

Special Siblings

Being brothers and sisters in a family with a child with developmental disability: a psychodynamic approach

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Introduction

In therapeutic work with families that include children with developmental disability, the need to relate to the sibling relationship continually arises, in particular in the context of brothers and sisters who are typical. Those children, and later adolescents, are treated by their family as normal, healthy and successful, and unintentionally take upon themselves the burden of the disparity between themselves and the damaged child. This is an emotional burden that remains with the siblings throughout their lives, both while their parents are alive, and afterwards when the burden of caring for the damaged brother or sister is placed on their shoulders again, this time in a tangible manner. In families with several children, there is usually one sibling who undertakes more of this emotional burden, but in practice the entire fabric of the family takes on a special and more complex shade when there is a developmentally damaged child. The question of the sibling relationship and its emotional significance is frequently discussed in human culture, in mythology, in the religious codex, and in folk tales. In these descriptions we are exposed, on the one hand, to extreme feelings of dedication and boundless loyalty, but at the same time also to terrible hatred and jealousy. Despite these hugely powerful emotions, in the psychological literature there is very little attention to the sibling relationship. In the psychodynamic approach, the trinity of father, mother and child represents the main basis of attention with regard to the upbringing and emotional development of the child. There is also little attention paid to growing up and developing with a damaged brother or sister. Authors have related

sporadically to the subject of special siblings, based on cases they have seen in the course of their clinical work. Beyond that, we see an interesting phenomenon of adolescents, brothers and sisters who have a damaged sibling, some of them professionals, who have felt the need to write books and articles in which they describe the effect of the special sibling on their lives, in a very immediate and emotional way (Burke, 2004; McHugh, 2003).

In this chapter we will try and examine the impact of growing up in a family in which there is a developmentally damaged child on the emotional development of the undamaged brothers and sisters. We will relate to the relevant literature that exists on the subject of sibling relations, and bring examples from the clinic, within the bounds of what is possible. We will first briefly describe developmental disability, a broad and diverse field in itself, and the interpersonal and emotional characteristics that prevail when there is such a situation in the family. We will then review existing approaches regarding sibling relations in general, and their role in proper development in particular, and finally, we will relate to special sibling relations, the complex relationship that places the brothers and sisters in difficult situations, in which fantasy and traumatic reality mingle and create a different type of coping, one that does not exist in this form in families that do not include a disabled child. We will argue that the effects of this situation accompany these children throughout their lives, and affect their emotional development, the connections they form later on, their couple relationships, and their own parenting as adults.

Developmental disability in the family

Developmental disability covers a wide range of difficulties and disabilities, all of which have an organic component. In the case of most of the children the damage is congenital, although for some it occurs during or shortly after the birth. For some children, it is a defined impairment or a number of characteristic impairments, such as in the case of various genetic syndromes. For others, the damage is progressive and changes with age. Sometimes hospitalization and surgeries will be required from infancy, especially where internal physical systems do not function properly, or repeated hospitalization and interventions, for example for children with cerebral palsy. Sometimes no medical intervention is required, as in the case of autism or retardation. There are disabilities that can be seen right from birth, while others are revealed later during the child's first years of life, in the course of development, such as when there is a significant learning disability, motor complication, or significant attention and concentration disorder.

In all these situations, the family has to cope with a demanding situation that requires considerable emotional resources from the parents, a reality that not infrequently results in their total mobilization, running from one professional to another in an attempt to do their best to try and fix, if only a little, their shattered dream of giving birth to a healthy and successful child. This is very often a difficult confrontation with

the unknown, since at a young age there is usually no clear diagnosis and who knows what the future may hold? It happens not infrequently that the mother stands alone against the entire medical system with the feeling that something is wrong with her baby. Sometimes it is the reverse: parents are not prepared to accept the unequivocal determination of the professionals.

In terms of the parents, and the family as a whole, the discovery that they have a damaged child is traumatic. It is an attack of reality that arrives out of the blue and, in fact, never goes away – it just changes in intensity, and returns again and again at different moments and crossroads, for example when it is necessary to take a decision regarding medical intervention, placement, decisions as to how to celebrate birthdays, questions about another pregnancy, and so on. The mother's and father's emotional structure and strengths are put to the test in this situation, along with their relationship and their parenting. In this situation, the parental ability of each of the parents is usually weakened (Kennedy, 1985), and there is a huge investment in action and activity as a way of absorbing the new reality. The parent gives more and more, but does not receive sufficient response of a kind that will help to moderate the giving, and soothe the emotional pain.

The expectation is that the other children, the grandparents, and perhaps also society at large will contribute to easing the terrible situation. Over time, unusual patterns develop within the family, patterns of behavior that are extremely asymmetrical. A division becomes fixed in the family, in which there are individuals who are needy, and others who are not. This pattern is often rationalized, and the undamaged siblings take it on board as the only possible reality in light of the objectively tough situation. The price that they pay for it becomes apparent to them as they grow up.

Sibling relations in the process of developing and growing up

In our society, it is quite taken for granted that there will be more than one child in a family. This was the case in our parents' homes, and it is reasonable that as adults we will also want more than one child. We know of societies where, by constraint or choice, families have only one child, while in other societies and communities having many children is a duty, and also an advantage, representing blessings and fertility.

In emotional terms, there is something primeval that ties us to our family, to the fact that this boy or girl born to our parents is part of us, connected to us by blood, part of our family. The family is our first reference group, and the entire range of emotions of happiness, love, hate, and jealousy are played out together among the different members of the family. The father and mother are supposed to make order, and help their children regulate the strong emotions that frequently arise between brothers and sisters. We will first relate to sibling relations in the regular process of development, and to the possible consequences if this process is disturbed.

There are usually age differences that create a natural ranking in relations, as well as differences of sex, temperament, and physical differences, making it easier for some kind of order and balance to form in the group of children.

But there are cases in which the emotional forces are too strong, and the organizing parental forces are insufficient, and the result is continual agitation and turmoil in the family. Sometimes the lack of balance and calm is attributed to a particular child, but usually this is not the only reason for the situation. Where there is a damaged child in the family, this natural ranking and balance do not exist and the entire family needs to organize differently.

As children grow up, the connection between them changes; for some there will be a closeness that continues throughout their lives, while others may draw away. For some, the connection will pass through their parents' home, while others will have a strong, direct, and personal connection. It is a fact that ties between siblings are the longest-lasting connections that people have - from birth, through adolescence and adulthood, and even afterwards, when the children have their own families and become parents themselves. These connections continue even long after the death of the parents. It is hard to maintain this connection, and yet impossible to avoid it altogether. This is a very revealing connection, charged with good memories of closeness and partnership, and less good memories that are accompanied by feelings of embarrassment and pain. It is therefore no wonder that relations between siblings also undergo a process of amnesia.

Freud (1900) particularly emphasized relations of jealousy between siblings, claiming that in childhood there is far more hostility between siblings than can be perceived by the adult eye. He came to this conclusion from treating adults, when he saw the extent to which sibling relations were present and existed for them, especially through subconscious material that emerged in dreams, and also through difficulties with sexuality and the choice of a partner. On the other hand, Melanie Klein (1961) placed more emphasis on the opportunity that lies in these relationships. She thought that brotherly love plays an important role in emotional development. She saw brotherly love as an agent of emotional health, both in the sense of the child's ability to experiment in a familiar environment, and in the sense of the possibility of creating a secret alliance between the children in the face of the threatening parents. Both of them indicated a connection between emotions arising between siblings in childhood, and the personal and interpersonal ties that these children will be able to create in the future.

Winnicott (1980) describes a little patient, the Piggie, who, after the birth of her brother, said that she felt that now she was nobody. In this way she expressed her fear of not being. We know that the fear of becoming blurred and disappearing produces rage and anxiety. The older brother and sister are jealous of the little one, but also cannot help identifying with him. The way in which siblings process this conflict will, in fact, determine their ability to feel the same but different, to feel

together but also separate, to be part of a series, but special. When discussing the psychological characteristics of the group, Freud (1921) writes that all aspects of the demands of social justice actually arise from the situation in the children's room. In other words, brotherly ties have very broad implications, even beyond relations in the family, and are of considerable value and significance in creating the social structure in general.

Although psychoanalysis places more emphasis on the turmoil caused by the birth of another sibling, some authors indicate the advantages of sibling relationships (Solint, 1983; Colonna & Newman, 1983; Kerenberg & Richards, 1988).

They point to the potential that exists, and the availability of social experience, including dealing with interpersonal conflicts, as well as relationships of closeness and love.

Some authors talk about the fact that sibling relations take place along an additional developmental axis to that between the parents and the child. Some of them claim that there are sibling triangles that go through a developmental process that is similar and independent of that which occurs with regard to the parents (Sharpe & Rosenblatt, 1994). Sibling triangles are connected to the child's ability to resolve situations in which he or she and another child are fighting for the love of their mother or another sibling. Sibling triangles have a considerable impact, which is manifested in adults in interpersonal relations, affecting the choice of partner, and also the formation of various pathologies. It was found that the factor with the greatest impact on sibling relations is the child's subjective perception that there is a discriminatory approach in the family, that is, another child is perceived as being favored.

It must be remembered that beyond the personality traits and personal capabilities of the children, parenting is of great significance and parents have a considerable ability to moderate and direct those feelings that arise among siblings. Parenting can influence the nature of the relationship between the siblings. Parents can encourage the positive aspect, or provide an opening for the exacerbation of what is negative and destructive in the relationship (Kris & Ritvo, 1983).

When a new baby is born, the previous child is not built to absorb the change that occurs in the mother as a result of the birth of an additional child; he or she cannot cope alone with the change in the time that the mother has available. The child responds by becoming more demanding, and the mother responds impatiently, since she too is busy with her own ability to love more than one child. Her personality and the way she was in her parents' home now come to the fore. A parent who very quickly transfers emotion to the new-born child is sometimes reproducing his or her own feelings in childhood, a feeling of neglect felt by the parent when another sibling was born into his or her family (Kris & Ritvo, 1983; Solnit, 1983). A parent who can meet the demands of the older child enables him or her to cope better with the jealousy. A less well-built parent can, through his or her response, significantly damage the child's emotional formation. Selective parenting, adapted to each of the children separately,

is a great help in moderating these powerful forces, and a good relationship between the parents also helps in coping better with the new situation.

A possible solution for siblings is one in which the oldest undergoes a process of identification with the mother. To a certain extent, the mother can help the child transfer difficult feelings of envy and jealousy to feelings of concern, care and love for the baby, in such a way that the child can identify with the anxious new mother. The older child can later enjoy the admiration that he or she will receive from the younger sibling. In the case of an older sister, a younger brother can sometimes serve as a substitute for the oedipal child she cannot have, and the love of an older brother can make it easier for a little girl to preserve her latent femininity. When parenting is poor, sibling relations take on additional significance. They become a significant substitute in emotional maintenance and development. Sibling relationships can be a source of support in the case of defective parenting; in this matter, for example, Kohut (1966) claims that sibling relations can be a positive emotional organizer in the face of an aggressive mother.

In summary, it appears that sibling relationships are very significant in the early stages of development, in adolescence, and also in adulthood. In adulthood, they affect the choice of partner, the couple relationship, and parenting. Relationships between brothers and sisters are formed in the children's room, under the parental mantle. Sibling ties make an important contribution to children's personal, interpersonal, and social development. Because of the considerable emotional forces involved in these relationships, sibling ties can be a significant positive factor, but can also be distorted and become a pathological factor. When the family undergoes a trauma connected with one of the children, the fabric is changed and each member of the family responds according to his or her personality, and under the influence of the expectations that the other family members have of each other. In this situation, the healthy siblings have great difficulty developing well along the axis of sibling development, with all the range of strong emotions that arise.

Sibling relations in families with a child with a developmental disability

Relationships between brothers and sisters can be good or bad in any family. There are always differences between the children: age, sex, intellectual ability, emotional and social ability, and so forth, which affect the interactions and connections that form among the children. It is important also to remember that all this takes place under the parental mantle, a mantle whose quality depends on the parental ability of each member of the couple, including their ability to be parents in general, and their ability to be parents to a number of children, an ability that, to a considerable degree, is connected to their own sibling experience.

The psychodynamic approach will see sibling relations as being optimal or otherwise according to the emotional effect of the connection between the siblings, and not necessarily related to the physical injury, illness, or disability of one of the children.

However, when there is a developmental disability all these factors that relate to sibling relationships, and contribute to the emotional development of each of the children, are amplified and extended to the limit, both for the children and, in particular, for the parents. The entire family is shaken up, and each of the family members is required to respond. With regard to the parents, the response is affected, as mentioned, by the individual personality structure that each parent has formed over the years; for the children, beyond parenting and the personal attributes of each individual child, their response is related to a degree by birth order, and whether the child was born before or after the damaged sibling, or even at the same time, as in no few cases of twins, either natural or as a result of IVF.

I will give below a number of examples of statements by brothers and sisters in connection with growing up with a damaged sibling:

“What’s the matter with my sister, why is she like that? I’d give anything for her to be all right, I don’t want to live like this forever” (6-year-old girl whose sister has a severe developmental disability).

“She is my twin sister, I was born alright but something went wrong in my mummy’s tummy and my sister came out not alright” (4-year-old whose sister has cerebral palsy).

“It’s really disgusting that you’re her mother and you say that your daughter is retarded, it’s insulting” (8-year-old boy to his mother).

“I had to be the successful one, to manage, I grew up very alone, but I didn’t feel anything. My mother was busy all the time with my brother, who is not normal and always had problems, and it is only now that I can look at it in this way” (young woman whose brother has emotional and intellectual difficulties).

“Apart from the cerebral palsy, he is epileptic and we can’t leave him alone, his twin sister knows where the equipment is and what to do if he has an attack, she really takes care of him, she’s like a little mother to him” (parents of 9-year-old twins, a boy and a girl).

“I don’t know if I turned into a serious and sad child because of my brother’s disability, or because of my parents, whose marriage was almost destroyed when they found out about his condition. I just remember that ever since then, there was a heavy atmosphere of tension and anger at home, as well as great anxiety and worry. I was certain that I played a part in it” (adult woman whose brother is retarded and has cerebral palsy).

“I don’t want to label my brother as damaged, I don’t even want to think that I developed and succeeded, and he didn’t. The last thing that I want is to cause more damage” (young man).

“I wasn’t a violent child, but I remember that a child was bothering and insulting my brother, and I went up to him and beat him up. I was sure that that is what my parents expected me to do in this situation, to protect him” (young man whose brother is retarded).

“You make demands of me, you blame me for not doing what you ask, but what about her? You don’t demand anything of her” (9-year-old girl, whose sister has severe brain damage).

These statements are taken from therapy sessions with sisters and brothers with a damaged child in the family. The picture that emerges from these examples is that it is not easy to grow up, to develop, to enjoy personal success, and to be happy in such a home. Enormous forces act on the healthy child to identify with the family’s special situation, with the parents, and with the damaged sibling. The natural tendency in such a situation is to develop some kind of approach that explains the situation, often a hardline approach that comes at the expense of the personal development of the healthy child. Forces that are conscious or less conscious play a role in this emotional drama, leading the brother or sister to respond by building a protective array for the purpose of survival in difficult surrounding conditions. The axis of sibling development, with all its implications, is made even more complicated. Thus, for example, the natural emotion of jealousy and competition among siblings, the petty revenge and schadenfreude, become unbearable emotions for the healthy sibling, and usually result in the opposite response of taking responsibility, growing up too soon, and over-identification. Siblings of damaged children have difficulty expressing aggression and competition, and can develop into passive underachievers.

A few research studies and articles have been written about the effect of the special sibling relationship on the healthy siblings and on parenting and family, and from these I will give a few relevant findings. It has been found that in families with a damaged child there are more difficulties with the couple relationship and with parenting. In these families there is a tendency to make a division, with everything that is good and successful being attributed to the healthy sibling, who is required to maintain this sense for the parents, who prepare him or her from an early age to be the responsible child who can be given the burden of the damaged child in the future. Unrealistic expectations of the healthy child are formed in the family; this child is expected to grow up quickly, adjust, and to grow up with the feeling that his or her problems are small and insignificant relative to the big problems that the parents and the family are grappling with. Few healthy siblings are referred for therapy, despite

the fact that we see, in conversation with the parents, that they completely understand the difficult situation and the neediness of the healthy child.

When there is a disabled child in the family and a new brother or sister is born, the mother has difficulty freeing herself emotionally to deal with the healthy baby, even if she does not have postpartum depression. She is busy helping the damaged child overcome his or her disability, feels a sense of guilt and failure, but at the same time cannot cease these efforts even if they come at the expense of her investment in the healthy child. The difficult health situation of the damaged child often causes the parents to be overprotective and this, unintentionally, further intensifies jealousy among the siblings.

We have seen the significance of sibling relations in normal development, and when there is a damaged child in the family, these relations become a complex emotional challenge. The healthy sibling is in a tense emotional environment, and any movement on his or her part is met with a quietening look that is interpreted as an instruction to choke back him or herself, and his or her needs. At a young age, the children themselves initially play normally with the damaged sibling, but as they get older and real gaps emerge, an emotional modification is required of the healthy child. This child also finds him or herself in the position of having to explain to the immediate environment, friends and other children, about the damaged sibling. The children are very concerned with how to call what is wrong with their damaged brother or sister. Words like damaged, defective, special, he has this illness, she was born like that, and so on, are accepted phrases that it sometimes takes the healthy siblings years to agree to and use without immediately feeling discomfort and guilt. It is not infrequently found that it is only as adults that siblings dare to use the professional term with regard to their damaged brother or sister, such as autism, retardation, and so on.

Not infrequently, the healthy child is jealous of the disabled child and the disability, because of the special consideration given to him or her. One of the ways of coping with this fact is over-identification with the parents, in order to receive some attention from them. The healthy child feels guilty for being healthy. He or she will ask 'why did this not happen to me, and will it happen to me one day', and the healthy child may have the unrealistic feeling that it is only a matter of time for it to happen. It is not important whether the damaged child was born before or after the healthy one; the healthy child will feel a sense of guilt and will have the feeling that he or she carries the same disease within, and the fear that his or her day will yet come.

The emotional difficulty of the healthy sibling can be manifested in the form of overwhelming anxiety, or focus on fear of injury, illness, and death. These children have difficulty expressing aggression, and usually develop a rigid super-ego; these two lead to significant difficulty in passing through the Oedipal stage well. In twin girls, all of these things are further exacerbated and create an identification that can sometimes delay the proper development of the healthy twin. Not infrequently, a general delay in development is seen, a delay in acquiring habits, in weaning, and even

in understanding, as a response to the delay of the damaged sibling, out of identification, and also out of a fear of appearing to be the cause of a gap between the siblings. When the situation of the damaged sibling deteriorates or is extreme, if the damaged sibling is unable to survive and dies, the healthy twin enters into a cycle of over-identification with the dead sibling, idealization and self-punishment, and his or her mourning response will usually be very lengthy (Kennedy, 1985). The death of the sibling will be felt by the healthy sibling as guilt, to be managed according to his or her particular personality. The response could be, for example, depression, a tendency to self-harming and injury, a great deal of acting out, massive implications and the development of a stringent super-ego, and sometimes even underachievement at school as an expression of not wanting to know, or as an act of self-punishment and proof of lack of worth.

We see that in these situations of coping in a family with a damaged child, the undamaged child cannot behave in a normal sibling manner, either towards the parents or towards the damaged sibling. Normative emotions of competition, jealousy, struggle for parental attention, and so on all become highly charged, and in practice, impossible. In such families, the healthy children receive too much or too little attention, and never the appropriate amount of attention. Therefore, in any event, regardless of the family dynamic, the healthy sibling emerges from the situation with emotional scars. Among adult patients, it has been found that growing up in a family in which there is a developmentally damaged or chronically ill sibling leaves its mark on their personality, marks that are characteristic of traumatic life situations.

At the same time, it is important to note that these children, because of the special conditions in which they live, often become adults with a high standard of giving and empathy, introspection, and understanding of complex emotional situations.

In conclusion

Sibling relations are of great significance in the emotional, personal, and interpersonal development of children. Sibling relationships enable children to experience positive and negative social situations, relationships of proximity and love on the one hand, as well as hatred and jealousy on the other hand, within the family and under the parental mantle. Sibling relationships also have an effect on adult life, couple relationships, and parenting. In families in which there is a child with a developmental disability, parenting is affected and so is the sibling give-and-take. As a result, the siblings of damaged children will have difficulty both in the axis of development that takes place through parenting and in the axis of development through sibling relations. The birth of a damaged child in the family affects parental ability and the performance of the two parents, parenting becomes more charged and sensitive, and feelings of discomfort and guilt are involved in the normative interaction of the healthy siblings with the parents. It is very likely that the healthy sibling will try to develop compensations, which may not necessarily be good and effective, to the point

of distorting the situation, in order to receive what is lacking. The healthy sibling may develop over-identification with the parents and the damaged sibling, and try to fulfil the role given to him or her as the older and responsible child, and at the same time we can see enormous difficulty in expressing assertiveness and aggression, difficulty in competitive situations, self-directed anger and a rigid super-ego, resulting in reduced vitality, and sometimes also difficulty in fully expressing academic ability. Anxiety over illness and death, and on the other hand, self-endangerment and injury are also common among these children. The difficulty of knowing how to act in such a family situation, in which there is extreme lack of symmetry and neediness on the part of one of the children, has significant implications for the development and personality of the healthy brothers and sisters. In addition to the many difficulties mentioned above, they can develop a giving and empathetic personality, and it is therefore not surprising to find many of them working as adults in the health professions, and in professions with social involvement. However, it is very worthwhile for them themselves, and their parents at a younger age, to pay more attention to their need for help in order to enable them to develop better despite their special family situation.

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