COMFORT BEHAVIOUR IN CHILDREN : A PSYCHOLOGICAL EDUCATIONAL PERSPECTIVE

by

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Supervisor: Dr H.E. Roets

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DECLARATION

I hereby declare that **COMFORT BEHAVIOUR : A PSYCHOLOGICAL -EDUCATIONAL**

PERSPECTIVE is my own work and that all the sources that I have used or quoted have been

indicated and acknowledged by means of complete references.

S.V. KALYAN

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services. The efficient manner in which my requests for books and journal articles were

processed made my research task easy.

S.V. KALYAN

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DEDICATION

*This thesis is dedicated with fond love to my children, **ADHIR** and **KIRTHI**, who sparked my initial interest in comfort behaviour.*

Character has to be fostered in the young children of today; then only will the country achieve progress. The curriculum, the methods of teaching and learning, the atmosphere, the behaviour and attitudes of those in charge of teaching must be shown as conforming to the ideal. That alone can bring about reform.

- Baba

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SUMMARY

This study addresses young children's involvement with comfort objects, including why children have them, how they are used, when attachments to such objects are cause for concern and how teachers and parents can respond to promote the young child's development.

The child's becoming and development is examined in this study. The researcher also reviews major transitional object theories in terms of origin, development and psychological meaning.

This study aims to explore this phenomenon from a psychological - educational perspective and to formulate a set of guidelines for parents and professionals whose children use comfort behaviour.

Information was collated from case studies, a questionnaire and a detailed study of literature. The result of this study indicates that transitional object attachment is a universal, healthy and

KEY WORDS

Transitional phenomena, transitional objects, transitional attachment behaviour, comforter, comfort behaviour, thumbsucking, security blanket, attachment, adaptive behaviour, phenomenon.

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CHAPTER FIVE

THE RESEARCH DESIGN

LIST OF DIAGRAMS AND TABLES

CHAPTER ONE

ORIENTATION TO THE STUDY

I turned to Archibald, my safe old bear,

Whose wooden eyes looked sad or glad at me,

Whose ample forehead I could wet with tears,

Whose half- moon ears received my confidence,

Who made me laugh, who never let me down,

I used to wait for hours to see him move,

Convinced that he could breathe.

John Betjeman

"Summoned by the Bells"

1.1   **Introduction**

Comfort behaviour manifests as a physical action, for example, cuddling a favourite toy or sucking the fingers or thumb, and has acquired a more psychological meaning over time.   The work of the renowned psychoanalyst, Winnicott (1953), centres mainly around this aspect. He was the first to use the term "transitional object" and his work has led to a universal acceptance of the term; although the phenomenon was described much earlier by Lindner (in Greenacre, 1969), who interprets transitional objects as equivalent to all kinds of habitual sucking, and by Wulff (1946) who conceived transitional phenomena as some kind of infantile fetishism.

The word "comfort" probably derives from the Old French word "conforter" meaning "a capacity to give physical ease and well-being", (Universal Dictionary, 1987:320).

The comfort behaviour phenomenon has been the subject of physiological, psychological, psychiatric, social and cultural investigations, but very little psychological-educational research has been done on the subject. According to Stevenson (1954:202), there is a paucity of empirical studies on comfort behaviour. There exists an increased awareness with respect to the phenomenon of transitional object attachment, but the general attitude of most parents is either to merely

acknowledge it as "one of those growing things" or alternatively, make it their life's work to " rid the child of that bad habit." In view of these kind of attitudes, it is vital that both parents and educators familiarise themselves with the phenomenon and its possible influence on the becoming and development of the child.

1.2   Awareness of the problem

When the researcher was pregnant with her first born, she began to prepare herself for motherhood with great intensity. The researcher became a regular subscriber to a popular childcare magazine entitled "Living and Loving" and read as many books on the subject of child-rearing so that she could equip herself for her new identity, namely, that of a mother. Two fellow teacher colleagues were also pregnant and the trio swopped many stories, ideas and experiences. A topical issue was whether the use of a dummy or pacifier was an acceptable practice or whether it was a sign of "poor mothering." One of the prospective mothers in the group was adamant that a pacifier would never feature in her child's life. The researcher viewed the pacifier as a valuable crutch. Interestingly enough, a few months down the line, that particular mother's baby was thumbsucking, and a few years down the line saw this colleague desperate in her attempts to cure her daughter of "that filthy habit". Her battle rages on even to this day.

With regard to the researcher's own experiences, the researcher observed that although her son was happy with his dummy, he would not settle down into a relaxed sleep if his hand was not under the pillow and if he was not tapped on the back. The tapping was the man-made "sign" that it was time to sleep, but the need to feel something soft was not a taught habit. As he grew older, the researcher observed that just holding on to her finger and clutching a favourite toy was sufficient to ensure a smooth passage to sleep. This was how the researcher first became interested by this "instinctive" need on the part of a child to feel something soft.

The interest on this topic intensified when a second child was born to the researcher. This baby would not settle at all if she could not feel the silky edge of the baby blanket on her cheek. As this child grew older, she would hold one corner of the blanket in her tiny fist and stroke it against her cheek. Further, the baby's attachment to her blanket became a source of concern when this blanket was in the wash. This little person would sit herself down in front of both the washing machine and tumble dryer and watch her blankets with huge eyes, constantly needing to be reassured that her blankets would come out of the machine safely. She would not sleep until she had these precious blankets safely in her hands. The family likened this situation to Linus in the Peanuts strip, acknowledging that this comic strip had become a reality in our household.

CARTOON STRIP 1 : LINUS AND HIS SECURITY BLANKET
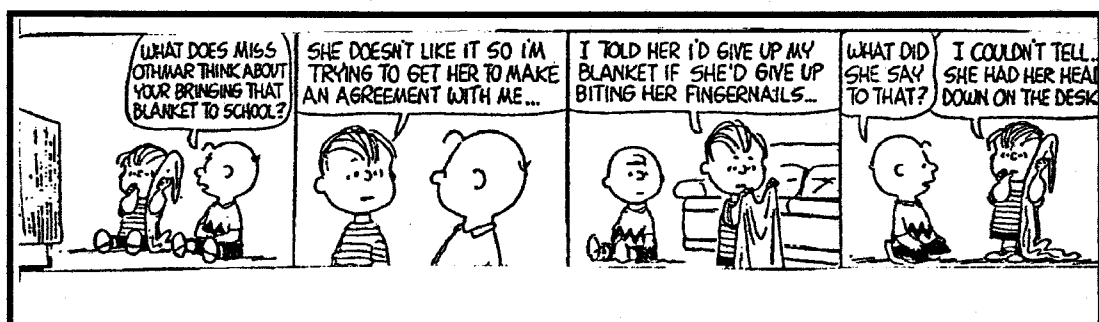
This experience and an increased awareness of the importance of the comforter in the life of both the researcher's children led to the researcher reading, with more than a normal interest, letters to the "help" page in childcare magazines, where mothers' wrote for help in dealing with or coping with headbanging, pacifier, cuddly toy or blanket dependance.

In further exploring the above - mentioned comfort behaviour, the researcher also became aware that many popular American sitcoms, for example,"Full House" and "Cosby Family" adopted a matter of fact and positive attitude towards the childrens' comfort toys and often personalised them. Much publicity has also been given to a world famous figure from the Royal family, Prince Charles, who has a Teddy Bear, which although battered and worn, accompanies him on all his travels, even to this say. Dibs in the book "Dibs" by Axline, often resorted to comfort behaviour during his therapy sessions.

Almost all of the books and articles on childcare which discuss the topic of "comforters and comfort behaviour", state that this type of behaviour is not problematic and is normal.

Jolly (1973:81) calls the object to which the child attaches herself, the "comfort blanket" or "companion comforter ". Brazelton (1976:24) and Spock (1974:226) both refer to them as "comforters" as does Junior (1982:104), while Hutchinson (1969:219) calls the stuffed animal which a child may become attached to, a "transitional object".

It is further noted that most parents "make it a problem" if the behaviour is contrary to socially accepted norms. It also becomes a problem when parents impose their will on the child who then in turn is either not ready to quit her "dependency" or who is astute enough to realise that a battle of the wills is what this whole issue is all about.

The biological birth of the infant and the pychological birth are not coincidental in time. The former is dramatic, observable and predictable, while the latter is a slowly unfolding, intrapsychic process, that pertains to the human mind and its workings.

The psychological birth of the individual is referred to as the separation - individuation process. This is the establishment of a sense of separateness from and relation to a world of reality, particularly with regard to the experiences of one's own body and to the principal representative of the world as the infant experiences it, the primary love object. The normal separation - individuation process involves the child's achievement of separate functioning in the presence of and with the emotional availability of the mother. During this process, the child is continually confronted with minimal threats of object loss, (Mahler et al., 1975:36).

The ability to tolerate and manage change is essential for healthy development and it is easy to overlook the complex adjustment that this involves. Human infants display a well - organised pattern of social behaviour by the end of their first year of life. Although mothers are usually the foci of attachment behaviours, clinging and sucking may also be directed towards soft, non - social inanimate objects.

Attachment is defined as " *a strong, enduring emotional bond*", (Jalongo, 1987:3). The existence of these bonds are inferred by observing certain behaviours, referred to as the "hallmarks" of attachment, for example, proximity-seeking responses and responses of protest at separation, usually by crying. The primary aim of the infant is to seek the presence of an "attachment figure," usually the mother, when feelings of alarm, upset or anxiety are dominant. When these anxious feelings are assuaged,

other behaviour such as the exploration of the environment becomes possible. The child is able to tolerate separation from this available "attachment figure" when her memory of self-integrating with it is secure.

Some parents show great adverse concern over their child's attachment to inanimate objects, but many theorists contend that such phenomena are common in normal development.

The awareness that has developed out of this pre - scientific investigation served as the initial motivation for the researcher to undertake research on the phenomenon of comfort behaviour.

1.3   Exploration of the problem

The awareness which developed out of the pre-scientific investigation is twofold in nature. Firstly, that there appears to be no consensus in the literature on a specific term to describe this type of behaviour; and secondly, that there has been a paucity of empirical studies on comfort behaviour. To date, research by Rudhe and Ekekrantz (1974), Gaddini (1971), Litt (1981) and Mahalski (1983) has been carried out to determine incidence of transitional object attachment. Studies by Busch (1974) and Furby et al., (1982) have looked at the classification, dimensions and characteristics of the transitional object. In view of this, the researcher felt that

there is a need to examine comfort behaviour from a psychological-educational perspective.

The child's becoming and development is accompanied by so many changes. If secure foundations are not laid, it could very well impact on the child's self - actualisation (which is the main objective of education) at a later stage.

Comfort behaviour should be studied from a psychological- educational perspective because parents and teachers are the main educators of the child. They are ideally placed to notice the occasions when the child uses comfort behaviour and gradually will also become aware of the reasons as to why the child is using a specific form of comfort behaviour. The parents and educators can then use this awareness to assist the child to experience success.

By examining the causes and effects of comfort behaviour from a psychological-educational perspective, the researcher hopes to provide a forum from which parents can understand the etiology and consequences of comfort behaviour.

The teacher, especially, is an important role model. If the teacher understands the concept of comfort behaviour, the teacher can then be alert to the situations when a child in her class is using comfort behaviour. Through this awareness, the teacher can then advise parents on corrective measures or the need to consult with other

relevant professionals; especially if the type of comfort behaviour that the child is employing, is impacting on the child's becoming and development, and/or hampering the learning situation. If a child uses a form of comfort behaviour in class, for example, thumbsucking, and her peers tease her, this may impact on the becoming and development of the child with regard to the aspect of relations with peers. Here again the teacher has a vital role to play, in that, by accepting and understanding the thumbsucking habit and then, possibly explaining to the rest of the class the importance of the habit to the child who is using it, the teacher is creating an educational climate conducive to the unrestrained becoming and development of the child.

The foregoing forms the basis of the reasoning as to why comfort behaviour should be studied from a psychological- educational perspective.

1.4   Delimiting the area of investigation

The research under review is limited to a study of comfort behaviour in normal children.

The following areas, arising from a detailed study of the literature, will receive preferential attention, so as to arrive at a better understanding of this phenomenon,namely :

- becoming and development of the child in relation to the psycho-educational approach

- definition of the terms comfort behaviour, transitional object attachment and thumbsucking

- classification and special qualities of the transitional object

- how comfort behaviour manifests itself in children

- the thumbsucking habit as a form of comfort behaviour and the effects of comfort behaviour on a child's lifeworld.

Research will be descriptive in nature and will include some case material on children who have used or still use some form of comfort behaviour.

1.5   Statement of the problem

As already stated, the phenomenon of comfort behaviour has been explored from the physiological, psychological, psychiatric and social perspectives. There has however, been no study, known to the researcher, which deals specifically with comfort behaviour from a psychological - educational perspective.

The researcher, therefore, will purport to explore the phenomenon of comfort behaviour in children from a psychological - educational perspective.

1.6   Objective of the Study

The aim of this study is twofold in nature and will therefore be presented as a primary aim and a secondary aim.

a)   Primary aim

The primary purpose of the study is to :

- study the becoming and development of the child;

- to explore the nature, causes and consequences of comfort behaviour by means of a literature study;

- to formulate a set of acceptable guidelines for use by parents and teachers on how to assist the child who uses comfort behaviour to experience a feeling of success;

- to confirm the hypothesis that comfort behaviour or transitional object attachment benefits the child in a positive manner far more than it disadvantages the child negatively.

b)   Secondary Aim

As a secondary aim it is envisaged that myths and perceptions of comfort behaviour will be highlighted. In doing so, it is anticipated that an awareness of the educational importance of the transitional phenomenon

and the deep symbolic and affective foundations of the transitional object

and its use in education can be emphasised.

1.7 Hypothesis

The hypothesis of the study can be stated as follows :

Comfort behaviour or transitional object attachment benefits the child in a positive

manner far more that it disadvantages the child negatively.

1.8 Explanation of Terms

For the purposes of this dissertation, the object per se will be described as a

"comforter" or "transitional object", and the associated behaviour will be referred to

as "comfort behaviour" or transitional object attachment".

With reference to gender, it should be noted that the infant is referred to as "she",

and shall be deemed to encompass both male and female infants.

1.8.1 Comfort behaviour

The term "comfort behaviour," as used in this text, refers to a manner of acting,

reacting or behaving by a child, to create a state of ease, well-being and freedom

from anxiety for that child. It is a behaviour which a child adopts to cope with stress -inducing situations or events and includes behaviours like cuddling a favourite object or sucking the fingers or thumb.

1.8.2 Psychological-educational perspective

For the purpose of this study, a psychological-educational perspective will refer to a study of the various aspects relevant to the becoming and development of the child, using the relational theory as a frame of reference. The term encompasses inter - alia educational categories like the psycho - educational activities required for maturation, psycho - educational conditions, the educational climate, as well as the various domains of becoming and development of the child.

1.8.3 Phenomenon

In this study, the term phenomenon refers to an event, incident or happening which can be perceived directly by any of the senses, for example the phenomenon of thumbsucking.

1.8.4 Comforter

A comforter is exactly what it sounds like. It is an object, a napkin, soft toy, a baby blanket or any other thing which comforts the child; which she takes everywhere with her, which she sleeps with and cuddles up to ; and which, if it ever gets lost or misplaced, will result in temporary chaos until it is found and restored to the little owner.

1.8.5 Transitional Object

A transitional object is a toy or an old piece of blanket that a child takes to bed to " *help the transition from waking to dream life,* " (Winnicott, 1953:90).

1.8.6 Psychoanalyst

A person who advocates psychoanalysis, which is a method of psychotherapy originated by Freud, a technique of research into human behaviour and mental processes.

1.9   **Research Method**

The researcher will make use of the following methods of research for this dissertation, namely:

- a detailed study of the available literature which focusses on the becoming and development of the child and the phenomenon of comfort behaviour with special emphasis on thumbsucking;

- by means of questionnaires, and reports of personal experiences from mothers. The researcher envisages using unstructured interviews to obtain information from mothers, and, where possible, to observe some of the data will be collected on children who use or have used comfort behaviour children in their natural setting to confirm parental reports.

- on the basis of an analysis of the above information, a set of guidelines will be formulated for handling comfort behaviour in children.

1.10.   **Research programme**

The research programme will consist of the following forthcoming chapters, namely:

CHAPTER TWO

In chapter two, the child is studied from a psycho - educational perspective and the becoming and development of the child is considered in the light of existing literature.

CHAPTER THREE

In this chapter, comfort behaviour and transitional object attachment is studied with reference to theories, modes of manifestation and consequences.

CHAPTER FOUR

In chapter four, thumbsucking is researched in detail with emphasis on consequences and methods of curbing the habit.

CHAPTER FIVE

Chapter five will focus on the empirical study of the research design. The researcher will explain which research methods will be used in the investigation and how the research will be approached.

CHAPTER SIX

Case material and the questionnaire will be described in this chapter.

CHAPTER SEVEN

Guidelines formulated from the literature and empirical study will be stated in this chapter.

CHAPTER EIGHT

Chapter eight will contain an evaluation of hypotheses, conclusions, findings of the study and recommendations for further research.

1.11 Conclusion

The phenomenon of comfort behaviour and transitional object attachment has been researched in different ways. It is said to be a universal phenomenon that manifests itself in children from all race groups and cultures.

Consequently, it is becoming necessary for educators to inform themselves as to the reasons for use and manifestations of comfort behaviour, as knowledge of this phenomenon will enable educators to assist the child who uses comfort behaviour and thereby ensure that child's optimal functioning.

In the next chapter, the becoming and development of the child is considered, with reference to psycho - educational approach. Transitional phenomena and thumbsucking is then discussed. In the closing chapters, some cases, guidelines and recommendations will be discussed.

CHAPTER TWO

A PSYCHO-EDUCATIONAL PERSPECTIVE OF THE CHILD

2.1.   **INTRODUCTION**

Psychology of Education deals with those involved in the education situation and observes the educational phenomenon from that particular perspective. This science concentrates on a description of the facts in respect of the child as educand and the adult as educator. It concerns itself with the perceptible, factually descriptive, experimental and measurable, (Vrey, 1979:5)

When comfort behaviour or transitional object attachment is viewed from a psychological-educational perspective, emphasis should be put on the becoming of the child and the role the adult plays in the child's becoming. Attention should also be focused on the manner in which the child seeks comfort and the role that the educator can play in reassuring the child that the behaviour is a normal phenomenon. Therefore, by studying the becoming and development of the child, her needs and relationship structures, a meaningful and purposeful understanding on why the child resorts to comfort behaviour in certain situations can be obtained.

In this chapter, the theory underlying the psycho - educational perspective of humans will be discussed. Attention will be focused on the inter-relatedness of the essences, as well as on the various areas of becoming and development.

By studying the different components of the development and becoming of the child, the researcher hopes to illustrate and confirm the view that comfort behaviour is a normal developmental milestone as opposed to abnormal

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development. In addition, the researcher hopes that by understanding the development of comfort behaviour in the context of the child's development, this phenomenon will be viewed positively, and even advantageously in the child's development.

2.2   PSYCHO -EDUCATIONAL THEORY

The following essences of psycho-educational theory as postulated by Vrey (1979:30 - 49), can apply as categories of the Psychology of Education :

- meaning attribution
- experience
- involvement
- self - actualisation
- forming of the self-identity and self-concept.

Vrey describes these categories as illustrative modes of thought, milestones or fixation points that are essences which will ascertain that our information regarding the education will be pedagogic, (Vrey, 1979:28)

The following is a diagrammatic representation of the essences.

FIGURE 2.1
THEORETICAL   BASIS   OF   THE   ESSENCES   OF   PSYCHO-
EDUCATIONAL THEORY (OSV401-P 1990:8)
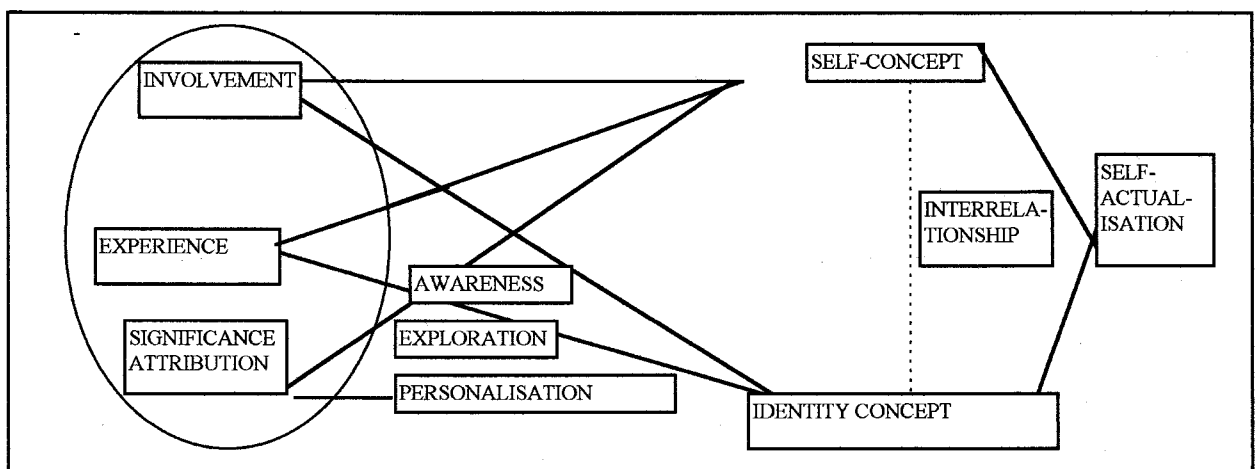
In this chapter, the psycho-educational approach will be discussed, with reference to the interpretation by Jacobs, (1987:2-7). Jacob's approach is based more on the basis of therapy and is referred to as relationship therapy.

Jacobs (1981:50), expands on the the theory as follows :

"meaning attribution, experience, involvement and self- actualisation together with the presuppositions, namely, the forming of relations, the lifeworld and the educational climate, forms the basis, the foundation whereupon the intra- psychical structure, namely, the I, self, identity and the self-concept stands. The intra-psychical mutual interaction of these structural components is responsible for the person's ultimate behaviour."

The following figure shows a schematic representation of psycho-educational theory, as interpreted by Jacobs (Raath and Jacobs, 1990:5).

FIGURE 2.2 SCHEMATIC REPRESENTATION OF THE PSYCHO-EDUCATIONAL THEORY
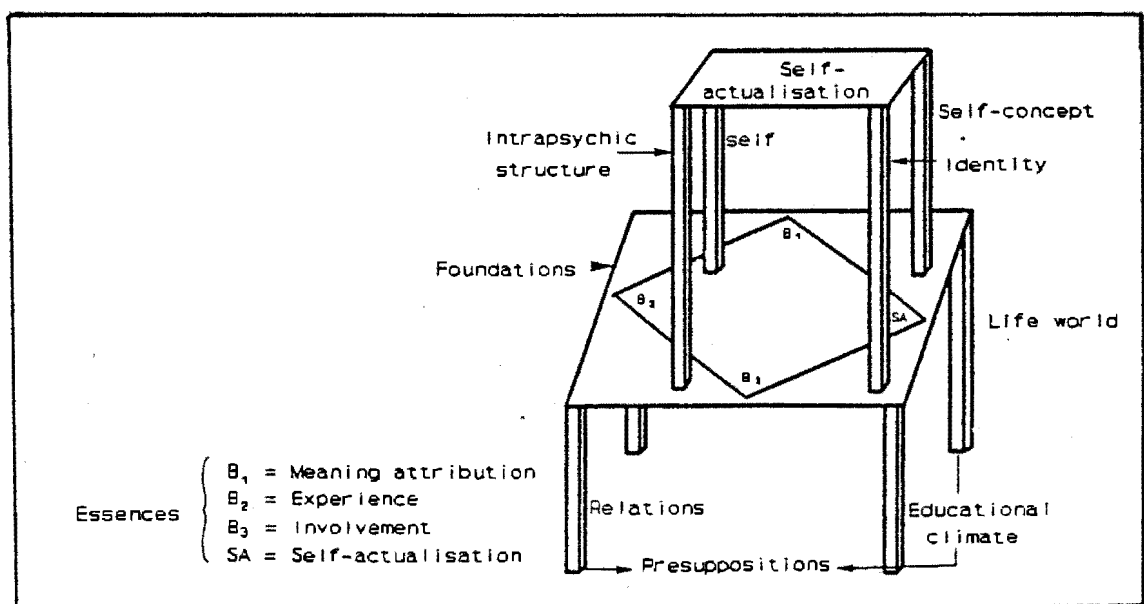
2.2.1 __The Child As Person__

2.2.1.1 __The I__

Writers like James, Sullivan, Cooley and Mead state that the self can be divided into the "I" and the "me". James describes the "me" as the object of experience which is known to the conscious. The "I", according to James, is that aspect of the self which is pure ego, or that which the subject actively experiences, values, feels, thinks, decides, remembers and plans for, (Jacobs, 1987:2), (English translation). The I is present in every deed and thought. The me is the divine push- and drive power behind man's every thought and actions,(Jacobs and Vrey, 1982:17). The "I" is therefore the psychological impetus and directive force behind people's thoughts and actions, (Kruger , 1993:20).

2.2.1.2 __The self__

The individual self is the Gestalt of what he can call his own. It includes his system of ideas, attitudes, values and whatever he commits to, (Vrey, 1979:13). The self can be described as fact as well as construct. As a construct, it can comprise of everything which can be the object of a person's consciousness, including a person's affective actions, characterogenous factors, habits, and inherited and learnt characteristics, (Jacobs, 1987:3). The self is therefore the core of a person's life-world as seen, observed and experienced by him, (Raath and Jacobs, 1990:7).

2.2.1.3 __Identity__

Identity can be defined as: " *the meaning a person attaches to herself as a person* ", (Jacobs and Vrey, 1982:200).The identity can be described as the answer to the

question : "who am I ?" The formation of an identity commences with the differentiation of the self as a separate being, that is, the I and the non-I. Thus the child becomes aware of herself as a separate self with a unique identity (Vrey 1979:45). According to Vrey, (1979:49), the formation of an identity is a life-long task and is shaped by educational support.

2.2.1.4 Self concept

The self concept comprises of three mutually dependant components, namely, identity, action and self-esteem. The self concept is always highly meaningful to the person concerned, whether it is based on high or low self esteem, (Vrey, 1979:47).

Vrey (1974:95), states that the self concept "refers to a configuration of convictions concerning oneself and attitudes towards oneself that is dynamic and of which one is normally aware or may become aware. The formation of a self concept must be seen as an important pedagogical category. No child can conceivably become an adult unless she has a definite self image or self concept, as the self concept is the criterion whereby the child differentiates, attributes meanings, evaluates, anticipates and behaves".

Accordingly, the self concept exerts a crucial influence on the child's experience of life events and this includes comfort behaviour.

2.2.1.5 Areas of becoming

Although Jacobs (1987:2), does not refer to the areas of becoming in his interpretation of psycho-educational theory, the researcher finds it relevant to discuss realms of becoming at this stage, as the development and becoming of the

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cognitive and affective realms occurs as a unified sequence of events, and the child is involved in this development as an indivisible person. Therefore, then, it is pedagogically inexplicable to treat the child's physical development independantly from her cognitive development as if each realm unfolds independantly from the other. Thus the mutual inter-relatedness of the different aspects of becoming should not be overlooked. This inter-relatedness can be effectively presented in the following scheme :

FIGURE 2.3: THE INTERWEAVING OF THE ASPECTS OF BECOMING OF THE CHILD (Du Toit and Kruger 1991:68)
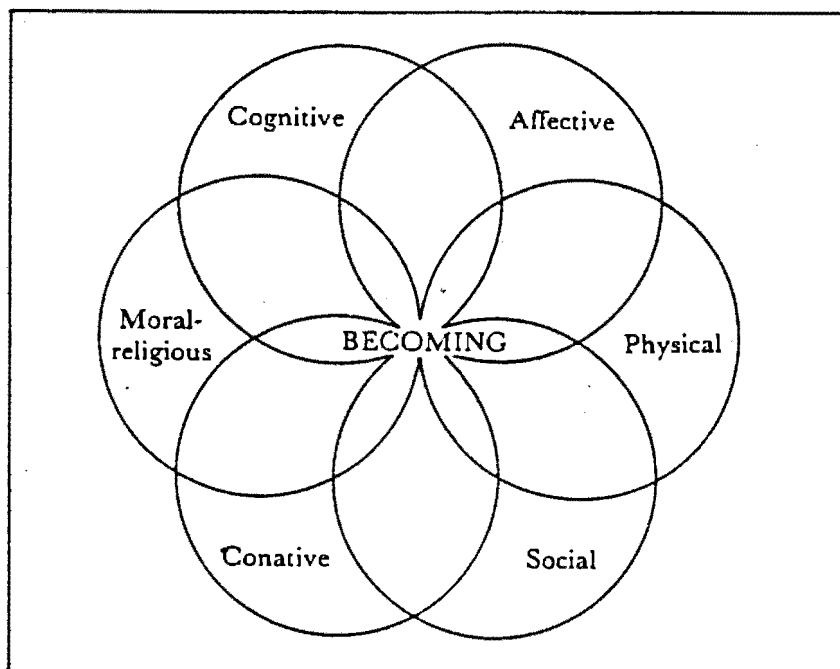
As can be deduced from the above diagram, any one aspect does not develop independantly from the others. "These aspects are components of larger structures that are meaningful only in terms of a much broader, dynamic whole and it is termed the Gestalt self actualisation", (Vrey , 1979:59).

The aspects of becoming will be discussed in depth in paragraphs 2.3.2.

2.2.2 Activities required for maturation
2.2.2.1 Meaning Attribution

Meaning attribution is identified as an empirical- education essence because a child cannot progress towards adulthood unless she is able to recognise, know, understand and do things. Meaning attribution is an inherent function of childhood. Meanings are not things. They are qualities or essences of man's understanding of components such as objects, norms and ideas of her world, according to Blignaut and Fourie (1970:85). Thus meaning makes orientation to the self and the world possible. By ascertaining and attributing meaning, the child will be able to understand, act, and form relationships, thereby constituting her own lifeworld. In doing so, she directs her behaviour accordingly (Du Toit and Kruger, 1991 :16). Meaning always has a logical dimension (called denotative meaning), as well as a psychological dimension (called connotative meaning),(Vrey , 1979:34).

Meaning attribution is important when studying comfort behaviour in children, because by using a comforter to cope with situations accordingly, she is acknowledging relationships between herself and other people and objects.
The way in which she assigns meanings to situations will be reflected in the manner and intensity of the comfort behaviour she employs.

The process of meaning attribution begins at birth and ends at death, making it an ongoing, dynamic process. Meaning attribution is always preceded by involvement.

2.2.2.2 Involvement

We live in a world in which and with which we are subjectively involved, (Oberholzer, 1975:5-6). Involvement refers to the human, physical and psychological act of being concerned with, of giving attention to a person or a matter because a person wants to do so (Du Toit and Kruger, 1991:17). Involvement may be defined *"as the psychic vitality or vigour with which a meaningful objective is pursued and achieved"*, (Vrey, 1979:37). Involvement implies having some previous knowledge as it stands to reason that one cannot become involved if one is ignorant and if it is not of importance to one. One then gets involved hoping for improved knowledge and greater understanding. According to Vrey, (1979:38), involvement is the person's concern with a particular situation which prompts one to act. It is thus an inner force, an urge, a need, a longing for development, unfolding and self actualisation. It implies "being there" in the actual sense, being part of the event. Involvement as a category is important, because by observing the child's involvement with her transitional object, one can get an idea of her goal, purpose or intentions and also whether her experiences are negative or positive. Likewise, the intensity and quality of the child's involvement with the transitional object depends on the support and encouragement from the educator.

2.2.2.3 Experience

The child's perceptions of herself in relation to the world, its people and objects, and her experiences is yet another crucial empirical essence of education. Sonnekus

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et al., (1973:17), describes experience as " *an intentional, definite, subjective, personal stance assumed by the child as totality- in-function in her communication with reality.*" Further, they postulate that the following main elements in the essence of experience are unfolded. Firstly, that experience is always a human mode of being; secondly, that experience is actualised at different levels ranging from the pathic to the gnostic; thirdly, that human corporealty is the centre of experience and fourthly, that experience is both partly intentional and partly the nature of an act.

Experience is related to the emotional or affective dimension of being human. Experience never occurs in a vacuum, but is related to a person's situation. Experience influences involvement in every significant action as well as the quality of the relationship formed, (Vrey , 1979:42).

Experience has both a denotative and connotative character. How a child experiences an event will be unique to that child. Further, her resultant use of comfort behaviour will therefore be given different meanings and will also be greatly influenced by the educational support she receives.

2.2.2.5 Self-actualisation

Self-actualisation refers to the individual's deliberate endeavours to realise the latent positive potential of her self-hood, (Vrey, 1979:43). Although self-actualisation begins with genetically determined components, actualisation or realisation of this latent potential cannot take place without the individual's will to do so, without deliberate participation in the process or without educational help, (Du Toit and Jacobs, 1989:26).

According to Maslow, (in Krech et al., 1969:498), the basic driving force of all human behaviour is the need to self- actualise, and that needs are hierachically ordered so that the most basic needs must first be met before the higher needs such as the need for safety and love are considered, (Craig, 1976:101). Both the self-concept (I think I am) and the identity concept (I know I am), influence self-actualisation, (that is, the outcome of a person's becoming what she can become, wishes to become and ought to become.) The child who uses comfort behaviour to realise her latent potential should therefore be supported wholeheartedly by the educator to attain full self-actualisation.

2.2.1.5 **Interaction between activities required for maturation**

The maturation of the child is realised through the constant interaction between educational help and independant self determination; the former is gradually diminished and the latter is gradually increased, (Vrey, 1979:4). The categories of meaning attribution, involvement, experience, self- actualisation and self-concept are distinct but not separate. The child as a person is always involved as a totality in each act of self-actualisation, be it on a physical or psychological level and in each function be it on a cognitive or affective level.

According to Vrey (1979:48), the assignment of meaning demands involvement, and the quality of meaning is determined by experience. As meaning increases, involvement intensifies and experience is clarified, meaning in turn is intensified and becomes more finely differentiated.

Meaning attribution, involvement and experience influence the child's self-actualisation and her building of a positive self-concept. These five factors also

influence her intra- psychical structure of the I, the self, the identity and the self-concept in a reciprocal manner. All these factors put together will determine how the child behaves. This behaviour can then be studied or observed by the educator in an effort to identify the prevalence and use of comfort behaviour.

This knowledge can be used by the educator to expand her knowledge of the educand.In doing so, positive support can be afforded to the child who uses comfort behaviour, thereby giving her (the child) an experience of success.

2.2.3 **The educator**

In his interpretation of the psycho-educational theory, Jacobs (1987:2) does not make direct reference to the educator.However, the role of the educator is implicitly inferred throughout. The researcher feels it necessary for the purpose of this research to discuss the role of both the primary and secondary educators.

The child's parents (primary educators) and her teachers (secondary educators) have the greatest share in the child's education and the quality of her becoming, (Du Toit and Kruger, 1991:3). The educator is an adult who knows and understands herself and how her world of other people, ideas and objects works. She is a person who can make choices, decisions and accept responsibility. The adult is a self- sufficient, autonomous and responsible person who realises the meaningfulness of her existence, (Du Toit and Kruger, 1991:3).

The educator is responsible to a large degree for the realisation of educational objectives. The educator is jointly responsible for the creation of an educational

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climate which is the condition for an encounter between the educator and the educand. (Jacobs and Vrey, 1982:15).

There are two categories of educators, namely, the primary educator and the secondary educator.

2.2.3.1 **Primary educator**

Parents are regarded as primary educators on the basis of the fact that they are involved with the child's education from birth. The role that a parent plays is unique, special and their importance as primary educators must be emphasised. The parents are usually the first human contact that the child makes at birth. Parents form a frame of reference for all other contacts and experiences. It is usually within the context of these initial experiences that the child attributes meaning to or gets involved with other events.

Theorists from different persuasions have agreed that a healthy mother-infant relationship is a prerequisite for the development of a young child's attachment to an object such as a blanket or soft toy. Ainsworth et al ., (1978:15), hypothesised that only children with a secure attachment to the mother would develop attachments to soft objects, because the object's function is to provide the soothing and comfort given to the mother. Winnicott (1953:93), viewed the child's attachment to an inanimate object as an essential phase of ego development, during which the child establishes a sense of self, distinct from all other parts of the external environment. Further, he postulated that the child's use of a transitional object testifies to the existence of a satisfactory nurturing relationship between parent and child.

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Winnicott went on further to state that without a "good enough" relationship between mother and child, the child would be unable to transfer the soothing properties of the mother to some object at hand and subsequently through the use of the object, develop the capacity for self soothing.

Initially, it is the parents who are responsible for the child's education. As the child's development occurs, parents must adapt to the changes in the becoming and development of the child and also to adapt their own educative efforts accordingly. When the child enters school, the parents' role changes to that of a complementary nature or that of a co- educator.

2.2.3.2 **The secondary educator**

The secondary educator is usually the teacher, whose role in the becoming and development of the child is equally important to that of parent.

It is vital that parent and teacher assist and encourage each other, rather than be in conflict with each other. Further, it is vital that each respect the domain of the other, as disharmony does not make for the best interest of the child.

The teacher forms yet another adult role model for the child to follow. Initially, the teacher gradually supplants the parent as an identification figure and role model and acts as surrogate parent for the duration of the school day, (Du Toit and Kruger , 1991:125).

On occasion, the relationship between child and school may cause stress for the child, for example, peer pressure, discipline, teacher behaviour, etcetera, and the child who uses comfort behaviour may resort to using this behaviour to cope with the stress. It is in situations like these that the teacher has a special role to play. Chandler (1987:11), asserts that the role of the teacher is that of mediator, filtering the experience and cushioning the impact of stress. However, to act as a mediator, the teacher must be adequately informed about the phenomenon of comfort behaviour and transitional object attachment.

Yet another vital role of the secondary educator is to create a stable and harmonious educational climate in order that the educational relationship fulfils the psycho-educational sine qua non for a positive educational climate.

2.2.4   **The psycho-educational conditions**

2.2.4.1 **Relation foundation**

The child orientates herself in the world by attributing meaning to the ongoing events happening in her life. The result of meaning attribution is the creation of a relationship with that to which meaning has been attributed, (Jacobs and Vrey, 1982:14).

The word relationship" or "relation" refers to a bipolar connection between two referents, (Vrey, 1979:20), with the child on the one end of the pole and the situation or other person on the other end. During her involvement with the situation or person, she attributes meaning to the situation thereby forming a relationship with that situation. The manner in which things are experienced will determine the quality of her relations.

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Since the child is the one who is constituting the relationship, it is the child who always occupies a central position in all relationships formed; and by forming relationships, she constitutes a lifeworld which forms her psychological space and reality to which she is oriented.

Further, since the child is continually involved in relationships, she will on the basis of the processes of meaning attribution, assimilation, accomodation and experience, also be continually refining, extending, and adapting all relationships as she develops towards adulthood.

The child's involvement with the world can be divided into relations with :

- parents and family members
- peers
- objects
- significant other adults (religious figures,teachers)
- herself

The forming of relations (as one of the main activities for maturation) may cause some anxiety for the child. She may resort to using comfort behaviour as a coping mechanism for the anxiety or use it alternatively as a bridging or adjusting mechanism when forming relations.

2.2.4.2 **Educational climate**

Jacobs (1981:86-98), states that the term "educational climate" refers to those elements which make education possible; in other words, it refers to "*that*

atmosphere in which the child can develop to adulthood. Jacobs (1987:6), states that education is an inter-human activity and that the educational climate refers to the conditions under which the educator and educand actually meet each other and further, that this climate lowers (in a positive sense), the trenches (barriers), behind which the individual hides for self protection, thereby ensuring that the two can meet each other so that communication can occur, (English translation). The main aspects of the educational climate include interalia love, knowledge, care, respect, trust and honesty.

a) **Love**

Vrey (1979:102), believes that the supreme attribute of the parent-child relationship is love; and that two people cannot love each other unless they know each other. Being loved gives a person basic security, allows one to learn to love oneself as well as others, makes it possible for the child to belong to groups and identify with others and finally enables the child to adapt to situations which are characterised by unpleasant emotions. It is interesting to note that the transitional object develops normally where good - enough mothering has occurred that is, where the child feels sufficiently secure to allow a blanket or teddy bear to stand in for the mother during her absence.

b) **Knowledge**

Two people cannot love each other unless they know each other, (Jacobs, 1987:6). Vrey (1979:103), believes that this knowledge of each other comprises more than just an objective, denotative description of the other person. Mutual knowledge implies understanding and understanding

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implies caring. Absence of knowledge impairs the educational climate. It follows then too, that lack of knowledge of the importance of the transitional object to the child and possible subsequent denial of the said object to the child by the educator, may have a deleterious effect on the educational climate and psychological well-being of the child.

c) **Care**

Knowing implies caring. Within the context of the educational climate, caring extends beyond the mere physical caring, that is, providing food, clothing and shelter. It encompasses being concerned about another's happiness, well-being, sharing successes and failures too.

d) **Respect**

Vrey (1979:105), believes that where there is real respect, a person never considers it necessary to insult the integrity or dignity of another, to humiliate or ridicule him. Respect refers to positive, active acceptance of the other person as she is. It implies active concern and desiring the best for the other person. Respect for the child's comforter will afford the child peace of mind and allay fears of ridicule and anxiety.

e) **Trust**

Trust is basic to love between parent and child. Without trust there can be no love. Mutual trust plays a vital part in formation of a sound educational climate. Trust allows the child to feel safe and sure of herself, so much so that she can venture into the unfamiliar with confidence.

f)   <u>**Honesty**</u>

Honesty implies complete genuineness. When someone is honest and genuine, they communicate their real feelings in a manner that leaves little or no doubt as to where they stand or what their views on a particular issue are. Honesty is a prerequisite for authentic education, indeed also for authentic communication between all persons, (Jacobs , 1987:7).

The attitude and behaviour of parents can help to create a special climate in the home, in which the child can then be supported and guided towards achieving her innate potential as an adult. The absence of any one of these aspects can disrupt the educational climate resulting in disharmony, and may impact on the child's physical and mental well-being.

2.3   <u>The child</u>

2.3.1   <u>Period of childhood</u>

A child is a human being, a person. She is born weak, unable to do anything for herself, but has a great deal of potential for maturity. A child cannot remain a child - she has to grow up and become an adult. Everyone expects of the child to aim at becoming independant.

It is virtually impossible to classify a child's development into generally accepted periods or phases as the criteria used by different authorities differ vastly. Further, children themselves differ so much that no complete positive correlation can be made between chronological age, physical or psychological maturity, socio-economic conditions and the educational differences these imply is yet another

reason why no universal classification or phaseology is possible (Vrey, 1979:65)
The are several well - supported theories concerning the development of the child
from birth to adulthood. Each theory has its own perspective.

In his description of child development, Lewin (in Vrey, 1979:115), applies the
topological field approach, and advocates a totality approach. He states that the
behaviour of the child within her life space at any given time is the result of all
the psychological forces affecting her. Freud placed emphasis on the sub-
conscious and conscious regions of the mind including the libidinous
drives.(Vrey, 1979:10).

Erikson concurred with Freud's division and characterised the five basic
developmental phases as awareness of : basic trust, autonomy, initiative, control
and personal identity, (Vrey , 1979 :21).

Piaget devised a cognitive, conflict-free theory of child development, (Maier,
1965:91). His conclusion, based on empirical research, was that fixed and regular
patterns of cognitive development occur in every child. He described certain fixed
developmental phases which every child must pass in accordance with which the
extent and nature of her understanding can be predicted throughout the
developmental period. He mentioned three main phases, namely, the sensory
motor phase which is from 0-2years; the preoperational phase which comprises
the pre-conceptual phase (2-4 years) and the intuitive phase (4-7years); the
operational phase, which comprises the concrete operational phase (7-11years)
and the phase of conceptual thought (11 ++years).

The learning theory model of child development (Maier , 1965:155), is based on the consolidation of stimuli and reactions. This theory was inspired by psychoanalysis and is also based on S-R conditioning. As can be seen from the foregoing, it is difficult to determine the exact age limits for the duration of childhood.

Consensus however, does exist on the fact that childhood is the period between birth and puberty. It is possible to assess the stage at which the child is at in her becoming and development by determining development of relations, based on physical, psychological,social and cultural factors.

The researcher is of the opinion that it would be beneficial to the research to describe the child's development through the childhood phases in terms of specific developmental characteristics. In doing so, the researcher anticipates that the onset and reasons for transitional object attachment may become more apparent and thereby make the acceptance of the phenomenon easier for both parents and teachers.

2.3.2   **Becoming and development of the child**

Becoming refers to a purposeful, deliberate and progressive transition which requires great effort in order to move from one condition to the next, (Du Toit and Kruger, 1991:6). Becoming, according to Vrey (1979:10), refers to the total involvement of the person. The person-in-totality is involved in, directed at and concerned with the goal as well as with the action necessary to achieve the goal.

In Erikson's view (Vrey , 1979:10), development is a balance between a maturation process and an educational process. Development refers to the empirical manifestations in the process of the child's becoming adult, (Vrey , 1979:10).

Becoming and development are not synonymous, but mutually dependant. The child is always involved in forming relations as a totality. Her becoming and development in the various domains do not occur as separate entities; therefore it would be pedagogically incorrect to treat the physical or affective development of the child as such and the interwovenness of these aspects of becoming must be acknowledged at all times.

2.3.2.1 **Physical development**

The child's physical identity is but only one aspect of her as a person-in-totality. It is a very important component in her becoming.The image which a person has formed of her body plays an important role in self-evaluation, (Vrey, 1974:152), as a negative or positive body image will result in the formation of a negative or positive concept of the self.

Physical development refers to physical growth and maturation whereby the potential of motor control and skills are developed, (Du Toit and Kruger, 1991:30). From birth to approximately two years of life, the physical development is remarkable and rapid. Body mass increases by as much as four times the initial birth mass. Muscle and bone development also occurs, enabling independant sitting and walking. From two years to puberty, the development is more gradual, fine motor skills are developed, the heartbeat slows down and stabilises and the

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blood pressure rises. The nervous system grows rapidly at six years and the mass of the child's brain is 90% of what it will be in adulthood, (Mussen et al.,1990:283). At six years of age, the child also has a better grasp on life than she had at birth. At birth, the child's perception of objects is limited to the tactile and her sense of smell. As she grows, she begins to reach out for objects within her sleeping area as she spends 80% of her time in that environment.

2.3.2.2 **Psychological development**

A child's psychological abilities permits her to cultivate relationships and this in turn helps her to orient herself in the world. The psychological possibilities that a child is endowed with can be differentiated as cognitive, affective and conative possibilities.

a)   **The child as cognitive person**

The word "cognitive" is derived from the Latin "cognoscere" which means to know. Piaget's theory (in Vrey, 1979:128), postulates that the period between two to six years is called the period of pre-conceptual cognitive functioning and the following characteristics is typical during this period, namely :

- the child is mainly concerned with her immediate surroundings and has difficulty thinking in the abstract;
- her thought is directly linked to action;
- she thinks in concrete images which represent specific people, objects or situations. Therefore, she may experience difficulty in classifying things;
- the child's mode of thinking is transductive during this period, that is, she thinks from the specific to the specific

- child's observation and thought are strongly centred;

- she may have difficulty in attending to more than one relation at a time;

- little logic or direction in her thought and thought is strongly animistic; thus children up to the age of approximately six years, who use transitional objects, will personify their objects and assume that the object feels, wills and acts like a human being.

b)   **The child as affective person**

The word "affective" refers to how a person is touched or moved with regard to her emotional life. All human beings have feelings with aspects such as emotions, sentiments and moods being unique to man.A child's emotionality follows a characteristic pattern and she forms strong emotional ties with her environment so therefore she experiences situations affectively. Temper tantrums reach a climax between two and four years and thereafter is expressed more maturely. The period between two to five years is marked by the climax of specific fears. A common fear amongst children is the fear of the dark.Many children are unable to discern between actual and imagined fears, and their attachment to their comforters or use of comfort behaviour may intensify and assist the child to bridge the gap between the fears and also assist in a smooth transition between waking and sleep.

Anxiety may also manifest itself during these years and may inhibit exploration or readiness to take a risk. Once again, the comforter may play a major role in assisting the child to cope with the unknown, or to adapt to new situations or the levels of maturity expected by the adult figures in their (child's) life.

c)   **The child as conative person**

The will is an essentially human phenomenon which precedes all conscious, psychological or motor actions. The human will can therefore be described as that inward driving force behind all human behaviour, (Du Toit and Kruger, 1991:55). One can distinguish a number of conative actions on the basis of the degree of conscious awareness involved, namely :

- reflex actions that take place mechanically,(although it is not a conative action in the true sense of the word); much of a child's actions from birth to two years will fall into this category;

- ideomotor actions based on what a person visualises;

- pure conative action where a decision to act is taken by a person as a organised whole.

At approximately five years of age, the child has developed adequate conative powers and can keep most of her own wishes in abeyance fairly satisfactorily. However, she will often use the comforter as a shield or as tool of projection when her conative actions are contrary to social demands.

2.3.2.3 **Social development**

There are certain human needs like human togetherness, communication and belonging inherent in all human beings. A child cannot become adult outside of a social world as these needs can only be fulfilled within a human context. She has to be acquainted with her social world and form relationships so that she can live in harmony. By socialising, she develops an identity and satisfies needs.

A child's social development is markedly influenced by her parents, teachers and peers. These relations will be briefly touched upon here.

a)   **Parent-child relations**

The relationship between a parent and child is quite intense as it is the first human relationship formed by the child. The parent's role is that of primary educator and acts as a frame of reference for future relations. Parental authority is very marked in the early years annd parents accept the responsibility of making decisions for the child. Since the child knows no other relationship at this stage, she feels secure in this relationship. Vrey (1979:94) identifies pedagogical love as an important attribute of the parent- child relationship.(cf.2.2.4.2)

b)   **Relations with peers**

The child's peers affords her the opportunity to be with equals. This is a training school for her adult social life, (Du Toit and Kruger, 1991:63). According to Vrey (1979:104), the peer group has the following significance in the child's development, namely :

- the peer group comprises a safe haven from which the child can venture to explore;
- she experiences acceptance and belonging within the peer group, thereby making self-acceptance easier;
- the child is an equal among her peers as opposed to being in an insubordinate position with the teacher and parent;
- being equal affords the child the opportunity to develop self-acceptance,self-respect and self-esteem.

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c) <u>**Relations with teachers and significant others**</u>

Against the background of the parent-child relationship, the child becomes involved in other relationships and attributes meaning to these relations under the influence of her initial social experiences and involvement with them.

The teacher gradually adopts a more meaningful role and may even take on the cloak of surrogate parent during school hours. The teacher is responsible for the child's social becoming in that it is the teacher whom the child imitates and identifies with.

2.3.2.4 <u>Identity formation</u>

The development towards knowledge, understanding and acceptance of the self in terms of both a scientific frame of reference and the person's own situation is called identity formation, (OSV401-P1990:21). Thus, identity formation may be described as the educational event which enables the child to eventually answer the question "who am I ?" until she reaches self-actualisation, which is to become what she can, wants to and ought to become. A child forms identities on the strength of her involvement with people, things and herself, her meaning attribution to and experience of her own potential, the development of that potential, her conative life and the norms that she subscribes to. She develops a concept of herself as a person in various spheres of life for example, as a daughter, as a pupil. She may develop differently, ranging from the formation of a completely realistic identity to the establishment of an unrealistic identity. A child

who has established an identity will adopt realistic standpoints such as I can or I cannot, I want to or I do not want to and then act accordingly.

Where there is no proper identity formation, the influence of peers, parents,media or a single consideration such as financial gain may rule the child's actions. A child who has not yet established her identity is living in a vacuum and can easily fall prey to negative influences.

The concept of identity is closely related to that of self- concept, because the child's evaluation of herself, that is, her self-esteem, will largely determine her answer to the question :"*who am I?*"

2.3.2.5 Self-concept formation

A child does not have an innate self-concept but comes to know herself in a particular way through lived experience, thus forming a concept of herself. A child's self-conceptions revolve around the body as a concrete object and her ideas about her physical and psychological self.

A self-concept comprises three mutually dependant components, namely, identity, action and self-esteem. The self-concept is always highly meaningful to the person concerned and is a self-image a person will defend vigorously if it is ever attacked or denigrated. The self-concept is the focal point of relationships in the life-world, (Vrey, 1979:47).

The self-concept comprises the following dimensions (Raath and Jacobs, 1990:17):

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- the physical self

- the personal self

- the family self

- the moral self

These dimensions of the self-concept are acquired by an ongoing, lifelong process. Thus the formation of the self- concept is said to be a dynamic process which has many inferences for the becoming and developing child.

2.4   <u>Conclusion</u>

In this chapter, the becoming and development of the child was examined from a psycho-educational perspective. During these processes of becoming and development, a child is constantly forming relationships with herself, with ideas, objects and with people. Some children appear to manage it with relative ease, while others experience some difficulties. The child has to contend with biological growth as well as acquire socialisation skills in order to progress towards aduthood. Some demands are bewildering and others are so subtle that the child may not be aware of them. The meanings that the child attributes to her relationships will be mirrored in her behaviour.

Comfort behaviour is often employed by the child to "bridge" or "cope" with certain situations, for example, like the passage from waking to sleep, and the researcher felt that this phenomenon should be explored further.

The researcher is of the opinion that this chapter is relevant to provide the reader with information on the various aspects of becoming and development so as to understand comfort behaviour within this context, that is, within the light of the challenges and difficulties that the child is faced with during this crucial phase in her life.

In the next chapter, a survey of the literature on the phenomenon of transitional object attachment will be done, with the ultimate aim of formulating guidelines for parents and teachers to positively assist the child who uses comfort behaviour.

CHAPTER THREE

LITERATURE STUDY ON THE PHENOMENA OF OBJECTS AND TRANSITIONAL OBJECT ATTACHMENT IN CHILDREN

3.1. Introduction

The phenomenon, popularly known as the "security blanket" or "Linus blanket", or the "transitional object" in scientific literature (Winnicott, 1953; Jolly, 1973) and as the "comforter" in layman's language, is an ordinary, everyday event in the life of some children. The researcher became fascinated by this phenomenon as it presented itself on a daily basis in the researcher's life.

Wulff (1946) first reported this phenomenon, although he viewed it as a fetish. Winnicott (1953), a psychoanalyst, described this phenomenon systematically and it was he who coined the terms "transitional object" and "transitional phenomena". He located the transitional object in an intermediate zone between mother and child and subsumed it under the heading " transitional phenomena."

In this chapter, the researcher will attempt to explore the concept of comfort behaviour with specific reference to the various theoretical views on transitional objects, the role and function of comforters, classification of transitional objects and psychological implications of comforters by means of a detailed literature study.

The researcher envisages that, as a result of the literature survey, a definition of comfort behaviour from a psychological-educational perspective will be formulated.

3.2   The theory of transitional objects

The theories of transitional objects consists primarily of Winnicott's (1953) theory.

3.2.1   Winnicott's theory

The psychoanalyst, Winnicott (1953), has been influential in developing a theory about these objects, which he called "transitional objects". The object came to be thought of as transitional, because it is used in mental operations and also has been, now or in the past, a non-mental, material existence. Winnicott's (1953:89) meaning of the transitional object goes further : *In the infant's perception, the transitional object is seen as belonging to both the mother (where the child belonged) and also to the world (where the child is going to).*

Using a psychoanalytic frame of reference, Winnicott discussed the theoretical significance of a child's attachment to inanimate objects. He recognised that an infant's attachment to an inanimate object serving no vital function, facilitates a phase of emotional growth. He stated that these objects are held to occupy a special place in the development of object relations. He believed that it belonged to a phase where an infant, whilst barely capable of the use of symbolism, is nevertheless progressing towards it. Therefore the use of the term "transitional".

Winnicott (1953 :90) said ".... *the piece of blanket (or whatever it is) is symbolical of some part-object, such as the breast. Nevertheless, the point of it is not its symbolic value, so much as its actuality. It's not being the breast (or the mother) is*

as important as the fact that it stands for the breast (or mother). The writer thinks that there is use for a term for the root of symbolism in time, a term that describes the infant's journey from purely subjective to objectivity; and it seems to him that the transitional object (piece of blanket, etcetera) is what we see of this journey of progress towards experiencing."

Although Winnicott's terminology is now widely adopted, the theory on which it is based is open to question (Bowlby, 1977:312). Winnicott offered the proposition that attachments to transitional objects were normal and universal and that transitional phenomena closely related in origin, were inherent in creative and religious experiences in later life (Brody, 1980:566).

Bowlby adopts a more parsimonious way of looking at the role of inanimate objects and that is to regard them simply as objects towards which certain components of attachment behaviour come to be directed; because the "natural object (breast or mother) is unavailable. Bowlby refers to such objects as "substitute objects". Boniface and Graham (1979) support Bowlby's theory.

Winnicott (1953:89) clearly indicates that any object, thought or concept can become a transitional object. It need only be experienced in "the intermediate area of experience". He emphasised that the transitional object serves as a bridge between the familiar and the disturbingly unfamiliar, thus facilitating the acceptance of the new. He saw it as a temporary creation to aid the infant in the early stages of development of the sense of reality and identity and in separation from the mother.

3.2.2 <u>Views of other theorists on transitional objects</u>

a) Coppolillo (1967:243) states that the transitional object and the transitional mode of experience are necessary elements in mediating the formation of ego structures and insuring the ego's optimal autonomy from the id and environment

b) Greenacre (1969:163) postulated that the transitional object is a temporary construction to aid the infant in the development of a sense of reality and individual identity.

c) Busch (1974:220) views the transitional object as mediating "assistants" which lead to the development of the psychic structure and self-soothing mechanisms.

d) Tolpin (in Busch 1974:215) described the infant's perception of her mother as the main figure of her sense of well-being and relief from distress during the symbiotic state. By using transitional objects during this stage, the infant has imbued her blanket with the mother's soothing and tension-reducing functions. In contrast to Winnicott's statement that when the child develops other interests, the transitional object simply loses meaning, Tolpin (in Busch, 1974:215) states that the soothing and anxiety-regulating functions of the transitional object are internalised by the infant, thereby becoming part of the matrix of the ego. She further proposes that the transitional object becomes an "auxillary" soother by means of countless minute internalisations and as a result it evolves into a self- soothing psychic structure. This process aids the infant to establish a cohesive self when facing separation- individuation tasks. The researcher is inclined to agree with the view of Tolpin.

e) Bowlby (1969:312) states that attachment behaviour is a biological and evolutionally based behaviour system and defines it as proximity-seeking and contact-maintaining behaviours directed towards the mother or her substitute. He describes five main components of attachment behaviours, namely, clinging, sucking, crying, smiling and following. Since these behaviours are biologically based, they are instinctively directed towards a substitute if the natural object is unavailable.

As can be seen by from the views of the above theorists, each theorist sees transitional object attachment from a different perspective. Further, is interesting to note that all of them view transitional object attachment in a positive light. These views are relevant to the research in that transitional object attachment can now be put into perspective with specific reference to the becoming and development of the child and also that a new focus, namely, that of the psychological-educational perspective, can be approached using these views as a starting point.

3.3   Review of the different schools of thought on transitional phenomena

In this section, psychoanalytic, experimental and ethological studies are examined. The main objective here is to provide a multi-dimensional overview of the significance of transitional phenomena.

3.3.1   Psychoanalytic perspective

Most psychoanalytic writers have viewed special objects of attachment within the framework of separation-individuation issues.

Winnicott (1953:90), discussed the concept of the "good- enough" mother, who in adapting completely to the infant's needs initially, but in reducing the amount of contact as the infant develops, provides the necessary conditions for the child to create an object that will represent the early "ideal" caregiver, omnipresent and under the child's control , (Lehman et al ., 1992:1206).

Winnicott (1953:90) defined the transitional phenomenon as "*an intermediate area of experiencing, to which inner reality and external life both contribute.*" The

transitional object is the first "not-me" possesion; it is not part of the infant's body, yet not fully recognised as belonging to external reality. His definition is broad and includes objects like cuddly toys, blankets, rituals like tapping and singing when going to sleep. In addition, he considered transitional phenomenon to be universal and healthy.

3.3.2 Experimental perspective

Passman and Weisberg conducted a study on 64 children in 1975. Half of the children were attached to a blanket. They studied the effects of the presence of the mother, blanket, a favourite toy and no object, in a novel play setting. Throughout the study, the presence of the blanket had a similar effect on the performance of the blanket-attached children as that as the presence of the mother. The blanket-attached children explored and played without distress when the blanket or mother was available; whereas children who had a favourite toy or no object played significantly less.

Passman and Weisberg concluded that the mother and the blanket both shared similar functional properties in reducing fearfulness and generating exploration and play. Further, the important factor in promoting security or reducing arousal was not mere familiarity with the object, but rather, that the mother and blanket were attachment objects.

In summary, experimental studies indicate that there are differences between an attachment object and preferred toy, and that the blanket and mother serve similar functions such as decreasing anxiety and facilitating exploratory play behaviours (Hong, 1978:55).

3.3.4 **Ethological perspective**

Harlow's studies (1970) on the attachment of monkeys to terrycloth surrogate mothers, affords some understanding of the attachment of infants to inanimate objects. The monkeys valued contact comfort over a basic need of feeding. It appeared that the terrycloth mothers provided sufficient emotional security, thereby equipping the mothers to explore strange situations without distress.

Ainsworth and Bell (1970) in their study of the Strange Situation, also report that human infants explore and play more in the presence of the mother. Ainsworth et al., (1978) have hypothesised that only children with a secure attachment to the mother would develop attachments to soft objects, because the object's function is to provide the soothing and comfort usually given by the mother. Their view is based on Bowlby's ethological position that inanimate objects become a substitute for the mother when she is not available, (Lehman et al ., 1992:1206).

Most ethologists agree that the mother-infant tie in humans should also be understood as an attachment bond based on biological and instinctual behaviour systems.

Irrespective of the theoretical positions, physical contact and tactile stimulation appear to be primary needs of the infant and play a crucial role in the infant's development.It would appear therefore, that the seemingly different theoretical positions are not necessarily contradictory but in reality compliment each other.

3.4　The concept of attachment

Attachments of children to cuddlies and security blankets appear to be a fairly common phenomenon. Linus, always seen with his security blanket, has become the graphic representation of such an attachment. However, not much is known about the history of the attachment phenomenon. Ainsworth (1978:16), suggested that attachment to a person is a precondition for attachment to an inanimate object. Although the concept of attachment is widely known and accepted, there is little consensus in the literature on how to describe this behaviour of preference to a specific object. The terms, coping skill, adaptive behaviour, comfort behaviour and transitional object attachment are frequently used terms. The researcher will explore the concept of attachment in an effort to describe the behaviour of preference to a specific object.

Attachment is a vital process in human ontogeny, not only because it enhances the likelihood of survival in infancy, but also because it optimises adaptive personality development across the life span, (Bowlby, 1977:54). Attachment is conceptualised or seen as remaining critical to the child's continuous adaptation, even though it changes in organisation as the child develops throughout the childhood period. Once an attachment develops, it continues to undergo changes in keeping with the child's development. Therefore the attachment is dynamic in nature.

All normal infants form attachments and Mussen et al.(1990:175) proposes that a strong or secure attachment provides a basis for healthy emotional and social development during later childhood. The targets of a child's attachments and the

strength and quality of those attachments depend partly on the parent's behaviour in relation to the child.

Attachment has been defined as *"a strong, enduring emotional bond."* (Jalongo, 1987 : 3). Humans form two types of attachments, namely, social attachments, where other humans are involved and non-social attachments, for example, a family pet or a stuffed toy. Transitional objects fall within the category of non-social attachments. The child endows the chosen object with meaning, known only to the child. Significant others in the child's life can only speculate as to what the object means to the child. It is obvious that the chosen object calms and soothes the child, hence the integral role that the transitional object plays in the life of the child.

The term "attachment system" refers to a "regulatory system" hypothesised to exist within a person. The goal of this system is to regulate behaviours that maintain proximity to, and contact with, a discriminated protective person or object referred to as the attachment figure. From the psychological advantage point of the attached person, however, the system's set goal is felt-security, (Bretherton, in Osofosky, 1989 : 1063).

The signs of an infant's attachment to an object or caregiver are evident in three phenomena. Firstly, a target of attachment is better able than anyone else to placate and soothe the infant; Secondly, infants are much more likely to approach the attachment targets for play or consolation than to approach others. Finally, infants are less likely to become afraid when in the presence of attachment targets than when the targets are absent (Mussen et al., 1990 :159).

It appears that the attachment system and the specific responses associated with it are aroused by novelty, danger or distress and are muted by the perception of safety. Most infants display attachment behaviour when tired, hungry or anxious.

The purpose of the attachment behaviour is to reduce unpleasant feelings by interacting with the object of attachment.

Mussen et al.(1990: 160) suggests that most children construct a schema (framework) or internal working model of the self and its relationship to the attachment target by the first birthday.

This schema allows the infant to feel more secure as the child knows that the attachment target is potentially available even if it is not physically present.

Attachment behaviour is regarded as a class of social behaviour of an importance equivalent to that of mating and parental behaviour. Attachment behaviour is also regarded as that what results when certain behavioural systems are activated, when the infant interacts with the environment (Bowlby, 1977:223).

Bowlby (1977:266) describes four phases in the development of attachment behaviour. Phase one is the orientation and signals with limited discrimination of figure. This usually occurs between birth to eight weeks of life and includes the infant's ability to discriminate one person or object from another and it is limited to olfactory and auditory stimuli. Phase two is the orientation and signals directed towards one or more discriminated figure/s. This occurs between the period of eight weeks to approximately six months. The infant is still friendly to everyone; however a marked specific response towards the mother figure is noted, probably because visual stimuli is more developed. Phase three is the maintenance of proximity to a discriminated figure by means of locomotion as well as signals. This occurs between the period of six months to approximately two years. At this stage the infant is wary and cautious especially to strangers. During this phase, some of

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the systems regulating a child's behaviour will be goal-oriented and the attachment to the mother figure or object is very clear.

Phase four centres around the formation of a goal -corrected partnership. During this phase the infant begins to realise that the mother figure and the object of attachment are independant targets (independant from the infant, that is), and that the target is consistent and available on demand. It is not possible to state exactly at which phase an infant is said to have become attached.

Many theorists (Ainsworth, 1978; Bowlby, 1977; Mussen et al.,1990 and Winnicott, 1953), propose that strong attachment provides a basis for healthy emotional and social development during later childhood. Children with strong attachments are expected to become socially outgoing and curious about their environment, to be willing to explore and to develop the ability to cope with stress. Serious disruptions in the attachment process are thought to produce problems in the child's later social development. (Mussen et al., 1990:61).

3.5 A conceptual framework for the study of transitional phenomena and comforters

In this section the following aspects will be discussed, namely, etiology of transitional objects, the nature of the transitional object, onset of development and the way the comforter is used, type of object preferred, intensity of the relationship between object and child and the special qualities in the relationship between infant and transitional object.

3.5.1   **Etiology of comfort behaviour**

Very little is known about the etiological factors in the development of the transitional object. Many authors, (Provence and Lipton , 1962, Winnicott, 1953 and Stevenson, 1954, seem to agree that physical or tactile contact is very important in the development of the transitional object, and that this development is dependant upon the infant's "good-enough" relationship with the mother.

Both Bowly (1969:277) and Winnicott (1953:94) agree that the transitional object is an indication of a healthy mother-child relationship.

Biological, evoluntionary-based needs for physical contact, low level of physical involvement and the stress that the infant experiences at bedtime are the most important etiological factors in the development of blanket attachment (Hong, 1978:75). Constitutional differences, maternal needs and learning are recognised as contributory factors.

3.5.2   **The nature of the object**

The nature of the transitional object is related to its origin in the early stages of life, for example, the ambience of the crib or the nursing situation. Blankets, diapers and pillows are selected as transitional objects, not only because their soft texture and pliability remind the child of the maternal body, but also because they are usually crib-objects. In the mother's absence, the crib becomes the principal feature of the child's holding environment . Blankets envelop the child, giving the illusion of maternal arms. They can be held, fingered, and brought close to the face in a manner reminiscent of holding the mother and playing with her breast during

nursing (Kestenberg and Weinstein in Muensterberger et al., 1978:88). Blankets, diapers and pillows which are used as comforters are said to have form-giving and form-receiving qualities, that is, the child can mould it to her body, press it or squeeze it according to her wishes.

Most infants who use a comforter, usually select the object from their sleeping environment or area. The choice of a comforter evolves as a result of a highly complex series of experiences on the part of the infant.

The Researcher will attempt to offer a reason for the choice of comforter, using the Relational Theory as a premise. According to Jacobs (1987:2-7), meaning attribution, experience, involvement and self-actualisation, together with forming of relations, the lifeworld and the educational climate, forms the basis or foundation upon which the intraphysical structure, namely, the I, self, identity and self concept stands. The intrapsychical mutual interaction of these structural components is responsible for the person's eventual or ultimate behaviour.

In the period during waking and going to sleep, the infant nuzzles her face or nose into the bedclothes. There may be a smell of baby powder or baby oil lingering on the bedclothes; and there is a fusion of "me-smell" and the "mommy-smell". This experience of touch and smell may result in her attributing good, comforting meanings to the baby blanket and she would want to reenact her pleasurable feelings; therefore she will get involved again and again with the object that gives her these good feelings, and in doing so, she is simultaneously forming relations with the object and forming a positive concept of the self.

FIGURE 3.1 : DIAGRAMMATIC REPRESENTATION OF THE PSYCHO-EDUCATIONAL APPROACH

Significance identity evaluation self behaviour
attribution formation through concept
self-talk

experience involvement

multi-faceted
self
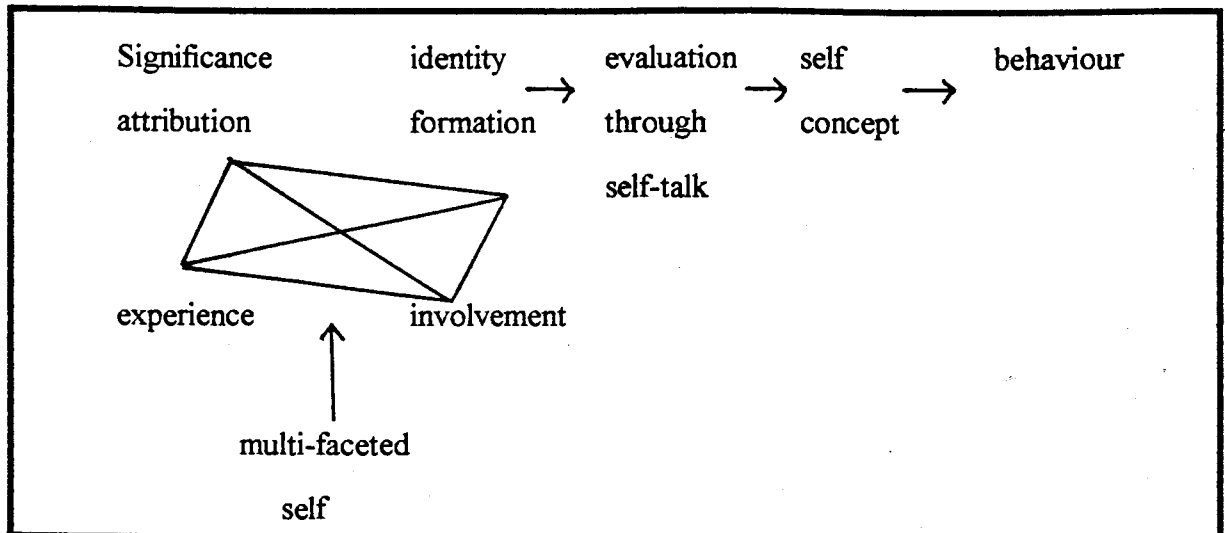
3.5.3 Onset of the development of the transitional object

Little is known concerning the rates at which infants develop attachment behaviour towards transitional objects and how this behaviour develops. According to Winnicott (1953), Stevenson (1954), Bowlby (1969) and Rudhe and Ekecrantz (1974), the onset of the development of the transitional objects varies greatly between one month and three years of age.

Busch et al., (1973) found in their study, that attachment to a soft object usually occurs between the ages of six to nine months; Hong and Townes (1976) concurred with these findings. The process of attachment is more often than not, a silent one. Parents usually become aware of it when the attachment has become so intense to the extent that temporary misplacement of that object becomes a source of distress

the extent that temporary misplacement of that object becomes a source of distress to the child (Busch, 1973:202). Parental attitude, especially at this stage is important, because their attitude determines whether the first transitional object will or will not develop.

Reports by Stevenson (1954) and Busch et al ., (1977), indicate that there are two clear periods when lasting attachments to inanimate objects occur. The first period being during the latter part of childhood, the object being referred to as the first transitional object; and the second period is at about two years of age, the object being referred to as the second transitional object.

In addition, it has also been noted that those infants who develop an attachment in the first period, rarely develop a second attachment in the second period.

Busch's belief (1974:216), is that it is not useful to refer to attachments to inanimate objects by the child at two very different stages of development, simply as "transitional objects", because by lumping it together, important developmental issues for each period are obscured, especially in respect of the enormous differences in the development of drives, ego and object relations.

3.5.4 **The way the object is used**

The transitional object has a characteristic way of being used which involves contact perception via the oral cavity (Spitz, 1965:25). It is most frequently fingered and brought into contact with the face during sucking, (Kestenberg and Weinstein in Muensterburger et al., 1978:79).

Children tend to hold or embrace the object and the object is rarely misused or abused by the child. In fact, the child gets angry if her treasured object is made fun of. Busch et al., (1973:203), in their study found it helpful to make a distinction between the way in which the primary transitional object was used and the times at which it was used.

The way most transitional objects are frequently used is in association with an oral habit, for example, thumbsucking or alternatively, the transitional object itself is sucked on. The tactile characteristic of the transitional object appears to be of some importance with the child either using the object on herself or keeps it away from actual body contact, yet maintains contact by stroking or twisting the object. Some children will do both actions.

The transitional object appears to be most frequently used at the time of :
- going to sleep
- when the child is tired
- when the child is distressed (anxious, insecure or tense)
- when she is bored (inactive or watching television)
- when sick
- when away from familiar environments
- long trips
- when a depressed mood threatens

Many children give their comforter a name and talk to it or about it as if it were alive, for example, in the book , Brideshead Revisited (Waugh, 1969), Sebastian calls his bear Aloysious and has many conversations with it.

This is called "personalising". This is a normal and highly acceptable occurence and is part of the child's fantasy world. It is also a measure of the child's creativity. The teddy, toy dog and even the blanket takes on a personality of its own and the child breathes life into it with her imagination. The name may sometimes express the pleasure that the child gains from the object, for example, "*Wow*" or "*Aah*"; or it may simply be a label like "*blanky*" or "*silky*". For some children it may refer to the time of the day when this object is most frequently used, for example, "*night-night*" or "*nitner*". Very often, the origin of the name for the comforter is obscure.

3.5.5   The type of object preferred as a comforter or transitional object

There are a variety of objects which children take to bed and also many kinds of associated behaviours which children use in conjunction with the comforter, to ensure a smooth passage to sleep, anxiety reduction or just simply as a soother. This makes it difficult to know how to group children into categories for the purpose of comparison. Soft toys and dolls are a relatively homogenous group, but blankets are large or small, vary in texture, could refer to sheets, pillowcases etcetera.

Yet another problem appears to be that some children fiddle fluff from bedding or clothes and then use the fluff-ball to stroke the face. In this instance, the movement seems as important as the object itself, because the child is also comforting herself.

The researcher is of the opinion that a broad classification which encompasses both the comforter and the associated behaviour is advisable, namely :

- contact comforters which include :   cuddling

rocking

head rolling

head banging

stroking

hair or ear twisting

thumbsucking

- companion comforter which include: blankets

napkins

bits of cloth or fluff

soft toys gauze wrap

pacifiers

baby bottles

nightlights

The researcher would like to state that this is by no means the full list, as a child may choose any object. These are some of the examples that the researcher came across during both the literature and empirical study.

3.5.6 Intensity of attachment to the transitional object : Normal versus abnormal

The intensity of attachment to the comforter varies from child to child. Some children's use of it appears muted; others use it interchangeably with the dominant care-giver, yet others rely on the transitional object almost exclusively. Then there is the child who will use her comforter when the need arises, and will discard the object once her need has been met.In some children, if the object is misplaced or irretrieveably lost, the child will experience symptoms similar to withdrawal. The child will often be inconsolable for a while and may perhaps, reluctantly accept a substitute as a last resort.

Attachment to a transitional object cannot be categorically classified as normal or abnormal, because the child's use of the object is relative to the situation the child is faced with, for example, if a child sucks her thumb intensely just before going to sleep, it cannot be said to be abnormal, much rather, it is a benign activity. However, if she sucks intensely and frequently during waking hours, then there may be cause for concern.

The method of determining when attachment to an object is abnormal, is the same as that which is generally used to identify abnormal behaviour. The following factors may be used as a guideline for determining abnormal attachment, as recommended by Jalongo (1987:5):

- Duration : has the attachment to the object persisted far beyond the age at which most children would have begun to respond differently? The average age of the life cycle of the transitional object is said to be 3,8 years, but there is little objective data available regarding the longevity of the transitional object.

- Intensity : is the child so involved with the object that it prevents her from functioning in a social way?

- Emotional Distress : does the child appear to be generally troubled and struggling with a variety of problems?

Parents who are concerned by the use of a comforter by their child would be advised to look beyond the behaviour and consider why the child is behaving in a particular way and then to take the necessary action to meet her need. Some vital clues could be whether she is feeling pressurised, is she unnecessarily restricted or whether she feels insecure constantly. Having established a reason for her overdependance on her comforter, it is also essential to make the appropriate

adjustments without expecting the habit to dissolve miraculously overnight. Enlisting the help of an educational psychologist would be beneficial.

The comfort blanket is not necessarily a sign of insecurity. Children use it for comfort or reassurance. It may be seen partly as a habit or trick to get them through bad patches of their days or nights and partly as a pleasure. There is no need for the parent to become unduly concerned if the child resorts to her comforter when she is ill, tired or sleepy. Further, it does not mean that the child is neurotic if she cannot settle down without her companion comforter.

However, the following specific manifestations are a cause for concern and concurs with Jalongo's views (cf.3.5.6):

*   in exceptional cases, where the child becomes totally absorbed with her comfort object, to the virtual exclusion of human relationships and engages with it or clings to it over a prolonged period of time;

*   when the child needs the comfort of sucking for a large part of her waking hours;

*   when the child ceases to use the crutch to further her struggle and retires with it into a cocoon. According to Brazelton (1976:44), one must then see the crutch as a mark of failure and a cry for help. He says that any regression into the habits of babyhood after the child had given the habit up, necessitates inquiry into the child's emotional life

*   when the child begins to prefer the comfort object to real people or begins to talk about it as if it were herself (projection), then there is a real cause for concern and the child has to be helped to come to terms with her own emotions and preferences.

3.5.7 Summary of the special qualities in the relationship between infants and transitional object

Winnicott (1953:91) sees the following qualities as essential to the relationship between the child and her transitional object:

a) The infant assumes rights over the object and we agree to this assumption. Some abrogation of impotence is a feature from the start.

b) The object is affectionately cuddled as well as excitedly loved and mutilated.

c) It must never change, unless changed by the infant.

d) It must survive instinctual loving, hating and, if it be a feature, pure aggression.

e) It must seem to the infant to give warmth, or to move, or to have texture, or to do something that seems to show that it has a vitality or reality of its own.

f) It comes from without from our point of view, but not so from the point of view of the baby. Neither it comes from within; it is not an hallucination.

g) Its fate is to be gradually allowed to be decathected, so that in the course of years it becomes not so much forgotten as relegated to limbo. It means that in health the transitional object does not "go inside" nor does the feeling about it necessarily undergo repression. It is not forgotten and it is not mourned. It loses meaning and this is because the transitional phenomena have become diffused, or become spread out over the whole intermediate territory between "inner psychic reality" and the external world.

3.6   **Definition of and classification of transitional phenomena**

3.6.1   **Definition of transitional phenomena**

Although transitional phenomena has been described in different ways in the literature for example, in childcare it is referred to as "comforters, while psychologists refer to it as "transitional objects", a strict definition per se has not been presented. Some definitions enumerate items and their qualities, some define the transitional phenomena on the basis of its presumed intrapsychic functions and in other instances, the phenomenon is delimited through the assumed developmental effects it has for the child.

Rudhe and Ekekrantz (1974:382), on the basis of results from a study together with the theoretical considerations of literature on the subject, define transitional phenomena as "the emotional dependance on a special object, which has a soothing and/or comforting effect primarily at bedtime and times of anxiety, illness, etcetera." The mother or the child as objects themselves are not included.Certain sounds and movements which appear to be soothing and are used in anxiety reducing situations are regarded as transitional phenomena. However, movements directed towards the mother, like fingering the mother's hair or the child stroking her nose are excluded.

The researcher does not concur with this latter statement, as the researcher has found in the investigation, that these movements are usually used as accesories to thumbsucking or fingering the comforter and that the one action actually compliments the other.

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Coppolillo (1967:41) defines transitional phenomena as an umbrella term which encompasses all the phenomena occurring during various transitional periods and providing the transitional mode of experience and the intermediate are of experiencing inner and outer reality.

Transitional phenomena are defined by Winnicott by their function of providing an intermediate area of experience between fantasy and reality (Boniface and Graham, 1979:221). This includes all the terms originally described by Winnicott such as sounds, movements, objects or thoughts and even the mother herself.

3.6.2 Transitional object equivalents

These objects comprises the majority of the transitional phenomena, and includes sounds like babblings, lullabies, headbanging, rocking, tapping and rubbing of the child and all the rituals involved in preparing for sleep. However, the actual, physical transitional object itself, like the blanket or teddy bear is excluded from this description, (Winnicott, 1953:89, Coppolillo, 1967:24).

Transitional object equivalents differ from the primary transitional object in respect of the following criteria, namely :

- earlier onset
- broader repertoire
- universal incidence
- usually instigated by the main caregiver

3.6.3 Transitional object

Winnicott's initial introduction of the terms transitional phenomenon and transitional object did not draw a clear distinction between them. This has resulted in a degree of confusion and incorrect use of the terms, for example, transitional objects are called transitional phenomenon, when in reality, transitional phenomenon is an umbrella term, with a transitional object being one example of transitional phenomenon. (cf. Table 3:2).

Busch et al., (1973:194), drew a distinction between primary and secondary transitional objects. He used the following criteria to distinguish between the primary transitional object and secondary transitional object :

Table 3.1 :Definition of transitional object attachment (Busch et al 1973:198)

1. The attachment must be manifested within the first year of life.

2. It must of lasting duration, ie. one year or longer.

3. The presence of the object must be soothing and bring about a decrease in anxiety.

4. The object does not meet a direct oral or libidinal need (eg.,breast or bottle).

5. The object must be created by the infant and not one provided directly by the parent, eg., pacifiers.

6. The object can not be a part of the infant's body (thumb, finger).

He based his findings on the logic that primary transitional object appear within or near the first year of life and that the secondary transitional objects are established after the age of two.

Stevenson (1954:210) separated transitional objects into primary (first objects) and secondary (toys), suggesting that characterictics of secondary transitional objects include "personification of the object and projection onto it of human emotions."

Gaddini (1975:732) feels that Busch's criterion of a one year old attachment in respect of a primary transitional object as opposed to one developing in the second year of life is not helpful as criteria go. She feels that the attempt to draw a distinction purely on the basis of age, detracts from the larger issue, namely, the process which brings the child to the creation of a transitional object.

According to Gaddini (1975:733), she has no doubts that the object that the child creates for herself as a transitional object is one with which she has been in contact with since birth and that the chosen transitional object will always have some element of texture or tactile perception in common with a previous experience which had been present in the child's early days of life. Further, she states that simply because the attachment became evident after the age of one, does not automatically classify that object as a secondary one. Gaddini (1975:734), refutes Busch's concept of a secondary transitional object, stating that she feels uneasy about fragmenting the transitional object process, and would rather view it as "a unitary whole, starting from early sensations, traversing various events and vicissitudes of infancy and leading up to the adoption of a blanket at its conclusion."

Interestingly enough, Busch himself, then later, (1974:217), abandoned his initial proposal stating that the psychologically important element is not whether it is a primary or secondary object, but rather the attachment itself. He went on to explain that one of the reasons for abandoning the terms "primary and secondary" generally imply a genetic sequence and that such sequence was not intended. He thus opted for the terms "first transitional object" and "second transitional object".

The first transitional object includes only soft, malleable, more or less amorphous, cuddly objects, such as a blanket, a sheet, a bit of cloth and a diaper (Busch, 1974:219).It is intimately related to the infant's physical contact need. This object can be referred to as the "attachment object" since the child displays strong attachment behaviour and affectional responses to it.

The secondary transitional object includes soft, cuddly toys and perhaps some hard toys. It differs from the primary transitional object by its later onset and the fact that the child exercises more selective skills in choosing the object as opposed to to the primary transitional object which was part of her early environment, but not an active choice due to the stage of development she was at when her attachment formed.

Winnicott (1953:91) defines a transitional object as "a toy or old piece of blanket that a child takes to bed to help the transition from waking to dream life."

3.6.4 **Pacifiers**

The literature discussing the issue of the pacifier is inconsistent and inconclusive. A pacifier may be described as an object made of plastic or rubber, in the shape of a bottle teat, meant to resemble a nipple.

Halonen and Passman (1978:72) categorise pacifiers as attachment objects. However, Busch et al., (1974:194) and Gaddini (1971:349) disagree, basing their argument on the dissimilarities between pacifiers and soft transitional objects, for example, the earlier age of onset for pacifier use and the fact that the pacifier is introduced and use of it is controlled by the caregiver.

Gaddini (1971:349) suggest that pacifiers are the earliest of inanimate objects but specifically characterised them as "precursors", differing from earlier attachments because it is the caregiver and not the infant who establishes and controls the contact with the pacifier.

The pacifier may be classified as an attachment object, especially since it has similar functions to other attachments. The essential difference though, is the earlier age of onset of use.

It has been demonstrated that the pacifier serves some of the same soothing functions as other kinds of attachments for one year children who were attached to them, (Halonen and Passman, 1978:72). Their findings also showed that the pacifier generally promoted more play and longer separation from the mother.

Many parent's prefer to give their children a pacifier rather than to let her suck her thumb, because the pacifier has the following advantages, namely :

- the use of the pacifier can be controlled by the main caregiver
- the modern special orthodontically designed pacifiers are less likely to push the teeth out of position and cause a malformation of the jaw;
- it is easier to wean a child off a pacifier than off the thumb.

The disadvantages of pacifier use are that they could be a health risk and that it is aesthetically unsightly. Another big disadvantage is that indiscrimate use of the pacifier as a "plug" just for peace could result in the shutting off of peaks, instead of allowing exploration and learning. A pacifier should be used specifically in response to spontaneous behaviour of rooting, mouthing, crying or empty sucking.

The relationship between the categories of transitional phenomena, transitional object equivalents and transitional objects is still not clear and awaits more research. Gaddini (in Muensterburger et al., 1978:115), proposes that most items belonging to the category of transitional object equivalents are considered to be "precursors" of the transitional object proper. A precursor of a transitional object is an object which has the capacity to console the child, but have not been discovered or created by the child. It is usually provided by the main caregiver and an example could be the bottle or pacifier.

TABLE 3.2 THE VARIOUS CATEGORIES OF TRANSITIONAL PHENOMENA AS INTERPRETED BY HONG (1978:64)

TRANSITIONAL PHENOMENA

CHARACTERISTICS	TRANSITIONAL OBJECT EQUIVALENTS	TRANSITIONAL OBJECTS	
		PRIMARY	SECONDARY
DESCRIPTION	Lullabies, songs & tunes;babbling, other sounds;rocking and rhythmic movements;patting and rubbing the baby;other rituals and habits at bedtime (mother,pacifier, thumb)	Blanket a bit of sheet, a bit of cloth, diaper	Stuffed animals, soft dolls and toys, possibly hard toys.
MATERIALS	Nonmaterial	Amorphous, soft, malleable	Definite forms and shapes
MANIPULABILITY AND CONTROL BY INFANT	Least	Most	Intermediate
ONSET	First 6 months	Second 6 months	2nd and 3rd year
DEGREE OF ATTACHMENT	None	Strong (attachment objects)	Some (preferred or play objects).
INCIDENCE	Most common; universal in one form or other	Intermediate: differs according to the culture and child-rearing practice.	Possibly least, differs according to culture (?)
DURATION	Transitory (but persist throughout life in different forms)	Lasting (terminates at 3-6 years)	Lasting (terminate at 4-7)
IMPORTANT ROLE IN RELATION TO	Differentiation of self and object, and inner and outer reality; continuity between self and world	Contact need separation anxiety separation-individuation creativity	Autonomy and independence;strong elements of companionship;cogn itive sophistication and childs choice
COMMON ROLE	Adaptational phenomena to assist the infant during various developmental transitions		

3.7 The role and function of the transitional object

3.7.1 The role of the transitional object in the child's development

Transitional phenomenon are believed to make contributions to development in the following various subphases of separation- individuation (Mahler et al ., 1975:25).

a) Object relations

The infant can maintain her need-fulfilling during the transition from being objectless to object-related and also when the primary caregiver is unavailable by means of a transitional object.

b) Perception

Jacobson (1960:31) suggests that the first impression of the self is based on tactile perception. The transitional object, especially the blanket, represents the role of tactile perception, ensures contact and perception of reality.

c) Cognition and reality testing

Winnicott (1953:94) saw the role of transitional phenomena as crucial in the development of cognition and reality testing, especially with regard to the process of illusion- disillusionment and differentiation of "me-not me" and inner- outer reality.

d) Symbolism

The transitional object can be described as being symbolic of a part object of the mother or the reunion with the mother. This object is the root of symbol formation and represents both the concete and the symbolic presence of the mother, (Winnicott, 1953:92).

e) Ego structure (internalization) and the cohesive self.

Initially, the new born relies totally on the mother to meet her needs. As she grows, she develops her own intrapsychic structure to control, protect and regulate her needs and her anxieties. So too, it therefore follows on, that the infant will internalize the soothing and anxiety-regulating functions of the blanket attachment. By internalising, Tolpin (in Busch , 1974:220), indicates then, that the child can dose herself accordingly, as and when the need arises, with this soothing attachment object.

f) Creativity

Transitional phenomena occur in a creative space between the subjective and the objective and are creative responses to "good-enough" mothering (Hong, 1978:68). The infant discovers and creates meaning of the transitional object; it is the infant who imbues the object with an idealised component of her mother's soothing function. Therefore, the significance of the transitional object lies in the primary creativity of the infant. According to the literature, (Winnicott, 1953; Coppolillo, 1967 and Tolpin,(in Busch 1974), this first act of creativity may be the prototype of all kinds of creative acts in later life.

g) Defence

The need for a defence against separation anxiety is regarded as the uppermost genetic condition. Winnicott (1953:91) states that the transitional phenomenon is a defence against anxiety. The infant experiences strain when she experiences different realities, for example, the separations from the mother or the impacts of the external environment. The transitional object helps the infant to maintain

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control and to adapt to changes, thereby acting as a defence against overwhelming situations.

Greenacre (1969:158) proposes that the development of transitional phenomena accompanies inner maturational processes.

h) Ego autonomy

It is a developmental task that the infant seek gratification in the outside world apart from the mother. Coppolillo (1967: 242), using Rapaport's concept of the ego's relative autonomy, states that the transitional mode of experience insures the ego's optimal autonomy from the id and the environment. The transitional object is part of the infant's move away from total dependance upon the mother and provides the external stimuli instead of the mother, to establish the internal-external equilibrium which is the basis of relative ego autonomy. This autonomy is vital to the process of separation-individuation. Thus the transitional object has the double function of retaining the closeness to the mother and facilitating the liberating from her, simultaneously giving greater security to explore the outer world (Rudhe and Ekecrantz, 1974:398); and this thereby helps the infant to develop her own independance and autonomy.

Copolillo (1967:242), states that one way in which optimal autonomy can be provided for is through the transitional phenomena. When a child takes an object into the transitional or intermediate area of experience, she has at her disposal, a representative, not only of external reality, but also one in which her instinctual drives can be perceived. Should these instinctual drives become too intense or unaccceptable, she can easily shift cathexis to the qualities of the object which represent the external reality of the environment. By investing in external reality,

her ego becomes relatively less vulnerable to id intrusions. As she becomes comfortable again, and the ego regains its role as the master of the psyche, she may recathect that part of the transitional object which represents her instinctual life. Thus the transitional object ensures continuing optimal autonomy to the ego and allows impulses to emerge only to the degree they will participate in structuralzation and to serve adaptation.

3.7.2   General function of the transitional object

Greenacre (1969:146), says that perhaps the crux of the function of the transitional object lies in it being a tangible object which is neither just infant nor just mother. It may be separated from both but has the combined qualities of both, thereby imparting warmth even if no direct contact exists.

Abrahms and Neubauer (in Muensteburger et al.,1978:139), state that the transitional object is representative of the absent mother, permitting the negotiation of separation and the illusion of control.

Passman's studies (1977:25) indicate that an attachment to a non-social object enhances exploratory behaviour in play, aids the infant in the reduction of moderate amounts of arousal and facilitates learning in a novel situation. Attachment objects do probably have a limited substitutive function.If the mother is not available, the transitional object may serve as a substitute for her, thereby helping the child to cope with the separation from the mother, (Bowlby, 1969).The soft object can reduce anxiety, insecurity and tension and therefore exert a positive influence on the exploratory drive and achievements.

Winnicott (1953:90) suggested that a transitional phenomenon is of positive value in personality development and is transitional between a child's subjective inner world and the objective world of outer reality : in other words, it gives the child a "resting place" in the struggle between inner and outer reality. This experience, he believed, was the well spring of creativity and assisted in the development of the ego.

Other functions of the comforter, as elucidated in the literature (Brazelton, 1978; Jolly , 1973 and Spock , 1974) are that :

- it provides pleasure to the user
- it is a means of achieving relaxation and contentment
- affords feelings of security
- has self-soothing properties
- is a coping mechanism used by children
- decreases and regulates anxiety

3.8   The psychological sequelae of transitional object use

Among the most recent contributions to the literature, are a number of studies (Boniface and Graham , 1979; Newson, Newson and Mahalski , 1982; Mahalski, 1983 and Litt, 1981) which indicate that early childhood and perhaps beyond is associated with specific psychological and behavioural sequelae. The following was inferred from the discussion on the abovementioned studies .

Children who insisted on having a specific soft object present at bedtime and other times of stress have been found to have :

- fewer sleep disturbances,

- be more independant

- be generally easier to manage

- self-confident

- outgoing in relation to adults

- less likely to manifest tension habits under stress

3.9   <u>Termination of the use of the transitional object</u>

Irrespective of the role of the transitional object in the life of an infant, by definition, an infant's need for it is expected to be transitional. It is anticipated that the transitional object should no longer obtain once the child has acquired feelings of security.

Ideally, it can be expected that around the age of three years, the levels of body ego development and object relations should be sufficiently developed to enable the transitional object to lose its importance for the child, especially in her waking hours. Brody (1980:584) states that a number of investigators have been explicit about the possibility that attachments to transitional objects may begin as a progressive phenomenon, but may become regressive.

Busch et al. (1973, 1974, 1977), in their studies, found that of the twenty seven children who had transitional objects, two or three gave them up at between 2-5 years, five or six gave them up at the end of the oedipal period and at least 18 (about two thirds of the sample) were still attached at age six years.

In the study done by Brody and Axelrad (in Brody 1980), nine of the fifty nine had given up their transitional object by age one, four by age three, sixteen by age four,

ten by age five and five by age six, leaving fifteen of the original sample still attached at seven years old.Furthermore, of the thirty one children who gave up their transitional object between ages three and seven years, it was found that seven children developed normal attachment to a stuffed toy or doll, ten others developed symptoms such as nailbiting, dawdling, hair twisting, difficulty in falling asleep and fear of being alone. Six other children developed a variety of rituals, for example, stroking a book, scratching themself or sniffing.

According to Brody (1980:586), figures from the above studies are sufficient to confirm that the transitional object is not a mere passing infantile preoccupation and the duration of attachment may sustain or promote psychic conflict.

In giving up the transitional object, there appears to be an overlap between actual readiness on the part of the child to give it up and pressures from the outside world. The process of "weaning"has to apply. Weaning from the primary transitional object refers to a process of permanent detachment from that particular object, without the transference of feelings, fantasies and affective experiences associated with the primary transitional object to another object (Busch et al ., 1973:211).

Winnicott (1953:91) and Copolillo (1967:242) have described weaning from the transitional object as a process of gradual decathexis. Busch et al., (1973:213) suggest that weaning from the primary transitional object is a highly complex process, in that along with the internal process which leads to the object losing its meaning for the child, it would also appear that there are also external pressures which impinge on the child and serve as a strong impetus for the relinquishment of the object.

Even if it would appear that the child has given up her comforter completely, it is most interesting to note how, in the event of a distressing situation, she will reach for it automatically, having a "regression" as it were. In "quitting the habit", it must be remembered that the child is giving up a concrete representation of soothing or relaxing experiences; therefore if she regresses, it should be accepted as a normal part of the developmental processes, consistent with the general functioning of children.

Usually the need for a transitional object is determined by the child herself. It may fade gradually, the child herself may make a big deal about assuring herself of not needing it now that she is a "big girl". In all probability, it graduates to becoming a favourite toy and is finally retired to a position of fond memories.

Winnicott (1953:96) notes that, characteristically, it is not shamefully banished, nor is the memory of it subjected to active repression. Children who "lose" the transitional object of their own accord, as opposed to parental deprivation, appear to come to terms with the loss of the object more easily.

Winnicott (1953:96) assumes that *"the task of reality- acceptance is never completed, that no human being is free from the strain of relating inner and outer reality, and that relief from this strain is provided by an intermediate area of experience."* Therefore, he suggests that the transitional mode of experience continues throughout one's life span and may appear in various forms, be it play, religious or recreational experiences.

3.8 Conclusion

It is clear, from a survey of the literature, that the transitional object is a temporary construction to aid the infant in the early stages of developing a sense of reality and

establishing her own individual identity. It has positive value and influence in that it is associated with growth and expansion, and is dispensed with when it is no longer needed.

Most writers (Busch , 1974; Litt ,1981; Newson et al., 1982) to name but a few, agree with Winnicott (1953) that the use of a transitional object is normal and beneficial to healthy development. Perhaps one reason for this dramatic change in attitude is the increasing awareness that attachments to objects like the security blanket is both salubrious and ubiquitous.

CHAPTER FOUR

THUMBSUCKING : A BRIEF DISCUSSION
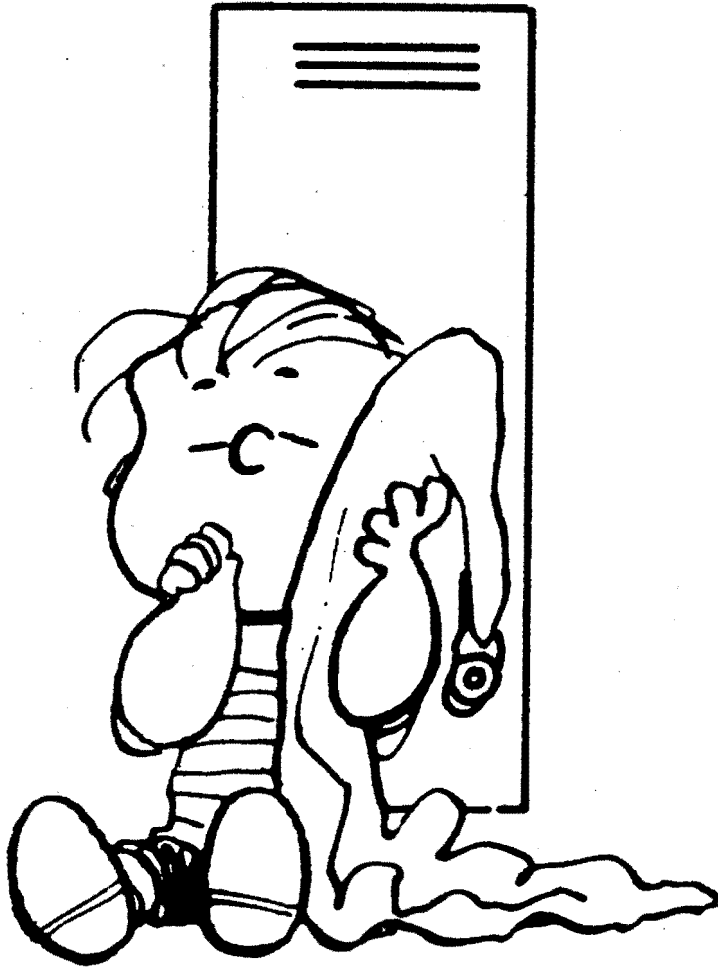
4.1   Introduction

In this chapter, the researcher intends to give an overview of a specific type of comfort behaviour, namely, thumbsucking.

The thumbsucking habit has been with us since the birth of man. It has also been a contentious issue and recent years have seen desperate attempts on the part of parents to "cure" their children of the habit. The two major questions which are related to the habit of thumbsucking are firstly, whether thumbsucking really does have a negative impact on the dentition and, secondly, does curbing the habit cause psychological harm to the child. The parent is in a quandary on whether to risk psychological frustration in her child or to risk a dental deformity. The researcher, hopes to explore both these aspects in this study.

Humans like animals, are born with a sucking instinct which is ripe at birth. Freud (1915:114), describes an instinct as a stimulus to the mind. A stimulus of instinctual origin, according to Freud, does not arise from the influences of the environment or outer world, but more from within the organism itself. Likewise, an instinct never acts as a momentary impact, but always as a constant force. Freud feels that a better term for a stimulus of instinctual origin is a "need" and that which does away with this need is "satisfaction" and satisfaction can only be achieved by a suitable alteration of the inner source of stimulation.

The desire for finger sucking is a need like hunger which every child has. Because it is a need like hunger, we can say only that it has an instinctual basis, by which we mean that we do not know what its basis is, but we know empirically that it exists

and that its gratification is necessary for the child's development (Pearson, 1948:591).

In elaborating on instincts, Freud (1915:114), uses certain terms with reference to the concept of the instinct, namely, impetus, aim, object and source. A brief discussion on these terms follows. The impetus of an instinct is its motor element, that is, the amount force or the measure of the demand upon which it represents. The characteristic of impulsion is common to all instincts and is actually the very essence of them. Every instinct is a form of activity.

The aim of an instinct is in every instance, satisfaction, which can only be obtained by abolishing the condition of stimulation in the source of the instinct. The object of an instinct is that through which it can achieve its aims and is the most variable thing about an instinct. Object is not necessarily extraneous. It may be part of the subjects own body. By the source of an instinct, what is meant, is that somatic process in an organ or part of the body from which there results a stimulus represented in mental life by an instinct. The subject of instincts is controversial and is possibly best summed up by James (in Jacobson , 1960:18), who says :"*I (James) don't blame you for being confused. No subject in psychology today is more written about than the so-called instincts.*"

4.2   Definition of thumbsucking

Thumbsucking is defined by Kauffman and Scranton (1974:3), as the "*enclosure of any digit or part of the hand by the lips or contact of the tongue with any digit or part of the hand.*" Mack (1951:33) states that thumbsucking is an insertion, many times every day of the whole thumb or fingers deep into the oral cavity. The pad is

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almost always towards the palate and the thumb reaches as far back as its length and gag reflex will permit. The lips are closed around the thumb forming a seal and powerful sucking action of the cheeks is employed.

Friman and Schmitt (1989:438) describes thumbsucking as a common, generally harmless child behaviour, whose persistent practice occasionally leads to dental, dermatological, orthopaedic and psychological problems. Thumbsucking is referred to as a "habit". According to James in Mack (1951:33-34), "an acquired habit, from a physiological point of view, is nothing but a new pathway of discharge formed in the brain, by which certain incoming current ever after tends to escape,.... it is nothing but a reflex discharge."

Habits may be classified as meaningful or as empty. A meaningful habit is the basis of all habit formation. A habit is said to be meaningful where there is a direct cause and effect relationship. Habits are automatic and when the child is just using the thumb to fill the gap, between periods of activity, then it can be regarded as "empty".

4.3   **The development of sucking**

Thumb- or finger-sucking is a common developmental phenomenon in pre-adolescent children, (Christensen and Sanders, 1987:281). McRae (in Lawes, 1950:170) says that "nature means man to enjoy in a pleasurable way, every function of his body and the instinct for pleasure is just as much a hunger as the instinct of preservation. So the baby in the sucking stage must do two things ; that is, firstly she must satisfy physical craving for food and secondly,she must also

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satisfy sensual cravings for pleasure. To fail to satisfy either of these instincts means death : physical death in the one case, and emotional death in the other."

It is interesting to note that the sucking instinct is well developed by the foetus in the womb. There is evidence to show that the foetus does in fact begin sucking its fingers in the womb as early as fifteen weeks and that further, most foetuses show a bias for sucking the right thumb, although the reason for this bias is unknown. It is possible that this may reflect advanced right-sided motor or neural development. Although it is more conventionally believed that hemispheric brain lateralization leads to later handedness, the early exhibition of a lateral bias may play a role in initiating hemispheric differention. It may also be that the stimulating effects of sucking the right thumb differentially stimulate the left and right brain and lead to a degree of specialisation. There is much evidence that stimulation influences brain organisation and it may be that prenatal thumbsucking commences the development of brain lateralization , (Hepper et al., 1991 :1108).

The sucking response has been described as a well-organised, complex, congenital pattern of behaviour which appears to be crucial to the survival of both human and infra-human species. The sucking instinct is elicitable immediately after birth by presenting an appropriate suckable object. Pearson (in Jacobson, 1960:12) notes that the desire to suck for pleasure is not due to the need for food, because scans of the foetus, where the child could not possibly be hungry (the foetus gets its nourishment directly via the placenta) sometimes show the foetus sucking its fingers or thumb. Another common occurrence which supports his view is that babies often suck on their fingers after a full meal.

Sucking is essential for feeding. Sucking and cuddling also play a vital part in the bonding that takes place between the child and parent and quickly come to be associated in the mind of the child with security, relaxation and comfort. It isn't surprising, then, that some children turn sucking and cuddling into a habit that is exercised even when they are not in their parents arms, especially when tired and distressed. In situations like these, the thumb finds its way into the mouth or the child may "dry-suck", that is,without the aid of a thumb, they will stroke a toy or hold a blanket against the cheek. Sucking appears to satisfy three aims, namely, getting nourishment, developing better reflex stimulation of the respone system and acquiring tactile stimulation. Massler et al., (1949:1-9) believes that sucking, including thumbsucking, is a part of the normal behaviour pattern of the infant. He does not differentiate between an instinct and a behaviour pattern. He contends that sucking is a normal and even desirable action in the infant and that an infant will suck on almost anything which comes into contact with her lips.

4.4   **Function and causes of sucking**

The biological utility of the nutritive sucking response is obvious, but the functional significance of non-nutritive sucking appears to be less apparent. Several interpretations of non-nutritive sucking have been advanced. Friman (1988:301) contends that thumbsucking has adaptive value for a child up to four years of age.

Data from infra-human primates suggest that thumbsucking begins for one reason is sustained for others and that the roles of several relevant variables change with increasing age (Benjamin, 1967:1067); meaning that,thumbsucking arises from (but is not sustained by) the rooting and placing reflexes. The infant then learns through favourable experience that the sucking is associated with the satisfying of hunger,

being held and other pleasures that she wants to re-enact these "good" feelings; therefore she continues with thumbsucking.Rooting refers to turning the head towards the stimulus and opening the mouth simultaneously; placing refers to the subsequent contact usually followed by sucking.

Freud considered thumbsucking as a manifestation of infantile security. He stated : *"I believe that the association of the manifestation into which we have gained through psychoanalytic investigation justifies us in claiming thumbsucking as a sexual activity"* (Freud , 1918: 118).

Kaplan (1950:555) expressed his viewpoint by saying that instead of regarding thumbsucking as if it were a disease, we must see it as a symptom, perhaps only one among others, which indicates an emotional disturbance or in other words, a disturbance in interpersonal relations.

According to Anke (1972:310), one of the theories on reasons for prolonged sucking habits assumes that the habit is caused by emotional disturbances. The child turns to sucking as a compensation for insufficient gratification or because of psychological difficulties originating from the environment. Levy conducted a study on young pups in 1934. The pups were deprived of normal sucking during feeding by being force-fed with a medicine dropper. So intense was their sucking instinct, that the pups proceeded to suck their own and each others paws so violently, that the fur came off. Levy thus concluded that noenates have a sucking drive, which if not adequately satisfied during feeding, will be displaced onto digits in the form of thumbsucking.

Faegre and Anderson (in Lawes, 1950:171) suggest that over-hasty feeding may be a possible cause of thumbsucking. Their line of reasoning is that although the the child is satiated with food, the natural sucking instinct is not satisfied, hence the need to put the fingers into the mouth. They also suggest that thumbsucking in an older child may just be either pure pleasure, that is, echoing pleasures at the mother's breast or alternatively an attention-seeking mechanism.

Ozturk and Ozturk (1977:95-103), conducted a study on thumbsucking and falling asleep and concluded that the form in which a child is allowed or induced to fall asleep, seems to stand out as the etiological factor in thumbsucking. They found that if the infant goes to sleep while sucking at the breast, bottle or pacifier, the sucking drive is satisfied and thumbsucking will not occur; while the child who is left alone to sleep without breast, bottle or pacifier or other gratifying object, will develop habitual thumbsucking as a means of comfort while falling asleep. Strain (in Lawes, 1950:172) passes of the habit as relatively unimportant, saying that "*all babies suck their fingers, thumbs or fists; its part of babydom*".

There are diverse and conflicting opinions on the etiology of thumbsucking and this is still a relatively unknown area. However, it is a commonly accepted fact that sucking is an inherent instinctual act and is associated with a strong sense of security.

It has been assumed that children with a sucking habit practice it in stress situations, when the child is bored, has been scolded or punished, or as a symptom of rejection (Massler and Wood 1949:1).

Anke (1972:319-320) conducted a study to investigate whether sucking is practised more in negative than in positive psychological situations and concluded that sucking is practised more than twice as much in psychologically neutral and positive situations than in stress situations. According to Anke, (1972:320), the type of sucking that is practised in psychologically negative situations is referred to as "sucking for comfort", while in the neutral or positive situations, the sucking is done for pleasure.

There appears to be two types of finger sucking. The first type is referred to as constitutional sucking, where the foetus begins sucking before birth and cannot be curbed easily; and the second type of sucking is where the child was originally a thumb-or fingersucker, gave it up of her own accord and after a break of 4-5 years starts again. This second type of finger-sucking has the same etiology as any neurosis and may be referred to as secondary sucking. The child has obviously encountered some difficulty in her present stage of life, and cannot progress because it is causing her some anxiety; therefore she regresses to a stage and pattern of behaviour where she felt safe.

The following situations appear to be when thumb or finger- sucking is most commonly practised :

- at bedtime
- watching television
- when hungry
- bored
- emotionally upset (sad, angry, after punishment)
- shy
- hurt (physically)

- tired

- listening to stories

Some possible reasons for the thumbsucking habit manifesting itself during the pre-school stage could be :

- birth of a sibling

- imagined or actual neglect

- loss of a loved person or pet

- change of environment

- atmosphere at home for example, unhappy marriage or retrenchment

- belittling the child

- lying to the child

- the child is unable to live up to parental expectations

A striking corollary to the act of sucking, according to Massler et al. (1949:1-9), are the "accessory" movements performed by the free hand. Among the common associated movements are : holding or stroking a piece of material such as wool, silk or cotton; pulling, twisting or stroking the hair, covering the eyes, stroking lips or ears. These associated behaviours are usually formed during the very early months of life when the child sucking at the breast, begins to fondle or play with the mother's silk robe, hair or the blanket the child is swaddled in.

Thumbsucking, according to Pavenstedt (in Jacobson, 1960:36), is often initiated by the use of pacifiers administered by the caregivers. He says that the act becomes so pleasurable to the child and eventually becomes as indispensable as smoking is to some adults.

4.5   The effects of thumbsucking

Often parents whose children thumbsuck have such intense emotional reactions over the habit of thumbsucking, that it becomes an all-absorbing worry to them, and they are quite unconscious about the thoughts and feelings of their children. (Palermo, 1956:392)

The current focus of concern on the part of parents centre around the influence of thumbsucking upon the physical development of the child and the significance of thumbsucking as a manifestation of the child's psychological development.

4.5.1   Psychological aspect

It is accepted that sucking is one of the basic instincts of Man. At birth, both man and animal "know" instinctively how to suckle the breast to obtain nourishment and further, that there exists an inner tension or need which needs to be satiated by the sucking action.

Freud (1918:117) pointed out that the anatomic structures of those areas of the body surface such as lips and where skin and mucous membranes meet, have a particular type of sensitiveness of an itching nature which can be removed or quieted only by a rhythmical scratching movement such as sucking. This sensitiveness is present at birth. Many foetuses suck their fingers in utero, making sucking motions while being born or begin to suck immediately after birth. This sucking is for pleasure and not due to hunger, because hunger does not develop until 24 hours following birth. Also, some babies often suck at non-nutritive objects like their fingers even when they are not hungry. This then, confirms the theory that

all babies must do a certain amount of sucking in order to satisfy this inherent instinct.

Thumbsucking has been interpreted as a problem of feeding, that is, the child has been fed too quickly and the need to suck has not been gratified. If the need is not satisfied by sucking at the breast or the bottle, the infant will look instinctively to another source, and in most instances it is her fingers or thumb. She first locates them and then learns by experience that they are available at all times and this is how the habit is so easily formed.

Levy (1937:244) noted that babies who were fed every three hours did not suck their thumbs as much as those who were fed every four hours; and that those babies whose feeding was completed in ten minutes or less, were more likely to suck their thumbs than those who fed for twenty minutes. His findings was supported by Roberts (1944), Spock (1947) and Pavenstedt (1957), (in Jacobson, 1960:46), with the main reasoning behind this being that sucking is a pleasurable and continuous habit. Isaacs (1935:450) states that there is some association of safety and security yielded by the mouth-nipple situation, which the infant seeks again and again in the sucking of her thumb. The thumbsucking may be seen as a symptom and as an expression of an intense need for oral satisfaction, the thumb being a substitute for the mother's nipple. The thumb is resorted to simply because it is always there for the child and frustrations can be largely neutralised by the child herself; and also it is convenient and because it makes her independant of the outer world which she cannot control.

As the child gets older though, the thumbsucking is not merely a means of oral gratification, but also a form of reassurance against an inner fear of punishment for "bad" or "destructive" impulses.

At times, thumbsucking becomes an infantile or regressive reaction in that it is used as a method of withdrawing from the outside world. The child may be frustrated or overwhelmed by some situation in the present stage of development, so much so that she regresses and picks up an earlier pleasure; that is, she is withdrawing from the outside world and concentrating upon herself.

However, if the habit of thumbsucking is practised excessively, it may be looked upon as an indication of an unsatisfactory psychological environment, for example, too litle stimulation or entertainment from toys or perhaps improper parental attitudes.

4.5.2 Physical aspect

In a very small percentage of cases, the thumbsucking habit may persist after the age of five years. It is then possible that a deformity of the finger, thumb and/or malocclusion may result.. However, it must be stressed that the deformity produced will be in direct proportion to the duration, frequency and intensity of the thumbsucking habit, (Campbell-Reid and Price, 1984:445).

The effects of thumbsucking has been the subject of much controversy. It is insufficient to conclude that because a child is a thumbsucker and possesses irregularly aligned teeth, that the cause of the latter is due to the thumbsucking habit. According to Tulley (1952:200), there is general agreement that the effects of

sucking may be transitory or more lasting, depending on the power exerted by the digit or lip, the age at which the habit is discontinued and the degree at which abnormal tongue habits and other activities maintain the condition.

Ballard (1951:146) is unconvinced that thumbsucking is a major cause of dental irregularities. Sears (1982:200) concurs that thumbsucking seldom displaces the front teeth unless the child continues the habit beyond two and a half years of age and exerts heavy and prolonged pressure on her front teeth. Since, mechanically, teeth are moved to desirable positions by light pressure stimuli, it follows that pressure stimuli produced by sucking habits may just as easily deform (Mack 1951:39). Basically, the use of a sucking object or the thumb affects the teeth in the sense that the sucking action pulls the teeth either upward or outward, against the pattern of normal occlusion.

The main reason as to why thumbsucking is concerning if it persists beyond the age of five years, is that the baby teeth are shed and replaced by permanent teeth. Should the baby upper front teeth be proclined (pulled forward) at this stage by a finger sucking habit, then the adult teeth will also erupt in a proclined position. The lower incisor teeth which are pushed back by finger sucking, become retroclined. It is possible for the displacement of the permanent incisors to be self-correcting under the influence of pressures from lips and tongue.However, self-correction is less likely to occur, the longer the habit persists.

Sweet (1948:1017) enumerates some ill-effects attributable to the habit of thumbsucking. It must be stressed that these problems may manifest itself only as a direct result of very intense and prolonged thumbsucking beyond the age of four years :

- thumbsucking may cause abnormal development of the maxilla or mandible or both, depending on the position of the thumb in the child's mouth; (facial aesthetics may be affected)

- thumbsucking may lead to breathing through the mouth resulting in underdevelopment of the nose and upper lip

- the important gag reflex is diminished

- open bite deformities may result

- may influence overgrowth and enlargement of the tonsils

- may cause displacement of the teeth

- thumbsucking may cause callous formation on the thumb and/or dermatitis

- dental arches are constricted

- speech defects may result (as a result of the "tongue thrust" which inhibits development of the swallowing reflex.

4.5.3 Other risks associated with thumbsucking

There are increased fears on the part of health care workers that thumbsucking may be a source of mouth or stomach infections. However, Bakwin and Bakwin (In Palmero , 1956:394) noted that there was no evidence to indicate that thumbsuckers are more susceptible to gastrointestinal distrubances, infection or stomatitis, and that germs enter via all parts of the body, not only orally.

Another physical risk associated with thumbsucking is alopecia, which may occur in children who thumbsuck and simultaneously pull on, pull out or twist hair. With regard to development, thumbsucking may interfere with motor or mental development in the sense that a large amount of physical and mental energy is

channelled into the thumbsucking habit from which the child learns nothing although she gains comfort.

4.5.4 Benefits of finger and thumbsucking

There is almost universal agreement that sucking is probably the most important volitional motor activity of the newborn infant. This is the one patterned activity present at birth, perhaps even before birth in some infants, and the absence of which after birth, will cause a great deal of concern to all those interested in the infant. The infant's survival depends upon her ability to suck, since it is through this function that she is able to infest food, (Kaplan , 1950:556).

Thumbsucking appears to have two elements, namely, the excited erotic and a quiet, more affectionate relating of the thumb to the mouth. In fact, thumbsucking is adaptive for many infants and young children in that it enhances independant functioning, for example, thumbsucking permits infants who are between feedings, holdings and other interesting events to occupy themselves and delay the onset of boredom. Sucking is therefore a sign of the child's growing resourcefulness. It also allows toddlers and young children to soothe themselves when they are sick, hurt or upset, (Friman et al., 1989:438). Also, sucking is a special source of comfort when the child has sore gums during teething.

Sucking seems to be tranquilising during periods of emotional disturbance. A child may suck her thumb when she is playing with a group of children and things get too active or demanding for her. She relieves tension by retiring to the sidelines and sucks on her thumb while she watches and assesses the situation; similar to a "time

out". This gives her a chance to absorb what's going on and yet also, not be overwhelmed by it. She will usually rejoin the group once her emotional batteries have been recharged.

A major benefit of sucking to the child is that sucking is comforting, simply because it is rhythmic, absorbing and repetitive. The motion itself is an effective means of relieving stress.

Mack (1951:36) states that thumbsucking is viewed in a positive light by allergistics, who feel that thumbsucking arises when a child is experiencing respiratory difficulties. Children who thumbsuck are found to be good sleepers and as babies, omit the right feed earlier than those babies who do not suck fingers or thumbs. Sucking is extremely beneficial especially in the first months of life as it is important for the structural development of the face and jaws, for digestion and for the facility of speech function. Further, sucking, be it a thumb or a pacifier, has been found to have a soothing and tranquilising effect on children in that it eases colic and reduces crying. Sucking on a thumb can relax a child, help her to go to sleep and also protect her sleep as well, in that noises or disturbances which might wake her, just make her suck more vigorously. Sucking is a sign of a child's perfectly healthy continuing need for security and comfort. It would appear that the benefits of sucking far outweigh the physical risks of thumbsucking.

4.6   **Management of the thumbsucking habit**

In earlier times, the innocence of a baby sucking her thumb was looked upon indulgently. Freud (1918 :117) "that the association of the manifestations into which we have gained an insight through psychoanalytic investigation justifies us in claiming thumbsucking as a sexual activity." Freud stresses the point that this

sexual impulse is not directed to other persons but that the child gratifies herself on her own body, that is, she is autoerotic. Based on Freud's opinion, thumbsucking was then regarded as socially unapproved behaviour, since an open expression of sexual impulses was taboo.

Parental concern over the thumbsucking habit increases if the habit persists as the child gets older. Lichstein (1978:365) suggests that the longer a child sucks her thumb after six years of age, the greater the risk is of dental malocclusion. Some of the problems associated with habitual thumbsucking include open-bite, overject and closed-bite dental malocclusions.

In some children, thumbsucking is accompanied by other self- stimulatory behaviour like hair-pulling which may be aesthetically unpleasant if bald patches result. Doke and Epstein (in Christensen and Sanders, 1987:281) highlight additional reasons why thumbsucking may be viewed as an undesirable habit. They state that thumbsucking behaviour may restrict the child from responding to questions during formal group activities; that thumbsucking may interfere with spontaneous speech development and/or restrict the use of manipulative materials during free play.

In view of the potential risks associated with thumbsucking, an array of management procedures has been recommended to parents, some examples being the use of pacifiers (Knight and McKenzie 1974), the wearing of splints (Lewis et al 1981), woollen gloves (Lassen and Fluet 1978), and the application of bitter tasting substances to the thumb (Haryett et al ., 1970).

Theoretical evidence, supported by practical investigation shows that thumbsucking is primarily a psychological problem, the treatment of which must conform to psychological principles (Lawes, 1950:168).

4.6.1 The Treatment of Thumbsucking

When to treat thumbsucking should be determined by risk potential (Friman and Schmitt, 1989:438).Thumbsucking should not be treated until potential risks far outweigh potential benefits, which rarely occurs before the age of four. Even then, after four years, treatment is not always indicated, either because the sucking is infrequent or because it has a function important enough to outweigh its risks, for example, when a child experiences a substantial loss (parent or pet), ear (surgery), pain (injury, illness). In situations like the above the child will sometimes employ a regressive behaviour like thumbsucking, as a temporary adaptive copng strategy. The most common reasons for intervention are :

- the presence of a dental problem clearly and directly related to the thumbsucking habit. A dental consultation is necessary to confirm this;
- presence of alopecia due to pulling at the hair while sucking;
- digital deformity, which may be the result of intense sucking;
- chronic thumbsucking after the age of four years (chronic meaning if the thumbsucking is occurring two or more settings, for example, at home and at school and when it occurs both during the day and at night);
- when the child asks specifically for assistance with quitting;
- some form of emotional sequelae is imminent;
- when parental reactions are excessive (parent probably needs intervention)

Once a need for intervention has been decided upon, the next area of concern is to address the issue of when is it the "wrong" and "right" time to begin therapy? The line of demarcation between normal and abnormal thumbsucking is vague and ill-defined. Abnormal sucking is "vigorous sucking throughout the day and at every chance," while "occasionally" is the term used to describe normal sucking. Any sucking, especially thumbsucking, is regarded as normal behaviour during the first two years of life. Attempts to curb thumbsucking during this phase may be detrimental both to the physiological and psychological development of the child.

There is no universal agreement on how long a child can suck her thumb for, but evidence suggests that sucking is a problem only if it continues intensely after the second set of teeth have erupted. Further,it is impossible to state categorically an exact age to begin corrective therapy. The best timing is relative to each individual case and the following may serve as guidelines, namely, the child's history, severity of the habit and general development of the child. Friman and Leibowitz (1990 :64), advocate a conservative approach to the treatment of thumbsucking; that is, treat only when a need has been established. Each child's need should be established independantly taking age, parental attitudes, risks and the child's interest in quitting into consideration.

The most desirable course of treatment is one which will cause the least amount of distress to the child and not result in disturbance in another direction. There are no definite, concise or easy methods of "curing" the habit. The ideal approach would be prevention; however, this is not always possible as sometimes contamination from other factors occurs. Thumbsucking is not a disease to be cured. However, correction may be possible, but it requires patience, tolerance, tact, perserveration and above all love and understanding. If the child is ready to quit the habit, it can be corrected quickly, easily and with the least amount of distress (similar to toilet training).

Initially, treatment should be based on psychological principles, and a team approach must be considered, especially if physical problems present themselves.

In the following section, the researcher will describe and discuss a few of the more commonly known approaches for the treatment of thumbsucking.

4.6.1.1 Habit reversal treatment of thumbsucking (HR-Method)

This method consists of teaching competing reactions, identifying the habit prone situation, arranging social support by the family, providing a response contingent period of competing reactions and the identification of response precursors (Azrin et al 1980:395). Although this method was initially developed to treat the behaviour of autistic children who displayed undesirable oral habits, Azrin and Nunn (1973) found that they experienced success in eliminating the thumbsucking of two normal children and consequently on 30 other thumbsucking children. Over a 20 month period, a reduction of between 89-98% in success was reported. The success of this method is contingent upon active participation by parents.

4.6.1.2 Behaviour therapy of thumbsucking

The underlying principle used in this method, advocated by Bishop and Stumphauzer, (1973) is based upon the time-out from positive reinforcement model. Four thumbsucking children between the ages of three-and-a-half to five years were invited to watch television cartoons. The cartoon was switched off when the child inserted her thumb into her mouth and switched on again when she removed it. Although this method was successful in decreasing the rate of thumbsucking, it was observed that the responses remained suppressed only while the punishment was in effect and recovered upon its withdrawal.

4.6.1.3 Eliminating thumbsucking by preventing a co-varying response

It has been mentioned earlier that the act of sucking is frequently associated with accessory movements like hair twisting or stroking. This method of curbing thumbsucking is based on the principle that direct co-variation between the two behaviours could lead to the elimination of one, through sucessful treatment of the other. In the study done by Friman and Hove (1987), the hair pulling was not treated directly. Stopzit, a bitter tasting solution was applied on the thumb. No other form of treatment was used . The result was that elimination of the hair pulling was obtained, concomitant with the successful treatment of thumbsucking.

4.6.1.4 Habit reminder approach

This treatment frequently advocated by dental providers, involves intraoral devices like hayrakes or palatial bars, that are structurally designed to inhibit and/or punish thumbsucking. For this approach to work, the patient's co-operation and a sincere desire to break the habit is absolutely vital.

4.6.1.5 Aversive taste / reward system treatment

In the initial study done by Friman and Leibowitz (1990), parents were instructed to coat the child's finger or thumb with Stopzit, a commercially available substance designed to treat thumbsucking. The child was rewarded with an item from a grab bag if she went without an observed instance of thumbsucking. A high rate of cessation of the thumbsucking habit was recorded. This treatment is highly acceptable to most parents and paediatricians.

4.6.1.6 Response prevention approach

This has been considered as one of the most useful and non- intrusive procedures for the elimination of thumbsucking. It may sometimes also be called the say-do method, and involves a three-phase process. In the first phase, the negative social and physical aspects of thumbsucking is described to the child in private, for example, the child is asked why her finger is ugly and deformed. The second phase involves describing to the child the conditions or situations under which she sucks her thumb, for example, she sucks her thumb when her hands are idle. The third and final phase is to inform the child about a quick way to quit the behaviour, for example, place hands at the side or on the lap or cross hands when hands are idle. This is then followed by social reinforcement (say-and-do method). This type of treatment can be successful in the classroom as it easy to implement.

4.6.1.7 Primary prevention approach

Mackenzie (1987:485-486) was the architect of this approach. He advocates allowing thumbsucking with no interference for the first three years. Then between three to five years, parents will voice disapproval of the habit. The child should be "banished" to an isolated space to suck her thumb "until she has finished: and then be allowed to rejoin the family without a lecture. The role of the parent is to fend off well-meaning advice from grandparents, friends and teachers.

Paradoxical therapy is indicated in this approach, in that, it involves rearranging the misdirected power struggle into a frame that links the child's stubborn resentment to the act itself, until she is ready to relinquish her own decision of both the infantile form of comfort and the spitefulness of the no-win battle.

This means that the parents say to the child that they understand her need to thumbsuck and they will support her. They may even apologise to her for not having understood its importance up to now. Then she should be given "thumbsucking time" so that she can really concentrate on that need. This time precludes other activities, for example, no television, no reading, no play is allowed. The child spends a full ten minutes on the activity of thumbsucking. When the time is up, only then can she go on to other activities. The routine is repeated daily, even on weekends. No comment from parents is allowed, except to protect the child from jeers and teasing. Eventually the new form of coercion gets boring. If the child protests at the enforced ten minutes, she should be reminded of her need and that parents are merely supporting that need. The parent may give permission (reluctantly), for the child to skip one session, only after the child contracts that this is really what she really wants. Thumbsucking can be abandoned if the child wishes to, but with the reassurance from parents that they will help her to go back to it anytime she wants to. According to Mackenzie (1987:486), when the child has made a completely autonomous decision to "put away childish things", he has rarely seen a recurrence. This approach requires an enormous amount of self-discipline on the part of the parent.

4.6.1.8 **Monitoring, motivation and sensory feedback approach**

The literature (Friman and Schimdt, 1989:439) indicates that the most effective interventions for thumbsucking include monitoring, motivation and sensory feedback components. Monitoring involves parents recording on at least a daily basis whether sucking was observed. Parents may keep charts of progress on which stars or crosses are recorded. Monitoring allows both parents and the child to keep track of progress or lack therof and to provide a basis for motivational incentives.

A motivational system merely involves giving small rewards to the child on sucking free days. While rewards and privileges are used to reinforce absence of thumbsucking it is very important to withdraw these privileges when thumbsucking is present or else this will negate the whole process.

The easiest and most empirically supported sensory feedback method involves the bitter taste treatment (a taste solution available over the counter). It is applied to the nail once in the morning, once in the evening and once each time the child is observed sucking (referred to as the contingent application).

After one week without sucking, the morning application is eliminated; after two weeks without sucking, the evening application is eliminated. The contingent application is maintained. For success, the bitter taste treatment must be applied with the child's approval and co-operation.

4.6.1.9 Other approaches for the treatment of thumbsucking which have enjoyed minimal success include :

- aversive consequenses (Ross, 1975), which involves a five- minute time out from television viewing

- reading of bedtime stories contingent upon thumbsucking (Knight and McKenzie, 1974)

- the use of edible reinforcers to stop thumbsucking (Hughes et al ., 1979)

- the use of mechanical thumbguards

- teasing by parents and peers

- bandaging of fingers and thumbs

- showing pictures (to older children) of how thumbsucking can spoil the teeth

- baby's hands tightly swaddled at her side

- use of gloves or mittens

- elbow splints

The use of mechanical devices, arches and cribs are more punitive than therapeutic in nature, and are more equivalent to a spanking. Spurs have a particular disadvantage in that the child becomes emotionally upset and experiences great difficulty with both eating and speech.

The researcher rejects the approach of critisism , ridicule and teasing as this may result in a poor self concept and impact on the becoming and development of the child.

Klein (1971:289) advocates the following approach to treating the thumbsucking habit.

DIAGRAM 4.1 A TREATMENT PLAN FOR THE THUMBSUCKING HABIT (Klein 1971:289)
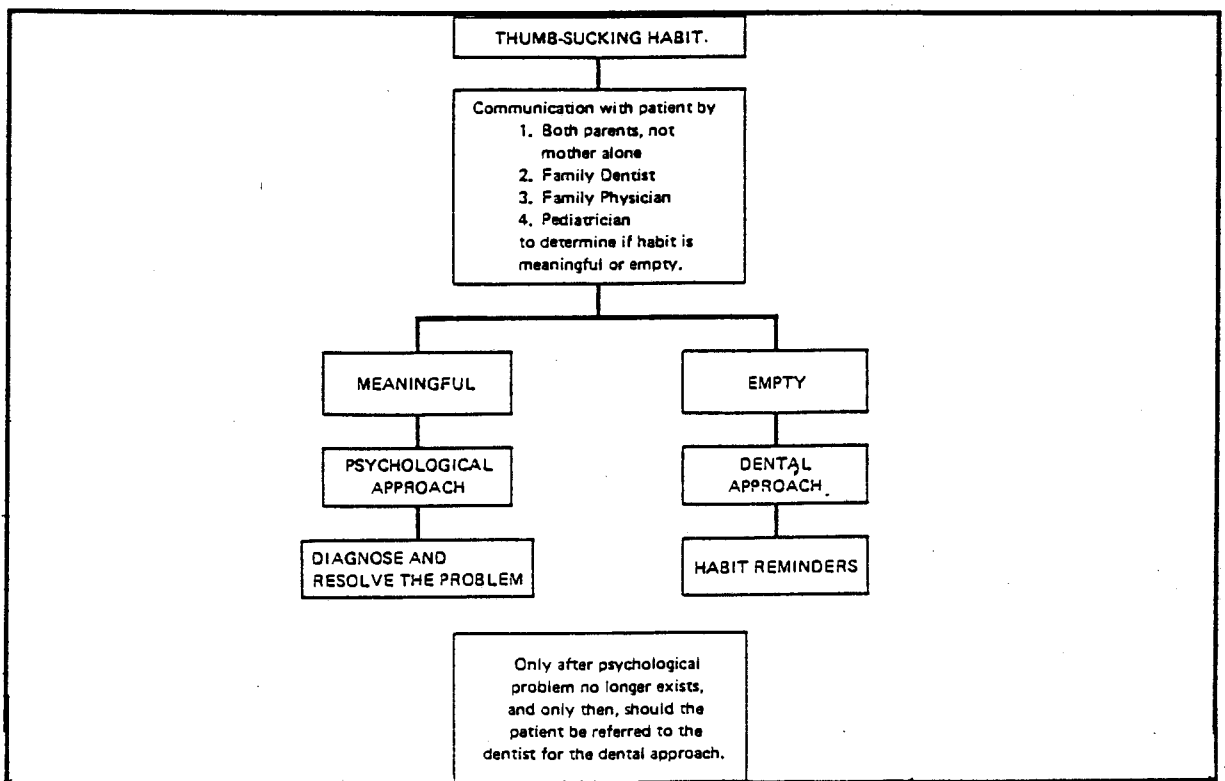
4.6.2 Consequences of forcible prevention of the habit of thumbsucking

There are doubts as to whether restraint causes psychological or mental harm or whether it causes frustration. Some babies suck their fingers from birth. The persistent, forced removal of the fingers from the mouth in effort to prevent the habit from forming may result in a sense of frustration. Lawes (1950:170) , says that if this frustration becomes associated with the parent (as the child grows), resentment will remain in the unconscious minds against the parent and may impact on parent-child relations.

Isaacs (in Lawes, 1950:171), maintains that the baby can be prevented from getting its thumb to its mouth, but often the price paid, is contained nervous strain, mental disturbance and hopeless anger, all of which may spread most harmfully over the whole mental life.

She feels, that to lessen the habit and enable the baby to grow out of it easily, one must be sure that the baby is getting full satisfaction at the breast or bottle and that in the waking hours, the child should be occupied as fully as possible, thereby leaving fewer opportunities to turn to the self for amusement.Isaacs (in Lawes, 1950: 170) also contends that forcible deprivation of thumbsucking always does cause a more serious psychological disturbance and other behaviours may then manifest itself, for example, bedwetting, stammering, night terrors, tongue sucking and even aggression to others.

The researcher would like to describe three cases where forcible curbing of the thumbsucking habit was attempted, to illustrate the point that abrupt or forced deprivation of gratification of the need to suck may result in emotional trauma.

Case of five year old girl (Pearson , 1948:589)

The girl was forcibly prevented from sucking her fingers firstly by means of scolding and spanking when she sucked her fingers, then by means of bitter substances and finger guards, and finally by means of elbow splints. After a few weeks, the disposition and character of the child had changed.She became anti-social, striking children with an iron pipe, used obscene language and even cut up her mother's dresses.

Case of four year old girl (Pearson , 1948:589)

The father of the four year old girl became very annoyed at her sucking habit. He rebuked, scolded and even slapped her.

After a few weeks the finger-sucking stopped completely but she began to stutter badly. When the father realised that the forced curbing of the finger-sucking habit had caused the stuttering, he apologised to her and encouraged the sucking habit and and even used lollipops to reinforce the sucking habit. After approximately a week of positive encouragement, the stuttering ceased.

Case of Carol C (Lawes , 1950:272)

Carol commenced thumbsucking at birth. Her arms were strapped to her side to stop the habit. However, when the straps were removed, she recommenced thumbsucking. Her mother placed mustard, castor oil and other bad-tasting stuff on Carol's thumb. Carol acquired a taste for these substances and went on sucking her thumb. Finger stalls were fastened on her thumbs with adhesive tape, only to be bitten through. When her arms were strapped to her side again, she bit chunks out of her blanket and sheet. Carol was subjected to continous harassment by her mother and grandmother. At eight years of age, Carol's right elbow was splinted.

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Carol could not eat or sleep properly. She was extremely irritable. The end result was that the thumbsucking habit was firmly entrenched and psychological as well as dental damage resulted.

It is patently obvious that the effectiveness of a treatment procedure would be in doubt if, as a consequence of that treatment, there was a reliable yet unprogammed and undesirable deterioration in other social behaviours, for example, bedwetting, spitting or stammering.

The home is the preferred setting for the implementation of treatment procedures and active participation by parents , siblings and significant others seems to be a norm.

In looking at a treatment for thumbsucking, it is vital that the reason for the act of thumbsucking be sought and understood, rather that to focus on and be overly concerned with the act itself.

The role of the educational psychologist is vital in that the educational psychologist can ensure the co-operation of the parents by encouraging them to appreciate the psychological aspects of the problem. It could be that the parental expectations far exceed the child's capabilities and hence the child reacts to the parental demands by regressing to the infantile act of thumbsucking; or that the thumbsucking presents a problem to the parents as they view the habit as a failure, that is, the child is insecure due to poor parenting and therefore the child needs a crutch like the thumb. The educational psychologist can help the parent come to terms with issues like the above, and in doing so, facilitate correcting of the habit.

A final word on the treatment of the thumbsucking habit. There is no device or treatment approach which will stop the habit if the child resents it and does not want it. There is no more logic in placing boxing gloves on the child's hands to prevent her from sucking her fingers than there is in placing a band-aid across her mouth to cure her of hunger.

4.7   Conclusion

A careful analysis of oral habits reveal that most people enjoy the feeling of pipes, pencils, gum, the ends of reading glasses in their mouths.

In summarising the literature on thumbsucking, it appears that the medical claims against thumbsucking are highly exaggerated. Kanner (in Palermo, 1956:396) sums up concisely the views of most people when he says that :"*no therapeutic measures are needed when infants suck their fingers in the first two or three years of life. Treatment is to be directed to parental attitudes.*"

The researcher concurs with Mitchell (in Lawes 1950:181), who claims that thumbsucking is a normal activity in the infant and therefore it should never be directly interfered with, either by mechanical devices or by forcibly removing the hand from the mouth. He says that " any show of disapproval or punishment is also condemned and, for the school-going child, shaming, criticism and ridiculing must be avoided."

The researcher is of the opinion that thumbsucking does not pose a life-threatening situation and should not be tampered with. Further, advanced medical technology,

plastic surgery and removable braces are other options which the parent and child

can consider if long term effects of thumbsucking occur.

CHAPTER FIVE

THE RESEARCH DESIGN

5.1   Introduction

Just as there is not a single scientific method, so too there is just not one type of educational research. Educational research includes many kinds of investigation and can be classified by the phenomena investigated. It has four main purposes, namely, description, prediction, controller improvement and explanation. However, explanation subsumes the other three purposes.

In this chapter, the research design will be outlined. In an effort to realise the task at hand, reference will be made to the aim of the study. A description of the research sample, the ex post facto and descriptive research methods will follow.

Naturalistic observation will be used to discover how comfort behaviour manifests itself in children. A simple questionnaire will be used to gauge incidence and parental attitudes towards comfort behaviour. Thereafter, an analysis, interpretation and case material will be presented in Chapter six.

5.2   Aim of the research

The primary purpose of this study is :

- to study the becoming and development of the child with specific reference to the use of comfort behaviour;

- to explore the nature, cause and consequences of comfort behaviour, with special emphasis on thumbsucking, by way of a literature study on the subject;

- to compile a set of acceptable guidelines for use by parents, teachers and other professionals who work with children, on how to assist the child who resorts to comfort behaviour to experience a feeling of success.

- to confirm the hypothesis that comfort behaviour or transitional object attachment benefits the child in a positive manner far more than it disadvantages the child negatively.

As a secondary aim it is hoped that the myths and perceptions of comfort behaviour will be highlighted. In doing so, it is anticipated that an awareness of the educational importance of the transitional phenomena and the affective foundations of the transitional object and its use in education can be emphasised.

5.3   Description of the Research sample

The research sample, at whom the simple questionnaire will be directed, will consist of a random sample of pre-school children at local pre-primary schools. The ages will range from three years to six years, and will include both boys and girls. No differentiation will be made in respect of race, culture, religion or socio-

economic status. The main objective of the questionnaire is to gauge parental

attitude towards the comforter and incidence of use of the comforter.

For case material, the researcher will write a letter to the editor's page of the local

newspaper, asking interested readers to contact the researcher if their children

presently use or have used any form of comfort behaviour. The researcher then

intends to interview the persons who respond to her request and to observe the type

of comfort behaviour used by the children.

5.4   **Research Methods**

The ex post facto research method, the descriptive research method and a

questionnaire will be used in the collection of data.

5.4.1 **Ex post facto research and its application in this study**.

The designation, ex post facto, Latin for "from after the fact" serves to indicate that

the research in question is conducted after variations in the independant variable

have already been determined in the natural course of events, (Ary , 1979:271).

Kerlinger (1973:379) has defined ex post facto research quite succintly as:

"systematic empirical inquiry in which the scientist does not have direct control of

independant variables because their manifestations have already occurred or

because they are inherently not manipulable. Inferences about relations among variables are made, without direct intervention, from the concomitant variation of independant and dependant variables".

The term ex post facto indicates that changes in the independant variable have already taken place; the researcher is faced with the problem of trying to determine the antecedents of the observed consequences.

An ex post facto study begins with a description of a present situation, which is assumed to be an effect of some previously acting factors, and attempts a retrospective search to determine the assumed antecedent factors. The function of the ex post facto method of research therefore is to test the hypothesis concerning the relationship between an independant variable and a dependant variable.

The researcher will attempt to determine the influence of the uncontrolled independant variable through the use of this method of research. This means that the researcher will observe if the research subjects differ in the use of comfort behaviour and perhaps endeavour to establish plausible causal factors.

5.4.2   <u>The descriptive method of research</u>

Research involving the collection of data for the purpose of describing conditions as they exist is called descriptive research (Ary, 1979:295). Studies are designed to obtain information concerning the current status of phenomena (Ary, 1979:295). They are directed toward determining the nature of a situation as it exists at the time of the study. The aim is to describe "what exists" with respect to variables or conditions in a situation.

Conclusions for descriptive studies are based on results of data analysis which interpret by comparison, contrast and cause -effect relationships. Descriptive research is not generally directed towards hypothesis testing.

Descriptive research uses observational techniques such as surveys, interviews and questionnaires to collect data. A brief description of these techniques as applicable to this study will follow.

5.4.2.1 <u>The observation method and its application in this study</u>

Observation may take a variety of forms. The two basic elements are : looking at and recording the behaviour of the subject under study, (Ary, 1985:205). An important requirement for observation is to know the behaviour that is being

observed, since a limited knowledge may result in an oversight of many aspects. Also, there is a need to have a framework for describing observed behaviour (Ary, 1985:206). Bloob (in Ary, 1979:206) maintains that it is possible to observe a child talking to and interacting with someone else, and to describe many important and interesting aspects of the situation, but not to provide the information that is necessary for understanding what the child knows.

There are two methods of observing behaviour, namely, observing in a natural or devised setting and questioning the subjects about their behaviour. The researcher plans to observe the child in free play situations. Further, the child will be asked to talk about her comforter and to say why she keeps it close to her. The objective of this exercise is hopefully to assess the relative meaning or value of the transitional object in terms of emotions and feelings.

5.4.2.2 The questionnaire and its application in this study

A simple, quick to answer, questionnaire will be administered to parents whose children are at pre-school. The questions in this questionnaire was based on the literature study. The purpose of this questionnaire is to elicit information from parents with respect to the type of transitional object used, incidence of comforters and parental attitudes towards this treasured possession.

The questions in the questionnaire will be open-ended in nature so as to accomodate as complete a response as possible as each child's use of comfort behaviour is different. An effort will be made to arrange the questions in a logical sequence. A brief introduction will precede the questions although the significance will not be discussed.

The collection of the questionnaire will be done via the principals of the schools. Analysis of the data will be done by the researcher.

5.4.2.3 Unstructured interview

The interview as a research method is unique in that it involves the collection of data through direct verbal interaction between individuals. The main advantage of the interview is its adaptability, as it permits the researcher to follow up and obtain more data and greater clarity. The interview is likely to yield more complete information when open-ended questions are asked. Open-ended questions also allow the respondent the opportunity to say what they really feel. However, the researcher is sometimes faced with the dilemma that the answers cannot be organised into categories for the purpose of counting or analysing.

The following aspects will guide the interview, namely :

- a description of the object

- when and how it became important

- for how long the comforter was/ has been used

- the demise or otherwise of the comforter

- general family history

- attitudes of others in the family towards the comforter

The information gained from the interview will be preserved by note-taking and taped recordings. In some instances, telephone interviews will be conducted to confirm information received in letter form. Interviews will be approximately thirty to forty minutes in duration.

5.5   Conclusion

The research design is outlined for the purpose of helping the reader understand the approach used in investigating comfort behaviour in children.

The brief discussions on the different methods of research is intended to provide a clearer understanding of the research findings and its interpretations.

CHAPTER SIX

EMPIRICAL STUDY ON COMFORT BEHAVIOUR

6.1   Introduction

In this chapter, the researcher aims to highlight important aspects of comforters and comfort behaviour, through the eyes of the user. To realise this aim, the researcher decided to gather information, by means of parental reports, unstructured interviews and a simple questionnaire with the parents of the child who uses comfort behaviour.

The information was collated under the following headings :

- a description of the object;

- when and how it became important;

- for how long its use lasted;

- the manner of using the comforter;

- the demise or otherwise of the comforter;

- position of the child in the family;

- age of the user;

- general information and attitude of the parents and significant others.

6.2   Ex post facto study

The researcher published a letter in the local newspaper, asking parents to contact the researcher in writing or telephonically, if they had a child who used comfort behaviour. Seventeen letters and thirty telephone calls were received. Each case differed in respect of the amount of detail available and the quality of the material. The researcher will describe a few cases. None of these cases are unusual. The main objective of this exercise was to collate case material and also to investigate whether the use of a comforter is a healthy, normal manifestation, occurring in children who appear to be making a fairly successful social and emotional adaptation.

Upon receiving the letters from parents, unstructured telephonic interviews followed and five children were observed in a free play setting with their chosen comforter.

6.2.1   Case material collated from the ex post facto study

6.2.1.1 Corale

Corale is a constitutional thumbsucker, that is, she began sucking her thumb in-utero. This was evident on scans taken at 16 weeks and 28 weeks respectively. Since birth, she has refused any alternative to the thumb and uses it mostly at

bedtime or when watching television. Carole also became attached to a nappy which she carried around on her shoulder. Carole's mother reports that there was a temporary increase in Corale's thumbsucking when a sibling was born; further, Corale's thumbsucking appears to intensify when people comment on the thumbsucking habit. Her mother says that this increased thumbsucking is almost as if Corale wants to "spite" the commentor.

Corale gave up her nappy when she began to attend pre- school, although the thumbsucking persists. It is quite interesting to note that Corale initially sucked her right thumb. When she began school, she switched to sucking her left thumb as she needed the right hand for writing. This is certainly an indication of her resourcefulness.

Corale's parents appear to have a positive attitude towards the thumbsucking habit and the younger child has "copied" the habit when the mother threw away this child's dummy.

Corale herself appears to be a well-adjusted child. Academically she is in the top three at school, and also represents the school at both swimming and athletics.

6.2.2   Jamie-Leigh, Donna and Belinda

According to their mother, each of these three sisters have a "security blanket".

Jamie-Leigh is the eldest and her habit began when she was 10 months old. She sucks the two middle fingers of her hand and simultaneously holds onto the black tag of a nappy. As she grew older, the habit decreased gradually, although she occasionally resorts to it if she cannot fall asleep easily or if she is upset or sick. Her mother cut the nappy down to a small square which is kept in her school bag. Jamie-Leigh is very happy with this arrangement.

Donna and Belinda are twins. Donna sucks one corner of the satin edge on her blanket for comfort, while Belinda holds her blanket and sucks her thumb.

Their mother has a refreshingly positive attitude towards her children's comforters. When they go out and looking after three comforters becomes too much (especially in the supermarket), she suggests to the girls that they should leave the comforters in the car to "look after the dolls."

6.2.3 Denise

Baby Denise weighed in at 9lb 2oz after a difficult labour. As she was a big baby and heavy to carry, her mother used to lie down alongside and breastfeed Denise. At approximately three months of age, Denise began to curl and stroke her mother's hair while she fed. Her mother was chuffed that Denise was "playing" with her. However, this delight soon became a "nightmare", as Denise will not sleep if her mother's hair is not available. If Denise awakes at night, mother has to lie down

with her to allow Denise to stroke her (mother's) hair. Mother has tried letting Denise cry for a while. This has resulted in great distress to both mother and daughter. Mother is still looking for a solution.

6.2.4 Joshua

Joshua has a favourite blanket which he calls his "blankie". It is small in size, pale blue in colour and has a crochet edging. At one year of age he made a trip to Cape Town from Durban by car with his parents. It was a long, lonely journey and the blanket was on the back seat with him. He is now four years old and the blanket is still in use.

He holds the blanket with the edging close to his face and sucks his thumb at the same time.

His mother says that although it looks "real cute", she is strict in not allowing him to walk around during the day with it.

6.2.5 Richard

Richard has a small face cloth which he calls a "holding cloth".It came into use when he was approximately six months old and is still in existence today at age nine, although only occasionally. Richard carries it around with him, sleeps with it and has never used it for washing. Richard now keeps it in a draw, but takes it out

whenever he is upset or insecure. Richard packs the holding cloth first whenever they go away.

6.2.6 **Mr. Yates**

Mr. Yates is now an adult but his mother responded to the researchers request in the local newspaper, as she obviously has good memories of her child's comfort behaviour. His comforter was a knitted bed cover, which was made up of multicoloured squares. At the age of about eight months, he began pulling one corner up, putting his little hand around the "poke", would smell it and suck two fingers at the same time. At about six years of age, when he began formal schooling, he put it away. His mother reports that he did not like it when she washed it as it then "didn't smell of chocolate!" She describes him as as a successful man today with no hangups about his comforter.She says that the whole family had a positive attitude towards his blanket.

6.2.7 **Gail**

Baby Gail's habit began at about four months while she was being breastfed. Her comforter was a nightie with a particular type of button. The button had to be preferably smooth, round and loosely attached. She would put her index and third finger under it and stroke it with the thumb.She called her comforter "Button". As

Gail was being fed, her hands used to wander across mom's chest until she located the button. Her mother says that even as Gail grew older, her fingers "roamed restlessly until they had found the button" and she then stroked and fiddled with the button until she fell asleep. Mother finally donated her nightie to Gail and took to sleeping in a <u>buttonless</u> T - shirt or tracksuit! The original "Button" has long gone but Gail has been content with a replacement; it lives at the bottom of her bed and is still in use; she often takes it along on sleepovers. Gail is eleven years old. Mother says that whenever "Button" was handed to Gail, "it was as though a magic wand had swept over her, because as soon as she had felt it, a look of dreamy euphoria would sweep over her face and she would be asleep within minutes."

6.2.8 Mr. MacGarry

Mr. MacGarry is now an adult. His mother responded to the researcher's request as she felt that she had a special story to share about comforters.

When her baby was six months of age, Mr. MacGarry senior, got into the habit of putting his index finger into his son's little fist to comfort the little fellow as he dropped off to sleep. This habit soon became firmly entrenched and bedtimes became increasingly difficult and longer. Mrs. MacGarry, a working mom, became desperate as her son would not sleep if he did not have a finger to hold on to and her husband was not always available. In her desperation, she designed and stitched a comforter to resemble a ten-fingerered octupus which was stuffed and brightly

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coloured. She then offered this substitute to her baby and she was fortunate in that

he accepted it without too much of a fuss. The octupus soon acquired the name of

"Goo" (after Lake Gitchigoomi in the poem about Hiawatha).She goes on to say

that to date, her son still has Goo, who although is much washed, patched and

mended, still enjoy's pride of place on his bedroom noticeboard.

The researcher would like to include Mrs. MacGarry's concluding comments in her

letter to illustrate the fact that parents too, value their child's comforter almost as

much as do the children themselves do. She says :*"most children choose one or

another form of bedtime comfort; but this surely must be the first that you have

heard of parents' who have deliberately "manufactured" a comfort toy for their own

peace and sanity!"*

Below is a sketch of what "Goo" looks like as designed by Mrs.MacGarry :

FIGURE 6.1 COMFORT OBJECT : GOO
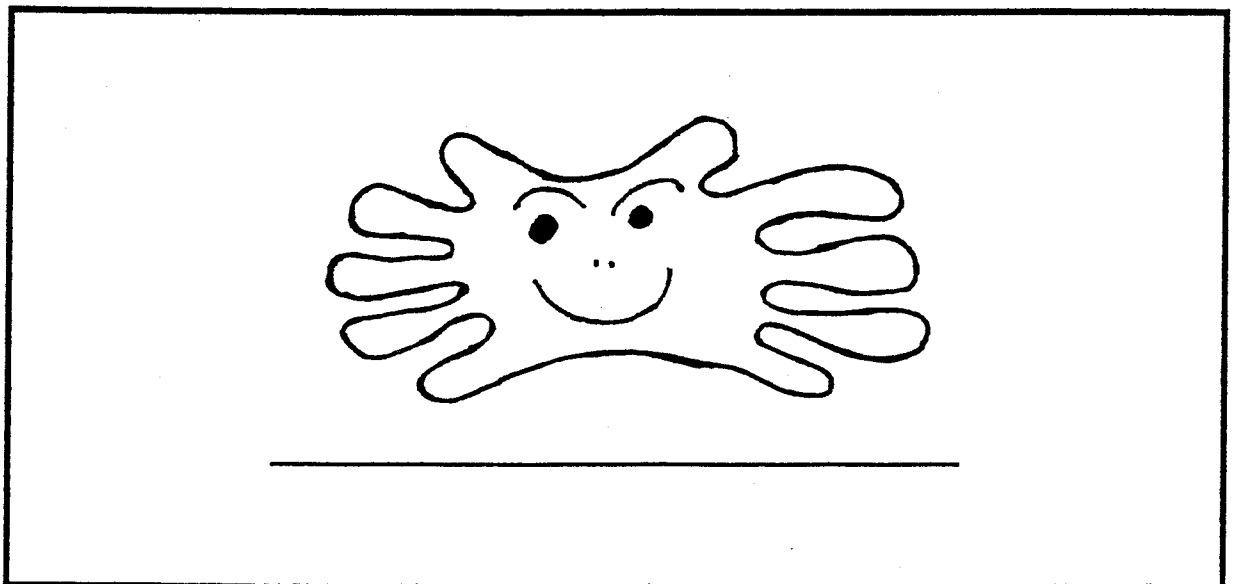
6.2.9 **Kirthi**

Kirthi is presently six years old and is still firmly attached to her comforter. At approximately three months of age the researcher began to notice that whenever Kirthi was put down for a nap, she would maneouvre her face so that part of the silky edge of the blanket would be against her cheek. As her co-ordination developed, she would pull the blanket up to her cheek and rub the silky portion on her skin. As she settled down to sleep, she would hold one corner of the silky portion of the blanket in her fist. The researcher has observed Kirthi's reaction to her blankets over a period of six years. When Kirthi is settled for a short nap or at night, she must *"feel"* the blanket's edge. The look that crosses her face when she "feels" her blanket can be described as "self-satisfied". She becomes dreamy-eyed and will fall asleep within five minutes. When Kirthi was younger, and her blanket slipped off the bed during the night, she would call out to be tucked up again. Recently, though (and this is quite amusing to watch), she will simply sit up, yank her blankets back onto her bed, and go back to sleep, without so much as batting an eyelid.

The importance of the blanket became apparent to the researcher, when as a toddler, Kirthi would become absolutely distraught, whenever her blanket was put into the washing machine. Kirthi believed that the washing machine would eat her blanket up; as a result of this belief, she would sit down in front of both the

washing machine and the tumble dryer watching her blanket go around. She would only settle down for a nap once she had had the blanket in her hands. To counteract the distress that Kirthi was experiencing, the researcher invested in two other blankets which had the same silky edging. In addition to that, the researcher ensures (to this day even), that only one blanket goes into the wash at a time.

Kirthi is quite content without her blanket during her waking hours. She uses it only at bedtime, when she sleeps over (at friends or relatives homes) or when she is ill. Kirthi has no hangups about her comforter and talks easily about her blanket to her friends, even offering one to them if they sleep over at her house. When the researcher asked her about why she likes her blankets so much her reply was : "they are so soft and comfortable, I love to cuddle them".

Kirthi's nuclear and extended families have a positive attitude to her blankets and make every effort to ensure that they are available to her whenever she requires them.

6.3 Parental attitude towards the inquiry and the comforter

This discussion is based on the unstructured personal and telephonic interview with the parents.

It was not a difficult task to get people to talk about the subject of comforters and comfort behaviour. Even if their own child did not have a comforter, everyone could remember someone who did and it was relatively easy to get a discussion going on the topic. In fact, the researcher found it difficult sometimes to end an interview, as some mother's were so enthusiastic to supply information.

Most mothers seemed to recognise that these adored and treasured objects could not be lightly dismissed and must be respected by adults. Also many mothers stressed the fact that they had never forcibly tried to get their child to give up her comforter.

Some mothers felt instinctively, that they were connected in some way to the objects but were not able to say specifically in what way they connected. They felt that these objects were definitely linked to anxiety reduction in their children. Two mothers spoke of "failure" with regard to their mothering, especially if the child had a very intense attachment.

The researcher would like to include a few spontaneous comments made by mothers during the interview, namely :

- that they (mothers) were very aware of the soothing and relaxing properties of the comforter;

- that the reasons why their child used a blanket or napkin was because it resembled the clothing that the mother used while nursing the baby;

- that the comforter made the life of the working mother easier in the sense that when they had to be at work, they could rest assured that the comforter would take their place;

- a few mothers viewed the comforter as a sign of weakness and immaturity in the child; and one mother felt hurt that the object sometimes displaced her;

- some mothers expressed a wish to have a comforter for themselves.

- "if anything bad ever happened to that blanket, I think I would kill myself", was a comment made by a mother.

95% of the seven mothers interviewed personally by the researcher had a positive approach towards the transitional object.

6.4   Discussion on the ex post facto study

Children who evidenced attachment in their first year, tended to choose thumbs or blankets as their treasured possesions, while those who evidenced attachment later on were more likely to prefer stuffed toys.

It is apparent that the child uses the senses of smell and touch most often with their comforter. It was obvious from the reported case of sucking, that a transitonal object almost always invariably supplements the thumbsucking. Parents appear to

be adept and resourceful in offering acceptable substitutes or alternatives; and more often than not, respect the comforter and its associated behaviour, as it affords the child a sense of security. It was unanimously acknowledged that comforters definitely do facilitate a smooth transition to sleep.

6.5   <u>Discussion on the questionnaire on comfort behaviour</u>

One hundred and sixty four questionnaires were circulated at the local pre-primary school. Seventy one responses (43%) were received. Thirty five (49%) of the responses indicated that the child used some form of comforter; while 36 (51%) responses indicated negative use of comforters.

Of the thirty five positive responses, the gender breakdown is twelve males (34%) and twenty three females (66%)

The average age of the sample is five years.

An analysis of the items on the the five questionnaires and a brief discussion therof follows.

a)   Age of first attachment

0 - 3 months	3
3 - 6 months	4
6 - 12 months	10

12 - 18 months	4
18 - 24 months	7
24+ months	3
unsure	4

The distribution from birth to two years is fairly even. It appears that children develop attachment early.

b) Type of object most preferred

blanket with silky edge	10
napkin	1
stuffed toy	11
other (includes thumb)	13

The soft toy and the blanket appear to be the most popular choice. Some children use more than one object. Of the four cases where the child sucked her thumb, all four used accessory movement, for example, hair stroking.

c) Parental attitude towards the object of comfort

accepting	28
discouraging	5
irritated/annoyed	2

d) Situations when comfort object is frequently used

bedtime	17
tense/anxious	1
bored	0
sick	2
tired/sleepy	3
most of the above	12

It is noted that the comfort object is used most often at bedtime.

In reviewing the literature, the researcher found that little is actually known about the frequency with which children in the population as a whole develop attachments to transitional objects or whether there are differences in frequency or choice of object among different socio, economic or cultural subgroups. Thus, using this as a foundation, the researcher formulated a simple questionnaire. However, on reflection and analysis of the returns of the questionnaire, not much new information was shed on the above issues.

There is a noticeable difference between boys and girls in the use of comforters, with a higher percentage of girls using comforters than boys. It was difficult to determine the intensity of attachment because attachment is a relative factor. From the study it is evident that parents play an important part in encouraging or discouraging children to form and sustain attachment and also deciding what

objects are permitted, although most parents were in favour of attachment. 86% of the parents had a positive attitude towards the comforter and saw it as a useful means of reducing tension in and relaxing the child. Soft toys were found to be more tolerated than blankets, blankets more tolerated than pacifiers, and thumbsucking was least tolerated. Some parents made negative comments , for example, "*I'm trying to break her out of the habit, I don't know why.*" A few parents deliberately hid objects, saying : "*children are resilient, they'll get over it.*"

It was interesting to note that a few children have one special "possesion" whilst some needed a few more as the actual quantity of possessions gave security. The two main uses of a transitional object were found to be firstly, as a comfort when in distress and secondly, when going to sleep to ensure a smooth and peaceful transition from waking to sleep. It was apparent that children who thumbsuck, do so in combination with another form of comfort behaviour.

6.6   Discussion on the observation

All the data in these cases are based upon maternal conversational responses. Although mothers are well informed about their children, they (mothers) also have a highly emotional investment in their children which could make them (mothers) less objective than independant researchers; although it is very likely that the reports are valid.

The researcher observed five children using their comforter in a free-play natural setting. The observation was merely to confirm the mothers' reports. The most significant fact was that during these sessions the mother maintained an increasingly important position in relation to the comforter.

6.7 Conclusion

Winnicott referred to the function of the transitional object as a defence against anxiety. It is interesting to note that as the child gets older, she recognises herself, that the dependance on the comforter is infantile or "childish", yet acknowledges at the same time that she is not quite grown up to relinquish her comforter. She often takes it out, reaffirms her relationship with it and then puts it away without any sense of guilt.

A child may initially love a soft toy because of its contact comfort, but as the child gets older, and develops language and the capacity to symbolise, the toy may become an imaginary companion. Transitional object attachment does not appear to be a sign or cause of ego disturbances in ego development. If the attachment is long (past three years and very intense), it may be related to a low level of tolerance.

However, specific child-rearing practices may also be influential in the development and sustaining of a transitional object attachment, for example, the amount of physical contact a child receives or whether she sleeps alone.

Whatever the reason for the attachment, what appears to undisputed in the literature, is that transitional object attachment is a highly salutary practice.

CHAPTER SEVEN

GUIDELINES FOR USE WITH CHILDREN WHO RESORT TO COMFORT BEHAVIOUR

7.1 Introduction

In this chapter, some practical guidelines on comfort behaviour is discussed under the heading of transitional objects, thumbsucking and pacifiers.

The practice of each of these behaviours differs and management thereof should take note of the special manifestations specific to each type of comfort behaviour.

These guidelines have been formulated as a result of the detailed literature study and the empirical study. The researcher would like to stress that these guidelines are by no means a complete list.

7.2 Transitional objects or comforters

A small move for a child may mean a big change to her lifeworld. If a child is attached to a transitional object, the following hints may be useful :

- It is advisable to tell the babysitter, daymother or teacher about the child's comforter or form of comfort behaviour. It is possible that they may, (in all ignorance), place the object in an inaccessible spot or deny the child access to it, thereby causing the child unneccessary distress.

- Whenever the child is staying over at a friend's or family member's home, is going on a long trip or leaving her familiar home environment, one ought to pack the comforter first.

- Most children personalise a comforter and give it a name. It is suggested that parents in turn, should also use the name given to the comforter by the child and involve the comforter actively in the child's life and perhaps also to state their liking for the comforter. In doing all of the above, their child will be reassured of the acceptance of the comforter. This helps greatly to allay feelings of guilt that the child may have in choosing a comforter over the mother as a form of comfort.

- The child should not be deprived access to the comforter forcibly, especially as a form of punishment, one ought not to threaten to confiscate it also. The psychological consequences which may result may be more detrimental than the comforter itself.

- One should try to avoid making or offering a replacement or a substitute on one's own in the attempt to ensure that she chooses a more "socially-acceptable" comforter. Allow the child to head the pace.

- However, to ensure that the comforter can survive the intense onslaught it may be subjected to, the following may help :
  - if it begins to fall apart and cannot be replaced or mended, tie or sew the old comforter to a new one, as close as possible in size and shape, until all the old smells, sensations and feelings have been transferred to the new one. The old one can then be discarded gradually.

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- If the comforter is a blanket, which gets dirty and soggy, one may cut it in half, so that one half can be washed while the child has the other half.

- If the parent notices early on that the child is becoming attached to a comforter, the parent can then invest in identical ones, so that it is always available. The researcher invested in two identical blankets in addition to the original one. If one blanket was accidentally left behind at gran's home, there was no major crisis, as she had two others to rely on.

- If the child is of school going age and needs to "feel" her blanket or napkin, cut it down to a small square which can then be kept in her pocket or her bag and which can easily be reached when needed.

- It often happens that as a result of handling the object (dragging on floor, sucking, pet licking it, etcetera), that the comforter may become a potential health hazard. It is advisable to involve the child actively to clean the object. It could be made into a game, for example, give teddy a bath, or put the blanket into the bubble bath with the child.

This has a twofold purpose, namely, that it eliminates the child's unwillingness to surrender the object to an adult, and introduces at the same time an element of fun while making the comforter clean and safe for the child.

- It is advisable not to make the child feel ashamed of using a comforter. This may result in psychological conflict.

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- Several children's books present creative solutions to the attachment object dilemma. (cf. list of books - Children's Books about transitional objects).

  Billiam, R. (1984). Fuzzy rabbit. New York : Random House.

  Burningham, J. (1975) The blanket. London : Jonathan Cape.

  Chorao, K. (1982). Kate's quilt. New York: Dutton

  Cooney, N.E. (1984). The blanket that had to go. New York: Putnam

  De Regiers, B.S. (1984). Waiting for mama. New York: Clarion

  Douglass, B. (1982). Good as new. New York: Lothrop

  Gray, N. (1979). It'll come out in the wash. New York : Harper

  Hoban, L. (1974). Arthurs' honey bear. New York : Harper

  Hoberman, M.A. (1982) The cosy book. New York: Viking

  Hughes, S(1981). David and dog. New York : Lothrop

  Johnston, T. (1985) . The quilt story. New York:Putnam

  Jonas, A. (1986). Where can it be? New York : Greenwillow.

  Keller, H. (1984). Geraldine's blanket. New York : Greenwillow.

  transitional objects).

These books are especially valuable when preparing the child for pre-school, as this is when the child may begin to worry about ridicule from her peers. These books present creative solutions to the transitional object attachment situation. Each story presents a different coping strategy and the child can decide which she likes best.

- Although these are childrens books, they are also valuable to parents in the sense that parents can use it to come to terms with their own insecurities of their child using a comforter.

- Essa (1983:74) says that a child should not be expected to share a security item. If necessary, assure the child that both the teacher and the parent will intervene and rescue the comforter, thereby protecting the child's right to that item. This will go a long way in reducing the child's anxiety.

- A parent should not expect the child to just throw her comforter away when the parent feels that the time is right for it to go: one should try to understand that a weaning process has to occur. The need for a comforter should be handled sensitively, do not shrug it off in the same vein as, for example, a fear of the toilet flushing.

- Blame should not be placed on the transitional object for unacceptable behaviour; for example, if the teacher insists that the comforter must be left in the child's locker outside the classroom, and the child runs out of the class to check on her comforter, the blame lies with the teacher who insisted on the separation, not the child who left the class. The child was merely reassuring herself that her comforter was intact.

7.3   Thumbsucking

Thumbsucking involves no moral issue. Therefore, when handling a child who thumbsucks, goodness or badness is not at question and therefore, punishment and rewards should not form the basis of handling the habit.

Further, it must also be remembered that thumbsucking is not a disease to be cured. Correction may be possible, but again, there is no "given" time, procedure

or formula to begin corrective treatment, as this is relative to the needs of the child.

- Parental co-operation is the key to successful correction of the habit.

- In the early months, when it becomes apparent that a finger or thumbsucking habit is developing, a pacifier is useful in redirecting the focus of sucking. (cf. 3.6.4 for advantages of pacifiers).

- If a pacifier is refused, offer a rusk or rubber-coated spoon. Sucking is an instinctive urge which must be satiated. By offering soft food as a means of redirection, the sucking changes to chewing and swallowing, which means that the sucking needs have still not been met. Therefore, be careful in what is offered as a substitute for the sucking.

- It is suggested that a child should not be smacked for sucking her thumb, especially not in public. Besides humiliating her, it may result in her doing it secretly, and may possibly lead to obsessive behaviour.

- The child should not be criticised, criticise the habit, not the child.

- The child should be helped to verbalise her feelings during a stressful situation. A change in attitude from "don't" to helping her put the situation in perspective could be the answer.

- Talking to a child about her habit should be avoided. The more talk there is, the more a child will use thumbsucking as a defence to "get-back" at her

parents. Children realise quickly, that a battle of the wills is what this is all about!

- With an older child, parents or teachers could gently introduce a dental education programme, where pictures or a video could be shown to illustrate how intense and prolonged thumbsucking may result in crooked teeth.

- This approach is based on the principle that if a child is old enough to be causing harm to her teeth, then she is old enough to understand the reasoning behind it.

- It is not necessary to resort to putting "bad tasting" stuff on her thumb, or to pull her hand out of her mouth or to "hide" the pacifier. It must be remembered that thumbsucking is one of the few autonomous resources that a child has at her disposal for retreating, for handling tension and for comfort. Therefore, allow her the dignity of comforting herself in her chosen manner.

7.4   Pacifiers

- Choose a model which is small and safe.
- For safety reasons, get a one piece pacifier which cannot come apart and cause choking.
- According to the U.S. Consumer Product Safety Commision, the shield should be sufficiently large and firm, so that it cannot fit into a baby's mouth. The

shield should have vent holes, so that if by some chance she does get the whole pacifier into her mouth, she can still breathe.

- One ought not to tie the pacifier around her neck with string or ribbon, as this is a choking hazard. Rather, pin it or attach it securely to the front of her garment.

- Rinse the pacifier in hot water frequently, to sterilise it.

- Avoid dipping the pacifier in sweet stuff like honey in an effort to get the baby to keep it in her mouth. Besides causing her to develop a sweet tooth, this could lead to dental problems.

- Examine the teat regularly to ensure that the baby is not biting bits of the teat off.

- It is advisable to "break" a second one in so as to ensure minimal distress in the event of a loss or a puncture of the original one.

7.5   Conclusion

Inevitably there is a power struggle involved in the parents trying to make a child stop doing something she (the child) enjoys doing. Attempts to prohibit only serve to reinforce the pattern, simply because more attention is focussed on it than it deserves. This increased attention also places increased tension on the child at a time when she actually wants to reduce her tenseness and anxiety by resorting to comfort behaviour.

Parents should take solace in the fact that the impact of society and peers is strong, and that the habit rarely persists beyond twelve years of age.

The benefits of thumbsucking and transitional objects far outweigh the risks involved and parents can rest assured that their child will not come to any life - threatening harm if the child resorts to comfort behaviour.

Parents who feel that their parenting skills are inadequate and this is the reason for a comforter featuring in their child's life, should take heart from the fact that their child is displaying creativity and independance by using her own resources to handle an inner need, so in reality, they (parents) have not failed their child at all.

In conclusion, above all, RESPECT the object to which your child is attached to. From an adult perspective, we cannot even begin to comprehend the value that the chosen comforter has for the child.

CHAPTER EIGHT

FINDINGS, CONCLUSIONS AND RECOMMENDATIONS OF THE STUDY

8.1   Introduction

A study of the literature suggests that comfort behaviour is a universal phenomenon. Much of the published work about oral and clinging habits has been of a theoretical nature, concentrating mainly on measuring the incidence of these habits or trying to explain their etiology. The psychological-educational significance of the transitional object remains relatively ignored in the psychoanalytic literature.

The purpose of this chapter is to discuss findings which emanated from both the literature and the empirical study. Conclusions are drawn from these findings and some recommendations are made, based on the information gleaned from the research. In addition, issues which require further research will be stated. Deficiencies of the present study will be identified. Finally, some guidelines will be formulated, for use by parents and teachers. A brief summary of the the initial statement of the problem and the initial aims of the study will also be included in this chapter.

In doing this study, the researcher attempted to give attention to the child with respect to the areas of becoming and development. An extensive literature study was done to study the phenomenon of comfort behaviour and how it manifests itself in children.

8.2   Findings emanating from the literature

8.2.1   Psycho-educational theory

The psycho-educational theory as elucidated by Jacobs (1987:2-7), may be used as a frame of reference for studying and understanding transitional object attachment in children.

Using this as a frame of reference, attention was focused on the following areas, namely :

- the child (cf. par. 2.2.1)

- areas of becoming (cf. par.2.3.2.)

- the activities required for maturation (cf. par.2.2.2)

- the interaction between activities required for maturation (cf.par. 2.2.5)

A healthy, sound relationship between the child and her educators, is seen as indispensable to the becoming and development of the child, especially in the areas of forming a positive self concept and self actualisation.

The parent as primary educator is in a position of authority. To misuse this authority, for example, by making it an "unquestioning rule" that the child may not suck her thumb, could result in the educational climate being disrupted.

The processes involved in the becoming and development of the child is difficult, full of frustration and turmoil. Society fosters much early independance. It is an important kind of learning for a child to be able to comfort herself, to subside with

a familiar, beloved crutch. Such crutches can be seen as necessary and healthy ways for a child to ease the struggle towards the formation of a self-identity, positive self-concept and eventually self-actualisation. They (the comforters) are a way to preserve the image of what she must give up at a time when she is locked in the active struggle to give it up.

Tolerance and unreserved acceptance should characterise the educator's reaction to the comforter. Balaban (1985:103) sums up effectively what the researcher is trying to say, namely, "a policy that smiles on the transitional object, says in effect : we know how it feels to be two, three, four or five". It must be greatly reassuring to any child to know that her comforter is welcome at school too, and that she has access to it at any time that she feels the need for it. Such a feeling surely augurs well for the child's psychological well-being, which then will impact on her learning in a positive manner.

8.2.2 Transitional objects

An exploration of the theory and research concerning the phenomenon of transitional object attachment revealed several widely varying opinions about the phenomenon, but very little evidence of controlled, empirical research to back them up (Gay and Hyson, 1976:273).

This phenomena has been examined from many angles. However, a detailed study of the literature indicates that there are several areas which are as yet unresolved, for example :

- there are varied, sometimes conflicting findings with respect to the nature and meaning of the transitional object. Although the function of and the

significances of the transitional object were described, it has not been integrated cohesively;

- there appears to be no consensus in respect of the terminology used, for example, psychoanalytic writers call the object "transitional objects", while experimental researchers call them "security blankets" and ethologists refer to the objects as : substitute objects".

- Winnicott (1953:92) proposes that the transitional object always "partakes of the mother and in part stands for her." It is here that the controversy arises in that is the blanket simply a "mother substitute" or is it a transitional object.

- confusion also abounds in respect of the terms transitional object, transitional object equivalents and transitional phenomena.

In reviewing the literature, the researcher found that little is actually known about the frequency with which children in the population as a whole, develop attachments to transitional objects or whether there are differences in frequency or choice of object among different socio, economic or cultural subgroups.

Gaddini (1975:734) found that there were two significant factors which lead to transitional object attachment, namely, the mother's absence at bedtime and the stressful experience at bedtime. It appears that the transitional object is valuable in that it helps ease the transition from familiar to strange.

While an infant may begin her attachment out of a need for reassurance of body integrity, she may well imbue the object with any number of different qualities, for example, companion, facilitator, guardian angel, comforter, as she moves towards physical and emotional independance.

The uses and purposes of the transitional object changes as the child develops. At any given time, the particular use the child makes of her blanket both reflects and contributes to the development of mental structures and object relationships. Even regressive and "babyish" behaviour often seen in childrens' contacts with their blankets, may actually serve an adaptive function (Gay and Hyson, 1976:274). Comforters are unanimously regarded as harmless bulwarks against anxiety.

This research has been influenced by the work of Winnicott, a psychoanalyst and the first person to use the term "transitional object".

8.2.3 **Thumbsucking**

Thumbsucking is a common child behaviour which is both normal and adaptive in nature. Thumbsucking is a benign, relaxing activity and attempts to correct it are generally more harmful than the activity itself.

There exists a general consensus in the literature, that the thumbsucking habit has been overemphasised and that parents are unduly alarmed. Palermo, (1956:396), states that "the medical claims against thumbsucking are highly exaggerated." Kanner (in Palermo, 1956:396), says that *"no therapeutic measures are needed when infants suck their fingers in the first two or three years of life. Treatment is to be directed to parental attitude."*

Most authorities (Isaacs, 1935; MacKenzie, 1987) are of the opinion that the great majority of thumbsucking stops spontaneously at around two or three years of age

and that forceful cessation of the habit will create neurotic symptoms and personality problems which may be more serious than the sucking habit itself.

The persistence of the habit may be due to several factors, for example, boredom, fatigue or unhappiness. The act itself, is considered as a substitute for an earlier pleasure, comfort and security, associated with the sucking at the mother's breast. All thumbsucking cannot be classified as being a bad or undesirable habit. Thumbsucking which is practised as part of a bedtime ritual or as a means of coping with fatigue may be disregarded.

Kaplan (1950:555) states that "when thumbsucking persists, when a child is biologically capable of satisfying her basic needs in more complicated ways, may it then be regarded as at least one indication of the child's difficulty or inability to accept or master the modes of obtaining gratification more in accordance with the biological maturity of her body." Then the thumbsucking should be treated according to its etiology.

A variety of treatment approaches are evident in the literature, (cf.chapter four). For the purpose of the present research, a treatment approach based on psychological principles is recommended.

Parental fears of digit deformation, dental malocclusion and speech defects as a direct result of thumbsucking appear to be highly exaggerated. The literature gives few examples of such problems and these are a result of intense, prolonged thumbsucking.

With the modern technology and speciality in the different field, the parent can rest assured that problems like digital deformity can be corrected by means of plastic

surgery, the orthodontist can repair dental malocclusion and the speech therapist can help the child overcome speech defects.

8.3 Findings derived from the empirical investigation

8.3.1 Parental objections and fears

The following areas were the main concerns and fears of parents :

- parents whose children use a comforter or thumbsuck felt that they have failed their child in some way and that was why the child resorted to the comforter.

- Some mothers felt that this was a reflection on their mothering, for example, the mother may not have been able to continue breastfeeding as she had to return to work, and therefore the child sucks her thumb as a consolation for the shortcoming on the mother's part.

- parents felt failure when the child became attached to a comforter because perhaps the parent did not show enough love to the child;

- most parents were uptight about the thumbsucking habit because they felt that it is a habit which cannot be "broken and that the child's teeth would be deformed;

- parents were sure that thumbsucking is indicative of a psychopathology;

- questions most frequently asked were : "should I take her blanket away by force?" ; "will she ever stop sucking her thumb?" and "why should she need a comfort object when I have made a tremendous effort to see to her every need?"

8.3.2 Findings which emerged from the ex post facto study

Children who evidenced attachment in the first year, tended to choose thumbs or blankets as their treasured possesions, while those who evidenced attachment later on were more likely to prefer stuffed toys.

It was apparent that the child uses the senses of touch and smell most often with their comforter. In every case of thumbsucking, a transitional object or accesory movement supplements the sucking.

In many of the cases studied, the infant became attached to the silky edge of a blanket or a napkin after the age of one year. What emerged during the interview, is that in many instances, the mother's of these infant's had either worn silky garments when breastfeeding or had placed flannel or towelling napkins on their shoulders when burping the baby after a feed.

From these case studies it can be deduced that the transitional object has been created out of a continuum which goes from the mother's holding or feeding situation to the choice of transitional object (blanket or napkin), and that the common element in this continuum is made up of texture and tactile perception, (Gaddini , 1975:732).

Although Winnicott (1953), stated that the transitional object is created by the child, the empirical investigation has shown that parents often take an active role in maintaining their children's attachments. Parents appear to be most adept and resourceful in offering acceptable substitutes. More often than not, the parent respects the comforter greatly, as it affords the child not only a sense of security but also the parent. Any parent whose child's comforter has been temporarily misplaced, will vouch for this statement.

With regard to the function of the comforter, it was unanimously acknowledged that comforters are highly beneficial to the child's becoming and development.

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8.3.3 Findings based on the results of the questionnaire on comfort behaviour

There is a noticeable difference between boys and girls in the use of comforters, with a higher percentage of girls using them than boys.

It was difficult to determine the intensity of attachment, because attachment is a relative factor.

From the responses in the questionnaire, it is evident that parents play an important part in encouraging or discouraging children to form and sustain attachment; and also deciding what objects are permitted. Eighty percent of the parents had a positive attitude towards the comforter and saw it as a useful means of reducing tension and relaxing the child.

Soft toys were found to be more tolerated than blankets; blankets more tolerated than pacifiers; thumbsucking was least tolerated.

No inference could be made about the personality of the child from the use of her comforter.

Judging from the responses on the questionnaire, the two main reasons for the use of a comforter were found to be : when in distress and when going to sleep.

8.4 Conclusions of the investigation

The following conclusions can be drawn from the findings that emerged from the literature and empirical study :

It is important to acknowledge the value of the transitional object in the life of a child. Generally speaking, comforters should be regarded as a constructive force in the child's life, rather than as evidence of social or psychological maladjustment. Viewing comfort behaviour as a sign of emotional disturbances is an overreaction. Children who indulge in comfort behaviour, are simply showing a normal characteristic of preoperational behaviour.

- Despite the fact that the various transitional phenomena share some common features, clear differences can be perceived and determined between them. Hong's classification (cf. par 3.6.4) based according to age of onset, nature of the object and the function it serves, is highly acceptable, as it allows current literature to be classified accordingly and also facilitates future research on the subject.

- The transitional phenomenon is evidence of the infant's satisfactory relationship with the mother and is in fact contingent upon the infant's attachment to the mother. It is also evidence of healthy ego development.

- When interviewing mothers about transitional phenomena, it was usually not necessary to give any lengthy introduction as the mother immediately understood the researcher's aim.

- It is notable, that while different meanings and consequences of transitional phenomena has been written about at length, very little has been said about corresponding aspects in those cases where a transitional object is missing. The use of a transitional object does not indicate a pathological condition, while the

lack of one does not necessarily mean that those children are more psychologically or behaviourally impaired than those who use a comforter.

- Location of a sleeping area, method of infant feeding, number of siblings, birth order, age of weaning and whether the child was left with a caregiver from an early age, all appear to be unrelated to the development of the transitional object.

- There is some evidence that children who use comforters may differ from non-users with respect to specific personality traits, but there is need for much more empirical research to be done before these traits can be identified with absolute certainty.

- If parents and teachers bear in mind, that the blanket and soft toy is for babies, and using the same line of reasoning, that if the pre-school child is clinging to her comforter, that the child is unconsciously seeking comfort in her babyhood, because it was a "safe" time for her, acceptance of the object becomes easier.

- Making disparaging comments and an issue of the comforter only serves to intensify the attachment, and may disturb the educational climate.

- Finger sucking is a necessary means of gratification for young children. If stopped forcibly or suddenly, it has an impact on the personality of the child and may result in irritability, restlessness or crying.

- There is general agreement that habitual thumbsucking in not necessarily a source of infections, and does not deform the mouth or face.

- The issue of thumbsucking has been grossly overemphasised and parents unduly alarmed.

- Studies and research on transitional object attachment have indicated conclusively, that the attachment relation is, on the whole, a highly beneficial one.

- Further research is essential.

8.5   Implications of the study

The researcher has attempted to discuss the beneficial aspects of comfort behaviour in this study.

Attachment behaviour does not disappear with childhood, but rather persists throughout the individual's life. The only difference being that the adult chooses a more "socially acceptable" target of attachment or alternatively, the comfort behaviour is adapted to fit in with the individual's way of life in a goal-corrected manner. Thus the functional value of the transitional object as a soother in the face of anxiety or stress is undisputed.

It is imperative that both the primary and secondary educators acknowledge the functional value of the transitional object. In doing so, they can then encompass the transitional object in the life of the child and view it as a vital component necessary for the mental and emotional well- being of the child. To be able to accept the comforter as part of the child's life, they (educators), need to be well informed about this phenomenon, so that when faced with a child who resorts to comfort

behaviour as a means of coping with the transition from the familiar to the unknown, the educators will be able to assist this child to experience a feeling of success.

With the above in mind, the researcher has formulated a definition of comfort behaviour from a psychological- educational perspective and has also compiled some guidelines from the literature (cf. chapter seven), for use by parents and professionals to assist such persons when they oversee a child who uses comfort behaviour.

Definition of comfort behaviour : A psychological-educational perspective

Comfort behaviour is a manner or action which a child uses as a means of coping with or adjusting to various situations in her lifeworld. It is a behaviour which arises from within the child, in response to the way she attributes meaning, experiences and gets involved in the external environment.

8.6   Matters requiring further research

Various aspects of comfort behaviour and transitional object attachment have still to be researched, in particular the following :

- What does the transitional object represent to the child, in other words does the child perceive it as part of herself or part of the mother? To date, nobody has devised an adequate method of investigating these questions directly. Information that has been gathered is purely by inferences based on observation of the child's behaviour.

- The correlation between comforters and stress

- The effects of excessive thumbsucking on the processes whereby the child's identity and self-concept is formed;

- The connection between thumbsucking and self-actualisation;

- Long term influences of forcible prevention of thumbsucking;

- Whether attachment patterns influence or cause later behaviours;

- Does continuity in respect of attachment behaviour require ongoing educational support;

- Is early environmental, educational or other experiences of special importance in the development of attachments ?

- There is a need for common universally acceptable terminology as there is presently no consensus in the literature.

- Formation of support groups for parents who feel that they have failed their child in some way and this is the reason for a comforter featuring in their child's life.

- Finally, a need to incorporate a component on comforters and comfort behaviour in the syllabi of teacher trainees.

8.7   Shortcomings of this investigation

Upon retrospection, it is apparent that there were some shortcomings in a study of this nature and these can be tabulated as follows :

- The description of the cases were based purely on mother's subjective reports. This led to difficulties in the aspect of objectiveness and accuracy.

- The nature of comfort behaviour is such that it manifests itself differently in each child. As a result, the researcher was limited in the ability to generalise.

- Further, this kind of study does not lend itself to the quantitative measurement type of testing.

8.8   Contribution of this study

The researcher has summarised all available literature on the phenomenon of comfort behaviour. In addition, the researcher has explored this phenomenon from a psychological-educational perspective and formulated a definition of comfort behaviour from the above perspective (cf.8.5).

8.9   Conclusion

Although comforters have been used since time immemorial, only recent trends in child-rearing practices are acknowledging the vital role that a transitional object plays.

Previously, a comforter was left at home, in the cupboard, and both teachers and parents spent time diminishing the worth of such objects. Ridicule and punishment especially of the thumbsucking habit was the order of the day.

There is no reason to think that attachment to an inanimate object bodes ill for the child; on the contrary, there is plenty of evidence to suggest that such an attachment can be combined with satisfactory relations with people, (Bowlby, 1969:310). According to Gay and Hyson (1976:273), the child's attachment to the treasured object is positive and healthy and it enhances normal psychological development.

The study of transitional objects and comforters has been most fascinating. What the researcher found remarkable was the instinctive recognition and deep understanding by most mothers of the value and importance of the transitional object in their childrens lives; and the unprejudiced acknowledgment of the comforter of its important role in the growth and development of the child alongside the role of the mother.

QUESTIONNAIRE TO DETERMINE PARENTAL ATTITUDE TOWARDS AND INCIDENCE OF USE OF COMFORT OBJECTS

Dear Parent,

I am writing a thesis towards the Masters in Education on the phenomenon of comfort behaviour.

I would appreciate it if you could please take a few minutes to complete this questionnaire.

This questionnaire is about the child's behaviour according to your opinion.

There are no right or wrong answers.

If you wish to omit any questions, please feel free to do so.

Your responses will be considered confidential and only used for the purposes of my study.

Thank you for your contributions and impressions.

Researcher: Sandy Kalyan
                Intern Psychologist (Educational)

Age of the child in completed years: ....
Sex of the child :   ....
Position of the child in the family: ....

Many children have a special habit, cloth, toy or something like that, which they take to bed with them or like to hold if they are tired or upset.

1. Does your child have anything like that ?

....

2. If yes, describe the habit or item used.

....

3. At approximately what age did you notice your child's special attachment to this habit or item?

....

4. A comfort item has :   never been used   ....
                          has formerly been used   ....
                          is occasionally still used ....
                          is still consistently used ....

5. Please list anything which usually frightens the child.

dogs	_____	other animals	_____
lightening	_____	loud noises	_____
dark	_____	bedtime	_____
separation	_____	other	_____

6. If your child is afraid, who does he/she go to for comfort ?

Father	_____	Mother	_____
Grandfather	_____	Grandmother	_____
Sibling	_____	Maid	_____
Anyone else	_____	Anything else	_____

7. Think of the last time the child was hurt or sick. Who/what did the child want at that time ?

Father	_____	Mother	_____
Sibling	_____	Maid	_____
Anyone Else	_____	Anything Else	_____

8. How do you get your child to stop crying or soothe him/herself ?

Holding	_____	Kissing	_____
Talking	_____	Singing	_____
Other			

_____

_____

_____

9. Does your child:

Sleep alone	_____	Share a room	_____
Share a bed	_____	Sleep easily	_____
Have difficult in falling asleep	_____		

10. As a parent, what is your reaction to your child's use of a comforter or thumbsucking ?

....

11. Does anyone tease the child about his/her habit ?

_____

12. When do you notice your child resorting to comfort behaviour
    most ?

Bedtime   _____   Tired/sleepy   _____
Mealtime   _____   Tense/anxious   _____
Bored   _____   Sick   _____
Other   _____
            _____
            _____

THANK YOU FOR YOUR TIME.
PLEASE SEND IN COMPLETED QUESTIONNAIRES BY 23 SEPTEMBER 1994
(LATEST)

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