CHAPTER - II

REVIEW OF LITERATURE

1. INTRODUCTION:

The researchers need to acquire up-to-date information of what has been thought and said in a particular area so that they can derive benefit from the work of their predecessors. Scot and Wertheimer (1992) rightly said that “Review of related literature may serve to avoid unnecessary duplication and may help to make progress towards the solution of new problems emphasizing the importance of survey of related literature”. Review of related literature is an important prerequisite for actual planning and then execution of any research work.

2. REVIEW OF RELATED LITERATURE

SIBLING AND PERSONALITY:

According to Singh (1995), the quality of relationship an adolescent has with his/her parents and siblings and the way an adolescent feels about the child training method used, play a vital role in deciding the sort of individual he will become. The ordinal position of the adolescent now becomes more important than when he was younger because his/her attitude towards the role associated with this position has a greater effect on the way he/she feels about himself. During adolescence, the oldest child
is now expected to take responsibilities and to help with the care of younger sibling. Taking responsibilities and looking after younger may make the oldest child feel important or martyred.

Dunn and Judy (1992) in their side of influence of a sibling on a growing child’s personality found that children not only gain some understanding of power and conflict from these relationships but also learn vicariously about their own worth and esteem in comparison to their siblings by observing the treatment of sibling by their parents and others.

Sex of the sibling has been found to have great influence on personality of children. Older siblings, especially those of the same sex, can serve as models for sex typing behavior. Boys with elder brothers have more masculine interests than boys with elder sisters. Among those, boys reared without a father but who had an elder brother, were found to be more masculine, less dependent and higher in academic aptitude than those with elder sisters only (Santrock, 1970; Sutton-Smith, Rosenberg and Kandy, 1968; Woheford, Santrock, Berger and Liberman, 1971). Girls with elder brother are more intellectually competent, ambitious, aggressive and tomboyish than girls with elder sisters (Sutton-Smith and Rosenberg, 1970). According to Pepler, Corter and Abromovitch (1982) and Lamb (1977) the younger sibling’s imitation of the behaviour of older siblings plays an important role in fascinating the younger child’s mastery over the inanimate environment and acts as a role model to follow. They further said that the impact of older siblings on the personality of younger siblings is very evident, whereas the presence of younger siblings has little impact on the older sibling’s personality.
Sutton-Smith and Rosenberg (1968) reported in their findings on Siblings consensus on power tactics’ that sex difference in personality due to ordinal position indicates that first-born girls tend to be more bossy at home, while second-born are more bossy at play. Such behaviour is more common among girls with sisters than those with brothers.

Several studies have demonstrated the importance of gender composition in family studies (Powell and Steelman, 1989) examined the effects of gender composition on paternal involvement in rule setting and discipline. They found that fathers assumed more active roles in families that include one or more boys. The lowest level of father involvement occurred in families with all female children. Three decades after Elder and Bowermanb’s Study.

Sampson and Hancock (1967) with adolescents and Bragger and Allen (1966) with college students. The interaction of later-born siblings with earlier-born may also affect their development. With respect to conformity, for example, both boys and girls who have older sisters may tend to imitate her sex role related conformity and thus minimize the more general tendency for second-born be less conforming.

Adjustment:

Sex of the Adolescent and adjustment:

Desai (1975) has stated the causes of maladjustment: they are the need to be independent, social needs, need to be loved, need to be recognized and need for companionship.

Hetherington and Clingempeel, 1992) Boys are found to be much more susceptible to the negative effects of parental
disharmony than are girls (Block, Block and Morrison, 1981; Hetherington et al, 1982; Rutter, 1977) as boys are more likely to be exposed to parental bickering and physical abuse than are girls, and parents quarrel more often and their quarrels are longer in the presence of boys than in the presence of girls, thus leading to more poor psychological adjustment in boys than in girls.

William, 1972, have shown clearly that the culture of a place plays an important role in prescribing behaviour for the two sexes, which greatly affects personal adjustment. In our society, boys are expected to demonstrate strength, skill daring and dominance, not to need comfort and not to cry when abused or frightened. if a boy fails, then it is taken that the boy is not performing his role adequately. On the other hand, a girls is allowed greater freedom of emotional expression than a boy and she is not expected to face up to challenges or danger, regardless of the consequences. Her biggest adjustment it to curb her aggressiveness and tendencies to dominate, which may mean stifling her intellectual or physical potential.

**Birth order and adjustment:**

Taylor and Kagan, 1973; Brody, Stoneman and Burke, 1987; Howe and Ross, 1990; Lasko, 1954; Dunn 1983 Studies have shown that first-born, particularly boys, show greater adjustment problems in their later life if they are not mentally prepared for the arrival of younger siblings, as the older child is the only child who, until not dethroned by the birth of a younger sibling, does not have to share their parental love, affection and attention with other siblings. The problem becomes more intense if
the interaction of the mother with the first child becomes increasingly less after the birth of the younger sibling.

Arora (1989) reported that mutual adjustment among siblings is affected by both sex and birth order in children. His study revealed that first-born brothers had the least favourable attitude towards later-born siblings, whereas the younger brothers showed the highest regard for their elder brothers. No such difference in the mutual relationships of younger and older sisters was observed. Age difference also contributed towards a difference in mutual adjustment among siblings; a large difference being more favourable to cordiality than a smaller difference of less than two years.

Shen (2004) Results showed no statistically significant difference in scores between only and sibling children who rated Chinese values and Rokeach terminal values. The 2 groups appeared to be significantly different in rating Rokeach instrument values, but the effect size accounted for less than 2% of the variance. The stereotype of only children as being “spoiled” was not supported by data.

Roberts (1998) In depth interviews were conducted with 20 young adult only children. The purpose of this study was to elicit their descriptions of the subjective experience of being an only child. Qualitative analysis of the interviews revealed both assets and challenges to the experience. The majority of participants were accepting of their only child status. Positive aspects of the only child birth order position included no sibling rivalry, an enjoyment of spending time alone, an appreciation of being the only recipient of parents’ emotional and financial resources, and the development of a close relationship with parents. Challenges
included not having a sibling confidant, feeling pressure to succeed, seeking undivided attention from others, and feeling a difficulty in connecting and negotiating with peers. Additionally some participants experienced what they described as an early maturity or a stronger identification with adults than child age-mates.

Welch (1998) The purpose of this study was to investigate psychotherapists’ attitudes toward the only child. This involved the construction of a valid and reliable child. Items were rated by 10 clinical psychologists for face validity.

Tao, Sha (2001) Compared the anxiety and depression of 105 only children (OCH) and 244 sibling children (SCH) at the beginning and at the end of their 1st semester of university in China. Results of the Chinese versions of the Center for Epidemiological Studies-Depression Scale, and the State subscale of the State-Trait Anxiety Inventory SCH. Specifically, female OCH reported lower levels of anxiety and depression than did female SCH at the beginning of the semester, whereas male OCH were similar to male SCH in their levels of anxiety and depression. Although female SCH reported significantly did not differ from male OCH in anxiety and depression.

**Review of Self concept:**

According to Rogers (1959) self concept governs individuals behaviors and adjustment. He found that the self concept is viewed as the way an individual perceives himself and his behaviour is strongly influenced by the way others perceive him. women in particular suffer the deleterious consequences of infertility, the inability to perform their roles as child bearers and rearers, and the
common misconception that infertility is always the shortcoming of the female is observed to take a huge toll on the women in terms of loss of self-esteem, grief and feeling of failure (Sundby, 1988).

Ronald, Meth & Gavazzi (1988) in their study on involuntary childlessness suggested that both females and males feel that their sexual relationship is negatively affected by the experience of infertility, which may have permanent deleterious effects on the marital relationship. A couple’s sexual relationship at times profoundly affected by the issues of infertility was found to be closely linked to an individual’s self-esteem which in turn damages individual’s self-concept.

Hirsch (1989) studied the impact of infertility in their marriages and self-concept and observed that infertile individuals experienced greater dissatisfaction with themselves and their marriages. Females experienced greater discontent over time, and had greater emotional investment than males.

Grimming et al. (1992) studied the hypothesis that involuntary childlessness is associated with impairment of self-image and body image. 59 males and female West German adults (mean age 31 years), 30 involuntary childless couples, 12 couples with children (mean age 33 years) and 12 voluntary childless couple (mean age 29 years) were evaluated. Subjects were analyzed on intergroup and gender differences and the discrepancies between their real self and ideal self, their perceptions of various parent and non-parent roles and their body image evaluated. The voluntary childless couple rated their stress in relation to various aspects of childlessness. Significant difference with respect to self-concept and their perception of
parent and non parent roles was found between males and females.

Nachtigall, Becker & Wonzy (1992) conducted a qualitative study of 36 couples in infertility treatment examining the effects of gender–specific diagnosis on men & women’s response to infertility. Both men and women were interviewed together as men’s participation was typically contingent on being interviewed with their wives being present. Interviews were typically two hours or more and were conducted using semi-structured interview guides. The interviews were coded by variables such as age, gender, infertility factor, and length of infertility. Traditional qualitative methods were employed for the study analysis. Study results indicated that no differences were found among women in their emotional responses to infertility regardless of whether or not a female infertility factor was present. Women in such instances reported feeling stigma, loss, role failure, and loss of self-esteem regardless of diagnosis. However, for men, feeling of stigma, perception of loss, role failure and loss of self-esteem were only reported when the man was diagnosed with male factor infertility. When it was a combined diagnosis or female factor infertility, men were highly unlikely to report stigma, perception of loss, role failure or loss of self-esteem. The authors concluded that, men’s response to infertility will closely approximate that of women if the infertility has been attributed to a male factor but will be significantly less if a male factor is not found.

Downey and McKinney (1992) reported that the majority of women participating in a study of infertility reported negative changes in their psychological functioning. Seventy five percent of
women reported noticeable changes in mood, almost half reported changes in sexual functioning, and over one-third reported decreased levels of self-esteem. The study hypothesized that, over time, a proportion of women who do not conceive will experience psychiatric symptoms and/or depression directly related to their infertility.

Women who are distressed by their childlessness often take on an identity of themselves as barren or infertile, pushing aside other important identities such as friend, spouse or partner, or family member. The result is social separation and disconnection from others as these identities become unimportant while the identity as infertile becomes central (Herman, 1993).

Bergart (1997) looked at the six months prior, had not adopted and did not plan to. This study focused on subject’s retrospective experiences of their infertility treatment from entering the role of patient to deciding to end treatment. Nine of the women were still trying to conceive; most said their marriage and other relationships had been stressed by infertility. Women out of treatment under a year of experienced intense and painful affect, felt angry about childlessness and impersonal care during treatment, and were afraid of an unknown future and old age without children. Respondents out of treatment over a year and half described affect as more manageable. They were attempting to redefine their identities, and focusing on marriage, friendships and activities. They felt happy, no longer thought about infertility every day, pursued interests with pleasure interests with pleasure, and enjoyed spending time with friends and their children. Two women out of the sample of ten described having more difficulty.
They still, experienced painful affect, spoke more about hoping for pregnancy than women out of treatment under a year, and continued to avoid pregnant women and children.

The essence of masculinity, as taught by society, is a man’s ability to demonstrate strength, virility, and potency. However, the infertile man fails to demonstrate these characteristics. As a result, male clients typically report feeling the loss of their identity as a man, a husband, and as potential father, both by society and by themselves. In essence, they are faced with a potential loss of their manhood (Deveraux & Hammerman, 1998). Thus, infertility also attacks the core of the male identity, but in a slightly different way than it does for females.

Lethery (1999) explored the social, emotional and medical experiences of infertility and voluntary childlessness (predominantly women’s). The study was concerned particularly with the status of and experience of non-motherhood and of motherhood. The result revealed that non-mothers often felt stigmatized and perceived that others view them as less than whole, though they often do not feel this way themselves.

In a study on childlessness in Andhra-Pradesh in terms of treatment seeking and consequences, Sayeed (1999) observed that the infertile childless women are often excluded from societal event and ceremonies and are perceived as inauspicious.

Jordan and Revenson (1999) stated that despite the wide ranging roles available to women in North America, motherhood is still emphasized as the primary social role for females.
According to Waldner (2000) a women’s identity is closely tied to her ability to reproduce. Infertility, therefore, interferes with positive definition of self, creating a more negative view of her body. Because women quite fertility with nurturing, infertility interferes with her ability to express her culturally defined primary role and women without children have to deal with the meaning of childlessness.

In American society, being a parent is often a fundamental part of identity. Most women grew up assuming that they will be mothers, and, for many, the urge to have a child is a powerful and complex force. Social construct addresses the impact of culture and society on our choices; pronatalist ideology is a social construct that embodies the belief that a person’s social value is linked to procreation (Ulrich & Weather all, 2000).

Riessman (2000) studied stigma and everyday resistance practices among childless women in South India and found that childlessness often creates serious problems for childless couples especially for the childless females who are generally blamed for infertility. The stigma of childlessness is so great that infertile childless women are socially isolated and neglected and are often excluded from societal events and ceremonies and perceived as inauspicious.

The woman grieving the loss of her fertility often becomes careful regarding the face she presents in her social interactions. If she reveals her sorrow, she risks feelings in acknowledged and shamed if her grief is passed over; if she shows her displeasure with another’s response, she risks committing a social faux pas in
not preserving another’s face. Most significantly, interactions that were previously easy and uncomplicated risk becoming complex and problematic. As a result, relationships may be interrupted, resulting in further limiting self-disclosure. Yet, self-disclosure is critical to integrating the loss into one’s identity and assisting with the sense making process (Hastings, 2000).

The study by Exley et. Al. (2001) examined the life course disruption caused by infertile or involuntary childlessness and terminal cancer, and explored how these individuals manage their sense of self and their self in relation to others and the emotion work which these individuals engage in. The results revealed that participants respond to life course disruption both in relation to the self and others and are actively involved in the complex processes of managing and reconstructing their identities.

Daniluk (2001), in her qualitative study, conducted multiple interviews with 37 Canadian infertile couples 2 months-3 years after treatment ceased. It was found in the later interviews that when hope of a solution is extinguished, the process of integrating the reality of their infertility and biological childlessness into their identity was slow and painstaking, involving the willingness to reject the socially constructed link between fertility and self-worth. This seemed to be the most difficult for those who were unable to see the value of their own self and life apart from their ability to produce a child. Participants expressed a strong desire to “Put this part of their lives behind them”, although they were often at a loss as to how to achieve closure and move forward. This was especially difficulty for those unable to accept either adoption or a life without children. Sexual spontaneity, pleasure, and intimacy
remained on issue for many couples. Subthemes that characterized the last interview included feelings of being a survivor rather than a victim; integration of their infertility into their self-structures. And a sense of normalcy and restored equilibrium in their relationships.

Bhardwaj (2002) stated that a prevalent tendency of society is to blame the women for failed conception. Consequently, the accepted norm is that infertility in a couple stigmatizes the wife as barren and the husband as sterile. In this manner the implication of sterility presents men with an opportunity to abandoned barren wives and de-stigmatizes them by opting out of childless marriages. For an infertile man. This amounts to a public accommodation of male pride. Such assertions of virility and public denial of infertility are made easier by an entrenched patriarchal order that permits men to blame their wives, hence rendering a woman socially barren and condemning her to carry the burden of male infertility.

Participant in a study conducted in Cape Town indicated that they had to deal with being called *Idlolo*. Meaning barren and Stjoekoe (failure). Traditional customs, such as wearing a scarf until you have a child also contributes to put more pressure on women who suffer from infertility. Women expressed the view that they felt especially stigmatized and ridiculed in their families and in their communities. Participants described how they were sworn at, shouted at, cursed and victimized, seeing themselves as outcast, especially within their husband’s families (Dyer et al, 2002).
Corr (2002) elaborated on the scope of disenfranchised grief, arguing that grief reactions and expressions of them can be disenfranchised when even the feelings, thoughts, and behaviors related to bereavement are deemed inappropriate. For the infertile, the desire to avoid those who pregnant, young children and the attendant activities (baby shower, first birthday parties, etc) are often not understood and invalidated. Lost, as well, is the infertile woman’s imagined identity as a mother. This concept of disenfranchised grief comes from relational-cultural perspective, in that it considers interactions with others as well as societal and cultural expectations on expressions of bereavement, as well as the impact on our identity because of these interactions and expectations.

Barbant (2002) emphasized that each individual is socialized by his or her culture in how to think about, feel, and process loss. Yet there are no clear norms for grieving the loss of a dream. For the infertile, cultural and societal expectations that result in silencing are often plainly conveyed. Common reactions to a woman who discloses her infertility include offers of advice (“relax”, “adopt”, “use a donor”) and suggesting that if the woman really wants to bear children, she will eventually get pregnant.

Larissa (2002) found that the stigma of childlessness is most devastating for the less educated women without career or other non familial aspiration. The stigma as a psychological response is graded by the extent of individual’s conformity with the dominant norms. In their study on women’s experiences with involuntary childlessness, Dyer, Hoffman & Vander (2002) reported that infertility can have a serious effect on both the
psychological well-being and the social status of women in the developing world. A large number of women experienced social consequences including marital instability, stigmatization and abuse. All women verbalized intense emotions about their involuntary childlessness.

McQuaillan et al. (2003) found that the strong long term effect of motherhood denied, support an argument, that frustrated attempts to achieve motherhood, threatens a central life identity. The infertile face the stressful task of unclasping “mother” from female identity. When circumstances external to an individual’s control prevents them from achieving a desired identity, they face a challenge to their identity that expected to cause stress.

Juries (2005) in an exploratory study found that the infertility related childlessness had a negative impact on the lives of women. The main area in which this negativity was felt included the emotional domain, leading to self-blame and eventually feelings of not being feminine.

In our pronatalist society, “Biological parenthood and family life are considered normal, desirable and necessary for a successful transition to adulthood” (Parry, 2005).

A study conducted by Pottinger et al. (2006) reiterated that the women’s fears about not having a child were center primarily on them not feeling complete as a woman and not having a child to look after them in their old age. Women described a fear being called barren or not having fulfilled their purpose as a women, not giving husband a child and will have no one to take care of them. For men, their fears revolved around them having an incomplete
family as well as concern for their partner’s mental health. It was found that women coping with childlessness are at risk for self-depreciation and isolation, as a result, they are likely to experience more heightened distress than men.

Johnson (2006) in his study on frail childless adults found that frail old people without children have less social support and a less robust network for independent living compared to old people with children.

Infertile Iranian women were studied to investigate women’s health related quality of life and cognitions regarding parenthood, a stronger inverse correlation were found between irrational parenthood cognitions and quality of life (Aligeh & Laya, 2007).

Burns (2007) studied psychiatric aspects of infertility and found the typical reactions of not being able to conceive include shock, grief, depression, anger, and frustration, as well as loss of self-esteem, self-confidence and a sense of control over one’s destiny, couple’s dealing with infertility may avoid social interaction with friends who are pregnant and families who have children. They may struggle with anxiety –related sexual dysfunction and other marital conflicts.

Wirtberg et.al. (2007) explored the long term experience among involuntary childless Swedish women 20 years after giving up hope for biological child. Part of the inclusion criteria was self defining as “Involuntarily childless”. This study focused on the 14 who never entered parenthood. Findings included that infertility
was still a major life theme, social isolation persisted, and at the time of the study the effects of childlessness were increasing as the women’s peer group entered the “Grandparent Phase”. Half of the women had separated from their spouses, with whom they were with at the time of infertility treatment, and nearly all related the separation to the infertility; in every case, the men had left the women. Yet 11 of the 14 claimed that they had made the adaption to acceptance of the state of “Non-Parenthood”. For the remaining three, life story remained dominated by their infertility and involuntary childlessness.

The self needs self objects, which provides psychological nourishments by fulfilling various psychological needs that aid in integrating the self. He spoke of the self as having three parts that have their own distinct needs; the grandiose self needs a mirroring self object to idealize and emulate; and, finally, a self that seeks twin ship to avoid feeling alone in the world (Berzoff, Flanagan, & Hertz, 2008).

The source of support for couples facing infertility can also be the very source of strain. For example, not having children can impact sibling and peer relationships as similar development stages and milestones are no longer shared; there may be an imbalance in parental and /or community attention to families with children; family and community members may not know how to respond to infertility; and infertile couples may avoid child-centered family activities (Ridenour, Yorgason & Peterson, 2009).

For an adult woman experiencing infertility whose core self-structure is essential built and who depends on self objects for reinforcement and growth, this disruption can be highly distressing. The sudden lack of mirroring and twin ship in the world may evoke
feelings of deficiency or deviance, especially if there are unresolved developmental issues. Some women will find this exceptionally distressing, particularly if they have not yet integrated a sense of themselves as spouse, daughters or mothers (Rankin, 2009).

Slepickova (2010) in a study related to involuntary childlessness stated that the consequences of the infertility which is involuntary childlessness, affects both partners, regardless of who was diagnosed as the cause of infertility. For males infertility or involuntary childlessness is most often stigmatizing the sexual ability of the man and is associated with potency as basic characteristics of manhood. For women it deals with psychological factors, an overt longing for a child and the awareness of being denied the role of a mother.

Sudha et. al (2011) evaluated the emotional distress in infertile childless couples. The findings of the study revealed that the infertile childless couples have poor wellbeing, high negative feelings, low self-esteem, and poor social support, less freedom and less number of opportunities as compared to normal couples. Infertility was reported not only as a mere medical problem of the affected couples alone but as found to be highly influences one, by the social and psychological conditions. It has a profound impact on couples ‘lives and their psyche’. Emotionally they tend to develop sense of stress, anger, guilt and many other factors. The results further revealed that the childless couples were susceptible to physical and psychological successors due to their infertility.

Hasim et. al (2012) concluded that wives demonstrated more emotional reactions and stressful disturbance than husbands after failed ART trails. The main emotional reactions in the present
study were anxiety, depression, anger, feeling divested, powerlessness, sense of failure and frustration among the men. The current study illustrated that overall, women in the study reported significantly higher amounts of personal, marital and social distress as compared to men. All the women reactions were anxious, sad, anger, powerless, sense of failure, frustration and depression or worried about their infertility diagnosis. Also the study confirmed gender differences in the emotional reactions to infertility stating that women were more distressed by infertility whether they or their spouse caused the reproductive impairment this could be a result of social pressure from their relatives, in – laws, friends and even colleagues at work.

Allport (1961), states that self concept includes one’s own perception, the consequent pattern of behaviour as well as his evaluation by others.

Crosby, Richiard (1982), in a study of self-concept development stated that a healthy self-concept is based on positive self perception and perception of positive recognition from others.

Mead (1974), describes in the study of child’s sense of identify evolves from the child’s feeling of think to the whole humanity and in particular, to the family and school.

Murthy and Botkwar (1975), reported in a study of self acceptance and adjustment found self ideal discrepancy was significantly more in maladjusted subjects than the normally adjusted one’s.

Shah and Shinha (1971), found there is a strong relationship between security and self acceptance, tend to retain religion and their old family traditions and values. Such individuals are tolerant
and accommodating.

Hari Gopal (1979), points out that the extreme self ideal disparity groups differed significantly on emotional stability, super ego strength, uryic tension and anxiety.

Apparently, most people enjoy moderately high global self esteem. They are generally pleased with themselves and make inferences about themselves that are slightly more positive than might be expected Baumeister, Tick & Hutton (1989). Nevertheless, all of us some of the time, and a sizable minority more of the time suffer from low self esteem. In these instances people are haunted by anxiety and self doubt and report lower levels of happiness.

Roberts (1998), describes that Americans spend millions of dollars every years in the hope of improving themselves, buying and trying self-help manuals and cassettes and attending workshops. Often the changes promised in these self help endeavors outstrip the actual help received. A comparative study of self improvement techniques found that even though some unconventional methods such as sleep learning produce demonstrable change, others such as psycho kinesis (mind over matter) exist only in the minds of the believers.

Bishop, Sue M & Ingersoll’s, Gray M. (1989), state that effects of marital conflict and family structure on the self concept of pre and early adolescents.

Nunn, Gerald D and Parish, Thomas S. (1987), describes investigation of the relationship between children’s self concepts and evaluation of parents figures, do they vary as a function of family structure?

352 males and 280 females in grades 5-10 completed the
personal attributes inventory for children with the target as the S, the father, mother or stepparent. Significant relationships were obtained between Ss self concept ratings and their evaluations of their natural father and mother for both intact and divorced families. This relationship was not significant, however, for families in which a parent had died. Ss’ self ratings were not significantly correlated with their evaluations of stepparents. Findings are discussed in relation to the possible effects related to the consistently of parental models and factors that may enhance either autonomy or dependency.

Hall (1963) described adolescence as a period both of upheaval, suffering, passion and rebellion against adult authority and of physical, intellectual and social change.

Cox & Cox, (1979) also have stated that warm, loving parents tend to create a secure and thus learn environment in which they can be more readily socialized and thus learn more appropriate behaviour.

Brown (1980) found that children from single parent families were more likely to experience, ;a) discipline problems, b) suspensions, c) student mobility) truancy, e) expulsions, and f) dropping out than the children from intact family.

Nunn and Parish’s (1982), (Brewer & Rahaliker, 1979) Study indicated that the fifth through tenth grade respondents fared best overall in terms of their personal, social and familial adjustment if they were from intact families rather than from families where the fathers had died. The manifestation of behaviour problems include symptoms such as over-activity, inattentiveness, shyness, feeling of reflection, over-aggressiveness, timidity and delinquency.

Robert (1998) found that adolescents living in single family
are more prone to behaviour problems like school dropout, running away from home and engaging in premarital sexual activities and family structure remained a salient factor in the prediction of these problems. The impact of parental death on the process of separation - individuation in adolescence was examined by Elder and Sandra (1995) showed that adolescents from the father - deceased group who were more attached to mothers showed less autonomy according to their scores on the emotional autonomy scale. Single parent children were found to have significantly more problem areas of discipline/self-control than those from intact families.

(Grinder 1978). Further comparison on attitude towards life revealed that single parent adolescents have pessimistic attitude compared with those of intact family. This could be due to bitter personal experiences and difficulties in terms of finance and deprived emotional support from others lead to think in negative way about their future life.

High conflict between parents is associated with negative feelings and behaviour directed towards their children and, in turn, with disruption in social and cognitive competence and increased antisocial behaviour in children (Emery, 1982: Hetherington, Cox and Cox, 1982; Hetherington and Clingempeel, 1992). Boys are found to be much more susceptible to the negative effects of parental disharmony than are girls (Block, Block and Morrison, 1974; Hetherington et al, 1982; Rutter, 1977) as boys are more likely to be exposed to parental bickering and physical abuse than are girls, and parents quarrel more often and their quarrels are longer in the presence of boys than in the presence of girls, thus leading to more poor psychological adjustment in boys than in
Kagan and Moss (1962) found greater consistency in aggressiveness from early childhood to adulthood in boys than in girls and proposed that differential acceptance and social reinforcement of aggression in boys relative to girls might account for this difference in consistency.

Sears et al (1957) found that mothers permitted more peer-directed and mothers-directed aggression in boys than in girls. Trends in the data of several studies that used either parent questionnaires or children’s reports suggest that, although mothers are generally seen as showing more affection the opposite sex parent is seen as more benevolent, less strict and more autonomy-granting than the same sex parent (Kagan, 1956; Kagan and Lemkin, 1960).

Forehand, McCombes & Wierson (1990) have shown that the problems anxious children have are due to discord in the parent-child relationship. Parental antisocial behaviour, depression and a consequent lack of responsiveness to children produce poor functioning in them.

Self-acceptance is necessary if the personality of the child is to be healthy and resilient (Horlock, 1964). It is strongly believed that acceptance of self would be higher in children from intact homes. Self acceptance leads to acceptance of other people.

Guidubaldi, Perry and Nastasi (1987) found that children’s acceptance of the self and others was determined by the socio-emotional adjustment of the divorced family, homes routines, family relations, custodial parenting satisfaction, income and other socioeconomic status symbols, with adjustment being better when the community was supporting.
Differences in levels of submissiveness were observed. Girls tend to respond to stressful events like divorce by withdrawal, shyness and excessive good behaviour (Emery, 1982). This makes them appear more submissive than their brothers, who have a tendency to be aggressive, disruptive and disobedient. The predominance of girls in the divorced sample may have influenced the result. Fitzgerald (1986) hold that witnessing the suffering of the single parent makes children uncommunicative, timid and excessively submissive.

Spigelman, Spigelman and Inglesson (1991) and Hodges, Buchsbaum and Tierney (1983) hold that hostility and aggression are found in higher levels in children from divorced homes. This is so especially in boys. Behaviour disruptions are thought to be fewer when children are put in paternal custody, as discipline is more rigorously enforced (Hanson, 1985).

The evidence is contrary to those obtained in research done by Emery (1982), who reported consistent gender differences in children's behaviour both operate to affect scores in the intact homes group only. Forehand, Thomas, Wierson, Brody and Fauber (1990) suggest that boys and girls do not differ in stress resistance, and thus do not show gender difference in reactions to divorce.

Adam Anti (2002) revealed that with the separation from parent, adolescents showed higher levels of adjustment problems on an index measuring cognitive, emotional and behavioural functioning. Allen (2002) observed more feeling of abandonment, helplessness, powerlessness, anger, guilt and conflicts among children of divorced parents. Sons tended to report closer relationships with their father than do daughters (King, 2002).
Mueller (2003) reported that boys showed several emotions in response to parental divorce, including loneliness, sadness, fear, shame or embarrassment and anger. Jain and Rathore (2006) reported that children of single parent families significantly feel more unsecured in comparison to children of intact families. Hawkins et al. (2006) found the stronger influence of parent’s gender on their adolescents. Lye et al. (1995) also found that girls exhibited more problems when living with father.

Singh (1977) reports that only with suitable atmosphere in home and in school can an adolescent arrive at mature adult status or prove himself useful for society at large.

The home adjustment is poorer because the subjects from broken homes consistently undergo a severe tension in the home and when the feeling become intense and persist over a considerable period of time it has a serious disturbing influence on the adjustment of the subject (Wallerstein, 1985).

The research finding indicates that the divorced are less well adjusted than the married or the widowed. They are more likely to have symptoms of physical and psychological disturbance (Berkman, 1969; Berkin & Hardt, 1958; Blumenthal, 1967; Briscoe, Smith, Robins, Marten, & Gaskin, 1973 1974; Gove; 1972a; 1972b; 1973; Gurin et al., 1960;

Kalter and Plunkett (1984) and Willie (1985). Observed that emotional adjustment is adversely affected to the maximum when compared to other areas of adjustment. These authors give emphasis on children’s feelings of guilt and responsibility for the divorce and loyalty conflicts. On interviewing some of the subjects from broken homes, the investigator in the present study found that they were apprehensive about their own marriage and
had hostile feelings toward their father as he was perceived to be mainly responsible for breaking up the family. The informants were all worried about the parent they were living with, though none of them wanted their mothers to remarry.

Freeman (1985) Proposed that teachers are in a position to actively assist children of divorce in adjusting to their new family situation. For many, the teacher assumes the role of supportive adult or that of a surrogate parents.

Investigators have always found it useful to review the past studies made in the field of their proposed study. This helps in clarification and proves stimulating, and thus this chapter proceeds to give a review of relevant studies, in light of which it would be more fruitful, instructive as well as interesting to follow the finding of the present investigation.

The dynamic effects of being the only child, the first born, the second- born, and so on, of having brother, sister or various combinations of brothers and sisters a have been studied and discussed for several decades. Several studies have been made on birth – order, sibling-rivalry and specially first- born child. The parent is cognizant of the fact that his own actions, anxieties, abilities and perhaps aspirations change as a function of the sex of his child and the order of its birth. The first born child is generally given a good deal of attention. Too often, it is quite suddenly and sharply noted that he finds himself on-stead from his position. Another child is born and he is no longer unique. Now he most shares the attention of his mother and father. In Adler’s words, “the greatest portion of problem children are oldest children, and close behind them come the youngest children”.

Parental over-protectiveness of the older child is likely to
make him more conservative and less dominant and aggressive than the younger siblings. He usually lacks self-confidence and leadership qualities, and he is easily influenced by suggestion and is very gullible. He is more dependent, more worried and excitable, has his feelings hurt more easily, and is less demonstratively affectionate than later born siblings. Because of parental idealism, the older child often suffers from feelings of failure. This makes him worried and anxious to escape blame and leads to feelings of insecurity. It is said that strong willed parents have weak-willed children.

As Ashley Montague has pointed out, “The first-born does seem to take rather a beating. For a year more he is emperor of the universe. Everything exists to cater to his needs……. Then more or less abruptly the unique existence is terminated, or at least considerably changed, by the eruption into it of a brother or a sister…….Really, can one wonder that the first-born is often what parents frankly call ‘a mess’!.

Sooner or later the oldest child comes to assume a position of leadership. He is bigger and stronger than the younger children, he is permitted special privileges compatible with his age, he is the first to go to kindergarten, and later to school.

According to Strauss, the first-born looks upon society as composed of people who are smaller and less important than he. He wants to teach and dominate others, as he did at home with his younger siblings. Strauss attributes a general attitude of pessimism to his early displacement in the family orbit and awareness of the possibility of being displaced again. The first-born is serious-minded and mature before his time, humorless also. He never feels safe and is ever fearful that the will be
displaced again.

Mothers commonly prefer a first-born son and often allow him to dominate them. Since the father generally represents the real power in the home, the child transfers his hostility and antagonism toward the father, to the society as a whole. In marriage the first-born seeks a partner whom he can dominate.

In many homes, the first child usually is reared “according to the book” and probably becomes more anxious; therefore, with the second child the parents grow more relaxed and indulgent.

That the ordinal position is related significantly to behavior patterns in later life has been demonstrated by Stanley Schachter in an usually interesting series of laboratory and field studies. For example, he observes:

1. First – born subjects, when placed in a stress situation in a laboratory, became more anxious than later-born subjects.
2. When made anxious, first-born were more likely to prefer the company of others than were later-born subjects.
3. First-born had a lower tolerance for physical pain than later-born subjects.
4. First-born, when emotionally disturbed, were more likely to be receptive to psychotherapy than were later-born.

Schachter’s findings clearly underscore the psychological difference being a first-born child and being a later-born child.

The importance for personality development of an individual’s ordinal position was first seriously considered by Adler (1927), who gave many good clinical descriptions of first and later-born individuals. Only in the last decade, however, beginning with Koch’s systematic observations of children’s sibling relationship,
there has developed a consistent research interest in this area. Schacter published the first serious experimental studies of ordinal position in 1959, and Sampson has recently (1964) contributed an exhaustive review which should do much to stimulate further research in this area. Especially fascinating in its subject matter is Harris’ recent study (1964) of the biographies of first and later-born sons who became pre-eminent in the history of western civilization.

In an area of research too often characterized by ambiguous or seemingly contradictory findings, McArthur’s excellent study of the personalities of first and second children stands out for the clarity and consistency of its findings and provides a key-stone for the present study. McArthur was able to draw upon the rich resources of the study of adult development – longitudinal, multi-disciplinary study of 250 Harvard College sophomores. Follow-up studies included the participants wives and children and observations by their own parents.

McArthur summarizes his findings as follows: “the data show that the first child in a family is more commonly adult-oriented, while the second child is more likely to be peer-oriented. Various aspects of these roles show striking consistency in first-born children. The same general pattern has been observed in two generations by the parents of each generation, and for one generation it has been noted by professional observers and by the subjects themselves. Of the various traits that arise from first-born and second born orientation, sensitive seriousness in the first and easy-going, friendliness in the second seem best documented.

Though McArthur found some evidence of differential
handling of first and second children, the above differences did not appear to be attributable to differences in specific child rearing practices. Neither did the data support on explanation of first-child personality as a reaction to the birth of a sibling rival, for the first children with siblings were found to be very much like the only children. McArthur suggests, therefore, that the observed differences between first and second-born children may be attributable to the “sheer social fact of the presence or absence of an older sibling”. In this view, the first-born turns toward his parents, while the second-born has the opportunity to learn from a model much of his own age rather than having to learn everything from adults.

Sears, Maccoby and Levin report less parental delight with later pregnancies and a shorter duration of breasts-feeding for later-born infants. Stout found parents more directive and less permissive with first-born children.

Miller and Dollard distinguish between a “matched dependent” from of social learning by imitation, in which the person imitated supplies no cues, and “copying”, in which the person serving as a model has a strong interest in the accuracy of the copy being forged, supplying constant cues and evaluation and using reward and punishment to facilitate accurate reproduction. Of interest in the present context is their finding that the oldest children in the family are more frequently copyists and the younger siblings more often imitators.

Pertinent here is Harris contention that the first son is most often selected to perpetuate the father’s skill and knowledge ability and that parents expect greater maturity of first-born than later-born children. In similar vein, Martin asserts that the first-born is
most often the victim of excessive parental demands, expectations and ambitions. Cobb and French suggest that this tendency may be accentuated when the father has failed to achieve his own occupational aspirations. Over-estimation of the ability of the first-born may be attributable in some part to the parent’s lack of point of comparison on which to base expectations. Rosen notes that first-born sons are often accorded a special preferred status by the culture at large (as exemplified in some cultures by the right of primogeniture). Thus, in Puerto Rico, the first-born male is known as the “preferred one” and acquires some of the privileges and authority of the father.

Another very promising method of studying sibling position while controlling other variables is that employed by Lasko. She was interested in comparing first and second children in the same family. To understand the differences in personality between first and second children, it is important to know whether they are treated differently by their parents. Dean had already done a study that compared personality taints of siblings, using the mother’s report of the differences between them as peers measure. Lasko, however, had behavioural ratings of parent behaviour (of Fels Parent Behaviour Rationg Scales). Furthermore, these data were part of a longitudinal study, home observations being made at interval of six months. With such data, Lasko was able to compare the mother’s behaviour toward her first and second child when the two siblings were of the same age and also to compare the consistency of the mother’s behaviour toward each child over the years. She found, for example, that parent behaviour toward the first child is, on the average, less warm and more restrictive and coercive. She further
found that first children are treated less consistently by their parents over the years. They start out from a more favourable position than the second child ever experienced, but by the time they are three or four, they are treated less warmly than the second child is treated at a similar age. This study represents a real attempt to understand the environmental factors through which ordinal position is linked to child personality and behaviour. It is interesting to note that Sears, Maccoby and Levin reported no differences in maternal warmth expressed toward first and second children. Their study involves inter-family comparisons based on maternal interview data. Lasko’s use of interfamily comparisons, in combination with the use of longitudinal behaviour observations, makes the Lasko study much more sensitive and capable of discerning differences.

As has been pointed out, the oldest child may develop a dependence upon his parents which makes it difficult for him to adjust to children and others outside the home. The arrival of a new baby means his over-throw as the principal recipient of affection, and thus may result in the emotional pain of feeling of being unloved and isolated. Another circumstance which the oldest child may encounter is that of being expected to bear an excessive amount of responsibility merely because he is the oldest.

No significant differences have been found in the mean I.Q. of first- born and later born children, except for a tendency for the I.Q. to be lower in the later children of larger families. Terman found that almost three-fifth of gifted children were first-born and that many of them were only children, which is in accord with the fact that parents of high mental status limit the size of family. The
intelligence of children who come from families of two children is higher than that of only children. In families with more than two children an inverse relationship exists between I.Q. and size of family.

Older children are frequently over-taxed with demands and responsibilities. Because they are the oldest in the family, these children are frequently expected to perform tasks that are beyond their capacities. In many instances they are required to be substitute parents for younger siblings. An appreciable number of children are unable to meet these demands and as a result develop feelings of inadequacy or inferiority.

It is apparent that the outcome of being an oldest child is largely contingent upon the kind of treatment received at the hands of parents of their equivalent. Some parents come to understand the difficulties involved and avert the appearance of undesirable behaviour by providing conditions essential to the development of self-reliance, a sense of personal worth, and adequate social skills. If such conditions are not established, the oldest child may become a dependent, insecure or inadequate person.

In 1973, Murphy, Murphy and Newcomb summarized over forty studies dealing with a more extensive array of variables, yet still concentrating heavily on the factors of intelligence and adjustment. After examining these studies, most of which indicated rather conflicting findings, the authors stated that the results were inconclusive or even contradictory because “the objective fact of ordinal position without regard to its meaning to the child, to the siblings, and to the parents, is sure to yield meager psychological results”. They continued suggesting that “his (the child's) psychological position in the family is of utmost
importance for the development of social behaviour, but ‘psychological position’ is by no means completely dependent on birth order.”

A newer, more systematic search for ordinal position effects began with the series of publications by Koch. The social influence of various classifications of siblings on the child’s behaviour tendencies have been intensively studied by Koch as given by Thompson. The following are merely examples of her many findings and tentative generalizations.

‘Girls with an older brother tend to take on some of his masculine characteristics (be more of a “tomboy”), and to be more adult-oriented’. Koch has interpreted the latter as strong competition for the attention and concern of her parents. ‘Boys with an older sister also tend to take on more of the feminine characteristics of their sister (a greater among of sassiness).’ These effects seem to be greatest when the age interval between the siblings is at a minimum. Boys with much older girl siblings tend to be more socially dependent and less assertive, perhaps because the older female sibling often serves as a frequently present mother surrogate, reinforcing him positively for submissiveness and dependency. The presence of an opposite sex sibling appears to be more stimulating and anxiety-provoking than a same-sex sibling.

Variations in child behaviour and parental treatment, strikingly similar to the differences cited above between the sexes, have been reported by Schachter, who found that, ‘like girls, first-born children receive more attention, are more likely to be exposed to psychological discipline and to end up more anxious and dependent, whereas later-born children, like boys, are more
aggressive and self-confident.’

Neisser is quoted to say that “Being first-born in the family is so strong a force in shaping personality that the position affects the course of an individual’s life for better or for worse”. One study found that ‘first-born children show a greater tendency that later-born to confirm or comply with the judgments expressed unanimously by members of a group’. (Becker and Carrol in the same book).

Aldous (1967) and Tuckman (1959) reported that, among the favourable characteristics of the only child syndrome is maturity of behavior, especially control over the emotions, this is due to constant contact with adults and limitation of adult behavior patterns. Since only children are spared the rivalries, name calling and conflicts so characteristics of families with several children; they do not develop jealousies and envies, nor are they made to feel inadequate by constant comparison with siblings.

Reddy (1967-1988) has shown the relationship between adolescents adjustment to various sizes and structures of the family. Boys coming from large families were found more maladjusted than boys coming from small families. The students of small families were found to most free from adjustment problems. The joint families and a single family coming down as a tradition from generation to generation subjects exhibited higher degree of maladjustment.

According to Rogers(1959), self-concept governs individuals behavior and adjustment he found that the self-concept is viewed as the way an individual perceives himself and his behavior is strongly influenced by the way other perceive him.
Allport (1961), states that self-concept includes one’s own perception, the consequent pattern of behavior as well as his evaluation by others.

Crospy, Richiard (1982), in a study of self-concept development stated that a healthy self-concept is based on positive self perception and perception of positive recognition others.

Mead (1974), described in the study of child’s sense of identify evolves from the child’s feeling of think to the whole humanity and in particular, to the family and school.

Murthy and Botkwar (1975), reported in a study of self acceptance and adjustment found self ideal discrepancy was significantly more in male- adjustment subject than the normally adjusted one’s.

Shah and Sinha (1971) found there is a strong relationship between security and self acceptance, tend to retain religion and their old family traditions and values. Such individuals are tolerant and accommodating. Murthy and Botkwar (1975), reported in a study of self acceptance and adjustment found self ideal discrepancy was significantly more in mal- adjusted subjects than the normally adjusted one’s.

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Hari Gopal (1979), points out that the extreme self ideal disparity groups differed significantly on emotional stability, super ego strength, urtic tension and anxiety.

Coppersmith (1967) found several lines of evidence

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pointing to the importance of self esteem. It was found that people who had sought psycho logical help often suffered from feeling of inadequacy and unworthiness.

These persons could neither give nor receive love for fear of revealing the inadequacies, which might have caused them to be rejected.

According to Coopersmith (1967) children reared under such crippling circumstances are unlikely to be realistic and effective in their everyday functioning and are more likely to manifest deviant behaviour patterns. Apparently, most people enjoy moderately high global self esteem. 'They are generally pleased with themselves and make inferences about themselves that are slightly more positive than might be expected.

'Baumeister, Tich & Hutton (1989) Nevertheless, all of us some of the time and a sizable minority most of the time suffer from low self esteem. In these instances people are haunted by anxiety and self doubt and report lower levels of happiness.

Sideo and Baum (1989) states that the self verification is important to us, in that it gives us a sense of stability in an unpredictable world. Also such information is vital to social interaction since if others see us as we see ourselves, they will have a better idea of how to treat us, what to expect of us, and so forth.

Pelham and Krull (1989) conducted a series of studies to test the idea that people, regardless of their level of self esteem, will seek favorable feedback about their positive self views and negative feedback about their negative self views.

Roberts (1988), describes that Americans spend millions of dollars every year in the hope of improving themselves, buying
and trying self-help manuals and cassettes and attending workshops. Often the changes promised in these self help endeavors outstrip the actual help received. Comparative study of self improvement techniques found that even though some unconventional methods such as sleep learning produce demonstrable change, others such as psycho kinesis (mind over matter) exist only in the minds of the believers.

Hazel Markus and her colleagues (Adelmann, 1988), have discovered that visualizing our "possible selves", including the desired as well as the feared selves, helps us not only to attain our goals but also to cope more effectively with the present. For instance, in one study students were asked to imagine themselves in the future as either highly successful or a failure. They were asked to make their images as vivid as possible. One person thought of becoming, a successful lawyer with her own swimming pool; ‘another imagined working in a dead-end job in a rat -infested building. Then the students worked on difficult tasks, such as a challenging match problem or writing with their non dominant hand. The results showed that students who had imagined themselves as successful, presumably activating their positive possible selves, performed better than those who envisioned themselves as failures.

La benne and Greena (1969) offer the following definitive self concept is persons total appraised of his appearance, background and origins, abilities and resources, attitudes & feelings which culminate, as a directing force in behaviour.

James (1890) viewed the self of man, the sum total of all he can call his, not only his body and psychic process but his material possessions, family & friends. He also proposed a social
self as the recognition one gets from his pure.

Mead (1934) and Sullivan (1947) state that the self concept is derived from the reflected appraisals by others.

Alder (1937) brought out the origins of self concept and emphasized the individual's characteristics response in relation to his environment. He stated that man constructions his own personality from inherited traits and experiences.

Jercild (1952), Wylie (1967) and Dinkmeyer (1952) have recognized the role of peer relationships in self concept development. Kelly (1955) gave the concept of fully functioning self'. He sees self as unique to each individual, that consists of an organization of accumulated experiences over a whole lifetime within a becoming, but never arriving world.


The importance of family size (number of children) for the personal and social development of the individual has only recently been put to an empirical test.

The family is a group; its members have common goals or purposes and work together to attain them. They talk things over; each member must make adjustments to the group, just as the group must make adjustments to each individual. Each has his
special needs. The family tries to figure out how these individual needs can be met.

Durkheim, Bossard and Boll tried to study the effects of increasing family size. In light of this approach, it is expected that as the family size increases, there is an increased division of labour or role differentiation based upon factors such as age, sex and ordinal position. Furthermore, as compared with the small family, the large family is characterized by a lesser degree of emotional intensity, a greater emphasis on organization, a greater centralization of leadership (Elder, 1962), and greater emphasis on co-operation and conformity (Bossard and Boll, 1955-1956). Elder has suggested the importance of the more authoritarian nature of the control structure in the large family and the press this may bring upon the children to strive for independence from this strong source of central control.

Henry assumes that with increasing family size the disciplinarian role shifts from the father to the mother. Thus, for the first-born, the father is the main disciplinarian, while for the second and all later-born, it is the mother. In terms of the psychological effects of this shift, Henry suggests that the rebellion against the father as disciplinarian for the first-born can take the form of outwardly expressed anger and aggression, whereas the mother is the source of both affection and discipline for the later-born; the direction of anger is unusually inward.

Another specific effect attributed to family size is that with the increasing size of the family there is less likelihood of and a shorter duration of breast-feeding, with both earlier and more severe weaning. This implies that the oldest child will suffer the greatest emotional upset at weaning when the second child
arrives.

Two other authors concerned with the effect of family size are Damrin (1949) and Gregory (1958). Damrin has concluded that family size (as well as position, sex and age) has a negligible effect on intelligence, achievement and adjustment.

Shifting his focus away from family size as such, and more to the nature of role relations, Sletto (1934) suggested the importance of the particular role the child plays in family interaction. He is noted that as compared with the youngest born, the oldest plays the dominant role and the role of imitator of interaction.

Adler has stated that the only child has particularly difficult time, adjusting outside the home, where he is no longer the center of attention; only children often come from homes with timid and pessimistic parents who produce an atmosphere full of anxiety from which the child suffers badly. Bossard and Boll found that persons from families with six or more children agreed that there were desirable influences in the large family. The majority of their 90 subjects felt that there was something in the atmosphere of the large family that tended to promote emotional security even in the face of economic and other difficulties. Support for this view comes from a study by Ellis and Beechley of case records for 1000 child guidance patients. Children from large families (seven or more) were significantly less emotionally disturbed than children from smaller families although the basis for rating the children was not specified. Significant differences remained favoring children from large families when age, sex and intelligence were controlled. Sewall found that the probability of jealous responses in children decreased as family size increased;
Ugurel Semin found the only child to be more selfish on the average than those with siblings.

In a study of parent-adolescent adjustment in large and small families, Nye found that the smallest families scored highest in adjustment. Differences were large and consistent when socio-economic status was controlled (in general, the higher the socio-economic status, the higher the parent-adolescent adjustment) ; differences remained significant at the 1 per cent legal. Nye’s study, however, considered only a small segment of the adjustment relationships of the adolescent.

Size of family has been found to play an important role in the child’s personality development. Children from small families not only develop different personality patterns in comparison to those from large families, but on the whole, the personality pattern is better. The larger the family group, the greater the diversity of roles. In a large family, what role the child assumes will depend on what roles have already been pre-empted by older siblings. Because no child wants to be the exact counterpart of one of his siblings, he selects a role that will give him recognition as an individual.

Ever since the beginning of the twentieth century there have been forces at work which have encouraged and enabled many parents to have few children. High standards of living, the need for more and more years of education in order to succeed in society, the idea that parents owe something to themselves, among other things, have been the social and economic factors for such encouragement. However, one is not sure yet of the bearing of the psychological patterns for family size.
Cain (1986) in his village level study in Bangladesh reported that the immediate consequence of reproductive failure is divorce; a man will take on additional wife.

Ronald, Meth & Gavazzi (1988) in their study on involuntary childlessness suggested that both males and females feel that their sexual relationship is negatively affected by the experience of infertility, which may have permanent deleterious effects on the marital relationship. A couple’s sexual relationship at times profoundly affected by the issues was found to be closely linked to an individual's self-esteem which in turn damages individual’s self-concept.

Hirsch and Hirsch (1988) studied the effect of involuntary childlessness on marriage and self concept. They studied 92 subjects divided into an experimental and control group. The experimental group contained 28 married couples seeking infertility treatment, while the control group contained 17 married couples who had not yet attempted to conceive, or were unconcerned with their ability to do so. Couples in the study completed the Bem Sex-Role Inventory, Hudson Clinical measurement scales (designed to measure depression, self-esteem, marital discord, and sexual dissatisfaction), and an instrument designed to measure the level of investment the couple had made in the experience of infertility(e.g., length of time in infertility treatments, extent of medical interventions). A multifactor analysis of variance comparing variables including femininity, masculinity general contentment, self-esteem, marital satisfaction, and sexual satisfaction. Gender was used as an independent variable for both groups. A unique finding to this study was that infertile couples perceived themselves as more masculine than childless couples in
the control group; Infertile couples also experienced significantly less sexual satisfaction than the couples in the control group.

The impact of childlessness on the marriage and self-concept was studied by Hirsch & Hirsch (1989) and was found that childless individuals experience greater dissatisfaction with themselves and their marriage. Childless women experienced greater discontent over time, and had greater emotional investment than the childless males.

Childless females have been studied by Jindal & Dhall (1990) for psychosexual problems. Decreased frequency of intercourse and an orgasm in wife were the most common problems identified. A significant number of husbands Hirsch & Hirsch (1995) found significant positive relationship between social support and marital adjustment, sexual satisfaction, self esteem and contentment.

In a qualitative study, Williams (1997) examined the psychological effects of infertility on women by conducting open-ended interviews and inductive methods of analysis. She found that 11 themes emerged universally from the women participating in the study; negative identity, worthlessness/ inadequacy, lack of personal control, anger/resentment, grief/depression, anxiety/stress. Lower life satisfaction, envy of other mothers, loss of the dream of co-creating, emotional roller coaster, and isolation. With regards to grief and depression, each Woman noted that every menstrual period represented a loss that was irretrievable, that pushed them closer to the end of their hopes. Women reported grieving and feeling a loss that was incomparable with any other they had experienced in their lives. They study further reported many of the women presented symptoms of clinical depression including insomnia, fatigue, and change in eating
pattern resulting in weight loss or gain, and feeling helpless and hopeless. Many of the women refused to take credit for other accomplishments in their life and still took responsibility for the infertility, even when it was diagnosed in the husband.

Measuring perceived infertility related stress Newton, Sherrad and Glavac (1999) found that men and women who reported greater infertility global stress also reported higher levels of depression. Specifically, more symptoms of distress were related to problems in the marital adjustment and were also associated with anxiety in both man & women.

Problems with infertility can have profoundly negative effects on a couple’s relationship and sexual functioning. Patterns may also become isolated from each other and believe that the other does not understand. Each feels inadequate about his masculinity & femininity due to problems with conceiving. Each may feel of guilty and wonder “Why me?” May feel grief over life experiences they can never have; namely pregnancy, birth and conceiving and rearing their biological children. Intercourse itself may evoke these uncomfortable feelings and become an emotionally painful, rather than pleasurable, and the couple experience fraught with anxiety about failing to conceive (Cooper-Hilbert, 1999)

Stress among the middle age couples was examined by Borse & Shinde (2000) and was found that the couples are facing low life satisfaction. The couples were found to be high on mid age crises. The physical, social, religious and personal stress was also found to be high, childless women were the worst sufferers and had developed inferiority complex due to their childlessness.
The differences in psychological distress, marital and sexual satisfaction between Chinese infertile husbands and wives were evaluated by Lee and Sun (2000). Results revealed that husbands expressed significantly less distress than that of wives. The husbands’ self esteem were higher than that of the wives. The husband’s marital and sexual satisfaction was also higher than that of the wives.

Bergart (2000) explored the experiences of involuntary childless women in unsuccessful infertility treatment and suggested great psychological interventions and support for these women as their hopes die when medical interventions fail. This ultimately disrupts the normal life expectations and is viewed as major life crises.

Ragone and wills (2000) stated that motherhood is the fulfillment of a women’s life as motherhood is associated with strong social and cultural narratives and childlessness is related with the disruption of the mother child bond.

The study by Lee. T. Y. Sun, G. H. & Chao, S.C.(2001) revealed that female members of childless couples in which both partners were infertile expressed less marital and sexual satisfaction than their husbands. No differences in marital and sexual satisfaction were found between wives and husbands with unexplained infertility. Only wives with a diagnosed female infertility expressed higher distress to infertility than their husbands. No differences in psychological responses were found among husbands, regardless of the diagnoses, wives with a diagnosed female infertility experienced higher distress in self esteem and less satisfaction in acceptance by in laws.
The perceptions of rural married males regarding causes, treatment and consequences of infertility were reported by Lokesh et. al. (2002). The findings revealed that infertile childless couples had to face the consequences of childlessness at family level and societal level. Males suffered from stigma. Medical and magico religious treatment was suggested by the elders in the family.

Margaret (2002) studied infertility and marital adjustment in the context of the perception of social support, privacy preference and level of depression among childless couples. The study proposed that childlessness should be considered as a significant social problem as the effects of childlessness is devastating for the childless couples and are a source of emotional trauma.

The results of the study by Murugesan and Vaithilingam (2002) revealed that the childless women felt distressed for not having a child and agreed for the inevitable reasons for such condition. These women stated that their distress and problem were more from their in-laws rather than from husbands. The childless women living in joint families reported more stress due to their childlessness. In a cross sectional research on childlessness Pasch et al (2002) stated that having children was more important to wives than husbands; wives were more involved in trying to have children and experienced a greater loss of self-esteem. The wives perceived their husband’s involvement in the treatment process as positive and supportive.

Ujjawal et.al (2002) observed that interest in sexual activities decreases as the number childless years increase. Pressure from within the family and from outside was tremendous but the real reason was not disclosed even to core family members. Couples preferred infertility as a label to avoid the stigma. Not having at
least one child was associated with significant psychiatric morbidity and depression in the participants. There is usually pressure from relatives for the husband in a childless union to marry another wife, because more often than not family members tend to perceive the woman as the infertile partner. The intrusive nature of in-laws therefore constitutes potent sources of stress for these women even though lack of support from in-laws did not predict any of the outcomes in this study.

The findings that close to one half of consecutive women attending a clinic for infertility treatment suffer from mental illness and more than a third suffer from anxiety and depression has implication for the psychological care of infertile women, and wider social policies. (Orji et.al. 2002).

In a study on childless and Bereft, Letherby(2002) considered issues of definition, identity, support and kinship in relation to life course issues and the experience of ‘voluntarily’ and ‘involuntarily’ childless women and found motherhood to be a primary role for women and women who do not mother children (either biological or socially) are often stereotyped as desperate or selfish. However, just as the experiences of motherhood is complex and varied, so is the experience of non-motherhood. In this study the significance of ages and changes to the experience of motherhood was also considered in particular the potential experience of older childless women. The study also suggested the need to challenge the caricature of the childless woman (and particularly the older childless woman) as bereft.

Robert Rowthorn (2002) makes a compelling argument that marriage is a signal to society of a couple’s security, fidelity, maturity, and strength of commitment. Marriage stability is
considered a function of two individuals joining together in a symbolic covenant of their intention to bear children and form a new family.

Examining congruence between partners perceived infertility related stress and its relationship to marital adjustment and depression in infertile couples, Peterson et. al (2003) in a cross-sectional study on 525 infertile couples, found that both men and women in couples who perceived equal levels of social infertility stress report higher levels of marital adjustment.

Fekkes et. al(20030 studied health related quality of life in relations to gender and age in couples planning IVF treatment. The study findings showed that young men and women (age 21-30 years) had more short-term social and emotional problems than people of the same group in the general population. No substantial differences were found in cognitive and physical functioning for all age group. A high level of irrational parenthood cognition accounted for a less optimal score on all the different domains of quality of life. A higher level of irrational beliefs about parenthood was related to higher levels of problematic functioning.

Distress and infertility concerns in childless couples was studied by (Anderson et.al., 2013) more of one quarter of women endorsed infertility related concerns about life satisfaction, control over life, self-esteem, sexuality and self blame.

Cwikle et. al. (2004) observed that a couple that is trying to conceive will undoubtedly experience feelings of frustration and disappointment if a pregnancy is not easily achieved. If the difficulties progress and the man or the women are labeled as having fertility problems, then this may result in a severe insult to self-esteem, body image and self-assessed masculinity or feminist.
In a study on increased depression and anxiety in infertile Japanese women, Matsubayashi et al. (2004) observed that anxiety and depression in childless Japanese women were significantly associated with lack of husband’s support and feeling stress. Monga et al. (2004) observed that childless women reported poor marital adjustment and quality of life that the women with children. Men experienced less sexual satisfaction, because of the psychological pressure to try to conceive and the forced timings on intercourse around the women’s ovulatory cycle.

Infertility is a law-control stressor; that is. A stressful situation in which the infertile couple can do little or nothing to influence the nature or the outcome of their situation. As infertility is an unplanned and unexpected stressor, couples typically lack the knowledge and skill set to adequately manage infertility stress. As a result, couples engage in a variety of coping strategies in an attempt to regain control over their lives and rebalance that disruption they have experienced in their personal, marital and social relationship (Austenfeld & Stanton, 2004).

Bakhashi and Borse (2005) examined mental health of childless husbands and wives with the help of marital adjustment inventory and mental health scale by C. G. Deshpande and concluded that there is positive relation between husband and wife for their mental health and marital adjustment.

Dyer et.al. (2005) in a study on psychological distress among women suffering from couple infertility in South Africa explored the concerns and experiences related to involuntary childlessness and found that a large number of women experienced negative social consequences including marital instability, stigmatization and abuse.
Peterson et al. (2006) studied Gender differences in men and women referred for IVF, on a sample of 506 infertile men and 520 infertile women by using Dyadic adjustment scale and found no significant difference between men and women for marital adjustment, but coping was found to be related to marital adjustment. Escape/avoidance and accepting responsibility coping strategies could diminish marital adjustment in both males and females, but seeking social support and planed problem-solving coping strategies could enhance or did not diminish their marital satisfaction.

In a study on alternations of sexual desire and satisfaction in male partners of infertile couples Ramezanzades et al. (2006) suggested that infertile individuals (both infertile males and females) experienced greater dissatisfaction with themselves, on their marriage, and infertility related stress and its treatment had a negative effect on the relationship both directly and indirectly.

Psychological characteristics and marital quality of infertile women registered for in vitro fertilization/intra-cytoplasm sperm injection in China were studied by Wang et al. (2007). The results of the study revealed that the stresses associated with infertility and IVF treatment had a negative impact on Chinese women’s marital quality. The findings indicated females had less stable relationships than fertile females, and the condition was negatively correlated with advancement age, increased duration of infertility, and failed IVF-ICSI attempts in the past.

A couple diagnosed with infertile, commonly experience a variety of stressors. These stressors include, but are not limited to, disruptions in a couple’s personal life and relationship with others, changes in the quality of a couple’s emotional and sexual
relationship, and alterations in a couple’s life expectations (Peterson et al. 2007)

In a study on patterns of suffering and social interaction in infertile men, Peronace et al. (2007) evaluated a similar phenomenon among a sample of men with male factor infertility and men in couples with unexplained, mixed, or female factor infertility and found that men were equally distressed independent of the diagnosis; distress was more a factor of unsuccessful treatment resulting in involuntary childlessness. They also concluded that women did not appear to take on the blame in situations of male—only infertility.

In a random sample of 580 mid-western women, Mc. Quilan, J, Roselie, T.S. & Greil, L (2007) explored the association between lifetime infertility and life satisfaction and found no direct effects of lifetime infertility, regardless of perception of a problem, on life satisfaction; however, there were several conditional effects. Among women who had ever met the criteria for infertility and perceived a fertility problem, life satisfaction was lower for non-mothers and those with higher internal medical locus of control.

Drosdzol & Skrzypulec (2009) in a cross sectional study of 206 infertile childless couples and 190 fertile couples studied the evaluation of marital and sexual interaction on index of marital satisfaction and found that the risk factors of marital dissatisfaction in infertility include female sex, age over 30, lower education level, diagnosis male infertility and infertility of 3-6 years.

Sultan (2009) examined the psychological aspects of infertility as prevailing in Pakistan society. The study aimed at investigation and comparing the differences in the levels of depression, anxiety, aggression, self-concept, marital satisfaction and sexual
satisfaction. The results indicated that infertile couples tend to demonstrate higher levels of self-concept, marital satisfaction as compared to that of fertile couples. Findings of the gender differences suggested that males and females have no differences in their levels of aggression, marital satisfaction and sexual satisfaction. However, infertile females tend to have higher levels of depression, anxiety and low levels of self-concept as compared to infertile men.

Wischmann et al. (2009) studied psychological characteristics of infertile childless couples seeking psychological help. This study describes couples attending infertility counseling. Questionnaires pertaining to socio-demographic factors, motives for wanting a child, lay etiology of their infertility, dimensions of life and partnership satisfaction, and a complaints list were completed by 974 women and 906 men. Of those who indicated an openness to counseling, almost half actually attended infertility counseling, and two groups, ‘no counseling’ (358 women and 292 male partners) and ‘taking up counseling’ (275 women and 243 male partners), were therefore compared. More couples with stressful life events were found in the counseling group. For women taking up counseling, psychological distress, in the form of suffering from childlessness and depression as well as subjective excessive demand (as a potential cause for infertility), was higher in comparison to women not counseled. The higher distress for men in the counseling group was indicated by relative dissatisfaction with partnership and sexuality and by accentuating the women’s depression. Infertile couples seeking psychological help were found to be characterized by high levels of psychological distress,
primarily in women, the women’s distress seemed to be more important for attending infertility counseling that of the men.

The relationship between coping strategies, goal adjustment and positive and negative affect were studied in 83 involuntary childless couples by Kraaij, et al. (2009). Self report questionnaires were filled out. The findings suggested that self-blame, rumination and catastrophizing were positively correlated with negative effect. More thought of blaming yourself for the involuntary childlessness and more thought of explicitly emphasizing the terror of the involuntary childlessness were related to higher score on negative effect. These findings suggested that intervention programs should pay attention to both cognitive coping strategies and goal adjustment.

Johnson, M. (2010) studying couples who unsuccessfully underwent IVF (in vitro fertilization) treatment found these people had a lower quality of life than couples with children. Involuntary childless women reported childlessness as feeling like bereavement, while the men said they often felt frustrated by not knowing the cause of the infertility. The study further compared group with couples for whom the treatment had resulted in childbirth, plus a control group of parents without infertility problems who had children of the same age. Two hundred couples in each of these groups completed a questionnaire. Men and women were studied separately and compared. As well as their experienced of childlessness, quality of life, health and wellbeing were also studied in the couples. The research concluded that those without children –both men and women–had a significantly poorer quality of life than those for whom IVF had been successful, and also compared to those in the control group. They perceived
their infertility related childlessness as central to their lives, and above all that quality of life amongst men without children was negatively affected.

Chachamovich et al. (2010) in their study on agreement on perception of quality of life in couples dealing with infertility found that for both the infertile males and females, their marital relationship could be influenced by the characteristics such as socio-economic status, personality, mental health, communication and duration of marriage. The reason for the latter findings was due to infertility as a mutual condition and of both partners sharing the experience of childlessness.

A systematic review of quantitative studies investigating marital relationship in infertility by Tao et al. (2011) revealed that infertility has been associated with marital problems and conflicts, and has serious implications for the mental and social being of those involved. Some findings showed treatment process and social pressure related to the childless couple’s level of marital satisfaction; some findings reflected infertility related stress could influence the male’s level of marital satisfaction.

Theofilou (2012) studied infertility and health related quality of life and found that the effects of infertility are not restricted to sexual or reproductive areas of life, but its impact burden several psychosocial areas of human existence, impairments have been reported regarding distinct aspects, such as psychopathology, relationship abilities and marital life. The experiences of not being capable of conceiving a biological child has been consistently associated with decreased levels of mental health, vitality, emotional behavior psychological, enviournmental, physical and social functioning . In addition, infertile women seem to
demonstrate stronger and more extensive quality of life impairment compared with men.

In a comparative study of couples undergoing assisted reproductive technologies and presumed fertile couples (Ramos et al. 2012) investigated psychosocial adjustment and infertility related stress. Measures assessed emotional adjustment, quality of life, marital relationship and infertility stress. Results indicated that couples undergoing ART presented more adjustment difficulties, especially women, who presented higher negative emotionally, more depressive, anxious and somatic symptoms and lower physical quality of life than their spouses.

Bossard has contrasted the large and small family with respect to its impact on the child. In the small family, most issues such as family size, spacing of children, and the main objectives of education and child-rearing are matters of general agreement. The small family group enables a greater degree of democratic participation by all the children, something not possible in large families. Some problems are found with greater frequency in smaller families, while others are found more often in larger families. School problems and problems of anti-social behaviour increases as family size increases. This suggests that in larger families adequate care an supervision, and the parents’ ability to spread love and affection to meet the need of each child become more and more difficult with mounting household chores, financial worries, and other problems of day-to-day living. Further, as the size of family increases, there is an increase in the proportion of children with anxiety and neurotic symptoms on with problems of habit formation. The differential contribution of family size to behavioural problems suggests that conditions for
personality growth and development may be more favourable for some aspects in smaller families and for others in larger families.

This chapter, in brief, provides the major findings of relevant important studies. The findings of these studies do suggest some definite bases on which further studies in the field can be carried out. They are of considerable significance in the context of the present study in as much as they provide excellent guidelines, as well as the important view-points that are to be considered in the present investigation, studying the first-born children in relation to others in the families of varied sizes.