

**Birth Order to Foster Resilience**  
**An Approach in the Treatment of Trauma**

by

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### **Dedication and Acknowledgments**

I would like to dedicate this capstone to all sons and daughters who have the desire to understand themselves better and live in their full potential. I believe that accounts for just about all of us.

There are several people I would like to acknowledge that made this capstone and degree an accomplished and memorable experience. Firstly, words cannot express my gratitude to my capstone advisor, Jill Taggart, for her invaluable feedback, wisdom, and patience throughout this capstone process. This endeavor would also not be possible without the support from my husband, Joshua Powdrell. His belief in my abilities, encouragement, and the countless late-night cups of tea he made kept my motivation high throughout the past three years. I would also like to thank my parents, Iris and Dale Schreuder, for their unconditional support and inspiration to pursue my dreams in psychology. I am also thankful to the DVD crew for their friendship and reminding me to maintain a sense of balance and enjoy the journey. Lastly, I would like to mention my cohort 23A members for their vulnerability throughout the program. It has been a pleasure to learn from and grow alongside such incredible people.

### **Abstract**

Trauma is a deeply distressing experience that can cause physical and psychological consequences. With high lifetime prevalence, more mental health professionals are being called to work alongside clients who have encountered traumatic events and are struggling to rebound from the experience. The field of psychology has gained traction in finding deeper understanding to help clients overcome adversity through the discovery of inner strengths to foster resilience. Factors such as personality influenced by birth order have gained recognition for affecting an individual's level of resilience. This capstone aims to provide a comprehensive overview on how birth order develops personality and how it influences an individual's ability to bounce back from adverse experiences. It will provide insight into what birth order is, factors that influence birth order, the controversy surrounding the topic, how it relates to resiliency and which therapeutic intervention fosters resilience. Lastly, the capstone will conclude by proposing a six-session intervention plan designed to help mental health professionals counsel clients to build upon the strengths they already possess to foster resilience and help them overcome their traumatic experiences.

*Keywords:* psychological birth order, personality, post-traumatic growth, resilience, trauma

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## **Chapter One: Introduction**

Resilience is a process that enables individuals to successfully bounce back after experiencing trauma. This ability is a desired response that allows individuals to successfully overcome hardship and maintain psychological stability. However, for some, traumatic experiences can cause lifelong debilitating effects both physically and psychologically. As trauma rates have drastically increased over the last several decades, research in the field has aimed to identify and evaluate the factors that influence different trauma responses. Evidence suggests that there are several factors that contribute to healthy levels of resilience, one of which is childhood development - more specifically, birth order. Understanding the connection between resilience and birth order is useful for counsellors and other mental health professionals because it can be used as a tool to foster healthy psychological processes that promote wellbeing. In this capstone, I explore the birth order theory, including a range of factors that influence it and the commonalities between the theory and resilience. I will then synthesize the research to create a treatment approach using birth order to foster resilience. To begin, this first chapter provides an overview of trauma and how birth order and resilience are connected. I will discuss how this research contributes to the field of psychology and the purpose that this capstone aims to accomplish. I will then share a positionality and reflexivity statement to assist the readers in understanding a personal perspective on the topic.

### **Overview of the Topic**

Trauma is a universal human experience with a high lifetime prevalence rate. A cross-national epidemiological study on trauma, conducted by Kessler and colleagues (2017), estimates that 70.4% of the world's population has experienced trauma at some point in their life.

The study also found that individuals who have experienced trauma are exposed an average of 3.2 times per capita. Thus, previous exposure of trauma increases the possibility of re-traumatisation. Originally, trauma was believed to have been limited to only those returning from war. However, research has provided evidence that a wide range of experiences hold the capacity of traumatizing individuals. These include but are not limited to: childhood abuse and neglect, witnessing or experiencing violence, sexual assault, severe injuries, illness, dental or medical procedures, natural disasters, birthing complications, or any event perceived as life-threatening (Muldoon et al., 2020).

Trauma expert, Bessel van der Kolk (2015), stated that being traumatized can produce responses that act as if the trauma is ongoing causing the individual to be unable to live in the present moment. As a result of trauma, individuals can undergo a range of adverse physical and psychological responses. For instance, it can cause a state of hyperarousal or hypoarousal, resulting in changes in heart rate and breathing, difficulty swallowing, excessive sweating, and muscle tension. Mentally, it can also cause rapid thoughts, dissociation, numbing and avoidance of feelings such as fear and pain (Levine, 2008). Other experiences include hypervigilance, hyperactivity, sleep disturbance, startled responses, emotional dysregulation, flashbacks, lowered self-worth, and a decreased tolerance to cope with stressors. There are also several maladaptive responses that can develop months or even years after a traumatic event. These include panic attacks, relationship difficulties, phobias, changes in belief systems, thrill-seeking behaviours, and substance addictions (Levine, 2008).

Many people become overwhelmed by the distress following their experiences and seek support in efforts to reestablish a sense of safety, get unstuck from their past and find healing.

However, on the contrary, some people respond to the trauma by evoking a set of characteristics that help them overcome their adverse experiences through the process of resilience (Rolf et al., 2010). According to the American Psychological Association (2022), resilience is the ability to successfully adapt emotions, cognitions and behaviours after experiencing a traumatic life event. Several factors influence how individuals recover from adversity through the process of resilience. These include the type of trauma they experienced, life history, available resources, developmental factors, and individual personality traits (U.S. Department of Health and Human Services, 2014). This capstone focuses specifically on personality and how certain traits can cultivate resilience.

According to Soto and Tackett (2015), personality traits are patterns of cognitions, emotions and behaviours. Research suggests that several factors influence unique personality trait development in humans, one of which is birth order. Family members such as parents and siblings have a psychological significance that encourages behaviours that express and resolve needs during childhood (Sultan & Malik, 2020). Birth order impacts how individuals see themselves and the world around them, access resources, cope with challenges, interact with others, and solve problems (Leman, 2015). Thus, the order in which a child is born and the environment that they grow up in impacts their unique set of personality traits. This creates patterns and tendencies in emotions, cognitions and behaviours for each birth order position. Humans fall into four birth order positions: firstborn children, middleborn children, lastborn children, and only children.

### **Contribution to the Field of Psychology**

The statistics on trauma provide insight into the fact that most of the world population experiences trauma at some point in their lives. This calls for urgent action in developing a deeper understanding of how to help clients overcome adversity and which inner strengths can be harnessed to help them overcome hardship. Although the available research on trauma is plentiful, developing innovative ways of treating clients will propel humanity in a direction that can protect themselves from the negative effects of trauma. Thus, I have become curious about the gap in research that has emerged surrounding the impact birth order has on resilience. Much of the available research has focused on the parent-child relationship, but there is a lack of research on the impact the sibling system and family dynamics have on personality and how they influence the ability to face adversity and recover. Thus, this capstone assists in bridging the gap on the patterns in emotions, thoughts and behaviours that can help clients and counsellors understand which personality traits developed by birth order are facilitating successful resilience and which are hindering them.

The treatment of trauma has been growing for decades as professionals in the mental health field have been striving towards improvement. There are several effective therapeutic modalities that assist clients in finding healing from their experiences that reduce negative symptomatology. However, the therapeutic goals should not be limited to reducing negative psychological symptomatology disclosed by clients. Trauma interventions require a broadened, holistic lens considering the client's cognitive, emotional, behavioural, spiritual and physical development (U.S. Department of Health and Human Services, 2014). Thus, pairing research on birth order with evidenced-based modalities adds a lens of knowledge that mental health professionals can use in their treatment plan. Clients gain a deeper sense of self by understanding

their personality traits developed from their birth order and how to best use them to build upon resilience and increase personal tools that promote psychological growth. Additionally, since every human is born into a birth order position, this intervention strategy can be applied to every client that seeks counselling services.

This approach helps contextualize the presenting problem interpersonally, intrapersonally, and societally. It allows clients to feel a sense of empowerment within the therapeutic environment and allows them to feel in control over their treatment goals and how to achieve them. It shifts the power from the counsellor to the client as they become the expert of their lives, respecting individuality, and using the strengths they already possess to build resilience (Knight, 2018). This capstone is designed to contribute to mental health promotion as it encourages the development of protective factors that prevent mental disorders from forming. This approach creates an environment where individuals adopt and maintain healthy living conditions and influences one's ability to overcome future struggles. Not only is this acting as retroactive treatment after experiencing trauma, but also serves as a preventive effort for future occurrences where resilience is required (World Health Organization, 2010).

### **Purpose Statement**

This capstone aims to uncover a detailed understanding of the connection between birth order and resilience. I aim to answer several questions pertaining to this topic such as: What contributes to successfully adapting to adversity? What is birth order and how are personality traits developed? Which personality traits increase resilience? Which therapeutic interventions assist clients in overcoming their struggles from trauma? Are there ways that this research can assist counsellors understand their clients better and assist in creating treatment plans and

therapeutic goals that are unique to the clients sitting in front of them? I hope this research will add to my understanding of how people are unique in their ways, how different circumstances impact this uniqueness and how it can be used as a strength to overcome current psychological struggles and possible adversity in the future.

### **Positionality and Reflectivity Statement**

My connection to this topic is both personal and professional. In 2016, I was held at gunpoint at the informal settlement school where I was completing my undergraduate internship. This life-threatening experience shook my world as I knew it. I sought counselling to process the trauma in efforts to resume my usual lifestyle and heal the psychological struggles that I was going through. I leaned on my family and friends for support as I found comfort in their presence. Additionally, my educational background on mental health also normalized my responses to the distress, increasing my optimism that I could overcome the fear I was experiencing. Although I initially struggled with maladaptive responses to the distress for several weeks, I possessed a level of resilience that helped me heal on from what had happened.

After checking in with the other students involved, I realized that our perception and responses to what had happened that day varied drastically. I became curious about how the same experience resulted in different responses, some for the better and others for the worse. I began a journey of introspection of my level of resilience and how my personality, support system and available resources helped me overcome this challenging experience. Although it has not been all positive, this experience taught me more about myself, which has been invaluable.

Understanding human behaviours has always been something that interested me. In my early adolescent years, I can recall having a conversation with my mother about the behaviours

of others and my own. It was then that she introduced me to the theory of birth order through recommending *The Birth Order Book* by Kevin Leman. This book was transformative in how I understood the emotions, thoughts and behaviours of others based on the birth order they fit into. It also validated many of my own firsthand experiences growing up as the lastborn of four children. Moreover, listening to the radio or conversing with others and hearing comments such as “middleborn syndrome” and “baby of the family,” I have realized that birth order is something that many people identify as influential to them and their families.

Professionally, this experience has also shaped my work with clients. I have developed greater understanding and a deeper empathy for the complexity of their struggles. It has created a passion in helping those struggling with trauma and a desire to facilitate the development of resilience in clients and illicit responses that lead to growth and meaning making. Where applicable, asking people about their birth order position helps me understand more about who they are and several personality tendencies that might help them on their counselling journey.

I acknowledge that my relatability to birth order and my experience with trauma can potentially cause bias during the research process. I can also understand that for some, their family dynamics and personal psychological processes do not align with the birth order theory. My intention for this capstone is not to prove that birth order is a valid theory and can be applied to every person, but to review and synthesize the research available with as much neutrality as possible. To provide insight about this topic that might be useful for counsellors and their clients.

### **Definition of Terms**

***Firstborn Child:*** The first child born into a family. They are also called the eldest child (Merriam-Webster, 2023a).

***Lastborn Child:*** A child born last into the family. They are also called the youngest in the family.

***Middleborn Child:*** A child who is born second or middle in the line of siblings.

***Only Child:*** A child who does not have any brothers or sisters (Merriam-Webster, 2023b).

***Ordinal Birth Order:*** The rank in which a child is born into a family that determines their age in relation to one or more siblings (Sam, 2015).

***Personality:*** A combination of characteristics that include values, interests, abilities, traits and emotional patterns. These are developed from critical experiences, significant relationships, education, cultural identification, and genetics. Personality influences behavioural processes and how individuals adjust to life (American Psychological Association, 2023).

***Post-traumatic growth:*** The process and result of positive changes after experiencing trauma and its significant psychological impact on the individual. These changes include a deeper level of gratitude for life, development in strengths and a reduction in weaknesses, improvements to relationships, greater expression of compassion for others and spiritual growth. Post-traumatic growth is greater than resilience as it expands beyond the individual's ability to bounce back, and it transcends beyond pre-trauma functioning (PTSD Association of Canada, 2022).

***Psychological Birth Order:*** Refers to when an individual from one birth order does not act in a similar way to their assigned birth order position and functions similarly to a child who is born in another birth order position. For example, a middleborn child acts like a firstborn child (Leman, 2015).

***Psychotherapy:*** The use of scientific theories that help people work through their struggles in a supportive environment alongside a therapist. Thoughts, emotions and behaviours are challenged to solve problems and develop healthy and effective habits to overcome struggles (American Psychological Association, 2020).

***Resilience:*** The process of overcoming adversity or a difficult experience. It involves flexible mental, emotional and behavioural responses that help the individual adapt to internal and external demands (American Psychological Association, 2022).

***Trauma:*** A distressing or disturbing experience that can cause disruptive psychological experiences and impacts the individual's functioning. It can cause the individual to view the world as unpredictable and unsafe (American Psychological Association, 2023).

### **Outline of the Remainder of the Paper**

This chapter introduced trauma and the effects the lack of resilience can have on individuals. It also provided insight into the connection between birth order and resilience and why understanding the relationship could be beneficial for mental health professionals to understand their clients better and facilitate healing.

In chapter two, I will explore the literature available on what birth order is, discussing the factors affecting birth order, the controversy surrounding the topic, what resiliency encompasses and the various therapeutic interventions that have been effective in fostering resilience. The closing chapter includes a discussion on the recommendations that counsellors and other mental health professionals can use to treat individuals struggling with the effects of trauma. I propose a six-session intervention plan focused on building resilience, based on the client's unique personality strengths developed by their birth order position.

## **Chapter Two: Literature Review**

It is known that no two children are the same. This adds to the long-standing debate of nature versus nurture, when children from the same environment turn out to be different from each other. What contributes to the differences between siblings? There are several factors that build the uniqueness of each child, one of which is birth order. Birth order is a significant marker that impacts family dynamics, the home environment and ultimately, childhood development. In this chapter, I aim to review the literature explaining birth order and the factors that influence it. I will provide insight into the controversy surrounding this topic. I will then explore the connection between birth order and resilience and factors that influence a level of resilience. Lastly, I will explore effective interventions that build resilience to help clients achieve successful therapeutic outcomes.

### **Birth Order Theory**

Alfred Adler, the founder of Individual Psychology, was the first theorist to develop the theory of birth order in the 20th century. He believed that every human is unique and that behaviours are motivated by feelings of inferiority with the goal to become superior. He based his work on the idea that an individual's personality should be studied and can only be understood in terms of their relationships with others (Marano, 2017). Through his dedicated and extensive work from a variety of different settings, he proposed that the order in which children are born into a family creates an environment that impacts the interactions between family members, thus influencing the psychological imprint and the personality trait development of each child (Alder, 1922). When a new member joins the family, the family environment changes, transforming the dynamics of the family (Leman, 2015). The familial structure influences

children to act in certain ways to resolve needs such as love, attention, or care. Children of varying birth order positions develop unique coping strategies to meet these needs, creating patterns in emotions, cognitions, and behaviours (Kelley & Liles, 2013). There are four different birth order positions: firstborn children, middleborn children, lastborn children and only children.

The influence of interactions between parents and children is evident in a longitudinal study, investigating the connection between parental differential treatment and childhood adjustment (Richmond et al., 2005). During early childhood, children become extremely aware of the differentiating treatment towards themselves and their siblings. The study found that when parents favour a child in the family, the siblings tend to act in ways to regain their parents' attention and may begin feeling competitive towards their siblings. This rivalry has been linked to low self-esteem, anxiety, suicidal ideation, and risky behaviours which have been known to increase the likelihood of adult psychopathology (Ng et al., 2020). Among other characteristics that cause parental differential treatment, birth order is a common catalyst.

Almost 70 years after Adler's acknowledgement of birth order, researchers such as Frank Sulloway provided major contributions to the theory by presenting insight into the understanding of how birth order affects personality. He spent most of his career studying the topic of birth order and reaffirmed Adler's theory that personality is impacted by the birth order positions (Sulloway, 2011). However, he emphasized that it was less about how parents treated each child but that the difference between children was due to sibling rivalry to get their parents attention by developing a family niche that is unique compared to their siblings. Firstborns tend to seek favour from their parents by becoming conscientious and respectful towards their parents; for example, becoming high academic achievers. Instead of competing with the same personality

strategy, siblings that are born after the firstborn child tend to seek an unoccupied family niche through unconventional ways such as becoming the socialite, class clown or sports star. Thus, each child develops unique personality traits that align with their family niche (Sulloway, 2011). This promotes differentiation between siblings, reducing sibling personality clashes, increasing difference in parental investment and the impacting the hierarchy of dominance (Hertler, 2017).

From a family systems perspective, the relationships between siblings are the greatest influence during childhood development and continues after launching into adulthood. Sibling bonds are unique because they are typically the longest relationships during a human's lifespan. These relationships can vary in closeness and connectedness. They can include a vast range of emotions such as love, hatred, loyalty, abuse, betrayal, and care. Siblings also teach each other relational skills that shape relationship factors such as dependency, communication, conflict resolution, problem-solving, loyalty, cooperation, competitiveness, and social expectations (Doron, 2009). Sibling relationships foster two coping styles simultaneously: the ability to live independently from each other and the experience of dependency. This influences the ability to cope with individuation and amalgamation impacting the formation of social relationships outside the family dynamics (Bank & Kahn, 1997).

### **Personality Trait Development**

After Alder's breakthrough in understanding human behaviour, research has confirmed that individuals interact with others based on how they see the world. This awareness unlocked a new avenue of personality psychology, which has since been one of the most studied areas in the field (Sulloway, 2011). Personality traits are developed due to factors such as genetics, society, environment, and family dynamics such as birth order (Cherry, 2023). Although it is the

interaction between all these that matter, each has a unique role in shaping personality.

According to the American Psychological Association (2022), personality is the collection of characteristics that people possess which influences their ability to adjust to life circumstances. These include interests, values, abilities, emotional patterns, and attitudes. These characteristics are unique to each person and develop cognitive and behaviour patterns that can be categorized into five major traits. These traits are called the “Big Five” personality traits based on a Five-Factor Model of personality, which is the most accepted personality theory in psychology. These traits include openness (curiosity and creativity), conscientiousness (organizational skills and responsibility), extroversion (social connectedness), agreeableness (compassion and respect) and neuroticism (emotional instability) (Psychology Today, 2019). They are universal identifiers to how humans may be similar or unique to each other in terms of how they think, feel, and behave. The levels of traits an individual possesses can predict life outcomes impacting areas such as mental and physical wellbeing. For example, openness and conscientiousness are predictors of success. Openness allows individuals to have the courage to take on new challenges. Conscientiousness encourages individuals to be determined by meeting specific deadlines (TED, 2016).

Sullo way (1996) conducted a meta-analysis of multiple studies on birth order and personality using the “Big Five” model. He confirmed the predicted patterns of birth order based on adaptations to family dynamics that are transformed into personality differences between siblings. He found that firstborns were more likely to express seniority and dominion over their younger siblings causing patterns of less agreeableness. He also found that firstborns and only children had people pleasing tendencies that increased levels of conscientiousness. Middleborn

and lastborn children relied more on social support through the search to assert themselves, causing patterns of extraversion. Since openness to new experiences has been linked to both intelligence and imagination, he found that lastborns tend to be more explorative in seeking an unoccupied family niche increasing levels of imagination. However, firstborns also tend to score high on openness due to having higher intellect compared to their siblings. Lastly, firstborns and only children were more anxious and quicker to get angry, causing higher levels of emotional instability. Similarly, lastborns were more depressed, vulnerable, and impulsive, causing higher levels of neuroticism (Rohrer, Egloff & Schmukle, 2015).

### **Birth Order Positions**

As previously mentioned, Alder established the four birth order positions: firstborn children, middleborn children, lastborn children, and only children. The following section discusses the unique environment of each of these positions and its influence on personality development.

#### ***Firstborn Children***

First-born children, also known as the eldest, enter the world as only children. As the parents adjust to the new demands of becoming first-time parents, they provide firstborns with exclusive attention and energy. New parents spend much of their time teaching firstborns about their environment. The child learns and explores the world through trial and error, modeling the adults around them. Developmental milestones are encouraged and praised such as the child's first word, first steps, going to first grade and their graduation. Firstborns benefit from having undivided attention during these formative years and results in assuming greater responsibility in the home, which has been found to increase IQ levels (Leman, 2015). In later years, this

influences firstborns to become overachievers and leads them to receive greater education opportunities compared to their younger siblings (Voo, 2022).

First-time parents are usually anxious, protective, hyper-vigilant, and strict for the safekeeping of their baby. This stress is transferred to the firstborn child, impacting their personality accordingly. They tend to become perfectionistic, organized, and reliable to others. Firstborns tend to focus on achievements and assume leadership roles, taking these skills into adulthood and their careers (Leman, 2015). For this reason, it is not surprising that individuals such as George Bush, Jeff Bezos, Elon Musk, Sheryl Sandberg and Richard Branson are firstborns who have become successful leaders in their fields (Jarrett, 2022).

Once they are dethroned from being the baby in the family with the birth of a sibling, firstborns no longer have undivided attention and need to learn to share their parents with a new rival. Depending on how the parents share the news of a sibling, the adjustments to the dethronement can go one of two ways (Marano, 2017). On one hand, firstborns can become well-adjusted and excited for the arrival of their new sibling. They displayed behaviours such as being supportive and protective over the new family member. On the other hand, they can feel resentment towards younger siblings because they were poorly prepared. They can wish upon the past, remembering the time when they were the center of attention. (Marano, 2017). Research provides insight that firstborns typically struggle to adapt to this change, creating a pattern of hesitancy to change overall, forcing them to stay within their comfort zone (Voo, 2022). It is also known that older children tend to receive less parental supervision, which can cause a lack of attention paid towards their mental and physical health during these formative years (Rostila et al., 2014). It is at this time that they begin to realize the importance of authority and learn to

exercise it over their siblings, emphasizing the necessity to follow rules (Adler et al., 1956). An example of this would be taking on the role of the third parent. Being the eldest child, parents tend to place greater expectations on their firstborns and criticize them more often. To avoid the negative results of being criticized, firstborns try to gain recognition and power by obeying the rules. If denied the power they aim to achieve, they may struggle with declined levels of resilience (Ilmen & Sürücü, 2022).

### ***Middleborn Children***

Middleborn children, sometimes referred to as second-born children, will eventually have at least one younger sibling. From birth, middleborn children share their parents' attention with another child, making them more cooperative than their senior sibling (Marano, 2017). Although the firstborn child acts as a role model and exercises authority over them, middleborn children typically develop a personal style of life that is usually opposite to their sibling, making it easier to stand out and win attention (Leman, 2015). They also have fewer expectations placed on them by other family members allowing them to determine their own path in life. The battle for attention is against the older sibling, who is more developed and stronger both mentally and physically. When compared to their older sibling, they may believe that they are not as talented and have the sense of always needing to catch up (Adler et al., 1956). In adulthood, this can cause middleborns to give up easily, be rebellious, pessimistic, or reactive when they do not get the recognition they are looking for (Ilmen & Sürücü, 2022). When they are unable to achieve this recognition and feel that they do not fit in, middleborn children tend to seek attention outside of the home through friendships. This results in them getting into more mischief as they seek acceptance from others (Leman, 2015).

As soon as the younger sibling arrives, middleborn children learn to negotiate and compromise with their parents causing them to become peacemakers and people pleasers (Voo, 2022). Due to the lack of attention placed on them, middleborns tend to keep their struggles to themselves instead of receiving support. In the times when they do reach out, they tend to feel like a burden. Thus, as adults, they become less likely to reach out for help from loved ones or professionals such as counsellors due to their learnt coping style of independence increasing levels of emotional instability (Leman, 2015).

### ***Lastborn Children***

Lastborn children are the youngest members of the family. It is to their advantage that they will never experience the feeling of being replaced by another child. They are known to receive more individual attention from parents, for the longest period of time (Kelley & Liles, 2013). For this reason, lastborns are often valued and spoiled by their parents. This encourages self-confidence, self-efficacy and a sense of power, increasing their ability to be resilient in situations (Ilmen & Sürücü, 2022).

Lastborn children have less expectation placed onto them because their milestones have already been reached by their older siblings, causing their efforts and achievements to go unrecognized (Voo, 2022). This creates an environment of dependency and a tendency to struggle with feelings of inferiority because those around them are more developed physically and mentally through years of experiences (Adler et al., 1956). They are also held to a lower standard than their siblings, causing them to become less disciplined and manipulate others to get their way (Voo, 2022). Thus, lastborn children learn to receive attention in ways other than achievement and tend to become charming and outgoing, often developing into comedians for

this reason (Voo, 2022). For example: Billy Crystal, Jon Stewart, Goldie Horn, Eddie Murphy, and Steve Martin are well known lastborns who are comedy legends (Cocozza, 2015). With less responsibilities placed onto them, they are able to see the humour in situations, be spontaneous and are seen as the life of the party. They become motivated by getting encouragement from others and have the drive to make a marked difference in the world, proving to others that they can do things they are expected to fail at (Leman, 2015). Additionally, being the youngest, they are presented with more opportunities to compete with the older siblings. With increased family attention, lastborns may develop at a greater rate than their siblings, often outperforming their competitors (Marano, 2017).

Lastborn children become more accepting of unexpected change because they have grown up with injustice due to the seniority privileges of their older siblings. For example, they would typically always sit in the back seat or have an earlier curfew. However, lastborns are usually coddled at one moment and picked on the next, causing them to have a range of emotions and experiences that they struggle to understand. A learnt coping strategy to mitigate painful emotions is to conceal self-doubt with independent cockiness. This results in becoming impatient, rebellious and temperamental (Leman, 2015). To prove others wrong, they tend to be brave, seeking adventure in unconventional ways and dealing with the repercussions at a later stage (Voo, 2022).

In a study by Green and Griffiths (2013), investigating the correlation between birth order, post-traumatic stress disorder (PTSD) and adjustment disorder (AD) in the United Kingdom, it was found that laterborn children were more involved in traumatic experiences due to their risk-taking and courageous behaviours. These types of behaviours are more likely to lead

to high rates of trauma such as substance abuse, car accidents and suicidal attempts. Lastborn children have a higher tendency to engage in self-destructive behaviours and have high rates of suicidality. Additionally, when older siblings partake in risky or maladaptive behaviours, the probability of the younger sibling displaying similar behaviours increases due to modeling (Kirkcaldy et al., 2008).

### ***Only Children***

Children with no siblings are referred to as only children. They are in a unique position since they have never needed to compete for parental attention or resources. This causes them to be more mature for their age as they learn to be independent. Although this tends to foster articulation, confidence and drive, the disadvantage of being an only child is that they do not learn to deal with siblings causing only children to be more self-centered (Leman, 2015). The lack of exposure to people their own age during their formative years influences only children to have fewer social skills. They tend to expect others to act similarly to them and can struggle to relate to others when not (Ilmen & Sürücü, 2022). When becoming adults, only children tend to believe that things are unjust when they do not get their way and tend to struggle with getting angry, frustrated, or impatient (Leman, 2015).

Like firstborns, only children tend to be perfectionists due to their environmental demands (Voo, 2022). Their parents tend to place many expectations on them to be successful (Ilmen & Sürücü, 2022). This causes them to be cautious, black-and-white thinkers and to maintain elevated expectations of themselves and others. When expectations are set too high, success becomes difficult, lowering opportunities for happiness and life satisfaction (Leman, 2015). Some only children are treated special because their parents wanted more children but

were not able to. Undivided attention can cause only children to become selfish and spoiled.

They come across as calm and confident, but an internal struggle of rebellion can sit below the surface (Leman, 2015). In other circumstances, some parents decide not to have other children due to financial reasons. Economic stress can result in creating an anxious environment, causing the only child to become anxious themselves (Marano, 2017).

### **Factors Affecting Birth Order**

In Adler's research, he mentioned that birth order is susceptible to change causing exceptions to the birth order positions. There are several factors transforming ordinal birth order to psychological birth order. There are circumstances that have firstborns acting like laterborns and vice versa. The first factor is the age gap between children. When there is a five or more year age gap between siblings, the later born child will develop tendencies of a firstborn child. The age gap between siblings is large enough that the older sibling no longer acts as a role model for the younger sibling. Thus, the younger sibling interacts with their environment as firstborns did when they were born (Marano, 2017).

The second factor influencing birth order is the gender of each child. Societally, males and females are treated differently due to the unique demands placed on them. Thus, laterborn children can assume firstborn tendencies when they are the firstborn of a specific gender. For example, in a patriarchal society, the middleborn son may assume firstborn tendencies over their older sister (Ryckman, 2013). The gender of each child can impact the way they perceive themselves and their experiences within the family. Additionally, when the middleborn is the same gender as the first, competitiveness is bound to influence the dynamics between siblings (Leman, 2015). Mothers tend to favour and interact more with their lastborn daughters and

fathers tend to give special treatment to their firstborn sons. These differences have been found to influence children's self-esteem and the way they interact with others (Kirkcaldy et al., 2008).

Thirdly, the physical, emotional and psychological differences of each child have an influence on the family dynamics. When a child has unique characteristics, they put pressure on those immediately above or below them in birth order. An example of this is when the firstborn suffers from a serious disease, the middleborn child will tend to assume firstborn tendencies. The firstborn then tends to be treated like a lastborn (Marano, 2017).

Another factor that influences birth order is when a child dies. For example, if the firstborn child passes away, depending on how early the death occurs, the younger child may assume the role of the firstborn. This causes complex struggles for the living siblings. Not only is the middleborn child unfamiliar with this pressure of being a firstborn, but they are also grieving. There may also be an added pressure from the parents to expect their younger child to live the life of their own as well as their siblings' (Leman, 2015).

An additional factor to consider is when two families merge into one, creating a new birth order (Leman, 2015). The merge of two families can cause a collision. For example, the firstborn from one family may not want to relinquish the leadership role to the firstborn child from the other. Similarly, the middleborn children feel even more lost between siblings, perpetuating them to spend more time away from the family. Moreover, lastborn children of each family might not want to share the limelight and privileges, causing friction between the two of them (Mann, 2005).

Like a blended family, adoption can also influence the birth order depending on the child's age. If the child is older than infancy when they are adopted, they tend to act in the birth

order they were a part of before the adoption, such as the birth family or foster family. For example, if the adopted child is six years old and the lastborn in the foster family, they will tend to continue to act in the ways of a lastborn, regardless of if they become a firstborn in their new adopted family. Experts in the field of adoption suggest that children have an easier time adapting into a family when they are added to the family at the bottom of the birth order. However, during the adoption process, many parents are focused on the connection with the adopted child instead of how their current birth order can be disrupted (Melina, 2015). Rivalry and feelings of being displaced can cause conflict between siblings, changing the environment and dynamics.

Lastly, the parents' values, parenting style and relationship with the children also influence birth order. For example, the birth order of the parent influences how they parent their children. Research has found that parents tend to be more strict with their firstborn than laterborn children. Those who put too much pressure on their firstborns could cause the child to rebel against them and instead of excelling in school as firstborns tend to do, they act like a later-born child. When parents have high expectations of achievement and success, this can impact the child's ability to pick themselves back up after experiencing failure (Leman, 2015).

### **Controversy About Birth Order**

Although the birth order theory has been found to be valid through evidence-based research, it has not been without scientific scrutiny. There are several reasons why professionals believe that birth order does not impact personality traits. Firstly, researchers have reviewed the literature, noting that there is a flaw in the collection of data. Several studies on birth order collect and compare data from a 'between family' design, meaning that they compare the data

from multiple families. This design method does not allow for detection of other effects such as genetics, level of education of the parents, socioeconomic status, available resources and the families values and beliefs (Rohrer et al., 2015). Thus, the methodological design of such studies does not identify whether the personality differences are due to these factors or birth order. Additionally, several studies which have used “within family” design, comparing differences between siblings, have found little to no correlation between birth order and personality outcomes (Rodgers et al., 2000). Thus, the lack of conclusive findings has made professionals in the field question the validity of available research on the topic.

It is important to note that many professionals and researchers assume that birth order is limited to ordinal birth positions and do not consider the entirety of the theory. Adler (1956) differentiated that children have a psychological birth order which is more relevant to the theory than the ordinal birth order. Ordinal birth order is the order in which children are born into the family; it is the succession of the siblings in a family. Psychological birth order is the position children evaluate themselves and others based on their environmental demands which have an impact on how they think, feel, and behave (Ilmen & Sürücü, 2022). Relationships between family members are fluid and impact the discrepancy between ordinal birth order and psychological birth order (Leman, 2015). Ordinal birth order is changed based on the factors influencing birth order positions. Thus, it is important to note that the studies assessing ordinal birth order would not be an accurate representation of the theory.

Researchers also dispute Adler's theory of birth order because it is believed that there are certain stereotypes that develop because of one's birth order. This perspective questions whether personality traits are a development from their birth order position, or whether it is a result of

society's expectation for individuals to act a certain way based on the birth order position (Marano, 2017). For example, this is evident when firstborns become high achievers and leaders in their careers to fit into the expected roles from society.

Additionally, there are people who do not have similar tendencies of their psychological birth order position. This highlights evidence that personality is developed by several factors and not birth order alone. It is important to note that not all tendencies correlate with every person in that birth order. This perspective categorizes individuals into boxes that they cannot step out of. Birth order does not explain everything about personality but has been found to be a helpful tool for people to understand themselves, their parents, their siblings, co-workers and even their children (Leman, 2015).

Lastly, it is also argued that as individuals get older, the effect that birth order has on personality becomes less predominant as new life circumstances are experienced and social influences change (e.g., relationships with intimate partners, friends, and colleagues). However, birth order is still considered a large factor influencing personality because research continues to show that early life experiences determine mental health throughout a person's life (Rostila et al., 2014). Despite the controversy regarding the topic, researchers and professionals in psychology continue to invest in the theory of birth order and yield results that support its validity.

### **Link between Birth Order and Resilience**

Resilience is a process that enables individuals to successfully bounce back after experiencing trauma. It requires psychological flexibility of emotions, thoughts and behaviours and allows for a regained sense of control. It is a valuable resource that prevents or lessens the negative psychological and physical effects of trauma (Sutton, 2019). Resilience is not a fixed

attribute possessed by an individual for a lifetime. The stage of life an individual finds themselves in can influence the level of resiliency they have. Therefore, individuals who have successfully bounced back after a traumatic experience can potentially struggle after experiencing another (Rolf et al., 2010). Studies investigating the benefits of interventions that cultivate resilience, in various populations including students, military officers, breast cancer survivors, medical staff, and immigrants, have proven that a higher level of resilience lends itself to a better quality of life and happiness after adversity (Joyce et al., 2018).

Research during the 1950s has found a significant link between personality and resilience. Models such as the "Big Five" personality traits provide insight into how emotional stability, social connectedness and stress tolerance impacts one's ability to bounce back (Kelley & Liles, 2013). In a study conducted by Ercan (2017), the finding supports this correlation. Neuroticism includes qualities such as insecurity and difficulty maintaining self-control and anxiety, all of which are factors that reduce resiliency and the ability to emotionally regulate in times of trauma. On the contrary, those who have lower levels of neuroticism find it easier to maintain emotional balance and initiate coping skills that mitigate the struggles they face. A positive relationship between the remaining personality traits (openness, conscientiousness, extroversion, and agreeableness) and resilience was significant. Openness positively influences resiliency as it encourages individuals to try solving problems creatively through new experiences. Extroversion involves maintaining close relationships, influencing an individual's ability to reach out to people for support during trying times. Agreeableness influences individuals to be open to cooperation, enabling them to experience less conflict and results in them being more likely to be accepted by others. Moreover, those that have greater social

support are known to be more resilient. Lastly, conscientiousness is known as being organized, plan orientated, patient and tenacious, causing individuals to take action and successfully achieve goals which help them overcome challenging life events (Ercan, 2017).

After experiencing a traumatic experience, individuals initiate coping skills to bounce back; these skills are dependent on their unique personality traits. The connection of birth order is in the way the individual navigates themselves through life (Kelley & Liles, 2013). The tendencies developed during childhood influence the initiation of coping skills to meet their needs during crisis to help them overcome in adulthood. There are several personality traits that are developed during these formative years that correspond to those that develop resilience. These include being optimistic, sociable, assertive, conscientious, open to new experiences, persevering through hardship, and being creative in solving problems and emotional stability (Eley, et al., 2013). These personality traits can be found in all birth order positions. Each birth order position has unique strengths and challenges that influence levels of resilience or the lack thereof (Kelley & Liles, 2013). For example, being sociable may be more challenging for firstborns and only children versus middleborns and lastborns due to their social exposure. Additionally, conscientiousness may come more naturally for firstborn and only children. There are a variety of unique combinations of personality traits that can help individuals activate effective coping strategies, access resources, and solve problems for recovery. It is up to the individuals to use their personality traits as strengths to assist them in recovery.

### **Factors Increasing Resilience**

Resilience or the lack thereof is a response to adversity. There are factors that create a vulnerability or protection response to the experience. These include optimism, knowing your

purpose, problem solving skills, strong social support, and good physical health. These responses can be indirect or dependent on each other, causing a maladaptive or adaptive response. If an individual lacks levels of resilience, causing them to become overwhelmed by the distress of their experiences, the following factors can be cultivated to help them overcome current struggles and increase greater adaptation to adverse experiences in the future.

### ***Optimism***

Although it is easier said than done, keeping a positive and hopeful outlook on life is vital during and after experiencing hardship. Being optimistic increases positive emotions, cognitions and behaviours, and elicits healthy coping strategies that initiate and maintain the process of resilience. Having optimism has been found to empower individuals to see the good in their circumstances and visualize their goals instead of fearing negative outcomes (Sutton, 2021). Optimism broadens the mindset that invites a belief that not all outcomes associated with trauma are negative and adversity can lead to growth and wisdom (Briere & Scott, 2015). Research has shown that individuals can experience post-traumatic growth following their trauma, increasing a new sense of spirituality, a greater admiration for life, empathy towards others and reordering of priorities (Knight, 2018). They can also experience higher self-efficacy and self-acceptance (Briere & Scott, 2015), all of which increase levels of resilience.

### ***Finding Purpose***

Knowing one's purpose in life provides a sense of direction, allowing people to see the impact they have on the world and the people around them. It can place situations into perspective and bring attention to crucial factors, such as values and goals. Additionally, it creates a drive and encourages perseverance through difficulty because individuals can see the

bigger picture that goes beyond their difficulty or trauma (Sutton, 2021). For example, helping others can foster resilience as it provides a greater sense of purpose that goes beyond the individual, increasing self-worth and encouraging social connection (Palmiter et al., 2020).

### ***Problem Solving***

Being able to adapt to change is vital in overcoming trauma. It requires acceptance of circumstances that cannot be changed and healthy action that responds to the distress (Palmiter et al., 2020). Resilience is affected by an individual's ability to effectively resolve internal blocks (for example: fear of failure or having anxiety) or external blocks (for example: financial and relational struggles) (Sutton, 2021). Being resilient does not mean that there is an absence of fear, but that there is courage to overcome it (Southwick & Charney, 2018). One way this can be done is by learning from past experiences and uncovering what was helpful and what was not. This reminds individuals of their strengths in previous situations (Palmiter et al., 2020).

### ***Social Support***

Reaching out for support is vital in building resilience. Social support involves actively seeking help from others such as friends, family, and mental health professionals in times of struggle (Palmiter et al., 2020). A common response after experiencing trauma is social isolation. Being surrounded by people that are understanding and supportive reminds individuals that they are not alone in their experiences. It is important to prioritize friendships that have qualities such as compassion, care, and empathy. These qualities encourage resilience and lead to successful outcomes (Palmiter et al., 2020). Additionally, family support after adverse experiences plays a significant role in overcoming psychological hardship. Trauma can affect everyone in the household. Being able to connect with family members and receive emotional support from them

increases communication and understanding of struggles. Cohesion between family members has been linked to higher levels of resilience as it reduces misunderstandings and increases empathy towards the situation (Kelley & Liles, 2013).

### ***Physical Health***

As previously mentioned, trauma is not only psychological, but also impacts the body physically. Thus, consideration of physical health is vital in building resilience. Self-care practices such as a healthy diet, adequate sleep, journaling, and exercise positively impact the ability to handle stress (Palmiter et al., 2020). These practices produce positive physiological and psychological benefits by reducing possible adverse metabolic and behavioural consequences from the trauma. Additionally, they increase positive emotions building upon wellbeing and resilience (Silverman & Deuster, 2014).

### **Interventions that Cultivate Resilience**

Trauma counselling has traditionally focused on the client disclosing specific details about the traumatic experience and reviewing emotional and psychological issues that followed. However, in recent years, research has found that this approach can intensify symptomology and even cause re-traumatization for the clients (Bicknell-Hentges & Lynch, 2009). As the body of knowledge continues to grow around this topic, so do treatment approaches (e.g., focusing on fostering resilience to encourage healing and growth instead of the source of the trauma). There are a few therapeutic modalities that have been found to effectively increase resilience that counsellors can use to guide their sessions with clients. They build upon protective factors that can help individuals respond to stress or adversity that allows the creation of meaning and

personal growth. Not only will this help individuals become more resilient in future, but it can also facilitate empowerment to improve life's journey along the way (Palmiter et al., 2020).

### ***Cognitive-Behavioural Therapy (CBT)***

CBT is a therapeutic approach that focuses on one's assumptions, beliefs, attitudes, expectations and ideas about themselves, others, and their world (Corcoran, 2009). According to CBT, pathology is caused by dysfunctional thinking patterns after experiencing adversity. As a result, clients express maladaptive emotional and behavioural responses due to their cognitions (Helmreich et al., 2017). These dysfunctional thoughts include cognitive distortions for three reasons: the first reason is that the individual may not have the information or the experience necessary to resolve or respond to a situation which is called a cognitive deficit. Secondly, they have misconceptions about systematic ways of thinking causing generalization. Lastly, cognitive distortions can be rooted in a biased reality. Their ways of thinking become too rigid which causes the individual to disregard relevant information regarding an event which can result in maladaptive emotional reactions (Corcoran, 2009).

CBT has been found to effectively help those individuals overcome these maladaptive responses and build resilience to cope with adversity in a way that creates healthy change. It is based on exploring the belief about the events and not the event itself (Southwick & Charney, 2018). The process of change in CBT is threefold: firstly, the client learns to identify and change their distorted thinking with adaptive patterns. Secondly, the client learns skills to change behaviours that allow for adaptive coping. Lastly, they learn to create opportunities where they can test rational thinking about different events that were previously difficult to experience

(Young, Weinberger, & Beck, 2001). This process teaches the client new ways to solve problems, promoting resilience through cognitive flexibility (Helmreich et al., 2017).

### ***Solution-Focused Therapy (SFT)***

SFT is a therapeutic approach recognizing that individuals possess the strengths needed for positive change. It is based upon a constructivist idea that reality is subjective and focuses on the assumptions individuals have about themselves and the world around them. These assumptions are formed through interactions with others (Corcoran, 2009). For example, when speaking to siblings about an experience during childhood, each sibling's recollection of the event will have differences. These differences are based on their own perception of reality about the event with each holding its own truth.

Instead of exploring the problems that the client is struggling with, SFT helps clients explore what it would be like if their problem no longer existed. It encourages them to explore steps they could take to resolve their problem and create change (Sutton, 2021). This modality increases the internal locus of control by allowing the client to be an active agent for change and resolve their struggles. The client is seen as the expert in their life and elicits the existing strengths to heal from the trauma. This builds hope, self-efficacy and resilience that they are capable of creating change and have the resources necessary to do so. The counsellor and client collaboratively gain awareness of the client's strengths which are then applied to solving specific problems. This is done by exploring ways in the past that they have been able to successfully cope or overcome negative psychological responses. This approach does not focus on the problem itself but shifts the attention to the future without the problem existing to instill hope and motivation (Corcoran, 2009).

***Strengths-Based Cognitive–Behavioural Therapy (SBCBT)***

As the name suggests, SBCBT is a combination of the above two modalities, SFT and CBT. The vast majority of CBT research has shown that this approach reduces psychological struggles and is commonly used to treat disorders such as mood, anxiety and substance use disorders. When adding strength-based approaches, the cross-section where CBT and positive psychology meet, this eclectic approach has been found to promote positive qualities and attributes such as resilience (Padesky & Mooney, 2012). Change occurs by identifying and altering irrational cognitions and implementing healthy coping skills (Corcoran, 2009). The client is believed to already possess the strengths they need to effectively adapt and recover from trauma. These strengths can be found in recurring daily experiences such as compassion towards others, creativity and being an extrovert. During the therapeutic process, these strengths are identified and cultivated to build resilience. Instead of being neutral, the counsellor actively encourages the client to be vulnerable and intentional about building strengths during the therapeutic process (Padesky & Mooney, 2012).

***Acceptance and Commitment Therapy (ACT)***

ACT is an empirically based therapeutic approach that encourages clients to accept and embrace cognitive and emotional experiences. This creates a non-judgmental environment to explore struggles, creating psychological flexibility (Hayes & Lillies, 2012). The following six core psychological processes are used to facilitate mindfulness to help cope with the aftermath of adversity: acceptance; cognitive defusion; personal values; being present; self-as-context; and committed action (Sadeghia et al., 2018). This intervention reduces the avoidance of unpleasant psychological and emotional experiences that are used as maladaptive coping strategies. ACT

has also been found to be to reduce rumination about the past and future, bringing focus to the present moments in the client's life (Reyes et al., 2020). The acceptance of difficult emotions allows clients to attune to them which builds resilience (Helmreich et al., 2017). One of the most used tools in this approach are mindfulness exercises since they foster resilience by teaching clients to navigate flexible perspectives in the here-and-now (Sutton, 2021).

### **Important Considerations for Counsellors**

When working with individuals who have experienced trauma, a safe environment is vital for effective therapy. This refers to the physical environment, policies, procedures and upholding the ethical code of conduct. For example, being consistent in processes and following through on what has been agreed upon during sessions create emotional safety. Being adaptable to clients' needs regarding safety can require implementing strategies to help the client cope when they become triggered (U.S. Department of Health and Human Services, 2014). Thus, it is the responsibility of the counsellor to manage the intensity and the direction of the sessions (Bicknell-Hentges & Lynch, 2009). Although it is not possible to precisely predict what may or may not be triggering for clients, it is helpful to identify clients' cues associated with the experience, maintain a supportive, collaborative relationship that encourages ongoing dialog (e.g. ensuring stability in the therapeutic environment such as a calm psychological and physical environment) (U.S. Department of Health and Human Services, 2014). This is imperative when working alongside trauma survivors since traumatic experiences often elicit the opposite reaction of destabilizing effects such as substance abuse and problematic personality traits, homelessness, problematic interpersonal relationships, and self-destructive behaviours (Briere & Scott, 2015). Additionally, rapport with the clients is vital during the therapeutic process. Acknowledging the

courage required to seek counselling, respect and giving unconditional positive regard are building blocks that help clients feel comfortable to be vulnerable during sessions (Briere & Scott, 2015).

### **Chapter Summary**

Although it is not without controversy, birth order has been found to influence personality development during childhood that continues into adulthood. The environment in which a child is born and the social interaction with other family members influences how children behave to meet their needs, developing unique personality traits. There are four birth order positions: firstborn, middleborn, lastborn and only children. Each of these positions in the family elicits emotional, cognitive, and behavioral personality tendencies that become strengths or hinderances that influence their well-being. Research has shown that several of the personality traits developed during childhood overlap with those required in the process of resilience. These include being optimistic, sociable, conscientious, being open to new experiences, persevering through hardships, developing creativity in solving problems, and having emotional stability. If an individual lacks the reliance needed to bounce back effectively after an adverse experience, these traits can be cultivated to increase greater adaptation to their struggles. This can be done by focusing on building optimism, effective problem solving, having a life's purpose, receiving social support, and improving physical health. There are several therapeutic interventions that mental health professionals can use to inform their practice when working with individuals who have experienced trauma that build resilience. These include CBT, SFT, SBCBT and ACT. Each has a unique perspective of eliciting change and helping clients become unstuck from the past.

### **Chapter 3: Summary, Recommendations and Conclusions**

In chapters one and two, I explored what birth order is, how unique personality traits are developed in each birth order position, the factors affecting birth order positions, its relationships to resilience and the various therapeutic modalities counsellors can use to cultivate resilience. The literature review in chapter two provided a critical analysis into this topic which will hopefully aid mental health professionals in their treatment approaches when counselling those who have experienced a lack of resilience after a traumatic event. In this final chapter, I will apply this research into practice. Firstly, I will begin by summarizing the literature and then discuss my recommendation to use birth order to foster resiliency through a six-session intervention plan. Lastly, I will then discuss the limitations of this capstone and finish with a conclusion.

#### **Summary of the Literature**

Family members such as siblings and parents have a significant influence on children's coping strategies that allow for needs to be expressed and resolved. As each child is welcomed into the family, the environment and family dynamics shift. Children from each birth order position have unique tendencies in thoughts, emotions, and behaviours. Firstborn children tend to be reliable, respectful, perfectionistic, supportive, highly motivated to achieve goals and struggle to adapt to change. Middleborn children tend to become independent, people pleasers, peacemakers, struggle to fit in, pessimistic, attention seekers and have high social skills. Lastborn children tend to be adventurous, less disciplined, risk takers, caring towards others, wanting to prove their place in the world and are taken less seriously. Similar to firstborns, only children tend to become independent, perfectionistic, ambitious, highly motivated, mature, self-

centered and have high expectations of themselves and others. There are several factors that affect birth order tendencies. These include the age gap between children, the gender of the children, physical, emotional, and mental differences, a death of a child, adoption, the merging of two families and parenting style and values. These factors might influence how adaptively individuals fit into a position that is not their own. For example, upon merging two families, the first born of each family might clash for this pre-established position. Birth order is not limited to ordinal birth position. Instead, it is the position from which children evaluate themselves based on the environmental demands placed upon them. Their position in the family influences their view of themselves, the world around them, how they access resources and how they cope with unmet needs.

When an individual encounters a traumatic event, a unique set of personality traits are initiated to help cope with the aftermath of the experience. The differentiating factor between those who become overwhelmed by the distress from the experience, and those who can access their strengths to help them recover, is the process of resilience. The skills and resources that are linked to resilience can be cultivated to increase greater adaptation to adverse experiences in the future. Resilience encompasses various personality traits such as optimism, cooperativeness, extroversion, conscientiousness, openness, and perseverance. A variety of combinations of personality traits can help individuals activate effective coping strategies, access resources, and solve problems for recovery. Ironically, a common curiosity that emerges questions which birth order is better than the others. The research suggests that there is no birth order position that is superior to the rest. Rather, each position has developed strengths and weaknesses in personality traits that either help or hinder the emotional, cognitive, and behavioural responses to meet their

needs. For those who become overwhelmed by the distress from the trauma, counselling services can help clients build upon coping skills that foster resilience. Therapeutic modalities such as CBT, SFT, SBCBT and ACT have been shown to be effective approaches.

### **Recommendations for Applied Practice**

Using the literature in Chapter two, a six-session individual counselling intervention plan is recommended for building resilience using a lens of birth order. Everyone has unique personality traits that come more naturally to some than others. The workshop focuses on key personality traits that either drive or impair individuals' levels of resilience. Clients will gain awareness of their unique personality strengths to foster their resilience and learn to apply effective coping strategies that move them towards their goals of therapy. As the literature states, building resilience encompasses several factors. These include problem-solving, optimism, finding purpose, social connections, and physical health. This intervention plan is designed to cover all these factors to determine if it is a strength the client possesses. Thus, the client will have an overall understanding of all the components that foster resilience. However, the client does not need all factors to become resilient.

The theoretical framework used in this workshop is SBCBT. Instead of assessing the harmful or hindering cognitions, emotions and behaviours that are creating a lack of resilience, this strength-based approach is designed to shed insight for clients to believe that they already have the means to heal and overcome their current struggles. The objective of this intervention plan is to facilitate the exploration of the client's unique combination of personality traits to build resilience based upon their birth order strengths. Additionally, clients will develop and practice

effective coping strategies using their personality traits to overcome their struggles.

***Session One: Exploring Family of Origin (see Appendix A)***

In this initial session, the counsellor assesses the presenting problem and the client's goals to determine if the workshop is a good fit for the client. During this session, building rapport is vital for the client to feel safe in the counselling space and feel comfortable enough to be vulnerable. The counsellor provides psychoeducation about the link between birth order and resilience. The information provided to the client will be uniquely tailored to their birth order position. For example, if they are an only child, psychoeducation will be geared towards that birth order position. Questions that the counsellor can ask their clients during this session include:

- What has brought you here today?
- How hard is it for you to overcome hardship?
- What factors helped you overcome hardship in the past?
- What is your birth order position?
- Which tendencies in Appendix A do you resonate with regarding your birth order position?
- How much older or younger are your siblings (if any)?
- What was growing up like for you?
- What are you good at?
- What do you enjoy doing?

***Session Two: Problem-solving Skills***

This second session is dedicated to helping the client practice effective problem-solving skills. This skill assists clients in moving towards their goals and overcoming obstacles along the way. It develops psychological flexibility which positively affects resilience. There are several personality strengths from each birth order position that help individuals with their ability to solve problems. Firstborns and only children have leadership skills such as communication, having a clear vision and being decisive. Middleborn children tend to be open to new experiences helping them to be flexible, and lastborns are creative in discovering innovative solutions to their issues. A common trend in all birth order positions is perseverance. Although this perseverance develops due to different environmental demands, each position has this personality trait that drives success despite obstacles in the way. The client's unique personality strengths in solving problems will be encouraged and strengthened throughout this session.

Using the ADAPT model, the clients will discover solutions to their struggles (Neenan, 2018).

A: What is the positive attitude you can assume towards the problem?

D: Define the problem and set realistic goals to help overcome the problem.

A: What are alternative solutions to the problem?

P: Predict possible consequences and develop a plan

T: Test the plan and discover what works.

### ***Session Three: Shifting Pessimism to Optimism***

Cognitions play a key role in how we feel about our life circumstances. Some people expect unfavorable outcomes and bring focus to their disadvantages. This is also believed to be people who see the glass half empty, causing a reduced ability to cope with stressors and lower

levels of resilience. Identifying irrational or pessimistic thinking and adapting it into optimism can illicit more balanced thinking, creating hope for the future. Although there are circumstances that cannot be changed, the responses to the circumstances and how we interpret them can be shifted (Palmiter et al., 2020). Lastborn children tend to be most optimistic among the other birth order positions. Thus, firstborn, middleborn and only children might struggle to shift to a more positive mindset but do have a higher tendency of cooperativeness that will help with collaboration during the counselling process. It is through this shift that the client can implement healthy coping strategies in a creative manner that instills hope and joy into their life.

It is during this session that the counsellor facilitates a discussion around identifying unhelpful cognitions and shifting them to move towards the clients' goals. This empowers the client to jump into the driver's seat of their life and find opportunities in their circumstances. Using the following questions, the client will begin to identify if their cognitive, emotional, and behavioural responses are pessimistic toward their circumstances and learn how to positively respond in more optimistic ways. Regardless of if the client does or does not struggle with pessimism, psychoeducation about the benefits of optimism is provided to them.

Questions to identify if there is negativity towards the traumatic experience:

Thoughts – What do you think about the problem?

Emotions – How do you feel about the problem?

Behaviours – How do you act toward the problem?

Questions that can help the client shift their perspective towards positivity:

Thoughts - Which opportunities or life lessons have come from the experience?

Emotions - How have these opportunities or life lessons impacted you emotionally?

Behaviours - What can you do more daily that will positively impact you?

#### ***Session Four: Finding Purpose***

The fourth session is geared towards uncovering or strengthening the client's sense of purpose in the world to build perseverance. Helping clients uncover their life's purpose influences them to remain focused on their own goals in life, cultivating resilience. It will help build self-confidence knowing how to get back on track when unexpected change occurs. Firstborns, only and lastborn children tend to possess this strength. Firstborns and only children have higher levels of conscientiousness, due to their perfectionistic tendencies, helping them have a plan for their life. Lastborns tend to strive to make a difference in the world to feel like they can be taken more seriously. During this session, the counsellor will facilitate a discussion around the client's impact on those around them. Questions that the counsellor can ask their clients to illicit insight into finding or re-establishing a sense of purpose are:

- What are you passionate about?
- How would others describe you?
- What are your core values?
- If you could change one thing about the world, what would it be?

#### ***Session Five: Social Connections***

Social connectedness serves as a significant building block in fostering resilience and recovery. These connections can create an environment of mentorship, friendship, sharing experiences, connecting with like-minded people, building psychosocial skills and nervous system regulation. The session will focus on social relationships that the client can lean on to counteract the social isolation they may be experiencing. This will bring awareness to the impact

social skills have on self-esteem, mental health, and life satisfaction. The values and passions discussed in the previous session might provide insight into which communities resonate with the client. Finding a support group with members who have experienced a similar type of trauma might also be helpful for the client to feel supported and understood. The counsellor can also share social resources with the client that might help broaden their social connections in the community. It is important to note that for some birth order positions, social interactions are more challenging. For example, middleborns and lastborns may find it more comforting to lean on others for support. However, firstborns and only children may struggle to connect with people their own age. For this reason, the therapeutic alliance is emphasized. Questions that the counsellor can ask their clients to illicit insight into social connectedness are:

- How do you feel when building and maintaining social connections?
- Who are the family and friends that you can trust and support you?
- How have you reached out to these people to maintain the relationship with them?
- How do these individuals support you?
- What steps can help you better utilize your support systems?
- What hobbies or passions do you have that can connect you to your community?
- What do you think about joining a support group?

### ***Session Six: Physical Health***

As discussed in the literature, trauma can affect the body physically. Thus, focusing on developing physical health is influential in building resilience. Maintaining a healthy diet, practicing sleep hygiene, moving the body through exercise and other self-care practices are important to explore with clients struggling with the effects of trauma. This session focusses on

physical aspects in the client's life that they can build into their daily routine. The cooperative personality trait that is highest in firstborns, middleborn and only children, can serve as a strength during this session. This session aims to provide psychoeducation and facilitate a discussion about the importance of self-care. It will also help reduce maladaptive stress responses such as overeating, substance use or other unhealthy behaviours that temporarily reduce painful emotions. This session might resurface past experiences or practices that the client no longer does but was found to be helpful in the past. Questions the counsellor can ask the client are:

- How do you feel physically?
- What does your eating schedule look like?
- What does your sleep routine look like?
- What are your hobbies and are you currently taking part in them?
- How do you express your emotions? (For example, journaling, creative arts, socializing)
- Where do you find peace and how often do you go there?

### **Limitations to this Capstone**

There are two significant limitations to this capstone. The first pertains to resilience. Although research has found that building resilience does increase psychological well-being and mental health symptomatology, it cannot accurately be measured using a psychometric tool. Thus, the interventions might be building resilience but not improving symptoms of the trauma. The lack of measures available raises a concern for professionals about the validity and reliability of these interventions (Joyce et al., 2018).

Secondly, the other noteworthy limitation centers around culture. Much of the research on birth order was conducted in North America and Europe. The lack of research about the topic with a wide range of diverse cultures is needed to be able to generalize the findings from current research. Additionally, there is a lack of research available on the effects culture has on birth order. Further research is recommended to have a wholesome understanding of the effects of birth order (Marano, 2017). Cultural considerations and sensitivity are vital when counselling individuals who have experienced trauma. Studies have shown that marginalized individuals are more likely to experience trauma. Thus, individuals seeking mental health services are reflective of a wide range of cultural groups and social locations. Cultures have unique presentations of distress, views of the world and may have different expectations from counselling. For example, eye contact varies as a sign of respect in some cultures and others as disrespect. Counsellors have an ethical responsibility to gain an understanding of their clients' cultural and diverse backgrounds to mitigate misunderstanding regarding this limitation (Briere & Scott, 2015).

## **Conclusions**

This capstone discussed the connection between birth order and resilience. Research over several decades has highlighted that family members such as siblings and their relationship to their parents have a significant influence on children's coping strategies that allow for needs to be expressed and resolved. The position children are born into a family influence how they see themselves, the world around them, how they access resources and cope with unmet needs. This creates unique tendencies in thoughts, emotions and behaviours which ultimately develop into personality traits. Each birth order position has its own unique personality strengths that can serve as protective factors to move through challenging experiences which initiates the process

of resilience. Resilience encompasses various personality traits such as optimism, cooperativeness, extroversion, conscientiousness, openness, and perseverance, all of which can be found in the personality traits developed due to birth order. Not only can these personality traits help individuals return to their original functioning before the traumatic event, but also lead to post traumatic growth that allows for the individual to transcend beyond pre-trauma functioning.

For those individuals who become overwhelmed by the distress from their trauma, there are several factors that the individuals can exercise that will build skills necessary to become resilient. There are several therapeutic interventions that mental health professionals can use to ground their work with clients to foster resilience. These include CBT, SFT, SFCBT, and ACT, which help clients recover from the debilitating effects of their traumatic experience. This will help reduce current symptomology and act as a preventative action for future situations where resilience is needed.

This closing chapter discussed how counsellors can use the connection between birth order and resilience as an approach in treating those who have experienced trauma. Using SFCBT as a therapeutic framework, a six-session individual counselling intervention plan was proposed to help individuals cultivate higher levels of resilience. This intervention strategy helps clients use the strengths they already possess to learn effective coping skills such as being optimistic, finding a purpose, problem solving, building social connections, and increasing physical health. The strengths needed to build resilience vary from individual to individual. Thus, the unique combination of personality traits based on a person's birth order can help them

foster their resilience. This emphasizes the uniqueness of each client, tailoring the treatment plan specifically to the client, thus increasing positive therapeutic outcomes.

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## Appendix A

### Birth Order Position Tendencies

<b>Firstborn Children</b>	<b>Middleborn Children</b>
<ul style="list-style-type: none"> <li>• Overachiever</li> <li>• More educated than siblings</li> <li>• Trial-and-error exploration</li> <li>• Perfectionistic</li> <li>• Reliable</li> <li>• Rule follower</li> <li>• Elevated expectations on self and others</li> <li>• Low self-esteem</li> <li>• Struggle to adapt to change</li> <li>• Limits themselves to their comfort-zone</li> <li>• Pessimistic</li> <li>• Supportive</li> <li>• Respected by others</li> <li>• Highly motivated to achieve goals</li> </ul>	<ul style="list-style-type: none"> <li>• Peacemaker</li> <li>• People pleasers</li> <li>• Rebellious</li> <li>• Feeling like they do not fit in</li> <li>• High negotiation skills</li> <li>• Compromise easily</li> <li>• Low self-esteem</li> <li>• Pessimistic</li> <li>• Determine their own path in life</li> <li>• Attention seeker</li> <li>• Mischievous</li> <li>• Keep struggles to themselves</li> <li>• Independent</li> </ul>

<b>Only Children</b>	<b>Lastborn Children</b>
<ul style="list-style-type: none"> <li>• Independent</li> <li>• Articulate</li> <li>• High self-esteem</li> <li>• Highly motivated to achieve goals</li> <li>• Self-centered</li> <li>• Perfectionistic</li> <li>• Mature</li> <li>• Cautious</li> <li>• Black-and-white thinking</li> <li>• Elevated expectations of themselves and others</li> <li>• Internal struggle of rebellion</li> <li>• Ambitious</li> <li>• Low social skills</li> <li>• Impatient</li> </ul>	<ul style="list-style-type: none"> <li>• Dependent on others</li> <li>• Feelings of inferiority</li> <li>• High self-confidence</li> <li>• High social skills</li> <li>• Taken less seriously by elders</li> <li>• Want to make a difference in the world</li> <li>• Motivated by encouragement</li> <li>• Flexible to change</li> <li>• Less disciplined</li> <li>• Manipulative</li> <li>• Risk taker</li> <li>• Impatient</li> <li>• Emotions instability</li> <li>• Persistent</li> </ul>