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To the Graduate Council:

I am submitting herewith a thesis written by James Wesley Friedlob entitled "The Relationship Between Birth Order and Drug Dependence." I recommend that it be accepted for nine quarter hours of credit in partial fulfillment of the requirements for the degree of Master of Science, with a major in Vocational Rehabilitation Counseling.

Major Professor

We have read this thesis and recommend its acceptance:

Accepted for the Council:

Vice Chancellor for
Graduate Studies and Research

THE RELATIONSHIP BETWEEN BIRTH ORDER AND DRUG DEPENDENCE

A Thesis

Presented to

the Graduate Council of

The University of Tennessee

In Partial Fulfillment

of the Requirements for the Degree

Master of Science

---

by

James Wesley Friedlob

March 1973

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ABSTRACT

This investigation examines the population incidence of the respective birth ranks (only child, first-born, second-born, third-born, fourth- and later-born) in the target population of drug dependent people.

The hypothesis was formulated stating that there will be an equal distribution of the respective birth ranks in the population of drug dependent people who are presently, or have in the past, been active in the methadone maintenance program at the White Avenue Clinic (extension of the Helen Ross-McNabb Mental Health Center), Knoxville, Tennessee.

The files containing the desired information were made available to the investigator, and data was compiled on a total of 118 drug dependent people.

Results of the study showed that there was not an equal distribution of the birth ranks in the target population. The first-born rank and second-born rank together held over half of the population. A combination of the only child rank with the first-born rank, both of these ranks containing first children, yielded 45.7% or nearly half of the target population.

One possible explanation for finding the greater amount of early-born individuals (only child, first- and second-born)

might be the parental pressures and expectations placed on the early-born, specifically first-born and only children.

The hypothesis that there will be an equal distribution of the birth ranks in the drug dependent population was rejected.

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CHAPTER I

THE PROBLEM

Introduction

> The ranks of birth imprint their traits on each one of us . . . (birth rank) determines our relation to our environment in a similarly fundamental way as does our sex. A man has different forms of behavior than a woman. From early infancy we are modelled by being either male or female. We are equally modelled and destined by our rank of birth (Konig, 1963, p. 16).

There are many variables that influence human behavior patterns. Over the years, theories have been proven and disproven concerning the relationship of selected variables on the human personality. These variables have covered such a broad scope and so many facets that they tend to boggle the imagination.

One large area within which there has been innumerable experiments and countless research projects is the area of early childhood relationships, both social and environmental. Most personality theorists agree to some extent that early experiences do weigh heavily in the formation of an individual's personality and behavior.

In general, the bulk of one's early experiences occur within, or in relation to, one's immediate family. It is generally agreed that an infant's first human relationship

will be with his parents, and subsequently with brothers and sisters as his world widens. These first relationships will obviously greatly influence an individual's concept of human relationships and his concepts of human interaction within society.

Birth order, then, plays a large part in the individual's conception and interpretation of his first experiences--that is, because of the order of birth, there will be many considerations (which will be elaborated upon later) that will vary according to the individual's experiences with parents and siblings, or lack of siblings.

Thus, the proposition that birth order does influence one's behavior patterns generates questions as to, specifically, what behaviors and what correlations exist between birth order and specific behaviors. This research will consider one unique behavior, drug dependence, and its relation to birth order.

Statement of the Problem

Although there has been much research done on birth order as relating to many different variables, such as college attendance (Bayer, 1966), academic achievement (Chapra, 1966), and success in engagement and marriage (Hall, 1965), just to name a few, there has not been any specific research relating birth order to drug dependence. Possibly the closest relating study was done concerning birth order as relating to alcoholism (Bakan, 1949).

There has been much research done on birth order, and since many of the studies have found birth order to be an influencing variable on many different behaviors, one might consider birth order to be worthy of some consideration in researching new problems.

Drug dependence has been both a medical and a social problem for many years. Unfortunately, the problem of drug dependence cannot be completely explained or even understood, because there is probably more that is not known than is known about drug dependence. It will not be possible to reach a true understanding of drug dependence until it is possible to more adequately correlate psychodynamics and psychopathologic functioning of the human being as an individual organism and as a member of a group, psychosociological and physical environmental characteristics, and psychopharmacological and neurophysiological interrelationships (Krystal and Raskin, 1970).

The purpose of this study was to discover if a relationship exists between birth order and drug dependence of clients at the White Avenue Clinic, Knoxville, Tennessee.

Rationale for the Study

Previous research regarding birth order has not dealt specifically with the phenomenon of drug dependence, and no one to date has seriously considered birth order when researching drug dependence. Therefore, this study should provide

readers with data which may express a correlation between drug dependence and the birth order variable.

Importance of the Study

The importance of this study lies in the manner in which the data can be utilized. Physicians and counselors could use these results to better understand the drug dependent population with which they are working, and the results might be useful in predicting the probability of incidence of drug dependence in target populations.

Definition of Terms

Birth order, birth rank, ordinal position. The position with regard to birth that each person held in the family constellation.

Drug abuser. One who misuses drugs, but is not dependent on, or addicted to, any drug.

Drug dependence, drug addiction. Drug dependence is presently the preferred term, although drug addiction is still widely used. The following is the definition of drug addiction used by the World Health Organization:

> Drug addiction is a state of periodic or chronic intoxication detrimental to the individual and to society, produced by the repeated consumption of a drug (natural or synthetic). Its characteristics include: (1) an overpowering desire or need (compulsion) to continue taking the drug and to obtain it by any means; (2) a tendency to increase the

> dose; (3) a psychic (psychological) and sometimes a physical dependence on the effects of the drug (World Health Organization, 1957).

It should be noted that for this study the definition does not include alcohol or alcoholism in the terms drugs and drug dependence; drugs here mean the narcotics type, especially morphine and heroin.

First-born. The oldest offspring in a family; a person with younger siblings.

First child. The first child in a family; either a first-born or only child.

Later-born. Any person who is not first-born; a person with at least one older sibling.

Methadone maintenance. A method of treatment for drug dependent persons, in this study specifically the methadone maintenance program at the White Avenue Clinic, Knoxville, Tennessee.

Only child. The only child in a family; a person with no siblings at all.

Second-born. The second oldest offspring in a family; a person with one older sibling.

Third-born. The third oldest offspring in a family; a person with two older siblings.

Hypothesis

There will be an equal distribution of the respective birth ranks in the population of drug dependent people who are presently, or have been in the past, active in the methadone maintenance program at the White Avenue Clinic (extension of the Helen Ross-McNabb Mental Health Center), Knoxville, Tennessee.

Limitations of the Study

Data were obtained from the White Avenue Clinic (extension of the Helen Ross-McNabb Mental Health Center), Knoxville, Tennessee.

It was not possible to obtain the desired information on every individual in the population due to incomplete files and the confidential nature of said files.

Organization of the Study by Chapters

The written report of this investigation is divided into five chapters and a list of references. Chapter I is an introductory chapter, stating and presenting the problem with fuller explanation through a discussion of limiting factors, terms used in research, hypothesis, and an overview of chapters. Chapter II presents a review of literature related to this investigation. Chapter III reviews in detail the steps

taken in completion of this study by discussing research design and procedure. Chapter IV presents and analyzes collected data. Chapter V is a summary of the study with a presentation of conclusions and suggestions for further study.

CHAPTER II

REVIEW OF RELATED LITERATURE

Introduction

Chapter II concerns itself with a review of research and literature. The topics that will be discussed are as follows: history of the birth order concept; aspects of the birth order concept; the problem of drug dependence; and a summary.

History of the Birth Order Concept

Francis Galton (1874), an anthropologist, made the first significant discovery concerning the birth order concept. He found that first-borns more often tended to be among eminent groups than later-borns. Galton was followed by Ellis (1904), Cattell (1917), and Terman (1925), all of whom made findings basically similar to those of Galton.

The concept of birth order was later considered by the psychoanalytic school of thought. Although Sigmund Freud never fully adhered to the concept, he wrote:

> A child's position in the sequence of brothers and sisters is of very great importance for the course of his later life, a factor to be considered in every biography (Freud, 1933, pp. 27-28).

Alfred Adler made the greatest contributions to the idea of birth order; in fact, for a while, only he and his followers

remained advocates of the concept. Adler's most important offerings were his theoretical descriptions of the first-born and later-born personalities.

Adler held that the oldest child, having been an only child for a while and then removed from this position by the birth of a younger child, may be so upset by his fall from power that he may fight all the rest of his life for his mother's affections. He saw the first-born child as being always interested in the past; the time when he was the center of attention. Adler also held that many first-borns developed a tendency to protect and dominate later-borns (Adler, 1930).

He conceived of the second-born child as one who tries to overtake the one who precedes him. Since the second-born has never been the one to receive the exclusive attention of the parents, his situation is better in many respects than that of the first-born, for the second-born has a pacemaker ahead of him (Adler, 1930).

The situation of the youngest, or third-born, child is quite different in that several go before him, but no one follows. Adler felt that this position has perhaps the greatest advantage; he is smallest, and the general atmosphere of the family tends to be warmer for the youngest. He is forever striving to keep up with and even pass the older siblings, if possible. The youngest openly shows his efforts

to keep up, but he may also possess a great feeling of inferiority if he is not able to excel in at least one capacity (Adler, 1930).

Interest in the birth order concept fluctuated over the years, but never disappeared. There were many studies done, but several of these were vague and inconclusive. However, after World War II, a new surge of interest in birth order research occurred and new findings came to light.

In 1949, David Bakan explored the relationship of birth order to alcoholism, and he noted:

> Birth rank is an obvious factor in the development of personality. The oldest child plays one role in the family; the youngest child plays another role. A child born into a family of older siblings is raised in a rather different psychological environment than one who is not. Similarly, the displacement experienced by an older child, together with the earlier assumption of responsibility--the later particularly true in the lower socioeconomic levels--undoubtedly plays an important role in the psychological development of individuals (Bakan, 1949, p. 434).

Interest in the birth order concept mounted and, in 1959, Stanley Schachter authored the book The Psychology of Affiliation, which became a must for those interested in the idea. Schachter devoted two full sections of his book to birth order considerations, and he made quite a few noteworthy observations and findings. He found, among other things, that first-born and only children are more anxious than later-born children, and they are considerably more prone to want to be with people in anxiety-producing situations than are later-born children.

He also noted that first-born and only children are considerably less willing or able to withstand pain than are later-born children (Schachter, 1959).

Of special interest were his findings on the relationship of birth order to dependency and related behaviors:

> For present purposes the effect of the differing psychological environment existing for early- and later-born children may be summarized in two notions--the relative overprotection of first-born children . . . and the development of greater dependence in first-born than in later-born children. By dependence we refer to the extent to which the individual uses or relies on other persons as sources of approval, support, help, and reference. Such factors as the inferred differences in amount of parental attention, the existence of an anxiety-provoking person, the later-born child's environment, differential parental protectiveness, and so on lead to this expectation of differential dependence (Schachter, 1959, p. 82),

and,

> In a variety of studies, then, using several distinct measures of dependence, the same relationship obtains--dependency is greater for early-born than for later-born children. . . . If this is correct, it should be expected that, in general, behaviors which are related to or derived from dependency will be related to ordinal position. In terms of a conception of dependence as the extent to which other people are used as sources of support and reference, it could reasonably be expected that there will be a relationship between dependence and influencibility. Early-born individuals should, then, be more influencible than later-born individuals (Schachter, 1959, p. 86).

As interest expanded, so the theory itself expanded. The later children, that is, the children which follow the third-born, were postulated to repeat the same trends as the first-, second-, and third-borns. The fourth-born child would have

the same characteristics as the second-born, and the sixth-born would repeat the third-born characteristics, then start over again for every set of three (Konig, 1963).

Another fairly recent study found that first-borns are more conservative, simple and accepting, while later-borns are more self-sufficient, aloof, and radical (Allison & White, 1968).

Aspects of the Birth Order Concept

As has been noted in the preceding pages, the birth order concept has been related to a wide variety of variables in the many studies and experiments done in preceding years. The concept has been used to account for variations in behavior, psychological-personality characteristics (traits, attitudes, values, orientations, etc.), and abilities or skills (Kammeyer, 1967).

However, by the very nature of the theory itself one can tell that there does exist special situations that must be allowed for in the interpretation of the concept. The death or disabling of an older sibling, for example, may quite possibly shift the responsibilities and, if early, the attitudes of the older birth rank to the next child in line (Forer, 1969).

The difference in age between siblings is another factor to be considered. If there is a gap of six or more years between births, the later-born child will probably develop as

a first-born, due to the small amount of interaction as peers, if any, between the older and much younger children (Forer, 1969).

The sex of the children is also a consideration, the oldest child of his sex in a family, either male or female, having oftentimes more responsibilities and status than birth rank might indicate. A second-born female in a family with all other offspring being male and no mother present will probably take on more of the characteristics of a first-born, for example (Forer, 1969).

It should be recognized that the manner in which the individual adjusts to the social environment in his family will greatly influence his adjustment to society as a whole. The attitudes that develop out of the individual's birth order can, for example, influence the way the individual assumes or accepts supervision and how he relates to his fellow workers (Forer, 1969).

While alcoholism is basically a medical problem, it is also a great social problem (and alcohol dependence is possibly directly related to the topic of this study, drug dependence). In his research of the relationship between alcoholism and birth order, David Bakan found:

> The hypothesis that for given family sizes the probability that all birth ranks will contribute equally to the population of alcoholics is rejected. The evidence suggests that the likelihood of contributing to an alcoholic population of the type

> sampled increases as the number of older siblings increases. The analysis further indicates that persons who were oldest children contribute significantly less to this population and that persons who were youngest children contribute significantly more to this population (1949, p. 440).

Kenneth Kammeyer, in his 1967 study, offered lists concerning the features of family interaction according to birth order which form the social learning experiences of the first-born and later-born child:

I. Social Learning Experiences of the First-born Child
   - A. First-born Child and Parent Interaction
     1. Parents consider the birth and existence of the first-born in the family a profoundly significant event. They attach great importance to the birth and being of the first-born child.
     2. Parents possess greater ardor for the first-born child than later-born children.
     3. Parents have more time and energy to devote to the process of socializing the first-born child.
     4. Parents will be less knowledgeable about the process of rearing the first-born child because they lack experience.
     5. The first-born child is unbuffered from the adult world; he is more openly exposed to adult expectations and pressures. There are no generational peers to mediate between the adult world and the child's.
   - B. First-born Child and Later-born Sibling Interaction
     1. The first-born child will play a superordinate, parent-surrogate role relative to the later-born sibling.
   - C. First-born Child, Parent, and Later-born Sibling Interaction
     1. The parents assign a position of responsibility to the first-born child by having him play the foreman role relative to younger siblings.
     2. The younger sibling displaces the first-born child as the principal object of parental attention (the dethroning process).

3. Parents will try to reassure and make up to the first-born child for his displacement by the younger sibling.

II. Social Learning Experiences of the Later-born Child
   A. Later-born Child and Parent Interaction
      1. Parents attach less significance to the birth and being of the later-born child than they did to the first-born child.
      2. Parents have less ardor for the later-born child than they did for their first-born child.
      3. Parents will have less time and energy to attend to the later-born child than they did for their first-born child.
      4. The parents will be more experienced about child-rearing with their later-born child.
      5. Parents will accelerate independent mastery of the later-born child to gain freedom from childrearing.
   B. Later-born Child and First-born (or older) Sibling Interaction
      1. The later-born child will learn norms by observing parents and older sibling interaction.
      2. The later-born sibling will have to compete with an older sibling (who is superior in many ways) for parental attention (Kammeyer, 1967, pp. 78-79).

Kammeyer also points out that, as a research variable, birth order in and of itself is only an indicator of some other experience, condition or relationship, but while only an indicator, it is also an extremely accessible datum (1967).

The Problem of Drug Dependence

In recent years the problem of drug dependence has come more and more to the forefront of public interest. Due to widespread drug abuse, drug dependence has increased to

disturbing proportions. Although it is now beginning to be seen more as a medical and social problem rather than a legal one, no one has as yet been able to find a satisfactory answer to why the problem exists, nor is there a completely satisfying treatment for drug dependence.

A clear understanding of the problem of dependence on, or addiction to, drugs as yet has not been reached. In an effort to further distinguish the problem Kron and Brown offered the following description:

> All addiction, to narcotics or otherwise, is characterized by three factors: the repetition of an act; an involuntary quality, rooted in the impossibility of its control by "willpower" and its dependence on an external substance as agent. While a compulsion is stimulated by internal thoughts or feelings and requires no external object for its exercise, an addiction is stimulated by the external agent which it requires as its object (Kron & Brown, 1965, p. vii).

Then there is the burning question of why an individual becomes drug dependent; what factors influence the individual to seek this kind of answer. Krystal and Raskin held that the drug dependent person suffers from a serious mental or emotional disorder and shows this disorder partly through his craving for and his unique relationship to the drug substance (Krystal & Raskin, 1970).

Others view the problem as related directly to human personality, and indicate that the degree of dependence, the duration, and the tendency to relapse seem to be determined by several distinct personality types (Maurer & Vogel, 1967).

Much of the drug dependence problem has been blamed on the poor social and economic environments that, until recently, have produced the bulk of the drug dependent population. However, Gerard and Kornetsky noted in their research that this was not the case:

> Recent clinical experience suggests that it is not (comparatively high) socio-economic [sic] status (in ethnic groups and communities where opiate use is widespread) per se, but rather attitudes and expectations on the part of the family concerning status achievement, that may be one of the important predictors of addiction (Gerard & Kornetsky, 1955, pp. 484-485).

Thus, this type of theory leans more toward not only the personality of the individual, but also his family environment and background, and detracts from the social-environmental idea. It has also been noted that:

> One would also expect that a major difference between those who give in to their degrading environment (deprived areas) and those who resist it is to be found in the life-history patterns that establish the personality organization (Wilner & Kassebaum, 1965, p. 111).

Drug dependence remains a highly complex and involved problem. To discover the answer, society must not only understand the dynamics of the problem, but also find some understanding of the individuals involved.

> . . . becoming an opiate addict is a highly individualized process which can be understood only in the context of the individual's personality structure, past life situation, and present interactions with the significant figures of his familial and peer groups (Gerard & Kornetsky, 1955, p. 484).

Summary

The literature review has attempted to cite a portion of the major research conducted in the area of birth order, considerations of the birth order concept, and a view of the drug dependence problem. These areas are broad in scope, and this study does not profess to cover the entire volume of material. The importance of this review of literature lies in the convergence of the birth order concept with the notion of family background affecting drug dependence.

CHAPTER III

PROCEDURAL ANALYSIS

Selection of Subjects

In selecting a sample for the study, there were explicit criteria that had to be met:

1. The subjects had to have been drug dependent as opposed to simply drug abusers.
2. The above criterion must have been medically validated.
3. The desired data had to be available to the researcher.

Because these criteria had to be met, the sample chosen was the population of drug dependent persons who were actively participating, or who had at some time actively participated in the methadone maintenance program at the White Avenue Clinic (extension of Helen Ross-McNabb Mental Health Center), Knoxville, Tennessee. Those persons whose files did not contain the desired information were omitted, due to the desired confidentiality of participation in the program and the difficulty of realizing confidential communication between the researcher and these subjects.

Selection of Instruments

Since this study dealt with only one sample of subjects, and since there was only one variable being explored, birth order (drug dependence having been established for the sample), there were no sophisticated instruments used. The data were collected and the subjects grouped according to birth order, then a percentage of total sample comparison was determined for each birth rank grouping to discover the population incidence of each rank of birth.

Treatment of Data

The order of birth was obtained for each subject by referring to the subject's personal history data which were recorded in the subject's file at the White Avenue Clinic. The individual subject's presence in this population, whose records were available at the clinic, defined the subject as having been medically determined to be drug dependent.

The subjects were grouped according to their respective birth order or birth rank. The sum total for each birth rank was then compared to the total sample population and a percentage of incidence was found for each birth rank. The population incidence for each birth rank was contrasted with the incidence of the other birth ranks to determine what differences existed in each birth rank's contribution to the total sample population, and to determine if there was a difference between first-borns and later-borns.

CHAPTER IV

ANALYSIS OF THE DATA WITH CONCLUSIONS

Presentation and Analysis of the Data

The data gathered in this investigation was examined for the purpose of determining the birth order of the individuals in the target drug dependent population at the White Avenue Clinic.

In order to present the birth rank groupings of this population, a table was developed giving the incidence of the birth ranks in the target population, as a whole.

It should be noted that, due to the many inaccessible variables involved with the fourth- and later-born birth ranks (as discussed in Chapter II), these birth ranks have been combined under one heading with one percentage value given for all ranks involved.

Birth Rank Distribution

Within the population of drug dependent persons at the White Avenue Clinic, both those actively participating in the methadone maintenance program and those inactive (inactive refers to the individual's case being closed), there was found the following birth rank distribution (see Table 1):

Twenty-two (22) drug dependent persons fell into the only child category; this was 18.6% of the total population.

Table 1

Birth Rank Distribution

Birth Rank	Persons Active in Methadone Program	Persons Inactive (Case Closed) in Methadone Program	Total of Rank	Percent of Total Population
Only child	16	6	22	18.6
First-born	21	11	32	27.1
Second-born	16	14	30	25.4
Third-born	13	5	18	15.3
Fourth- and later-born	9	7	16	13.6
Totals	75	43	118	100.0

Thirty-two (32) drug dependent persons were found to be first-born; this was 27.1% of the total population.

Thirty (30) persons were second-born; the second-borns represented 25.4% of the total population.

Eighteen (18) of the drug dependent persons were third-born; this was 15.3% of the total population.

Sixteen (16) of the target population fell into the fourth- and later-born birth ranks; the sum of the fourth and later ranks was 13.6% of the total population.

Conclusions

The data analysis revealed that the first-born category comprises the largest segment of the drug dependent population with 27.1%. However, this was only slightly more than the next largest segment, the second-borns, with 25.4% of the target population. The first-born group and the second-born group combined yield 52.5%; in other words, over half of the drug dependent population studied fell into either the first- or second-born categories.

Of course these findings may be largely due to the fact that there exist more first- and second-born individuals than third-born or certainly fourth- and later-born individuals. However, one should bear in mind that, as Gerard and Kornatsky (1955) noted, it may be the attitudes and expectations of the family in terms of achievement which may predict the

possibility of drug dependence; and, as many other studies have shown, e.g., Kammeyer (1967), the heaviest weight of family expectations fall on the first-born. The second-born individuals are next in line, but more likely it may be the continuous competition with the first-born in these expectations that account for the almost equal percentage of second-borns in the drug dependent population.

Thinking in terms of family pressures, a more significant consideration might be to take the only child category, an only child being the same as first-born child until the arrival of a second child, which makes a first-born out of a previously only child, and consider it in combination with the first-born category. The only child category makes up 18.6% of the drug dependent population studied, and the first-born category, as mentioned earlier, makes up 27.1%. A combination of the two gives 45.7%. Very nearly half of the drug dependent population, then, was found to be the first child born into their respective families, discounting whether any more children were to later arrive in the family.

This finding implies an importance specifically to the relationship between parent and first child as a possible predictor of drug dependence. Referring again to the 1967 study by Kenneth Kammeyer, specific facets of the parent-first-born relationship are cited, which can also be generalized for the only child:

1. The parents consider the birth and existence of the first child extremely important.
2. Accordingly, the parents possess great ardor for the first child.
3. Parents will devote more time and energy to the socialization of the first child.
4. The parents will have had no childrearing experience, and so will be less knowledgeable about raising the first child.
5. The first child is unbuffered from the adult world--the first child has no generational peers; therefore he is more open to adult pressures and expectations.

Thus, the focus of parental attention is on the first child. Perhaps being the focal point can, with certain individuals, become too much to deal with; the pressures and expectations may lead the first child to search for a buffer--drugs may be that buffer, for some.

Another study which should be noted here is that of Stanley Schachter (1959), which finds dependency to be greater for early-born than for later-born children. Schachter uses dependency here to mean an individual's reliance on other people, but he also postulates that behaviors which are related to or derived from dependency will also be related to an individual's birth order. The author feels this relationship might

extend to drug dependence, implying that the first child may be more prone to rely or depend on drugs than later-born children.

CHAPTER V

SUMMARY, CONCLUSIONS AND IMPLICATIONS, AND RECOMMENDATIONS FOR FUTURE STUDY

Summary

The purpose of this investigation was to determine the birth rank groupings in the population of drug dependent persons, either active or inactive in the methadone maintenance program at the White Avenue Clinic, Knoxville, Tennessee.

The birth rank of each individual was obtained, and the total of each birth rank category was compared with the total drug dependent population to find the percentage contribution of each birth rank grouping. The groupings of the drug dependent population were closely examined for trends and implications of birth order configurations.

From a total target population of 118 drug dependent persons, the highest contribution was the first-born category with 27.1% of the total. The first-born category (27.1%) and the second-born category (25.4%) gave a combined total of 52.5%. Over half the population fell into either the first- or second-born birth rank category.

More importantly, the only child category with 18.6% of the total combined with the first-born category (27.1%) gives

a total of 45.7%. Nearly half of the target population were first children, that is, either a first-born or an only child.

Conclusions and Implications

On the basis of the data analysis, it was concluded that there is not an equal distribution of the respective birth ranks in the population of drug dependent persons of the White Avenue Clinic. The first- and second-born people were more heavily represented than the later-born people, and a combination of the only child category and the first-born category, both of which are the first children in the respective family, were found to comprise nearly half of the target population. One possible explanation attributes these findings to the family pressures and parental expectations which are associated with the earlier birth ranks, primarily first-born and only children.

Recommendations for Future Study

This study could be replicated using larger, more extensive population of drug dependent individuals. Furthermore, some limited follow-up to the study should be done to determine if birth order is related to the successful completion of treatment programs for drug dependent persons.

Other variables which may influence the attributes of the birth rank of an individual should also be investigated. The author suggests studying such variables as the size of the respective family of the individual, the possibility of varied family environments (parents deceased, divorced, etc.) and whether a parent or sibling is also drug dependent.

REFERENCES

REFERENCES

Adler, A. The pattern of life. New York: Cosmopolitan Book Company, 1930.

Allman, T. S, & White, W. F. Birth order categories as predictors of select personality characteristics. Psychological Reports, 1968, 22, 857-860.

Bakan, D. The relationship between alcoholism and birth rank. Quarterly Journal of Studies on Alcohol, 1949, 10, 434-440.

Bayer, A. E. Birth order and college attendance. Journal of Marriage and Family, 1966, 28, 480-484.

Cattell, J. M. Families of American men of science, III: vital statistics and composition of the families. Scientific Monthly, V, 1917, 368-377.

Chopra, S. L. Family size and sibling position as related to intelligence test scores and academic achievement. Journal of Social Psychology, 1966, 70, 133-137.

Ellis, H. E. A study of British genius. London: Hurst and Blackett, 1904.

Forer, L. K. Birth order and life roles. Springfield, Illinois: Charles C. Thomas, 1969.

Freud, S. A general introduction to psychoanalysis. New York: Liveright, 1933.

Galton, F. English men of science, their nature and nurture. London: Macmillan, 1874.

Gerard, D. L., & Kornetsky. Adolescent opiate addiction: a study of control and addict subjects. Psychiatric Quarterly, 1955, 29, 457-486.

Hall, E. Ordinal position and success in engagement and marriage. Journal of Individual Psychology, 1965, 21, 154-158.

Kammeyer, K. Birth order as a research variable. Social Forces, 1967/68, 46, 71-80.

Konig, K. Brothers and Sisters. Blauvelt, New York: St. George Books, 1963.

Kron, Y. J., & Brown, E. M. Mainline to nowhere. New York: Pantheon Books, 1965.

Krystal, H., & Raskin, H. A. Drug Dependence. Detroit: Wayne State University Press, 1970.

Mauer, D. W., & Vogel, V. H. Narcotics and narcotic addiction. Springfield, Illinois: Charles C. Thomas, 1967.

Schachter, S. The psychology of affiliation. Stanford, California: Stanford University Press, 1959.

Terman, L. M. Mental and physical traits of a thousand children. Genetic studies of genius. Vol. I. Stanford, California: Stanford University Press, 1925.

Wilner, D. M., & Kassebaum, G. G. Narcotics. New York: McGraw-Hill Book Company, 1965.

World Health Organization Expert Committee on Addiction-Producing Drugs. Seventh report, World Health Organization Technical Report Service, 1957, 9, 116.

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