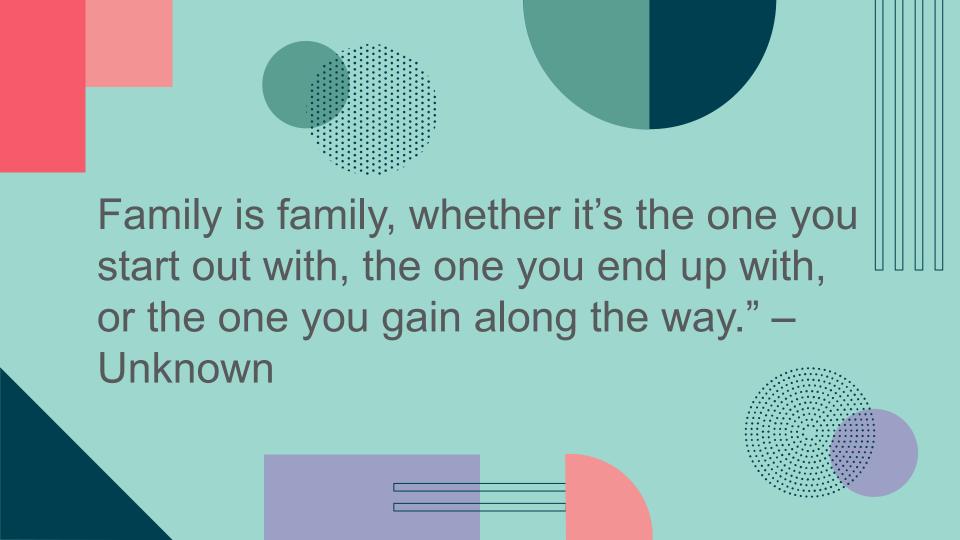
# Counselling Teens: Sibling Relationships





- The daily companionship of siblings in childhood and the lifelong nature of sibling bonds, combined with the intense positive and negative emotional nature of sibling exchanges, yield a powerful and important family relationship that is often overlooked by scholars.
- Sibling relationships provide one of the most stable and powerful developmental contexts for the transmission of both prosocial and antisocial behavior.
- As a source of support and skill development, sibling relationships can build competence in self-regulation and emotional understanding.
- However, sibling relationships marked by antisocial behavior, substance use, and conflict place children at risk for a host of negative outcomes.
- Family relationship features, particularly parenting practices and discord, contribute strongly to both the quality of sibling relationships and children's well-being.

**Risk factors** such as marital problems, depression, substance use, and experiences of discrimination undermine parenting and place youth at risk for later problem behavior.

**Protective factors** such as healthy marital relationships, low stress, and clear family values support family management skills and positive youth adjustment.

Because sibling relationships occur in the context of families, naturally they are vulnerable to the risk and protective factors that are directly related to parenting and youth problem behavior.

### Youtube Links

https://www.youtube. com/watch?v=xiwi1J Z-ZiU



https://www.youtub e.com/watch?v=Q OA5x48\_LIs



### Sibling Dynamics

How do brothers and sisters affect each other? What roles do they play in each other's lives?

## Sibling Roles

Most children spend more time interacting with their siblings than with parents, and children are involved with their siblings every day in multiple ways (Dunn, 1983; McHale & Crouter, 1996).

A 2008 study of sibling quality and time revealed that siblings spend an average of ten hours together per week in both constructive and unstructured activities (Tucker, McHale, & Crouter, 2008).

As children enter adolescence, they experience less conflict with their siblings and increased gender-based differences in support and intimacy (Kim, McHale, Osgood, & Crouter, 2006).

Same-sex girl dyads remain stable in their support and intimacy, whereas boy dyads decrease in intimacy and support as adolescents.

The amount of time siblings spend together in constructive activities predicts self-esteem for both older and younger siblings and peer competence for younger siblings, particularly for its (Tucker et al., 2008).

Siblings typically function as models of acceptable or unacceptable behavior within the home, and can serve as guides to the social world outside the reaches of family influence.

#### Siblings can take on the role of:

- Playmate
- Companion
- Teacher
- Learner
- Protector
- Dependent
- Role Model
- Intimidator
- Aggressor
- Victim
- Adversary.

## Sibling Roles in Dysfunctional Families

- The hero
- The mascot
- The lost child
- The scapegoat
- The caretaker
- The addict or Identified patient
- The lost child.
- The enabler.

### Different Types of Siblings

- 1 Traditional Siblings
- 2 Half Siblings
- **3** Step Siblings

## Why Siblings get along the way they do

Many factors may affect relationships between brothers and sisters. Some of them are:

- **Personality** Siblings are sometimes more different than alike. It is important for parents to recognize the unique personality of each of their children.
- Age Children of different ages behave differently. For example, younger children may fight
  in more physical ways. As they get older, their fighting may be more like arguments.
- Gender Gender affects relationships as well. Many parents find that children of the same sex compete with each other more than do opposite-sex children.
- Family Size, spacing and birth order No two children view the family the same way.
   An only child's experience is different from that of a child in a larger family. Children who are less than 2 years apart sometimes have more conflict than children who are spaced further apart.



## Birth Order

Different roles siblings play in the family.



- •Birth Order is defined as a person's rank by age among his or her siblings. Birth order is often believed to have a profound and lasting effect on psychological development.
- •Birth order theory was developed by Alfred Adler in the 20th century. It stated that the order in which a child is born impacts their personality.
- Adler's desire to understand how social factors influence personality extended to child developm
- ent. His birth order theory described how the effect of birth order shapes children's thoughts and behaviors, from firstborn children to the youngest children, as well as all in between.

### What Birth Order Theory is Not

- •Birth order personality traits are not necessarily present when a child is born into a family. For example, firstborn children are not necessarily born with niche or particular personality traits ingrained in their psyche.
- •Instead, in birth order theory, Adler illustrates how family environments and dynamics can shape individual psychology during a child's formative years.
- Although every family is different, there are similarities in the interactions between parents and children and siblings.

## Only Child

These children tend to get much more attention from adults than a child with siblings does. This means many of their early interactions involve individuals significantly older than them.

These interactions can make them feel like "tiny adults," and they can seem more mature than peers with siblings. Traits may include:

- Confidence
- Maturity for their age
- Sensitivity
- Use of adult language
- Self-centeredness
- A tendency to enjoy being the center of attention
- Refusal to cooperate with others
- A tendency to feel unfairly treated when not getting their own way
- A desire to be more like adults, so may not relate well with peers

### Oldest Child

The oldest child is usually set up as an example to the other children and treated more like an adult by his/her parents.

- A high achiever and a leader
- Given and accepts more responsibility than the other children.
- Feelings of superiority over other children
- Usually college bound.
- Independent
- Is affectionate
- Difficulty when the second child is born, such as feeling unloved or neglected
- A tendency to be controlling and focused on being correct about results
- Use of good (or bad) behavior to regain parents' attention.
- A tendency to be bossy or authoritarian about rules
- A desire to please others
- Reliability.

### Second Borns

Second-born and middle children begin their lives with their parents' attention on the firstborn. Having an older sibling as a role model makes second-born and middle children try to catch up with older children. Adler believes the second child will most likely be better adjusted. A second child may:

- Be more competitive
- Lack the undivided attention of parents
- Be a people pleaser
- Be a peacemaker
- Develop abilities the first child doesn't exhibit to gain attention
- Be rebellious
- Be independent and not need the support of others

### Middle Child

Displays "middle child syndrome" and the difficulties these children can present.

With the significant changes they experience early in life, they may become frustrated or resentful.

Not only do they lose their "youngest child" status, but they also have to compete for attention with older and later-born children.

Middle-born children of bigger families often aren't as competitive as single middle children since their parents' attention is often spread thinner among larger family dynamics.

Middle children in bigger families may be more prone to use cooperation to get what they want.

#### Middle children may demonstrate the following tendencies:

- Can feel life is unfair
- Can be even-tempered
- May feel unloved or left out
- May not have the rights and responsibilities of the oldest sibling or the privileges of the youngest
- May be adaptable
- Can be impatient
- May be outgoing and rambunctious
- May treat younger siblings more roughly
- Can feel "squeezed" in the family environment

### Youngest Child

The "baby" of the family tends to get more attention from parents since the older siblings are developing and becoming more independent. Traits of the youngest child may include the following:

- May be charming and outgoing
- Can be an attention seeker
- Behaves like the only child
- Feels inferior, like everyone is bigger or more capable
- Expects others to make decisions and take responsibility
- May not be taken seriously
- Can become "speedier" in development to catch up to other siblings.

## Social Learning Theory

The most popular theory used to explain sibling similarities is **Social Learning Theory (Bandura 1977).** 

From this perspective, individuals learn new behaviors and develop attitudes and beliefs through reinforcement, observation, and subsequent imitation of salient models, particularly those who are powerful, warm, and similar to themselves.

In these respects, siblings (particularly older siblings) are salient models for adolescents.

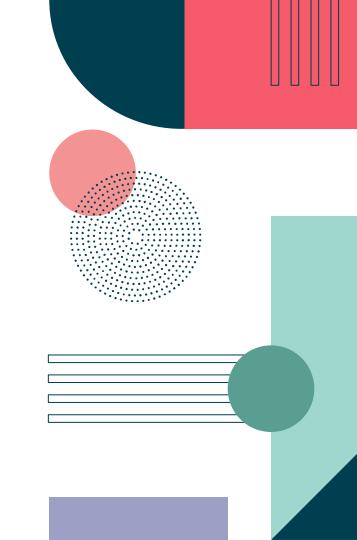
By virtue of their high status position within the family and their roles as providers of support and advice, older siblings are often seen as both powerful and nurturant by their younger siblings.

In line with theory, same sex siblings and those with warm relationships were more likely to model one another (East and Khoo 2005; McHale et al. 2009; Rowe and Gulley 1992; Trim et al. 2006).

## 2

## Sibling Rivalry

- Sibling Relational Problems
- Prevalence of Sibling Relational Problems
- Forms of conflict
- Factors that influence the intensity of conflict
- Positives and Negatives of relational problems



## Sibling Relational Problems

#### In DSM-5 - Other Conditions That May Be a Focus of Clinical Attention

Problems Related to Family Upbringing

#### V61.8 (Z62.891) Sibling Relational Problem

This category should be used when the focus of clinical attention is a pattern of interaction among siblings that is associated with significant impairment in individual or family functioning or with development of symptoms in one or more of the siblings, or when a sibling relational problem is affecting the course, prognosis, or treatment of a sibling's mental or other medical disorder.

Siblings in this context include full, half-, step-, foster, and adopted siblings.

## Prevalence of sibling relational problems

Majority of adolescents with sibling rivalry and violence under the age group of 14 years were **35 (50%)**, followed by 13 years were **20 (28.5%)**, 15 years were 12 (17.1%), and 12 years were 3 (4.28%). Among the total sample, 53 (75.7%) of them were males and 17 (24.28%) of them were females. Adolescent siblings having 1 sibling were 34 (48.57%), 2 siblings were 18 (25.7%), followed by students having 3 were 8 (11.4%) and more than 3 were 10 (14.2%). Majority of them with age difference >3 were 24 (34.2%), 2 were 17 (24.2%), 3 were 15 (21.4%), and 1 were 14 (20%). Among the total sample, 27 (38.5%) come under first birth order, 26 (37.1%) come under second birth order, 9 (12.8%) come under third birth order, and 8 (11.4%) of them come under more than third birth order. Fifty-eight (82.8%) of them often have conflicts with their siblings and 12 (17.14%) of them have no conflicts with their siblings. The highest modified mean score was found in. emotional violence domain (1.49). All the study subjects, that is 70 (100%), reported moderate level of sibling violence (Joseph et al., 2019)

Research on sibling aggression typically focuses on young children, **but during adolescence**, **both boys and girls tend to exhibit more aggressive behaviour. Despite increased involvement with peers, siblings remain important companions and emotional connections during this period.**Two separate studies have found that a majority of junior high and high school students (with mean ages of 12.3 and 16.9 years, respectively) reported experiencing sibling aggression as either a victim or perpetrator within the past year (Tucker et al., 2013).

Data was collected through self-reporting from 301 Turkish adolescents aged 10 to 18 years old. About 51% of the adolescents reported being involved in sibling bullying over the last six months, as a victim (18%), a bully (3%), or both (30%) (Deniz et al., 2023).

A national study of family violence in two-parent households found that approximately 80 % of American children between the ages of 3 and 17 years reported at least one act of violence against a sibling in a typical year (Shackelford & Hansen, 2014).

A study published in *Clinical Child and Family Psychology Review* (2012) on sibling relationships: found that sibling conflict occurs at a rate of up to 8 times per hour.

## Forms of conflict, bullying, and violence (verbal, physical, emotional)

- Hitting, kicking, pushing or shoving a brother or sister around or threatening to do these
- Taking money or other things from a brother or sister or damaging their belongings
- Calling a brother or sister nasty and hateful names
- Making fun of a brother or sister in other ways
- Keeping a brother or sister out of things on purpose, leaving them out of one's group or completely ignoring them, spreading rumours about a brother or sister or trying to make others dislike them
- Bullying one's sibling in any other way

## Factors that influence the intensity of sibling conflict

- Competition over limited parental resources i.e., attention from single parent households and differential parental treatment (i.e., favoritism, expectations from parents)
- Gender and age differences
- Birth order and birth spacing
- Differences in academic performance
- Temperament or Personality differences
- Issues of relative power, self-interest (e.g., sharing of personal items and conflict over personal space)
- Violation of rules (e.g., perceived immaturity and inappropriate behavior)
- Interests outside the family
- Differences in appearance that lead to favouritism from family or society
- Family composition (i.e., lack of relatedness among half-sibling or step-sibling relationships, blended families with opposing family values).

### Positives of sibling relational problems

- Enhances empathy, self awareness and teaches teens to apologise
- Learning to regulate intense emotions that accompany conflict
- Learning to verbalize what they want because home can be a learning ground
- Opens one to new perspectives
- Gives the adolescent the opportunity to develop valuable social negotiation skills
- Can improve problem-solving and conflict resolution abilities

### Negatives of sibling relational problems

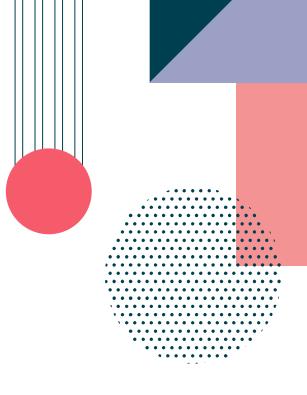
If conflicts are coercive, unresolved, and intense, they can result in;

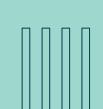
- Psychological distress
- Behavioral problems
- Academic difficulties

## How can you tell when the rivalry between siblings has become a problem? Ask yourself these questions:

- Do they initiate physical aggression that has caused injuries on more than one occasion?
- Fights are taking place across many settings
- Does one of the siblings appear emotionally distressed after, during, or while anticipating interactions with their sibling?
- Do they experience patterns of emotional distress as a result of sibling conflict that negatively impacts other areas of their life, such as school, friendships, and activities?
- Does one sibling persistently dominate the other? Or does one sibling seem to rely too much on the other even while adult caregivers are present?

## Managing Sibling Rivalry





## Ways to Manage Sibling Relational Problems

NB: The focus should be on building closeness between siblings, not an attempt to eliminate sibling conflict.

#### **Adlerian Therapy**

In Adlerian psychology, the primary objective is to make the patient feel capable and connected. As a result, the main goal of Adlerian psychotherapy is to assist the patient in overcoming any sense of inferiority they may be experiencing.

Therapy progresses through a series of four stages:

Engagement. At the beginning of therapy, the client and therapist work towards building a positive therapeutic relationship. This relationship should involve teamwork in addressing the client's issues, with the therapist offering support and encouragement along the way.

- Assessment. In order to guide the therapeutic process, a comprehensive analysis of the client's lifestyle should be conducted. This analysis should include their personal and family history, early recollections, beliefs, feelings, and motives. The therapist aims to gain a better understanding of the client's background, including their early memories and family dynamics. During this phase of therapy, the therapist works to understand how the client may have developed certain patterns of thinking that are no longer beneficial or adaptive. Additionally, the therapist should assess for any feelings of inferiority, sense of community, scheme of apperception, level and radius of activity, and more. Use of the Adlerian client questionnaire
  Use of Socratic questioning to build insight through a series of questions
- Insight. During therapy sessions, the therapist provides insights into the client's situation.
  They propose theories about how past experiences might have influenced the client's current issues. However, it is ultimately up to the client to determine the accuracy and usefulness of these theories. The therapist does not impose their interpretations on the client.
- Reorientation and re-education. The therapist assists the client in creating and implementing new strategies for daily life.

## Evidence-based prevention and intervention strategies (Kramer et al., 2018)

It is apparent that the emotional experiences of parents play a significant role in influencing the quality of relationships between siblings. This has crucial implications for practical applications.

- Therapists can assist parents in managing their emotions when dealing with sibling conflicts by portraying minor disagreements as normal and possibly advantageous for children to acquire certain skills. Additionally, professionals can help parents distinguish between normal and abnormal forms of conflict.
- Practitioners can collaborate with families to prevent or reduce children's perception of unequal treatment by parents and recognize situations where this treatment may negatively impact a child's well-being.
- Therapists can also help parents understand children's unique temperaments and characteristics and help them meet the unique needs of each child without compromising the quality of parent—child interaction or resorting to unfair differential treatment.
- Focusing on strengthening protective factors, including improving communication skills, problem-solving abilities, and social support among siblings, would be beneficial.

## Task-Centered Sibling Aggression Treatment Model by Jonathan Caspi (Caspi, 2008)

This approach combines structural family therapy, behavioural strategies, and a task-focused method to tackle sibling conflicts.

#### Treatment of sibling aggression should target two areas:

- 1. Eliminating harmful aggression
- 2. Building supportive relationships

"Addressing only one is problematic. Interventions focused solely on stopping troublesome interaction may teach siblings to avoid or stop communicating with each other resulting in apathetic sibling relationships."

"Alternatively, sibling aggression treatment that solely focuses on building positive relationships may fail to address the dynamics that support the hostilities."

NB: Intervention begins by ensuring safety for clients and then enhancing prosocial/positive sibling relationships

## Here is a list of crucial skills that both parents and practitioners can use to assist in fostering healthy sibling relationships:

- Positive engagement (e.g., play, conversation, the promotion of mutual interests among siblings).
- Cohesion (e.g., recognizing and valuing instances of help, support, protectiveness, cooperation, loyalty, trust, and pride).
- Shared experiences that build support (e.g., appreciating siblings' unique knowledge of one another and of their family to strengthen bonds).
- Social and emotional understanding (e.g., perspective taking, decentering, learning to assess and respect siblings' unique views, needs, goals, and interests as legitimate in their own right).
- Emotion regulation (e.g., identifying and managing emotions and behaviours in emotionally challenging and frustrating situations).

- Behavioural control (e.g., refraining from undesirable sibling-directed behaviours such as bossiness, teasing, and failing to respect personal boundaries and space).
- Forming neutral or positive attributions regarding the sibling's intent (e.g., learning to check or correct faulty attributions that may falsely impute negative or hostile intent).
- Conflict management and problem-solving (e.g., learning to consider conflicts as social problems and then using collaborative methods to solve these problems).
- Evaluating parental differential treatment (PDT) practices (e.g., openly discussing the impact
  of PDT perceived as unfair, and adjusting parental behaviours so that children's unique needs
  are met).
- The above list of prosocial behaviours can be utilized to guide task selection for developing positive sibling relationships during treatment.
- Each area can be viewed as a target goal broken down into discrete tasks. For example, utilizing the first area, positive engagement, practitioners may explore formulating tasks that promote shared interests and increase mutual play.

### Youtube Links

https://www.youtube .com/watch?v=Q0A 5x48\_Lls



https://www.youtube.c om/watch?v=shFEwv wR4qk



### THE FIVE FAMILY DYNAMICS

- The Five Family Dynamics (FFD) support and exacerbate sibling hostilities.
- Each of the dynamics can be considered a module with its own assessment areas and intervention tasks

The FFD for assessing and treating sibling aggression are:

- 1. PDT and Favoritism
- 2. Direct Comparison
- 3. Parental Support for Aggressive Behavior
- 4. Ineffective Supervision
- 5. Focus on Negativity"

## PARENTAL DIFFERENTIAL TREATMENT AND FAVORITISM

**Favoritism** is used here to refer to perceptions of parental preference, whereas **Parental Differential Treatment** refers to differences in actual behaviors employed by parents.

It is important to note that despite parents' best efforts to be fair, children may still believe favoritism exists. It is the perception of unfairness that is distressing and alienating, and causes resentment.

Practitioners must be careful to not dismiss accusations of unequal treatment. It is also important that when actual differential treatment is observed practitioners share their observation and ask about it"

### Assessment and Task Strategies for PDT and Favoritism

There are four patterns of PDT/favoritism triangles are common in families.

#### Assessment

These include; **parent coalitions with younger siblings**, parent coalitions with older siblings, split-parent-child coalitions, and scapegoating. Each area has unique task considerations."

#### Parent coalitions with younger siblings

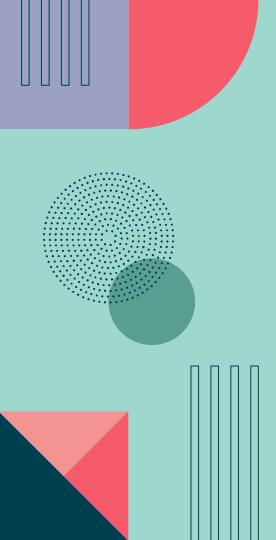
"parents frequently defend younger children who are in conflict with older siblings, giving rationales such as "You should know better, you're older." Parents who give support to younger children enable them to instigate conflicts with their older siblings because they know their parents will take their side." "Typically, smaller and weaker children do not take on their bigger and stronger others unless they are confident that a person with greater size or authority will come to their rescue"

#### Task strategies

It is important for practitioners to bring attention to parent-child relationships where older children are left out and discuss how this can lead to negative emotions such as resentment, hostility, and aggression. By working to change these patterns, aggression can be stopped quickly.

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"Your siblings are the only people in the world who know what it's like to have been brought up the way you were."

-Betsy Cohen

# This resource was created by Patience Kobusinge, Clinical Psychologist Patience Kathure, Clinical Psychologist