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Psychological birth position of adolescents abusing substances and attempting suicide

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The University of Arizona, 1989
PSYCHOLOGICAL BIRTH POSITION OF
adolescents abusing substances
and attempting suicide

by
Marvin Lee Schierbeek

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In the Graduate College
THE UNIVERSITY OF ARIZONA

1989
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June 21, 1989
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ABSTRACT

This study examined the relationship between psychological birth order and substance abuse and suicide in adolescents. It was hypothesized that adolescents operating from a perceived inferior position as measured by the Psychological Birth Order Instrument would be more likely to abuse substances and/or engage in self-destructive behavior. Ninety-five adolescents from Southern Arizona volunteered to participate in this study. The forty-eight treatment subjects were current in-patients at a psychiatric hospital. The control group consisted of forty-seven high school students. The results indicate that there is a difference in perceptions between adolescents in treatment versus those not in treatment for substance abuse and/or suicide. There was a significant relationship at the .005 level and it was concluded that adolescents operating from a perceived inferior position are more likely to abuse substances and/or attempt suicide.
CHAPTER 1

INTRODUCTION

Adolescence is a period of pronounced change and adjustment, and often of profound importance for the individual (Lerner & Galamboos, 1984). It can be a confusing time both for the adolescent experiencing this phase of life and for the people who are observing the adolescent's progression through this phase. Often, problems arise as part of the adolescent's experiences. Two of the problems of concern to adults are that of adolescent substance abuse and suicide.

Substance use is now relatively common among adolescents and substance abuse is a growing problem (Herbert, 1987). Among 1981 high school graduates in the United States two-thirds acknowledged at least some illicit use of drugs and this is considered a low estimate (Lerner & Galamboos, 1984). Increasingly, the use of drugs is accepted as a solution to a variety of medical and social problems (Desforges, 1983). In addition millions of dollars are spent to treat drug crises in hospitals and special treatment centers.

Suicide, or self-destruction, is one of the most disturbing types of adolescent behavior (Shafii, Carrigan, Whittinghill, & Derrick, 1985). Suicide rates have
increased significantly for adolescents making it the third leading cause of death with the rate tripling over the past thirty years (Hawton, 1982; Headley, 1983). Suicide is increasingly being associated with drug abuse (Shafii et al., 1985).

Concern over adolescent substance abuse and suicide is a frequent aspect of adult anxiety that young people will fail to make the transition from childhood dependence to the status of an independent individual integrated into adult society. This concern over these problems in adolescence escalated in the 1970's resulting in research on alcohol and drug use. Many studies were done in the area of alcohol/substance abuse and birth order, and yet there was no consensus on the influence of birth order on substance abuse (Stagner, 1986).

An overall understanding of the influence of birth order on substance abuse or suicide is still incomplete as a result of previous research omitting the study of the subjective perceptions of one's birth order. Since perceived birth order is not always the same as birth order position (Lohman, 1982), and because differences in perceived birth order may be related to the problems of substance abuse and self-destructive behavior as a result of a sense of inferiority (perceived inferior position), there is a need for empirical studies to
better define the relationship between psychological (perceived) birth position and substance abuse and self-destructive behavior.

Adler (Ansbacher, 1956) and Mosak (Corsini, 1973) placed greater emphasis on the subjective perceptions of one's birth position rather than the birth order itself. For example, a middle child may feel ahead of the oldest or may feel squeezed between two successful siblings. Shulman and Mosak (1977, p.114) state, "It is not the actual birth order but the psychological which is important". Some children who are born second may overtake the first in some important area valued by the family and thus in essence may become psychologically like a first born (Neld, Ward, & Edgar, 1977).

In explaining the development of an individual's personality Adler (1932) also gave great emphasis to the importance of the relationships among the family members. The circumstances of one's birth order position lends itself to a particular relationship with parents and siblings. Each child has a different family environment which contributes to the development of a unique personality. The first born child has a unique position that generally receives much attention. He or she is like an only child with no other siblings with which to share the parents. For the years that elapse before the birth of
the second child, the oldest has a special environment in which his/her personality develops.

As the second child arrives the scene is quite different. The environment for this child includes an older child, a pacemaker, and parents who are now bound to sharing their attention with two children. Personality development and perceptions of life for this child will be influenced not only by the parents who must be shared, but also by another sibling.

The youngest's environment is unique in that everyone in their world will be older. There can be only one youngest, and therefore these children never face the severe changes of other siblings as new children come into the family. With each successive birth the family situation changes (Ansbacher, 1956, pp.376-382).

The importance of birth order has been recognized by many and yet for Adler, understanding the influence of that early family situation was dependent on understanding not only the order of birth and the family atmosphere, but also understanding the individual's perception of that environment (Lohman, 1982).

Again in this connection one must not underrate the child's free estimation and the participation of his free creative power, which account for the diversity of the results. The child makes use of the external influences to mold them according to his own interpretation (Ansbacher, 1956, p.374).
In considering the structure of a personality the chief difficulty is that its unity, its particular style of life and goal is not built upon objective reality, but upon the subjective view the individual takes of the facts of life (Ansbacher, 1956, p.183).

A further concept for Adler is that of belonging. Each child has the desire and need to belong and thus strives to find a place of significance. How one defines this place will depend on individual perception and interpretations of one's biological makeup and the life situation (Dinkmeyer & Dreikurs, 1963). "The situation counts, not the mere order of birth. In a large family a later child is sometimes in the situation of an oldest" (Adler, 1932, p.111). Influential in this interpretation will be the significant values of the family. If there is emphasis on achievement or proper behavior among others, then the child may strive to attain these qualities to find a place of importance.

Frequently, for each child to belong, competition develops which is reflected in each child pursuing different areas to stand out or fit in (Dreikurs, 1950). As one child develops a relatively satisfactory position for oneself with one's parents, the next child also strives to belong and will develop one's own means to find significance. "The one fundamental law governing the development of the child's character is that he trains those qualities by which he hopes to achieve significance
or even a degree of power and superiority in the family constellation" (Dreikurs, 1950, p.41).

The number of areas of difference is not as important as the perception of difference, with an infinite number of possibilities existing. "Divergence in behavior among siblings is partly due to competition among them for a place in the sun; the second avoids the territory of the first, and goes elsewhere to seek his fortune" (Shulman, 1962, p.38). Each child creates a unique solution to finding a place in the family. The most important aspect of the influence of birth order rests on the perceptions and interpretations of reality the individual creatively makes and how these interpretations influence movement.

Adler (Ansbacher, 1956) believed the greatest proportion of problem children are oldest children, and close behind them come the youngest. With the first-born child it is often found that the child finds oneself ousted from one's position by the second child, being dethroned by this second. The first child loses a position in which the parents pampered him/her, and thus feels less important. If the parents are unable to reassure him/her, he/she develops increased feelings of inferiority and pessimism.

The youngest can never be dethroned but as the
baby is probably the most pampered. A youngest child may suffer from extreme inferiority feelings as everyone in the environment is older, stronger, and more experienced.

Very frequently, the beginning of addiction shows an acute feeling of inferiority marked by shyness, a liking for isolation, oversensitivity, impatience, irritability, or by symptoms like anxiety or depression (Ansbacher, 1956). Adler (1932; Ansbacher, 1956) believed that to an alcoholic, life brings worries, but there are means of overcoming these difficulties. It is a personal solution, an easy way. The immediate effects of the drug often give the victim a feeling of being unburdened. In the case of drug addiction all failures will be attributed to the unconquerable vice, whether the failure be in social relations, in work, or in love.

Alcoholics and suicides are characterized from childhood by a somewhat higher degree of activity than shy or fearful children, and their activity develops along the detour of hurting themselves. They make attacks upon themselves for the purpose of hurting others. The feelings of inferiority or the longing for a sense of power require strong proofs of superiority for satisfaction. When problems arise, arousing anxiety, the person seeks a sense of feeling superior rather than really overcoming difficulties. Theoretically, drinking,
to the alcoholic, is an intelligent solution (Ansbacher, 1956).

Alcohol and other drugs do temporarily reduce the awareness of anxiety and give relief from the feelings of inferiority. Without the relief of drugs the inferiority feelings and anxiety could build up and lead to the ultimate escape of suicide (Kinney & Leaton, 1987).

Suicide, or self-destructive behavior, is the result of the person's perception of the situation. When that situation becomes unbearable, or if it seems as if no help in altering the situation or the perception of it will ever be available, suicide often becomes the only apparent solution (Shafii et al., 1985).

In the United States attempts are being made to solve these problems for adolescents. Treatment programs are being developed across the country. While there is a wide array of facilities and programs for substance abuse and self-destructive behavior, the settings in which treatment is delivered can be grouped basically into three types: inpatient, intermediate, and outpatient care (Armor, Polich, & Stambul, 1978). Inpatient treatment is usually in a hospital setting where the patient is removed for the duration of one's stay from the immediate environment that presumably created the stress leading to and supporting the problem behavior(s).
Intermediate care provides a transitional setting for individuals in their movement from inpatient care back to community life. An example of this type of facility is the half-way house. In the outpatient setting the individual receives treatment in a professional environment but still maintains access to one's environment with its accompanying stress and demands.

**Summary**

Whether the solution is one of drugs or self-destructive behavior, the dynamics of both are essentially the same. When the adolescent perceives one's position or situation as inferior to others, increased feelings of inferiority and pessimism may develop. The adolescent seeks a sense of feeling superior rather than overcoming one's difficulties. This sense can be achieved through the effects of drugs and/or through the activity of hurting oneself and in the process hurting others.

**Purpose of Study**

The purpose of the present study was to examine the relationship between psychological birth order position and substance abuse and suicide in adolescents ranging in age from twelve to eighteen. Specific objectives of this study were as follows:

1. To examine the relationship of perceived birth order to substance abuse and suicide.
2. To examine the similarities and differences between adolescents currently receiving treatment for substance abuse and/or suicide and high school students not receiving treatment for substance abuse or suicide.

Statement of Problem

The question addressed by this study was:
Will adolescents operating from a perceived inferior position as measured by the Psychological Birth Order Instrument be more likely to abuse substances and/or attempt suicide?

The research hypotheses were as follows:
1. There will be a difference in perceived position between adolescents receiving treatment for substance abuse and/or suicide and adolescents not receiving treatment.
2. Adolescents operating from a perceived inferior position will be more likely to abuse substances and/or attempt suicide.

Definition of Terms

The following terms were defined in order to increase clarity.

Adolescent: male or female from 12 to 18 years of age.

Birth Order: the ordinal position which one holds in the family.
Inferior Psychological Position: a position perceived by the individual to be lower, less than, or not as good. For example, a person who feels behind or second to another sibling, who has been overtaken by another, who can't keep ahead or keep up, who feels squeezed between siblings, or who feels last or the youngest.

Psychological Position: the subjective birth order position as viewed by the individual and is also known as perceived birth order position. For example, children of a three-child-family could perceive themselves in one of five psychological positions: as the first or the one ahead of the others, as the second striving to get ahead, as the squeezed middle, as the youngest striving to outdo one or more of the older children, or as the baby (last).

Superior Psychological Position: a position perceived by the individual to be higher, ahead, or better. For example, a person who feels ahead or who has overtaken another sibling.

Substance Abuse: use of substance(s), legal or illegal, that has resulted in the individual being placed in a treatment center for abuse of this substance.

Suicide Attempt: the contemplating, threatening, or making of self-destructive gestures.
Assumptions

This study was based on the following assumptions:

1. That the adolescents in the control group (high school students) were not substance abusers and/or have not attempted suicide.

2. That the adolescents in the treatment group have been diagnosed correctly.

3. That the subjects followed instructions correctly and answered truthfully.

4. That the instrument measures birth order and perceived birth order accurately.

This chapter included the introduction to the study, purpose of the study, statement of problem, definition of terms, and assumptions.
CHAPTER 2

Methods

This chapter describes the methodology used in this study. It includes sections on sampling procedures, instrument, research procedures, analysis of data, and limitations of the study.

Sampling Procedures

The subjects of this study consisted of adolescents ranging in age from 12 to 18 years. Participation in the study was voluntary. The following criteria were used in the selection of the subjects:

1. The subjects were in age from 12 to 18 years.
2. The treatment group was current in-patients at a treatment center (psychiatric hospital setting).
3. The control group was current high school students.

Instrument

The Psychological Birth Order Instrument (Appendix A) was based on research work of Lohman (1982). Lohman's (1982) work was modified by Linkenbach (1988) to the eight statements used in this study.

Research Procedures

The data were collected in a group setting for both groups, treatment and control. For the treatment group six separate sessions were conducted. Each session
met prior to group therapy with only the subjects and the investigator present for the session. For the control group three separate "Decisions" classes were utilized. The objectives of the "Decisions" class were to educate and encourage students to make more responsible decisions concerning their work, social, and family lives. Each teacher was present during the data collection.

The data were collected from the subjects in the following manner: After stating the purpose of the study and that participation was voluntary, the investigator gave a uniform explanation on how to complete the questionnaire (Appendix A).

"To complete this form print your name, first name or first initial only, along with your age and insert on the top blank. Circle whether you are male or female. Next, list by first name only along with each sibling's age the names of your brothers and sisters. Start with the oldest sibling and continue on down to the youngest. Include all brothers and sisters and indicate with an A for anyone adopted, with a B for any half brother/sister or step brother/sister, and with a D for any child that died or a miscarriage that occurred, and indicate where this death or miscarriage occurred. Are there any questions? Please complete the top half
of this form." Approximately five minutes were given to complete this part. "For the second part of this form read all eight statements first, and then circle the number corresponding to the statement which most describes the way you feel compared to your brothers and sisters. You may add additional information at the bottom of the page. Are there any questions? Please complete the second half of this form." Again, approximately five minutes were given to complete this part.

Each questionnaire was collected upon completion by the subject. Fifteen minutes provided sufficient time for data collection for each session or class. After all were collected by the investigator, the subjects were encouraged to ask any questions concerning this study. Confidentiality of responses on each questionnaire was given to each group prior to leaving the session.

Analysis of Data

Each of the eight statements along with the additional comments was determined as representing a statement of perceived inferior position or perceived superior/equal position (Appendix B). A percentage for each group (control versus experimental) on each position was computed (Table 3). In order to compare the effects of the two variables, perceived inferior position and perceived superior position, chi-square and the phi
coefficient were used to analyze the results.

Limitations of the Study

The following statements were recognized limitations of this study.

1. The study used subjects who were not randomly selected, and thus results cannot be generalized beyond the population from which the sample was obtained.

2. Participants in this study were volunteers who might possess characteristics different from a non-volunteer group.

3. Subjects were from one geographical area, Southern Arizona, and thus results can only be generalized to this area.

Summary

This chapter included the procedures utilized in this study. These include the sampling procedures, instrument, research methods, analysis of data, and the limitations of the study.
CHAPTER 3

Results

The purpose of this study was to examine the relationship between perceived birth order and substance abuse and suicide in adolescents. It was proposed that adolescents operating from a perceived inferior position would be more likely to abuse substances and/or attempt suicide, and thus psychological position could be used as a predictor of adolescent substance abuse or suicide.

Description of Sample

Ninety-five adolescents from Southern Arizona volunteered to participate in this study. The experimental group consisted of 32 females and 16 males. The subjects were both voluntarily and in-voluntarily referred to their treatment program at an in-patient psychiatric hospital. The treatment program involved sessions with a psychiatrist or psychologist and with counselors and social workers. Group therapy, psychodrama, life-skills, family meetings, and multi-family groups were integral aspects of their structured program. The program used a level system which allowed the patients to work toward desired goals in terms of specific behaviors. The patients' referrals typically came from the following
sources: parents, physicians, psychologists, counselors, social workers, schools, and the juvenile court system. Frequency and percentage of these subjects are listed in Table 1.

The control group consisted of 20 females and 27 males. The subjects were high school students in three sections of a required "Decisions" class. The class emphasized skills used in interacting with others with practical application in goal-setting, communication, decision-making, and development of personal responsibility. Frequency and percentage of these subjects according to birth position are listed in Table 2.

Collection of the data required approximately fifteen minutes for each section for each group. Two questionnaires from the control group were discarded on the basis of an incomplete form, thus reducing the number of subjects from forty-nine to forty-seven.

Results

In order to test the relationship between psychological birth order and the dependent measure (adolescents in treatment for substance abuse and/or suicide versus adolescents not in treatment) the Psychological Birth Order Instrument (Appendix A) was scored in the following manner:
Statements indicating an inferior position:
#1 - I feel I can't keep ahead of my sister(s) and brother(s).
#3 - I feel that I can't catch up to my brother or sister and that he/she is ahead of me.
#4 - I feel squeezed between my brother(s) and sister(s).
#5 - I feel like the youngest in my family.
#6 - I feel like I am trying to catch up to my brother(s) and sister(s).

Statements indicating a superior position:
#2 - I feel I am ahead of my sister(s) and brother(s).
#7 - I feel I have caught up to and gone ahead of my brother(s) and sister(s).
#8 - I feel ahead of the brother or sister just older that I, but still not ahead of the oldest.

Additional comments: Nine of the participants felt they were equal and wrote comments such as: I feel equal, I feel we are all the same, or I don't compete with them and no one is ahead or behind. These responses were included with those indicating a superior position.
Table 1. Frequency of responses (percentage) indicating inferior and superior/equal psychological positions according to birth order position for adolescents in treatment (N = 48).

<table>
<thead>
<tr>
<th>Questionnaire Item</th>
<th>Birth Order Position</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Oldest</td>
</tr>
<tr>
<td></td>
<td>N</td>
</tr>
<tr>
<td>1. Can't keep ahead.</td>
<td>4</td>
</tr>
<tr>
<td>2. I am ahead.</td>
<td>10</td>
</tr>
<tr>
<td>3. Can't catch up.</td>
<td>1</td>
</tr>
<tr>
<td>4. I feel squeezed.</td>
<td></td>
</tr>
<tr>
<td>5. Like the youngest.</td>
<td></td>
</tr>
<tr>
<td>6. Trying to catch up.</td>
<td>1</td>
</tr>
<tr>
<td>7. Have gone ahead of.</td>
<td></td>
</tr>
<tr>
<td>8. Ahead of just older.</td>
<td>3</td>
</tr>
<tr>
<td>Additional comments (I feel equal).</td>
<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>15</td>
</tr>
</tbody>
</table>
Table 2. Frequency of responses (percentage) indicating inferior and superior/equal psychological positions according to birth order position for adolescents not in treatment (N = 47).

<table>
<thead>
<tr>
<th>Questionnaire Item</th>
<th>Birth Order Position</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Oldest</td>
</tr>
<tr>
<td></td>
<td>N %</td>
</tr>
<tr>
<td>1. Can't keep ahead.</td>
<td>1 2</td>
</tr>
<tr>
<td>2. I am ahead.</td>
<td>7 15</td>
</tr>
<tr>
<td>3. Can't catch up.</td>
<td>2 4</td>
</tr>
<tr>
<td>4. I feel squeezed.</td>
<td>1 2</td>
</tr>
<tr>
<td>5. Like the youngest.</td>
<td>8 17</td>
</tr>
<tr>
<td>6. Trying to catch up.</td>
<td></td>
</tr>
<tr>
<td>7. Have gone ahead of.</td>
<td>1 2</td>
</tr>
<tr>
<td>8. Ahead of just older.</td>
<td>1 2</td>
</tr>
<tr>
<td>Additional comments (I feel equal)</td>
<td>3 6</td>
</tr>
<tr>
<td>Total</td>
<td>9 19</td>
</tr>
</tbody>
</table>
This procedure yielded the frequency distribution presented in Table 3. As shown in the table the total of thirty-three subjects in the treatment group were classified as operating from an inferior position as compared to eighteen subjects in the control group. Conversely, fifteen subjects in the treatment group were classified as operating from a superior or equal position as compared to twenty-nine subjects in the control group.

Table 3. Frequency distribution indicating inferior and superior/equal psychological position.

<table>
<thead>
<tr>
<th>Psychological Position</th>
<th>Group (N = 95)</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Treatment(N=48)</td>
<td>Control(N=47)</td>
<td></td>
</tr>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>Inferior</td>
<td>33</td>
<td>69</td>
<td>18</td>
</tr>
<tr>
<td>Superior/equal</td>
<td>15</td>
<td>21</td>
<td>29</td>
</tr>
</tbody>
</table>

A chi-square was calculated to test the relationship between psychological position and the grouping variable (dependent measure). The resulting chi-square was 9.17 and given one degree of freedom it was concluded that there was a significant relationship at the .005 level.
An additional analysis was targeted at examining the strength or magnitude of the observed differences. Specifically, phi, a measure of relationship for 2 x 2 tables was .311. Given that phi has many of the properties of Pearson R, the phi when squared equals 9.7%. In other words 9.7% of the variability of group membership (treatment versus control) was explained by psychological position. Hence 90.3% may be attributed to other factors not addressed in this study.

Rarely does research explain 100% of differences. Not only is this finding statistically significant, it is also practically significant in that one variable, psychological position, has explained approximately 10% of the samples difference.

**Summary**

The purpose of this study was to examine the relationship between psychological position and adolescents receiving treatment for substance abuse and/or suicide (N=48) versus adolescents who were not in treatment (N=47). The resulting comparison yielded a chi-square which exceeded the criteria for statistical significance at the .005 level. The phi when squared indicated psychological position explained 9.7% of the variability in the dependent measure.
CHAPTER 4
Discussion, Recommendations, and Conclusions

This chapter provides the discussion of results. Recommendations and conclusions are given based on the results and discussion.

Discussion

From an Adlerian perspective the situation in which a child is born is different for each sibling and allows for certain observations and interpretations. Early on Adler (1932) realized that birth order must be understood from a psychological position. The individual selectively observes the self and the environment and interprets these in a unique fashion. One important aspect in the environment which a child becomes aware of is the individual's birth rank in the family. Individuals with a given birth order see themselves from varying psychological positions. Adler (Ansbacher, 1956, p.183) stated, "A conception, a view of a fact, is never the fact itself, and it is for this reason that human beings, all of whom live in the same world of facts, mold themselves differently. Each one organizes himself according to his personal view of things."

Understanding the different view of adolescents on life, the world, and themselves as they relate to their
birth order position in the family can be useful to parents, educators, and counselors. Those adolescents who view themselves from a superior position, or psychologically first (ahead of the others), may also view the world as a place where belonging means being first. As a result much of the behavior of this adolescent could be understood in terms of this perceptual view of oneself.

The adolescent operating from a perceived superior position would tend to behave in ways of being ahead of others. Specific behaviors, for example, could be being the best in academic or artistic achievement, or outshining the other siblings in "goodness". These behaviors may vary depending on the family values and individual style of the adolescent.

The adolescents who perceive themselves in an inferior position are psychologically behind the others. They are constantly trying to catch up, to find a place where they can belong. They may become discouraged as a result of looking at themselves and the world as a place where success is not possible. Thus, they fulfill their need to belong by being a troublemaker, a rebel, or as a victim always feeling sorry for themselves. Their discouragement leads them to drugs or self-inflicted pain in order to cope with their feelings of inferiority.

The question addressed in this study was would
adolescents operating from a perceived inferior position be more likely to abuse substances and/or attempt suicide than adolescents not operating from a perceived inferior position. Ninety-five adolescents from Southern Arizona volunteered to participate in this study. The adolescents in treatment for substance abuse and/or suicide (N=48) consisted of 32 females and 16 males. The control group (N=47) consisted of 20 female and 27 male high school students.

There was a difference in perception between the two groups. Sixty-nine percent of adolescents in treatment for substance abuse and/or suicide perceived themselves from an inferior position compared to thirty-eight percent of adolescents not in treatment. This was significant at the .005 level. It was concluded that adolescents operating from a perceived inferior position are more likely to abuse substances and/or attempt suicide than adolescents not operating from a perceived inferior position.

In examining the strength or magnitude of the observed differences 9.7% of the variability of group membership (treatment versus control) was explained by psychological position. Since psychological position indicates whether the individual is perceiving oneself from an inferior, superior, or equal position, it appears...
that measuring psychological birth position may be useful in predicting and assessing substance abuse and self-destructive behavior in adolescents.

**Recommendations**

The utilization of psychological birth position is an important aspect of Individual Psychology. Additional research on psychological position and problem behaviors in adolescence is required to strengthen and/or clarify these results. A replication of this study is encouraged using the following recommendations:

1. Increasing the number of subjects and using random selection.
2. Comparing subject data from different treatment environments— inpatient, intermediate, and outpatient.
3. Utilizing subjects from other geographical areas.
4. Further development and assessment of the Psychological Birth Order Instrument. A better understanding of all possible psychological positions would enhance the effectiveness of this tool.

**Conclusions**

This study sought to investigate the relationship between psychological birth position and adolescent substance abuse and suicide. The results indicate that there is a difference in perceptions between adolescents
in treatment and those not in treatment for substance abuse and/or suicide. It was concluded that adolescents operating from a perceived inferior position are more likely to abuse substances and/or attempt suicide. Furthermore, measuring psychological birth position may serve as a useful tool for predicting and assessing substance abuse and self-destructive behavior in adolescents.
APPENDIX A

PSYCHOLOGICAL BIRTH ORDER INSTRUMENT
BIRTH ORDER STUDY

I. First name/age__________ Male/Female(Circle)

Starting with the oldest list all your brothers and sisters in your family.

<table>
<thead>
<tr>
<th>Brothers</th>
<th>Age</th>
<th>Sisters</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td></td>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
<td>2.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td></td>
<td>3.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td></td>
<td>4.</td>
<td></td>
</tr>
</tbody>
</table>

Mark with an "A" for anyone adopted.
Mark with a "B" for step/half brothers and sisters.
Mark with a "D" for a sibling death or miscarriage.

II. Read all eight statements. Circle the number of the statement which most describes the way you feel. You may add additional information at the bottom if you wish.

1. I feel I can't keep ahead of my sister(s) or brother(s).
2. I feel I am ahead of my sister(s) and brother(s).
3. I feel that I can't catch up to my brother or sister and that he/she is ahead of me.
4. I feel squeezed between my brother(s) and sister(s).
5. I feel like the youngest in my family.
6. I feel like I am trying to catch up to my brothers and sisters.
7. I feel I have caught up to and gone ahead of my brother(s) and sister(s).
8. I feel ahead of the brother or sister just older than I, but still not ahead of the oldest.

Additional comments:
APPENDIX B

DETERMINATION OF PSYCHOLOGICAL POSITION
Psychological Position: Inferior or Superior

1. I feel I can't keep ahead of my sister(s) or brother(s). (Inferior position)

2. I feel I am ahead of my sister(s) and brother(s). (Superior position)

3. I feel that I can't catch up to my brother or sister and that he/she is ahead of me. (Inferior)

4. I feel squeezed between my brother(s) and sister(s). (Inferior)

5. I feel like the youngest in my family. (Inferior)

6. I feel like I am trying to catch up to my brother(s) and sister(s). (Inferior)

7. I feel I have caught up to and gone ahead of my brother and sister. (Superior)

8. I feel ahead of the brother or sister just older than I, but still not ahead of the oldest. (Superior).

Additional comments:
REFERENCES


