

Unfortunately, because much of public education about birth control for much of the twentieth century was aimed at the poor and minorities, some feel that birth control is a form of racial suicide. It takes a lot of time and much education to erase such fears and success can only come when such anxieties can be put to rest.

See also: ABORTION; ABSTINENCE; ADOLESCENT PARENTHOOD; ASSISTED REPRODUCTIVE TECHNOLOGIES; BIRTH CONTROL: CONTRACEPTIVE METHODS; CHILDLESSNESS; FAMILY LIFE EDUCATION; FAMILY PLANNING; FERTILITY; INFANTICIDE; SEXUALITY EDUCATION; WOMEN'S MOVEMENTS

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BIRTH ORDER

Birth order refers to the order in which siblings are born into a family. Although siblings may be ranked numerically according to their order of appearance, four positions typically are recognized: first, middle, youngest, and only child. Only one sibling may occupy the first, youngest or only positions, but many children can be classified as middle.

Alfred Adler (1927, 1956) was the first psychologist to theorize about the effects of birth order on personality development (Stewart and Stewart 1995). Adler (1927) believed that parents' responses to their children were affected by the order of each child's birth into the family. This differential treatment of each child based on birth order position was believed to influence the child's developing personality. Since the inception of Adler's theories, more than 1,700 journal articles and dissertations have been written about birth order and its relationship to a wide variety of psychological topics. Two of the most popular areas of inquiry include personality traits and intellectual achievement (Rodgers et al. 2000; Stewart and Stewart 1995).

Birth Order and Personality

Birth order theories enjoy popular appeal because they provide an intuitive and commonsense explanation for the personality differences between siblings of different birth ranks. Additionally, the publication of popular resources, such as Kevin Leman's *Birth Order Book* (1985), that attribute myriad individual differences to birth order can create the impression that birth order plays a very significant role in personality development.

From 1976 to the end of the twentieth century researchers conducted more than 141 studies of the relationship between birth order and personality. The methodologically sound studies among this number generally have revealed few reliable differences in personality variables due to birth order



Research suggests that siblings' roles in families depend more on gender, differing ages, and other variables than on actual birth order. DEAN CONGER/CORBIS

(Dunn and Plomin 1990; Ernst and Angst 1983; Jefferson, Herbst, and McCrae 1998; Parker 1998; Phillips 1998; Stewart, Stewart, and Campbell 2001).

Frank Sulloway's book *Born to Rebel* (1996) generated renewed interest in birth order and personality research by contending that firstborn children are more responsible, competitive, and conventional, while laterborns are more playful, cooperative, and rebellious. Although Sulloway's rationale of niche-picking within the family is compelling, the hypothesized relationships have received only marginal support using the big-five model of personality, which comprises the traits of neuroticism, extraversion, openness, agreeableness, and conscientiousness (Jefferson et al. 1998). Within-family studies have yielded slightly more support for Sulloway's theory (Paulhus, Trapnell, and Chen 1999). Overall, studies of the relationship between birth order and personality have yielded very small effect sizes at best. Consequently, one can question whether birth order and

personality effects either are noticeable in everyday life or possess significance for clinical practice. It is likely that birth order and personality effects are more apparent than they are real.

Psychological Birth Order

Adlerian psychology and contributions from developmental psychology and role theory suggest that personality variables may relate more meaningfully to the roles that siblings construct or are ascribed rather than to actual birth order (Adler 1927; Hoffman 1991). That is, although a child may be the youngest, the gender mix of the siblings, the differences in ages, and other unique variables may combine to create a firstborn role for the youngest child.

Studies that have measured the perceived or psychological birth order of young adults revealed that 45 percent of men and 52 percent of women have a distinctive sibling role in their families and that psychological and actual birth order is in

agreement for 19 percent of people (Campbell, White, and Stewart 1991; Stewart and Campbell 1998). Further, sibling roles may mediate the effects of actual birth order and family atmosphere on personality traits (Stewart, Stewart, and Campbell 2001). Consequently, research using sibling or family roles may be more revealing than studies relying upon actual birth order, especially those that simply split participant samples into firstborn versus laterborn; this may mask the important effects of the nonshared family environment.

Birth Order and Intellectual Achievement

In addition to personality, birth order research has also largely focused on its relation to intelligence and scholastic achievement. The literature in this area reveals inconsistent results that have stemmed largely from confounding variables present in many birth order studies, including socioeconomic status, race and ethnicity, and age of participants (Rodgers et al. 2000; Steelman 1985; Sulloway 1996). Additionally, much of the research in this area indicates that birth order effects are inextricably related to family size, with stronger effects appearing in larger families (Heer 1985; Sputa and Paulson 1995).

Even studies of the effects of family size have been equivocal. Joseph Rodgers and colleagues (2000) analyzed the relationships of birth order and family size to the intelligence quotient (IQ) within families using data from the National Longitudinal Survey of Youth. Their results suggest that neither birth order nor family size directly affects IQ; rather, it is the parents' IQ that is more likely to influence both family size and children's IQ levels.

Several studies found achievement motivation, rather than intelligence, to be associated with ordinal position in the family (Vandergriff and Rust 1985). Later research on birth order and achievement began to focus on aspiration levels and achievement attributions more than simply on academic achievement. Firstborns attribute success or failure to internal causes and may even underestimate how their situations might have affected success, compared to laterborns (Phillips and Phillips 1994).

Toni Falbo (1981) observed a significant relationship between birth order and competitiveness. First and middle children scored significantly

higher than lastborns on competitiveness. Only children did not differ significantly from any of the other groups on this variable. William Snell, Linda Hargrove, and Toni Falbo (1986) explored the relationship between birth order and achievement motivation and found a significant correlation between birth order and one specific facet of achievement motivation, competitiveness. It may be that the presence of competitiveness mediates the relationship between birth order and achievement.

See also: ACADEMIC ACHIEVEMENT;
FAVORITISM/DIFFERENTIAL TREATMENT;
PRIMOGENITURE; SELF-ESTEEM; SIBLING
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BOUNDARY AMBIGUITY

On September 11, 2001, four commercial airliners were deliberately crashed—two into the World Trade Center in New York City, one into the Pentagon in Washington, DC, and one into a field in Pennsylvania—and more than 4,000 families from over eighty countries were simultaneously plunged into uncertainty. Relatively few of these families knew with certainty whether their loved ones on the planes or in the buildings were dead or alive; even those who did know had no information about why or how this tragedy had happened. These families—and, to a lesser degree, millions of

eyewitnesses around the world—began an unprecedented journey of meaning-making characterized in great measure by a concept known as *boundary ambiguity*.

Every family, at many points in the life-cycle, must deal with changes in its boundaries: the symbolic markers between itself and its environment and among its members. Exits and entries are inevitable. Some are expected: Children are born into the family, adolescents leave for college or military service or just "their own place," couples marry, aging members die. Others are unpredictable and sometimes shocking: An aging parent demonstrates signs of dementia, a child is kidnapped, infertility changes a couple's dreams for their family, a family emigrates from their war-torn country with few resources or options. At any transition point, normative or nonnormative, a family must renegotiate its internal and external boundaries. These exits and entries constitute a challenge to the family's primary task of boundary maintenance and create stress for the family.

Since the 1940s, sociologists and family researchers have studied the ways families experience and manage stress. Boundary ambiguity has become a valuable concept in understanding why even healthy families sometimes struggle to do this well. Researcher and family therapist Pauline Boss defines boundary ambiguity as a state, resulting from either nonnormative or normative stressor events, in which family members are uncertain about who is in the family and who is out, or about who is performing which roles and tasks within the family system (Boss 1977, 1987, 2002). In some stressful situations, the family cannot obtain the facts surrounding the troubling event. This degree of uncertainty—Is a missing member dead or alive? What will the course of a terminal illness be?—prevents the family from defining the situation clearly enough to know how to respond to it (Boss 1993).

In other stressful situations, the facts are available to the family but the members ignore, deny, or distort those facts. Therapists, researchers, and other outside observers may believe they are able to objectively identify who is in the family and in what capacity, but "*the family's perception of the event and the meaning they give it comprise the critical variable in determining family membership*



In some stressful situations, such as those faced by individuals who had family members in the World Trade Center towers when they were attacked, uncertainty about the fate of loved ones prevents the family from knowing how to respond to the event. A/P WIDE WORLD PHOTOS

and, therefore, the existence and degree of boundary ambiguity" (Boss 1987, p. 709, emphasis in the original). In other words, the discrepancy between an observer's perception and the family's perception cannot be resolved by emphasizing facts, as long as the family assigns a different meaning to those facts.

Definitions of boundaries in the family are further complicated by any incongruence between a family's perception of a member's *physical* presence or absence and his or her *psychological* presence or absence. One may not be synonymous with the other. Adoption researcher Debra Fravel and her colleagues (2000) describe physical presence as the literal, bodily existence of a person in the family and psychological presence as the symbolic existence of that person in the hearts and minds of family members in a way that affects their

emotions, thoughts, and sense of identity as individuals and as a family. In cases of a soldier missing in action or of a kidnapped child, for example, remaining family members may be emotionally preoccupied with the missing member and have a strong sense that he or she is still part of the family, still influences decisions, still deserves loyalty. The person is physically absent but psychologically present. A different discrepancy is present when a member has a disease such as Alzheimer's disease or is preoccupied with work problems. The member is physically present but psychologically absent. Both kinds of incongruence create boundary ambiguity and challenge the family's ability to manage the stressful event that resulted in the incongruence.

The basic premise is that a system needs to be sure of its components, that is, who is

inside system boundaries physically and psychologically, and who is outside, physically and psychologically. Furthermore, that knowledge must be based on congruence between reality and perceptions. It is suggested that a major consequence of an ambiguous system, that is, a system that is not sure of its components, is that systemic communication, feedback and subsequent adjustment over time are curtailed. The system cannot subsequently adapt to the stress of inevitable developmental changes throughout the family life cycle nor to stress from equally inevitable unpredicted crises. (Boss 1977, p. 142).

Boundary ambiguity as a variable in family stress research has been studied in families of soldiers missing in action; families of corporate executives; families launching adolescents; couples dealing with infertility; elderly widows; families with kidnapped children; clergy families; farm families transferring farm ownership; divorced and remarried families; adoptive families, adopted children, and birthmothers; and families providing care to members with Alzheimer's disease. Some of these families are managing relatively normative stressors; others are faced with unexpected, unusual life circumstances. In some of these situations, members' physical absence is incongruent with their psychological presence; in others, their physical presence is incongruent with their psychological absence. Nevertheless, in all, the perceptions of the remaining family members are the critical factor in whether the family is able to define and maintain the boundaries of the family and thus manage the stress more effectively.

Coping with Boundary Ambiguity: Two Approaches

The family gamble. When boundary ambiguity is created by a lack of clear facts about the event, some families resolve the ambiguity by arbitrarily deciding on a perception of the event that makes the most sense given the available information. Boss refers to this as the *family gamble* (1987, 2002). Indeed, it does lower the degree of boundary ambiguity, but only as long as the chosen perception is not threatened by new information. For example, a family may decide, based on limited medical information, that a member in a coma is

not going to wake up. This decision lowers the ambiguity and allows the family to reorganize their boundaries, but if a nurse reports that the member showed some signs of regaining consciousness, the ambiguity will likely rise. Even though the new information is positive, it again has a disorganizing influence on the family boundaries. Although this constant renegotiation of family membership and interaction is stressful—from high ambiguity to low and back again over time—Boss's research suggests that, "despite the uncertainty of their decision . . . a family is always better off making an educated guess about the status of their loss rather than continuing indefinitely in limbo" (1999, p. 94). Long-term, chronic ambiguity is almost impossible for even healthy families to tolerate.

Denial. Related to the family gamble is the place of denial in managing boundary ambiguity. Families may refuse to acknowledge a physical reality or the facts about a stressor event. Although denial is often labeled as an unhealthy response, it actually may be either functional or dysfunctional in dealing with boundary ambiguity. Particularly in the early stages of a stressful event, a cognitive decision to deny a negative outcome may allow a family to maintain morale while they wait for further evidence. In the wake of the September 11 tragedy, for example, relatives of possible victims who were interviewed by reporters consistently used the phrase, "Till we know for sure. . . ." One woman said, "Even if there are only two more hours of this hope, I'll take those two hours."

As the event unfolds, however, or if the situation remains ambiguous over a long period of time, denial becomes increasingly dysfunctional as a means of coping with the stress, because it becomes a barrier to reorganizing the family structure and interaction. The family instead defends itself against feeling the emotion of the possible negative reality.

Other families, in a kind of *reverse denial*, also defend against experiencing the painful loss of a member by prematurely closing out the one whose membership in the family is ambiguous. A parent with a terminal illness, for example, might be excluded from his or her former decision-making role; perhaps other family members stop confiding in him or her about emotional or relational concerns. Both extremes of denial, although understandable in their attempts to reduce the pain of

the loss inherent in the boundary ambiguity, serve to increase the family's dysfunction.

Cultural Differences in the Experience of Boundary Ambiguity

Although all families face the challenge of boundary maintenance, cultural value orientations affect how they perceive and respond to ambiguity and even how they may practice denial. First, families from different cultures hold different values about exits and entries themselves. In some cultures, for example, parents see themselves as failures if their children do not move away and become independent; in others, parents consider themselves failures if their children do. In some cultures, family interaction is relatively democratic; in other, hierarchy and parent-child distance are valued more highly than is open intergenerational communication. Exits and entries thus are assigned different meanings from one culture to another, and what may be considered ambiguous in one may not be in another.

Cultures also hold differing values about time, relationships, and nature (Kluckhohn and Strodtbeck 1961), and these values will affect a family's response to ambiguity. For example, in cultures oriented toward submission to or harmony with nature more than mastery over nature, a socially appropriate response to incomplete information may be resignation. In a culture that more highly values mastery over nature, an aggressive search for the missing facts may be expected by both the family and others around them.

Another example may be found in cultures that value the past more highly than the future. In such cultures, members who have died or disappeared are often kept psychologically present. In China, Africa, and India, for example, ancestor worship is one means of the ongoing integration and unity of the family. Departed members have an ongoing role in family decisions and behavior, and living members can, in some cases, influence the peace of their ancestors by their own present behavior (Augsburger 1986). In such families, maintaining psychological presence of an absent member may be much more functional than it would in a culture more oriented to the future.

Even denial may be influenced by cultural values. Our cultural context teaches us what we should and should not notice and how to interpret

what we do see. Families do not respond to ambiguity in a vacuum. Perhaps families who are able to incorporate elements of other value orientations do best. Boss found, in her research with families coping with dementia, that "both mastery and a spiritual acceptance of the situation are highly functional for caregiving families as they live with the ambiguous loss of Alzheimer's disease. Indeed, those who use only mastery manifest the most anxiety and depression" (Boss 1999, p. 116; see also Kaplan and Boss 1999).

A special case of boundary ambiguity related to cultural value orientations is that of immigrant families. When a family must flee a dangerous situation in their home country, they may come to a new country with few economic and sociocultural resources. Family members may be left behind, and the new context may hold no familiar traditions or rituals. Parents may be homesick and emotionally preoccupied with the well-being of loved ones far away and therefore be psychologically absent for their children.

Monica McGoldrick and Joe Giordano note that "migration is so disruptive that it seems to add an entire extra stage to the life cycle for those who must negotiate it. Adjusting to a new culture is not a single event, but a prolonged developmental process that affects family members differently, depending on their life cycle phase" (1996, pp. 17–18). The normative boundary ambiguity that all families face is exacerbated by the additional stressors of immigration and adaptation to a new culture. Families who migrate with adolescents may face some of the most daunting challenges: They will soon be launching children, with the attending ambiguity of that exit, and they may not be able to honor the family obligations expected of them by absent members still in the home country. Thus, immigration creates a kind of boundary ambiguity in which the family may wonder whether they themselves are in or out: in or out of their extended family, in or out of their home culture, in or out of the new culture.

Helping Families Manage Boundary Ambiguity

Strategies for helping stressed families may be more effective if the initial focus is on clarifying the perception of who is in and who is out of the family. Because family members of different ages and

genders will often vary in how they interpret an unclear loss, a primary goal might be to help a family achieve some degree of agreement in their definition of the situation (Boss 1999).

As this redefinition and reorganization of the family occurs, helpers may find the use of appropriate rituals—borrowed from others or created by the family members themselves—to be a powerful expression of both the ambiguity itself and the resolution of that ambiguity. Rituals can help families make the transition to their new identity even as they honor the missing member(s). The ultimate goal for families is to find some way to change even though the ambiguity of their situation might remain.

Every family will at some point face a situation that represents an irrevocable change in the family's structure and interaction. Adapting to these changes in the family system is an important coping strategy for all families and their members. "Whether these changes result in relief or sadness, they represent the loss of something irretrievable. Families cannot go back to the way things were. Human development brings inevitable change; hence family boundaries also change. The perception of who is in and who is out must match those changes if family boundaries are to be maintained." (Boss 2002, p. 106)

See also: BOUNDARY DISSOLUTION; DISABILITIES; GRIEF, LOSS, AND BEREAVEMENT; STRESS

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BOUNDARY DISSOLUTION

Boundary dissolution, also termed boundary confusion, distortion, diffusion, or violation, refers to a failure to recognize the psychological distinctiveness of individuals or a confusion of their interpersonal roles. The concept of boundaries has a rich history in family systems theory but also is important to psychodynamic explanations of childhood psychopathology. Indeed, the concept itself might be said to stand at the boundary between psychodynamic and family systems perspectives.

Salvador Minuchin (1974) argues that the maintenance of psychological boundaries in the family, particularly between children and their parents, is crucial to healthy development. Boundaries define