BACKGROUND

• Previous research has demonstrated that caregiver support is important for child emotion regulation development.1,4
• In light of this work, caregiver response to infant distress has potentially important implications for infant emotional development.
• Differences in caregiver response to infant distress may be due to caregiver gender, infant gender, or their interaction.
• No research to date has examined gender differences in caregiver response to infant distress, potentially due to limited father involvement in research and the inability of researchers to randomly assign infant gender in experimental studies.
• However, prior research examining caregiver differences has suggested that mothers and fathers interact with their sons and daughters differently.1,11
• For example, researchers have shown that mothers tend to display more sensitive behavior during interactions with daughters than sons4 and that fathers tend to be more available to, and more involved in caregiving tasks with, sons than daughters.11

METHOD

• 179 non-parent college students (55 males, 120 females) with a mean age of 19.84 years (range: 18 - 29 years)
• Participants predominantly self-identified as Caucasian (53%), African-American (28%) and Hispanic/Latino (11%).
• An RA introduced participants to the BSIM and demonstrated he/she could be calmed after a period of crying. A second RA, located in a control room, programmed the BSIM such that, during the participant’s turn, the BSIM would be impossible to soothe. Various props were available for participants to use while attempting to soothe the BSIM (e.g., bottle, toys, blankets).
• Participants spent an average of 18.09 minutes interacting with the BSIM (SD = 10.61 minutes).
• BSIM gender was counterbalanced within participant gender (i.e., the BSIM was referred to as Kathryn while wearing pink clothing and Sam while wearing blue clothing).

BEHAVIORAL CODING

• Targeted participant behaviors were continuously coded using Noldus Observer XT 10.5 software.12
  Disturbing (rate per minute) – use of an auditory toy (e.g., a rattle), a quiet toy (e.g., a stuffed animal), a mirror, or a book (κ = .92).
  Soothing touch (rate per minute) – patting, rubbing, or stroking, playing with the BSIM’s hands or feet, and tickling (κ = .70).
  Vocalizing (rate per minute) – talking or singing to the BSIM, “shushing,” or other soothing sounds (κ = .74).
• Sensitivity – the extent to which participants accurately perceived the BSIM’s level of distress and responded in a timely, responsive, and appropriate manner (κ = .69); rated in 10 second epochs and averaged to derive a total score.

RESULTS

DISCUSSION

• Findings are consistent with previous research demonstrating that caregivers tend to interact with children of the same sex more frequently than children of the opposite sex11 and that caregivers tend to be more sensitive during interactions with same-sex children than opposite-sex children.4
• Participants more frequently distracted a BSIM of the same sex than of the opposite sex.
• Participants were rated as more sensitive during interactions with a BSIM of the same sex than of the opposite sex.
• Female participants used more soothing touch behaviors during interactions with the BSIM than male participants.
• Findings add to the existing literature concerning gender differences in parent involvement in research and the inability of researchers to randomly assign infant gender in experimental studies.
• Future research investigating response to infant/child distress should control for parent and infant/child gender.

THE PRESENT STUDY

• The aim of the present study was to examine gender differences in caregiver response to infant distress through use of a novel experimental baby simulator (BSIM) task.
• Based on limited existing research, it was anticipated that:
  1) Participants would spend significantly more time engaged in various soothing behaviors (i.e., vocalizing, soothing touch, distracting) with a same-sex infant than an infant of the opposite sex.
  2) Participants would be rated as more sensitive during interactions with an infant of the same sex than an infant of the opposite sex.

Table 1. Summary of ANCOVAs

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REFERENCES