

Impact of Birth Order on Substance Abuse -A Review

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Abstract

Birth order, It is believed that the order in which a child is born Influences their personality. Children born into the same family environment form their personalities and lifestyle approach in a different manner. Originally, the construct of psychological order was classified in terms of five general positions: first, second, middle, youngest, and only child. This article reviews the impact of Birth order on substance abuse. In this field several studies have been done. There have been various studies that look at the relationship between birth order and substance abuse, many of which contradict each other. Some studies suggest that the middle child is most likely to abuse substances due to a lack of attention in their childhood, while others point to the pressure to succeed placed on first born children as a basis for future addiction. There are also studies that assert that the youngest child does not develop adequate coping mechanisms and therefore is most likely to handle anxiety and depression by using drugs or alcohol. Research on the effect of birth order on substance abuse has produced conflicting results, and So It's concluded that apart from birth order, there are some other factors which impact drug abuse.

Keywords: Substance, Substance abuse, Birth order, First order, Middle order, Youngest, Only child.

Substance or drug abuse has become the most prevalent social evil in the present times. Any chemical that alters the physical or mental functioning of an individual is termed as drug. Drug may or may not be used for medical purposes. When drugs are used to cure or prevent a disease or improve the health condition, it is called a medicine and using it so is termed 'drug use'. Drugs prescribed by a physician include antibiotics, tranquilizers, pain reliever etc. When drugs are taken to alter the mood and remove anxiety without there being any prescription by a physician, it is 'Drug abuse'. Pattern of mood altering drug use without a medical presentation forms an eight-point continuum ranging from Non-use to addiction viz- Non-use-Appropriate use-misuse-Experimental use Abuse-Habitation-Psychological and physiological dependency-Addiction. Substance abuse has been a subject of research for so many years. Many researchers have focused on different aspects that fuel the problem.

Birth order, It is believed that the order in which a child is born Influences their personality. Adler, (1946) states that children born into the same family environment form their personalities and lifestyle approach in a different manner. Originally, the construct of psychological order was classified in terms of five general positions: first, second, middle, youngest, and only child (Adler, 1946; Ansbacher & Ansbacher, 1956). Contemporary Adlerians classify birth order in terms of four general positions: first, middle, youngest, and only child (Campbell, White, & Stewart, 1991; Stewart & Stewart, 2001). Despite the many exceptions to these rules, birth order is said to impact intelligence, deviance, and success. First born children, for example, are often said to be natural leaders, have higher I.Q. scores,

and sometimes display controlling behaviour. Middle children are sometimes thought of as most likely to be a “problem child” due to their attention-seeking behaviour. There is some data to support this suggestion, although attention-seeking may manifest as good or bad behaviour. Youngest children are often characterized as spoiled or sheltered, and are commonly associated with self-centred and manipulative tendencies. Children without siblings are sometimes thought of as lacking social skills and acting older than their age. According to Benzoni (2023), birth order theory describes how the effect of birth order shapes children’s thoughts and behaviours from first born children to the last born. Benzoni (2023) further asserts that there are certain characteristics associated with individuals in each respective birth order, some of which are supported by research and some of which are seemingly old wife’s tales. This article reviews the impact of Birth order on substance abuse. In this field several studies have been done. There have been various studies that look at the relationship between birth order and substance abuse, many of which contradict each other. Some studies suggest that the middle child is most likely to abuse substances due to a lack of attention in their childhood, while others point to the pressure to succeed placed on first born children as a basis for future addiction. There are also studies that assert that the youngest child does not develop adequate coping mechanisms and therefore is most likely to handle anxiety and depression by using drugs or alcohol.

Sinha, N.(author) examined the relationship between birth order and substance abuse among university students of Magadh University. It was hypothesized that there would be significant association between birth order and drug abusers university students. The obtained $X^2 = 19.62$ is significant on .01 level of confidence. It means there is a significant association between birth order and drug abuse. It is obvious from the result that majority of students are middle born. They have accepted more use of drugs as compared to their first and last born counterparts. Veeraraghavan (1981) also reported that drug abuse was more frequent in the middle than in other groups. The middle born has often been described as ‘feeling squeezed out’ since they can never get the full attention as is the case with the first and last born (Craighead & Nameroff, 2002). As a result, this middle born often feel like they are in a race with the first born so as to take over the privileged position of their older sibling whilst still staying ahead of the youngest child (Kalkan, 2008; Adler, 1931). The middle child has also been referred to as the black sheep of the family and can go to great lengths to receive the attention they feel they were deprived by doing things such as joining rebellious social groups (Rickert, 2002). But Schachter (1959), Smart (1963) & Mukangi (2010) found that youngest child was more likely to have a substance related disorder.

Aslam (2015) explored the frequency of crime among individuals with drug addiction with respect to birth order. A sample of 332 male participants was selected from an in-patient facility. Percentages and frequency distribution were used to compute results. The study established that the prevalence of substance abuse among first born was 21.98%, 56.63% among middle born, and 21.4% among last born. Analysing data from the National Longitudinal Study Survey of Youth, Argys, I. et al (2006) found that middle born and last born are much more likely to use substances and be sexually active than their firstborn counterparts. These results provide the strongest evidence to date that birth order is related to measurable behaviors.

Laird, T.G. et al (2006) examined the relationship between birth order and substance abuse among university students. Participants in the study were enrolled at a historically Black University. Consistent with observations by Adler on alcohol abuse, data analysis resulted in significant differences between first-born and last-born participants with weekly drinks and binge frequencies. Last-born reported a higher risk for alcohol-related behaviours than first-borns.

Valkov (2018) did an empirical study in Bulgaria to explore the relationship between birth order and substance abuse. The study used a sample of 166 participants who were both out-patients and in-patients. Results from the study showed that the majority of participants with substance use disorder were last born children followed by only child and first born, respectively. There was also statistically significant correlation between birth order and substance abuse (Chi-square – 12,340, $p = 0,006$).

Barclaya, K. et al (2016) before age 20 they found that later born siblings are hospitalized for alcohol use at a higher rate than first-borns, and there is a monotonic increase in the hazard of hospitalization with increasing birth order in Sweden. Second-born are hospitalized at a rate 47% higher than first-borns, and third-born at a rate 65% higher. Similar patterns are observed for hospitalization for narcotics use. After age 20 the pattern is similar, but the association is weaker. These patterns are consistent across various sibling group sizes.

Mukangi, A. (2010) study was guided by two objectives. The first objective was to investigate which of the ordinal birth order (one's chronological position within their family of origin) was more prevalent in relation to substance related disorders. The second objective was to investigate whether psychological birth order (a person's perception of their ordinal birth order) was more prevalent in relation to substance related disorders. In reference to the first objective, it was found that youngest child was more likely to have a substance related disorder 33.3% followed by the first and middle child who were just as likely to develop the disorder 28.6% and lastly, an only child with a frequency of 7.6%. In the second objective, it was found that majority of the participants rated themselves as psychological first born with a frequency score of 51.9%. This was followed by ratings of the psychological middle child 22.2% and the psychological only (11.1%). The results also support those of Smart (1963) and Schachter (1959) which stated that the youngest child is more likely to become an addict and mainly because they tend to react to anxiety evoking situations by becoming more anxious. Therefore, this means that as opposed to developing strategies that relieve this anxiety, the youngest child is more inclined to use substances as a way of escaping such situations.

Magwali, S. et al (2023) was found that substance related disorders are more prevalent in firstborn and last-born children compared to second born and middle child. Out of 79 participants ($n=79$) who were diagnosed with substance use disorders, 30 were first born children (38%), 29 were last born (37%), 10 were middle children (13%), and 10 were second born children (13%).

Stein, S. M. et al (1988) Investigated whether a relationship exists between birth order, substance abuse, and criminality in a survey of 48 male and 25 female substance abusers in treatment at a drug rehabilitation center. Most Ss were admitted for marijuana and poly-drug abuse. A predominant relationship between birth order and substance abuse was demonstrated among male abusers. 50% of criminal offenders were first-born children, with males showing a more significant relationship than females. It is suggested that this delinquency in first-born males is related to social pressures and a tendency to introversion and nonconformity.

Lerner & Linder (1975) investigated the role of birth order and addiction, used heroin addicts involved in polydrug use. In this study, polydrug abuse seemed to be more prevalent amongst only children.

A psychological wellbeing publication, Arbor Behavioural Healthcare, published personality traits that may be influenced by birth order and can have a lasting effect on personal, professional and psychological wellbeing of individuals. Arbor Behavioural Healthcare views the youngest child as having inadequate coping mechanisms and is therefore likely to handle anxiety and depression using drugs. The oldest child feels anxious because of parental pressure to succeed, while middle child feels

lost and unsupported. All these pressures can create a vulnerability to addiction under right circumstances. Looking at the vulnerabilities, none clearly points to one birth order being more vulnerable than the other.

In another mental health publication, BetterHelp (2023), stress has been singled out as the greatest influences of substance abuse. Each sibling may face their own kind of stress and resort to drugs and alcohol as a coping strategy. First born children have high expectations placed on them leading to the feeling of obligation to fulfil them thus causing stress. Middle children often struggle to live up to the level of the first born and may not receive as much attention. The youngest child may receive a lot of attention, but may also struggle to prove themselves among older siblings and can face issues in establishing autonomy. All these levels of stress lead to substance abuse making it difficult to determine if one sibling is more likely to try drugs and alcohol more than the other.

Stagner, B. H. (1986) Suggests that examination of the birth order literature for drug and alcohol abuse reveals equivocal and contradictory findings, many of which are methodologically suspect. Findings based on the 12-yr follow-up of the Drug Abuse Reporting Program indicate that there is little support for birth order differences among drug abusers for age of initial drug use, severity of drug use, achievement of abstinence, or alcohol consumption. It is suggested that birth position is probably not a strong hypothesis for further research.

Conclusion

It can be concluded that there are variations in the findings related to birth order and substance abuse. No specific Birth order is correlated with substance abuse. Thus, other factors, such as, personality, anxiety, family environment and income, education level among others may be responsible for substance abuse. Further studies may be conducted to assess the role of birth order and substance abuse.

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