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# Parenting practices that limit transitional object use: an illustration

Katherine E. Green<sup>a\*</sup>, Melissa M. Groves<sup>b</sup> & Deborah W. Tegano<sup>c</sup>

<sup>a</sup>Zayed University, P.O. Box 4783, Abu Dhabi, United Arab Emirates; <sup>b</sup>California State University, Chico, CA, USA; <sup>c</sup>University of Tennessee, Knoxville, TN, USA

This study investigated the phenomenon of transitional object (TO) use by young children who have been parented within the framework of Attachment Parenting (AP). A sample of 275 mothers were recruited through an international magazine marketed towards AP mothers. Mothers who indicated they had children who were parented with such AP methods as breastfeeding, feeding on the infants' cue, cosleeping, and holding their child during the transition to sleep were placed into a high contact group and found to use traditional TOs significantly less than the children whose mothers did not practice these four behaviors. Only 18.2% of the sample was found to use TOs and those who did use them weaned at a significantly earlier age than children with no TO. The idea that the use of a TO may be hierarchical in nature is discussed, with the suggestion that an infant who is supported and comforted during stress by the mother does not tend to use a TO or they use the breast.

**Keywords:** *Transitional objects; Attachment; Parenting practices; Breastfeeding; Cosleeping*

## Introduction

Current portrayals of young children in Western countries often include a 'blankie' or stuffed toy from which the child is inseparable. Winnicott (1971) was one of the first people to organize and put a name to children's behavior concerning these special objects. He called these items the first 'not-me' items and claimed they are a regular feature of normal development. Winnicott stated that from an early age infants start to caress and mouth items and to babble and make repetitive noises. He classified these behaviors as transitional phenomena. They may include relatively intangible phenomena such as thoughts, sounds, feelings, and movements as well as

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\* Corresponding author. Tel: +9712 4079 612; Fax: +9712 443 4847; E-mail: Katherine\_green@zu.ac.ae

more tangible, physical items. Out of this phenomena can come an attachment to a specific object such as a blanket or soft toy, which would then be called a transitional object (Winnicott, 1971).

It is the basic premise of many psychoanalysts and other therapists that the use of a transitional object (TO) is normal and is in fact associated with healthy development (Applegate, 1989). Winnicott (1971) stated that TO attachment cannot be developed unless the child has first experienced care from the 'good-enough' mother. In this type of parenting, the mother meets all of the baby's needs and, according to Winnicott, provides the illusion that her breast is part of the infant. He used the idea of the breast to represent the whole technique of mothering. Winnicott also stated that the TO is healthy and universal; a belief that has perpetuated for many years.

Support for the presumption in the necessity of TO attachment to promote healthy development comes from findings in which children presenting various forms of psychopathology or who were institutionalized at early ages show an absence of TO use (Applegate, 1989). However, these studies have primarily emerged from homogeneous samples, such as case studies within a clinical population or observational studies on middle-class children in university centers (Applegate, 1989). Few studies have looked at TO use outside Western mainstream society.

Therefore, the idea that TO use is universal is highly questionable. Attachment theorist John Bowlby (1969) proposed that infants' attachment to inanimate objects would not be as frequent in more simple, less complex societies because infants may spend most of the day in close physical contact with the mother. In many of these cultures, infants are carried or held most of the time, sleep with the mother, and are breastfed very frequently. The infants' needs are met immediately and the attachment components of non-nutritive sucking and clinging are directed towards the mother's body. Yet, in Western societies these needs are often not met by the mother and so other outlets must be found. Young children suck on pacifiers or thumbs instead of the breast and cling to a blanket or toy instead of to the mother's hair, breast, or body (Bowlby, 1969).

Additionally much of the work that has been done outside of the mainstream United States casts doubt on Winnicott's (1971) assertion that the use of TOs is universal. One of these by Gaddini and Gaddini (1970) looked at the use and incidence of TOs in three groups of Italian children; rural, urban, and Anglo-Saxon children living in an urban area. The rural group reported much higher levels of cosleeping, rhythmic rocking in the transition to sleep, and breastfeeding as compared with the urban and Anglo-Saxon children, and from that only 5% of the rural, 31% of the urban, and 61% of the Anglo-Saxon children developed attachments to TOs. Much of the research within the United States points to between 50% and 60% of middle-class children having an attachment to a TO (Free & Goodrich, 1985; Lehman *et al.*, 1992).

Another study that casts doubt on the idea that TO use is universal is that of Hong and Townes (1976), who compared the use of TOs in Korean and American children. Mothers in three cultural groups were surveyed: American, Korean but living in the United States, and Korean living in Korea. It was found that the Korean infants

were breastfed much longer than the US group and none slept alone during early infancy unlike the US infants (Korean children living in the United States were an intermediate group). Attachments to a TO were significantly different, with the highest (54%) in the American group, the Koreans living in the United States next (34%), and the lowest in the Koreans living in Korea (18%).

A US study by Litt (1981) looked at a group of 119 White, middle-class and upper-class children from a private pediatric practice and 166 Black, lower-class and lower-middle class children from a hospital clinic. Significant differences were found in the incidence of TO attachment between the two groups. Of the private group 77% developed a TO attachment, with only 46% of the clinic group forming similar attachments. Litt also found two other significantly different variables between the two groups. With regard to sleeping arrangements, 83% of the private group slept alone in their own rooms during the first year, while only one-quarter of the clinic group did so. Many of the clinic group children shared a parents' bed or room.

From that study, Litt (1981) stated: "An enduring attachment to a specific inanimate object may be a function of certain family living arrangements and child-rearing practices, primarily those related to the sleeping arrangements made for the child" (p. 138). She suggested that children who sleep in their own rooms from infancy on are more likely to develop a TO attachment than children who sleep with, or in the same room, as others. Litt stated that this strengthens the findings by other TO researchers that the need for TOs arises out of the anxiety experienced by the child during separation from the mother at bedtime.

Hong and Townes (1976) stated that the use of a TO is lower in cultures or social groups in which an infant receives a greater amount of physical contact, has a higher rate of breastfeeding, and in which the mother is more involved during the sleep transitions. This was validated by research done by Wolf and Lozoff (1989), who found that children who had an adult present as they fell asleep were less likely to use an attachment object or suck their thumbs. In their study, the nightly sleeping arrangements and method of feeding were found to not be as important as the presence of an adult during the actual sleep transition. It is this presence of the mother or mother-substitute during the transition to sleep that consistently seems to have an effect on the TO use by young children (Gaddini & Gaddini, 1970; Hong & Townes, 1976; Wolf & Lozoff, 1989). The use of TOs is lower in cultures in which infants receive more physical contact including breastfeeding, and in which the mother is more physically involved and available to the infant during the transition to sleep (Hong & Townes, 1976).

Ainsworth (1978) proposed that infants probably require a secure attachment to their mother before they can substitute some type of object for her. Infants whose needs are responded to in a sensitive and consistent manner tend to have a more secure attachment to their mother (Anders, 1994). Therefore, one might presume that in less complex societies where infants spend most of their time in the mother's presence, they would have high levels of secure attachment. However, it is hard to separate the effects of cultural expectations and practices from innate infant behaviors, which makes understanding why TO use is lower in various other cultures so

difficult. Finding a group of parents who live in a modern Western country but who profess to practice parenting behaviors such as one might find in less complex societies can help to bridge the gap in current knowledge.

One group of Western-based families who may meet this standard are those parents who identify with the growing phenomena coined by pediatrician William Sears 20 years ago as Attachment Parenting (Granju, 1999). Attachment Parenting (AP) is based on child-centered care giving and has five primary features: birth bonding, breastfeeding (on the cues of the infant and allowing for child-led weaning), cosleeping, babywearing (carrying infants in slings or carriers), and not leaving infants to cry (Granju, 1999). As these practices by the AP mothers seem similar to those identified in other studies as part of natural practice in less complex societies, it was believed that AP families would be an interesting group in which to examine TO use.

Therefore, the objective of this study was to investigate the use of a self-soothing object or TO in children whose mothers state they practice AP. The hypothesis was that children who have extended contact with their mothers, defined as contact during the night and in the transition to sleep, breastfeeding, and on the infant's cue, would be significantly less likely to develop an attachment to a traditional TO (which included thumb, pacifier, blankets or soft toys).

## Method

A self-report questionnaire to describe AP practices and to examine TO use was published in an international magazine, *Compleat Mother*. It was necessary to use a magazine in order to reach a wide sample of mothers who identify themselves as Attachment Parents as the parents are quite spread out and do not seem to be clustered in specific areas around the Western world. The magazine has a publication rate of 14,000 and a subscription rate of 5000. The editor of the magazine states the purpose of the publication is to promote natural, vaginal birth and extended breastfeeding. The questionnaire was inserted as a tear-out page with no postage-paid envelope due to the magazine having international readers (primarily Canada, the United States, and the United Kingdom). A total of 275 mothers returned the questionnaire, which equated to 5.5% of the subscription rate. Given the voluntary nature of the sample and the lack of postage supplied, this response rate was considered appropriate.

## Results

The mean age of the mothers was 34 years, they were primarily from the United States and Canada, and most were White, married, and predominantly college educated. Ninety-one percent of the respondents reported they practiced attachment parenting, 89.1% breastfed exclusively, and most said they would always feed the baby when he/she needed comforting or when fussy or whiny. The mean weaning age was 35.8 (standard deviation = 17.66) months with a range from one to 90 months.

Respondents were asked to state whether or not their child has/had a transitional object and were provided with six response categories; none, thumb or fingers, soft toy or doll, blanket, pacifier, or part of mother's body. Prior research has not included children using the mother as a TO; however, in this study 48.7% of the mothers stated their child used them (the mother) as their 'cuddly object'. This included identifying the mother's breast, hair, and face as a TO. This group was further broken into two sections: those identifying the breast during nursing as a TO (40%), and those identifying another maternal body part (8.7%). Only 18.2% of the children were reported to use a traditional TO which was defined in this study as any external object such as a blanket or pacifier or thumb-sucking.

The hypothesis was that children who had a high amount of maternal contact would not be as likely to develop an attachment to a traditional TO. Within this study high maternal contact was defined as: breastfeeding, feeding on babies' cue, sleeping with the mother, and being held or nursed during the transition to sleep. These four behaviors were combined based on a review of the existing literature to create a new variable called 'high contact mother'. Lower contact mothers were defined as any mother who did not practice all of the four behaviors as defined. In this study, 211 (76.7%) of the mothers indicated they did all four of these higher contact behaviors. Significantly more children in the lower contact group were found to use traditional TOs than did children in the high contact group ( $\chi^2(3, n = 275) = 34.9333, p < 0.001$ ). Plus there was a higher frequency of children in the high contact group using the breast as a TO compared with the lower contact children ( $\chi^2(3, n = 275) = 34.9333, p < 0.001$ ).

Analysis of variance revealed significant differences between the mean weaning age of the child and the type of TO used, ( $F(3, 199) = 12.09, p < 0.001$ ). Children who

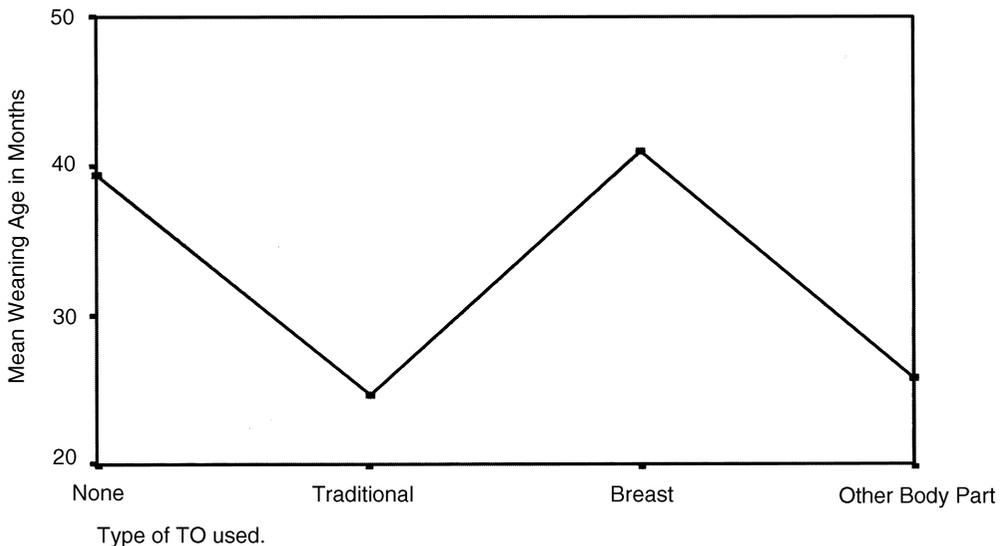


Figure 1. Mean weaning age and type of TO use.

had traditional TOs weaned at an earlier age than children with no TO, and children who used the mother's body as a TO weaned at an earlier age than those who used the breast as a TO (see Figure 1).

The age at which children developed an attachment to a traditional TO differed by type. The mean age of developing an attachment to the thumb was reported to be 4.3 months (standard deviation = 7.4); to a toy, 24.2 months (standard deviation = 25.45); to a blanket, 8.35 months (standard deviation = 7.4); and to a pacifier, 3.0 months (standard deviation = 6.88). More of the children (18.54%) were attached to their thumb or pacifier than were attached to a blanket or toy (13.81%). Within this study, no gender differences were found by type of TO use.

## Discussion

In this sample, the use of traditional TOs was very low (18%) compared with other Western samples, in which 50–60% of children were found to be attached to an object (Free and Goodrich, 1985; Steier and Lehman, 2000). The study supported the hypothesis that children who have higher maternal contact (breastfed, nurse on cue, cosleep, and are nursed or held during the transition to sleep) are less likely to develop an attachment to a traditional TO, as are children who do not have the higher maternal contact. Additional contact resulted in significantly lower incidences of traditional TO use within this sample of AP children. This finding matches that of Hong and Townes (1976), who found that only 18% of Korean children developed an attachment to a TO. Similar to the AP infants, the Korean children were also more likely to have slept with their mothers, were breastfed longer, and had more direct maternal infant care than their US counterparts in the study. Therefore, based on this and earlier studies, it seems that children sleeping alone and not being held or nursed while they go to sleep are much more likely to use a TO than are children sleeping with their mothers and being held during the wake–sleep transition (Gaddini & Gaddini, 1970; Litt, 1981; Lozoff *et al.*, 1984; Wolf & Lozoff, 1988). These findings support the idea that TO use is not universal and that the use of a traditional TO may occur as an infant adaptation to parenting practices.

A high number of children in this sample were reported to use a part of the maternal body as their TO. The breast was noted as a TO by 40% of the sample, and other parts such as hair or ear by 8.7% of the respondents. Gaddini and Gaddini (1970) interpreted Winnicott's work and claimed that parts of the mother's body cannot be classified as TOs because these 'objects', not being external to the mother's body, cannot symbolically represent a reunion after separation. However, in Winnicott's (1964) book *The child, the family, and the outside world* (which was based on radio talks broadcast for mothers in England), Winnicott claimed that for some infants, the mother is retained as the object; whereas for others a separate transitional object is "... good enough and even perfect, provided the mother is there in the background" (p. 168). In this same book, Winnicott also provided a positive example of a child who soothed herself by caressing her mother's hair while sucking her own thumb. Thus, Winnicott did recognize the importance of using the mother as a TO, and perhaps

through his wording that a traditional or external TO can be “good enough” to represent the mother, one may speculate about a possible hierarchy of TO use. Perhaps the optimum attachment is to the breast, then to a maternal body part and finally to an external object (traditional TO) that is separate from the mother. This in no way suggests that an attachment to a traditional TO is dysfunctional or unhealthy, rather that through individual differences and varying cultural child care practices, infants adopt a behavior that enables them to deal with stress. Infants are incredibly adaptive and quickly learn ways in which to best facilitate their needs. For infants, the perception of hunger, the transition to sleep, and awakening during the night are very stressful times. In cultures that do not provide constant reassurance and support during these high stress moments, the infants must learn to provide self-reassurance and comfort, thus necessitating the use of a traditional TO. As prior research has shown, children who go through this stress but do not develop a traditional TO may be maladaptive and develop higher levels of anxiety and psychological problems as they reach adolescence and adulthood (Bachar *et al.* 1997; Provence & Ritvo, 1961).

However, in cultures in which a child is supported during stress through practices such as cue breastfeeding, cosleeping, holding during the wake/sleep transition, and increased holding and carrying, there is a decreased need to develop a method of self-soothing. As Winnicott (1964) wrote, the traditional TO is good enough provided the mother is there in the background. This idea of the background is not that of a mother standing around the corner, but rather the child being able to form a representation of the mother when she is not physically available. This representation is a real object, yet the symbolic importance of it lies internally with the child. However, the AP mothers and mothers in many non-Western countries are not ‘in the background’. For the most part, they are physically available to their infant both night and day and during those moments of higher stress. Therefore, the child has no need to develop a representation of the mother and does not have to learn ways in which to combat life stress alone. Whether this is limiting for the child with regard to future emotional development is unknown.

Bowlby’s (1969) belief that infants in less complex societies who spend most of the day and night in close, physical contact with their mother would not be as likely to develop a TO attachment is supported in this study. However, this adds some confusion to the attachment research findings. Infants need to have their needs responded to in a timely and consistent manner in order to develop a secure attachment. Therefore, an infant who consistently experiences separation anxiety during the transition to sleep must surely feel less confident in the degree of secure attachment to the mother. Moreover, it is primarily the children who experience this night-time separation anxiety who go on to develop the attachment to a TO. Ainsworth (1978, cited in Passman, 1987) stated that infants probably need to first be securely attached to their mother before they are able to attach to a TO. Yet, one has to wonder whether this is truly the case or whether other factors are involved. More research needs to be done with regard to attachment classification and TO use to understand this phenomenon better. Research is especially needed with non-Western cultures and with different cultures within the United States.

An attachment to the mother's body (*i.e.*, hair twirling, ear holding, or holding the breast) was important for twenty-four children in this study. Eibl-Eibesfeldt (1983) found that in non-Western societies babies often manipulate the free breast while nursing. He hypothesized that this is to keep the free breast occupied and thus unavailable to other children. It is unknown, then, whether these behaviors are performed for the same underlying reasons that children choose traditional TOs. However, there are some intrinsic similarities to a traditional TO (blanket, teddy, etc.) in that the child adopts these attachments and they involve rubbing, caressing, and manipulating something (a maternal body part). Winnicott (1953) as well as Gaddini and Gaddini (1970) did not define these types of attachments as TOs because they are not symbolic of the mother because they are actually the mother. This study's finding that children who have traditional TOs and mother's body part as a TO are weaned at similarly earlier ages supports the idea that these two are similar in function and meaning for the child.

A larger group of mothers in this study reported the use of the breast as a TO than has been found in previous studies. This may be related to the high importance that breastfeeding plays in the parenting style of AP mothers; or perhaps allowing the child to have more access to the breast through cue and extended feeding allows for a deeper attachment to the breast as a source of comfort. Older infants in non-Western cultures were found to be very possessive and show quite violent responses when the mother offered her breast to another child (Eibl-Eibesfeldt, 1983). It would be interesting to discover whether Western infants who are not allowed free access to the breast would be as attached or angry at the idea of sharing their food source. Perhaps if the breast is viewed by the child simply as a provider of food and not as a deeper source of comfort, there is not as deep an attachment as was reported by the mothers in this sample or has previously been seen in some non-Western cultures.

The findings in this study show similarly later weaning ages for the children reported to have no TO use or to use the breast as a TO. These two would seem to be similar in nature both from the weaning age and from the understanding that the child has not reached out and personally adopted an 'object', to self-sooth. Findings in this study also indicate similarities (through weaning age) in the use of a maternal body part as a TO and traditional TOs. Here the child has adopted the use of an 'object' to self-sooth. In this study pacifier use was included in the traditional TO group, which does not allow for comparison of objects that were self-selected by the child.

More of the AP children (18.54%) were attached to their thumb or pacifier than were attached to a blanket or toy (13.81%). This is different from Lehman *et al.* (1992), where 48% of the sample was attached to soft objects and 15% to pacifiers. Another study by Mahalski, Silva, and Spears (1983) found one-third of their sample was attached to a soft object. The higher attachment in AP children to a thumb or pacifier is interesting given the fact that the majority of these infants are not limited in how often they are put to the breast. One would have presumed that infants who are allowed to self-cue the amounts of nutritive and non-nutritive sucking they require would tend to show attachment to a soft object more so than a thumb or pacifier.

In conclusion, based on findings in this study and supported by previous research, TOs may be hierarchical in nature. The infant who is supported and comforted during stress by the mother does not tend to use a TO or they use the breast. An infant who learns to self-comfort during stress may adaptively develop an attachment to a TO, both external such as a teddy bear or blanket, or a body part such as a thumb or piece of hair.

Future research with AP families could lead us to better understand how parenting practices affect behavioral outcomes such as TO use. It may also help identify the types of parenting practices, which are most adaptive to Western culture. There is no longitudinal research as of yet with AP children and so the implications of this type of parenting style within a Western construct are as yet unknown. One concern may be that of overdependence or an inability to separate from the mother during childhood. This, however, is still unknown.

## References

- Ainsworth, M. D. S. (1978) The Bowlby–Ainsworth attachment theory, *The Behavioral and Brain Sciences*, 3, 436–438.
- Anders, T. F. (1994) Infant sleep, nighttime relationships, and attachment, *Psychiatry*, 57, 11–20.
- Applegate, J. S. (1989) The transitional object reconsidered: some sociocultural variations and their implications, *Child and Adolescent Social Work*, 6, 38–51.
- Bachar, E., Canetti, L., Galilee-Weisstub, E., Kaplan-DeNour, A. & Shalev, A. (1996) Childhood vs. adolescence transitional object attachment, and its relation to mental health and parental bonding, *Child Psychiatry and Human Development*, 28, 149–167.
- Bowlby, J. (1969) *Attachment and loss: vol. I—attachment* (London, Hogarth Press).
- Eibl-Eibesfeldt, I. (1983) *Ethology: the biology of behavior* (New York, Holt, Reinhart, and Winston).
- Free, K. & Goodrich, W. (1985) Transitional object attachment in normal and in chronically disturbed adolescents, *Child Psychiatry and Human Development*, 16, 30–43.
- Gaddini, R. & Gaddini, E. (1970) Transitional objects and the process of individuation: a study in three different groups, *American Academy of Child Psychiatry Journal*, 9, 347–365.
- Granju, K. A. (1999) *Attachment parenting: instinctive care for your baby and young child* (New York, Pocket Books).
- Hong, K. M. & Townes, B. D. (1976) Infants' attachment to inanimate objects: a cross-cultural study, *American Academy of Child Psychiatry Journal*, 15, 49–61.
- Lehman, E. B., Denham, S. A., Moser, M. H. & Reeves, S. L. (1992) Soft object and pacifier attachments in young children: the role of security of attachment to the mother, *Journal of Child Psychology and Psychiatry*, 33, 1205–1215.
- Litt, C. J. (1981) Children's attachment to transitional objects: a study of two pediatric populations, *American Journal of Orthopsychiatry*, 51, 131–139.
- Lozoff, B., Wolf, A. & Davis, N. (1984) Cosleeping in urban families with young children in the United States, *Pediatrics*, 74, 171–182.
- Mahalski, P., Silva, P. & Spears, G. (1983) Children's attachment to soft objects at bedtime, child rearing, and child development, *Journal of the American Academy of Child Psychiatry*, 24, 442–446.
- Passman, R. H. (1987) Attachments to inanimate objects: are children who have security blankets insecure?, *Journal of Consulting and Clinical Psychology*, 55, 825–830.
- Provence, S. & Ritvo, S. (1961) Effects of deprivation on institutionalized infants: disturbances in development of relationships to inanimate objects, *The Psychoanalytic Study of the Child*, 16, 189–205.

- Steier, A. & Lehman, E. B. (2000) An observational measure of children's attachment to soft objects, *Child Study Journal*, 30, 253–271.
- Winnicott, D. W. (1953) Transitional objects and transitional phenomena. a study of the first not-me possession, *International Journal of Psycho-Analysis*, 34, 89–97.
- Winnicott, D. W. (1964) *The child, the family, and the outside world* (Middlesex, Penguin Books).
- Winnicott, D. W. (1971) *Playing and reality* (New York, Tavistock Publications).
- Wolf, A. W. & Lozoff, B. (1989) Object attachment, thumbsucking, and the passage to sleep, *Journal of the American Academy of Child and Adolescent Psychiatry*, 28, 287–292.