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Entangled bonds: psychodynamic assessments of sibling relationships for the family courts

Introduction

When families break down and children can no longer live with their parents, it can seem unthinkable that they may also be separated from their brothers and sisters. However, although the hope is always for families to be able to stay together, or to come back together when parents are more able to cope, sadly, there are times for very troubled families when staying together would be at the cost of the children's physical safety or their emotional and mental stability. Both the Children Act 1989 and DOH guidance recommend that siblings be accommodated together if they are placed in local authority care, 'unless this is part of a well thought out plan based on each child's needs' (Lord and Borthwick, 2001). This chapter aims to describe how professionals in a multi-disciplinary assessment centre come to form opinions about children's states of mind and about their relationships in order to make recommendations about the placements of siblings for the family courts. It will also consider how children's overtly expressed wishes are taken into account to inform an understanding of underlying emotional states and attachments, rather than directly determining care planning.

When children have endured terrible experiences together, their mutual attachment may to some degree help them to manage the trauma of separation from their parents. Many writers have noted the protective and developmental features of sibling relationships (Dunn and Kendrick 1982; Klein, 1932; Silverstone, 2006). Research carried out by Dunn and Kendrick has shown that emotional experiences with brothers and sisters can contribute to a heightened awareness of self-identity that in turn enhances the capacity to distinguish between self and other. Studies have also investigated the developmental aspects of sibling interactions: for example, Izard found that feelings such as anger or shame in sibling interaction promote understanding of the self as a causal agent, and this contributes to understanding of and interest in others. Research has also shown that in some types of adversity, such as maternal depression, sibling relationships often improve, as brothers and sisters

turn to each other for attention and comfort that is not available from the parent (Dunn and Kendrick 1982). Fundamentally, as Silverstone suggests, 'siblings can hold the family narrative for each other, and become the containers for each other of a history of their own childhood.' (Silverstone, 2006, p.225). However, such research findings as there are on the benefits of keeping together brothers and sisters who have suffered highly traumatic early experiences, such as prolonged physical, sexual or emotional abuse, or chronic neglect and deprivation, are complex (Rushton, A, et al., 2001). Separating siblings who have so far remained together is one of the hardest decisions that professionals are faced with, one that may be said to be of equal import to separating children from parents. But despite the current upsurge of clinical and academic interest in the nature of sibling relationships, there is still a dearth of research and follow-up studies of separated sibling groups.

Conflicts between the interests of different siblings may determine placement recommendations: a younger child may have a greater chance of being adopted, or the needs of one of the children may exceed the capacities even of devoted and experienced foster parents, requiring the specialist containment and support of a residential unit. Some children learn to protect themselves from the effects of trauma or gross neglect by means of defences that, in the absence of therapy or a highly specialized, supportive environment, would stunt their future development. Such children may split off their distress, presenting a calm, almost frozen exterior, keeping all emotional contact at bay, while others may find ways of losing themselves and their painful feelings in a gang, suppressing their own identity, thoughts and feelings. Attachment research has shown that these defences become organized, leading to prolonged impairments in relationship which go on to be replicated in the next generation, as attachment disorders are predictive of parenting difficulties (Schofield and Beek, 2006). For children in these circumstances, assessment involves meticulous observation of the defences each child has become most reliant on. Very careful consideration is given as to whether the continued presence of their siblings would be compatible with a slow and careful lessening of the grip of defences that have hitherto been relied on for psychic survival. If, on balance, it seems that ongoing interactions with brothers and sisters would be more likely to perpetuate and exacerbate these harmful ways of being, the assessment team may take the difficult step of recommending that the siblings are placed separately, in the interests of their long

term development, while maintaining an appropriate level of contact in the form of visits, letters and telephone calls.

The Monroe Young Family Centre

Drawing on clinical material which has been disguised to protect confidentiality, this chapter describes some of the thinking in the Monroe Young Family Centre (MYFC) about brothers and sisters for whom staying together seemed to be crucial to their emotional and social development, and goes on to explore situations in which separation of siblings is recommended. The centre, which takes referrals from throughout Greater London, was set up in 1989 to carry out assessments of families with young children where there are serious child protection concerns. The multidisciplinary team comprises professionals from a range of trainings and theoretical backgrounds, including Child and Adolescent Psychiatrists, Child and Adolescent and Adult Psychotherapists, Clinical Psychologists and Social Workers. Each assessment is carried out on a case by case basis, informed by developmental and Social Services research. The expertise and experience of the whole multidisciplinary team are essential in reaching recommendations that, as far as possible, reflect the interests of each child. Letters of joint instruction typically include questions about the placement of the children and about their therapeutic needs.

In the highly-charged atmosphere of a court assessment, MYFC staff try to be empathetic, friendly and professional, with the aim that the intervention should, as far as possible, have some therapeutic potential for the families who come to the centre. Time is given to thinking with the social worker and the parents or foster carers about how to prepare the children for their first visit to the centre, which follows a visit to the children's current home. The assessment begins with an introductory meeting when the purpose of the assessment is explained and, where possible, each family member's understanding of why they are coming to the centre is explored.

One aim of the assessment is to observe and gather evidence about the impact of traumatic experiences on children's states of mind and on their capacity to form relationships. Perhaps because of our need to remain hopeful, and the wish to be

‘child-friendly’, this impact can often be minimised. Contact supervisors, for example, often describe a calm, placid baby, or an excited, energetic toddler in positive terms, but these presentations may on further exploration mask high levels of distress or anxiety which cannot be expressed directly (Schofield and Beek, 2006; Youell, 2002).

Observation and thinking about meanings that may underlie behaviour, play and talk, guided by knowledge of the relevant research literature and by reflection on the overall affect conveyed by interaction with a child or group of children, is the core of psychoanalytical work in assessment as in treatment (Klauber, 1997). Trying to be in touch with painful and distressing feelings that children have as a result of traumatic or abusive experiences is the specialist task of psychoanalytically trained staff, who require the support of the multidisciplinary team and the understanding gained in personal psychoanalysis to carry out this work on a day-to-day basis. Without this framework and structure, cogently described by Anna Freud and her colleagues as providing a combination of ‘hard-headedness and soft heartedness’, the impulse to minimise the impact of children’s experiences, under the catch-all ‘they’re too young to notice’, can be irresistible (Freud, 1980) .

Sadly, experience and research show that young children, even babies, *are* profoundly affected by distress and trauma. A child who appears to be calmly contented, blithely oblivious, turning to self-comforting or self-stimulating practices, may, in effect, have carried out his or her own assessment of the parenting capacity of the adults around them. Faced with repeated rejection, assaults or neglect, many children set up powerful defensive barriers that, if untreated, would go on to impair their future development and personality. That children can be affected in these ways, however, also suggests that they may be helped in the safe and reliable conditions of psychotherapy or of specialized therapeutic care, through sensitive, mindful, often long-term treatment.

The MYFC approach relies on observation and detailed description of interaction. In the course of each three to four week assessment, the children are usually seen on their own three times, as well as in sibling groups, and with their parent or parents. Detailed observational notes are written after each session. Children’s overtly

expressed wishes are thought about in the context of their play and interactions with each other, with their parents or carers, and with staff. Each child sees the same member of staff, where possible in the same room, with a box of toys and drawing materials, so that they are encouraged to make use of the experience of being with an attentive, friendly adult who is interested in them and in their thoughts and feelings. Much of the time staff do not direct children's play or ask questions: the aim of the individual sessions is rather to follow the child's lead and to help them to name feelings that come to the surface, often in symbolic play with toys, or in drawings. When children have lived through traumatic experiences, or are still living in fear, the flow of their play may suddenly halt, or be diverted. The therapist notes these breaks in continuity, or avoidances of particular areas, and in team discussion, putting together their observations with colleagues, hypotheses will be formed about the defences that may have become habitual for this particular child. The therapist's observations also involve monitoring her own emotional state (or 'counter-transference') while she is with the child, as this may contribute to the whole picture of a child's experience. With sibling groups, a more directive approach is sometimes taken: a task may be suggested, such as playing a game, or building a castle together. The therapist tries to support the siblings in carrying out the task, and notices how each sibling makes use of each other and responds to her help.

Siblings in psychodynamic theory

Many writers have commented on the enduring intensity of sibling relationships. Keats' description of his sister, as someone who 'walks about my imagination like a ghost', captures the way in which sibling relationships and shared histories intimately pervade the internal world (Keats, letter to Charles Brown, 1820, quoted in Dunn and Kenrick, p.221). The pressures of development into adolescence and adulthood often force conflicts in parent-child relationships to be addressed, bringing change and the possibility of some eventual resolution. Sibling relationships, on the other hand, with less drive to propel shifts in the predominant dynamics, can become more fixed. The position of 'big sister' or 'younger brother', persisting into adult life, may become entrenched in personality. In psychodynamic theory, sibling relationships have tended to be seen as the backdrop to the Oedipal drama of parent-child relationships (Coles, 2003; Colonna and Newman, 1983; Mitchell 2006). However, Freud and later

psychoanalytical thinkers did not overlook the contribution of family position to character development (Sherwin-White, in press). Freud himself grew up in a complex extended family, with much older half-brothers from his father's first marriage. He and his nephew were almost the same age, and he came to see this ambivalent relationship, alternating between closeness and enmity, as determining the future pattern of his friendships. Melanie Klein's intense relationship with her brother was reflected in the important role she attributed to sibling relationships in emotional development. In Kleinian thinking, it is the nature of unconscious responses and feelings - or phantasies - about the parents and parental relationships that determines whether sibling conflict and attachments are more or less benign or destructive. When phantasies about the parents are dominated by sadistic hatred, relationships between the siblings are more likely to be destructive, but Klein also thought that siblings could be 'possible facilitators of mental health', and that love between siblings can help to promote adult relationships, especially by mitigating relationships with parents that are dominated by hatred (Klein, 1932, 1946; Coles, 2003; Hindle, 1995; 2000).

Assessments of sibling relationships

The children in the 'A' family came to the attention of Social Services after a call from a neighbour who had heard persistent crying from the house, night and day. The three children, aged two, four and five, were found in a horrifying condition. They had been locked up in a darkened room for much of their lives. Alex, the youngest, was emaciated, and badly bruised; it was his cries that had led to the neighbour's call to Social Services. The level of violence between the siblings seemed at first to suggest that separate placements might be indicated. However, observation of recurrent themes in the children's play, in which toy police cars and ambulances repeatedly tried to reach a doll family, but were thwarted by a series of obstacles, suggested that the attacks on each other that had brought the children to the attention of Social Services were also desperate attempts to arouse the attention and concern of their parents. It seemed that these children had been able to retain an idea, or an internal working model, of potentially concerned, helpful parents whom they wanted to reach. This suggested that there were benign and protective aspects to their attachment, despite the alarming nature of the injuries that had been inflicted on the youngest child.

Too much closeness can be as detrimental to development as too much conflict. In the case of the 'B' family, the two sisters, only 16 months apart, and with almost identical names, seemed unable to coexist together: their rivalry was such that any moment of adult attention, any idea of something to be enjoyed by one sister was immediately seized on by the other, suggesting an experience so rivalrous and crowded that each seemed to feel she could only live at the expense of the other. Here, the thinking about placement went hand in hand with therapeutic recommendations. The team recommended that the sisters stay together in long-term foster care in order to carry out the complex task of separating from each other in the context of intensive psychoanalytic psychotherapy for each child. Essential to this recommendation was the finding that each sister when on her own responded with alacrity and enthusiasm to the attention and interest of her therapist and was able to make use of the three individual sessions in a way that suggested she would benefit from long-term psychoanalytic psychotherapy. The team thought that the task of finding and maintaining the internal differences between them would be clearer if they were able at the same time to learn about ordinary ways of being two closely related, but separate, individuals in the external world.

In both the A and B families, the team recommended the siblings stay together, with the provision of professional support for the children and their carers. Their dysfunctional interactions, while likely to be demanding of future carers, were understood as communications about their experiences. Each child responded well when their interactions were received as communications and thought about. These were encouraging findings for their capacity to engage in psychotherapy and to develop more positive relationships.

Separating siblings

In *Together or Apart? Assessing brothers and sisters for permanent placement*, Lord and Borthwick (2001) summarise some key criteria for separating siblings.

Recommending separate placements usually involves a combination of factors. In relationships where this eventuality is under consideration, there is likely to be extreme rivalry and jealousy; exploitation or scapegoating of one sibling by others;

conflictual alliances between groups within the siblings; hierarchical positioning; highly sexualised behaviour between siblings; or extreme behaviours which amount to re-traumatising of each other. In some cases, especially where there are wide age differences, or a complex constellation of half-siblings, children have already been separated prior to assessment. One or more brothers or sisters may have been accommodated while others have remained in the family home, or they may have been accommodated at different times in different homes. Issues then to be addressed include the attachment each may have made to different foster families.

In the case of the 'C' family, the degree of the Michael's chronic emotional neglect indicated a need to be placed on his own. In addition, his younger sister, Rosie, who had been referred at birth, had a good chance of being adopted. Now 13, Michael, had spent his life moving between his mother and her partners' homes. Listless and undernourished, he exuded a sense that he expected to be overlooked. His mother had been dependent on alcohol throughout his life, and her short-lived relationships with her drinking partners were marked by violent altercations. It seemed likely that Michael would have passed unnoticed by Social Services had it not been for the assessment of his baby sister. Like his mother, Michael was highly resistant to the idea of going into foster care. The gut feeling that 'family is best', is entirely understandable, as is the view taken by previous Social Workers on this case, that the 'strength' of Michael's attachment to his mother was a protective factor for him. However, as Schofield and Beek emphasise, 'strength' of attachment is a misnomer (Schofield and Beek, 2006). Michael's intense clinging to his mother, whose attitude to him veered unpredictably from sentimental warmth to tempestuous violence to contemptuous indifference, was aspect of an insecure attachment that left little scope for his own identity to emerge or for his needs to be met. It was 'strong', in that it was rigid and desperate, and therefore tenacious, but not in the sense of being nurturing, stable, or reliable.

Michael did show interest in his baby sister Rosie, and seemed to want to communicate with her, but he did not know how to do this, and their mother was unable to help him. In fact she seemed to turn to him for guidance as to how to handle and interact with the baby. As the assessment progressed Michael's interactions with Rosie were increasingly tinged with cruelty and jealousy. He chanted, 'Cry, cry cry!',

as the baby cried and writhed in distress, watched impassively by their mother. Michael did not seem to have had good enough internal experiences in his own infancy to guide him in his interactions with Rosie. In addition, Michael would have had to manage profound feelings of deprivation and jealousy in order to allow Rosie to have a chance of a better experience, a demand that exceeded his fragile emotional capacities. It seemed particularly difficult for Michael to see Rosie being well cared for by her foster carer, in stark contrast to his own experiences of neglect and actual physical harm as a baby. In discussion the team came to the view that this would make it difficult for him to support Rosie's well-being as she grew up and this, together with the real possibility of Rosie being adopted, led to the recommendation that Michael be fostered separately. Six months later staff heard that Michael had thrived in the placement, with his own individuality and identity beginning to emerge. In this situation, experience and professional judgement overrode the expressed wishes of the child himself, as he had not had sufficient experience of ordinary care and attention to be able to make an informed decision about his future.

Some sibling groups have the appearance of mutually supportive protective relationships, but on further exploration gang dynamics are evident that preclude the individual development of each child. This presentation is often associated with the entrenched scapegoating of one member of the family. In the 'D' family, a gang-like grouping of the siblings functioned as a way of protecting their mother, a waif-like young woman with a very troubled history of her own, but also as a way to avoid thinking about each individual in the sibling group. Ian, the oldest sibling, had been identified as 'the problem child'. He had been accommodated four years earlier following allegations that he had sexually assaulted his brother, Shane. Like a scapegoat, Ian seemed to carry all the sense of loss, damage and disturbance in the family, and this allowed the remaining family members to unite to expel him and the perceived threat that he posed.

While Ian was placed in an adolescent psychiatric unit, his two younger half brothers Kevin and Shane returned to live with their mother after a brief period in foster care. The assessment followed their return to the family home and came about as the result of continuing concerns about neglect and emotional abuse. Despite the appearance of warmth between mother and the boys, and mother's fluent use of psychological

language, the experience of being with the family produced a sense of acute discomfort and anxiety among staff. There was an unreal quality to the rational-sounding discussions of relationships that contrasted starkly with the disturbing environment of the family home. Although, situated in a fairly prosperous area, inside the flat the rooms were dark, with tattered curtains kept drawn throughout the day, and cluttered with broken toys and furniture. The proliferation of broken objects suggested a powerful unconscious communication about a bleak internal world littered with damaged objects.

The assessment included sessions with all three children together, and with Kevin and Shane without Ian, as well as individual sessions. When the three were together there was a great deal of verbal cruelty between them, particularly when one child was told off by their mother or upset. Any misfortune or sign of weakness was met with contempt followed by aggression, which their mother seemed not to notice, or to condone. It seemed that the presence of Ian, who had been ejected from the family with the idea that all problems would be got rid of along with him, provoked further cruelty in the younger siblings (Waddell, 1998). However, the assessment provided no evidence to support the contention that after Ian had been removed, the interactions between Kevin and Shane became more benign.

In fact, once it became clear that the MYFC staff were noticing and taking seriously the very disturbed interactions in the family, their cruelty and jealousy escalated. When Kevin came to the centre with a tummy infection, Shane jeered at him relentlessly, and bitterly resented any special attention his brother received. Less conflictual interactions also were observed, but sexualized excitement emerged as the factor that allowed the brothers to join up. Playing a word game, for example, they vied with each other to suggest different words for erections, laughing shrilly. They seemed to become fused in a disturbing excitement which shifted into cruelty as each boy began pretending to feed dolls and toy animals while at the same time assaulting them sexually. The collusion between the three children had a gang-like quality in which individual thinking was submerged (Canham, 2002). It seemed that this gang state provided a kind of intimacy or togetherness, which may have offered some substitute for emotional warmth given the desolation and disturbance that seemed to pervade their internal lives.

For these children, separation seemed to be in their best interests, with contact meetings three times a year. A well-supported foster placement, together with therapeutic help, was recommended for Kevin, while Shane, whose disturbance was more entrenched, was placed in a residential therapeutic community.

Conclusion

Many difficulties and dilemmas face professionals when making decisions about the placement of brothers and sisters in highly troubled families where there are often transgenerational relationship difficulties and long-term mental health issues for one or more parents. In each family assessment, a complex interplay of factors determines what is likely to be the 'least bad' placement option for each child. Observation and psychoanalytically informed interpretation of children's play and interactions are key tools in developing an overall picture of a child's internal and external worlds so as to contribute to planning for their future care. Assessment on this model is complementary to and sometimes supersedes the overtly expressed wishes of the child or children. Judgments as to the benefits and drawbacks of different placements are among the most taxing decisions that have to be made by child care workers and placement panels, and as yet there is relatively little research to date on the quality of sibling relationships and the outcome of sibling placements. There is an urgent need for more research and follow-up studies in these areas.

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References

- Canham, H. (2002) Group and gang states of mind. *Journal of Child Psychotherapy*, 28:2, 113-128
- Coles, P. (2003) *The importance of sibling relationships in psychoanalysis* London, Karnac
- Colonna, A.B. and Newman, L.M. (1983) The psychoanalytic literature on siblings. In *The psychoanalytic study of the child*, 38: 285-339
- Coles, P., Ed., (2006) *Sibling relationships* London, Karnac

- DoH (2000) *Framework for the assessment of children in need and their families*
- Dunn, J. and Kendrick, C (1982) *Siblings. Love, envy and understanding*. London, Grant McIntyre
- Freud, A, et al. (1980) *Beyond the best interests of the child*. London, Burnett Books
- Hindle, D. (1995) Thinking about siblings who are seen together *Adoption and Fostering*, 19:1, 14-19
- Hindle, D. (2000) *An intensive assessment of a small sample of siblings placed together in foster care* Unpublished D.Phil. Thesis
- Klein, M. (1932) *The Psycho-Analysis of children* London Hogarth Press
- Klein, M. (1946) Notes on some schizoid mechanisms (1926), in *Envy and Gratitude* London, Hogarth Press
- Lord, J and Borthwick, S (2001) *Together or Apart? Assessing brothers and sisters for permanent placement*, London, BAAF
- Mitchell, J. (2006) Sibling trauma: a theoretical consideration. In Coles, P. Ed., *Sibling relationships*. London, Karnac.
- Rushton, A, et al. (2001) *Siblings in late permanent placements* London, British Agencies for Adoption and Fostering.
- Schofield, G. and Beek, M. (2006) *Attachment handbook for foster care and adoption*. London, BAAF
- Sherwin-White, S. (in press) 'Freud on Brothers and Sisters: A Neglected Topic' *Journal of Child Psychotherapy*, 2007
- Silverstone (2006) Siblings. In Coles, P. Ed., *Sibling relationships*. London, Karnac.
- Timberlake, E. and Hamlin, E. (1982) The sibling group: a neglected dimensions of placement *Child Welfare* LXI 8,
- Waddell, M. (1998) The Scapegoat. In Anderson, R. and Dartington, A, Eds, *Facing it out. Clinical perspectives on adolescent disturbance*. London, Duckworth.
- Youell, B. (2002) The relevance of infant and young child observation in multidisciplinary assessments for the family courts in Briggs, A. Ed., *Surviving Space, Papers on infant observation*. London, Karnac

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