# Transitional Object Use, Attachment and Help Seeking Behaviour in Taiwanese Adolescents

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**Abstract:**

Background: Transitional object use is psychologically beneficial for young children, but research suggests that maintaining transitional object use into middle childhood may be associated with negative behaviour. Little is known about the continuation of transitional object use into adolescence, and few studies have been conducted with non-Western populations. Aim: To examine differences in attachment and attitudes to help seeking in adolescents who did and did not use a transitional object. Method: 723 adolescents from Taiwan (mean age 14 years) were asked about their current and past use of transitional objects. Measures of attachment were obtained using the Revised Adult Attachment Scale, and attitudes towards help was measured using the Attitudes Toward Seeking Professional Psychological Help scale. Results: In total, 37% of the sample continued transitional object use in adolescence. Current use of a transitional object differentiated the sample on the measures of attachment and help seeking. Transitional object users were less likely to have secure attachments and less likely to express positive attitudes towards seeking help. Conclusion: Transitional object use is prevalent in Taiwanese adolescents, and we suggest that continued use of a transitional object acts as an indicator of potential withdrawal from support offered in schools.
Transitional Object Use, Attachment and Help Seeking Behaviour in Taiwanese Adolescents
Abstract

Background: Transitional object use is psychologically beneficial for young children, but research suggests that maintaining transitional object use into middle childhood may be associated with negative behaviour. Little is known about the continuation of transitional object use into adolescence, and few studies have been conducted with non-Western populations. Aim: To examine differences in attachment and attitudes to help seeking in adolescents who did and did not use a transitional object. Method: 723 adolescents from Taiwan (mean age 14 years) were asked about their current and past use of transitional objects. Measures of attachment were obtained using the Revised Adult Attachment Scale, and attitudes towards help was measured using the Attitudes Toward Seeking Professional Psychological Help scale. Results: In total, 37% of the sample continued transitional object use in adolescence. Current use of a transitional object differentiated the sample on the measures of attachment and help seeking. Transitional object users were less likely to have secure attachments and less likely to express positive attitudes towards seeking help.

Conclusion: Transitional object use is prevalent in Taiwanese adolescents, and we suggest that continued use of a transitional object acts as an indicator of potential withdrawal from support offered in schools.

Keywords: Transitional object, attachment, help seeking, co-sleeping, adolescence, Taiwan
Children develop multiple attachments as they grow and some of these attachments may be to inanimate objects (Friman, Byrd, & Oksol, 2001) such as blankets or soft toys. These transitional objects can play an emotional role in a child’s life, provide comfort when confronting psychological conflict and help children to regulate their emotions (Steier & Lehman, 2000). Winnicott (1953) argued that attachment to transitional objects helped young children deal with separation anxiety by which the object symbolically recreated the desired union with the mother in her absence.

As children grow, the attachment to the transitional objects is thought to lessen (Kamptner, 1995; D.W. Winnicott, 1971), and most children relinquish their transitional object before the age of 7 (Bush, 1977; Litt, 1986). However, for some children the comforting effect may extend into adolescence. Sherman, Hertzig, Austrian, and Shapiro (1981) reported that 54% of children from New York schools had a transitional object in infancy and 49% of transitional object users had kept their transitional object until the age of nine. Further studies have reported between 22% and 29% of adolescents retaining transitional objects (Bachar, Canetti, Galilee-Weisstub, Kaplan-DeNour, & Shalev, 1998; Erkolahti & Nyström, 2009; Shafii, 1986). Gender also plays a role in transitional object use in adolescence, with more girls than boys reporting transitional object use (Erkolahti & Nyström, 2009; Shafii, 1986). The study reported in this paper examines whether transitional objects continue to be used by adolescences in a non-western sample, and whether the use of transitional objects is associated with attachment type and help-seeking attitudes.

It has been suggested that the use of a transitional object is related to secure attachments in infants between the ages of 12 and 30 months (Lehman, Denham, Moser, & Reeves, 1992), and that children with avoidant attachment styles rely more on transitional objects when anxious than do securely attached children (Mikulincer & Shaver, 2003).
However, Passman (1987) found no evidence of an association between transitional object use (specifically attachment to a blanket) and attachment patterns in infants between the ages of 20 and 41 months. Donate-Bartfield and Passman (2004) note that experimental procedures designed to elicit transitional object use often place the child under high arousal levels which may interfere with their natural behaviour towards the transitional object and account for discrepant findings. However, studies converge on the notion that avoidant children who have formed an attachment to an object will often use this object for comfort rather than seek out the mother (Donate-Bartfield & Passman, 2004; Lehman et al., 1992). It is possible that for securely attached children an internalised model of the primary caregiver as available and sensitive, even when not present, replaces the need for a transitional object (Ainsworth, 1979; Rothbaum, Weisz, Pott, Miyake, & Morelli, 2000). However, avoidantly attached children view the primary caregiver as rejecting and unavailable (Ainsworth, 1979; Main & Weston, 1982) and therefore their need for a transitional object may stretch into adolescence.

Bowlby (1980) argued that children with secure attachment patterns see others as trustworthy and caring, and a willingness to place trust in others is reflected in an openness to seek help from others (Zhao et al., 2015). Adolescents who continue to use transitional objects and display avoidant attachment styles may internalise others as undependable and untrustworthy (Bowlby, 1980) and avoid seeking out help for psychological problems (Feeney & Ryan, 1994; Vogel & Wei, 2005). The study of transitional object use in adolescents may provide insight into their emotional states, well-being and tendency to seek or avoid help for personal and emotional problems and transitional objects may act as an easily observed marker for recognizing psychological distress in adolescents (Bachar et al., 1998).
Winnicott (1953) believed the use of transitional object to be a universal phenomenon, but some researchers have suggested that transitional object use is more prevalent in the West due to young children sleeping alone at younger ages (Applegate, 1989; Hong & Townes, 1976) and needing a substitute for the caregiver. There is limited research evidence in this area with only one previous study considering transitional object usage in an Asian population. Hong and Hong and Townes (1976) reported that only 18% of a sample of Korean infants used a transitional object compared to 54% of a sample of American infants. They hypothesised that reduced transitional object use was associated with increased amounts of time spent sharing a bed or room with a parent. In the American sample 55% of infants slept in a different room from parents from birth whereas none of the Korean infants slept in a separate room. The significance of sharing a room or bed with a parent and the use of a transitional object was highlighted by Gaddini (1970) who reported that transitional object use in Italian infants was associated with co-sleeping.

There is a paucity of research focused on the relationship between transitional object use and attachment styles and even fewer papers investigating this link in non-western communities. The purpose of this study is to investigate the prevalence of transitional object use in adolescence in Taiwan, and to explore the possible connection between attachment, attitudes towards seeking help and transitional object use. Given that children with insecure attachment styles are thought to use transitional objects in place of gaining support from caregivers (Donate-Bartfield & Passman, 2004; Lehman et al., 1992), the present study hypothesised that there would be a significant difference on attachment scores (measured by the Adult Attachment Scale) between children who did and did not currently use a transitional object. The link between attachment style and help seeking (Feeney & Ryan, 1994; Vogel & Wei, 2005) informed our second hypothesis that those adolescents still using transitional objects would report fewer positive attitudes to seeking help than participants.
who did not use a transitional object. Further, in line with previous research (Erkolahti & Nyström, 2009; Shafii, 1986), we hypothesised that the reported use of transitional objects would be higher in girls taking part in this study than in the male participants.
Method

Participants

Participants were recruited from Taiwan to provide a contrast to research papers that have been published on transitional object use with exclusively Western samples. This population was recruited because infants are less likely to sleep on their own in Taiwanese culture than in Western cultures (Mindell, Sadeh, Kohyama, & How, 2010), and children in Taiwan often share a room with parents until the age of five (Li & Chen, 2005). In Western cultures, children tend to sleep on their own at earlier ages (Luijk et al., 2013; Morelli, Rogoff, Oppenheim, & Goldsmith, 1992).

A total of 749 high school students (346 boys and 403 girls) were recruited from state run schools in the city of Taoyuan, North-West Taiwan. Data were excluded from any participant not completing all the measures or from those failing to provide complete demographic data. Subsequently a total of 26 (3.5%) participants were excluded. Excluded participants came from different schools and different age groups (male (12); female (14) and age 12 (10); age 13 (7); age 14 (3); age 15 (6)). A chi-square test of independence demonstrated that there was no significant association between dropout and gender $X^2 (1) = .98, p = .98$; however, there was a significant association between age and incomplete data out $X^2 (3) = 8.75, p = .03$ with adjusted residuals (age 12 = 2.6, age 13 = -.6, age 14 = -.19, age 15 = .4) suggesting that the age 12 group were more likely to have incomplete data. The final sample of 723 participants (mean age: 14 years and 4 months) consisted of 328 boys and 395 girls (18% aged 12; 33% aged 13; 29% aged 14; 20% aged 15). The mean age of the respondents by gender was 14 years and 4 months (SD 1.01) for boys and 14 years and 4 months (SD 1.07) for girls. Informed consent was obtained in writing from the parents of the children and their schools. All children gave written assent to the study. The study conformed
to BPS ethical guidelines and was granted ethical approval by an ethics panel.

Measures

Revised Adult Attachment Scale (Collins, 1996). The Revised Adult Attachment Scale (RAAS) is a revised version of the adult attachment scale developed by Collins and Read (1990). The reliability of the scores, based on Cronbach's alphas for the Close, Depend, and Anxiety subscales were .77, .78, and .85, respectively (Collins, 1996). The Chinese version of the scale demonstrates good internal consistency and test-retest reliability, and the scales correlate with measures of self-esteem, depression and anxiety, suggesting good construct validity (Huang & Chen, 2011).

Participants were asked to respond to each item in view of their general orientation toward close relationships. Ratings are made on a five-point Likert scale (1, not at all characteristic of me; 5, very characteristic of me), with some items being reverse scored. High scores on the Close and Depend subscales, and low scores on the Anxiety dimension, indicated a secure attachment style (Collins, 1996; Collins & Read, 1990).

This 18-item scale contains three subscales, and all were used in this study: 1) the closeness subscale refers to the extent to which a person is comfortable with closeness and intimacy in relationships (e.g., “I am comfortable developing close relationships with others”); 2) the dependence subscale evaluates the extent to which an individual is comfortable depending on others and believes that people can be relied on when needed (e.g., “I am comfortable depending on others”); 3) the anxiety subscale assesses the extent to which a person is worried about being rejected and abandoned by others (e.g., “I want to get close to people, but I worry about being hurt”).
Attitudes toward Seeking Professional Psychological Help (Fischer & Turner, 1970). The ATSPPH is a 29-item scale that is used to assess a variety of help-seeking attitudes. The scale is reported to have a Cronbach’s alpha of .86 and good test-retest properties over a duration of two months and reliably distinguished participants who had sought psychiatric help from those who had not (Fischer & Turner, 1970). The ATSPPH has been shown to have good psychometric properties when applied to a Taiwanese population (Han & Chen, 2015), and the present study used a modified ATSPPH Scale version suitable for native Chinese speakers (Yu-Fang, 2006). This version reports Cronbach’s alpha of .88. Test-retest reliability estimates of .62 (N= 94) have been found for the total score, and .54 to .60 (p< .01) for the subscale scores, over a two-week period.

Each item consists of a statement scored on a 4-point Likert scale ranging from 0 (strongly disagree) to 3 (strongly agree). The ATSPPH is made up of four subscales, and all were used in this study. The Recognition of Need Subscale (ATSPPH-RN) assesses acknowledgement of the need for psychological help (e.g., “There are a few times when I have felt completely lost and would have welcomed professional advice for a personal or emotional problem.”). The Stigma Tolerance Subscale (ATSPPH-ST) evaluates the tolerance of stigma associated with seeking professional psychological help (e.g., “If I thought I needed psychiatric help, I would get it no matter who knew about it.”). The Interpersonal Openness Subscale (ATSPPH-IOP) assesses interpersonal openness with respect to sharing one’s emotional or psychological problems with a psychological professional (e.g., “I would willingly confide intimate matters to an appropriate person, if I thought it might help me or a member of my family”). Finally, the Confidence Subscale (ATSPPH-C) assess an individual’s confidence in mental health practitioners (“If I were experiencing a serious emotional crisis at any point in my life, I would be confident that I could find relief in psychotherapy”).
In our study, a brief description of the titles of counsellor and psychologist, and the kinds of challenges with which they are professionally trained to help people, was developed and inserted into the directions for this scale.

**The Chestnut Lodge Transitional Object Instrument.** The scale consists of 6 items referring to a transitional object attachment. Three items refer to childhood transitional object attachment, and three items refer to attachment to a transitional object at the time of the questionnaire administration. See appendix 1. For the purpose of this study we used questions 1 and questions 4 of the scale to conduct our analysis. Both question 1 and 4 address directly the use of transitional objects whereas question 5 could be construed as asking about a general comfort object rather than a transitional object. Correlation analysis between question 4 and 5 ($r = .58$, $p < .001$) suggests that respondents did not view these two questions in the same way.

**Procedure**

Participants were informed about all aspects of the study, and informed consent was sought from parents and the children taking part. The three measures, the RAAS, ATSPPH, and use of transitional object, were administered in the students' classroom in the presence of the class teacher and the second author. After the completion of the questionnaire, participants received a debriefing that informed the participants of the purpose and intentions of the study.

**Analytical Strategy**

Chi Square tests were used to evaluate whether current and past transitional object use was equally distributed between gender. Parentages reported have been rounded up. In order to
increase statistical power and to examine the composite score of the RAAS, and ATSPPH as well as the subscales, MANOVA was used to investigate possible differences on both scales between current users of transitional objects and those who no longer used such objects. Data were screened and met the assumptions for MANOVA. To control for multiple testing the alpha value was set to 0.01 for each MANOVA analysis. In order to assess possible elements relating to attitudes towards help seeking a hierarchical multiple regression was used to examine the unique variance explained by the RAAS subscales and transitional object use. In order to test for common-method variance Harman’s single factor test (Harman, 1960) was run on the RASS and ATSPHH loading responses to both measures on a single factor. The single factor accounted for 44% of the variance suggesting that common method bias was not a factor within this study.
Results

Analysis by Gender

RAAS and ATSPPH Scales.

Data analysis (Table 1) demonstrated that there were no statistically significant gender differences when groups were compared on the RAAS subscales and ATSPPH total and subscale scores.

Is transitional object use more prevalent in girls than boys?

In order to test the hypothesis that transitional object use would be more prevalent in girls, chi-square tests of association were conducted on the Chestnut Lodge responses recording current and past transitional object use (questions 1 and 4). In total, 67% of the participants reported transitional object use in childhood with 13% of the sample unable to remember if they did or did not have a transitional object. A statistically significant association (see Table 2) was found between transitional object use in early childhood and gender; more girls (81%) reported transitional object use than boys (70%). As predicted, transitional object use was still prevalent in adolescence and, as expected, rates were lower than those reported for childhood. In adolescence, transitional object use had fallen in both
genders (a decrease of 41% in boys and 36% in girls), but 37% of all participants still made
use of a transitional object. The gender difference seen in early childhood remained (Table 2)
transitional object use was found in 45% of the girls in this sample compared to 29% of boys.

PLACE TABLE 2 HERE

Transitional object use and RAAS scores.

Further analysis was conducted between those reporting transitional object use (n =
271) and those no longer using a transitional object (n = 452). We hypothesised that
transitional object use would differentiate adolescents on both the RAAS composite score and
the RAAS subscale scores. A one-way multivariate analysis of variance (MANOVA) was
conducted to test the hypothesis that there would be one or more mean differences between
the two groups on the combined RAAS scores and subscale scores. Mean scores and standard
deviations are reported in Table 3.

A statistically significant MANOVA effect was obtained, $F(3, 719) = 20.72, p < .001;
Wilks' $\Lambda = .88$; partial $\eta^2 = .12$. A series of one-way ANOVA's on each of the three
dependent variables was conducted as follow-up tests to the MANOVA. The results for
RAAS-Depend ($p < .001$; partial $\eta^2 = .04$) and RAAS-Anxiety ($p < .001$; partial $\eta^2 = .11$)
were each significant. However, the ANOVA for RAAS-close ($p = .09$; partial $\eta^2 = .01$) did
not reach statistical significance.

Transitional object use and ATSPPH scores.

A further hypothesis tested was that transitional object use would differentiate the two
groups on help seeking behaviour as measured by the ATSPPH. A one-way multivariate
analysis of variance (MANOVA) was conducted to test the hypothesis that there would be
one or more mean differences between the two groups on the combined ATSPPH scores and
the ATSPPH subscales. Mean scores and standard deviations are reported in Table 3.

A statistically significant MANOVA effect was obtained for the ATSPPH combined
scores $F(4, 719) = 3.15, p = .01$; Wilks’ $\Lambda = .98$; partial $\eta^2 = .02$. A series of one-way
ANOVA’s on each of the four dependent variables was conducted as follow-up tests to the
MANOVA. Only ATSPPH-Open differentiated the two groups ($p = .001$, $\eta^2 = .02$). Results
for ATSPPH-Recognition ($p = .16$), ATSPPH-Stigma ($p = .09$) and ATSPPH-confidence
($p = .44$) were not statistically significant.

PLACE TABLE 3 HERE

**Transitional object use as a predictor of help-seeking.**

To determine whether transitional object use was a unique predictor of help seeking
behaviour beyond attachment type, a hierarchical multiple regression was run using
ATSPPH-total as the outcome variable and the RAAS subscales as predictors in the first
model, with transitional object use added as a predictor in the second model.

The multiple regression model statistically significantly predicted ATSPPH-total
scores, $F(3, 719) = 29.99, p < .0001$, adj. $R^2 = .11$, and all three of the RAAS subscales added
statistically significantly to the prediction, $p < .05$. Adding transitional object use to the
model did not improve the model. Regression coefficients and standard errors can be found in
Table 4.

PLACE TABLE 4 HERE
Discussion

The study investigated transitional object use in a sample of adolescent children from Taiwan. The study reports several unique findings, and confirms several existing findings relating to transitional object use in adolescence. The results of the study suggest comfort objects do not lose meaning for all children as childhood ends; 37% of the Taiwanese sample were still using transitional objects, and usage was higher in girls than in boys. Of importance is the finding the transitional object use differentiates groups of adolescents on measures of attachment and help seeking behaviour. To our knowledge, this is the first study to show a link between transitional object use and attachment behaviour in this age group. Our findings suggest that whilst transitional object use does not uniquely predict help seeking behaviour beyond attachment type, those children still using transitional objects show a less positive attitude to seeking help than children who no longer use a transitional object.

Research investigating transitional object use and its relationship to attachment is sparse and contradictory (Lehman et al., 1992; Mikulincer & Shaver, 2003), and studies have exclusively focused on transitional object use in infancy. Transitional object use differentiated our sample on the Anxiety and Depend subscales of the RAAS, with transitional object users reporting having lower feelings of support from others and being more worried about being rejected and unloved. Insecurely attached adolescents tend to be less socially competent and have lower self-esteem when compared to their peers (Thompson, 2008) and previous research has suggested that transitional object use in adolescence is a potential marker for mental distress and ill health (Bachar et al., 1998; Erkolahti & Nyström, 2009). Our data suggest that individuals using transitional objects may rely less on others for emotional and psychological support and therefore may be more susceptible to mental ill health.
Adolescents in our sample who used a transitional object reported greater difficulties in building close relationships and were less likely to report depending on others for support. This is problematic in the teenage years when attachments tend to shift from parents to friends with friends becoming a key source of comfort and advice (Allen & Miga, 2010; Colle & Del Giudice, 2011). Poorly attached adolescents may also have problems forming romantic partnerships (Sroufe, 2005), which can act as a further source of support. Overall scores on the ATSPPH suggest that adolescents using transitional objects are as aware of potential social and psychological problems but are less likely to seek help for emotional and psychological problems than their peers. This result was driven by lower scores on the ATSPPH – Open subscale suggesting that transitional object users are less willing to talk to others about their problems or approach professionals for help rather than being less self-aware of the problems they may have. For these individuals, the transitional object would appear to continue to provide a defence measure against anxiety beyond the expected developmental stage at the cost of more age-appropriate ways of dealing with stress and anxiety.

Contrary to our predictions, transitional object use was not a unique predictor of help-seeking behaviour. While transitional object use differentiated the sample on the combined ATSPPH scores, it did not explain variability in scores beyond the variability explained by attachment scores. It would seem that the use of a transitional object acts as a visible symbol for attachment patterns, and that for these children, rather than friends or family, the transitional object remains a comforter. In the absence of knowledge concerning attachment, we suggest that transitional object use provides an indication of attitudes towards help-seeking behaviour in adolescents. For schools, it may be more convenient to ask whether a pupil has a transitional object than to assess their attachment type.
The data reported in this paper confirmed previous findings suggesting that transitional object use is more prevalent in girls than boys and extended this information to a non-Western sample. This gender difference is already established in early childhood, and our study demonstrates that this difference continues in adolescence. The reason for this gender difference may be due to a response bias, with girls more willing to admit to the use of a transitional object than boys. As children develop they become more attuned to gender related norms in relation to play objects (Serbin, Poulin-Dubois, Colburne, Sen, & Eichstedt, 2001) and boys may transfer their transitional object use to more age and gender appropriate objects such as mobile phones (Ribak, 2009) and, therefore, the individual may themselves not be aware that the object is now acting as a comfort from anxiety.

Although (1953) considered it to be universal, the use of transitional objects has since come to be perceived as a Western phenomenon. Bachar et al. (1998) argued that transitional object use was more prominent in cultures where early independence and autonomy are valued, and, in these instances, the transitional object is an integral part of the separation-individuation process. Several studies have supported this argument and have demonstrated less transitional object use in collectivist cultures and cultures where autonomy from parents is a lengthier process (Gaddini, 1970; Hobara, 2003; Hong & Townes, 1976). However, we found slightly higher transitional object use in Taiwanese adolescents when compared to studies previously reported in Western cultures (Bachar et al., 1998; Erkolahti & Nyström, 2009). We did not gain information about childrearing practices and cannot therefore make a strong claim. It may be that Taiwanese child rearing now conforms to child rearing practices in the West with less emphasis placed on co-sleeping. However, Lo (2016) reported that 96% of a sample of 1253 Taiwanese children aged between 3 and 6 years engaged in co-sleeping. This suggest transitional object use is more prevalent in non-western cultures, at least in
Taiwan, than previously reported, and this may indicate that transitional object use is not simply a psychological substitution for the care-giver during periods of separation.

**Limitations**

In this study, we considered only adult attachment measured with Collins and Read’s RAAS (1990), and future research would need to consider a wider range of attachment measures. The study also represents a snapshot of transitional object use, attitudes towards help seeking and attachment and cannot capture the complex and evolving nature of these interactions, and in-depth interviews carried out over time would help illustrate the development of attachment patterns. Whilst the measures used enabled us to gather data from a relatively large sample, using questionnaires at a single point in time in a cross sectional design risks common-error variance (Podsakoff, MacKenzie, Lee, & Podsakoff, 2003), and future research administering questionnaires at varying time intervals and gaining responses from teachers and parents would help test the veracity of the findings reported in this paper.

Our research has highlighted the continued use of transitional objects and their relationship to attitudes towards help seeking behaviour. The quasi-experimental design has allowed us to show that adolescents who use transitional objects can be differentiated from those who no longer use such objects on a measure of attachment and attitudes towards help seeking. However, our design is unable to explain the complex interaction between these factors and more work is needed to investigate the elements that lead to continued transitional object use. Specific attachment type was not considered in this study and research suggest that different attachment categories may led to different developmental pathways (Finnegan, Hodges, & Perry, 1996 ); therefore, future work needs to focus on specific attachment types and how these relate to attitudes towards help seeking behaviour and transitional object use.
Transitional Object Use, Attachment and Help Seeking

Our studies focused on a sample of teenage children and did not gather data from their parents. We cannot, therefore, be sure of the early sleeping habits of the sample and until what age they were co-sleeping. Our study also focused on attitudes towards seeking help and rather than the behaviour itself. While attitudes towards help seeking behaviour are thought to underlie actual help seeking behaviour (Fischer & Turner, 1970) we were unable to verify this with our study design.

Conclusion

Our research suggests that transitional object use is prevalent in a non-Western sample and that transitional objects continue to be used by many children into their teenage years. The transitional object itself may also be a helpful tool through which therapists and counsellors can explore a child’s fears and anxieties. It may be that comfort derived from a transitional object needs to be taken over by a supportive adult or peer. Further research needs to focus on the types of transitional objects used in adolescence and broader measures of attachment are needed to fully explore the relationship between transitional object use and attachment style.


Transitional Object Use, Attachment and Help Seeking


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Tables

Table 1 Mean (M) values and Standard Deviation (SD) for total ATSPPH scores and ATSPPH subscales by gender

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<th>Girls n=395</th>
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<tr>
<td>RAAS-C</td>
<td>21.28 (3.56)</td>
<td>21.57 (3.76)</td>
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<td>RAAS-D</td>
<td>20.41 (4.17)</td>
<td>20.51 (4.75)</td>
<td>.30</td>
<td>.77</td>
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<tr>
<td>RAAS-A</td>
<td>16.49 (5.71)</td>
<td>17.25 (5.61)</td>
<td>1.79</td>
<td>.07</td>
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<tr>
<td>ATSPPH-Total</td>
<td>61.29 (9.51)</td>
<td>62.06 (8.25)</td>
<td>1.14</td>
<td>.25</td>
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<tr>
<td>ATSPPH-RN</td>
<td>17.51 (3.46)</td>
<td>17.81 (8.25)</td>
<td>1.22</td>
<td>.23</td>
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<tr>
<td>ATSPPH-ST</td>
<td>12.20 (2.71)</td>
<td>12.37 (2.04)</td>
<td>.94</td>
<td>.35</td>
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<td>ATSPPH-IPO</td>
<td>12.80 (2.42)</td>
<td>12.78 (2.45)</td>
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<td>ATSPPH-C</td>
<td>18.78 (3.58)</td>
<td>19.09 (3.33)</td>
<td>1.23</td>
<td>.22</td>
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Table 2 Comparison by gender between holders and non-holders of childhood TO in childhood and adolescence

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<tr>
<th></th>
<th>Boys</th>
<th>Girls</th>
<th>( \chi^2 )</th>
<th>p</th>
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<tr>
<td><strong>Early childhood</strong></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Transitional object</td>
<td>70% (n=192)</td>
<td>81% (n=289)</td>
<td>9.69</td>
<td>.002</td>
<td>.12</td>
</tr>
<tr>
<td>No transitional object</td>
<td>30% (n=32)</td>
<td>19% (n=69)</td>
<td></td>
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</tr>
<tr>
<td><strong>Present day</strong></td>
<td></td>
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<tr>
<td>Transitional object</td>
<td>29% (n=94)</td>
<td>45% (n=177)</td>
<td>19.95</td>
<td>&lt;.001</td>
<td>.17</td>
</tr>
<tr>
<td>No transitional object</td>
<td>71% (n=234)</td>
<td>55% (n=218)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Table 3 Comparison of the TO and Non-TO groups on RAAS and ATSPPH Scales

<table>
<thead>
<tr>
<th></th>
<th>TO (n = 271)</th>
<th>NO-TO (n = 452)</th>
<th>t</th>
<th>p</th>
<th>d</th>
</tr>
</thead>
<tbody>
<tr>
<td>RAAS</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ANXIETY</td>
<td>18.94 (5.08)</td>
<td>15.68 (5.65)</td>
<td>3.28</td>
<td>.001</td>
<td>.25</td>
</tr>
<tr>
<td>DEPEND</td>
<td>19.67 (4.36)</td>
<td>20.96 (4.43)</td>
<td>3.77</td>
<td>&lt;.001</td>
<td>.29</td>
</tr>
<tr>
<td>CLOSE</td>
<td>21.16 (3.70)</td>
<td>21.63 (3.56)</td>
<td>1.67</td>
<td>.09</td>
<td>.13</td>
</tr>
<tr>
<td>ATSPPH</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>RECOGNITION OF NEED</td>
<td>17.52 (2.73)</td>
<td>17.82 (2.93)</td>
<td>1.40</td>
<td>.16</td>
<td>.11</td>
</tr>
<tr>
<td>STIGMA TOELERANCE</td>
<td>12.11 (2.54)</td>
<td>12.39 (2.16)</td>
<td>1.69</td>
<td>.09</td>
<td>.14</td>
</tr>
<tr>
<td>INTERPERSONAL OPENESS</td>
<td>12.44 (2.32)</td>
<td>13.02 (2.28)</td>
<td>3.33</td>
<td>.001</td>
<td>.27</td>
</tr>
<tr>
<td>CONFIDENCE</td>
<td>18.86 (3.40)</td>
<td>19.05 (3.30)</td>
<td>0.77</td>
<td>.44</td>
<td>.05</td>
</tr>
<tr>
<td>TOTAL</td>
<td>60.83 (8.69)</td>
<td>62.24 (8.91)</td>
<td>2.10</td>
<td>.40</td>
<td>.16</td>
</tr>
</tbody>
</table>

Table 4 Summary of Hierarchical Regression Analysis for Variables Predicting Total ATSPPH Scores

<table>
<thead>
<tr>
<th></th>
<th>Model 1</th>
<th>Model 2</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>B</td>
<td>SE B</td>
</tr>
<tr>
<td>RAAS-ANXIETY</td>
<td>-1.60</td>
<td>.067*</td>
</tr>
<tr>
<td>RAAS-DEPEND</td>
<td>.423</td>
<td>.093**</td>
</tr>
<tr>
<td>RAAS-CLOSE</td>
<td>.196</td>
<td>.101*</td>
</tr>
<tr>
<td>TO USE</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$R^2$</td>
<td></td>
<td></td>
</tr>
<tr>
<td>$F$ for change in $R^2$</td>
<td>29.39**</td>
<td>1.54</td>
</tr>
</tbody>
</table>

*p < .05, **p < .001
Appendices

The Chestnut Lodge Transitional Object Questionnaire

1. Many times infants and children become attached to special objects such as a blanket, a diaper, a pillow, a piece of clothing, a stuffed animal or other stuffed toy. Do you remember such a special object that you had when you were a young child?

☐YES  ☐NO  ☐DONT REMEMBER

If you remember such a special object, answer all questions (2, 3, 4, 5 and 6).

If not, or if you don’t remember, skip to question 4 & 5.

2. Did you give it a name?

☐YES  ☐NO

3. Do you remember what happened to it?

☐YES  ☐NO

4. Adults also depend on very personal objects, like a furry animal, a blanket, a pillow, or even a favorite pen or toy which they carry with them whenever they leave home for several days or when they confront stressful situations. Do you have such a special object?

☐YES  ☐NO
5. Is there any special object, a teddy bear, a picture, a toy, etc. which can calm you or is soothing to you when you are sad?

☐ YES  ☐ NO

6. Do you still have it?

☐ YES  ☐ NO