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| **Learning Table 1: Caregiver-infant Interactions and the Role of the Father** | | |
| **Caregiver-infant Interactions** | | |
| **AO1** | | **AO3** |
| **Reciprocity**  An interaction is said to be reciprocal when each person responds to the other and elicits a response from them. Traditional views of childhood have seen the baby in a passive role, receiving care from an adult. However research in the 1970s demonstrated the infant coordinated their actions with caregivers in a kind of conversation. From birth, babies move in a rhythm when interacting with an adult almost as if they were taking turns as people do when having a conversation – one person leans forward and speaks and then it is the other person’s turn. This is an example of reciprocity. **Brazelton (1979)** suggests that this basic rhythm is an important precursor (comes before) to later communications. The regularity of an infant’s signals allows a caregiver to anticipate the infant’s behaviour and respond appropriately. This sensitivity to an infant’s behaviour lays the foundations for the attachment between caregiver and infant.  **Interactional Synchrony**  Two people are said to be synchronised when they carry out the same action simultaneously. **Meltzoff and Moore (1977)** conducted the first observational study of interactional synchrony and found that infants as young as two weeks old imitated specific facial and hand gestures . An adult model displayed one of three facial expressions or hand movements (such as mouth opening or tongue protrusion). Following the display the child’s expression was filmed and identified by independent observers. An association was found between the expression or gesture the adult had displayed and the actions of the baby. The fact that the infants were so young when displaying imitation suggests that this behaviour is not learned but innate. | | **Supporting Evidence for Imitation being Innate**  One strength of the research conducted by Meltzoff and Moore is that there is further research to suggest imitation behaviours by babies are innate.  For example, Murray and Trevarthen (1985) conducted a study using two month old infants. They interacted with their mothers via a video monitor in real time. In the next part of the research, the video monitor played a tape recording of their mothers so that the image on the screen was not responding to the infant’s gestures. The result was acute distress, the infants tried to interact with their mothers but gaining no response, turned away.  This suggests that imitation behaviour is innate because it suggests that the infant is actively eliciting a response rather than exhibiting a response that has been rewarded. If there was an element of reward in the process, it would suggest the behaviour had been learnt.  As a consequence, this strengthens the credibility Meltzoff and Moore’s original research and conclusion that reciprocal synchrony is innate.  **Problems with Testing Infant Behaviour**  One issue with the research into early caregiver-infant interactions is that it may lack internal validity.  For example, what are often being observed is merely hand movements or changes in expression. As in Meltzoff and Moore’s and Brazelton’s observational research.  This is an issue because it is difficult to be certain what is taking place from the infant’s perspective; because they do not have the necessary language skills to communicate the meaning behind their behaviours. We cannot truly know that behaviours seen have a special meaning. Therefore we may not be measuring what we set out to.  As a consequence, this reduces the credibility of the research into caregiver-infant interactions.  **The purpose of Synchrony and Reciprocity**  One issue with the original research into Synchrony and Reciprocity is that it does not tell us the purpose of these behaviours in caregiver-infant interactions.  For example, Brazelton and Meltzoff and Moore’s research describes the behaviours in detail but does not tell us why they occur.  However, further research has highlighted several reasons these behaviours occur. For example, **Isabella (1989)** demonstrated the importance of interactional synchrony when they found high levels of synchrony were associated with better quality infant-mother attachment. In addition there is some evidence to suggest that behaviours are helpful in the development of attachments, empathy, stress responses, language and moral development.  As a result, the value of the original research into caregiver-infant interactions is still credible. |
| **The Role of the Father** | | |
| **Schaffer and Emerson (1964)** found that the majority of babies did become attached to their mothers first and within the first few months formed secondary attachments with their fathers. In 75% of infants studied an attachment was formed with their fathers within the first 18 months. This was demonstrated by the infants displaying separation protest when their fathers walked away.  **Grossman (2002)** carried out a **longitudinal** study looking at both parents’ behaviour and its relationship to the quality of children’s attachments into their teens. Quality of infant attachment with mothers but not fathers was related to children’s attachment in adolescences, suggesting that fathers attachments are less important. However, the quality of the fathers’ play with infants was related to the quality of adolescent attachments. This suggests that fathers have a different role in attachment – one that is more to do with play and stimulation rather than nurturing.  **Field (1978)** filmed 4 month old babies in face to face interaction with primary caregiver mothers, secondary caregiver fathers and primary caregiver fathers. She found that primary caregiver fathers, like mothers, spent more time smiling, imitating and holding infant than secondary caregiver fathers. This behaviour seems to be important in building an attachment with an infant. This suggests that the key to attachment relationships is level of responsiveness not the gender of the parent. | **Low Temporal Validity**  One issue with Schaffer and Emerson’s (1964) research is that it is low in temporal validity.  For example, the study was conducted over 50 years ago.  This is an issue because this we may not be able to generalise the findings, that infants attach to fathers after their attachments have formed with mothers, to modern society. There have been vast changes in society over the past 50 years such as traditional gender roles being less important in a modern family. It is not as socially unacceptable for fathers to have a more hands-on nurturing role with their children in modern society. Therefore attachments may now form more readily with fathers as opposed to mothers.  As a consequence this reduces the credibility of Schaffer and Emerson’s (1964) research into the role of the father in attachment.  **Longitudinal Research**  One issue with Grossman (2002) study is that it may lack population validity.  For example, they used a longitudinal study to look at the behaviours of both parents on attachment in adolescence.  This is an issue because there is a high drop-out rate amongst longitudinal studies. Studies that take place over a number of years often mean that personal circumstances mean participants cannot continue with the study. For example, parents who have divorced, moved away or even died would not be included in the final results of this research. This therefore means we are left with an unrepresentative sample of only participants who want, or are able to continue with the research.  As a consequence, this reduces the overall credibility of the results as we cannot generalise the findings to the wide population.  **Researcher Bias**  One issue with Field’s (1978) research into the role of the father in attachment is that it may be subject to researcher bias.  For example, it involved researchers interpreting behaviours from videotaped footage of infants interacting with their mothers and fathers.  This is an issue because researchers may have interpreted the behaviour of secondary caregiver fathers as significantly different from primary caregiver fathers so that it was in line with their hypothesis and supported their underlying assumptions.  As a result, this reduces the credibility of the research into the role of the father in attachment. | |