Paper 1
Attachment essay plans

Caregiver-infant interactions:
Define the term attachment (2 marks)
Explain what is meant by the term interactional synchrony in the context of caregiver-infant interactions (2 marks)
Explain what is meant by the term reciprocity in the context of caregiver-infant interactions (2 marks)
Outline one study of infant-caregiver interactions (4 marks)
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)
Explain one way that psychologists have studied caregiver-infant interaction using a human sample of participants. Refer to one specific piece of research in your response (3 marks)
Briefly evaluate research into caregiver-infant interactions (4 marks)

Multiple attachments and the role of the father:
Explain what is meant by the term multiple attachment (2 marks)
Outline the role of the father in the development of attachment (6 marks)
Outline and evaluate the role of the father in the development of attachment (16 marks)

Bowlby’s monotropic theory:
Explain what the term monotropic means (2 marks)
Explain what the terms critical period and internal working model mean (4 marks)
Briefly outline one research study that supports Bowlby’s theory of attachment (3 marks)
Give two features of the concept of the critical period (2 marks)

Learning theory of attachment:
Explain the development of attachments using learning theory (4 marks)
Explain one criticism of the learning theory explanation of attachment (4 marks)
Evaluate learning theory as an explanation of attachment (4 marks)
Describe and evaluate the learning theory explanation of attachment (16 marks)

Animal studies of attachment- Lorenz and Harlow:
Outline one animal study of attachment (6 marks)
Describe Lorenz’s research related to attachment (4 marks)
Describe Harlow’s research related to attachment (4 marks)
Outline what animal studies have shown about attachment (4 marks)
Outline the procedure used in one animal study where Lorenz investigated attachment (2 marks)
Discuss the usefulness of animal studies for investigating attachment (16 marks)
Discuss animal studies of attachment (16 marks)

Stage of attachment identified by Schaffer:
Describe one study that investigated the development of attachments (6 marks)
Name three stages in the development of attachments identified by Schaffer (3 marks)
Describe and evaluate the stages of attachment (16 marks)

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Give two features of the concept of the critical period (2 marks)
With reference to reciprocity and interactional synchrony, discuss infant-caregiver interactions (16 marks)

AO1:
- Caregiver-infant interactions, in the form of non-verbal communication are fundamental in determining the formation of attachment. There are two types of caregiver-infant interactions; reciprocity and interactional synchrony.
- Reciprocity is where an infant responds to the actions of another person in a form of turn-taking. The actions of one person elicits a response from the other, leading to a kind of conversation, with interactions between both individuals flowing back and forth. Meltzoff and Moore conducted an observational study whereby an adult displayed facial expressions or a hand gesture. Following this, the children’s expressions were filmed. There was an association found between the infant’s behaviour and that of the adult model, demonstrating reciprocity as the infants observed and responded to the adult stimulation.
- Interactional synchrony takes place when infants mirror the actions or emotions of another person, for example, their facial expression. This can be referred to as imitation of the other’s behaviour. The infant and caregiver carry out the actions simultaneously and are said to be synchronized, as they react in time with each other.

AO3:
- One limitation of research into caregiver-infant interactions is the reliability due to difficulties in using observations to examine infant behaviour. Infants are constantly making facial expressions, especially the ones tested, such as sticking tongue out or smiling. This means that it is difficult to distinguish between general activity and specific imitated behaviours. Consequently, we cannot be certain that the infants were actually engaging in interactional synchrony or reciprocity, as some of the behaviours may have occurred by chance. Therefore, reducing the validity of such research, suggesting findings from research in this area should be viewed with caution when attempting to understand infant’s interactions with caregivers.
- Another limitation is the nature view of the nature-nurture debate caregiver-infant interactions take. Psychologists suggest that caregiver-infant interactions 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 to prompt a response. Consequently, research should consider the interaction of innate infant behaviours with the environment to fully appreciate and understand the complex nature of caregiver-infant interactions.
- One strength of observations of these observations is that they often have high levels of control. Observations of mother-infant interactions are generally well-controlled procedures, with both mother and infant being filmed, often from multiple angles. This ensures that very fine details of behaviour can be recorded and later analysed. Furthermore, babies are unaware they are being observed so their behaviour does not change in response to controlled observation (do not display demand characteristics), which is generally a problem for observational research. This is a strength of this line of research as it means it has high internal validity.
- A further limitation is that there is variation between infants in their display of interactional synchrony. Research has found that only securely attached infants engage in interactional synchrony. Isabella et al. found that the more securely attached the infant, the greater the level of interactional synchrony. This shows that children will respond to adults’ actions differently based on the nature of their attachment, therefore the research is not generalisable to all infant’s behaviour. Therefore, this affects the usefulness of interactional synchrony research in demonstrating caregiver-infant interactions (as it overlooked individual differences which could be a mediating factor).
Describe and evaluate the stages of attachment (16 marks)

AO1:

• Schaffer and Emerson conducted a longitudinal study into investigation into the development of infant attachment. At each visit to the infant, the mother was asked to rate their infant’s response to separation in 7 everyday situation and asked to describe the intensity of any protest on a 4-point scale. Stranger anxiety was also assessed. They found that 65% of children’s first specific attachment was to their mother. Within one month 29% of infants had a multiple attachment to someone else, and within 6 months this went up to 78%. By age of one 33% of children formed multiple attachments.

• Schaffer and Emerson used the findings from this study to construct a description of how attachment develops. They suggested that attachment develops in stages.

• The first stage is from birth to 8 weeks and is the asocial stage. Infants produce similar responses to all objects and humans.

• The second stage happens around 4 months and is called the indiscriminate attachment stage. Infants become more social and can distinguish between familiar and unfamiliar people. However, they are still relatively easily comforted by anyone and do not yet show stranger anxiety. (Described as indiscriminate as it is not different towards any one person). the most distinctive feature of this phase is their general sociability, and enjoyment of being with people.

• The third stage occurs at around 7 months and is called discriminate attachment stage. Infants begin to show separation anxiety to a primary caregiver and show joy at reunion with this person. they are said to have a specific attachment to one person, their primary attachment figure.

• The final stage occurs very soon after the main attachment is formed (usually by 1 year) and is the multiple attachment stage. Infants develop a

AO3:

One strength of the research conducted by Schaffer and Emerson is that it is has high ecological validity. Since babies were observed in their own homes (a natural environment) the study can be assumed to be high in ecological validity. Additionally, most of the observation was actually done by the parents during ordinary activities, which means that the children and parents were more likely to act naturally. The infants were unlikely to be affected by the presence of observers. This increases the chances of babies behaving naturally in their own environments. Therefore, the study has good external validity as the results are more likely to apply to other children from a similar demographic in their own homes. As a consequence, this increases the credibility of the research that discovered the stages of attachment theory.

A limitation with this study is the sample used by Schaffer and Emerson may be biased. The sample consisted of only 60 working class mothers and babies from Glasgow, and therefore the results may not apply to apply to other social groups, for example wealthier families from other countries who form very different attachments with their infants. Consequently, we are unable to generalise the results of the study to mothers and babies from other countries and social groups as their behaviour might not be comparable. Furthermore, the study was conducted in the 1960’s and parental care of children has changed significantly since; therefore, the findings have low temporal validity and may not apply to the development of attachments today. As a consequence, this reduces the explanatory power of Schaffer’s stage theory of attachment as the findings that support this theory are not representative of the whole population.

A further limitation is that there may be cultural variations which suggest that Schaffer and Emerson’s stage model only applies to individualistic