

Stacy Gehringer ([00:06](#)):

Hello. Welcome everyone. Thank you for tuning into the CASCW Podcast Channel. My name is Stacy Gehringer and I'm the Outreach Director at the Center for Advanced Studies in Child Welfare. We are excited to share our latest podcast series with you. The series is titled Early Development and Child Welfare and features interviews with a variety of professionals in the fields of early childhood and child welfare. Listeners will enjoy content related to attachment, culture, screening, brain development, infant mental health, and more. Please be sure to subscribe to our channel for future episodes. Thank you for listening and take care.

Faith ([00:50](#)):

Hi and welcome. This is Faith Edson and I am here. I have the honor of interviewing Dr. Marva Lewis about attachment relationships and how they apply to our work. Thanks so much for being here.

Dr. Marva Lewis ([01:08](#)):

Thank you, Faith. I feel very honored to be invited to have this conversation with you this morning.

Faith ([01:18](#)):

I think we're going to have some fun, so I have some questions and we'll just see where they take us. The first question I thought we could start out with is if you could just share with us what attachment is, what does it mean when we talk about attachment for young children and their caregivers?

Dr. Marva Lewis ([01:39](#)):

So attachment means that a child, an infant has a secure partner that they can rely on that will respond to their needs, that they have a relationship with that in their minds will last a lifetime. John Bowlby is, I adhere to his theory of attachment. Attachment assures survival to individuals, to children. Infants are born very dependent on someone else to feed them, to hold them, to protect them. And that's what attachment does. That attachment relationship forms over those first 36 months. During that time, the infant learns that there's somebody who's going to look out for me, somebody who has my back, somebody's going to feed me, hug me, hold me up.

Faith ([02:44](#)):

And why is that important? Why do infants need that developmentally? Once they learn that.

Dr. Marva Lewis ([02:51](#)):

Once they learn that there is someone who will be there for me to respond to my cues when I cry, change my diaper when it needs to be changed to, again, all those basic things that I need to simply survive, then I will feel confident that I can go out and explore the world I can play. I can learn. I can do all those things that I will take time to learn over, you know, over the whole course of my developmental period. But I can do that because I'm confident that my basic needs will be met.

Faith ([03:36](#)):

So I'm freed up

Dr. Marva Lewis ([03:37](#)):

I'm freed up. Exactly. I like that phrase. Yes. Freed up to learn and play. As you know Faith, play is the most important part of childhood I can play when I feel competent. I don't have to worry about, will I be, you know, well, this tiger hurt me.

Faith ([03:55](#)):

Right. Right. And it sounds like even just in saying that it's really biologically based, right? Like the body is freed up to not experience a level of stress that would keep me from learning.

Dr. Marva Lewis ([04:07](#)):

Exactly, exactly. And I'm glad you mentioned the biological basis of attachment. And I want us to think in terms of when you see an infant baby, that baby is biologically geared toward bringing adults into their world to protect them. Think about it. When you see a brand new baby with their little round cheeks and the round face, and those big, big, large eyes. We as adults, and this is how we are designed biologically to respond to those infants. The infant send the cues and we respond with either, you know, what is it that you need? You know, if that cue is a cry or if that cue is a smile we become engaged with that infant. And we look at them and we started speaking in a little high voice, which we call motherese and the infant can respond to that motherese those high tones, those high pitched tones. So we are hardwired as John Bowlby says, we are hardwired to connect, to be connected to another human being, to another human being. But specifically to a primary caregiver who we can count on, as I said, who has our back? And we can, we can know that we can go ahead and do those things like play or interact with others. And just, just do what our bodies need to do in terms of just developing.

Faith ([05:46](#)):

Yeah. So babies are hardwired and we all are, and caregivers are hardwired. I think the example to me comes to mind when you're on a airplane or a small room, and there's a crying baby, like your body reacts, right? Some people, some people get irritated, but underneath that, your body is wanting to get the baby to stop crying, which is meet the baby's needs. So the crying stops, your body's reacting to that.

Dr. Marva Lewis ([06:12](#)):

Yes. Yes. Our bodies react to that and our brains react to the idea that, you know, if we hear an infant cry, there's a protective response that is triggered in all of us. In any adult, how we respond to it. I mean, that's a whole nother conversation, but we respond with this protective response. We want to protect those very, very young babies that we know. I think we've all heard that example of the well, it was a mother who picked up the back rear end of a car. Have you heard that over the years? Yeah. Just automatic response. And that, you know, that strength comes there, comes to you to protect these infants. And that, again goes back to Bowlby's idea of if we're going to survive as a community, if we're going to survive as a family, if we're going to survive as a species, we've got to protect those young babies, those infants who can't protect themselves.

Faith ([07:15](#)):

Yeah. I love that. And, you know, I think it's just so important to remember this isn't kind of psychology. Woo woo. You know, sometimes people think that. But like, know it's in our brains and our bodies that we require this and it's rooted in our survival.

Dr. Marva Lewis ([07:32](#)):

Yes, Wait, wait, wait, babe. I liked the idea of the psychology. Woo, woo.

Faith ([07:38](#)):

Me too.

Dr. Marva Lewis ([07:41](#)):

But you're right. This is just we're hardwired. And if ever, you know, with my students, I put a baby doll in there in their arms, and then it's amazing. They may not be a parent. They may not have ever had parented young children, but they immediately, they look, they hold the cuddle that baby down. And I say, well, how would you talk to that baby? And then they start the little high pitch, voice, and high pitch response. Because again, we are hardwired biologically to respond to those cues of an infant.

Faith ([08:19](#)):

So can we apply this to people who are working in the early childhood field, particularly those maybe who are working with child welfare, why is this important for them to know why is it important for them to understand attachment?

Dr. Marva Lewis ([08:34](#)):

There's a critical phase of development in these early, early years. Those first children, one of the myths about attachment and those of you who've given birth to a child probably has gone through this enormous amount of understanding to be very painful, to give birth. And you, the baby is, you know, the baby may be placed into your, your body for the skin to skin contact initially, which is very important, but you've had those nine months to prepare, to grow in terms of, you know go through your nesting phase, how are we going to welcome this new baby into our world, you know, with your partner and then you have to heal. So I'm using this example just to say that the process of attaching the process of attachment, forming that relationship. It occurs over a period of time and what childcare workers, early education folks, people in child welfare, understanding that those first three years of life are so critical for that formation of attachment.

Dr. Marva Lewis ([09:48](#)):

It doesn't just happen. You know, you look at a baby, you may fall in love with that baby. You may, you know, bond. We use that word bond. But for the baby to learn who you are, it takes consistent responses over those first two or three years of life. So if that child's separated for whatever reason, another caregiver needs to step in to begin to communicate to that child, through their physical responses, through their hugs, through their love, through their responding, to feeding that child, changing that child's diaper, hugging that child, talking to that child, all those behaviors need to occur during that critical phase of attachment formation and brain development. Just to return to your question about why it's important for child welfare people, why it's important for educators early childhood educators, to understand that those first three years are so critical. Not that it's going to be written in stone, that that child will, if they don't well, let me back up a minute.

Dr. Marva Lewis ([11:05](#)):

Faith, let me just say to your listeners that every child does develop an attachment relationship. So if they develop this attachment relationship over time, I'm emphasizing that it takes time to form that partnership. It takes time for children to learn that they have somebody to be attached to, but it's the

quality of that attachment relationship that is different there's secure attachment relationships. 65% of most folks are developed secure attachments with children or children develop secure attachment relationships with what their adult caregivers or primary caregivers. But it's those insecure attachment relationships or child may become anxious because they're not sure if that, if there's going to be a consistent response to my need to be fed or held, or for me to get some sleep. And there may be avoiding responses. This is the work that's done by Mary Ainsworth. You can read more about different types and quality of attachment relationships that infants form with primary caregivers, or they may be disorganized. Where I just don't know what to expect of my caregiving. And I'm using the phrase caregiving environment. So it's not simply just the one that we do need primary attachment figures, but it's the environment that can be responsive to an infant.

Faith ([12:49](#)):

It's so important to really highlight, right, the foundational nature of the first few years of life, that we are building our infrastructure in our brain. And it's not that it isn't changeable after, it's malleable, after the first three to five years, but it's harder. Once we have established patterns of connections and our synapses and brain based on our experiences and our earliest relationships, right, though, that's a foundation that's laid.

Dr. Marva Lewis ([13:22](#)):

That's that concept of an internal working model that John Bowlby's work set that after that those consistent interactions, after those patterns are established, begin to be established, they form a mental model of that quality of that relationship. Infants learn, what can I expect? And this becomes imprinted on their brains, creates those pictures of those relationships, where the infant then learns through. If you want to use the, you think in terms of those pictures that are formed in their brains and their minds in there. If you think about hearts, hearts, and minds, I love to think about the hardest that emotional part that I remember, but the internal working model of that relationship, it takes a picture and captures the quality of that attachment relationship. And it lays the groundwork for this infant to feel. And this is Ron Rohner. This is another psychologist that said that those early experiences of being accepted or rejected.

Dr. Marva Lewis ([14:39](#)):

If I feel that my primary caregiver or caregiving environment has been accepting of who I am for just, I'm just, you know, this little child and I'm growing up and the entire environment supports me that that love and that, acceptance. There's a ton of research now demonstrating that, that early acceptance, early attachment, it relates to how well I learn later, it relates to my later adult relationships. And this is the work of Mary Main that says that those early attachment patterns will predict the types of relationships you will have with another adult. Whether or not it's your husband or whether or not it's your boyfriend or your girlfriend or your lover. Those early relationships will talk about, will predict how you might behave in other close relationships. So laying the foundation, as you said, Faith, that I can trust people, I will be heard. People will listen to me. I feel accepted. And I like to use the word. I feel connected. I have empathy for other people. I feel that level of connection to other human beings.

Faith ([16:12](#)):

Absolutely. And that is the key to everything. And I think, you know, I'll link it back and then we can move on to the next question. This is just such a profound area. So I there's so much to think about, but, you know, linking it back to, you know, child welfare professionals. I think what's important to know is

we learn those messages in those first few years of life and they get embedded in our brain infrastructure and it's unconscious, right? And so, you know, we don't walk around saying, I believe relationships are life-giving. I believe I'm lovable or not. You know, I believe relationships are hurtful. You know, we don't walk around saying those things, but we behave in the world in such a way that impacts future relationships. And so I think for child welfare professionals and all professionals to understand what you're looking at, what you're paying attention to and why it's so critical in those first few years of life to surround a very young child with at least one and maybe a couple of really secure, consistent, predictable relationships is so critical.

Dr. Marva Lewis ([17:19](#)):

And thank you for reminding me of this whole concept of the unconscious in terms of, you know, we hear about the unconscious and we think about the unconscious, but to think how we translate that unconscious into what might become woven into our behaviors, our parental behaviors, our behaviors with other people. If I think that I can't trust the world. If I think that, you know, if my unconscious is saying you can't trust people. That may translate into me maybe not marrying, maybe it may translate into how I parent my children. If I've grown up and my unconscious still has this message and as Faith, as you say, these messages can be interrupted. We can change those messages. We can make parents more aware of how those early, early messages they received about who they are and the quality of their attachment. They can interrupt that so that it doesn't have to continue with another generation of children feeling I'm not loved.

Dr. Marva Lewis ([18:29](#)):

I'm not accepted. I'm not good enough. I don't have good self-esteem. I'm just not why doesn't mama love me. Why doesn't daddy love me? Why doesn't anyone in this in my surroundings, pay attention to me, ignore me. And that could be a teacher that can be a teacher in early childhood education that we learn now. You know, children if they're not called on. Even in, you know, in daycare centers. This can have implications for what they feel about themselves and what they may do with their children. And we get that cycle Faith that, you know, we're trying to interrupt cycles of abuse and cycles of neglect and cycles of how parents unwittingly, because it's unconscious may be doing things that children, infants and toddlers may interpret in a different way.

Faith ([19:25](#)):

Absolutely. And this brings us to kind of the next area for questioning, I think around talking about how do we share what we know about attachment with parents and caregivers. So many professionals, including child welfare professionals, don't just work with the children, right? They're interacting a lot with parents and foster parents and maybe kinship care providers. So what advice would you give them about how they can share some information about attachment with caregivers?

Dr. Marva Lewis ([19:59](#)):

So I think that the way I would share that information about attachment is children remember. Children will remember those early experiences. Those memories are all, attached, attached to emotions. And we want those memories to be ones of positive memories, positive emotions, joy, happiness. All those things that make life give meaning to life. And for child welfare workers, to understand that children also remember, even whatever their permanency plan might be. If the permanency plan is adoption, if the permanency plan is placement into a group home; for whatever reason children still have those memories. And those memories can dictate, as we were saying a little earlier, what types of

relationships they have with other people. So what might a child welfare worker do is to have parents, birth parents. I'm thinking now, are we are we talking about birth parents and foster parents?

Faith ([21:15](#)):

Yeah

Dr. Marva Lewis ([21:17](#)):

So one thing that, this, and this is some of the work that I'm doing at we'll talk in a minute about is foster parents and birth parents can work together too. They have in child welfare a birth, life books. Life books, when children are placed in foster care. I worked in child welfare for 12 years in Michigan in Kent county. And that was always in how we develop those relationships between the birth parent. You're taking care of my child. And, you know, I'm the parent of this child and this foster parent who was saying, I'm trying to do the best job I can with this child. But they can share information about that child in terms of their routines, that they went through, that they, and maybe they didn't have any routine. And that may be what the foster parent can begin to find out from this birth parent about this child's temperament.

Dr. Marva Lewis ([22:10](#)):

What did you think about this child? I mean, we don't have to use those types of words or lingo. That would be some of the lingo, but, you know, how did your child respond to a bottle if they were bottle fed, or if you were breastfeeding your child, how did they respond? What do you, you know, just to talk about some of those memories that the birth parent has about their baby when they were, when they were born, what kinds of, what, were your wishes for that baby, for the baby when they were born? And then the foster parent can talk with the birth parent about the favorite foods. Hey, I'm just thinking about everyday routines that the birth birth parent and foster parent can share together about that baby and that baby, then the, the growing infant then, you know, sees these two caregivers talking to each other, or they witness that. And then they can they gain a certain amount of security that I'm getting a consistent message from both my sets of caregivers. And this is again, this triadic kind of relationship in terms of children who are placed in foster care, those biological parents and that child forming that kind of consistent relationship. I'm not sure if I answered your question though, Faith, I felt like I kind of wandered off there to another part.

Faith ([23:41](#)):

Yeah. Well, I mean, I think at the core of, you know, what we share know around what do you share with caregivers? What I'm pulling from what you said is we hopefully as professionals help parents, foster parents kinship providers understand how crucial relationships are for young children. I mean, really, that's what you're saying, that we need to continue how crucial relationships are and how crucial you are to this baby. And so I think there, you know, it's a beautiful strategy, you know, life books and in all of that in sharing routines, in talking about this baby, we're only further solidifying that, right? You are important to this baby relationships are important to this baby.

Dr. Marva Lewis ([24:29](#)):

Exactly. And some of the little simple things that a foster parent or a social worker, a childcare worker, and introducing the foster parent or adoptive parent to a birth parent. Something as simple as asking that birth parent, what was the, why did you name your child what you named that child? Tell me the story about your child's name. What does it mean to you? How did you, how did you come up with it?

How did they respond to you and their name? Something as simple as just that child's name might be a way again, to enhance the relationship between a foster parent and the birth parent. And that, again, supports that child's relationship with both of those parents. Because again, that message that we started out with children, remember children remember, and the goal is not to erase those memories as opposed to help the child put those memories into a context of what was happening and begin to create their story of my mom, that my birth mom, you know, and what happened, why I was placed into foster care, how I understand it at each developmental stage, because they have to do that too what I understand at 2, is going to be different than what I understand at 12 and what understand at when I'm 22. So those stories and piecing those stories together can go a long way in helping an individual resolve those early experiences that may not have been the best experiences, but they can come to a point of resolution and acceptance.

Faith ([26:10](#)):

Absolutely. So I wonder if we could get a little more concrete around attachment. So what do you think if you could describe responses from parents and behaviors from parents that you see as being critical to creating a secure attachment, right? What does that actually look like? What, what could professionals be looking for? And maybe even sometimes coaching parents around responses to their child or behaviors that are promoting a secure attachment.

Dr. Marva Lewis ([26:47](#)):

Can we talk about my research now to use that as an example?

Faith ([26:49](#)):

Exactly. Yeah. I was thinking that your research would be very informative here.

Dr. Marva Lewis ([26:54](#)):

Oh, so I want your audience or people on this, on this audience this call, this is a call Faith, this is a podcast. So I have to get my language right. But there's three, three terms. The research is, I know that you know I've been doing for the last 24 years, has to do with using the hair, combing task, the hair, combing routine as a way to strengthen attachment. What behaviors are in that, my research has shown that what goes on during a hair combing time and a hair combing routine, are all the core behaviors of what strengthens attachment. So what we call it as talk, touch, and listen while combing hair. So verbal interaction, talking to a young infant using, and again, there's wonderful resources available in terms of what can an infant understand with that baby talk?

Dr. Marva Lewis ([27:55](#)):

Remember we talked about motherese in a high pitched tone talking in short little, little words. Pointing out a color. This is this color. This is that color during hair combing again, in terms of the kind of talk, you can use a hair combing time to tell stories. That you can use a hair combing task. Hair combing time during therapeutic visits. Where if a child is placed with a child's been removed from their birth parent placed in a foster home, you can use a hair combing routine as a time for the birth parent to tell stories to that child about their home, what's going on with their brothers and sisters what's going on in the neighborhood. And you're saying, well that's a three-year-old that you can still use that time within the language capacity of that infant for the birth mother or the foster mother to tell stories to talk.

Dr. Marva Lewis ([28:54](#)):

So the touch, the physical touch think about when you get your combed. Hair is skin and hair can be rubbed and you rub, you smooth and pat down that child's hair. In the African-American community, the hair around the edges of the scalp is called baby hair. And so just think about smoothing that baby hair, that physical touch, and I'm going to refer a lot to African-Americans parents. That was the first group that I've done the research with, but now I've done this research with groups around the world and different cultural groups, and there's many practices that incorporate behaviors that strengthen attachment, talking, touching, listening, listening is responsivity. While you're combing hair, you can learn to read your child's emotions. How do they respond? Do they cry out? Are the faces all scrunched up with ,this hurts? This hurts, in terms of just the comb going through their hair.

Dr. Marva Lewis ([30:00](#)):

One thing that happens with hair combing is the scalps reactivity to touch. This phenomenon is called tender headedness. If this child is tender headed, reacting, and adjusting your behavior, adjusting how you comb the hair, brush their hair, to the baby's sensitivity to touch. Again, communicates to the child the important attachment relationship building that this mom hears me. This caregiver, if it's a father combing hair, if it's a beautician or beautician combing hair, the baby hears that response. And people go well, how can hair combing help a newborn? Well, again, my research is demonstrating that from day one, parents of all cultural groups may smooth the curls, put ribbons and bows in that child's hair and go through a routine which a whole nother set of research is demonstrating that routines, they have beneficial results in children's development. Oh, I'm going to stop there because I'm going on and on.

Faith ([31:17](#)):

Yeah. Well, I think, no, this is so important. You've named so many important things and I know your research in particular is around the hair combing. And I think of you all the time and your research, because my daughter has really curly hard to brush hair. And I about, you know, how I talked to her about her hair and how we, you know, manage it and how I say things like, I know it hurts. Well, you don't work in it. I'm going to be as careful as I can. Right? You can. Those are the kinds of what I hear you saying. In some of the behaviors and responses you could see in any caregiving routine, your research is around hair combing, but I mean, you know, professionals can observe how they manage, picking up how it dyad manages, picking up a playroom, you know, how parent and child, or a diaper change or bath time, or, but is there, is there some responsiveness is there, I see your cues. I see you're scrunching up your face and I'm, you know, I'm saying something about it I'm maybe giving you a more gentle touch. Right. And like you said, is it reliable? Do I get that the same way every time? Right. Do I get the same mom, the same dad every time we do it over time. Right? All of that, that you can measure in one, and you can observe as a child welfare professional, and in a simple interaction between a parent and very young child.

Dr. Marva Lewis ([32:40](#)):

And one thing you can do as a child welfare professional with the hair combing routine is you can videotape the mom combing hair. I'm saying, mom everyone, I am speaking to everyone, but fathers comb hair, foster parents comb hair. Other people comb hair. But the primary caregiver, we're talking about building that primary attachment relationship between an infant, a growing infant and an adult. Then think in terms of first videotaping it, and then sitting with the parent. Now you as a social worker, child welfare worker, sit with that parent who's that hair comber and asking them to say, how, what went well, what didn't go well, what do they want to change. In our parent groups that we do with that same activity where we have parents view each other's videotapes of hair combing, then the parent, the



group of peers respond with you really are stroking and touching that child's face and hair. And, oh, look how that child's responding. It helps reflective capacity. Is that the place?

Faith ([33:58](#)):

Yeah, metalization.

Dr. Marva Lewis ([34:00](#)):

Yeah mentalization. It helps that parent visualize in their brain how their behaviors. And it gives the child welfare worker, it gives the parent an opportunity to say, what do I want to do differently? Or what do I want to continue to do? Because I have this little picture now, an image of myself combing hair, or back to just general routines, bathing routines. When parents have an idea of what it is that they're, they're doing and how their child is, their infant is responding to their behaviors, then they can make decisions about what do you want to change? What, what you, you know, they can, then we can go back to that unconscious. What do you remember about how you felt getting your hair combed? What did you like? What didn't you like? What would you wish had been done a little bit differently? Then the parent has an opportunity to make those changes and behave in ways that they would have wanted to, you know, I wish somebody had hugged me more. I wish mom had listened to me more as she was combing my hair cause I really hate it. She didn't realize that it was hurting me and she wouldn't believe me when it hurt me. Those are all parenting behaviors that strengthen attachment relationships that strengthen those partnerships that a child feels protected and they feel safe.

Faith ([35:26](#)):

Yes. I love it. Thank you. So there, I mean, to summarize what we, what we just talked about, and then we'll move on to our final kind of thing to think about together around attachment. Professionals, working in child welfare, have many opportunities to observe young children and parents, and to offer just little pieces of information about how their interaction with their baby is so important to that baby's development. It sounds like, you know, just, it doesn't have to be this like formal evaluation, right. Just being present with a baby and family and pointing out to the parent how much the parent means to that baby and what that baby might need. Sometimes it can be very supportive of that relationship.

Dr. Marva Lewis ([36:14](#)):

Yes. And back to little things, Faith. You know, talk, touch and listening. Something you know, as a child welfare person observes that interaction. Who talks first, you know, who talks first and who takes the lead and does the child set the tone for what we're going to play right now? And does the parent follow that lead. All those types of tiny, tiny behaviors the child welfare worker can observe and then support that parent later on and praising them or them asking them, huh how much talking did your child get a chance to do during that time? Whether or not it's hair combing time or play time or giving, and then that alerts the parent that, Hmm. Maybe I can listen a little bit more. Or, oh, my child's listening a lot to me or maybe I didn't explain that the way that I wanted to explain that, you know, I need you to move your body this way in order for me to have you, you know, sit in my lap, there was this, one of the things that we've found with my research is that there's different positions that parents can hold their infants and their infant boys or their infant daughters as they comb their hair.

Dr. Marva Lewis ([37:34](#)):

Again, communicates acceptance. It communicates that Hmm, I think that you have the ability and the capacity to make choices about what we want to play next or what we want to do next, what music we want to listen to as I comb your hair, or as we play, which toy we want to play next.

Faith ([37:56](#)):

Such a rich opportunity to observe and be present. So well, the last thing I think that's really relevant to child welfare is related to the role of multiple relationships in a young child's life. And I wonder, you know, I think children who are involved with child welfare naturally will have multiple caregiving relationships just by the nature of foster care and kinship care. So I'm wondering if you could talk a little bit about the role of multiple relationships and how that can be a protective factor, something that offers developmental protection for young children.

Dr. Marva Lewis ([38:38](#)):

So when you posed that question to me, the first little saying that flashback into my brain was that saying by Marian Wright Edelman, that's who we attribute it to, but it's an African proverb that it takes a village to raise a child. And when we think about it takes multiple folks who may contribute to a child's developmental process. Maybe I'm the one that reads to the baby. Maybe I'm the one that comes the child's hair. Maybe I'm the one that, you know, we cook, different cultural groups, have different roles that individuals within a collective can play that contribute to that child's welfare. Here and you may think, well, I'm not in Uganda, I'm not in a different place, but thinking in terms of how challenging the parent role is, I can remember I was an older mom, Faith.

Dr. Marva Lewis ([39:36](#)):

When I first brought my little five pound baby home, I adopted her and I brought her home and I was like, and I'm saying I've taught parent groups, but it's one of the most challenging roles that we can think about and to have multiple caregivers where a child can learn that one, my mom didn't hug me up as much as I wanted her to hug me up, but I got hugged up from my coach. I got hugged up from my teacher. You know, and again, I always go back to the research that now we have more and more research demonstrating that multiple caregivers contribute to children's development in different ways. And can you ever have enough love? No, you can never have enough love. So, because I have a new caregiver, you're my foster parent. And I'm developing an attachment relationship with you, does not mean that I'm going to forget my mom, forget my father, forget my grandma who was there and sang me songs when I was in her household.

Dr. Marva Lewis ([40:43](#)):

And maybe I don't see that those family members anymore. Think in terms of your own identities, we have multiple identities. We have multiple roles that we play. I'm a mother, I'm a professional, I'm a worker, I'm a friend. All those different roles carry with them different emotional memories, different skill levels. I learned in my professional role, how to type, how to, well we used to have typewriters when I was growing up. But anyway, I learned from my coach, you know, how to throw a basketball or how to do a soccer, how to kick a soccer ball. Children, infants learn from different adults in their caregiving environment. And it doesn't mean that because I have this primary attachment relationship that I can't have a secondary attachment relationship. Where I can feel another level of security, another level of competence that there's numerous people in the world who have my back. That's what we started off talking about. That attachment is about survival and to have multiple people in my life that can assure my survival. It enhances my confidence and security in the world.

Faith ([42:07](#)):

Yes, yes. I it's like, I want to say amen or something. We just need to end there. I, you know, my, my hope for child welfare work is, you know, that as children are transitioned, as they inevitably are, that they, you know, this is my dream world. They never have to lose those that they love that's that they just gain more and more. Um, so it was wonderful way to say that. So I want to thank you for taking the time Dr. Lewis, to talk with us about attachment. It's just been a pleasure hearing about your work and about the field. So thank you.

Dr. Marva Lewis ([42:48](#)):

Can I say one more little plug about my work and that's again, as I said earlier, I was a child welfare worker. And one of the things that I always struggled with were trying to find tools to help support attachment. And that's why I got into this research. And so my book is coming out in December, Therapeutic Cultural Routines to Build Family Relationships: Talk, Touch, and Listen While Combing hair. So that's, that'll be one more tool. And there's other tools that child welfare workers can find can use. It's a growing amount of tools. I want to encourage them to look for those tools, to strengthen those relationships. And thank you, Faith. Thank you for this interview. Thank you for the work that you're doing with the Alliance, with your, with a number of different groups that are supporting families and parents and primary caregivers, foster parents, and those social workers who are doing that work.

Faith ([43:47](#)):

Absolutely gratitude all around. Thank you, Dr. Lewis.

Dr. Marva Lewis ([43:50](#)):

Thank you.

Stacy Gehringer ([43:55](#)):

Thank you for listening to the Early Development and Child Welfare Podcast Series. This podcast was supported in part by the Minnesota Department of Human Service, Children and Family Services Division.