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## The Psychic and Clinical Significance of Sibling Experiences

Mythology, fairy tales and literature show that people have always been concerned with the subject of intense sibling relationships. Therefore the question, if there are any effects of birth order on personal development, has interested therapists since the beginning of the last century (Adler, 1920). A long tradition of empirical research dealing with this issue, show how the unsustainable and controversial results do not allow one to draw any conclusions from birth order and from certain sibling constellations (Ernst & Angst, 1983).

In the meantime there is a lot of research dealing with questions of the quality of the sibling relationship and their changes across the life span (Cicirelli, 1995). Although there was an attempt to demonstrate its importance by Sulloway (2000) the issue of birth order is no longer of interest for psychological research. But should age-long mythology, fairy tales, observation of child psychologists, parents and teachers be so wrong, that there is absolutely nothing about the effect of birth order? Despite of the relative insignificance of the birth-order research, I suggest taking into account

a psychodynamic perspective, sibling position and constellation are quite relevant for developmental psychology and psychiatry. Assuming a psychoanalytic view of mental illness with the implied unconscious conflict dynamic, conflicts resulting from the sibling relationship are likely to play an important role for the intrapsychic development of children and adolescents. So it makes e.g. a difference, whether the oedipal phase of a girl is dominated by an older brother, who can act as an oedipal object or by a younger brother, who could be a baby substitute. For the investigation of clinical

aspects of long-term effects of sibling experiences it seems to be useful to look the sibling position with respect to gender constellations.

### Clinical aspects of sibling experience

Traditionally, siblings have been regarded as rivals for parental attention, who are seeking the experience of enthronement and desire to be oedipal replacement objects (Freud, 1922). Furthermore traumatic events like sexual abuse and violence, sibling loss and illness of a sibling have been the focus of attention (Pollock, 1978). Ego psychology emphasizes the supporting influence of early sibling experience (Leichtmann, 1985; Parens, 1988). Sibling relationship are seen as an entanglement of parental and siblings dynamics. Therefore the sibling relationship is pointed out as an own line in children's development:

“These lead to a conclusion that there is a separate sibling line of separation-individuation from earliest childhood which operates along and/or is intricately linked with infantile attachments to and separations from the both parents.” (Graham, 1988, p. 107)

Fortunately there are an increasing number of psychoanalytic case studies, which point out the important role of unconscious sibling conflicts in the psychopathology of children and adult patients (Agger, 1988; Graham, 1988; Bank & Khan, 1994; Volkan & Ast, 1997; Mitchell, 2001, 2003; Hirsch, 1999, 2012; Wellendorf 1995). Some clinical aspects will be mentioned here.

Research seems to indicate that conflicts about rivalry are decreasing in the late childhood in a healthy development (Kasten, 2009), whereas mental and pathological problems are caused by issues like problems of closeness and boundary, persistent oedipal conflicts, high extent of envy and rivalry, effect of parenting on other siblings or on parents themselves, experience of dominance and aggression and traumatic events like sibling loss. But there are also case studies of rather inconspicuous sibling relationships, which had have sustained strong influence and high emotional significance for the development of the patients (Adam-Lauterbach, 2007).

Volkan & Ast (1997) described patients with claustrophobic symptoms, who had grown up as the oldest sibling and who suffered from unconscious fantasies of defeating their rivals in the belly of the mother:

“Our own experience with patients who fear enclosed spaces also suggests that the patient's symptoms often relate to unconscious fantasies concerning mental representations of younger siblings and the mother's pregnancy with the younger siblings” (Volkan & Ast, 1997, p. 34).

Often bonds between siblings are so close that steps towards independence seem to be impossible. They still depend on proximity and merging with each other as adults. The unresolved autonomy and dependency conflict in the sibling relationship leads to problems perceiving difference and separation. The associated unconscious aggression is countered by idealization and altruism. This dynamic is frequently the case for twins, where conflicts of dependency and autonomy, isolation and separation are often stronger than in other sibling constellations (Richardson & Richardson, 1990). The confusion of self and object boundaries often complicates a clear delineation and reality check. Volkan and Ast (1997, p. 100) and Bank and Kahn (1994) call this form of pathological relationship twinning, pointing out, that these patterns can also occur in other close, excessive siblings bonds. Due to the early lack of separation between self and object, the separation from the internalized sibling is experienced as threat and fear of self-loss (Volkan & Ast, 1997, p. 120f.). In general the integration of this relationship in the own psychological structure requires an intense demarcation work (Wellendorf, 1995). Even when the question of birth order has become less important in psychological research, there is no doubt that sibling position and constellation are universal structural features characterizing every sibling relationship and are also common in cross cultural studies (Zukow, 1989). To understand deeply the developmental influence and the associated psychodynamic of the sibling experience, questions of range and gender may be conceived of as an intrapsychic and interpersonal process:

“While the mother is usually the first love object and the immediate source for identification and early learning, the existence of actual siblings as well as internal sibling representations within the mother’s psyche exert a sizeable effect upon the child’s ego development.” (Agger, 1988, p. 3)

In order not to go beyond the scope of this article, only some theoretical conclusions from psychoanalytic theory of development regarding this aspect are mentioned. Firstborn children were treated and perceived by parents differently than later born children. Often they experience a withdrawal of the mothers while the second child is born. At this time they are more vulnerable to illness and stress (Ounstedt & Hendrick, 1977). There is more narcissistic vulnerability in firstborn and only children (Arbanel, 1983; Falbo, 1984). Older siblings can help to reduce anxiety in the separation process and support processes of triangulation (Leichtmann, 1985).

But little children can also be distressed by aggression and hostility of a brother or a sister. I suppose that anxiety for fragmentation, early defenses operations and a lack of self-object differentiation can be considered as an effect of the younger child having been confronted by these negative emotions and affects. In addition, younger children are showing more attachment behavior towards older sibling than older do towards younger siblings (Teti & Ablard, 1989). What is problematic is the kind of quality and stability these infantile attachment patterns and inner working models produce. The early development of the core gender identity can be extended to identifications and early representations as “I’m a sister”, “I’m a brother” and “I’m younger or older”. Concerns of castration and infantile penis envy might be stronger in opposite sex constellation. Sibling oedipal fixations are longer lasting and harder to solve (Agger, 1988; Shape & Rosenblatt, 1994). In the adolescence infantile identifications and bonds among siblings have to be transformed. Younger siblings can experience the adolescence of the older one as an object loss. The sibling bond is often a compensation for parental deficits and older siblings are often caregivers. Separation from family and detachment can cause inner conflicts and guilty feelings on both sides, for the older and for the younger sibling as

Bank and Khan (1994) have suggested. Considering these results it seems to be reasonable to use variables like birth order and constellation for an empirical pilot project. Because psychoanalytic research is mainly based on individual case studies, we have to consider the fact, that there is a lack of psychoanalytic oriented empirical research relating to the clinical importance and long lasting effects of sibling experience. If and to what extent sibling experience has clinical relevance within mental disorders and how the experienced sibling position and constellation in childhood have psychodynamic effects take center stage in an empirical pilot study (Adam-Lauterbach, 2012).

### **Sibling conflicts in a sample of adult psychotherapy patients**

Due to the complexity of the issue and the variety of constellations of siblings an empirical study of sibling influences on adults is a difficult subject for research. In order to make statements beyond single cases I investigated the files of 215 hospitalized psychotherapy adult patients. This exploration makes it possible to determine whether sibling conflicts ever been observed and documented by therapist. I went through a total of 480 file-by-file analysis, of which 215 files with information about siblings were evaluated for the study of content analysis. Even half or step-siblings are not included in the study because the examination results could be falsified under these conditions. Single children were also included in the study in order to differentiate the effects of having/not having siblings. The group of patients was heterogeneous with respect to age, gender, education, religiosity, familial as well social background.

In the files one could find anamnesis, medical reports and hand-written records of therapists. The reports of the therapists were different in scope and in the way of describing the therapeutic encounters with patients. There have been memos and notes of psychoanalytically oriented individual therapy sessions and group meetings as well as experiences in art and occupational therapy. Validity is ultimately based on the clinical judgment of qualified experts. The medical reports were standardized by dividing them into information about diagnosis, recording and basic symptoms, social situation, psychological

and medical findings, psychodynamics of the disease and course of treatment. The following data of each patient has been taken: gender, age, diagnoses according to ICD-10 and OPD, anamnestic and psychodynamics statements of the therapist and reports of sibling conflicts.

Two-thirds of the patients are female and one-third male. 25 % were only children, 31 % were first-born, 14 % were the middle child and 30 % are youngest children. Excluding the single children we have 161 sibling patients. 56 % of them have one, 25 % have grown up with two siblings, and 19 % have at least 3 siblings. 68 % had both brothers and sisters, i.e. mixed sex constellations, 21 % had only sisters and 11 % had only brothers.

### **The correlation of data of ICD-10 and the sibling position**

The International Classification of Diseases, ICD-10, is the standard diagnostic tool for epidemiology, health management and clinical purposes, published by the World Health Organization (WHO). It is used to monitor the incidence and prevalence of diseases and other

health problems including mental and psychic disorders. Therefore the encoded diagnoses are symptom oriented and descriptive without any information of genesis. All patients of the study received several ICD-10 diagnoses. In order to use them for a psychodynamic orientated study, I divided them in defined groups of diagnoses based on Ermann (2007, p. 125) classification, who differentiates between psychic, psychosomatic, behavior, reactive, post-traumatic disorders groups in ICD-10. In the group of psychic disorders there are e.g. depressive and anxiety disorders, in the group of behavior disorders we find eating disorders and addictions. This classification has the advantage of showing certain psychogenic aspects. The emphasis on the major symptom, such as depression, obsessive-compulsive or anxiety syndrome indicates a neurotic disorder level, while reactive and post-traumatic disorders include an external perspective. In clinical practice the initial diagnosis usually describes the predominant disturbance, but clinical reality shows also, that symptoms are fluid and multiple. For example an eating disorder is often associated with a personality disorder or a

predominant depressive episode can be a result of some other disorders. Therefore I took all ICD-10 Diagnoses.

In this survey there was no remarkable difference between the diagnoses of patients, who were only children and patients with siblings, or between patients with different sibling constellations. Patients with a middle birth position and patients, who had only brothers had the highest proportion of mental disorders. But one has to consider that these results weren't significant. The ICD-10 diagnosis has been frequently criticized because of its descriptive nature and its psychiatric orientation. Let us now have a look to another diagnostic system, which is used for some of the patients in this study.

### **The correlation of OPD- Diagnosis and birth-order**

The working group "Operationalized Psychodynamic Diagnosis", OPD was founded in 1990 in Germany. The goal was to broaden the ICD-10 classification and to include fundamental psychodynamic dimensions. The OPD system is intended as an empirical and theory independent instrument, which allows communication within psychoanalysis and with related disciplines. The OPD is an operationalization of relevant psychoanalytic constructs like early needs for dependence, self-esteem, oedipal conflict or identity. The OPD system is based on four psychodynamic relevant diagnostic axes with appropriate categories to complement ICD classification. These axes include the experience of illness, the interpersonal relationships, defined conflicts and the structure of the personality.

OPD differentiates four levels of structure like good integrated, moderately integrated, low and disintegrated. Good integration means a mental internal space, in which mental conflicts can be carried out and on the other side disintegration is characterized by fragmentation and psychotic restitution of structure (Grande et al., 2004).

In describing intrapsychic and interpersonal conflicts, the OPD Group (2006) has developed an operationalized diagnostic system, which has the advantage of not being as phenomenological and symptom-centered as the ICD-10. OPD is much more suitable for psychoanalytically oriented re-

search with its operationalization of psychodynamic conflicts like dependence versus autonomy, submission versus control, desire for care versus autarchy, conflicts of self-value, guilt and oedipal conflicts and identity conflicts. Thus OPD-diagnoses were the second group of variables, which have been correlated with sibling variables. In view of the multiple responses of the ICD-10 diagnoses, there is now a smaller group of patients, who are considered to have an OPD-conflict (N = 68) by the therapists. Therefore the results could be regarded only as trends, but nevertheless they are of interest. Unlike the analysis based on the ICD-diagnoses, I have found some differences between the sibling groups using OPD-diagnoses. The patients, who had siblings, suffered more from self-value conflicts than single children. Those who were youngest sibling, showed the highest rate of self-value conflicts. Conflicts dealing with the OPD conflict desire for care vs. autarchy affected the relationship between brothers but not sisters. It seems as if brothers don't take care so much of each other as sisters do. The level of significance was 0.23.

### **The appearance of defined psychodynamic sibling conflicts as a function of sibling position and constellation**

As third step of investigation statements of sibling experiences, relationship and actual conflicts have been examined in a file-by-file analysis in order to capture how siblings characterize their backgrounds and experiences. Using the criteria of a qualitative document analysis (Mayring, 2006), I filtered out all sibling information from the selected files. Since sibling conflicts have not been found often in diagnostics and clinical observation, it was of interest whether statements and issues dealing with sibling themes appear in the files. The relatively large number of files that do not include this information indicate that this perspective is still little taken into account in clinical practice. Self-reports of the patients, interviews, protocols of therapy sessions, statements and observations of the therapists were reviewed. In the files I have found statements of therapist and descriptions of patients' self-perceptions. In total there were ten types of conflict themes directly related to the past

or current sibling relationship that were defined as indicators of unconscious sibling conflicts. These conflicts themes were dethronement, experienced dominance by brother or sister, sibling rivalry, jealousy and envy, conflicts of closeness and distance, exclusion from the sibling relationship, lack of emotional attention in the family, to be overtaxed by taking responsibility and care for siblings, parentification, problems of familial separation and altruism. These ten conflict areas were defined as psychodynamic conflicts variables and as ICD-10 diagnoses and OPD diagnoses before, they have been also statistically linked with cross-classified tables to the variables sibling position and gender constellation. Were there any differences between these psychodynamic defined variables in respect to the sibling position and constellation of the patients?

At first it seems useful to mention differences between patients, who grew up as siblings or as only child. Patients, who grew up as an only child, suffered much more from overinvolvement the parental relationship. 48,1 % of the only children had to replace a partner or take care of the mother or father. They were doubly parentified and showed more problems in separation and detachment from their families than patients, who grew up with siblings. But oldest siblings are also only children for a while. In the study it was found that as adults, the oldest siblings also suffered from the effects of being a parentified child. The significance level was 0.02. Gender also played a role. In sibling groups, sisters have most often been the parentified child. A first born female child or a female only child is frequently pulled into parental problems.

Siblings, as opposed to only children, complained more about absence of emotional attention. There were also reported more conflicts between altruism/self-interest and conflicts of closeness/distance by siblings. Patients with the youngest position had the greatest percentage of problems with separation from the family. But these conflicts seemed to be irrelevant for patients who have been grown up in a middle position. It is interesting that siblings from all-brother constellations didn't mention as much trouble with separation as sisters or patients with cross- gender constellations. Patients with a middle birth position were twice as much affected by an experience of emotional deprivation as patients with another sibling position.

Furthermore sisters of mixed gender sibling constellations were suffering more than brothers from a lack of emotional attention. Although closeness and distance was selected as most the important quality of the sibling relationship, no differences between the sibling groups were found.

Therapists have given the highest rate of altruism as a defense mechanism or as personality trait patients who were the youngest child, followed by those with a middle position. Compared to the oldest ones, patients with the youngest position had three times and those with the middle sibling position had twice more conflicts with altruism (significance level 0.02). Among sisters, altruism played the biggest role.

First born patients complained about dethronement as well as those from brother constellations. Those from mixed gender constellations suffered less from the experience of dethronement. The following statements of patients are an example for these kinds of conflicts: "When my brother was born, everything changed. It is said, I was very jealous at the birth of my sister."

The category caregivers was used for patients, who had or still have responsibility for siblings and who have felt over-burdened or who have reported being very concerned about a brother or a sister. For example one patient left the clinic prematurely due to concern about her younger brother and didn't feel able to get involved into the therapeutic setting. Patients grown up as oldest ones suffered most from these feelings of being overwhelmed. The significance level was 0.001. Coincidentally the experience of being dominated was reported and observed mostly in youngest siblings (significance level of 0.01), especially those from brother constellations.

Feeling excluded from the sibling relationship was more often mentioned by patients with a middle position (significance level of 0.001). Last not least rivalry and envy seemed to be independent from the birth order and the constellations. Conflicts concerning closeness/distance can be understood as a universal issue of sibling dynamic, which characterized every sibling relationship independent of questions of position and constellation.

Although the results of the correlation between these psychodynamic variables and sibling position effects were significant, one has to consider

that the study shows at last tendencies, because of some very small cells of the different sibling constellations. Thus the study should be understood as a preliminary for further research perspectives. The present results show that the experienced sibling position can play an important role in mental disorders.

### **Conclusions about long-lasting psychodynamic effects of sibling experience with regard to birth order and gender**

An important result of the study was the extent of parentification of firstborn and only child patients. In addition that the first born often act as an attachment object for younger children means, that they get narcissistic supply not only from the parents but also from younger siblings. But what happens, when the younger in the course of his development wants to become more autonomous? The narcissistic equilibrium of the first born, which is already harder to attain, could be hurt and as a consequence he may tie the younger stronger than before. The experience of dominance by older siblings is a significant result in this study and probably caused in this dynamic. This can be most extreme in the adolescence, where differences related to physical and cognitive abilities are decreasing.

The fact that single children suffered most from parentification, but less from conflicts of self-value is also an interesting result. Parentification seems to give a certain narcissistic gratification. Self-esteem of only children was not affected by dealing with sibling rivalry and envy. In addition to being parentified, firstborns often had to take care for the younger siblings. Although the firstborn often seems to be in a privileged, even narcissistically rewarding role, as adults they still often suffer from an experience of being overtaxed.

Another finding confirms the psychoanalytic concept of dethronement for the firstborn. Against the background of the narcissistic vulnerability entronement and hostility to the newborn baby can be an expression for a disturbance in the relationship to the maternal object.

Although the ICD-diagnosis gave limited results, it has reflected a certain vulnerability of the middle birth position. Here we find the greatest proportion of mental disorders. However the

dominance of dyad relationships among siblings, which is described in sibling research (Bank & Khan 1994), seems to occur within the group of patients grown up in the middle position they expressed the highest rate of feeling excluded. It might be feeling of exclusion and a lack of emotional attention, which was also mostly reported by the middle position patients, conduct to a familial withdrawal of these patients. They had less problems of familial separation. From a psychoanalytical point of view it is conceivable that they act out what they have passively experienced.

But on the other hand all middle born patients were the youngest child for a while. Some of the following aspects for the youngest sibling position fit to them also. Assuming that younger children show more attachment behavior to older sibling and the fact patients have experienced deficits in the relationship to their parents, we can suggest that the sibling bond towards the older ones is more closed. Research shows that the younger ones are more tied to the older siblings (Teti & Ablard 1989). There are more autonomy-dependence conflicts in this group. The result of a higher rate of OPD conflicts dependence vs. autonomy in the youngest position group shows that the concept of the dependency-autonomy conflict, which is usually connected to the maternal object may be extended to a significant sibling relationship. The fact that 30 % are afflicted by the dominance of older brothers or sisters underscores this problem. The narcissistic needs of the older siblings cause guilty feelings in younger siblings, when they outdo the older sibling. In my single cases it was striking, how often patients who were the youngest child relinquished progression and success due to these unconscious conflicts. The internalized dominance of the older one might be the reason for the high rate of altruism, which is significantly greater for younger siblings.

The sibling bond can compensate deficits from the parental relationship (Bank & Kahn, 1994) but often unsolved conflicts and traumatic experiences of the parents prevent positive relations between siblings. This could increase pathogenic influences in the psychic development of a child.

In the beginning it is mentioned that in traditional Psychoanalysis it is argued that sibling objects act as surrogate objects for deficit experiences with the parent. Modern conceptions of sibling dy-

namics line out own sibling dynamics independent of parental impact (Graham, 1988; Parens, 1988; Leichtmann, 1985). I have come to the conclusion that both approaches are valid and being often effective at the same time. The analysis of transference-countertransference dynamics has taught me a simultaneous existence of parents and siblings representations. In individual cases the influence of the parental generation creates a kind of frame and design for the sibling relationship. But nevertheless the sibling dynamic is developing also in an independent way. In contrast to the static view of the sibling position of the quantitative Birth-order research a psychoanalytically oriented access enables a deeper insight into the psychodynamics of sibling influences. What has to be defended against in childhood as a result of the sibling position and constellation takes effect as an unconscious neurotic conflict in adulthood. If the question of sibling position in adulthood is still a psychodynamic issue, we have to treat it as an expression of infantile fixation. If therapists are able to look sideward and horizontal like Mitchell (2001) said, it is possible to work through sibling object ties. Because of the early defensive mechanism like splitting and denial, which are from my point of view, typical for sibling pathological dynamics it is important to be more active in the therapeutic approach. Sometimes it is enough to be curious about the siblings in the internal world of our patients and to be aware of our own sibling countertransference. The therapeutic aim is not only integration, but also detachment from the experienced infantile sibling position.

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**Søkeord:** Psykodynamikk ved søskenkonflikter og fødselsrekkefølge, psykoanalyse av søskenrelasjoner, langtidsvirkninger.

### Abstract

The author presents a pilot study with adult psychotherapy patients, which explores sibling conflicts and their prolonged effects. The question was whether there were any statistically detectable differences in ICD-10 and OPD-diagnoses and against the background of psychoanalytic theory in terms of psychodynamic conflicts. Furthermore it was of interest if these issues were connected to sibling position and birth order in which the patients were grown up. Single case studies have shown that sibling experiences have often an impact on psychic disorders and on the internal self and object representation. Lack of psychological differentiation with a strong emotional closeness or too much distance and strangeness may have pathological psychic influence. Getting to close may lead to limit personal development and encourage excessive altruism, which is associated with conflicts of loyalty and guilt. And on the other hand difficulties in relating to other can be the result of detached and estranged sibling relationships. Sibling conflicts are often repressed and become an unconscious conflict in adulthood. The investigation has showed that some of these conflicts are linked to the experienced sibling position and constellation, when these are considered as a psychodynamic process.

### Sammendrag

Forfatteren presenterer en pilotstudie med voksne psykoterapipasienter som utforsker søskenkonflikter og deres langsiktige virkninger. Spørsmålet var om det ville være mulig å finne statistiske forskjeller i ICD-10 og OPD-diagnoser på bakgrunn av psykoanalytisk teori om psykodynamiske konflikter. Hvorvidt disse temaene var knyttet til den søskenposisjon og fødselsrekkefølge pasientene vokste opp i, var et annet spørsmål. Single case studier har vist at søskenerfaringer ofte har innvirkning på psykiske lidelser samt selv- og objekt-representasjon. Mangel på psykologisk differensiering med sterk emosjonell nærhet eller for mye distanse kan ha patologisk psykisk innflytelse. Å komme for nær kan føre til begrensning av personlig utvikling og oppmuntre overstrukket altruisme, som er forbundet med lojalitetskonflikter og skyldfølelse. På den annen side kan problemer med å relatere seg til andre være resultat av distanse og stor grad av adskilthet og i søskenrelasjoner. Søskenkonflikter blir ofte fortrenget, og forblir ubevisste konflikter i voksen alder. Denne studien viste at, vurdert i et psykodynamisk perspektiv, er noen av disse konfliktene knyttet til opplevelsen av søskenposisjon/konstellasjon.

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