Am I My Brother’s Keeper? The Analytic Group as a Space for Re-enacting and Treating Sibling Trauma

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The thesis of this article, is that the analytic group is a place for a reliving and re-enactment of sibling relations. Psychoanalytic and group analytic writings about the issue of siblings will be surveyed. Juliet Mitchell’s theory of ‘sibling trauma’ and how it is reflected in the group analytic group will be briefly presented. It will be argued that the group is a place in which ‘sibling trauma’ is re-enacted and can effectively be treated. My thesis will be supported with clinical examples.

Keywords: sibling, sibling trauma, horizontal transference, re-enactment.

The Psychoanalytic View of Sibling Relationships
The psychoanalytic literature concerning the relationship among siblings is relatively sparse. Over the years there have been some attempts to explain clinical and real-life observations suggesting the importance of relationships with siblings. However, there is no general agreement regarding the nature of these relationships. Are they based on hatred, murderous wishes and/or death fears? Is the birth of a sibling necessarily traumatic? Can there be strong positive relationships between siblings? And what about an only child? What can sibling relationships contribute to the development of social values? The nature and significance of sibling relationships and friendships
among peers in emotional development has become of interest only in recent years.

The relative absence of literature about the relationships and influence of siblings and peers stems mainly from their horizontal transference character. They are void of the vertical transference that typifies parent–child relationships. Literature on family and group psychology has tried to give to sibling relationships transference relevance in its own right, but here, too, the main contention has been that problems are explained by defects in parenting. Furthermore, in the psychoanalytic writings there are few reports of competition between siblings. One exception to the dearth of writing about sibling issues can be found in descriptions of training institutes, at which candidates in treatment with the same analyst may be highly sensitive about their relationships with each other.

Freud (1921) sees competition among siblings as inherent to human life and explains it as resulting from parental dynamics. Siblings are seen as hated competitors for mother’s breast, as replacements for absent or not-good-enough parents or as identification figures. It is the eldest child, pushed aside by the birth of a sibling, who is most threatened. Nonetheless, Freud believes that struggle with sibling threat through the defences of reaction formation, repetition and identification is important and can lead to development of social justice and equality, social sensitivity and fellowship.

Anna Freud (1930) sees that hostile death wishes towards a sibling creates conflict only when the child perceives that the mother, incomprehensibly, loves those obstructive beings, and insists that he/she direct part of his libido towards them. This dilemma can hasten the Oedipal conflict.

In his writings Winnicott (1957) relates to various disturbances connected to the birth of siblings, e.g. eating disorders, phobias, bedwetting, an imaginary friend. On the other hand, the presence of a sibling brings the possibility of playing out different roles in games that prepare children for maturity.

Klein (1975) claims that conflicts and feelings of love and hate towards siblings are critical in the development of guilt and reparation. These are important for the development of future relationships and a healthy society.

Kohut (1971) discusses the effect of sibling relationships on the narcissistic connection with the mother, and the role of siblings in their functioning as parental replacements and as self-objects.
Adler (1927), the first to have researched the subject of siblings, investigates primarily the advantages and disadvantages of being the eldest, the middle and the youngest sibling. He also speculates about the various characteristics that stem from birth order.

Continuing this line of thought, Sulloway (1997) points out that birth order is one of the elements that most contributes to differences between siblings and competition among them. He sees order of birth as a main explanation for development of personality and connects this to the Darwinian theory of natural selection, which focuses on the basic biological characteristics necessary in order to achieve parental preference.

In recent years one can find in psychoanalytic literature expressions of the notion that siblings can serve as models for relationships with peers, with competitors and with strangers. Shapiro and Ginzberg (2001) point out that siblings are a source of intellectual stimulation. Siblings provide rich experiences through a wide variety of roles and games. Siblings can serve as models for attachment and separation, social justice and group relations. Brunori (1998) sees the sibling relationship as a complex area of feelings and sensation connected to cognitive, social and cultural developments.

Rustin (2009), Lewin and Sharp (2009) are of the opinion that the existence of siblings is in-born and pre-conceptual (Bion’s terminology). Siblings are always represented in the mind, whether they exist in reality or not. Therefore, just as the infant expects there to be a mother and father, so will he expect a sibling. Just as parental representations exist in the inner world of the child, so do sibling representations. Moreover, these internal siblings will be expressed in transferential relationships in psychoanalytic work.

In psychoanalytic literature one can find certain reference to sibling relationships, such as the influence of a dead brother, or being an only child, or a twin. Lewin (2009) points to the connection between twins as a special example of sibling relations. The fantasy of a twin is universal and is based on developmental factors connected with existential isolation. The feeling of being understood without words, to be known, is at the heart of the twin issue. Lewin points out two important factors in the experience of twins: 1. Being the same, exact chronological age, they are always present in the mind of the parents and of each other. 2. When there are two infants of the same age, attention given to one will always affect the quantity and quality of attention given to the other.
Lewin’s points are important for understanding transferential relationships in an analytic group. Members of the group struggle for the quantity and quality of attention received by others, in reality and in their fantasies about their place in the therapist’s mind. Furthermore, in the group the process of ‘twinning’ may be an attempt of each to get rid of unwanted parts of him/herself by isolating these parts and then putting them into the other through projection and projective identification.

Sibling Relationships in Group Literature
In his theorizing Foulkes conceptualizes transference relationships in the group as a form of sibling relationship. Unfortunately, he does not really go into this issue, mentioning the word sibling only once in all his writings, when he describes how someone new comes into the group. The event upsets group stability, similar to the entrance of a new sibling into the family.

Foulkes (1957, 1966, 1968) recognizes that group members relate to each other and the conductor as transference figures. While in individual analysis, it is the therapist who is the focus of the transference, in the analytic group there is also focus on the other participants. Foulkes suggests the existence of horizontal transference but does not actually call it sibling transference. Perhaps for this reason there is little material on sibling relationships in the group analytic literature.

Like Foulkes, Kaplan and Roman (1961) give much attention to the introduction of a new member into the group. They think this event precipitates a form of narcissistic trauma.

Lesser (1978), Marrone (1984), and Grunebaum and Solomon (1982) stress that many group interactions reflect sibling transferences. While the conductor is usually a parental figure—an authority who reflects concern and compassion—the group members often function as sibling replacements.

Brown (1998), in his article on the role of sibling relationships, suggests that the analytic group brings out sibling dynamics and creates opportunities to process and channel them. His point of view takes into consideration not just the envy and competition between siblings as important to development but also cooperation and mutual concern. He also points out the connection between problem-solving in sibling relationships and the development of satisfactory relationships with peers. There are three phenomena that must be considered in an analytic group. First, in interviewing potential new members,
the conductor must ask about relationships with siblings, friends and parents and try to predict how these relationships will be expressed in the group matrix. Second, in leading the group the conductor must relate to Oedipal competition or ‘brotherhood’ in such a way that members will remain open to therapeutic exploration and change can take place. And finally, as a member relates to the others and to the group-as-a-whole, he becomes part of a human, inter-subjective matrix, acquiring a perspective that moves him beyond himself and the traditional, repetitive patterns with his original objects, i.e., parents and siblings.

Brown (1998) describes the basic applications of sibling dynamics to a wide range of group experiences and interventions by the therapist. He emphasizes unique sibling phenomena, which can occur in a group, such as the disruption of group stability when a new member is introduced, or difficulties experienced by particular people when entering a group. Other examples of sibling-related, transferential phenomena are ‘twinning’ between two group members or members’ reaction to co-therapy.

Caffaro (2003) looks at the group through the prism of the family system and self-psychology. He points out that in the overall family system siblings constitute a sub-system that is highly significant for them. First experiences with brothers and sisters leave an emotional stamp whose influence can be felt in relationships and conflicts later in life. The traditional therapeutic arena, which emphasizes child/parent relationships, can overlook the importance of sibling-related dislocations and difficulties, despite the fact that they have a great effect on coping style, moods and interpersonal relationships.

Self-psychology emphasizes self-object relations in group experiences. Kohut (1971) sees the Self as being created in relationships with significant others. Sometimes siblings are used as the child’s necessary self-objects when parents are absent. Self-psychology conceptualizes the experience of ‘twinning’. In a therapy group ‘twinning’ occurs when one group member provides an opportunity for another to strengthen and develop the Self through a self-object relationship. In addition, the whole group can also serve as a compassionate self-object.

Nitsun (1996) points out that time-sharing and competition for time is an element with anti-group potential, reminding us of Freud’s comments on the destructive power of groups (1921). Brown relates to this conflict and claims that ‘a group that functions well can change from rigid equality to flexible justice’ (1998: 323), a quote that also
reminds us of Freud and his comments about the impact of sibling relationships on the search for equality and justice.

It is in sibling relationships that the individual learns to solve conflicts, share, give and take and all the important skills that are at the centre of group interaction. It makes sense that the therapy group is the place to experience sibling relationships anew. The therapy group offers opportunities to examine and change old roles that have become frozen in time.

**Sibling Trauma**

Juliet Mitchell (2000, 2003, 2006) claims that emotional life rests on two dimensions of equal importance: the vertical, parental/child dimension and the horizontal, sibling one. These dimensions exist alongside each other and call for similar analytic attention.

In the dialogue between her and Briton (2009) Mitchell suggests there is an unconscious, universal concept or primary fantasy about the existence of a sibling. The child thinks that the infant about to arrive will be an extension of itself, and there is a crisis when it discovers that the new infant is a separate being.

The sibling is par excellence someone who threatens the subject’s uniqueness. The ecstasy of loving one who is like oneself is also experienced as the trauma of being annihilated by one who stands in one’s place. (Mitchell, 2003: 10)

It is being overthrown that is at the heart of the sibling trauma. However, it is a trauma that must be, a universal phenomenon. The trauma of being unable to retain one’s special place is first examined in psychoanalytic circles by Adler (1927). Mitchell’s contemporary contribution is her conceptualization that it is not the actual birth of a sibling that leads to the crisis, but the development of awareness. With awareness of a competitor all siblings, regardless of their birth order, experience a trauma. Siblings are a mirror of the Self, reflecting one’s inner world. This is the reason sibling relationships are complex and filled with conflict. Maintaining a balance among these inner objects of love and hate is a central affective challenge.

Vivona (2007) expands on Mitchell’s theory and compares sibling competition with Oedipal phenomena. Regarding the latter the child fights for the love of one parent and tries to defeat the other. In the former, i.e. sibling competition, the child struggles not simply for love but for parental recognition of his uniqueness in comparison to
others, who are similar and part of the same relational network with the parents. Resolution of the Oedipal drama lies typically in the child’s agreement to postpone getting what he wants and trusting he will eventually have it. But, to solve his problem of sibling rivalry the child must give up any future hope of regaining the unique position had once had.

Mitchell states that difficulties with siblings may be resolved as the individual grows and finds his place in society. Specifically, the resolution comes as he finds himself identified through the prism of his horizontal relationships, i.e. characteristics in common and characteristics different from those of his siblings and early peers. Through comparisons with these others, the child identifies both his own unique characteristics and what he has in common with his mother, father and siblings. But, Mitchell cautions, while identification with the existing or introjected sibling can guide the child towards a solution, such identification may also be used as a defence against aggressive feelings.

Mitchell’s focus is on the powerful annihilation trauma of the narcissistic ego, a trauma of sameness and difference. It is a re-enactment of real or imagined situations, characterized by compulsive, repetitive behaviours in different areas of life as well as different aspects of psychotherapy.

**Analytic Group — Re-enactment and Treatment**

The point being made in this article is that in the analytic group there is a reliving and re-enactment of sibling relations. The group, therefore, can become an arena for processing and treatment of the sibling trauma.

Grossmark (2007) assumes that all behaviour in the group is a form of communication of the members’ inner worlds and unarticulated experience. One can get to this level of understanding only by permitting the full enactment of these inner worlds within the group.

Yalom (1985) cites 11 therapeutic, healing factors in group therapy. Among these he cites ‘corrective recapitulation of the primary family group’ (p. 3). He compares the sibling system with the parental one, especially how it appears in the group here-and-now. This article focuses on the reliving and re-enactment of then-and-there in contrast with here-and-now processing.

The horizontal dimension of transference relations is more prevalent in a therapy group than in individual therapy. Members become
transferral sibling figures, re-experiencing the difficult fact that they are just one in a group of several. The individual is reminded that he/she entered a world in which there are already others like him, i.e., a sibling or a sibling replacement. In the analytic group there is back-and-forth movement between acknowledgment of common denominators among members and each member’s particular uniqueness.

Group analysis offers a unique view of the narcissism involved in this paradox. In relationships that develop among ‘siblings’, i.e. the members of the group, there are unconscious processes of mirroring. In the Other’s gaze a member can come to know himself. In the analytic group an impressive system of empathic and supportive relationships develop. Bion (1961) speaks of ‘pairing’ in the group. Foulkes (1957) gives credit to the group for these insights, conceptualizing them as a mirroring phenomena, in which the individual meets different reflections of himself.

The analytic group facilitates, by and large, a re-enactment of the family cell. In the group new members are like new siblings that enter the family, and the departure of members is similar to separation from siblings. The latter can sometimes be experienced as abandonment and death. Each member must find his/her own place and uniqueness in regard to the other sibling/members. Processes of competition and envy are aroused in relation to other member/siblings and the conductor/parent. Brown (1998), Grossmark (2007) and Caffaro (2003) have all noted that the therapeutic setting of a group makes it possible to review sibling relations and change behaviours.

**Example One**

Vered, an eldest sibling and also a patient in individual treatment, has moved to group therapy and finds herself with new ‘siblings’. She explains she is someone with no particular problems, but as an afterthought adds that she is getting divorced. She also mentions a serious childhood disease whose importance was never acknowledged by siblings and friends. She has never discussed this illness in her individual therapy. She has problems with Yael, a younger and ‘needy’ group member. Through the reactions of the group members she comes to see how hard it is for her to talk about her problems. It is difficult for her to deal with envy and competition for position, time and attention. She works on the relationship with her ‘siblings’ in the group. She wants to feel she belongs, and she tries to be supportive.
and help the others. If her contribution is not recognized, as was the case with her biological siblings, she becomes angry, aggressive and feels like disappearing or going to sleep. Processing all this in the group, she makes incremental changes in her relationships with colleagues at work, with friends and with her children.

In her group Vered was in competition with other female members. For her, they were younger siblings, envious and in competition with her for attention. Yael was one of those who received more attention.

Yael, the eldest child in her family, has difficulty finding a place for herself in the group. She feels that the others are more ‘needy’, and she must not take their place. She feels that there is nothing special about her nor is of any interest to anyone. Experiencing her reaction to the others and their mirror reactions she recalls experiences and struggles with her own siblings, particularly in regards to envy. With the help of therapeutic work, most particularly in her relationship with Vered, she changes her reactions and behaviour in the group and in her outside life.

Example Two

After the same group has been functioning for one year, a new member—Aviv—joins. Aviv quickly comes to feel threatened by a male member who had been in the group before him. He experiences this man as the elder twin brother who had come into the world before Aviv, taking, what he perceived, should have been his rightful place. Aviv projects all his unwanted parts on to this member, striving to demonstrate his uniqueness. When, a year later, Roni, another ‘sibling’, joins the group, Aviv becomes even more active in struggling for his place. Roni eventually leaves. Analysing his reactions to the more veteran member and also to Roni, Aviv relives the difficult relationship with his real twin brother. The latter would always win the competition between them. Aviv says, ‘I’m fed up seeing how the competition with my brother follows me everywhere, even here’. He tells group members that his twin brother came into the world before him, bigger and more healthy. His twin brother left the hospital with their mother while Aviv, smaller and more fragile, remained behind in the Premature Babies Department. This pattern continued outside the family. Those around him were always better off. Every time he was faced with the possibility of change, he needed ‘time to mature’, time in the ‘Premature Babies Department’.

Aviv sees the men in the group as twin brothers, more loved and more successful. He comes to understand how he is repeating a
pattern of envy and resentment with his twin brother. The entrance of Roni, the first new member in a year, is similar to the birth of a sibling, an experience that can be traumatic and yet a necessary part of group life. In the group there is often a feeling that there is no good time for someone new to enter. Any new member upsets stability. And yet, as with a single child awaiting new siblings and afraid something may have happened to them, in the group as well there is anxiety that the person scheduled to begin may not in the end arrive.

Roni, the newcomer to Aviv’s group, has come to group therapy in an effort to find belonging and a place for himself. 10 years in Israel, he feels that he never succeeds in becoming acclimatized to his new country. In the first meeting he abruptly announces to the men, ‘I am the newcomer, and now I’m taking your places’. The feeling is that he is asking for a fight. Roni is re-enacting a trauma he has not been able to process. The possibility that he could re-live in the group unworked through relationships with his parents and siblings is unbearable for him and so he quickly leaves. His departure is in itself a re-enactment of traumatic events in his family.

He had emigrated from Argentina shortly after his father died, when, according to him, he had not managed deal with his brothers and find a place for himself in his own home.

Example Three
In different stages of her life and that of the group Sara makes herself so tiny that she disappears. In doing so, she is re-enacting the quality of her relationships as a small child.

She was born after a brother that had died. She did not talk for several years because she felt she had no place amongst the older siblings and a depressed mother. She came to see her silence in the group as a re-enactment and was able to process it. Tragically, she saw the traumatic family experience of loss repeat itself in her adult life. Like her mother, she lost a son.

She is trying to deal with the feelings of her children, staying as alert as possible to their competition and envy. Over time, Sara has become more aware of her patterns of re-enactment. She has developed tools and the ability to fight for her place and to strengthen her ability to talk, in the group and in her life.

In her group Sara quickly comes to notice that her silence and inactivity is the repetition of an early pattern in her family, when after her brother dies, she can find no place for herself. She is very hesitant to push her way into the group, until, recalling that difficult period in
her childhood, and reflecting on the great attention she gives her own children since the death of her child, she begins to take more of a place for herself.

**Discussion**

Blum (2005) sees transference phenomena as a guide to re-enactments. They can be agents for change. The patient’s typical characteristics as a child, his irrational fixed patterns and ongoing childhood fantasies, are expressed in present-day behaviours.

Re-enactments facilitate a deep penetration of emotions. They help the patient get to such debilitating feelings as guilt, shame, humiliation and low self-esteem.

In the analytic group re-enactments are always taking place. By experiencing them, members organize and process their memories and achieve new understandings. Re-enactments link the past with the present. Members make connections between their experiences in the group and experiences in their past and present outside of the group. These connections, intense and powerful in the group, facilitate understanding that did not exist before.

Phillips (1994) writes that for Freud re-enactment was the self-cure for loss. The mere possibility of repeating an experience attests to its loss. Man returns only to what he cannot get back. The patient’s compulsive wish to reenact his experiences is a form of remembering.

Re-enactments come about when it is impossible to remember something. Freud discovered that men do not suffer from memories but from the denial of them. They forget in the wrong way, which leaves them vulnerable. If trauma is defined as something you cannot experience until you remember it, then re-enactment is testimony of unwillingness—or worse, inability—to forget.

In group therapy, the past and the future become the here-and-now. The way to memory is through experiencing the past in the present for the first time, in the transference. The group can provide a foundation of holding that has been missing. It can be a womb that contains and processes the re-enactment of the original sibling trauma. It is a place in which the past can be experienced in the present and worked through.

The interaction among the members, i.e. the group matrix, facilitates re-enactment of the original sibling trauma. It is an opportunity to relive the past in the present and finish up the need to go back in order to remember. Enactment of the trauma in the group setting
creates the possibility of change and growth. In this way Vered, Yael, Aviv and Sara treat and are treated through re-experiencing the original trauma.

**Summary and Conclusion**

In this article I have tried to demonstrate how the therapeutic process in analytic group therapy makes it possible to re-enact and process primary trauma in regards to sibling relationships. This is a trauma shared by all members of the group, whether they have siblings or not. It appears regardless of birth order—whether the person is the first-born, a twin or the youngest sibling. The main assumption here is that people re-enact in present-day relationships not only what they experienced in their parent–child relationship but also in their original sibling relationships. These relationships are so significant that they stand on their own. The group, offering the possibility of many transferenceal, ‘sibling’ relationships, is the best therapeutic setting in which to deal with this issue.

**References**


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