

AQA specification for Topic 3: Attachment

- Caregiver-infant interactions in humans: reciprocity and interactional synchrony.

◆ Key term

- **Attachment:** Attachment is an emotional connection between the infant and the main caregiver. This is displayed through mutual affection, frequent interaction, a desire for proximity (to be close) and selectivity (the child wants to be with the caregiver rather than anyone else e.g. displaying stranger anxiety and separation anxiety, when separated from the caregiver).

◆ Introduction

One of the most important events during the first year of life is the development of a close attachment bond with the mother. A mother-infant bond is not present at birth but develops later. Even though an infant cannot talk at this stage of its development, the non-verbal communication between the mother and infant has an important function. It helps to lay the foundation for the development of the attachment bond between the caregiver and infant. Two important mother-infant interactions are *reciprocity* and *interactional synchrony*.

◆ Reciprocity

- **Reciprocity** in attachment refers to a two-way interaction between caregiver and infant whereby they take it in turns (turn-taking) to respond to each other's behaviours/signals in a meaningful way, in order to sustain an interaction. The behaviour of each party elicits a response from the other (turn-taking), for example, when the baby stretches its arms, the mother picks up the baby, or the mother smiles back when the baby smiles. Brezelson et al. (1975) described 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.

Study. Belsky et al. (1984) carried out a controlled observational study of mother-infant interactions when each infant was one, three and nine months of age. At the age of 12 months, the infant's attachment to the mother was assessed using the 'Strange Situation' technique. Belsky found that if the mothers demonstrated more reciprocal interactions, the infants were more securely attached to their mothers, compared to infants with low levels of reciprocal interactions with their mother, who tended to have an insecure attachment.

◆ Interactional synchrony

- **Interactional synchrony** is when the caregiver and infant **mirrors** (imitates) what the other is doing in terms of their facial expressions and behaviour (body movements). This mirroring of each other's facial and body movements occurs rapidly back and, for example, a baby moving her head in time with her mother or the mother imitating the sounds the baby makes. Research suggests that infants as young as 2-3 weeks old can imitate specific facial and hand gestures. Interactional synchrony is best described as a sensitively

tuned 'emotional dance' in which the interactions are mutually rewarding to the caregiver and infant. This interaction serves to sustain communication between the two individuals, which helps develop and eventually maintain a healthy attachment bond.

- **Study.** Meltzoff and Moore (1977) carried out a controlled observational study of interactional synchrony in infants as young as two weeks old. An adult model displayed one of three facial expressions (e.g. mouth opening or tongue protrusion) or gestures (e.g. hand movements). Following the display, the infant's responses were filmed. An association was found between the expression or gesture the adult had displayed and the actions of the infant. This suggests that an infant's imitation may indicate an innate ability (rather than learned) to aid the formation of attachment, especially when it was seen in infants younger than two weeks old.

◆ Evaluation of caregiver–infant Interactions

Strengths

- ✓ **Studies are well controlled.** A strength of the research into early caregiver-infant interactions is that it uses well-controlled procedures. Mother-infant interactions are usually filmed, often from multiple angles, which means that very fine details of behaviour can be recorded and analysed later by psychologists. This allows valid conclusions to be drawn because inter-rater reliability can be established by having independent observers re-watch the tapes and compare their findings to see if they were similar and thus reliable.
- ✓ **Supporting evidence for imitation being innate.** A strength of the research study conducted by Meltzoff and Moore is that there is further research to provide evidence that imitation behaviours by babies are innate (biological). For example, Murray and Trevarthen (1985) conducted a study using two-month-old infants. First, the infants 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 image on the screen did not respond 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; 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 result, this strengthens the credibility of Meltzoff and Moore's original research and conclusion that reciprocal synchrony is innate, increasing the validity of this theoretical explanation.

Weaknesses

- ✗ **Problems with testing infant behaviour.** An issue with the research into early caregiver-infant interactions is that it is difficult to test the baby's behaviour in a reliable manner. For example, as in Meltzoff and Moore's and Brazelton's observational research, observing and measuring facial expression or hand movements that are constantly moving makes it difficult to distinguish between general activity and specific imitated behaviours. A study by Koepke et al. (1983) failed to replicate the findings of Meltzoff and Moore, which may suggest that the original findings were unreliable. Meltzoff and Moore argued that Koepke et al.'s research was less controlled. This suggests that more research is required. As a result, this reduces the validity of the research evidence into caregiver-infant interactions.

X The purpose of synchrony and reciprocity. A problem with the research into synchrony and reciprocity is that the findings do not tell us the reason why such behaviours in caregiver-infant interactions occur. All the study can do is describe what is happening between the mother and the infant. Other psychologists disagree with this view and offer several reasons why these behaviours occur. For example, Isabella (1989) demonstrated the importance of interactional synchrony, when he found high levels of synchrony were associated with a higher quality infant-mother attachment, suggesting that such behaviours are helpful in the development of attachment. However, Le Vine et al. (1994) reported that Kenyan mothers have little physical contact or interaction with their infants, but such infants still develop secure attachments. This suggests that reciprocity and interactional synchrony is not found in all cultures, which weakens the idea that they are necessary for the development of attachments. This would suggest further research evidence into caregiver-infant interactions is needed.

X Socially sensitive. A weakness of research (as in the study by Isabella) into early caregiver-infant interactions is that it is socially sensitive. This is because the implications of findings suggest that low levels of caregiver-infant interaction lead to insecure attachment, which may continue into adulthood. The findings not only poses a dilemma for working mothers, but also reinforce gender stereotypes that women should prioritise childcare over their career – they should stay at home. Some people may criticise this view because appears to discourage women from being mothers with a career.

Practice exam questions

1. Explain what is meant by the term 'reciprocity' and 'interactional synchrony' in the context of caregiver-infant interaction. **[2 marks + 2 marks]**
2. Outline research into reciprocity. **[4 marks]**
3. Outline research into interactional synchrony. **[4 marks]**
4. Outline and evaluate research into caregiver-infant interactions in humans. **[12 marks AS, 16 marks A-level]**

AQA specification for Topic 3: Attachment

- Stages of attachment identified by Schaffer. Multiple attachments.

◆ Stages of attachment

- Schaffer and Emerson (1964) investigated (see key study below) the stages of attachment development. They suggest that attachment follows a common pattern that can be divided into four distinct stages.

Stages of attachment	Descriptive features
Stage 1 Asocial stage <i>(from 0-2 months)</i>	<ul style="list-style-type: none"> • Baby behaviour during this stage towards people and inanimate objects (e.g. balloon) is quite similar, no real distinction between the two. • Babies are also happier when in the presence of other humans as opposed to being alone.
Stage 2 Indiscriminate attachment <i>(from 2-7 months)</i>	<ul style="list-style-type: none"> • Babies now show a preference for human company rather than inanimate objects. • They can discriminate between familiar and unfamiliar faces but can be comforted/cuddled by anyone and they do not show stranger anxiety. Attachment is 'indiscriminate' because the behaviour to known people (family) and strangers is the same.
Stage 3 Specific attachment <i>(from 7 months)</i>	<ul style="list-style-type: none"> • Babies can now form attachment and will have a preference for a specific attachment, the caregiver, known as the <i>primary attachment figure</i>. • Babies can now discriminate between the caregiver and other people. The evidence for this is through the child's behaviour: (a) the child will often stay close to his or her caregiver; (b) the child will show separation anxiety when separated from their caregiver; and (c) the child will display stranger anxiety (distress) when picked up or played with by a stranger.
Stage 4 Multiple attachments <i>(8/9 -12 months)</i>	<ul style="list-style-type: none"> • The child now begins to develop strong emotional ties with other major caregivers (e.g. father, grandparents, brothers and sisters). These caregivers are sometimes referred to as secondary (or multiple) <i>attachments</i> but the mother-figure attachment remains the strongest. • By the age of one year, the majority of infants have multiple attachments.



AN 'EYE' ON THE STUDY

Key study: attachment development (Schaffer and Emerson, 1964)

Aim

- The aim of the study by the psychologists Schaffer and Emerson (1964) was to find out at what age attachments begin.



- Their sample consisted of 60 babies (31 males and 29 females) 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 mothers kept a diary to measure the infant's behaviour in relation to separation and stranger anxiety in a range of everyday activities, and to identify to whom the protest was directed. This was rated on a four-point scale.

Method

- *Separation protest* was measured, for example, when the infant was left alone, left with others, or left in the pram outside the house, or left in the pram outside shops.
- *Stranger anxiety* was measured, for example, by the researcher starting each home visit by approaching the infant to see if this distressed the child.

Results

- *Approx. 6-8 months:* Around 50% of infants showed separation anxiety when parted from their attachment figure between 6-8 months, with stranger anxiety being shown a month later (as expected of the specific attachment stage).
- *Approx. 9 months:* Around 80% of the infants had a strong attachment to their mother by 9 months (as expected at the specific attachment stage). The researchers also found that feeding was not the most critical factor in the formation of attachment. It was noted that infants with the strongest attachment had carers who were more responsive to their signals and needs. Shaffer and Emerson called this **sensitive responsiveness**.
- *Approx. 18 months:* About 87% of infants developed multiple attachments to at least two attachments, with 31% of infants forming five or more attachments (as expected at the multiple stages of attachment).
- They also found that in 39% of infants, the prime attachment was not the main caregiver.

Conclusion

- The researchers concluded that feeding or the amount of time the person spent with the infant were not the most critical factors in the formation of attachment. The researchers observed that the mother had responded quickly and sensitively to their 'signals' (needs) and offered their child the most interaction. Shaffer and Emerson called this sensitive responsiveness.

◆ Evaluation of Shaffer's stages of attachment

Strength

- ✓ **High external validity.** A strength of Schaffer and Emerson's (1964) research into the development of attachment is that it has high external validity. For example, the study was carried out in the families' own homes and most of the observation was actually done by the parents during ordinary activities and reported to researchers later. This is a strength because it means the behaviour of the babies was unlikely to be affected by the presence of observers. This increases the chances of the babies behaving naturally in their own environments. As a result, this increases the credibility of the research that discovered the stages of attachment theory.

Weaknesses

- X Low population validity.** A weakness of Schaffer and Emerson's (1964) research into the development of attachment is that the sample was biased. They used 60 babies from the working-class population of Glasgow. This is an issue because the sample may not be representative of other social groups and therefore, we cannot generalise the findings that attachment develops in stages to other social groups. It may be that babies from more privileged backgrounds develop attachments in a different way, as a result of being cared for by a nanny or other privileges they would experience. As a result, Schaffer's stage theory of attachment may not be universally valid.
- X Low temporal validity.** Another weakness is that Schaffer and Emerson's study may suffer from low temporal validity. This is because it was conducted in 1964, over 50 years ago, and parental care of children has changed considerably since that time. More women go out to work, so many children are cared for outside the home, or fathers stay at home and become the main carer. Research shows that the number of dads who choose to stay at home and care for their children has quadrupled over the past 25 years (Cohn et al., 2014). This is an issue, as it is likely that if a similar study were conducted today, the findings might be different, which suggests that Schaffer's stage theory of attachment may not be applicable in modern times.
- X Social desirability bias.** A further weakness of Schaffer and Emerson's study is that it has been criticised on the grounds of a possibility of social desirability bias. Schaffer and Emerson interviewed the mothers about their children and some of them may not have reported accurate details about their children, in order 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 may not have been recorded about the stages of attachment.
- X Schaffer's stages too fixed.** One criticism of Schaffer and Emerson's account of attachment development is that it suggests that attachment stages are fixed. This is because the theory claims that children must go through each stage at a particular age and must demonstrate particular types of attachment behaviour. Some psychologists argue that attachment development is more fluid than Schaffer has outlined, because children display different behaviours of attachment at different ages. This is a problem because these stages may become a standard by which families are judged and could lead to them being classed as abnormal.

Practice exam questions

1. Explain what is meant by the term 'multiple attachments'. [2 marks]
2. Name three of the stages of attachment identified by Schaffer. [3 marks]
3. Outline Schaffer's stages of attachment. [6 marks]
4. Explain two criticisms of Schaffer's stages of attachment. [3 marks + 3 marks]
5. Outline research into multiple attachments. [6 marks]
6. Describe and evaluate the stages of attachments as identified by Schaffer. [12 marks AS, 16 marks A-level]