudging* (burning sage). *It's helping purify and you're offering prayers up to you know, the creator ... it's definitely a practice that we still use today.* Other traditional practices noted by participants included an *Indian Swing* that went above the bed and was a *safe sleep thing*, as well as a *cradle board for two of my sons*. Participants noted that traditional ceremonies and practices are still being used and passed down intergenerationally.

**Re-visiting the reservation.** Every participant continued to be closely connected to their tribe or reservation and returned on average five times per year. Recurring motivations that brought them back to their tribe or reservation included *powwows, funerals, and reconnecting with family*. Two participants reported their reasons for going back:

*Connecting with family members [and] connecting with friends. Visiting places that I used to go to when I was younger. Teaching my mom - not children as much now as much as my grandkids about some of the history, and about where family was when they were there. Visiting the cemetery where I have people buried up there. Um, usually going out going fishing or you know driving different places on the reservation. So that 's what's important.*

*I have many relatives that lived back there. We have many relatives that live in the cities. One of the things that you have to know is that our people are very mobile. So, they go back and forth from the reservation lands to the cities. They move back and forth. Meeting my relatives - being able to share who I am and in fact probably more important is connecting with relatives that I haven't had. You know and I only know of them or finding out that I have new cousins or you know, not new cousins, but cousins that I've*

*maybe never met.*

### **Importance of Extended Family**

Participants discussed the significance of parents, grandparents, aunts, uncles, and cousins as caregivers in families. This sentiment was echoed throughout each of the participants' responses. Each participant described extended family as some of the most meaningful experiences in how they were raised, as the following conveys:

*My auntie was a second mom to me. But like I said, a lot of it and a lot of us and my siblings and my cousins we would spend time, you know, over at aunties or uncles house, and sometimes it'd be for days on end or it'd be a day or two. Often times they'd fill that role - not a parent, but a caregiver. So, you know they'd soothe us or discipline us if we were acting bad or support us, things like that. So, I think that's kind of what you'll see-that's kind of the hallmark with American Indian families is the importance of extended family.*

The participants had deeply held beliefs regarding the importance of seeing all of their Indian community as *brothers and sisters*. Two participants described the value of extended family:

*I should say our family doesn't just happen within our own biological family. We look at each other as relatives whether we're blood or not. I think I mentioned that earlier. I look to these people like my sisters. I look to the men in our community like my brothers.*

*I was very fortunate to have my uncles around me and they were very good to me. ... So, even though we had a family that moved from the reservation because back in the mid-fifties or whatever, they were moving off the reservation and that was because they were trying to relocate families and say, 'Here, go here, you can get jobs and be successful.' ... So, my mother and aunt and uncle were part of that. But, when they came down here, other families came off the reservations too. So, from Red Lake, Leech Lake, from White Earth, and so there was a large number of urban Indians at the time. So, you had that sense of community still down here because some knew each other, you could rely on other people to help you or our family was still close, kind of in the vicinity. There was always someone around to help.*

Another participant recalled her childhood experiences with caregivers that promoted secure attachments as the important familial attachments with her *mother, grandparents, uncles, and*

*stepfather:*

*You know that saying that blood is thicker than water, it isn't true. But in this, we're trying to sew this together for our kids. That they will always be there for each other, and that they're not cousins - they're brothers and sisters. So, in the native community, having said that, when you look at how traditionally what a family might look like is you have multiple siblings - their kids, their siblings, their brother or sister, but their kids are also brothers and sisters-they're not cousins. Your aunts and uncles those kids look up to and you know the aunts and uncles. They're actually your parents. When you look up even further, you know, the aunts and uncles of the parents are actually your grandparents.*

### **Significance of Elders**

This theme was also prevalent throughout each participant interview. For instance:

*I probably didn't have as much difficulty dealing with challenges because I still had a lot of family around me ... and doing what I needed to do for my kids. Where I see people having challenges now today would be in the urban area. Who do you go to? Who is the elder? We've had our people die young. You know our life expectancy is shorter than in any other ethnicity, race, or you know it hasn't gotten a lot better. And so, a lot of the older population - the information they had goes with them. So, the wisdom, you know, that carrying the teachings, so then the challenges for the new people is how much information was transferred to them ... .*

Another participant had this experience:

*Later in life, now I have a better relationship with some of our elders in the community. Over the last 20 years, I mean I can go have breakfast with them. I reach out to them. I have a Lakota elder that I talk to regularly who is a spiritual elder in the Lakota community. He's like my dad, he's like my grandpa, he's like my brother, he's like everything at once.*

### **Respect as a Value**

Respect was also a main theme among participant's responses. One participant described being soothed when distressed as a child by caregivers who talked about *being quiet, still, learning to listen, and teaching about being respectful*. Participants reported feeling secure and safe when feeling respected by caregivers and seeing their caregivers showing respect for other

people. The theme of respect was also part of caregivers helping participants feel pride in being Indian through modeling of behavior that participants wanted to emulate:

*So it's a different type of parenting and it was modeled behavior too. So you learned respect by seeing them [caregivers] be respectful to other people or being helpful. I mean that's where I learned that. I saw my grandmother bake bread, bake biscuits for the family down the road who didn't have a mother because their mother died. And you're part of that and here let's go take this and deliver. You know, you see these selfless actions being taken to care for other community members.*

These four themes and related sub-themes addressed the original research question of this study. Connection to culture, importance of extended family, significance of elders, and respect as a value, will be interpreted in the next chapter.

### **Discussion**

The purpose of this study was to describe American Indian caregiver behaviors that promote secure attachments and keep tribal practices alive through transgenerational transmission. The four key themes of connection to culture, importance of extended family, significance of elders, and respect as a value are consistent with much of the existing literature, but some new themes emerged as well. These are discussed below, as well as implications for social work practice and further research.

### **Findings Supported by the Literature**

Some of the study's findings parallel what the literature confirms. At the heart of secure attachment is safety, attunement, and a secure base provided by a caregiver that has a child's best interest at heart. This essence of secure attachment is at the very heart and soul of the most deeply felt and meaningful experiences reported by this study's participants that promoted secure attachments. The caregiver behaviors reported by participants looked different than other

cultures, but beautifully promoted secure attachments and were transmitted transgenerationally in ways unique to American Indian culture. Specifically, four key themes in this study fit with the literature and captured the lived experiences of participants with their Indian caregivers.

Cultural connection and the importance of extended family are the bedrock of what it means to be American Indian. Knowing where you came from, who your ancestors are, your cultural traditions, and ceremonies allow healing of past traumas and are a method of how Indian caregiver behaviors promote secure attachments. This connection to their culture is indispensable in developing pride in being Indian, human, and unique. Cheshire (2001) suggests cultural transmission involves reinforcement, modelling, and identification with a child's family. It recognizes that attachment behaviors vary across cultures and yet arrive at the same universal, secure attachment bond. This enormous strength in Indian culture is clearly a linchpin in how caregivers promote secure attachments. The safety, understanding, and security felt by the participants from being connected to their culture was further supported by the literature: The non-Western, American Indian perspective extends respect to the child in a communal balance that comforts children in moments of distress, soothes, and provides a secure caregiver role model that promotes a secure attachment that preserves culture and identity (Limb, Hodge, & Panos, 2008; Carriere, & Richardson, 2009). All study interviewees reiterated throughout their interviews the vital importance of the safety and security of *blood relatives and non-blood relatives as one family*. These findings are consistent with what the literature suggests.

Significance of elders and the teaching of respect as a value were also key themes that participants credited Indian caregivers with for promoting secure attachments. These themes



were supported by some of the literature. Participants noted that it is the elders that pass on sacred teachings containing *wisdom, knowledge, and our language*. The literature supported the role of elders: The role of American Indian elders is an honored position bestowed with transmitting tribal culture and skills (Mooradian, Cross, & Stutzky, 2006). One study participant emphasized the point that *our people die young*, further emphasizing the crucial role elders play in their community. Elders ensure that caregivers have the cultural knowledge, history, and practices to pass cultural practices from one generation to the next generation. Cultural transmission involves reinforcement, modelling, and identification with the child's family, and recognizes that attachment behaviors vary across cultures and yet arrive at the same universal, secure attachment bond (Cheshire, 2001; National Collaborating Centre for Aboriginal Health, 2013, n.d.). The core themes that emerged in this research study were supported by the literature, and added independent findings from the lived experiences of American Indians. The study's findings showed that caregiver behaviors can vary across cultures and still support secure attachments. Accompanying these findings were a number of unexpected findings.

### **Unexpected Findings**

The study had several unexpected findings. One was a common experience reported by all participants where their primary caregivers did not explicitly show them love with hugs or saying, "I love you." Several participants cried when describing this missing characteristic in otherwise affirming and healthy relationships with caregivers. Participants stated things like, *I don't think my mom knew how to show love*. In spite of the strong bonds the participants had with caregivers, and reporting similar feelings of *I knew that they cared* or *I knew they loved me* or *I*

*don't think it was always explicit in-terms of love.* One possible explanation is that the caregivers were removed from their families and placed in foster care and boarding schools, subsequently harming their ability to learn from parental modeling what it looks like for a caregiver to express affection and love in healthy displays. In spite of having an apparent earned secure attachment, there are “pockets” of imperfection-as in all human beings-and this is one area of prominence of showing physical love to the children they are caring for.

Secondly, it was unexpected by the researcher that the participants' stories about caregiver behaviors promoting secure attachments would be more closely correlated with American Indian way of life versus more traditional behaviors between a child and a caregiver seen with attachment theory. According to Main (2000), attachment is identified with maintaining proximity to a single or select few caregivers and using these primary individuals as a *secure base* for exploring unfamiliar areas. The Indian way of life that raises children to know and live their culture, be raised by an extended family, learn from elders, and feel the comfort and safety of being respected and respecting all other life is unique to American Indian culture, but leads to a universal secure attachment.

### **Implications for Social Work Practice**

Social work practitioners can incorporate new solutions into their practice with minority clients by seeing more options for caregiver behaviors that promote secure attachments. Cultural competence can be expanded to see a wider array of strengths that may appear different than normative practices of the dominant culture, but no less valuable. Another implication may include a needed paradigm shift from the predominant literature's deficit point of view of

American Indians to focusing first on what is strength. Perhaps as part of cultural competence it is not always best for social work practice to first seek to fix, but instead strive to learn from another culture, and then see what can be added via collaboration as equals. The findings from this research study were intended to approach the aforementioned research problem from a strengths perspective and enhance the needs for further research opportunities.

### **Implications for Future Research**

Future studies could expand this research to include study participants living on reservations. This would be beneficial as a contrast to this study, which focuses on urban Indians. Increasing the scope of this study with a larger purposive sample size could reveal greater insight into new themes or trends. Designing and executing a quantitative study would also be beneficial to provide more breadth and have findings that are generalizable. Furthermore, a follow-up interview in this study may have refined participant answers and invited greater complexity of responses. Expanding the number of study participants to 10 to 15 would have been compelling to see if new trends, themes, and sub-themes resulted. Additionally, a study conducting Adult Attachment Interviews with American Indian participants and comparing attachment styles with caregiver behaviors may augment the findings from this study. Overall, implications for future research requires more studies of American Indians and other minority groups that look at what is going well and the reasons for success, and not simply from a perspective of pathology and intervention. Re-balancing the deficit heavy focused research on Indians may also ameliorate some implicit bias with child protection reform and high out-of-home placements for Indian children.

To conclude, this research described American Indian caregiver behaviors that promote secure attachments and the transgenerational transmission of these behaviors. Our mental and physical development are contingent on the quality of this attachment when we are infants and children. This study described a number of salient caregiver practices that promote secure attachments and how these practices are transmitted transgenerationally. Caregiver practices have differences across cultures, but they are equally valid and have an equal chance at secure attachments and being passed to future generations.

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## **Appendix A**

### **Consent Form**

**University of St. Thomas, Minnesota**

### **Transgenerational Transmission of Caregiver Behaviors that Promote Secure Attachments in American Indian Communities**

You are invited to participate in a research study about American Indian caregiver behaviors that promote secure attachments and are transmitted transgenerationally. You were selected as a participant because you are an adult American Indian that received culturally specific caregiver behaviors that promote secure attachments, have transmitted culturally specific caregiver behaviors to the next generation - your own child, niece, nephew, or grandchild, and have previous or current caregiver responsibilities on a daily, weekly or monthly basis. The following information is provided in order to help you make an informed decision whether or not you would like to participate in this study. Please read this form and ask any questions you may have before agreeing to be in the study.

This study is being conducted by Bryan P. Ellingson, a Master of Social Work student under research advisor Mari Ann Graham, MSW, Ph.D., LISW, affiliated with St. Catherine University and the University of St. Thomas, School of Social Work. This study was approved by the Institutional Review Board at the University of St. Thomas.

### **Background Information**

The purpose of this qualitative research study is to describe American Indian caregiver behaviors that promote secure attachments and keep tribal customs alive transgenerationally. This study has the opportunity to unlock insights and add to the limited literature on American Indian healthy development and positive caregiver behaviors that get transmitted intergenerationally.

### **Procedures**

If you agree to participate in this study, I will ask you to do the following things: participate in a single, 60-90 minute audio-taped, in-person interview at a location of your choice; the researcher

will transcribe the interview for the purpose of analysis. No post interview follow-up is necessary for this study.

### **Risks and Benefits of Being in the Study**

The study has no known risks to subjects. The researcher will delete the audio and transcription by May 21, 2017. The direct benefits you will receive for participating are: There are no direct benefits for participating in this study.

### **Privacy**

Your privacy will be protected while you participate in this study. The research participant controls the location, timing, and circumstances for sharing their information. No names or personally identifiable information will be used in the interviews; transcripts will be de-identified. Audio-recordings, notes, and transcriptions will be deleted by May 21, 2017.

### **Confidentiality**

The records of this study will be kept confidential. In any sort of report I publish, I will not include information that will make it possible to identify you. The types of records I will create include: audio-recording, notes, transcription, and a clinical research paper. All records that I create will be on password protected devices. I will be the only person with access to the audio-recording, notes, and transcription. The audio-recording, notes, and transcription will be destroyed no-later than May 21, 2017. All signed consent forms will be kept for a minimum of three years (May 21, 2020) upon completion of the study. Institutional Review Board officials at the University of St. Thomas reserve the right to inspect all research records to ensure compliance.

### **Voluntary Nature of the Study**

Your participation in this study is entirely voluntary. Your decision whether or not to participate will not affect your current or future relations with St. Catherine University or the University of St. Thomas. There are no penalties or consequences if you choose not to participate. If you decide to participate, you are free to withdraw at any time without penalty or loss of any benefits to which you are otherwise entitled. Should you decide to withdraw, data collected about you

will not be used. You can withdraw by contacting Bryan Ellingson. You are also free to skip any questions I ask.

### **Contacts and Questions**

My name is Bryan P. Ellingson. You may ask any questions you have now and any time during or after the research procedures. If you have questions later, you may contact me at 612-787-8246 and [elli8601@stthomas.edu](mailto:elli8601@stthomas.edu). The research advisor for this study is Mari Ann Graham, MSW, Ph.D., LISW, 651-962-5812. You may also contact the University of St. Thomas Institutional Review Board at 651-962-6035 or [muen0526@stthomas.edu](mailto:muen0526@stthomas.edu) with any questions or concerns.

### **Statement of Consent**

I have had a conversation with the researcher about this study and have read the above information. My questions have been answered to my satisfaction. I consent to participate in the study. I am at least 18 years of age. I give permission to be audio recorded during this study.

**You will be given a copy of this form to keep for your records.**

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**Signature of Study Participant**

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**Date**

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**Print Name of Study Participant**

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**Signature of Researcher**

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**Date**

**Appendix B****Interview Questions**

1. Where are you from? Are you still connected to your tribe or reservation?
2. How often do you get back (to tribe or reservation)?
3. What takes you back?
4. What is important to you when you go back?
5. What is your age?
6. Who were the caregivers for you during your childhood?
7. How are you a caregiver (e.g. as a parent, aunt/uncle, or grandparent)?
8. Are there stories you can tell me about American Indian caregiving experiences of being cared for by another American Indian caregiver where you felt:
  - a. Soothed when you were distressed
  - b. Someone who was attuned to your thoughts and feelings
  - c. Someone who made you feel understood
  - d. How you developed pride in being Indian
  - e. How you felt loved and safe
9. Which of the experiences you described had the greatest impact on your positive and healthy development?
10. How would you describe the impacts of these experiences?

11. Can you describe any caregiving experiences that you have mentioned that you use now or have used in the past to provide care for your own children, nieces or nephews, or grandchildren (ask for examples)?
12. How do you see these culturally specific caregiving behaviors being continued by *other* American Indians?
13. Can you describe the challenges American Indians face in caregiving for their children, nieces, nephews, or grandchildren using culturally specific caregiving practices, and how you have dealt with these challenges?
14. What was most meaningful in how you were raised?
15. What would you like to tell me that I haven't asked you?

**Appendix C****Script for American Indian person contacting her contacts about the study:**

Hi,

I want to let you know about a study that you may be interested in. It is about culturally specific caregiver behaviors that we use to promote secure family bonds and pass on to future generations. I will not know who decides to participate or does not. The decision is entirely up to you. If you are interested, you will contact the researcher yourself at [research phone number].

This study involves a confidential interview lasting 60-90 minutes. Participants need to have received culturally specific caregiver behaviors that promote secure family bonds (*[optional - if clarification required]* i.e. they felt soothed when distressed, understood by caregiver, pride in being Indian, loved, and safe), have transmitted culturally specific caregiver behaviors to the next generation (*[optional - if clarification required]* i.e. to their own child, niece, nephew, or grandchild), and have previous or current caregiver responsibilities on a daily, weekly or monthly basis. This is an opportunity to share meaningful experiences that show the strengths of American Indian culture.



**Appendix D**

**Script for researcher responding to American Indians that call about participating in the study:**

Hi,

This is [first and last name]. Thank you for contacting me. I'm a student in the Master of Social Work program at St. Catherine University.

I'm doing a study on culturally specific caregiver behaviors that promote secure family bonds and are passed to future generations in American Indian communities. I want to make sure that you have received culturally specific caregiver behaviors that promote secure family bonds (*[optional - if clarification required]* i.e. they felt soothed when distressed, understood by caregiver, pride in being Indian, loved, and safe), have transmitted to the next generation caregiver behaviors (*[optional - if clarification required]* i.e. to their own child, niece, nephew, or grandchild), and have previous or current caregiver responsibilities on a daily, weekly or monthly basis.

This study will involve a confidential interview lasting about 60-90 minutes. You can choose the time and location. What questions do you have about the study?

Thank you!

[Email]

[Cell phone]