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CAREGIVER–INFANT INTERACTIONS


WHAT YOU NEED TO KNOW

- Outline and evaluate caregiver–infant interactions, including reciprocity and interactional synchrony.
- Outline and evaluate the stages of attachment, as outlined by Schaffer, including multiple attachments.
- Outline and evaluate the role of the father.

Caregiver–Infant Interactions

Attachment is an emotional tie or bond between two people, usually a primary caregiver and a child. The relationship is reciprocal (shared), which means that it is a two-way relationship that endures over time.

Interactions between caregivers and infants are the subject of psychological research, as they provide an insight into the type and nature of attachment.

Reciprocity

Reciprocity is when an infant responds to the actions of another person in a form or turn-taking. With reciprocity, the actions of one person (i.e. the primary caregiver) elicits a response from the other (i.e. the infant). Brezelton et al. (1975) describe this interaction as a ‘dance’ because when a couple dance together they each respond to one another’s movements and rhythm. Likewise, reciprocity as a caregiver–infant interaction is where the interaction between both individuals flows back and forth.

From around three months old, according to Feldman (2007), reciprocity increases in frequency as the infant and caregiver pay increasing attention to each other’s verbal and facial communications. It is suggested that showing this sensitive responsiveness, whereby the caregiver pays attention sensitively towards the infant’s behaviour, will lay the strong foundations for attachment to develop later between the caregiver and infant.

Interactional Synchrony

Interactional synchrony takes place when infants mirror the actions or emotions of another person, for example, their facial expressions. This mirroring can also be referred to as imitation or simply copying the adult’s behaviour. In this caregiver–infant interaction the child will move their body or carry out the same act as their caregiver simultaneously and the two are said to be synchronized (in ‘sync’). This interaction serves to sustain communication between the two individuals.

Key Study: Meltzoff and Moore (1977)

Aim: To examine interactional synchrony in infants.

Method: Using a controlled observation, an adult model displayed one of three facial expressions, or a hand gesture. To start with, the child had a dummy placed in his/her mouth to prevent a facial response. Following the display from the adult model, the dummy was removed and the child’s expressions
were filmed.

**Results:** There was a clear association between the infants’ behaviour and that of the adult model. Later research by Meltzoff and Moore (1983) found the same findings in three-day-old infants.

**Conclusion:** These findings suggest that interactional synchrony is innate and reduces the strength of any claim that imitative behaviour is learned.

**Evaluation of Caregiver–Infant Interactions**

- One limitation of research into caregiver–infant interactions is the **questionable reliability** of testing children. This is because infants move their mouths and wave their arms constantly, which is an issue for researchers investigating intentional behaviour. Therefore, we cannot be certain that the infants were actually engaging in interactional synchrony or reciprocity, as some of the behaviour may have occurred by chance.

- There are methodological problems with studying interactional synchrony using observational methods. There is the possibility of **observer bias** where the researchers consciously or unconsciously interpret behaviour to support their findings. To address this problem more than one observer should be used to examine the **inter-observer reliability** of the observations. Recent research by Koepke et al. (1983) failed to replicate the findings of Meltzoff and Moore. This lack of research support suggests that the results of Meltzoff and Moore are unreliable and more research is required to validate their findings.

- A criticism of Meltzoff and Moore’s research is that recent research has found that only securely attached infants engage in interactional synchrony. Isabella et al. (1989) found that the more securely attached the infant, the greater the level of interactional synchrony. This suggests that not all children engage in interactional synchrony and that Meltzoff and Moore’s original findings may have overlooked **individual differences** which could be a mediating factor.

**Stages of Attachment**

<table>
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<th>STAGE</th>
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<tr>
<td>ASOCIAL</td>
<td>From birth to two months</td>
<td>An infant shows similar responses to objects and people. Although towards the end of this stage they do display a preference for faces / eyes.</td>
</tr>
<tr>
<td>INDISCRIMINATE ATTACHMENTS</td>
<td>From two to six months</td>
<td>An infant now shows a preference for human company over non-human company. They can distinguish between different people, but are comforted indiscriminately (by anyone) and do not show stranger anxiety yet.</td>
</tr>
<tr>
<td>DISCRIMINATE (SPECIFIC) ATTACHMENTS</td>
<td>From seven to twelve months</td>
<td>An infant shows a preference for one caregiver, displaying separation and stranger anxiety. The infant looks to a particular person for security and protection. The infant shows joy upon reunion and are comforted by their primary caregiver.</td>
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<tr>
<td>MULTIPLE ATTACHMENTS</td>
<td>One year onwards</td>
<td>Attachment behaviours are now displayed towards several different people e.g. siblings, grandparents etc. and are sometimes referred to as secondary attachments. They typically form in the first month after the primary attachment is formed and the number of multiple</td>
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attaches which develop depends on the social circle to whom the infant is exposed.

Key Study: Schaffer and Emerson (1964)

Aim: To examine the formation of early attachments.

Method: Their sample consisted of 60 babies (31 male, 29 female) from working class families in Glasgow aged between 5–23 weeks at the start of the investigation. The researchers visited the babies in their homes, every month for the first 12 months and then once again at 18 months. The researchers interviewed the mothers and observed the children in relation to separation and stranger anxiety in a range of everyday activities.

Results: The results provided some support for the different stages of developing an attachment. At around 25–32 weeks, 50% of the children showed separation anxiety towards their mothers, expected of the discriminate attachment stage. Furthermore, by 40 weeks, 80% of the children had a specific (discriminate) attachment and 30% had started to form multiple attachments.

Conclusion: The results provide some support for Schaffer’s stages of attachment and suggest that attachment develops through a series of stages across the first year of life.

Evaluation of Schaffer and Emerson (1964)

- One strength of Schaffer and Emerson’s research is that it has high external validity. Shaffer and Emerson conducted the observations in each child’s own home which means that the children and parents were more likely to act naturally. Therefore, the study has good external validity as the results are likely to apply to other children from a similar demographic in their own homes.

- A criticism of Schaffer’s research is that it lacks population validity. The sample consisted of only 60 working class mothers and babies from Glasgow, who may form very different attachments with their infants when compared with wealthier families from other countries. Therefore, we are unable to generalise the results of this study to mothers and babies from other countries and backgrounds as their behaviour might not be comparable.

- Shaffer and Emerson’s research is also criticised due to the possibility of social desirability bias. Shaffer and Emerson interviewed the mothers about their children and some of them may not have reported accurate details about their children, to appear like ‘better’ mothers with secure attachments. This could cause a bias in the data that would reduce the internal validity of the findings since natural behaviour will not have been recorded about the stages of attachment.

The Role of the Father

While traditionally the role of the father may have been limited, as fathers would go to work to provide resources whilst the mothers stayed home and took care of the children, in recent times the role of the father has significantly changed.

However, psychologists disagree over the exact role of the father. Some researchers claim that men are simply not equipped to form an attachment. Such psychologists point to biological evidence which suggests that the hormone oestrogen underlies caring behaviour in women and the lack of oestrogen in men is why they are unable to form a close attachment. Other researchers argue that fathers do not take on a caregiver role and in fact provide a different role: as a playmate. Finally, some researchers argue that fathers can demonstrate sensitive responsiveness and respond to the needs of their children and therefore
can form a strong emotional tie or bond.

**Evaluation of The Role of the Father**

- There is research evidence that provides support for the role of the father as a ‘playmate’ rather than primary caregiver. Research by Geiger (1996) found that a fathers’ play interactions were more exciting in comparison to a mothers’. However, the mothers’ play interactions were more affectionate and nurturing. This suggests that the role of the father is in fact as a playmate and not as a sensitive parent who responds to the needs of their children. These results also confirm that the mother takes on a nurturing role.

- Research evidence suggests that fathers are not as equipped as mothers to provide a sensitive and nurturing attachment. Hrdy (1999) found that fathers were less able to detect low levels of infant distress, in comparison to mothers. These results appear to support the biological explanation that the lack of oestrogen in men means that fathers are not equipped innately to form close attachments with their children. This suggests that the role of the father is, to some extent, biologically determined and that a father’s role is restricted because of their makeup. This provides further evidence that fathers are not able to provide a sensitive and nurturing type of attachment, as they are unable to detect stress in their children.

- Research suggests that fathers can form secure attachments with their children, if they are in an intimate marriage. Belsky et al. (2009) found that males who reported higher levels of marital intimacy also displayed a secure father–infant attachment, whereas males with lower levels of marital intimacy displayed insecure father–infant attachments. This suggests that males can form secure attachments with their children but the strength of the attachment depends on the father and mother relationship.

**Extension Evaluation: Issues and Debates**

- Psychologists suggest that caregiver–infant interactions (e.g. reciprocity) are present from birth and therefore are the product of nature. However, such innate behaviours do not act in isolation and interact with the environment (caregivers) to prompt to response (e.g. attention).

- Schaffer’s stages of attachment theory takes a nomothetic approach as it proposes a general law for child development. However, such theories are inflexible and do not apply to all children in all cultures. For example, according to Schaffer, single attachments occur before multiple attachments and this is not necessarily the case in all cultures, highlighting an issue with taking a nomothetic approach.

**Possible Exam Questions**

1. Define the term *attachment*. (2 marks)

*Exam Hint: Attachment is a strong emotional and reciprocal, enduring bond between two people, especially an infant and caregiver. Elaboration must be included here, as suggested by two marks being available, rather simply stating that an attachment is a ‘bond between two people’.*

2. Explain what is meant by the term ‘multiple attachment’. (2 marks)

3. Explain what is meant by the term ‘reciprocity’ in relation to caregiver–infant interactions. (2 marks)

4. Explain what is meant by the term ‘interactional synchrony’ in relation to caregiver–infant interactions. (2 marks)

5. Some developmental psychologists believe that caregiver–infant interactions influence the development of attachment during childhood.
Explain one reason why it is difficult to draw firm conclusions about the role that caregiver–infant interactions have to play in the development of attachment during childhood. (2 marks)

Exam Hint: For the full two marks to be awarded, students need to provide a succinct, yet accurate, answer based on the problems of establishing a cause and effect relationship between caregiver–infant interactions and the development of attachment during childhood.

6. Name three stages in the development of attachments identified by Schaffer. (3 marks)

Exam Hint: No elaboration or description of the stages is required here – simply name the stages to achieve full marks. Also, it is worth noting that different texts use different names for the stages of attachment and some text include four stages, while others include three. Any correct answer will receive credit.

7. (a) Explain one way that developmental psychologists have studied caregiver–infant interaction using a human sample of participants. Refer to one specific piece of research in your response. (3 marks)

(b) Evaluate the study of caregiver–infant interaction that you have described in your answer to part. You must not refer to ethical issues in your response. (3 marks)

Exam Hint: (a) A snag to avoid here is referring to animal studies as the question clearly asks for caregiver–infant interactions in humans. The study does not have to be identified by name, so long as it is can be identified by the examiner from the detail of the methodology provided. (b) Student responses which merely consist of generic evaluation points, without explicit application to the study identified, will be limited to one mark only.

8. Delighted father Adam was talking to his friend, as they were both watching Adam’s wife, Brenda, playing with their baby daughter, Cassandra.

“It’s amazing really”, said Adam. “When Brenda smiles, Cassandra smiles in return, and when Brenda moves her head, Cassandra moves hers, perfectly in time with each other.”

“Yes”, agreed the friend. “It’s almost as if they are one being”.

With reference to Adam’s conversation with his friend, outline two features of caregiver–infant interaction. (4 marks)

Exam Hint: There is one mark available here for each feature outlined and a further mark for the application of that to the scenario. Note the same part of scenario can be credited more than once so long as it is applied appropriately to both features separately.

9. Briefly evaluate research into caregiver–infant interactions. (4 marks)

10. Briefly discuss how researchers might address any difficulties encountered when trying to study caregiver–infant interaction. (4 marks)

Exam Hint: There are many creditworthy responses that students can choose to discuss in their responses to this question. For example, they might consider referring to the issue of context affecting behaviour. As an alternative, it could be suggested that future research should take place in natural setting such as at the child’s home to increase external/ecological validity. A second difficulty that researchers often encounter when studying caregiver–infant interaction is the fact that they rely upon observational methods. By design, these studies are prone to observer bias in the interpretation of behaviour classification. This can be addressed by using multiple, trained observers.

11. Outline one psychological study which has investigated the development of attachments between human infants and their primary caregivers. (6 marks)
12. Discuss the role of the father in attachment. (8 marks)

13. With reference to reciprocity and interactional synchrony, discuss infant–caregiver interactions. (12/16 marks)

14. With reference to Schaffer, outline and evaluate the stages of attachment. (12/16 marks)

15. Outline and evaluate the role of the father in the development of attachment. (12/16 marks)
# Checklist

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<td>Caregiver-infant interactions</td>
<td>Caregiver-infant interactions in humans: reciprocity and interactional synchrony. Stages of attachment identified by Schaffer. Multiple attachments and the role of the father.</td>
</tr>
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<td>Animal studies</td>
<td>Animal studies of attachment: Lorenz and Harlow.</td>
</tr>
<tr>
<td>Explanations of attachment</td>
<td>Explanations of attachment: learning theory and Bowlby’s monotropic theory. The concepts of a critical period and an internal working model.</td>
</tr>
<tr>
<td>The ‘Strange Situation’</td>
<td>Ainsworth’s ‘Strange Situation’. Types of attachment: secure, insecure-avoidant and insecure resistant. Cultural variations in attachment, including van Ijzen-doom.</td>
</tr>
<tr>
<td>Deprivation and institutionalisation</td>
<td>Bowlby’s theory of maternal deprivation. Romanian orphan studies: effects of institutionalisation.</td>
</tr>
<tr>
<td>The influence of early attachment</td>
<td>The influence of early attachment on childhood and adult relationships, including the role of an internal working model.</td>
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