"Understanding Children's Attachment to Inanimate Objects: An Indian Perspective"

Dr. Madhu Rai & Dr. Gabriel Ybarra

Introduction:

Inanimate objects or security blankets/soft toys provide children with emotional support, and usually the security blanket or soft toy has a special name, and a child is absolutely devoted to it. Children need these items to feel safe, to withstand fear or pain and to handle being away from their parents.

According to the American Academy of Paediatrics, most children select a security blanket between 8 and 12 months of age and hang on to it for several years.

Security blankets are often known as transitional objects, because they help children transition from dependence to independence. These transitional objects work primarily because they personify all that is positive and comforting in a child's world – her/his room, her/his own scent. Winnicott (1953) introduced the concept of transitional objects. Most children get attached to an object when they are starting to be weaned from their mother because that's a very emotional time. This object helps the child get through this critical transition (Stephenson, 2013).

Some children adopt a security blanket to adjust to the emotional changes brought about by weaning. The American Academy of Paediatrics suggests that a security blanket can be especially beneficial when incorporated into a child's bedtime ritual.

Though inanimate objects such as blankets or soft toys can be a source of comfort, not all children display attachment to such objects. Several theories, including learning and attachment theory, offer explanations of how a child can become attached to an inanimate object. Ethological attachment theorists believe this attachment occurs and is maintained as an extension from maternal attachment. Behaviourists believe attachment is learned through operant and classical conditioning.

Richard H. Passman and his associates (1975) found that security blankets give security to those children attached to them. Along with other positive benefits, having a security blanket can help children adapt to new situations. It has been found that presence of an attachment object (blanket, soft toy etc.) during preschooler's emotionality and discrimination performance in a novel learning situation helps them in overcoming anxiety in a novel learning situation (Passman & Weisberg, 1975).

In another study (Passman & Weisberg, 1975) it was found that blankets help in promoting play and exploration by young children in a novel environment. In this study it was found that for blanket-attached group the duration of play increased in the novel situation than for the group who were not attached to blanket.

Present study:

The purpose of present study was to explore the development of blanket attachments in young children and investigate the influence of gender, number of children in family, birth order and age of child, and also parent's belief about blanket attachment on development of blanket attachment.

In western countries up to 70% of young children develop strong attachments to objects such as toys or blankets. The current investigation sought to explore this concept within a non-western Indian sample.

Method:

The current study surveyed 250 parents of children currently aged 5 years or younger in a large Mumbai metropolitan area. On a parent-report questionnaire, parents were asked to rate their child's current level of attachment to an inanimate object on a 10-point Likert scale (Passman

& Adams, 1982), with possible options ranging from 1 (non-attached) to 10 (strongly attached).

Parents also provided demographic information such as age, education level, ethnicity etc. Other information such as the child's age, gender, the number of children in the family, annual family income and the target child's birth order was gathered. Parents estimated the level of their children's blanket attachment using a 10-point scale (Passman & Adams, 1982).

Interviews were conducted in person and in all 250 interviews were completed.

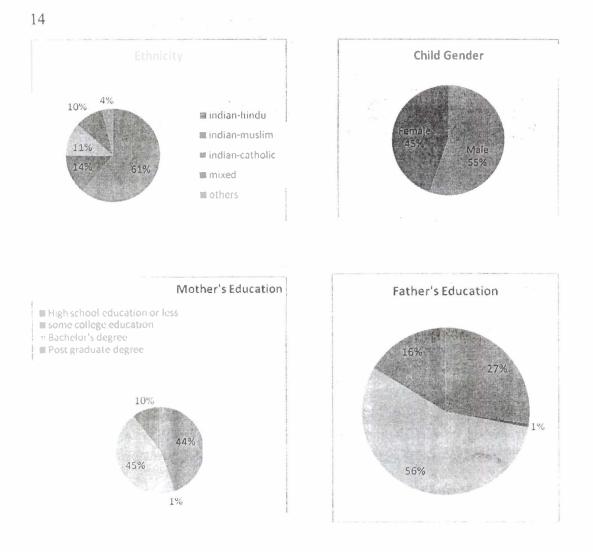
Results

A median split was conducted to differentiate among children by parent report of their child's blanket attachment rating. Children with a blanket attachment rating of 1 were categorized as "Non-Attached" while children with a rating of 4 or higher were categorized as attached. Following the median split, 85 children were categorized as Blanket-attached, while 121 children were defined as Blanket-Non-attached.

Possible relationship between key demographic information and blanket attachment level was explored. Parent education level, parent ethnicity, and annual family income level were not associated with reported child blanket attachment level.

	N	Mean	SD
Child age in years	249	2.18	1.55
Mother's age in years	243	28.94	3.73
Father's age in years	242	31.53	3.83

Boys were reported more often as attached to their blankets than were girls.



Interpretation/Conclusion

As expected the percentage of children attached to blanket was found to be way below the percentage found in western countries. It was found that 41 % children were attached to blanket. Therefore, it can be interpreted that since in India most of the children sleep with their parents (Bharti, 2006), they do not need soothers and hence were not attached to blankets. Bharti reported that 93% Indian children sleep with their parents. In the present study 82% children co-slept with their parents. In western cultures where children usually sleep apart from their parents at an early age get attached to an inanimate object. According to the American Academy of Paediatrics up to 70% of young children develop strong attachments to objects such as toys or blankets.

Prior research suggests that blanket attachments are most common at age 3 (approximately 30%), with attachments tapering off by age 5. In the present study also it was found that most children (20%) were attached to blankets at age 3. Birth order of child had no bearing on child's attachment to blankets. In the present study more boys were attached to blankets than girls, whereas, in an earlier study in Florida, USA, girls were found to be more attached to blankets than boys (Rai, Damon & Ybarra, 2004).

It was observed that parent's belief about blanket attachment had no relationship with children's attachment to blanket.

Limits of this study included the expected methodological issues and general constraints of survey-based approaches. Instead of following force-choice options some parents wanted their own options, therefore, making it necessary to omit a number of responses. Although an effort was made to obtain a varied population sample, minority participants were limited in representation.

Future studies must take into consideration the above mentioned problems, especially; equal representation from all ethnic groups.

References

Bharti, B. Patterns and problems of sleep in school going children <u>Indian Pediatrician</u>. 2006 Jan; 43(1):35-8

Morris.S. (2007) Why children become so attached to toys and comfort blankets. The Guardian

Passman, R.H & Weisberg, P. (1975) Mothers and blankets as agents for promoting play and exploration by young children in a novel environment: The effects of social and non-social attachment objects. <u>Developmental Psychology</u>, 1975, Vol.11 (2), p.170-177

Passman, R.H., & Adams, R.E. (1982). Preferences for mothers and security blankets and their effectiveness as reinforcers for young children's behaviors. Journal of Child Psychology and Psychiatry, 23, 223-236.

Rai, M., Damon, J.M., & Ybarra, G.J., (2004). Parenting behaviors related to children's attachment to inanimate objects. Southeastern Psychological Association Meet, Atlanta.

Stephenson, K. (2013). Explaining Relationship between Young Child and Security Object. *Study Mode.com*. http://www.studymode.com/essays/Explaining-Relationship-Between-Young-Child-And-1428073.html

Winnicott, D. (1953). Transitional objects and transitional phenomena, <u>International Journal of</u> <u>Psychoanalysis</u>, 34:89-97

Ybarra, G.J., Passman, R.H., & Elsenberg, C.S.L. (2000). The presence of security blankets or mothers (or both) affects distress during pediatric examinations. Journal of Consulting and Clinical Psychology, 68, 322-330.

16