



1990

Adult Siblings in Therapy

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ADULT SIBLINGS IN THERAPY

by

Dawn Hofstad Strommen

**A Thesis submitted to the Faculty of the Graduate School
of Loyola University of Chicago in Partial Fullfillment
of the Requirements for the Degree of
Master of Arts**

May

1990

ACKNOWLEDGMENTS

I would like to acknowledge the help of a number of people who have assisted me during the completion of this paper. At Loyola University of Chicago, I would like to thank the members of my committee, Dr. Gloria Lewis and Dr. Steven Brown, for their time and encouragement.

I would also like to thank members of my birth family, Herman and Esther Hofstad, my parents, who have believed in my ability to complete this task. Also, thank you to my siblings, Mark Hofstad, who traveled half the world to visit his sister, and Sandra Hofstad Natterstad, sister and soul mate, who prove the importance of adult sibling relationships.

Finally, I want to thank my husband, Timothy, and my children, Alexi, SiriAnna, and Samuel for their support, love, and encouragement which sustained me throughout the writing of this paper.

VITA

The author, Dawn Hofstad Strommen, is the daughter of Herman Hofstad and Esther Aadland Hofstad. She was born April 12, 1948 in Minneapolis, Minnesota.

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CHAPTER I

INTRODUCTION

It can happen that a fundamental relationship goes unnoticed and unrecognized. This appears to have happened for sibling relationships in therapy. Traditionally, in therapy, sibling relationships were merely an extension of the primary relationships of husband-wife and parent-child (Bank & Kahn, 1982). With the development of marriage and family counseling, therapy has expanded from an individual modality to potentially include as many people as the presenting problem touches. A great deal of emphasis on the horizontal relationship between husband and wife has produced a substantial literature to support this kind of therapy. The parent-child relationship has had a secure place in psychological literature since Freud. In contrast, little attention has been awarded the child-to-child, sibling-to-sibling relationships that

though unnoticed, have always been there.

The purpose of my thesis is to establish the importance of the adult sibling relationship, and to show how this relationship can be central to some forms of adult therapy. My second chapter will focus on the variables that effect childhood and adult sibling relationships. Childhood provides a foundation for adult sibling relationships. However, sibling relationships change from childhood to adulthood and the variables effecting the relationship also change. Some variables like age spacing may no longer be a factor. Others, like birth order and sibling rivalry, may either diminish or vary in importance in relationship to other variables. Thus, having established the potential importance of siblings to each other, a foundation is laid to assist in explaining how siblings can be helpful to each other in therapy.

The third chapter will describe sibling therapy. Sibling therapy could be used to either improve sibling relationships or assist a sibling who has psychological problems. Four modalities for sibling therapy are explained. This chapter will also contain a description of an assesment of sibling issues as well a sibling specific techniques. Contra-indications for sibling therapy will also be stated.

In the fourth chapter, I examine sibling concepts and the implications these concepts have for therapy. A new paradigm for therapy is examined. While most therapies model the therapist-client relationship on the doctor-patient or professor-student paradigm, I suggest that a sibling-to-sibling concept expands and enriches the classical movement in the therapeutic relationship. In the beginning of therapy, a doctor-patient is a reasonable model. However, throughout the process, the therapist, while guiding the client, also slowly gives up authority. The client, conversely, gains in authority or a sense of personal power. At termination, the superior-inferior position of therapist-client could have evolved into a sibling-sibling position. Client and therapist are on equal footing. The client has become empowered while the therapist allows the client to walk alone.

In the final chapter, research needs in sibling relationships and sibling therapy will be examined.

I have completed a review of the literature in researching this thesis. I have used four methods to do this. First, I have gathered articles through Psychological Abstracts from 1979 to 1989. Secondly, I have had a computer search completed that covers material back to 1975. Thirdly, I have looked at the references of all articles and books that I have read

in preparation for this topic. If any book or article in the reference is pertinent to this topic, I have used it also. Finally, I have completed a hand search for 1989 of several of the most significant periodicals for this topic.

With these four methods, I feel I have completed a thorough examination of literature available concerning adult sibling relationships and adult siblings in therapy.

CHAPTER II

SIBLING RELATIONSHIPS ACROSS THE LIFESPAN

A sibling relationship is the longest, most enduring relationship a person has throughout the lifespan (Goetting, 1986). Though other relationships appear to be more primary, such as the parent-child or husband-wife relationship, none has the longevity of the sibling-to-sibling relationship. Many persons are either born into a family with a sibling present, or acquire one shortly thereafter. It is estimated that between 85-90% of the population has a sibling (Dunn, 1987). In old age, most people approach death with siblings still present in their lives (Moss & Moss, 1986). The factor of longevity alone requires a serious investigation into the variables that effect the sibling relationship over that lifespan. However, other factors in our society support the importance of siblings to each other.

Because of a number of cultural transformations in the last decades, siblings may take on an even more

important position in human relationships than they have had in the past (Bank & Kahn, 1982; Goetting, 1986). First of all, family size has become smaller, making each sibling more unique. Secondly, extensive life spans mean that many more people will experience old age. Siblings are the only persons who have the potential for knowing each other across the entire life span. Thirdly, with greater geographic mobility of families, a child and an adult may be exposed to several if not many groups of friends. Losing old friends and gaining new friends can be a difficult experience, tempered by the consistent sibling relationship. The sibling constant can provide friendship across many geographic changes. Fourthly, increasing divorce rates and remarriage add to the lack of stability. Children are also exposed to ineffective or absent parenting due to personal stress, employment pressures, and substance abuse.

Children need contact, constancy and permanency (Kohut, 1971). When parents cannot provide these, siblings will often fill in. All of these areas serve to emphasize the importance of siblings, not only in childhood, but throughout the lifespan.

Sibling relationships in childhood

I would like to briefly explain some of the most dominant independent variables explored to date that

effect child and adolescent sibling relationships. I will then examine the variables that researchers presently feel are significant in adult sibling relationships. Between childhood and adulthood, some variables change and a few retain significance.

Data about siblings in childhood have had increasing attention. The three independent variables most commonly cited are gender, birth order, and age spacing (Sutton-Smith and Lamb, 1970; Dunn, 1985). However, these three may not be the most important variables in considering childhood and adolescent sibling relationships. More importantly, the quality of the relationship with the parents has a great influence on the sibling to sibling relationship (Dunn, 1985; Kris & Ritvo, 1983). Dunn (1985) states that if a parent talks with one sibling about the other, explains actions and behaviors of each brother or sister, and emphasizes the importance of not hurting each other, this lays a foundation for a more supportive, harmonious sibling relationship. In other words, if the parents promote the humanity of the other sibling and encourage empathy, the attitude of the parents effects the sibling relationship in a more fundamental way than birth order, sex, and age spacing. Also, the high access that siblings have with each other while living in their birth home naturally has an

effect on the childhood and adolescent relationships (Bank & Kahn, 1982). Siblings often spend more time with each other than with their parents (Bank & Kahn, 1982; Dunn, 1985).

As the children grow, they also create a system together in dealing with their parents that can encourage a stronger or weaker sibling bond (Bank & Kahn, 1982). If siblings are of the same gender, they tend to have a closer relationship. If siblings are close in age, they also have a closer relationship. Sibling gender, age spacing and birth order appear to have the greatest influence in adolescence and the effects seem to decrease with age (Rosenberg, 1982). Other variables effecting the sibling relationship are temperament of the siblings (Dunn, 1985), and the functions they perform for each (Bank & Kahn, 1982).

Four sibling functions

Four functions siblings perform for each other are mutual regulation, direct services, dealing with parents, and identification and differentiation (Bank & Kahn, 1982). Mutual regulation is the first function. Siblings can be a relatively safe laboratory in which to experiment or question social codes. What clothes to wear, what phrases to use, what teachers to avoid, all become grist for the mill in sibling assistance. Counseling each other about emotional issues like a

break up with a boyfriend/girlfriend can be a salient feature for sibling communication (Bryant and Litman, 1987).

Siblings often provide each other with direct services by using teaching skills, lending money, and exchanging goods and services (Bank & Kahn, 1982; Bryant and Litman, 1987). Siblings also form coalitions with each other in dealing with parents. Children often feel that siblings are more fair in passing judgment on their actions than parents (Bank & Kahn, 1976). Siblings are of the same generation and have a social environment more similar to each other than with their parents (Fishel, 1979). Therefore, they can join to help balance the power of parents or make negotiations with the parents more viable because of a united front. Siblings in adolescence often know more about each other than the parents know about their children.

The fourth function is identification or differentiation (Bank & Kahn, 1982). Interestingly, this critical issue has data to support opposing concepts concerning how siblings influence each other. Three major theories support the idea of identification with a sibling or parent. The psychoanalytic, modeling, and cognitive-developmental theories all use some concepts

of identification with a parent or sibling (Bank & Kahn, 1982). However, Schachter (1982) says that there is weak evidence for identification with a sibling close in age, birth order and spacing. Rather, she states that the data are stronger for the process of de-identification.

In de-identification, in a family of two or three children, the first two children are perceived by themselves and their mothers as being not only different, but often polar opposites in personality (Schachter, 1982). They will also cross identify with parents. If the first child identifies with the mother, the second will identify with the father (Schachter, 1982). This process is particularly strong in same sex siblings in which the siblings will identify more opposite personality attributes than similar attributes. Schachter's theory (1982) is based on the idea of avoidance of sibling rivalry. Whether siblings function for each other as models or respond in opposition, they effect each other by helping to define the self.

It is also important to realize that a great number of variables exist between and among any set of siblings. To describe the relationship along any single dimension like warmth-hostility would prove to

be a mistake (Dunn, 1985). In sibling relationships, as with most if not all relationships, there is ambivalence. This is a very important dynamic. If siblings can tolerate love and anger, frustration and joy, disinterest and curiosity consciously within the same relationship, it allows a great deal of emotional flexibility. Warmth and hostility can exist simultaneously between two siblings (Dunn, 1985). Whether the ambivalence is tolerated by parents is another question. But whether it is accepted or not, ambivalence plays a strong part in sibling relationships.

In summary, the variables that effect the child and adolescent sibling relationship are the quality of the parent-child relationship, gender, age spacing, and birth order. Temperament of the children, high access to each other, and the functions that they perform for each other also effect the sibling relationship.

Relationships and the variables that effect that relationship differ from childhood to adulthood. Thousands of studies have been completed on siblings in childhood, especially with the variables of gender, birth order, and age space, often with conflicting results (Rosenberg, 1982). Compared to the numbers of studies on children, there remains a paucity of research on adult sibling relationships. However, a

sufficient amount of information is available about adult siblings to provide a profile of variables effecting the adult sibling relationship.

Adult sibling relationships

One of the most distinctive features of the adult sibling relationship is that it is a voluntary relationship (Pollack, 1978). The uniqueness of the sibling relationship in childhood, the constant, daily contact with a human being one never chose to be near, is over. Yet, only about 3% of adult siblings chose to have nothing to do with each other (Gold, 1987).

A number of variables have been distinguished in adult sibling relationships: gender (Pulakos, 1987; Adams, 1968; O'Bryant, 1988; Goetting, 1986; Gold, 1987), ethnic background (Welts, 1988), perceptions of closeness, sibling rivalry, and critical incidents (Ross & Milgram, 1982). Finally, three developmental tasks, companionship, socio-emotional support (Ross & Milgram, 1982) and cooperation in caring for elderly parents and dismantling the parental home overlap with the effects of the variables above (Bank & Kahn, 1975, 1982; Cicirelli, 1980, 1982).

Gender

In adult sibling relationships, gender remains an important variable in perceived closeness. Sisters are perceived as having the closest relationship. A

sister-brother dyad has the second closest relationship and brothers have the least close relationship (Pulakos, 1987; Adams, 1968; O'Bryant, 1988; Goetting, 1986; Gold, 1985). The socializing of females has emphasized the importance of relationships (Belenky, Clinchy, Goldberg, and Tarule, 1986). This appears to be a lifelong priority. If there is a sister in any sibling dyad, it appears that she will strengthen the ties (Gold, 1987). Upwardly mobile men tend to have a stronger relationship with their fathers than with their brothers or sisters (Adams, 1968; Goetting, 1986). Nevertheless, two-thirds of adult siblings see themselves as having close sibling relationships (Bossard & Boll, 1956; Pulakos, 1987). The closeness they retain is primarily a socializing function. As mentioned, contact among siblings in adulthood is voluntary. Ties loosen and diffuse, mediated by marriage, parenthood, economic roles, and geographic distance. Though the intensity decreases, the majority of siblings persist in retaining relationships with each other (Goetting, 1986).

Ethnic background

Ethnic background has a strong impact on the adult sibling relationship. Ethnic background effects whether or not birth order retains significance, and

promotes a rich variety of family temperament (Welts, 1988).

As an illustration, I shall briefly discuss a number of ethnic family structures and how it influences adult sibling relationships. Italian American families, for example, encourage siblings to have a close, lifelong relationship (Johnson, 1982). Likewise, Vietnam is a sibling-oriented culture with the mother often delegating childcare to older siblings. The tie between mother and child is less important in Vietnam than in America (Forest, 1982).

Because of their lack of sharing feelings, British-American adult siblings tend to distance relationships, often not seeing each other. Correspondence may only involve a yearly Christmas card (McGill and Pearce, 1982). Chinese-American families give greatest respect to the oldest son who also carries responsibilities for his parents and siblings. However, the youngest daughter is expected to stay home and take care of the parents in old age. This structural rigidity often creates tension among male-female, oldest-youngest siblings into adulthood (Lee, 1982).

Portuguese unmarried adults are expected to stay at home. Leaving the family home apparently is perceived as abandonment and females in particular may

be ostracized by the family and the community (Moitza, 1982). However, if they marry, Portuguese adult siblings often live very close to parents and thus retain shared responsibility for parents. This often results in less conflict and a closer relationship throughout the lifespan.

The emotional expressions of Mexican and Hispanic families can result in quarrels that can sever adult sibling bonds temporarily. A counterpoint to this is the strong kinship ties and lifecycle events that bring siblings together. Rarely is there a permanent breach (Falicov, 1982).

Emotional isolation is a characteristic in Irish families that serves to distance adult siblings. Because emotional expressions are not encouraged, anger can build up over a period of years and finally result in a permanent break with a sibling (McGoldrick, 1982).

Perceived closeness

In a study involving college women, perceived closeness to a sibling was defined by emotional support, help and guidance, and economic aid (Cicirelli, 1980). The college women reported that they felt closer to their nearest sibling than to their mothers. However, if they needed help and guidance in decisions, they approached parents more than siblings. For economic aid, the women also turned to their

parental home (Cicirelli, 1980; Bossard, and Boll, 1956). This suggests that while siblings feel a closeness based on growing up in the same generation as a sibling who shared the same life history, there remains a parental-guidance bond and dependence through the end of adolescence and into early adulthood.

Goetting (1986) speculated that contact, part of perceived closeness, may be an index of socio-emotional support. Contact is maintained by adult siblings through visits with each other, by telephone and by letter writing. In a study with one hundred adults from North Carolina, 93% had monthly contact with a sibling who lived in the same city and was the closest sibling in age (Adams, 1968). Sixty-five percent saw their age closest sibling within the month when the sibling lived within 100 miles.

In another study (N=271) of middle aged subjects, 19% saw a sibling weekly, 41% saw a sibling monthly, and only three percent reported not seeing a sibling in the last two years (Cicirelli, 1982). In a Philadelphia study (N=110), seventy percent of the subjects had a sibling in the city. Of the 45-54 year olds, 68% saw a sibling that week. For the 55-65 year olds, 58% saw a sibling within the week (Rosenberg & Anspack, 1973).

A move closer to a sibling often increased the time spent together, which increased communication and

resulted in a closer relationship. A move away from a sibling had the opposite effect on the relationship (Rosenberg & Anspack, 1973). It is as if the physical distance becomes a metaphor for the closeness or distance of the relationship.

Sibling rivalry

Sibling rivalry has always been a defined part of sibling relationships (Bank & Kahn, 1982). Sibling rivalry continues into adulthood and middle age but usually with decreasing intensity (Framo, 1976). Up until the present, brothers tended to retain sibling rivalry more than sisters. Even after employment ends and brothers are retired, competition can extend into comparisons between grandchildren, as the older men take out pictures, relating where each grandchild is now attending college (Gold, 1987). However, in a study of siblings of famous people, the non-famous siblings avoided rivalry by simply not competing with the famous sibling in his/her chosen field (Milgram & Ross, 1982). Thus, the de-identification process that began in childhood and seems to continue into adulthood. By not choosing the same field, sibling rivalry was dissipated and the relationship remained primary. This supports Schachter's theory that de-identification happens to avoid sibling rivalry. The non-famous siblings attributed their sibling's fame

to strong personal characteristics. At the same time, the non-famous siblings were able to point to their own strengths.

Critical incidents

Critical incidents also effect the adult sibling relationship (Ross & Milgram, 1982; Mosatche, Grady, & Noterne, 1983). Critical incidents can be characterized as normative and idiosyncratic (Lowenthal, Thurnber, Chiriboga & Associates, 1975).

Normative events are those that happen at an expected stage of life (Ross & Milgram, 1982; Mosatche et al., 1983). A move away from the birth home, marriage of a sibling, or death of a parent in old age are on-time normative events. Divorce of a sibling or the death of a sibling are off-time normative events.

In the marriage of a sibling, only one-third (N=65) found this a positive experience (Ross & Milgram, 1982). In the death of a parent as a normative event, the percentage of negative to positive effects on sibling relationships was almost half and half. This could be traced to sibling relationships that existed prior to the death. Those who got along well handled the death of the parent in a positive way. Sibling rivalry and conflict continued with those siblings who had a negative experience with each other before and after the death of the parent.

Arguments about values, aid to siblings, or employment/educational discrepancies among siblings are not expected developmental events, but are idiosyncratic. In idiosyncratic events, money aid to siblings was more a negative event, especially if the money was not returned on time (Ross & Milgram, 1982). However, personal counsel proved positive. Males tended to employment/educational comparisons more readily than women. Most consequences of this were negative. Twice as many participants disagreed with their birth family values. However, differences in values were tolerated more as the siblings became older. Therefore, siblings would establish contact with brothers and sisters they may not have related to since childhood, skipping the early and middle adult stages, and building a closer sibling relationship in old age.

Developmental tasks

In a developmental framework, there are three tasks which effect and rely on the adult sibling relationship (Goetting, 1986). They are companionship, socio-emotional support (Cicirelli, 1984; Ross & Milgram, 1982), and co-operation in caring for elderly parents and dismantling the parental home (Bank & Kahn, 1975; Cicirelli, 1982; 1984).

These tasks are dependent on the sibling relationship already established (Goetting, 1986). Naturally, if siblings do not perceive their relationship as close, the tasks of companionship and socio-emotional support may not be fulfilled. If the sibling relationship is a negative one, as stated above, it tends to remain negative both during and after the task of care for elderly parents and dismantling the parental home (Ross & Milgram, 1982). It is apparent that the ethnic background of the family may have a great impact on the siblings' abilities to complete the task of companionship with his/her adult siblings. Cultural temperament, the importance of sibling gender, and birth order also seem to be effected by cultural roots.

Another important aspect in adult sibling companionship is the marriage of the adult sibling. As stated above, only one-third of adults find that a marriage serve to enhance the adult sibling relationship (Rosenberg, 1982). Finally, the sex of the sibling is significant.

Siblings in old age

Finally, the main task for old age is companionship and emotional support (O'Bryant, 1988). Although people in old age prefer their children as companions and support systems, 20% of widows are childless

(Cicirelli, 1984). Also, as people become widowed, the interaction with siblings increases. Thus, in old age, though siblings may not be the main support for the majority, siblings retain and often gain significance.

In a longitudinal study (N=173) of men from the age of 18 to 65, biopsychosocial predictors were examined for their correlation with three outcome variable at age 65: physical health, mental health, and life satisfaction (Vaillant & Vaillant, 1990). The researchers found that being close to a sibling during college strongly predicted emotional health at age 65. Closeness to siblings in childhood, for the 65 year old man, became as powerful a predictor of later life adjustment as three factors taken together: family closeness, good relations with parents, and absence of emotional problems in childhood (Vaillant & Vaillant, 1990). The implications of these results appear to add great credibility to the fact that sibling relationships in childhood and early adulthood are powerful life long variables.

Summary

Siblings are important people to each other throughout the lifespan. As children, they effect and influence each other, and perform vital functions in each others development. As adults, the vast majority of siblings retain relationships with each other and

continue to need each other to fulfill developmental tasks. Perceived closeness may ebb and flow, other relationships may mediate the sibling relationship, but research supports the simple conclusion that, as one grows into old age, siblings become "nearer, and dearer" (Gold, 1987).

CHAPTER III

ADULT SIBLINGS IN THERAPY

Traditionally, the most examined relationships in therapy have been the mother-child and husband-wife dyads (Bank & Kahn, 1982). Our culture in the United States has focused on the romantic bond that exists between a man and a woman. Children are often a direct product of the romantic paradigm. Other cultures, like the Maasai in East Africa, have an age group model, boys who must come of age together (Davidson, 1969). Through the rest of their lives, these boys and men identify with their age group as a primary unit (Bank & Kahn, 1976). The lover dyad of husband and wife retains a secondary position for them.

But in American society, the husband-wife, and parent-child relationships have been seen as basic and primary (Bank & Kahn, 1982). It was a natural outcome, perhaps, that the therapeutic modalities were based on these relationships. However, as stated in the last chapter, even as adults, siblings retain a significant relationship with each other throughout the life span. It would seem reasonable, with this horizontal

relationship, that spans a life time, that siblings are part of an adult's life, and as a logical extension, part of an adult's therapy (Kahn & Lewis, 1988).

Marriage therapy and family therapy have been birthed in the last forty years to respond to problems that develop in the romantic paradigm of husband-wife and their offspring (Becvar & Becvar, 1988). Presently sibling therapy is a little used term and does not spring from any one philosophical or psychological framework.

Discussion of adult siblings in therapy evolves out of individual therapy, which has a number of different roots and from family therapy, which also has a number of theoretical bases (Becvar & Becvar, 1988). Therefore, one problem that confounds this discussion is the lack of a consistent psychological viewpoint. Nevertheless, sibling therapy can be seen as rising out of both individual and family therapy (Bank & Kahn, 1982; Kahn & Lewis, 1988). Sibling therapy can be used a) to improve sibling relationships or b) to assist one sibling in dealing with a psychological problem (Bank & Kahn, 1982; Kahn & Lewis, 1988). Often, these two areas could be intertwined. For example, psychological problems may have resulted from disturbed sibling relationships.

When a client enters therapy, a therapist's challenge is to discover the nature of the sibling bond, whether the siblings were close or distant, how the bond was forged, and how responsive to therapy the sibling relationship might be (Bank & Kahn, 1982). If a therapist then makes a sibling specific diagnosis, it must be determined whether the siblings would be able to cooperate in benefiting the client's therapy. This kind of therapy could involve three modalities, individual therapy, sibling therapy, and family therapy (Hamlin & Timberlake, 1981). A fourth modality, sibling groups, will be discussed later in this chapter (Edmundson, 1985). Determining when to involve the siblings is also important. Therapists may decide that a sibling session would be helpful only near the termination process of individual therapy (Framo, 1976). Others may find that it becomes a primary modality in treatment (Bank & Kahn, 1982). This would involve a case by case approach.

Contraindications for sibling therapy are two fold (Bank & Kahn, 1982). If one sibling strongly de-identifies with another sibling and this has been stabilized, brothers and sisters may not be helpful. Also, if negative patterns have become firmly entrenched and the system does not appear open to re-interpretation, sibling therapy may be fruitless.

Assessment of sibling issues

If sibling therapy appears to be a possibility, the therapist needs to assess sibling issues.

According to Bank and Kahn (1982), there are seven major areas for assessing sibling issues. They are sibling access, sibling career, identification patterns, loyalty, sexuality and aggression, death and parental sibling patterns.

In the first area, sibling access is usually highest if siblings are of the same sex and close in age (Bank & Kahn, 1982). The therapist can assess the feelings, factual information and memories, and the kinds of interactions that the client experienced with her/his siblings. This first area intermeshes with the second assessment area, that of sibling career.

Sibling careers involve how similar the sibling experience was for each one (Bank & Kahn, 1982). If the early development of the client was parallel to one or more siblings, this would be helpful. Areas to determine similar sibling career experience in childhood are economic change, parental work patterns, place of residence, marital patterns, and developmental milestones in language acquisition, physical capacity, and intellectual performance. High access and similar life experiences set the stage for close identification.

A third area to assess for the possibility of sibling therapy is identification patterns and changes in identification over the years (Bank & Kahn, 1982). Identification patterns involve determining whether the siblings have a dialectical relationship or one that is static and unchanging. Siblings can also have a very close identification with each other in which similarities are recognized and differences ignored. Or differences may be emphasized so strongly that de-identification has become frozen into polarized personality patterns (Schachter & Stone, 1987).

Loyalty between and among siblings should be assessed (Bank & Kahn, 1982). A therapist could look for how expectations of caring, love, protection, and fairness were created in the sibling subgroup. Caring can be one way, that is, one sibling carries the burden of being the care giver with no expectation of receiving care. Or caring, in a more healthy pattern, would be reciprocal.

Sexuality and aggression among siblings may be a more difficult area to assess and may need to be approached with a slower pace (Bank & Kahn, 1982). However, it is a vital area to explore if considering sibling therapy. The extent of past aggression, rancor, hate, shame or guilt and its continued effects in the sibling relationship is vital knowledge.

A death in any generation of which a client has knowledge is important (Irving, 1984; Rosner, 1984). Grief, survivor's guilt, and role reassignment may be a significant factor in present relationships. In individual therapy, a dead sibling may continue to be an active participant in the life of the client, either consciously or unconsciously. Exploring not only issues of living siblings but those lost by death might prove a fertile ground for self-understanding and healing.

Finally, the client's parents' sibling relationships could shed light on the relationships of the client (Framo, 1976; Abarbanel, 1983; Kahn & Lewis, 1982). Patterns of sibling relationships and the expectations of how siblings should relate to each other can be passed from one generation to another without any conscious examination. These patterns could provide a stable relationship or reek havoc on each new generation.

Particularly in psychoanalytic areas, the concept of established patterns in childhood forming a template for adult relationships is very strong (Agger, 1988; Graham, 1988; Abend, 1984). Thus, the therapist must be sensitive, not only to how these issues effected the client in childhood, but also how the client-therapist relationship could develop transference-

countertransference sibling issues (Agger, 1988).

Sibling behavior can manifest itself in both the internal and external world of the client, as well as past and current levels of experience for the client (Agger, 1988).

As the therapist assesses each of these areas, a tapestry of relationships is woven in such a way that the therapist can determine if sibling therapy would be helpful or even possible under the past and present conditions.

Sibling specific techniques

After assessing the possibility of sibling therapy and finding it may be helpful to the client, the therapist can use a number of sibling specific techniques in either individual or family therapy (Bank & Kahn, 1982).

As mentioned above, exploring sibling legacies in the extended family may prove very fruitful. Parents tend to impose the pattern of their own sibling relations on their children. For example, in a case study, women were observed in their second pregnancy (Abarbanel, 1983). The study concluded that the quality of the mother's interaction with her firstborn during her second pregnancy depended to a significant degree upon the mother's own childhood relationship with her sister. If the mother's relationship with her

sister was positive, she made a conscious effort to provide a positive atmosphere for the older child and the new baby. If the mother's relationship with her sister in childhood was distant and competitive, the mother seemed to fear the ensuing sibling relationship. She provided an atmosphere that encouraged her children to remain distant from each other. These conscious and unconscious reactions by mothers (and fathers) projected onto their children may have long lasting effects on the kind of sibling bond established.

Changing the sibling bond from a negative to positive experience is a second technique. Brothers and sisters can grow up with "frozen misunderstandings" of each other (Bank & Kahn, 1982). The concept that one is the black sheep of the family while another was good or the hero can last for a life time. Rigid, unchanging, static structures impede relationships. While siblings gather to air grievances and hear each other, the therapist can "point out people's perverse satisfaction in pain" (Bank & Kahn, 1982). Within the process of hearing each other, "rituals of forgiveness" can be used (Bank & Kahn, 1982). This involves a physical, visible act that presses on the memories and serves as a reminder of reconciliations. Therapy would involve examining these "frozen misunderstandings", paving the way for a flexible relationship that allows

individuation without isolation, intimacy without enmeshment, and an acceptance of a dialectic between and among individuals (Graham, 1988). Sibling therapy becomes a corrective experience (Framo, 1976) and part of the new history that siblings establish with each other.

Rallying siblings together for the benefit of a client promotes a heightened sense of cooperation and mutual identification that adult siblings may not have experienced for a number of years (Bank & Kahn, 1982). Rallying siblings for the sake of one conveys a spirit of support and a sense that she is not alone.

While rallying siblings may involve them in a number of sessions over a period of time, another technique is to call in a sibling or siblings as a consultant (Bank & Kahn, 1982). This would be basically an information gathering session, that could be used to supplement individual therapy.

A final technique is called rehearsing siblings or role playing techniques (Bank & Kahn, 1982). Even as adults, clients may not have psychologically left home or individuated from a powerful parent. Practicing what to say and how to say it with siblings can encourage a client to be honest with a parent. Not only could the siblings gather to encourage and rehearse, but they could also be present for the

confrontational session with the parent or parents. Siblings can feel that confronting a parent may break some unspoken rule created years ago in childhood. Confronting magical meanings that have rigidified relationships is important (Framo, 1976). Siblings need not say a word during this session but the physical support of their presence may be enough to allow the client to speak more freely.

Bank & Kahn's (1982) case study of a sibling rehearsal moved through three therapeutic steps and three therapeutic modalities. The first therapeutic step involved exploring sibling relationships in individual therapy for this adult woman. The second step was bringing in the women's siblings as consultants. This also provided an opportunity for all the siblings to express resentments in their relationships with each other. The third step involved a sibling rally in which new healthier relationships emerged among the siblings. On that firm foundation, the woman was able to face her parents, with her siblings present, and deal with her deep hurts and grievances.

Sibling therapy can not easily be characterized as either individual therapy with siblings as subjects or as a subgroup of family therapy. Sibling therapy can be interwoven with both the individual and the family therapy modality, used consistently or sporadically,

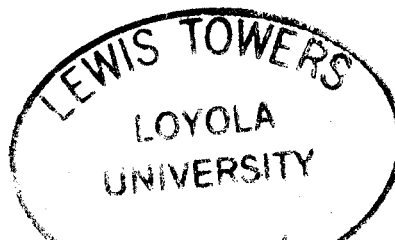
assessed as needed. Sibling therapy strives toward a balance between the old and the new family systems, inner and outer worlds (Framo, 1976).

Again, not all siblings could benefit from being together in therapy. Determining how the sibling bond was forged will give a good indication of the ability of the siblings to cooperate. Once carefully considered, the sibling group, with the guidance of the therapist, can work toward an adult bond built on mutuality and equality (Bank & Kahn, 1982).

There are no statistical data presently on the frequency of sibling therapy. There is no list at present of the problems or situations when sibling therapy was used successfully. However, therapists do examine case by case examples in which sibling therapy has been used.

Sibling death: an example

Moss and Moss (1986) discuss the trauma of the death of an adult sibling. It is normal for any adult sibling to grieve deeply in the loss of an close adult sibling. However, if a sibling becomes stuck in the process of grief for years or cannot function normally even within the first year after the death, individual therapy dealing specifically with the dead sibling may be necessary.



Sibling death can impact three major areas for the living sibling (Moss & Moss, 1986). 1) A personal vulnerability toward death may become apparent for the first time. 2) The impact on the sense of self when a sibling is lost may be overwhelming. 3) The sibling death may create an attempt by the birth family to reassign roles and change the constellation of relationships that had previously existed before the sibling death.

In the first area, the death of a sibling may bring forth issues of life and death that an adult may have successfully avoided up to loss of the adult sibling (Moss & Moss, 1986). A sense of finitude never experienced before, fear of death, or an inability to live life fully, or a lack of fear may manifest itself over time to a pathological extent.

As stated in the last chapter, a sibling plays a part in the identification process (Moss & Moss, 1986). It is not clearly known how powerful that process may be even into adulthood. However, a sibling relationship is most often a life long relationship and identification does not necessarily stop when siblings leave home. In lifespan developmental psychology, development and sense of self continue to evolve over the entire lifespan (Lamb, 1988). It would be a serious oversight if the continued impact of the siblings on

each other in adulthood were ignored. Therefore, the loss of a significant adult could be the loss of the mirroring process a client may find valuable in the life long process of discovering the sense of self (Bank & Kahn, 1982; Kohut, 1971). Survivor guilt may also be a crippling emotion. Because of the Western romantic paradigm, siblings may also experience little natural opportunity to discuss their sibling loss. When a parent, spouse, or child dies, sympathy from others is readily available. But the loss of an adult sibling may appear to be a natural event, or a distant event to outsiders. Sympathy may not be forthcoming.

Finally, even in adulthood, the death of an adult child may shift birth family expectations and change roles (Moss & Moss, 1986). This may have an unnerving effect on a surviving sibling who is not willing or prepared to take over the role once supplied by the dead sibling. Part of therapy could be recognizing new expectations and accepting/rejecting new role alignments. Relationships with surviving siblings and parents in old age may need to be renegotiated. This process could involve individual therapy, sibling therapy and family therapy.

In all modalities of therapy, death of a sibling at any age should not be overlooked. A sibling who dies at birth can have a life long effect on the

surviving sibling who may be consciously or unconsciously compared to the ideal child who died years ago (Irving, 1984). This is fertile ground for therapeutic investigation. To ignore issues based in sibling relationships can result in therapeutic stalemates and even failure (Lesser, 1978). The dead idealized sibling may be a more important rival than living siblings (Agger, 1988).

Case studies

Presently, the only clinical research that suggests and supports sibling therapy is the case study form. Examples of case studies involving sibling issues are: symbiosis with an idealized sister (Graham, 1988); rivalry with siblings (Graham, 1988; Ross & Milgram, 1982); lost, frustrating, or damaged siblings (Graham, 1988; Harris, 1988; Bank, 1988; Moss & Moss, 1986); sibling advocacy (Graham, 1988); model for love in other relationships (Graham, 1988; Framo, 1976; Abarbanel, 1983); replacement for lost siblings (Graham, 1988; Moss & Moss, 1986, Irving, 1984); mediator between siblings and parents (Graham, 1988); separation and individuation from siblings (Graham, 1988); incest (Graham, 1988; Heiman, 1988); eating disorders (Roberto, 1988); caring for parents (Tonti, 1988); intense loyalty among siblings (Bank and Kahn, 1982).

Groups for siblings

Finally, a little discussed area of sibling therapy is groups of siblings gathered together who share a common concern (Edmundson, 1985). One such concern that can bring adults together is having a sibling with a developmental disability (Edmundson, 1985). Adult siblings have gathered autonomously, apart from the therapeutic community to deal with issues not readily addressed. These issues range from self-help and information-gathering to advocacy. Siblings have long been ignored by professionals when a family has a developmentally disabled child (Edmundson, 1985). As adults, siblings are aware that when parents die, the responsibility for caring and relating to the disabled sibling may well rest in their hands. Presently, the most notable area for sets of siblings gathering together in groups may be with this issue. However, this area may be a rich source of support for sets of siblings who share other concerns as diverse as sibling incest or adapting to caring for aging parents.

Summary

It is not a question of the success of the sibling modality in therapy about which this paper is concerned so much as exposing the very idea of using siblings in therapy. This concept needs further attention. As seen above, the paucity of literature presently available

does not provide a broad understanding of sibling therapy but a mere glimpse of the possibilities. Forty years ago, many classical psychologists thought it heretical to bring a second client into therapy, to say nothing of a whole family (Becvar & Becvar, 1988).

Family therapy, the family unit as client, is a standard form of therapy today. So too, adult siblings may one day be a standard therapeutic modality as therapists evolve from a hierarchical paradigm to a horizontal, brother to brother, sister to sister, sister to brother paradigm. This topic is explored in the next chapter.

CHAPTER IV

A NEW PARADIGM FOR THERAPY

Therapy, both individual and family, has been based on a paradigm of expert-patient, teacher-student, or parent-child (Greenspan, 1983; Haley, 1976; Lesser, 1978). In psychoanalytic orientations, one of the primary elements in the analyst-patient relationship is the idea of the analyst as expert (Greenspan, 1983). In this psychological orientation, neutrality of the expert is central. The expert does not self-disclose or in any way reveal himself to the patient. The assumption is that this would in some way manipulate the patient (Greenspan, 1983). Not allowing a reciprocal, emotional bond between analyst and patient also, theoretically, prevents the patient from manipulating the analyst. Only seven years ago, eighty-four percent of all psychologists were men; women comprised almost two-thirds of the adult population of general psychiatric, community mental health, and out-patient psychiatric facilities (Greenspan, 1983).

Historically, the norm would appear to be a situation in which men sit listening quietly, neutrally, while women emote. This reinforces pre-existing stereotypes of the calm, cognitive male up against an hysterical, overly verbal female. Reciprocity of emotion in psychoanalysis is not advisable.

Male and female epistemology

This paradigm for therapy is based on a male epistemology of hierarchy and power (Belenky, Clinchy, Goldberger, & Tarule, 1986). It can well be argued that there is a need for an authority figure in many situations, including therapy. If one person is not coping well with life, that person is indeed looking for someone who is wiser, more grounded, more of an authority. The question that can be raised, however, is that, as the therapy process matures and the client becomes healthier, should the therapist retain the expert position?

In a male system, it would be a natural process to have a therapeutic relationship evolve that reflects the values of the dominant society (Schaefer, 1981; Permuter, 1988). In the male system, autonomy, independence, and individualism are emphasized (Belenky et al., 1986). In the female system, joining, confluence, and sharing are prominent features (Belenky et al., 1986). Instead of searching for individuation and

separation (Agger, 1985), the female system would support concepts of individuation and interdependence (Belenky et al., 1986).

The Oedipus complex, admittedly very controversial but still salient in psychoanalysis, promotes the concept of dominance and submission. It is a father-son paradigm, the resolution promoting a morally sound male (Sagan, 1988). This constellation of inner psychological conflict is based on male physiology. Freud admitted to believing that the female, because she lacked a penis, and therefore, the Oedipal struggle, developed into an inferior moral creature (Sagan, 1988).

Though other psychological theories may not go this far, the therapist retains the superior position of teacher, instructor, mentor, guide. Even in the psychoanalytic field, revisionists are examining Freud and finding he fell short in conceptualizing both sibling relationships and women (Chodorow, 1978; Dinnerstein, 1976; Sagan, 1988). Understanding sibling relationships and the concept of women as presented by Freud are significant in conceptualizing change in the therapeutic paradigm.

Freud's concept of siblings

Freud did not ignore sibling concepts. He did, however, frame them negatively (Bank & Kahn, 1980). There are five basic ideas Freud isolates concerning siblings. First, Freud felt that one sibling dominated and that the other or others submitted. Secondly, siblings have a harmful influence on each other's development. Thirdly, siblings compete with each other for their parents' love. One wins. The others lose. This encourages a hurtful relationship between and among siblings. Fourthly, eroticism between and among siblings is normal but not beneficial. It may have even perverse effects on the siblings. And finally, siblings feel a frequent, continuing underlying rage against each other that seems never to be resolved. It is interesting to note that Freud did not have a pleasant relationship with his siblings (Bank & Kahn, 1980).

It isn't difficult to see that, with a negative conceptual framework about siblings, Freud did not pursue trying to improve these relationships. It would appear sibling relationships were, by nature, contentious and not the basis for harmony. And certainly, a therapeutic model between therapist and client would not be build around these kinds of negative sibling issues.

A feminist model

If the sibling concepts of Freud have not been challenged with much force, it would seem logical that the second wave of feminism would challenge the parent-child configuration in therapy. However, a fascinating, if short sighted development appears to be evolving in the therapeutic field. Women in particular are challenging the male based model but seem largely to be focusing on the mother-daughter relationship (Chodorow, 1989). Bringing gender into individual and family therapy, recognizing it as a universal organizing principle, is crucial (Goldner, 1988). However, there seems to be little challenge to the hierarchical paradigm itself in therapy. Mother-daughter, mother-son relationships are inserted into the psychoanalytic field but the basic paradigm for therapy continues. That is, the generation, parent to child model is propagated.

This is an enigmatic conceptual problem. Feminists appear to have challenged the male model and satisfied much criticism by formulating a female prototype that uses mother-daughter images (Chodorow, 1989). However, the concept of sisterhood, a term much used in feminist writing, seems to exist merely as a metaphor and less as an actual examination of sibling sisterhood (Downing, 1988). Since the re-emergence of

feminist thought in the 1970's, little rhetoric concerning blood sister relationships actually developed over the next two decades. Less than a handful of books appeared on shelves discussing biological sisterhood and its implications for paradigmatic change (Fishel, 1979; Atkins, 1984; Downing, 1988). Perhaps actual sister relationships were far too complicated and ambivalent for comfortable examination in the feminist context (Downing, 1988). Nevertheless, this seems a glaring deficit in the development of feminist theory.

It is by the very intensity and ambivalence of the sibling relationship that a new paradigm can come into being (Downing, 1988). "If we can remember that we are here to sister one another, not to mother or be mothered, the possibility of another kind of relationship is opened to us," Christine Downing states (1988, p. 169). The relationship is built on reciprocity, each person a giver and each person a receiver (Downing, 1988). In a relationship of equals, mutuality, not mothering, can happen. A common need for each other exists openly (Hillman, 1972). Adler's most adequate model of mature human relationships is sibling interdependence (Downing, 1988). In therapy, the movement from parent-child, expert-student, to

sibling-to-sibling is a movement from dependence to interdependence.

There is a growing concern for development across the lifespan (Lamb, 1982). Freud did not formulate a theory of continuous development into adulthood. But revisionists have, even in the psychoanalytic field, envisioned lifespan development. The Rhea Complex is a term for a psychological constellation that plays itself out in adulthood (Ahsen, 1984). This is based on the concept of cooperative effort, mutual concern, and empathy, much like the ideal sibling relationship. Mature, equal, adult relationships evolve from the resolution of this complex. The Rhea Complex, very similar to concepts rising out of a female epistemology, provides a different theoretical base for the therapeutic relationship. Practicing therapists see the social cry for equality, not only in the feminist movement in the United States, but all over the world as societies demand democracy. Egalitarian relationships reflected in politics and the arts provide a psychological challenge for the therapeutic community as well (Kahn, 1988; Perlmutter, 1988)

A client should be gaining personal authority and confidence as she grows in understanding, problem solving, or philosophical viewpoints. Ideally, I believe, the paradigm could evolve from the professor-

student, expert-client to sibling to sibling. As the client gains in strength and autonomy, the therapist steps back, allowing the client to individuate into her own person. Therapy becomes a collaboration between therapist and client (Lesser, 1978). The therapist takes on more of a sibling role, as does the client.

A sibling paradigm

Basing therapy on a sibling model not only reinforces a growing sense of equality in the client but encourages the client to deal with ambivalence in human relationships. Humans have two vital abilities or needs, at least in Western culture. One is to live a separate, independent life and the other is to enjoy closeness and dependence in harmonious relationships (Bank & Kahn, 1982). A dynamic often correlated with these paradoxical needs is ambivalence (Dunn, 1987). With the same person a friend and an enemy co-exist (Agger, 1988). Ambivalence resides within the most intimate relationships. It is my contention that acceptance of this ambivalence in intimate relationships opens the door to honest, healthy communication. Open ambivalence may be the most safely modeled in siblings relationships in childhood (Dunn, 1987). To see strength and weakness in the same person and accept that person in spite of unpleasant characteristics can provide an elastic, unrigid relationship. It counter-

acts borderline tendencies of splitting and seeing in black and white terms, or idealizing and then devaluing. Siblings, because of the no-choice position they are in with each other in childhood, have the opportunity to see each other in all their strengths and weaknesses. Even as adults, in the vast majority of cases, siblings continue their relationship voluntarily, a kind of "elective intimacy" (Pollack, 1978).

When children grow up with siblings, they must learn to tolerate sadness, conflicts, disappointments. Siblings must come to compromising solutions (Provence & Solnit, 1983). These valuable lessons, learned, hopefully in childhood, prepare people for life with other imperfect humans. If a dearly loved sibling is not perfect, is even intolerable at times, others too may be like that sibling. People may be difficult and unpleasant at times but are also worthy of forgiveness.

Therapist issues

Although a new paradigm based on the sibling concept may not be quickly implemented, there are other possible reasons why therapists avoid using siblings and sibling concepts in therapy (Bank & Kahn, 1982; Permuter, 1988). The first reason suggested is that therapists and psychologists are not taught siblings concepts because there has not been a unified body of knowledge until now. For example, candidates in the

psychoanalytic field spend what Lesser (1978) calls "inadequate attention to sibling influences in the candidate's personal analysis". A candidate's personal analysis is the basis for training as a psychoanalyst. Therefore, if sibling issues are not considered salient in training, it is possible to see that in practice, sibling issues would also not be prominent.

Secondly, the parental role of the therapist may be undermined (Bank & Kahn, 1982; Permuter, 1988). The parental role may, in fact, serve as a defense against the therapist's own feelings of inadequacy (Lesser, 1978).

A third point is that aspects of therapeutic caring differ between sibling therapy and other therapies (Bank & Kahn, 1982; Permuter, 1988). Not only would the therapist eventually surrender the authority role, but the client must be ready to see herself as an equal, with authority invested in her. This can mean giving up a submissive role that carried advantages as well as disadvantages. Also, in a group of siblings, a therapist may find it difficult to be viewed as "one of the kids" (Lesser, 1978), especially after studying all those years to become an authority.

According to Bank and Kahn (1982), there are discrepancies in family therapists' views of power in family relationships, a fourth reason therapists avoid

sibling therapy. And it is difficult for therapists to see that siblings are more than reflections of parental systems (Perlmutter, 1988), something they have learned in training. Also, the founding mothers and fathers of family therapy, though they may even agree on certain concepts, do not go out of their way to recognize each other and work co-operatively (Doherty, 1988). The hierarchical need to be on top, to be a founder, seems to spill over at the very foundations of family therapy. The founding mothers and fathers chose not to look at each other as founding siblings, equals with the same goal, but rather appear to promote sibling rivalry. It would seem preferable for the founders to model mature sibling interdependence. This would assist in promoting sibling concepts in therapy. Unfortunately, founding mothers and fathers appear to reinforce hierarchical needs rather than horizontal sibling loyalty (Doherty, 1988).

Finally, resistance to including siblings in therapy may come from the therapist's own experience with siblings (Bank & Kahn, 1982; Perlmutter, 1988). Even though therapists find that efficiency and effectiveness increases "enormously" when they pay attention to sibling issues in therapy (Kahn, 1988; Lesser, 1978), the therapist's relationships with brothers and sisters may stand in the way.

Even in cotherapy situations, a therapist may feel more comfortable with a student cotherapist so the relationship remains one of expert-student or parent-child (Doherty, 1988). Two professionals of equal experience may find the sibling-like sharing not to their liking.

Dangers of sibling-like relationships

It would seem reasonable, however, to note that sibling-like relationships between professions or a therapist-client can have its dangers (Doherty, 1988). One possible problem would be idealizing a co-worker or therapist into an "older sibling" pattern that does not allow challenging. The relationship in this model can also become rigidified and frozen, which may not allow growth for either person. The ideal sibling relationship encourages a dialectic between and among siblings.

In a male-female, brother-sister, professional relationship, rigidifying into sex stereotyped behavior is another danger (Doherty, 1988). Within the potentially equal relationship, a wide range of behaviors must be explored and encouraged.

Summary

A paradigm is simply a model for viewing reality, or what one considers reality (Peck, 1983). Hierarchy and a male system have provided one way of viewing reality. The female system, long unheard and

unrecognized, has been based in a paradigm of connection, like a net that holds and provides safety (Belenky et al., 1986). Knowledge, not stagnant, but constantly created by ways of seeing and ways of knowing, gives birth to new paradigms. This, in turn, seeds new knowledge. The paradigm of siblinghood is flowering slowly but steadily.

New paradigms must be investigated and researched, however, to create a growing body of knowledge. The topic of research is examined in the next chapter.

CHAPTER V

FUTURE RESEARCH NEEDS

Historically, research in family relationships and individual and family therapy reflected the beliefs and values of western culture (Perlmutter, 1988). In family relationships, the romantic paradigm of husband-wife has been most prominent with children viewed as reflections of this primary bond. However, presently, too little is known about the actual independent functioning of the sibling subgroup to state that siblings are mere reflections of the parental system (Perlmutter, 1988). This, of course, is the primary concern of this chapter. Too little is known about the independent functioning of the sibling system in both childhood and adulthood. As a result, how siblings can facilitate growth and healing in therapy has not been adequately explored.

The sibling relationship variable has been frequently overlooked. For example, in an overview of

social support intervention research on adults, the terms "sibling", "brother", or "sister" were not used (Gottlieb, 1988). While Gottlieb stated "different relationships confer special significance and relevance on the supportive provisions they bring to bear" (1988, p. 16), and spouses, parents, and family members were mentioned, the significance of not mentioning a sibling should not be ignored. Socio-emotional support is a developmental task related to siblingship (Goetting, 1986). Therefore, in an overview of social support, it would appear that siblingship for adults offers a specific kind of support. That it was not mentioned merely illustrates a primary point of this thesis: the sibling subgroup is a variable that has had a paucity of attention in research and therapeutic application.

The longitudinal study of Vaillant & Vaillant (1990) dramatically illustrated the necessity to include the sibling variable. Unfortunately, to date, very few longitudinal studies include a sibling variable concerning relationships and their impact.

More often, when sibling issues are researched, the study employs retrospective methodology (Goetting, 1986; Mosatche, Brady, & Noberini, 1983). A basic criticism of retrospective studies is the question of accuracy of recall by family members (Robins, Schoenber, Holmes, Ratcliff, Benhan, & Works, 1985).

Robins et al. (1985) found that feelings, attitudes, and values, the primary concern of family members, are dependent on interpretation and assessment of behavior. However, though retrospective studies are influenced by these factors, so too are contemporaneous observations made by family members. Feelings, attitudes and values remain the primary concern. Nevertheless, Robins et al. (1985) found that "retrospective interviews may be reasonably valid" (1985, p. 41).

Systematic retrospective studies provide useful preliminary data upon which longitudinal studies may be based (Costa and McCrae, 1987). In the study of siblings, as well as many research projects, multiple research strategies could be employed (Lamb, 1982).

Research instruments

Few research instruments appear to be available that focus on relationship among family members, to say nothing of the specialized subgroup, siblings. However, presently, two instruments of research currently in use may have potential in assessing sibling relationships in adulthood.

The first is the Sibling Relationship Questionnaire developed by Watkins (1976). Twelve sibling roles are presented and seen as polarities. They are: confederate-competitor, positive reflective appraiser-negative reflector appraiser, leader-

follower, protector-antagonist, nurture giver-nurture receiver, positive model-negative model. Since Turner (1968) suggests that positive sibling relationships are inhibited by rigidly structured roles, this instrument has potential for exposing an inflexible system.

However, Hamlin (1982) found that problem and non-problem sibling subgroups both were able to identify clear roles played by siblings in their families. This instrument was created for children. Whether it could be used to explore adult sibling relationships and the rigidity of their present system is yet to be seen.

The Barrett-Lennard Relationship Inventory (BLRI) was developed to measure empathy, regard, and congruence among family members (Ganley, 1989). Its theoretical orientation is Rogerian. Presently, its main use has been in measuring marital satisfaction. However, Ganley (1989) suggests that this instrument may have potential use in measuring relationships in family subsystems. Research about relationships among siblings of all ages may be enhanced by the BLRI.

Changes in sibling research

In the last decade, three changes in sibling research have been observed (Lamb, 1982). First, there has been a shift from the study of effects to the study

of formative processes. Researchers want to know not only the fact that a boy with an older sister is more cognitively competent but what process in the family contributed to this result (Lamb, 1982). Many studies have focused on the effects of birth order, gender, and age spacing on variables like intelligence and prominence but these studies do not elucidate formative processes. Relationships between and among siblings rarely seem a focus of group differences research. Both illuminate an aspect of siblingship that is important. Both kinds of research, differences in effect and formative process, can enhance the findings of the other.

A second change in sibling research observed by Lamb (1982) is the study of the biological aspects of siblings and cross cultural studies. Siblings can share up to 50% of their genes, allowing for similarities and the potential for a strong relationships built on shared interests and concerns (Scarr & Grajek, 1982). However, siblings can also be startlingly different. Most studies are concerned with environment and genetics and the impact on similarities and differences. Further studies could explore how the biological and environmental similarities and differences impacts the relationship between and among siblings. By studying other cultures, also, our own

culture is illuminated, not as the norm, but as a cultural variable (Weisner, 1982). Siblings may or may not establish similar relationships and developmental patterns in differing cultures.

The third shift in sibling research concerns an expansion of the primary focus on children to the development of people at all stages of life, lifespan developmental psychology (Lamb, 1982). Traditionally, research and clinical practice have focused much attention on childhood. However, instead of childhood remaining a permanent template for all future interactions, development is being seen as continuous, throughout all of life (Lamb, 1982). With this emphasis, the role that siblings play in their relationships with each other needs attention. From the little research available at the present time, siblings appear to play different roles for each other throughout life. Also, there are hints that the strength and weakness of the sibling relationship gains and losses importance in different adult stages, from college-aged siblings up to old age (Vaillant & Vaillant, 1990).

In many respects, longitudinal studies seem crucial to both the first and third emphases. Cost is always a problem in longitudinal studies. Though cost cannot be underrated, a second concern for longitudinal studies of brothers and sisters can be raised. In

studies begun 50 years ago and more, gender bias and sex role stereotypes crop up that color the outcome (Cicirelli, 1982). This criticism is minor, however, compared to the overall benefit longitudinal studies could provide.

Scientific paradigms

In the study of sibling relationships and the application to therapy, there continue to be a number of paradigmatic concerns in research (Auerswald, 1987; Doherty, 1986; Chubb, 1989). Research in psychology has been based in the logical positivist-empirical tradition, a Newtonian research model (Becvar & Becvar, 1988). Linear thinking, cause/effect relationships, and an objective observer are concepts that belong to this model. While this methodology has been beneficial, it is based on a scientific paradigm that is being challenged within the scientific community. In the new science, the objective observer has an impact on what is studied. When a scientist studies light, for example, and looks for a particle, the scientist sees a particle (photon); if a scientist looks for a wave and chooses that procedure, a wave will be seen (Doherty, 1986). Because psychology has chosen to use a scientific metaphor rather than a philosophical model, we are forced to confront the scientific

revolution that has taken place in quantum physics (Doherty, 1986).

Following a quantum model, the objective observer is no longer possible. The subject responds to the observer. The observer is not just observing but influencing the outcome of the process. What the observer sees depends on what the observer is looking for. It is not difficult to understand how this can also be true in psychological theory and research. If one looks only for the cause-effect relationship between husband-wife-child, this is what will be seen. If, however, the researcher is looking at a sibling system in sibling terms, this reality will be discerned.

The new model of post-Newtonian science has also emphasized dynamic causation or circular causality to attempt to understand interaction of the whole (Chubb, 1989; Doherty, 1986). Much of reality is non-linear and one variable effects another and every other variable in a reciprocal way (Gleick, 1988). The science of chaos, non-linear science, is also impacting the study of human relationships (Kris & Ritvo, 1983; Gleick, 1988). No longer does it seem appropriate to investigate how parents influence children, but also how children impact the behavior and development of parents (Kris & Ritvo, 1983). Certainly, many of the

studies done on siblings approached them with the belief that siblings could be studied in a linear conceptual model. Of course, this is not impossible, nor totally undesirable, but it is only one way. It is reasonable to assume that siblings have continuous reciprocal, non-linear effects on each other that do not retain a constant value but continuously change over a lifetime. In presenting non-linear research on siblings, I am not pretending to know how this is accomplished. Rather, it is presented as a stimulus to another way of thinking. Just as siblingship is a necessary ingredient in research and therapy, so too is the concept on non-linear relationships. Scientists prefer to avoid non-linear equations because they are not solvable, under most conditions (Gleick, 1988). It makes the world and science much less comfortable. However, it also allows scientists and psychologists a more realistic perspective.

Because psychology has chosen the path of science instead of philosophy, psychology must be open to changes occurring within the scientific community (Becvar & Becvar, 1988; Chubb, 1989). We have based our models of research and clinical practice on a science that views much of reality as a machine (Becvar & Becvar, 1988). When an individual or family goes into crisis, much theory and practice looks at the

client (individual or family) as a machine to be fixed (Becvar & Becvar, 1988). If enough data is presented, eventually, this client should have a predictable outcome. Another model arising in chaos theory, however, is that matter cannot be viewed as a machine but part of a dynamic system that constantly interacts. As a result, much of what happens is not predictable, but is "noise" (Gleick, 1988; Becvar & Becvar, 1988). While Newtonian science moved in the direction of believing that eventually the "noise" could be delineated and understood, chaos theory recognized that the material world is not simply a machine. Turbulence in water or a fibrillating heart do not have predictable behavioral patterns. One cannot say where a water particle will be with any certainty from one moment to the next in turbulent water. Patterns can emerge, but predictability is not possible (Gleick, 1988). A family or an individual in therapy may, in fact, be far more like a fibrillating heart or water in turbulence than a machine that can be fixed in a predictable manner.

This does not mean that therapy has become a totally parameter-free enterprise. It does mean, however, that both researchers and therapists may realize that ultimately, human beings are never going to be truly predictable. It may mean that humility in

theory and practice become more common in helping professions (Becvar & Becvar, 1988). It may mean that the therapist continues to learn from the client as well as the client learn from the therapist, that therapy is reciprocal (Becvar & Becvar, 1988). It may mean that in fact, the therapist enters the session as a sibling-like person who carries no certainty about the outcome but has windows to hope and multiple pathways to courage. People are not machines. Families are not machines. People in crisis are like water in turbulence, like the rise of smoke that displays order and then breaks into chaotic, unpredictable patterns. Therapy is a process, an evolution of client and therapist together (Becvar & Becvar, 1988).

In further research, the sibling relationship variable is important in both short term group differences studies, process and descriptive studies, and longitudinal research. This thesis raises not only the question of what is studied, but how it is studied. Science has linear and non-linear research paradigms. Both are significant to the study of sibling relationships and their application to therapy. The researcher effects that which is studied and how it is studied. The object of study effects the researcher and how the researcher will proceed. So too in therapy, the

therapist effects the client and the client effects the therapist.

Summary

Sibling relationships change over the lifespan. For the majority of people, siblings retain significance from the day of birth until death. No other relationship has this unique feature. Though sibling relationships change and fluctuate in importance over the lifespan, the potential for using siblings in therapy in adulthood remains largely unexplored.

The concept of siblingship may be not only significant for therapy, but appears to be relevant in both individual and societal development. Not only is a new paradigm for therapy possible, but a new paradigm for society as a whole may be emerging. Democracy, brotherhood-sister, is siblingship.

Further research is needed to study the meaning of being a brother and a sister and how this changes throughout the lifespan. With further knowledge, sibling relationships can be more clearly understood, explored, and utilized.

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The final copies have been examined by the director of the thesis and the signature which appears below verifies the fact that any necessary changes have been incorporated and that the thesis is now given final approval by the Committee with reference to content and form.

The thesis is therefore accepted in partial fulfillment of the requirements for the degree of Master of Arts.

April 9, 1990
Date

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