

**DEPRESSION AND SELF-ESTEEM AMONG FIRST BORN  
AND SECOND BORN YOUNG ADULTS**

A

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*In the partial fulfilment of the requirement for the degree of*

**MASTER OF ARTS  
IN  
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(Clinical)**



Submitted by:

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**June, 2017**

## CERTIFICATE

This is certify that the thesis entitled “**DEPRESSION AND SELF-ESTEEM AMONG FIRST BORN AND SECOND BORN YOUNG ADULTS**” being submitted in partial fulfillment of requirements for the award of degree of **Master of Arts in Psychology**, submitted in **the School of Humanities and Social Sciences, Thapar University, Patiala** is a bonafide work carried out under the supervision of **Dr. Simerpreet Ahuja**, Assistant Professor, School of Humanities and Social Sciences, Thapar University, Patiala and that no part of this project has been submitted for the award of any other degree.



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This is to certify that above statement made by the student concerned is correct and true to the best of my knowledge.



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## CANDIDATE'S DECLARATION

I hereby declare that the work presented in this thesis entitled, “**DEPRESSION AND SELF-ESTEEM AMONG FIRST BORN AND SECOND BORN YOUNG ADULTS**” in partial fulfillment of the requirement for the award of Degree of **Master of Arts in Psychology**, submitted in the **School of Humanities and Social Sciences, Thapar University, Patiala**, is an authentic record of my own work carried out under the supervision and guidance of **Dr. Simerpreet Ahuja**, Assistant Professor, School of Humanities and Social Sciences, Thapar University, Patiala and refers other researcher's work which are duly listed in the reference section.

The matter embodied in this thesis has not formed the basis for the award of any other degree of this or any other university.

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## **ABSTRACT**

The present study was aimed to compare the first born and second born on depression and self-esteem among young adults. For this study, 80 young adults (40 males and 40 females) aged 18-24 years ( $M = 20.65$ ,  $S.D. = 2.41$ ) completed the Rosenberg self esteem scale for Self-Esteem and The Beck Depression Inventory by Aaron T. Beck (a 21-question multiple-choice self-report inventory) for depression. It was hypothesized that the first born would be more depressed and would have low self-esteem as compared to second born. The Gender differences were also explored. The results computed from t-test showed insignificant in compare to first born and second born on depression and self-esteem and the results revealed there are no gender differences also. The insignificant results have been explained with relevant studies and theories. The process of technological advancement demand ever evolving changes, which may enhance depressive symptoms and low self-esteem in young adults. Now a days, males and females are equally participating in every curriculum activity and are doing best with their interest. For future scope, birth order can be compared with various variables like maternal-paternal relationships, family values and culture to further analyse the findings.

Keywords: Birth order, Depression, Self-esteem.

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# Chapter 1

## INTRODUCTION

### 1.1 Birth order

Birth order is different in cultures all over the world, it is of great importance these days to give attention to. In some cultures eldest child holds the most preferable and likeable position in the family, it was and it is as important as it used to be. For example in Asian countries, the eldest child holds the most likeable position in the family as the family expects the most from him/her, the eldest child needs to meet the expectations of the parents as being the first order parents have some expectations, if not fulfilled then he/she might be considered as the weak link or shame for the family. From this he/she may grow the feeling of not becoming the confident person which may result in having low self-esteem but on the contrary, with the support system of family one can be the strong and confident person and can achieve the high level of self-esteem. Whereas, in some cultures it is consider that the youngest child is the dominant one. The future characteristics of an individual are based on which birth order category one falls in. There are many factors that may become the reasons in the sibling rivalry and those are to fight for the power that is to control the particular situation, to be independent and to get the love of the parents more than the other sibling. Whereas the ordinal position of an individual can be based on the different characteristics, interests, attitudes or the behavioural attitudes among the society. The ordinal position of an individual in the family affects his/her self concept and thus, his self esteem. When the first born child is compared with someone else especially with their siblings, he/she may tend to have a greater chance of developing feelings of inferiority as their position in the family which is altered by the arrival of another child/sibling. Birth order can be related to many factors that affect the personality of an individual or in the development of an individual according to the family structure or according to an individual's surroundings. Adler main focus was on individual psychology and later on, he proposes his theory of birth order because according to him each child is unique and holds a different set of personality traits from each other.

ALFRED ADLER (1870–1937), an Austrian psychiatrist, was the founder of the Adlerian approach to counselling which is also known to be an Individual psychology. According to Adler, human nature is primarily motivated with the social interest of an individual to be connected with the society as a part of the active interest in social empathy in such a manner to contribute the goodwill among others. One of a major Adlerian tenet that is the people

strive for excellence, which is a process called striving for perfection. It is in human nature that every individual may have this feeling of inferiority from others, it may be vanquished if the person may feel comfortable with others if not then they may develop this complexity among themselves. In contrast to this when an individual overcompensates the feeling of inferiority then he/she may develop the superiority complex among themselves. Adler gave the role of birth order and divided them into five ordinal positions which are formalised in the family constellation such as first born child, second born child, middle born child, youngest child, and the only child. Environment/surroundings of the family is important in the development of an individual, particularly in the first five years of the child as the child is at the beginning of the learning process and the environment he/she gets into formulates the personality of an individual. Adler described his theory of birth order that affects the personality of an individual according to the traits he/she inherit from the parents and some gain with the life experiences. He argued that birth order of an individual depicts the lifestyle of an individual on which he/she leaves an impression to deal with the particular situations like work, friendship, and love. Birth order plays an important role in shaping of an individual how he/she would turn out to be as an adult with the different or unique characteristics depicted by Adler. It shows how an individual sees or react to the world with his/her different personality traits among others and how one wants to expect the things from the world for him/herself. The characteristics of an individual are not always influenced by the birth order but also from the situation or the environmental factors in which the child is born and how one interprets or deal with the situation according to the characteristics one have. (Ansbacher & Ansbacher, 1956).

**(a) First born**

- 1) The first born usually receives more attention because they are eldest among their siblings.
- 2) The first-borns are more dependable, ambitious in nature, and competitive among others.
- 3) The attributes first born child have are :introvert, high in self esteem, goal targeted, organized in nature, responsible, and do feel jealousy easily.
- 4) The arrival of a new sibling tends the first born to be dethroned from the centre of attention and they may take time to overcome from the trauma of sharing the love of the parents with another child (Sulloway, 1996; Ansbacher & Ansbacher, 1956).
- 5) Being the centre of attention, they may tend to learn their power at a very young age and may express their feeling by helping others or by protecting their loved ones or by leading others for the benefit of both.

- 6) They try to be a parent to their younger siblings by dressing them up or by giving orders to them.
- 7) The firstborn tries everything in their power to regain the appraisal and love from their parents, which they used to have before the other sibling came.
- 8) Losing the top position in the family is the greatest fear of the first born.
- 9) Parents often have high set of expectations from them and want them to set a good example for their other siblings usually the younger ones.
- 10) The firstborn are the achievable in the family while the younger ones are the shadow of their elder sibling.

#### **(b) Second born**

- 1) The second born child is the one who has to share the attention and love among the of the parents.
- 2) The second born child has to compete with other sibling for the attention and affection and the struggle for that may affect both the siblings in one or the other way around.
- 3) The second born child learns the limitation of his/her sibling and tries to master in those skills so that they could make up to the expectation of the parents and get the reward.
- 4) They usually have different and unique personality traits and talents than the other sibling.
- 5) If the second born child will have a younger brother or sister then he/she may become the middle child of the family.
- 6) They are more of an affectionate, impulsive, and less concerned with norms.
- 7) They are rated high on identification things/people, they are more friendly in nature, and have a suitable companionship with the other siblings, have a protective shield for their loved ones, they are more affectionate than the first-borns (Gustafson, 2010).

#### **(c) Middle-born child**

- 1) Middle-born child always have this theory in mind that he/she is not or were never in the spotlight for the family.
- 2) They usually feel like they don't belong in there and have to fight for their rights to receive the attention from their loved ones, as they are always being compared with other siblings.
- 3) In the family photo album they have a set of/limited pictures as compared to the first born.
- 4) The middle child may feel that they are least important to the family which may further lead the middle child to have the poor me attitude.
- 5) Middle child may see life from a hopeless point of view that will often become lonely.

6) Being the middle child, he/she is the peacemaker of the family as they think they are the experts in negotiation and learn to be competitive because they are being compared with other sibling at every step and have to be way ahead from the younger sibling (Gustafson, 2010).

7) Whenever the middle child is stuck in between anything then he/she may look for a way out with the help of the elder sibling.

8) Middle born child do not put much efforts because they believe in walking in the same shoes.

#### **(d) Youngest child**

1) The youngest child is a free bird as they have the liberty to choose their own options according to their liking as compared to their other siblings.

2) They are independent with their life and takes a different step rather than following the other siblings.

3) On comparison with the other siblings younger borns are more pampered which leads them to be dependent on others, and irresponsible.

4) They may become manipulative one if their siblings, parents, or other peers are over bearing or bossy.

5) They may be afraid of the world and can face the difficulty to make decisions on their own as they are being overprotected by the other siblings (Zaidi, 2011).

#### **(e) The only child**

1) The only child may share some of their characteristics with the first-born personality traits, such as being ambition in life and be independent.

2) The only child does not believe in sharing their things with others as they do not have any other sibling from which they may lack in gaining some life experiences which includes the struggle to cooperate with relationships.

3) They learn to relate with adults better than other children.

4) Being the only child gives them the opportunity to receive the full amount of attention and care from their parents (Adler ,1964).

5) They may face difficulties in interpersonal relations.

6) Being the only child they do enjoy their own company and like to be independent.

## 1.2 Depression

Depression can occur at any stage of life in an individual, it can transfer through genes or in some cases environment can be another factor that influence depression, for example one may develop depression because one of the parent was diagnosed with it but in other factors one may have experience the loss of a loved one or on the other side children who have the learning/attention disability are at a higher rate risk for depression. The individuals who experience anxiety in their early childhood may have the tendency to develop depressive symptoms in their adolescents. When a child is diagnosed with depressive disorder then he/she have to go through the treatment, if not treated well then it may lead to other concurrent psychiatry disorders such as anxiety, bipolar disorder, or conduct disorder. One of a many cause of depression is the imbalance of chemical in the brain which is known as the neurotransmitters which are genetically in nature or can be inherited. The function of neurotransmitters is to regulate the mood of an individual which is directly related to depression. When there is a family history of depression more likely of a parent then the chances of depression developing in their child gets high. In today's scenario when an individual is physiologically not fit then he/she may lead to have depressive reactions which further leads to have depressive symptoms, once an individual have experienced depression then he/she might experience the other episode within the next five years. Children who usually experience depressive episodes are at higher risk for experiencing depression in their adulthood. Depression is a combination of how one feels when he/she is sad, alone, irritated, or feels he/she is worthless, lack of hope, being agitated and carries some guilt within is accompanied by an array of physical symptoms. In relation to birth order, depression affects the order of an individual because of the many factors one may include the partial immunity in family structure, discrimination between males and females, the importance of the child, and the capabilities of the young adults as every individual is different and unique in their own way. Children diagnosed with depression may end up with suicidal thoughts or committing suicide or ending up with some anxiety disorders.

According to DSM-IV-TR CRITERIA

“Diagnostic criteria for **296.2x** Major Depressive Disorder, Single Episode

**A.** Presence of a single Major Depressive Episode.

**B.** The major depressive episode is not better accounted for by Schizoaffective Disorder and is not superimposed on Schizophrenia, Schizophreniform Disorder, Delusional Disorder, or Psychotic Disorder Not Otherwise Specified.

**C.** There has never been a Manic Episode, a Mixed Episode, or a Hypomanic Episode.

Note: this exclusion does not apply if all of the manic-like, or hypomanic-like episodes are substance or treatment induced or are due to the direct physiological effects of a general medical condition.

Diagnostic criteria for **296.3x** Major Depressive Disorder, Recurrent

**A.** Presence of two or more Major Depressive Episodes.

Note: to be considered separate episodes, there must be an interval of at least 2 consecutive months in which criteria are not met for a Major Depressive episode.

**B.** The Major Depressive Episodes are not better accounted for by Schizoaffective disorder and are not superimposed on Schizophrenia, Schizophreniform Disorder, Delusional Disorder, or Psychotic Disorder Not Otherwise specified.

**C.** There has never been a Manic Episode, a Mixed Episode, or a Hypomanic Episode.

Note: this exclusion does not apply if all of the manic-like, mixed-like, or hypomanic-like episodes are substance or treatment induced or are due to the direct physiological effects of a general medical condition.

Diagnostic criteria for **300.4** Dysthymic Disorder

**A.** Depressed mood for most of the day, for more days than not, as indicated either by subjective account or observation by others, for at least 2 years.

Note: In children and adolescents, mood can be irritable and duration must be at least 1 year.

**B.** Presence, while depressed, of two (or more) of the following:

- (1) Poor appetite or Overeating.
- (2) Insomnia or Hypersomnia.
- (3) Low energy or fatigue.
- (4) Low self-esteem.
- (5) Poor concentration or difficulty making decisions.
- (6) Feelings of hopelessness

**C.** During the 2-year period (1 year for children or adolescents) of disturbance, the person has never been without the symptoms in criteria A and B than 2 months at a time.

**D.** No Major Depressive Episode has been present during the first 2 years of the disturbance (1 year for children and adolescents); i.e., the disturbance is not better accounted for by chronic Major Depressive Disorder, or Major depressive Disorder, In Partial Remission.

Note: there may have been a previous Major Depressive episode provided there was a full remission (no significant signs or symptoms for 2 months) before development of the Dysthymic Disorder. In addition, after the initial 2 years (1 year in children or adolescents) of

Dysthmic Disorder, there may be superimposed episodes of Major Depressive Disorder, in which case both diagnoses may be given when the criteria are met for a Major Depressive Episode.

**E.** There has never been a Manic Episode, a Mixed Episode, or hypomanic Episode, and criteria have never been met for Cyclothymic Disorder.

**F.** The disturbance does not occur exclusively during the course of a chronic Psychotic Disorder, such as Schizophrenia or delusional Disorder.

**G.** The symptoms are not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., Hypothyroidism).

**H.** The symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Specify if:

Early Onset: if onset is before age 21 years

Late Onset: if onset is age 21 years or older

Specify (for most recent 2 years of Dysthmic Disorder): With Atypical Features

### **311 Depressive Disorder Not Otherwise Specified**

The Depressive Disorder Not Otherwise Specified category includes disorders with depressive features that do not meet the criteria for Major Depressive Disorder, Dysthmic Disorder, Adjustment Disorder with Depressed Mood, or Adjustment Disorder with Mixed Anxiety and Depressed Mood. Sometimes depressive symptoms can present as part of an Anxiety Disorder Not Otherwise Specified. Examples of Depressive Disorder Not Otherwise specified include

**1.** Premenstrual Dysphoric Disorder: in most menstrual cycles during the past year, symptoms (e.g., markedly depressed mood, marked anxiety, marked affective lability, decreased interest in activities) regularly occurred during the last week of the luteal phase (and remitted within a few days of the onset of menses). These symptoms must be severe enough to markedly interfere with work, school, or usual activities and be entirely absent for at least 1 week postmenses.

**2.** Minor depressive disorder: episode of at least 2 weeks of depressive symptoms but with fewer than the five items required for Major Depressive Disorder.

**3.** Recurrent brief depressive disorder: depressive episodes lasting from 2 days up to 2 weeks, occurring at least once a month for 12 months (not associated with the menstrual cycle).

**4.** Post Psychotic Depressive Disorder of Schizophrenia: a Major Depressive Episode that occurs during the residual phase of Schizophrenia.

5. A Major Depressive Episode superimposed on Delusional Disorder, Psychotic Disorder Not Otherwise Specified, or the active phase of schizophrenia.

6. "Situations in which the clinician has concluded that a depressive disorder is present but is unable to determine whether it is primary, due to a general medical condition, or substance induced". (DSM-IV-TR; American Psychiatric Association, 2000)

### **1.3 Self-esteem**

Self-Esteem refers to the sense of his/her own worth, the value's of an individual on which he/she approves of, or appreciates the work or deed, the rewards, or liking for him/herself (Blascovich & Tomaka, 1991). The most common self-esteem definition was given by Rosenberg (1965) in which the description of self-esteem can be in a favourable or non-favourable attitude towards self. Self-esteem can be influenced by many factors, for some people genetic factors helps them to shape their personality as an individual which plays an important role to maintain the self-esteem that one builds up to live in the society and to meet his own perceptions in day to day life. People who have experienced bad emotions with family or with friends are likely to experience low self-esteem as compared to the ones who had positive relations with friends and family. Self-esteem is refers to an individual's personal judgement of his/her own worth in their own way. If the individual feels that he is good-looking, who performs tasks easily, have so many good relationship with others, achieves goals and is aware of his/her strengths as well as his/her weaknesses then it is more likely that he/she will have a healthy self-esteem. Self-esteem is direct related to happiness, an individual with high self-esteem can have a happy and healthy life as compared to the one who are low at self-esteem, whereas low self-esteem can lead to depression or anxiety disorder. However, if an individual feels lacking in the significant areas of life problems, one will probably suffer from some self deficit. Self-esteem is a component of self-concept which is a broader term that represents self which includes cognitive and behavioural aspects. The basic construct for self-esteem is to sense the global self-worth which develops the self-confidence in an individual which are the main domains for self-esteem, building up self-confidence can enhance the power of positive self-esteem. Self-esteem is a trait in an individual which is stable across the time, but it may fluctuate a little bit but won't be able to change the whole concept of an individual so far. In the field of psychology self-esteem counts to be an important construct where every psychological concept is related to it, which includes personality for e.g. being shy, behavioural for e.g. task performance, cognitive for

e.g. attribution bias, and clinical concepts for e.g., anxiety and depression. Greenberg et. al. (1963) did found out the results with first born children having the lowest self esteem. Whereas, Rosenberg (1965) found out that the only child have the high level of self-esteem. A healthy self-esteem is a high-priority for normal and general psychological development. A person who believes in himself/herself and his/her capabilities views his/her success as reinforcers and learns from past failures which beholds a mature self concept and a high esteem. There are reported studies where girls are reported with low self esteem than boys in early adolescence (Polce-Lynch et. al. 2001). Whereas Munford (1994) reports that there is no significant gender difference in terms of self esteem. When the first born child is compared with someone else especially with their siblings, he/she may tend to have a greater chance of developing feelings of inferiority as their position in the family which is altered by the arrival of another child/sibling. Greenberg et. al. (1963) found out that the first born child to have low self esteem as compared to the later-born. People who are high on self-esteem have the capacity to speak up in public whether it is a group of a people or just a one on one conversation. Being a leader might not twig directly from self-esteem, but self-esteem may have indirect effects over it. People with high self-esteem grow into a strong personality which further helps an individual to be the favouritism among other group members, which may further increase prejudice and discrimination.

#### **1.4 Relationship in Birth-Order, Depression, and Self-Esteem.**

Alfred Adler highlight his point on individual's birth order explaining that it influence on the style of life of an individual according to the strengths and weaknesses in one's psychological composition. Birth order is referred to the position of an individual that holds within the family. According to Adler, the first born child holds the most likeable position, as he/she enjoys being the centre of attention in the family as he/she is the first child to the new parents, but it is only possible before the arrival of the second born. Once the second born is in the family the first born child may have the feeling of being dethroned from his/her position as on the arrival of a new born baby that is the second born child to the parents, parents tend to share the love between the first born child and the second born child. Though' this sharing of love is never being approved by the first born child from which he/she develops the feeling of being unloved or being dethroned, or may have the feeling of no longer being the centre of attention. Dethronement of the top position in the family is

influenced by Adler's theory (Ansbacher and Ansbacher, 1956) and Sulloway's (1996) from which it gets easier to find the characteristics of birth order of every individual. Adler (1908) believed that the first born child develops the psychological problems more and can develop addiction to substances in a three order child family, in this the first born may feel the excessiveness of responsibilities as compared to the younger siblings and may find these ways to avoid them. One can predict the characteristics of an individual by analyzing the birth order of that individual. The relationship of the birth order to Depression can be caused by many factors which may influence by environmental, biologically, or psychologically. For example, some individuals may find difficulty in making friends and begin to isolate themselves from the society which may further lead an individual to face the depressive symptoms. An individual can inherit depression from the family and not by any other casual factors. Whereas the self-esteem of an individual can have certain perspective from which one can see him/herself with high self-concept or low self-image. Adler's main focus was on individual psychology and gave his theory of the birth order at such a belief that according to him each child is born with the unique personalities which are different from each other. Though positive self regard results into attributes such as positive social behaviour and do the job by protecting the soul from the wrong influences. It is also related with psychological well being, adjustment, coping, bliss, achievements and fulfilment of desire. To exemplify: dignity helps a person motivated by declining the negative thoughts. As a result, mental disorders and social problems are the result of negative self esteem which moreover, results into depression, anxiety, bulimia, violence , high risk behaviour and borderline personality disorder moving further, an individual may also develop hopelessness , suicidal tendencies. According to The Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR; American Psychiatric Association, 2000) "there is a lists negative or unstable self-perceptions as a key component in the diagnostic criteria of major depressive disorder, manic or hypomanic episodes, dysthymic disorders, dissociative disorders, anorexia nervosa, bulimia nervosa, and in personality disorders such as borderline, narcissistic and avoidant behaviour". Theories related to depression suggests that low self-esteem of an individual is a key factor that from who he/she may develop depression, but the temporal nature is unclear whether low esteem leads to depression or depression leads to low esteem (Orth, Robins, & Roberts, 2008).

## **1.5 Motivation for the study**

The motivation behind the study was to compare the first born and second born on depression and self-esteem among young adults. Birth order is a vast term to be researched on and holds a controversial concept in the field of psychology. Since Alfred Adler introduces this term birth order, from that onwards it a standard variable to study about, Adler got influenced with Charles Darwin's theory of evolution and adaptation. Adler combined the information of birth order to get access to life style of an individual (Ansbacher & Ansbacher, 1956 cited in Eckstein et al, 2010). Birth order is a theory that influences the personality traits of an individual. In Adler's theory he mentioned that first born baby are more susceptible to depression because new parents hold high expectations from them and have a theory in their mind that they would lose the attention of their parents on the arrival of a new born baby from these feelings one may develop the fear of not being the confident person which may further leads to low-esteem. The birth order has a systematic bearing upon the sibling's rivalry, having low or high in self esteem, being competitive, relationship with others, and a fear of being failure. The ordinal position of a person in the family affects his/her self concept and thus his/her self esteem. Depression can be caused by many factors and can also be inherited, where one may have a certain perspective of having a high self-concept or a low self-image. The position of an individual in the family may affect the self-esteem of that person in terms of high or low, due to the birth order in the family every individual is treated differently according to their mental set, experience, cognitive conceptualization, and according to their importance. Negative self-esteem of an individual may lead to depression, whereas positive self-esteem leads an individual to have a happy and healthy life. Therefore considering the importance of birth order and its relation with other variables, it is critical to study their impact on human functioning. The present study is an attempt in that direction.

## Chapter 2

### 2.1 Review of literature

#### **Birth-order**

According to Roger L. Greene & John R. Clark (1970) they studied the theory of birth order which was proposed by Adler, where he investigated birth order as a preliminary step in the family structure which is a model of vast amount of empirical research on which the position of an individual is. The study concluded the two different methods in analyzing the effect of the ordinal position of an individual which affect one's personality in the society. Whereas, Adler hypothesized that birth order affect an individual's personality which occurs between the age range of 3 years.

Curtis Gustafson (2010) studied The Effects of Birth Order on Personality. The research focused on a broad range of topic which covered the complete lifespan of an individual which includes the relationships among others, executive functioning and mental health of a person. The research concluded that there is a significant effect among the various aspects on the personality of an individual which is directly related to birth order.

Susan Averett, Laura Argys, Daniel I. Rees, Benjamin Witoonchart (2006) researched on the behaviour of an adolescent and birth order. It is believed to be that the birth order is an important aspect of an individual which is directly determinant with one's successful life. The researchers investigated the relation between the adolescent nature with birth order for instance: drinking ,smoking, intake of drugs, sexual and crime activities. The research concluded that the middle and the last born are more likely to get indulge into substance use like drugs or alcohol and are sexually active than the first born.

#### **Depression**

Philip Putter (2003) studied The Effects of Birth Order on Depressive Symptoms in Early Adolescence. He examined the association of birth order and depression with parenting style. The protection from the parents is directly associated with depression as the new parents feels and act as the overly protective for their first-borns. The first born child usually shows the more level of depressive symptoms as compared to the later-born child, the results concluded that the first born child does not show any depressive symptoms and does not have any difference between first born and later borns. For the procedure he divided his subjects into

four groups, where the middle order child showed a significant level of depression and mark their parents as being the most protective ones. Whereas, individuals rated their parents as being the most protective ones are rated high on depression.

Mandeep Sharma, Novrattan Sharma and Amrita Yadava (2011). studied the relationship between Parental Styles and Depression among Adolescents. The sample includes adolescents and their parents. To assess it, adolescents were provided with CDI and parents were provided with PAQ-R to check the parental style. The results concluded that the authoritarian style of parenting with depression shows the significance positive correlation, whereas on the other side permissive style of parenting with depression showed a significance of negative correlation. The measures of depression study says that there is a difference between males and females.

Adrian Angold, Alaattin Erkanli, Judy Silberg, Lindon Eaves, and, Jane Costello (2002) studied on the age effects on depression. The scores came out to be divergent with the changes leading from childhood to adolescents. The possible reason for the discrepancy was in two large samples which were twins and single born child, where the results showed no differences between twins and single born child.

### **Self-esteem**

Ikechukwu Uba, Siti Nor Yaacob, Rumaya Juhari, Mansor Abu Talib (2010) The study was examined to conclude the role of self-esteem with relation to depression among the teenagers who are being bullied in the society. Rosenberg Self-Esteem Scale was used to measure the self-esteem, while for teenage depression the Children Depression Inventory was used and for bullying the Bully sub scale of the Peer Relationship Questionnaire was used. The study found out to be that there are no gender differences among males and females in self-esteem, whereas there was a medium correlation depression and self- esteem, and where on the other hand self-esteem and bullying showed the positive and small correlation between depression and bullying.

Sharon Johnson (2014) examined the study which was aimed to investigate the theory of birth order of an individual and its results on one's soul self esteem , personality and life satisfaction. This was all done with 200 participants which answers the questionnaires online which measures the personality , birth order and satisfaction with life and age. Last-borns

goaled high openness to experience than the middle-borns. No age difference was found between any variables.

### **Birth order, depression and self-esteem**

Giovanna Manna, Giorgio Falgares, Sonia Ingoglia, Maria Rosaria Como, Sandro De Santis (2016) worked on The Relationship among Self-Esteem, Depression and Anxiety, in this research they worked on two different modules and that is the low self-esteem is a risk factor for depression and anxiety in an individual and the other module states that the low self-esteem is an outcome of depression and anxiety and not the cause. To test the modules, the path analysis technique was used and the outcome was that the effect of self-esteem on depressive and anxiety symptoms were significantly higher than the effect of anxiety and depression on self-esteem, in both modules gender was positively associated with anxiety and self-esteem, where it reported the high levels of anxiety in girls as compared to boys.

Larry Gates , Mable Rowe Lineberger , Jeanine Crockett & James Hubbard (2012) studied in children the concept of birth order, depression and anxiety. 404 participants were provided with the children's depression scale, the Piers-Harris self concept scale and the State –Trait anxiety inventory for children. The conclusion showed that first born born have low depression level on comparison with the second, third, fourth and the youngest born child. On the other hand lads showed less anxiety traits as compared to the girls.

### **2.2 Research gap**

The basic aim of this study is to analyze the role of depression and self-esteem to compare first born and second born. Studies have been conducted on Birth order with different sources. The variables are unique in their own way. First born – second born, depression and self-esteem have been taken into the consideration of the present research, as these variables do not have much research in relation to each other in eastern culture as compared to the western culture. This research is considered to compare first born and second born on depression and self-esteem among young adults and to study the gender differences in depression and self-esteem. According to Adler birth order is a trait which can easily affect an individual's personality according to the way they want it to be. In relation to birth order, depression can be caused by many factors such as environmental, biological, and psychological or it can be inherited from the family structure which may further have a certain perspective of developing a high self-esteem or a low self-esteem or vice versa.

## Chapter 3

### 3.1 Objectives

- (1) To compare first born and second born young adults on Depression.
- (2) To compare first born and second born young adults on Self-Esteem.
- (3) To study the gender differences in Depression and Self-esteem in young adults.

### 3.2 Hypotheses

(H1) According to Sulloway's findings which were in the support for Adler's theory. Which is, the first-born children are typically known to be more achievable in their field, anxious and suspicious about others and about their own self, they are assertive in nature, fearful among others, have their identity with their parents name, they are organized, jealous, shows they are responsible when needed and are much more traditional among their siblings. However, they also tend to affiliate under stress, anxiety and depression. On the basis of this study we formulate this hypothesis:

The First born is more prone to depression as compared to the second born.

(H2) According to the article Order of Birth as a determinant of personality and attitudinal characteristics by Greenberg, Guerino, Lashen, Mayer, & Pikowski, (1963) stated that found first born child to have low self-esteem. On the basis of this study we formulate this hypothesis:

The first born is likely to have low self-esteem as compared to the second born.

(H3) According to a study depicting the role of self-esteem in the relationship between depression and among teenagers who are being bullied. Uba, Yaacab, Juhari, Talib (2010) analysed that among boys and girls there is no gender differences. In the nutshell, negative and correlation between depression and self esteem and bullying revealed positive and less interconnection between depression and bullying. On the basis of this study we formulate this hypothesis:

There is no gender difference in Depression and Self-esteem of young adults.

## Chapter 4

### Method

#### 4.1 Sample

A total of 80 participants mainly students from Patiala, Punjab ranging from 18-24 years (mean = 20.65, S.D. = 2.41) of age group from different colleges and universities.

#### 4.2 Measures used

##### (a) Self Esteem (Rosenberg self esteem scale)

The Rosenberg Self-Esteem Scale (RSE) is a scale used to access or measure the self-esteem of an individual, which was investigated by using item response theory. It is a test with 10-item scale that contains positive and negative feelings about oneself. The scale is uni-dimensional in nature. It is a four point likert scale, whose ranging areas are from strongly agree to strongly disagree. One who agrees with the given statement may mark according to how he/she feels at times. For items 1,3,4,7,10 scores are calculated by totalling the individuals 4 point as being the positive items and for 2,5,6,8,9 items the scores are reversely calculated as being the negative word items.

Scale coefficient whose reproductivity is .92 clearly shows the excellent internal consistency which was demonstrated by Guttman among the Reliability and validity of the Rosenberg self esteem scale. The correlation .85 and .88 correlation reveals the stability of the test on the other side validity highlights predictive, concurrent and construct validity using the known groups.

##### (b) The Beck Depression Inventory by Aaron T. Beck (a 21-question multiple-choice self-report inventory)

The beck depression inventory (BDI) scale is an instrument which is commonly used to measure the levels of depression. The BDI scale was formulated with the help of the patients who described their symptoms as the fluctuations of their mood, being pessimism, a sense of failure which further leads an individual to dissatisfy about everything in his/her surroundings, carrying guilt throughout the life span, having suicidal thoughts, crying, getting irritated, a social withdrawal, being an insomniac, fatigue, lack of appetite, losing weight and accusing oneself for everything bad ever happened to them and to their near or dear one's.

The first portion of BDI is based on psychological symptoms whereas the second portion assesses to the physical symptoms. The BDI scale is a self-report measures which contains 21 items and those items are on a four point scale ranging from 0 – 3 as per the intensity of the sentences. This test varies on the time limit that is it takes only 5-10 minutes to complete.

Reliability and Validity of BDI scale has high concurrent validity and the correlation according to the Minnesota Multiphasic Personality Inventory and the Hamilton Depression Scale is 0.77, whereas reliability of the coefficient alpha rating is .92 for outpatients and for college student it is .93

### **4.3 Design**

For this study a cross-sectional design was used and was completed through a quantitative mixed method. To design the two section online questionnaire Google.docs was used, to ensure all questions were answered continuously before switching to the next section a setting was placed on each question and for some participants the questionnaires were given to them face to face to fill them up. In this study, the Independent variable is The Birth Order and the Dependent Variables are the Depression and Self-Esteem.

### **4.4 Procedure**

The consent of the participants were taken before conducting the test. The sample includes 80 participants mainly students (40 males and 40 females) belonging to an age range of 16-24 years, studying in different colleges and universities of Patiala, Punjab.

The participants were given a set of two questionnaires. First questionnaire was for self-esteem i.e. the Rosenberg self esteem scale, this scale consists of 10 items which were to be answered on a four point likert scale ranging from 1 (Strongly Agree) – 4 (Strongly Disagree). Another questionnaire was for depression i.e. the Beck Depression Inventory by Aaron T. Beck, this is a 21-question multiple-choice self-report inventory test. The participants were asked to read each items that consist of four possible response ranging from 0 – 3. Participation time was approximately 8-10 minutes. The instructions were written on the questionnaire so that it would be easy for every participant to attempt it without any obstacle.

Section 1 of the form contains the basic information regarding the particulars of the participant including the age and the sibling order. In Section 2, it contains the questionnaire of self-esteem i.e. the Rosenberg self-esteem scale and in Section 3 there is a questionnaire of depression i.e. The Beck depression Inventory by Aaron T. Beck (21-question multiple choice self-report inventory test).

Once the data was collected, t-test was used to compute the results.

## Chapter 5

### Results

The purpose of the study was to compare first born and second born on depression and self-esteem. For this study, subjects volunteered to participate in the survey from different colleges and universities from Patiala, Punjab. The sample size was 80 and was equally distributed among the first born – second born males(40) and first born – second born females(40) from the age range of 18-24 years old. They took the survey filled with questionnaires for self esteem (Rosenberg self-esteem scale) and another questionnaire for depression (the beck depression inventory by Aaron T. Beck).

The study assumes that first borns will be susceptible to depression as compared to the second-borns, and same with the self-esteem. And the results are as follows:

**Table 1:** Showing the Mean, S.D., and t-value depression scores for first born and second born. (N=80)

Group	Mean	S.D	t-value
First born	9.12	5.05	0.88
Second born	8	6.29	

Table 1 shows the mean scores for depression in first born is 9.12 and standard deviation is 5.05, where the total number of participants were 40 and the mean score for depression in second born is 8 and standard deviation is 6.29, where the number of participants were 40 from which the t stat value is insignificant ( $t(78)=0.88$ )  $p<0.05$  as the value is below the critical value (1.66)

**Table 2:** Showing the Mean, S.D., and t-value self-esteem scores for first born and second born. (N=80)

Group	Mean	S.D.	t-value
First born	19.02	3.5	-1.54
Second born	19.87	3.7	

Table 2 shows the mean scores for self-esteem in first born is 19.02 and standard deviation is 3.5, where the total number of participants were 40 and the mean score for self-esteem in second born is 19.87 and standard deviation is 3.7, where the number of participants were 40

from which the t stat value is insignificant ( $t(78)=-1.54$ )  $p<0.05$  as the value is below the critical value (1.66)

**Table 3:** Showing the Mean, S.D., and t-value depression scores for males (first born - second born) and females (first born – second born). (N=80)

Group	Mean	S.D.	t-value
Males	8.67	5.65	0.17
Females	8.45	5.98	

Table 3 shows the mean scores for depression in males (first born – second born) is 8.67 and standard deviation is 5.65, where the total number of participants were 40 and the mean score for depression in females (first born - second born) is 8.45 and standard deviation is 5.98, where the number of participants were 40 from which the t stat value is insignificant as ( $t(78)=0.17$ )  $p<0.05$  the value is below the critical value (1.66)

**Table 4:** Showing the Mean, S.D., and t-value self-esteem for males (first born - second born) and females (first born – second born). (N=80)

Group	Mean	S.D.	t-value
Males	18.74	3.85	-1.663
Females	20.1	3.24	

Table 4 shows the mean scores for self-esteem in males (first born – second born) is 18.74 and standard deviation is 3.85, where the total number of participants were 40 and the mean score for self-esteem in females (first order - second born) is 20.1 and standard deviation is 3.24, where the number of participants were 40 from which the t stat value is insignificant ( $t(78)=-1.663$ )  $p<0.05$  as the value is below the critical value (1.665)

## Chapter 6

### Discussion

The main aim of the study was to compare first born and second born on depression and self-esteem among young adults. For this study, 80 subjects (40 males and 40 females) volunteered to participate in the survey from different colleges and universities of Patiala, Punjab. The age range of the data includes 16-24 years adolescents and young adults. Through our objectives, three hypotheses were designed for this study. The results showed insignificant in to compare the first born and second born on depression and self-esteem and there are no gender differences in self-esteem and depression of first born and second born in young adults.

The first hypothesis was formulated as the first born is more prone to depression as compared to the second born has been rejected, as it shows the t-value is insignificant as the value is below the critical value as computed in table 1. Birth order in relation to depression have a unique set of combination in which parenting style do affect the adolescents or young adults according to their birth order in the family or according to their characteristics. The first born have to take care of the responsibilities given by the parents and be responsible about the things. Being the first born one have this mental set of phenomena that he/she is the care taker of the family after their parents which makes them more competent towards their goals. Whereas, on the other side second born children are rated as the most affectionate one. There are number of studies related to birth order and depression where one study was conducted by Philip Putter (2003) where the study was to examine The Effects of Birth Order in early adolescents on Depressive Symptoms, where he examined the relationship of birth order with depression keeping parenting style as the mediating factor. Whereas, the contribution of the existing literature shows that over protection from the parents may develop depression in an individual and most of the time first born is the one who experience that from their parents, Putter exhibit that first order child will show more depressive symptoms as compared to the later born child, where the results failed to differentiate between first order child and among the later borns but on the contrary individuals who showed more level of depression rated their parents as the most protective ones. Through from the study of the birth order on depressive symptoms in early adolescents, putter rejected the hypothesis that showed the first born would show high level of depressive symptoms. Another study was conducted by Sambul Zaidi (2011) the study was on Birth order and the effects of birth order on depression

in adults. Zaidi examined first born and their level of depressive symptoms and concluded the results with no differences among the first born and later borns as the sample size was small and the subjects were not that depressed either, but the one who were showing depressive symptoms were the middle born child and the last born child. Researchers like Sulloway (2001), McDonald and Carroll (1981), and Weller (1962) examined the level of anxiety in first-borns from which they concluded that they experience anxiety than the later born. Even, in the adults the first-borns are highly likely to have the characteristics of low self-confidence and on the other side they exhibit amazing problem solving skills and are known to be the leaders in a team (Smith & Goodchilds, 1963). But indeed, always some types of behaviours are moulded according to the society which takes into account how he/she looks at himself/herself. An example can be donated, if a person is introvert or gets away and isolates himself/herself, this is due to the societal affects of being shy or if one cannot be accepted by the surroundings. Not only isolation and others, but this would also carve a path for the initiation of depression too. Adler (Ansbacher & Ansbacher, 1956) main focus was on Individual Psychology that is Everything can and is different. Another study was conducted by Elalky, Othman, Eita, Eldemerdash (2015) examined the effect of Birth order and Socio demographic with the characteristics on Anxiety and depression among adolescents and concluded the results revealed that 23% of adolescents have severe and more than half 53.25% are suffering from mild depression.

The second hypothesis was formulated as the first born is likely to have low self-esteem as compared to the second born has been rejected as it shows the t-value is insignificant as the value is below the critical value as computed in table 2. There is no difference in first born and second born in relation to self esteem. Earlier there were larger families from which parents were unable to provide time to each and every child in the family, but now a day's system have been changed and people prefer to have narrow families rather than the huge one, from there they can manage time for their children. By not providing time to them, adolescents do sense low self-esteem by the behaviour of their parents but now a days with the decreasing of the family size gives them the opportunity to spend some time with the family which may further provide them with healthy nutrition and mental functioning. Parents give the equal amount of attention to both the gender. Earlier lack of parental support developed the problematic situation for an individual which later have the difficulty in formulating the perceptions, cognitions and values of his/her own. There are number of

studies related to birth order and self-esteem where some examined that first born have high self-esteem than the later borns while some would research that later borns have high self-esteem as compared to the first born, the study was conducted by Sharon Johnson (2014) concluded the results found out to be that if there are various kinds of variation in the birth order categories that puts an influence on self-esteem. But, Falbo(1981) and Schwab and Laudgren (1978) studied that looking at the paradox, first borns got more and more levels of self esteem if the comparison has to be made with the ones who are born later. Jackie Rose Lenta (2015) reported that the birth order that has an influence on self esteem and further justify that the older or mid born children have a higher level of self esteem than younger ones. Falbo(1981) studied the relation amongst personality traits of interpersonal and achievement tasks and birth order. Whereas, Romeo(1994) examined the characteristics like learning and the type of behaviours in on an educational level and showed the results by taking into account the birth order. To conclude, these researchers had a same thinking that indeed first born children, later in life tend to have a high degree of self esteem. Studies by Nytsul (1974), Bartlet (1972) showed no significant effect on self-esteem on birth order. Another series of studies by Rosenberg (1965), and Coopersmith (1967) indicates that birth order showed no effect on self-esteem with first order child and only child having significant higher self-esteem than the later borns.

The third hypothesis was formulated as there is no gender difference in Depression and Self-esteem of young adults has been supported as it shows the t-value is insignificant as the value is below the critical value as computed in table 3 and in table 4.

In early days, females were expected to be more emotional than males, but in today's life scenario it is same between the both. Both males and females experience emotional state at the same level. Both males and females experience the same amount of guilt, shame, liking, love, heart-break, or pride in their own manner. One of a many reason it includes developing of societal changes along with an individual's personality. Females are now getting independent just like males these days. Both are getting equal opportunities in education, family, career and society which explains higher levels of self esteem. They plan their study criteria according to their interests, according to the opportunities they have, they develop their career and even find a suitable partner for themselves just like males used to do. Individual these days are unable to match the expectations of their parents and siblings whether it is a female or a male, when being compared with other siblings or with other

participants one gets depressed and tends to have low self-esteem, through this both males and females suffers. There are number of studies on gender differences which are related depression and self-esteem which were investigated by some researchers, where on one Michael (2011) and Clifford (2011) studied the gender differences in Self-esteem where they concluded the importance of the reflected appraisals among gender, the self-perceived competence among themselves as the source of self-esteem where they concluded there was negligible difference that was found for self-perceived competence. There are several factors that affect the differences between gender and those are the abilities that develop between the sex role socialization among men and women which may further deal with the sources of self-esteem. The liking and approval of an individual tends to arise from the self esteem one holds through-out the life span, the perceptions of one's behaviour that usually reflects the moral values among themselves and comparing with the others for their approval (Rosenberg, 1979). According to a study which moderates the role of self-esteem in relationship between depression and teenagers who are being bullied by Ikechukwu, Siti, Rumaya, Mansor (2010) cited that no gender difference is there in between males and females of self-esteem. Larry Gates & James Hubbard (2012) studied the relationship of birth order with Depression, Anxiety, and Self-Concept in Children and concluded that first born showed significant less anxiety traits than the third born children, whereas larger levels of self esteem are exhibited by first born children as compared to young or second born children. Whereas it is proven that females tend to have more anxiety levels than males. There are many factors but family plays a significant role in depression. Adler focuses on individual psychology and gave an important theory of birth order as according to him each child is born with unique personalities which are different from each other whether it is male or female. If one tends to exhibit a positive self esteem, then it can be a major positive factor which is an obstacle for bad negative forces. This would indeed be a major contributor to positive societal behaviour with a mental well-being of an individual, adjusting in the society, happiness among others and among ourselves, being a productive in nature, coping with the strategies, being successful, and having a satisfaction from the life chores. For example, negative thoughts can be the reason for having depressive symptoms among an individual whereas the high self-esteem of an individual may protect against depressive symptoms which can also be done by eliminating the impact of negative thoughts one usually have. "Alternatively, negative self-esteem can play a critical role in the development of a number of mental disorders and social problems, which includes depression, anxiety, anorexia nervosa, bulimia, violence, substance abuse, high-risk behaviours, and borderline personality disorder, in addition to feelings of

hopelessness, suicidal tendencies, and attempted suicide. According to The Diagnostic and Statistical Manual of Mental Disorders lists of negative or unstable self-perceptions is a key component in the diagnostic criteria of major depressive disorder, manic or hypomanic episodes, dysthymic disorders, dissociative disorders, anorexia nervosa, bulimia nervosa, and in personality disorders such as borderline, narcissistic and avoidant behaviour.” (DSM-IV-TR; American Psychiatric Association, 2000)

## **Chapter 7**

### **7.1 SUMMARY AND CONCLUSION**

The study showed to compare first born and second born on depression and self-esteem among young adults. It shows the insignificant value of the t-value which is below the critical value among depression and self-esteem in relation to birth order, it also reported that there are no gender differences in depression and self-esteem among young adults. The reasons for depression and self-esteem in an individual can be highlighted due to the high expectations of the parents for their children and the responsibilities one usually have to go through. Fulfilling the responsibilities of being the eldest one or being the second born, every birth order in this universe has different personality traits which are unique from every individual. Every individual is competing with their own siblings as they want to gain the love from their care taker. Some cultures consider males to be more preferable to be their first born child, since males are considered to be superior and more dominating than the females, but whereas now a day's females are considered to be equally important as males. Wherein, Adler focuses on individual psychology and his theory about birth order describing that each child is born with different personalities which are unique in each other whether it is a male or a female. Negative thoughts may enhance depressive symptoms and low self-esteem in young adults.

### **7.2 SIGNIFICANCE OF THE STUDY**

In this study we examined to compare first born and second born on depression and self-esteem among young adults. Adler's theory that the ordinal child suffers the most plus on the other side he/she have the great potential too, to face the world was prominent theory base for the research study. Birth order have some impact on depression and self-esteem among human's as the birth order itself define what a person's place is there in his/her family. Individuals with low self-esteem shows trouble in solving out the problems one may have and tends to indulge in negative thoughts which may further leads them to have social anxiety with low levels of interpersonal and intrapersonal relationships. This makes difficult for an individual to have social interaction as they might feel awkward at times, because they are shy, conspicuous about someone or something, and unable to express themselves adequately

when interacting with others and they are the one who are fighting with themselves too. Furthermore, low self-esteem leads an individual to have some psychological disturbances such as depression, anxiety disorders, etc. The birth order of an individual is considered to be an important factor among adolescents as it affects them the most, as being in that particular age group one might have lots of ups and downs and it is also an important aspect of an individual's personality in how an adolescent would turn out to be as an adult. It also determines how one perceives the world around them, how one wants others to be like or how they treat them, and how they want others to treat them like. This research can be beneficiary for counsellor policy, teachers and parents who understand young adults effectively. Thus, it is an important factor to take birth order seriously as it would affect an individual's adolescents and might try to stop the negative consequences from happening. These variables (depression and self-esteem) are useful to the study with birth order in such a way to find out the possible reasons that affect the birth order.

### **7.3 LIMITATIONS**

When an individual gets into the field work there is a possibility one may find out that not all first-borns are depressed or have low self-esteem. First-borns may not only be the depressed one. Human's get fired from the jobs, or they are going through some financial crisis which causes them to react negatively for the particular situation. This study was just about first born and second born and Birth order may simply represent role identity of an individual in his/her life. Each individual in a family knows for his/her own personality traits, which makes them different from each other either in a positive way or in a negative way. Every individual have a mutual understanding among their near and dear ones which may or may not get negatively influenced all the time. In this study there was a limited set of age group and limited techniques were used where on a much greater side it would have considered with much more variables. The Sample size was limited and larger sample might give new directions to the study. Variables like birth order in relation to parental style, attachment style, Parent-child relationship can provide more research evidence in this direction.

### **7.4 FUTURE SCOPE**

The present study highlights that other than birth order there are other variables which can influence depression and self esteem. It would be valuable to conduct longitudinal studies

among young adults which may determine the risks for any psychological problems of an individual. It may be combined with family structure or family culture in various aspects among eastern and western cultures. Whereas it is known that the first born are physically superior than their other siblings, they are more of a dominant nature which makes them less agreeable with their siblings from which the later borns search for the superior way to assert themselves, likely to be rely upon social support and become more sociable than the first born. Birth order is a vast term and can be compare or use with other variables like maternal-paternal relationships, differences in family cultures, pre-menstrual dysphoric disorder, birth order in relation to homosexuals, in relation to problem solving, parental style, attachment in relation to family and socially.

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