CALIFORNIA STATE UNIVERSITY, NORTH RIDGE

BLANKET ATTACHMENT IN

"A CAMPUS CHILDREN'S CENTER"

A thesis submitted in partial satisfaction of the requirements for the degree of Master of Arts in

Educational Psychology

by

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ABSTRACT

BLANKET ATTACHMENT IN
A CAMPUS CHILDREN'S CENTER

by
Sharon Kapp-Ruttenberg

Master of Arts in Educational Psychology
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Conditions which relate to blanket-attachment and its associated behaviors were investigated at California State University, Northridge (CSUN). Parents of children attending the Associated Students CSUN Children's Center were interviewed. The interviews pertained to behavior of 78 children in the age group of two through seven years.

The method of feeding was significantly related to attachment at the .03 level of probability using a chi square analysis. Data for blanket use during bottle feeding was found to be significant at the .02 level of probability. Consistent use of the same blanket during the first year of the child's life was significant at the .01 level of probability.

It is felt that the feeding method and consistency in blanket use are related to blanket attachment.
Blanket attached children cuddle, carry, touch, and play with their blanket. Approximately half of the blanket attached children have a special name for their blanket.
INTRODUCTION

A young child carrying a blanket is not an uncommon sight in American society. Parents often question why their child has or has not formed an attachment to a blanket. They are concerned and may ask professionals working with their child whether they should encourage or discourage their child's attachment to a blanket. Is there something "wrong" if the child has a favorite blanket? Is he insecure if requires a "security" blanket?

This study was undertaken in order to gain a better understanding of a young child's attachment to a blanket. The major focus of the study was directed towards the stimuli or antecedent conditions which relate to the development of attachment behavior towards a non-social object, specifically a blanket. A secondary purpose was to determine behavioral correlations which accompany blanket-attached behavior.

A review of the literature showed a spectrum of theoretical models which were concerned with the status and functions of a child's blanket. Empirical data supporting the speculations of the theories were, however, lacking (Weisberg & Russell, 1971).

Attachment Theories

An attachment is defined as an affectional tie that one person or animal forms between himself and a specific object (animate or inanimate) which bonds them together and endures over time. Attachment behavior is goal seeking in that it seeks to gain and maintain some
degree of proximity to the object of attachment. Once this attachment is formed, it cannot be viewed as vanishing during periods when attachment behavior is not evident. It is believed (Ainsworth, 1969; Ainsworth & Bell, 1970; Cairns, 1966) that an internal organization of behavioral systems is formed, and endures even when none of the attachment behaviors are activated.

Cairns (1966) believes that there are no essential distinctions between social and non-social attachment. Attachments occur discriminatively and are stronger to animate than inanimate objects (Ainsworth, 1969; Ainsworth & Bell, 1970, Bowlby, 1969; Cairns, 1966; Passman & Weinsberg, 1975).

Various conditions facilitate, but are not necessary for an attachment to take place. In order for an attachment to form, it is essential that the object had been maintained in a proximate relationship. If distance is great or interaction is not maintained, an attachment is not likely to occur (Cairns, 1966; Schwartz, 1968).

A number of conditions apparently facilitate attachment formation. These would include organismic and object-situational variables. It is further believed that the stimulus characteristic of the object will constitute a significant determinant of the conditioning process. Cairns (1966), Schwartz (1968), and Skinner (1953) further believe that attachment may form as a result of associative conditioning.

Characteristics or physical stimuli involved with the preparation of going to bed include the mother; crib; toys, teddy bears, dolls as sleeping companions; special sleep clothing; and the blanket. These are often arranged so that they readily become discriminative for rest and sleep. They have positive reinforcement functions.
The blanket can provide warmth, and thus may become a positive reinforcer. According to Bijou and Baer (1965), the blanket is discriminate for rest and sleep. It can also be a source of extensive tactile stimulation which again may be positively reinforcing since baby's blankets are designed with a soft and pleasing surface. The particular olfactory scent of the blanket may also be pleasing to the young child. These characteristics combine in establishing the blanket as a positive reinforcer.

Bijou and Baer (1965) suggest it is simpler to point to the generalized states with the blanket as discriminating for a number of reinforcing stimuli rather than assess it as a source of security. Cairns (1966), Schaffer (1964), Skinner (1953), and Schwartz (1968) tend to agree with Bijou and Baer.

The blanket as a reinforcer contributes to the infant's motor coordination. The blanket reinforces chains of responses in the infant who rearranges it. It may aid in the development of balancing skills for the toddler who carries it.

The blanket serves as a social stimulus in that the toddler receives attention and sometimes laughter while he carries it. If it becomes an attention-getter, the carrying of the blanket is further reinforced. The blanket now becomes a stimulus for social as well as physical responses.

Psychoanalytic Theories

Psychoanalytic theorists (Freud, 1943, 1967; Greenacre, 1969; Stevenson, 1954; Winnicott, 1953, 1957a, 1957b, 1957c, 1957d, 1958, 1965; Wulff, 1946) believe the blanket is one of several transitional phenomena or objects an individual may adopt. Its distinction is
being the first-not-me possession of the developing infant. It represents a bridge between that which is comfortably familiar and disturbingly unfamiliar. It represents a conceptual state of experiencing to which inner reality and external life both contribute. It is a resting place for the individual engaged in the task of keeping inner and outer reality separate, yet inner-related. The blanket becomes vitally important to the infant for use at the time of going to sleep. It is a defense against anxiety, especially anxiety of a depressive nature. It may become a substitute for the mother when she is not in close proximity. The importance of this object develops in infancy and is usually relinquished in childhood.

The blanket is transitional in that it represents an infant's transition from the state of being merged with the mother, to the state of being in relationship to the mother as something outside and separate.

Some children do not develop a transitional object. The mother is retained and needed in person whereas other infants find this object "good enough" when the mother is in the background.

Most mothers allow their infants some special object and expect them to become "addicted" to it. From the infant's point of view, this object was created by himself. It was the beginning of the infant's creation of the world. The world as it presents itself has no meaning to the newly developing infant unless it is created and discovered by himself. Its importance is further emphasized because it is the first unchallenged area of experience which is neither the child nor the mother. It is separate as well as a combination of the two. The question of its origin—"did you conceive of this or
was it presented to you?"—is never asked. The important point is that no decision is necessary or expected (Stevenson, 1954).

The use of the blanket is seen as a healthy sign of emotional development. It shows an evolution from subjective reality to the transitional object to the use of objects in fantasy and play. The "normal" parent intuitively accepts the phenomena and allows the child interaction with it, even while traveling or visiting.

The significance of the infant's adoption of the transitional object lies in the fact that the infant definitely selects the object by himself in accordance with his own needs and thereby becomes intensely loyal to it. It is an early representation of the self, arising from the already experienced needs of the infant which has been satisfied by the mother.

Although coming from the environment, the transitional object is at the disposal of the infant's own inner feelings and may represent an idealized mother who is on call, and who is intuitively and omnisciently aware of, and faithful to, the infant's needs. No mother can be that good. Winnicott (1953) indicates that there is a fairly wide range of "good-enough" mothers on whose model the transitional object is based.

The blanket serves as a bridge between closeness with the mother, and a separation from her. It becomes a symbolic representation of the mother and a separation from her. It becomes a symbolic representation of the mother when the infant goes to sleep or is otherwise separated from her.
Regardless of the theory, it is generally believed that attachments to a blanket most frequently occur during the latter part of the first year. Attachments can occur through the second and third year.

The parent is aware of the child's deep devotion to the object and thus should treat the object with respect. In many homes, the transitional object may develop in a less readily recognizable form. It may pass unnoticed in some cases. Sometimes the object fulfills a special function for a comparatively short space of time in relieving tension or anxiety. It is more usual than unusual that between birth and four or five years there is some blanket, toy, or object which assumes importance (Stevenson, 1954).

The transitional object is readily recalled by older children and adults who had relinquished them at an earlier age. Repression of the transitional object is uncommon. Older children may enjoy drawing and describing this object. Adults and children can usually recall when the object was no longer necessary, lost, or thrown away. Recollections are pleasant (Greenacre, 1969; Stevenson, 1975).

A conspicuous lack of any transitional object may be a deviation from the normal, whether it be towards an extreme dependency or an independence from the mother. A maladjusted child according to Winnicott (1957c) either has not had an object or has lost it. He cannot be given a new object and be cured. There must be someone for the object to represent.

"The loss of capacity to be affectionate is characteristic of an older deprived child who clinically displays antisocial tendencies and is a candidate for delinquency" (Winnicott, 1957, p. 14). Winnicott further believes that a personality disorder or split can occur if a
child is denied a transitional object when his environment is frequently changing or erratic. The transitional object enables the child to stand frustration and deprivation as well as presentations of new situations.

Evidence of institutionalized infants and children indicate that the transitional object is usually absent even when they had dolls, stuffed animals, and blankets (Bell, 1970; Bowlby, Robertson, & Rosenbluth, 1952; Provence & Ritvo, 1961; Stevenson, 1954). The fact that children in institutions did not try to retain a constant possession may be indicative that the basic relationship from which the child can move into transitional satisfaction is not being established. The transitional object does not stand for a particular caretaker and thus cannot produce immediate comfort.

For the child who requires hospitalization, the blanket can serve as a comfort. In the Bowlby, Robertson, and Rosenbluth study (1952), a two-year-old female child required a stay in the hospital. She brought her favorite teddy bear and her blanket. Throughout her eight day stay, they were her constant companions. She clung to them and cuddled them when she was alone, just before going to sleep, and when she felt threatened. She kept insisting that they must return home with her. During her stay the mother was unable to visit her. It was felt by the investigators that her strong attachments to those objects would have faded away and would have been replaced by rejection had she progressed to the phase of denying her need for her mother. In other words, her feelings were interrelated with the teddy bear, blanket, and mother.
Fetish Object

At this point a brief comparison between the transitional object and the fetish object will be made. (For a detailed comparison the interested reader is directed to psychoanalytic literature.)

Both objects are adopted for use by individuals to maintain a psychophysical balance. The fetish does not ordinarily outgrow his need for the fetish object without treatment. The transitional object is usually relinquished in childhood.

The fetish object is used as a prop, usually by adult males, in order to sustain sufficient potency to complete sexual intercourse. The prop is usually associated with the female body, the most common object being a specific type of shoe.

The fetish object usually appears and exists in adult life. The fetish may have more than one object, whereas the child has only one object. The transitional object is a sign of an emotionally healthy infant or child, whereas the fetish requires treatment.

Widely Accepted Observations

The child that is blanket-attached usually insists on taking the blanket to bed with him and may demand its company at other times during the day, especially when he is tired or upset. He cannot usually be "trained" or coaxed to use an object which someone else might consider more appropriate. He is tender to it, and uses it as though he felt a return tenderness from it. He may wear it out, but rarely destroys it otherwise. Preferably it is soft and easily moved, can take many forms, be modified by chance as it is tossed about, or serve as an illusion to meet its young creator's needs. The four-
five-year-old child might use it as a tent or as a covering for dolls or stuffed animals.

Sucking of the thumb or comforter is extremely common for the human baby. Both the human and baboon baby become relaxed and content when sucking on their fingers or blanket. The sucking is related to an excited feeling. Caressing the blanket is one stage further from excitement. It can be an affectional fondling activity. The baby may place part of the blanket in his mouth along with his fingers. It may be held and sucked, or not actually sucked. The baby may start and/or use it for the caressing part of the activity (Bowlby, 1969; Stevenson, 1954; Winnicott, 1953, 1957d).

Most blanket-attached children enjoy being cuddled and held. It was hypothesized in the Schaffer and Emerson study (1964) that non-cuddlers would turn to their favorite cuddlies (especially their blankets) when frustrated. The trend revealed in the study was in the opposite direction from the hypothesis. In other words, the cuddlers sought their cuddlies, whereas the non-cuddlers did not seek their cuddlies or their mothers.

It is common for a child to eventually have a special name for it. The name is usually some word that the infant has heard long before speech has become possible, or it may be associated with the mother or her personality (Stevenson, 1954; Winnicott, 1957c, 1957d).

Texture and smell are of vital significance for attachment to take place. Shape has little importance, if any, in attachment formation. The importance of the odor depends largely on the fact that it adds a potent intangible link between the infant and mother. It is usually compounded with body odors from both sources.
Since smell is important, parents must learn that the blanket cannot be washed with impunity. Parents who are otherwise hygienic often find themselves forced into letting their child carry around a filthy, smelly, soft object simply for peace.

At this point a statement of cleanliness should be included. A frequent complaint of parents is how dirty or smelly the blanket becomes, and the difficulties encountered when the mother attempts to separate the child from the blanket for washing purposes. Mothers have attempted various methods to ease this separation. Some sneak it when they feel the child is absorbed in activities and will not discover it missing. Others remove it from the crib or bed while the child is sleeping, hoping to return it before the child awakens. Still others have discovered that by cutting the blanket in two, the child will always have one piece available.

Regardless of the procedures used in washing the blanket, a child may reject or otherwise demonstrate displeasure at having a "clean" blanket. However, the infant or child is not concerned with the cleanliness aspects, but rather with the changes that "altered" the blanket.

Freud (1943) suggested that the anxiety or concern with the change in the adored object may depend in part on which sensation is valued by the child. Texture may be unaltered by washing, while smell is destroyed or altered. Reconciliation takes place when it has regained its familiar scent or sensation.

Durability is a built-in requirement commensurate with the degree of familiarity demanded. It is not unusual to see a child carrying a
The Passman study (1974) concluded that three-year-old children who had either human or inanimate attachments did significantly better on a discrimination task with "less visible distress than the children who had no attachment object available" (preliminary page). A second finding was that the "presence of attachment objects also facilitated the two- and three-year-old's habituation to an unfamiliar environment" (preliminary page).

The Passman and Weisberg study (1975) concluded that:

Blanket attached children with blankets present showed no distress and explored and played (a) as much as children with their mothers present, (b) more than blanket non-attached children when blankets were available, and (c) more than all children in situations where the favorite toy or no object was available (p. 170).
METHOD

Subjects

Seventy-eight children, 46 male and 32 female, between two and seven years of age (average age was 50.4 months) were subjects of this study.

Their parents were associated with the California State University, Northridge (CSUN) community. The children either attended or had a sibling who attended the Associated Students CSUN Children's Center.

Procedure

There were 86 children enrolled at the Children's Center at the time the interview was given; an attempt was made to interview one parent for each child. Illness of children and the time involved in the interviewing process made eight parental interviews impossible.

Approximately three weeks prior to the interview period, each parent was asked if he were willing to participate in an interview. He was told that the information obtained from the interview would be concerned with behaviors of young children. At this time, the topic of blanket attachment was not mentioned.

Each parent was interviewed separately. The interview time varied from 15 to 45 minutes, depending on the amount of information presented by the parent and informal comments made to the interviewer after the formal interview was completed.
The interviewer worked at the Children's Center and was known by each parent.

Results

Parents were asked to rate numerically their child's current attachment on a 10-point scale, ranging from (1) no attachment to (10) extremely strong attachment. Appendix C is the scale.

In two studies conducted at the University of Alabama, it was reported that the blanket-attached child customarily went for his blanket more than four days a week.

For purposes of this study, a blanket-attached child is defined as receiving a rating of 5 or higher on the 10-point rating scale, and seeks his blanket at least four days a week.

In two instances in this study, parents gave attachment ratings of 3 and 1 for their children. The children interacted with their blankets at least four days a week and shared behaviors associated with blanket attachment, e.g., carrying, sleeping, and playing with a specific blanket. They were considered as blanket-attached for purposes of this study.

A chi square test of significance was used. Table 1 lists the variables considered for data analysis. Results of various combinations of data are found in Table 2. Table 3 lists the most common usage of the blanket by the child.
Table 1
Variables Considered for Chi Square Analysis

1. Child's age
2. Child's position in family (birth order)
3. Child's gender
4. Number of adults in the home
5. Dislocations (crises) of family life
6. Method of feeding during child's first year
7. Blanket usage during feeding
8. Consistency of blanket use
9. Frequency of blanket interaction
Table 2
Results of Various Combinations of Variables

<table>
<thead>
<tr>
<th>Variables Considered</th>
<th>df</th>
<th>Chi sq.</th>
<th>Standard Prob. (a)</th>
<th>Actual Prob.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age, gender &amp; attachment</td>
<td>12</td>
<td>12.720</td>
<td>21.026</td>
<td>.45</td>
</tr>
<tr>
<td>Birth order or only child attachment</td>
<td>2</td>
<td>2.660</td>
<td>5.991</td>
<td>.28</td>
</tr>
<tr>
<td>Birth order disregarding only child and attachment</td>
<td>2</td>
<td>4.920</td>
<td>5.991</td>
<td>.06</td>
</tr>
<tr>
<td>Number of adults in home, gender and attachment</td>
<td>9</td>
<td>19.680</td>
<td>16.919</td>
<td>.02*</td>
</tr>
<tr>
<td>More than 1 adult in home, gender and attachment</td>
<td>3</td>
<td>6.290</td>
<td>7.815</td>
<td>.10</td>
</tr>
<tr>
<td>Blanket used during feeding disregarding feeding method</td>
<td>1</td>
<td>4.230</td>
<td>3.841</td>
<td>.03*</td>
</tr>
<tr>
<td>Blanket used during bottle feeding</td>
<td>1</td>
<td>5.450</td>
<td>3.841</td>
<td>.02*</td>
</tr>
<tr>
<td>Blanket used during breast feeding</td>
<td>1</td>
<td>0.015</td>
<td>3.841</td>
<td>.90</td>
</tr>
<tr>
<td>Blanket used for combination breast and bottle feeding</td>
<td>1</td>
<td>0.326</td>
<td>3.841</td>
<td>.85</td>
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<tr>
<td>Breast fed, dislocation(^b), received blanket first 3 months of age</td>
<td>1</td>
<td>0.190</td>
<td>3.841</td>
<td>.75</td>
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<td>Bottle fed, dislocation(^b), received blanket first 3 months of age</td>
<td>1</td>
<td>3.983</td>
<td>3.841</td>
<td>.04*</td>
</tr>
<tr>
<td>Combination bottle/breast fed, dislocation(^b), received blanket first 3 months of age</td>
<td>1</td>
<td>0.900</td>
<td>3.841</td>
<td>.35</td>
</tr>
<tr>
<td>Breast fed as function of number of adults in home vs. attachement</td>
<td>1</td>
<td>0.252</td>
<td>3.841</td>
<td>.06</td>
</tr>
<tr>
<td>Bottle fed with blanket utilization during feeding, number of adults in home vs. attachement</td>
<td>3</td>
<td>7.530</td>
<td>7.815</td>
<td>.05*</td>
</tr>
<tr>
<td>Bottle fed, blanket utilization during feeding, dislocation</td>
<td>3</td>
<td>17.730</td>
<td>7.815</td>
<td>.005*</td>
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</table>
Table 2 - Continued

<table>
<thead>
<tr>
<th>Description</th>
<th>df</th>
<th>Chi Sq.</th>
<th>Standard Prob. (a)</th>
<th>Actual Prob.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast fed, blanket utilization during feeding, dislocation vs. attachment</td>
<td>3</td>
<td>0.255</td>
<td>7.815</td>
<td>1.00</td>
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<td>Combination bottle/breast, fed, blanket utilization during feeding, dislocation</td>
<td>3</td>
<td>0.510</td>
<td>7.815</td>
<td>0.91</td>
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<tr>
<td>Combination bottle fed, blanket not used during feeding, dislocation</td>
<td>1</td>
<td>0.013</td>
<td>3.841</td>
<td>0.90</td>
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<tr>
<td>Child seeks blanket more than four days per week vs. attachment</td>
<td>1</td>
<td>17.740</td>
<td>3.841</td>
<td>.001*</td>
</tr>
<tr>
<td>Consistent use of same blanket during first year of life</td>
<td>1</td>
<td>18.630</td>
<td>3.841</td>
<td>.01*</td>
</tr>
<tr>
<td>Breast fed, blanket used consistently during first year of life vs. attachment</td>
<td>1</td>
<td>2.244</td>
<td>3.841</td>
<td>.12</td>
</tr>
<tr>
<td>Bottle fed, blanket used consistently during first year of live vs. attachment</td>
<td>1</td>
<td>18.630</td>
<td>3.841</td>
<td>.01*</td>
</tr>
<tr>
<td>Combination bottle/breast fed, blanket used consistently during first year of life vs. attachment</td>
<td>1</td>
<td>11.265</td>
<td>3.841</td>
<td>.005*</td>
</tr>
</tbody>
</table>

aSignificance level for standard probability is the .05 level.

bDislocation is defined as family crises, specifically: serious illness, death, divorce, separation from either parent for more than two weeks.

*Data is significant. Null hypothesis is rejected.
<table>
<thead>
<tr>
<th>Blanket Usage</th>
<th>Number of Affirmative Responses</th>
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<tbody>
<tr>
<td></td>
<td>Attachment</td>
</tr>
<tr>
<td>Cuddling</td>
<td>16</td>
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<tr>
<td>Carrying</td>
<td>17</td>
</tr>
<tr>
<td>Touching</td>
<td>13</td>
</tr>
<tr>
<td>Warmth</td>
<td>10</td>
</tr>
<tr>
<td>Play Object</td>
<td>9</td>
</tr>
<tr>
<td>Biting</td>
<td>4</td>
</tr>
<tr>
<td>Tickle Self</td>
<td>3</td>
</tr>
<tr>
<td>Others</td>
<td>12</td>
</tr>
</tbody>
</table>

Discussion

Two studies conducted at the University of Alabama (Passman & Weisberg, 1975; Weisberg & Russell, 1971) are relevant. The parents of their subjects were members of a university community, as are the parents of the children in the current study.

In the two University of Alabama studies and the current study, the parents were asked to rate the strength of their child's current strength of blanket attachment on a 10-point scale ranging from no attachment (1) to extremely strong attachment (10). In all three studies, an attachment rating median score of 7 was obtained for attached children. A median score of 1 was obtained for non-attached children in all three studies.
The studies completed at the University of Alabama also reported that the blanket attached child interacted with his blanket at least four days per week.

In two similar sample populations and in this study the blanket attached child is defined as receiving a parental rating of 5 or higher on the rating scale and interacts with his blanket more than four days a week.

The chi square probability for the frequency of interaction with a specific blanket was significant at the .001 level. With such a significant probability, perhaps the criterion of four times per week interaction with a specific blanket is too rigorous. If a criterion of two days per week interaction had been used, a larger number of children would have been classified as attached. This criterion of two days per week interaction might be examined in a further study.

The assumption that the use of a blanket during feeding does not relate to blanket attachment was tested. A chi square analysis was performed. The data was significant at the .03 level. Attachment is dependent on the use of a blanket during feeding; 57% of the children who used the blanket during feeding were attached, whereas only 31% of the non-users were attached as compared to 38% attached in the total sample.

A further analysis of blanket usage during feeding and method of feeding was undertaken. A direct correlation was found for bottle feeding and blanket usage ($p = .02$), 67% of bottle fed blanket users became attached; 33% of bottle fed, 75% of blanket non-users were not attached. The assumption that the use of blanket for combination breast/bottle feeding does not cause attachment was tested. The
assumption was found valid \( (p = .60) \), 50\% of blanket users became attached, 60\% of non-blanket users were not attached. Breast fed babies were not influenced by blankets during feeding \( (p = .90) \), 67\% of the children who used a blanket during feeding became attached.

Eighty percent of the dislocations were within the attached group. A dislocation is defined as a family crisis, specifically: serious illness, death, divorce, separation from either parent for more than two weeks. If a dislocation occurred within the non-blanket user group, no attachment evolved. Eighteen of 41 children fell within this category \( (44\% \text{ of total sample}) \). This figure included all single parent families.

Feeding methods seemed to be a key to blanket attachment. For breast fed children, 50\% will become attached regardless of blanket use during feeding and/or dislocations. With the absence of dislocations, 50\% of the bottle fed will become attached to their respective blankets regardless of whether it is used during feeding.

If dislocations occurred, 80\% of the blanket users became attached, whereas none \( (0\% \) of the non-users became attached. Ninety-four percent of the children who received their blankets by the age of twenty-four months, and who did not have dislocations were blanket-attached.

Consistency of use of the same blanket during the child's first year is also related to blanket attachment. The probability obtained was much less than .01.

It is felt by this researcher that consistency of blanket usage and method of feeding are keys to blanket attachment. Dislocations may affect attachment.
The researcher found that parents were extremely interested in discussing blanket-attachment and its related behaviors. They all claimed to have a blanket-attached child or knew someone who did. Several parents said that they had tried unsuccessfully to find more information on blanket-attachment; concerns were expressed regarding whether to encourage or discourage blanket-attachment. Three parents knew adult males who still interacted with or carried a small piece of the blanket and binding with them. It was reported by a mother of a two-year-old girl that the child's father, estimated age mid-thirties, seeks his afghan when he is ill, tired, or emotionally upset. His afghan is falling apart due to wear and age. His mother-in-law is knitting him another one to replace it! His child is not attached to a blanket.

**Recommendations for Further Study**

1. Redefine the blanket-attachment using the criterion of seeking the blanket at least two times a week and a parental rating of 5.

2. Determine reasons why a parent would consistently use the same blanket.

3. Consider inanimate objects (transitional objects) that have a strong salient value to a child (e.g., teddy bears, stuffed animals, etc.).

4. Determine role, if any, of thumb sucking and its relationship to blanket attachment.

5. Examine previous blanket attachment of parents, if any, in relation to their child's attachment to a blanket.
Bibliography


Passman, R. H. The effects of mothers and "security" blankets upon learning in children (Should Linus bring his blanket to school?). Paper presented at the 82nd Annual Meeting of the American Psychological Association, New Orleans, Louisiana, August 30-September 3, 1974. (ERIC Document Reproduction Service No. ED 097 972.)


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Appendix A

Interview of Early Childhood Behavior

The purpose of this interview is to gather basic information regarding certain behaviors of young children and possible causes of these behaviors.

The information that you provide will be used statistically. Your name will remain anonymous.

The A.S./C.S.U.N. Children's Center has allowed the use of Center facilities for the purpose of this research. However, the Center is in no way involved in this research project.

Thank you for your cooperation.
Appendix B
Parent Interview

1. What is your relationship to the child?

2. Please give me the child's date of birth.

3. Is your child a boy or a girl?

4. How many children are in the family?

5. Is he/she the first, second, etc. born? Is he the only child?

6. Are both parents living in the home? How many adults over 18 live in the home other than the parents?

7. Could you give me a picture of how much time you and your spouse spend at the University? Work? School?

8. Have any of the following occurred within the family after the child was a year old?

   Serious illness--who?    Death--who?    Divorce?
   Separation of either parent from the child more than two weeks in duration--cause: business trip, vacation, hospitalization, marital conflict.
   Has any other major dislocation occurred within the family?
   How was the child's behavior toward a blanket affected?

9. How was your child usually fed as an infant? Was a blanket used in the feeding activity? In what way?

10. Please estimate the strength of your child's attachment to a blanket by indicating the appropriate space (Handout #1). How would you describe that?

11. Did you consistently use the same blanket up to the time the child was a year old?

12. Does or did your child go to or ask for a blanket more than four times a week?

13. How is the blanket used?

14. Does your child refer to the blanket by a particular word or name? What does he call it?
15. Do you or other household members refer to the blanket by that word or name? Who?

16. Where did the blanket originally come from? If it was given, who gave it? Did or does that person have a special relationship to you or your child?

17. At what age did the child receive the blanket?

18. When the blanket becomes very soiled, torn, or stained, what do you with it?

19. Please complete the following sentence. My child seeks the blanket when he is ________________.

20. Which of the following applies to your child?

- takes blanket to bed
- uses blanket as pillow
- sleeps on top of blanket
- keeps the blanket with him while watching TV
- takes blanket to the bathroom
- takes blanket to dining table
- sleeps under blanket
- blanket is used as a toy or object--in what way?

21. I shall now repeat those situations that you answered "yes" to. With regards to this situation, how do you see yourself? (Handout #2)

22. My child wants to take his blanket when ________________.

23. Using this handout (#2), how do you see yourself reacting to his taking the blanket when ____________.

24. While relating to other people, are there special times when your child seeks his blanket? ________________

How does your child react in the following situations?

- familiar person other than immediate family enters room or home?
- stranger enters the room or home?
- encounters unfamiliar, strange or novel situations? Please give me an example.

If "yes" (to any of the above and the initial answer), why do you think the child seeks the blanket at this time?

25. Do you have any opinions or concerns that you would like me to include in the research?
Appendix C
Parent Interview Handout #1 (Question #10)

The child has an extremely strong attachment towards a blanket.

The child has no attachment towards a blanket.
Appendix D

Parent Interview Handout #2 (Questions #21 and #22)

Do you see yourself as:

A. Encouraging the use or reminding the child to use the blanket.
B. Supporting the use of the blanket.
C. Neutral to the child's use of the blanket.
D. Not-supporting the child's use of the blanket.
E. Attempting to deny the existence of the blanket.
F. Actively discouraging the child's use of the blanket.
G. Other, please explain.