EXTENDING THE USES OF SIBLING THERAPY WITH CHILDREN AND ADOLESCENTS

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Sibling therapy as a distinct treatment modalityfor child and adolescent problems has received scant attention in the psychotherapy literature beyond its perceived utility during times of family disintegration and reorganization when parents are either absent or reluctant to participate in therapy (Lewis. 1986, 1988, 1995; Rosenberg,1980; Schibuk, 1989). Although family therapists do endorse sibling work, the emphasis tends to be on brief interventions that are geared toward reintroducing the identified patient to the sibling subsystem so as to consolidate his or her disentanglement from the parental subsystem (Fishman, 1993). The thinking is that one sibling has been inappropriately accorded a parental or conjugal role and needs to be returned to his or her rightful place with other siblings. Sibling sessions are implemented merely to quicken this role realignment.

The notion that siblings can he meaningfully understood and treated separately from the family as a whole, not simply to potentiate systemwide gains, remains relatively underinvestigated. In addition, when the sibling relationship is marred by frequent quarreling, family therapists all too often see this exclusively in trickle down terms. perceiving it as reflecting and reenacting friction in the parental relationship, with improvements in the latter being the harbinger of change for children. Another commonly held assumption is that sibling aggression is largely synonymous with sibling rivalry, becoming problematic when it is stoked by overt or covert parental favoritism--the real source of therapeutic concern. No doubt there is wisdom in these clinical formulations; however, not all warring siblings have waning parents or parent surrogates, and some evidence points to how sibling aggression is irreducible to sibling rivalry, sometimes occurring independent of parental input and centering on everyday concerns that any intimates who share the same personal space encounter (Felson. 1983; Prochaska & Prochaska, 1985).

Indeed, it is perplexing that so little consideration has been given to sibling therapy as a viable treatment modality in its own right given the psychological vulnerabilities that are likely to ensue from the intensity, ambivalence, and longevity characteristic of the typical sibling relationship (Dunn & Kendrick, 1982: Goetting. 1986). It tends to be "life's longest lasting relationship" (Bank & Kahn, 1997. p. xv), and the sheer range and mix, not to mention primitiveness, of feelings that can percolate between siblings--hate, envy, admiration, compassion, sexual excitement--are not easily acknowledged or mastered.

Accordingly, this article explores and outlines types of presenting problems and family circumstances where sibling therapy with children and adolescents can be advantageous. Concentrated work with siblings may be what is called for to embolden sibling solidarity and support in the context of family dissolution and parental divorce (Schihuk, 1989) as well as to reduce noxious levels of conflict between siblings that can be a precursor to aggressive acts outside the home (Garcia, Shaw, Winslow, & Yaggi,

2000). Arguably, there is also a place for sibling therapy to address problems inherent in faulty self-other differentiation between siblings or when their relationship is characterized by excessive closeness or distance. However, it is important to remain mindful of the fact that interethnic and social class differences do exist in how power, control, and interconnectedness between siblings are understood and accepted. For instance, oftentimes in immigrant families an older or more socially adept child who has mastered the language and customs of the host culture is given an elevated position in the family by virtue of his or her role as the so-called broker between the family and the larger culture (Falicov, 1998). The family's survival may he dependent on this child's cultural know-how, and his or her elevated status within the family may be openly sanctioned by parents and siblings alike.

Finally, as will be made evident, sibling therapy has its limitations and may be contraindicated when large gaps in age or gross dissimilarities between siblings in factors such as socioemotional competency and activity level render conjoint work counterproductive.

Family Dissolution and Reorganization

Sibling therapy may be uniquely suited to address the problems encountered by siblings undergoing family dissolution and reconstitution (Lewis, 1995; Rosenberg, 1980). Whether it be divorce, inclusion in a blended family, or placement in foster care eventuating in family reunification or adoption. throughout siblings commonly function as the "unit of continuity" (Schibuk. 1989), and they may naturally pull together to preserve a sense of stability, predictability, and familiarity in their lives. Their readiness to show mutual support and "learn to maximize themselves as a peer network" (Lewis. 1986, p. 293) can enable them to psychologically prevail. Timely sibling interventions may he instrumental in fortifying bonds to facilitate more optimal life transitions.

Divorce

Hetherington and Stanley-Hagen (1995) alluded to how divorce can weigh heavily on the sibling relationship, sparking more rivalry and friction, in an atmosphere of diminished contact and support from parents who may he invested in actualizing dormant desires and forming new identities. Custody arrangements often find siblings lumped together and shuttled from parent to parent as a unit, and heightened conflict from this forced contact may be the upshot. Moreover, during and after parental divorce children may displace anger meant for parents onto each other because of abandonment fears associated with directly targeting parents. Unfairly subjecting a sibling to one's ill feeling may result in retaliation and rejection, but abandonment by him or her is highly improbable. Yet the fear that parents may physically or emotionally withdraw after divorce is a real one, and children are wont to suppress and rechannel negative emotions involving parents to elicit needed closeness, especially with fathers, because deprivation of paternal contact appears to be one of the legacies of divorce (Kissman, 1997). Furthermore, guilty feelings may arise in relation to outward expression of negative emotions at a parent who may have initiated the divorce and set unwelcome life changes in motion yet who appears pained and burdened by the exigencies of finding financial and emotional security after divorce.

Insofar as the above dynamics unfold surrounding divorce, sibling therapy can represent a protected space for children to explore and express reactions to any felt deprivation of parental attention and contact, to test out their ideas regarding practical implementation of custody arrangements (i.e., alone time vs. shared time with custodial and noncustodial parents), and to reveal any abandonment fears and guilt connected to targeting negative emotions directly at parents.

Other salient goals might be deflecting efforts to hold each other responsible for adverse outcomes of parental choices and experimenting with tactful ways of communicating dissatisfaction with parents that might lessen the likelihood of abandonment fears being realized.

Another valuable objective during intensive work with siblings encountering parental divorce pertains to the preservation of the so-called family memory. Fishman (1993) astutely indicated that siblings can he an "anchor to the past" in divorced families, serving to preserve memories that parents may be keenly trying to forget. Sibling therapy may afford children with needed opportunities to remember their family histories more completely--without editing for fear of alienating parents--thereby helping them feel grounded in a personal past. Finally, treatment can be brought to bear on upholding the importance of children extricating themselves from parental divorce matters and devoting time and energy to pursuing age-appropriate developmental tasks. When one or both parents are present in therapy, there is the risk that children will forgo discussing life issues that arc independent of their parents and become embroiled in their parents' unresolved conflicts. In any event, family therapy inclusive of both divorced parents may he less than optimal, especially when young children are involved, because it can galvanize unrealistic fantasies that their parents will work out their differences and reunite. In this regard, a more exclusive approach with siblings might counteract any denial-based fantasies of marital reunion as well as help circumvent unhealthy concentration on parents' personal struggles, freeing children up to engage in therapeutic play and discuss everyday concerns that are more in line with their age and maturation level.

Foster Care

A variety of treatment considerations come into play vis-à-vis work with siblings in foster care. First, given that rates of sibling separation in the foster care system can be as high as 75% (Feistein, 1999), at a basic level, conjoint work with siblings may afford them with sorely needed structured quality time together. Granted. the logistics of having siblings transported from different households may be complicated, and the potential rewards of sibling therapy have to exceed any hardship imposed on foster parents. When placement is due to parental maltreatment, sibling therapy might offer avenues for siblings to transcend patterns of denial, share historical accounts of abuse events, and provide mutual affirmation of each other's suffering. Indeed, the power inherent in having the facts of abuse confirmed by a sibling should not be underestimated.

In addition, Lewis (1995) underscored the importance of blocking attempts by siblings to scapegoat and singularly blame anyone for the family breakup. Moreover, if family reunification or joint placement of siblings is the ultimate goal, it may be critically important for siblings to grasp the real-life consequences of their actions for the decision-making process (Lewis, 1995). For example, persistent acting out behavior on the part of

a sibling might undermine any chances for a joint placement. If the prospect for family reunification is slim, sibling therapy may offer occasions to grieve the attendant losses (e.g., loss of the familiar family unit; sudden or fading contact with parents or other family members; loss of family home, neighborhood, and friends). When there is protracted uncertainty as to placement objectives and children revolve in and out of foster care, siblings can use therapy to process the fluctuations in hope and despair that often ensue. If adoption proceedings are underway, siblings can use therapy to explore such key factors as abandonment fears, reactions to the possibility of being adopted separately versus jointly, and any apprehensions or aspirations surrounding adoptive care. Finally, the sabotaging behavior sometimes shown by one sibling as a joint or group adoptive placement is being finalized, potentially jeopardizing collective transition to a suitable home, can be productively addressed in sibling therapy:

> George and Dan's foster mother of 5 years, Mary, was closing in on adopting them when the behavior of 12-year-old George suddenly deteriorated. He started openly refusing to do his chores, took the keys to the family car and hacked it into a wall, and was suspended from school for Fighting, all in a 4-week period. Mary tearfully announced to the therapist during a parent session that she was exasperated by George's behavior and was seriously considering only adopting 15-year-old Dan. a prospect that both George and Dan were well aware of.
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> During sibling therapy Dan outwardly expressed his anger at George for "making it so we won't be together" and reminded him of all the hard times they had faced in foster care before finally being placed with Mary. who had devoted herself to their welfare. Dan reminded George of how she paid for and supported his music lessons, transported him to choir practice, arranged for them to attend summer camp every year, and put up with his bed wetting, adding "You must be stupid to want to throw all this away." George insisted he was happy living with Mary and was confused by his own behavior. The therapist suggested that perhaps in an odd way through his behavior George was communicating that he had some reservations about living in a more permanent arrangement with Dan. This comment led George to bashfully acknowledge that he was not coordinated like Dan or as popular with friends, hinting at anger over this. He went on to speak of Dan preferring to play ball with one of the other foster d children in the home and of his feeling left out. Dan emotionally retorted, "Left out! I will be the one who is left out if you're sent away to some other home."
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> In the weeks that followed, George was encouraged to openly express any anger he might have at Dan, and he seemed to grasp that if he expressed this anger more indirectly by "acting the fool" there was a serious risk that they would be placed separately--something he ultimately did not want. Dan was also instrumental in helping George grasp that he "deserved to have a nice home" and that "they had suffered enough." George's acting out behavior diminished, and he and Dan were eventually adopted by Mary.

Sibling Aggression

It is well documented that friction and combativeness are endemic to the sibling relationship. Adler (1931) alluded to how rivalry for parental affection eclipses any affiliative impulses siblings felt for one another. Verbal and physical aggression may be more prevalent in the sibling relationship than in the parent-child relationship (Straus, Gelles, & Steinmetz, 1980) or between friends (Felson, 1983). In one survey, over a year-long time span 40% of children had aggressed against a sibling using an object and 82% had perpetrated some form of violence on a sibling (Straus et al., 1980). An in-home observational study of preschool-age siblings conducted by Berndt and Bulleit (1985) revealed high rates of aggressive interactions--an average of eight in an hour-long period. Furthermore, older adolescents reported frequent physical altercations with siblings close

in age (Goodwin & Roscoe, 1990). Such findings have prompted one researcher to conclude, "Sibling conflict is so common that its occurrence is taken for granted" (Newman, 1994, p. 123) and to question the relatively lax attitude toward sibling violence in American culture as compared with the prohibitions against violence in other relationships. Arguably, sibling abuse is the most underreported form of abuse.

However, conflict and even combativeness in the sibling relationship need not signify pathology and warrant professional help. Bank and Kahn (1997) pointed to the potential positive effects of aggressive sibling interactions: "Fighting, punching, even drawing blood can help emotionally starved children and adolescents to know that they are alive, by drawing a reaction from a familiar and intimate enemy" (p. 198). These authors highlighted how physical altercations may indirectly satisfy needs for bodily contact and represent desperate attempts to engender emotional intensity and aliveness. More often than not, fights between siblings cease quickly, with little physical harm (Raffaelli, 1992). Also, it is not uncommon for sibling conflicts to be almost formulaic in nature, with predictable insults and retorts having a reassuring quality (Bank & Kahn, 1997). The sibling relationship can be a safe domain in which to give expression to hostile feelings, because siblings often know in advance how aggression will be expressed and received and to what extreme it will be taken. Besides, because siblings are generally not at liberty to end relationships with each other, at least before adulthood, abandonment or outright rejection in the face of open displays of anger are unlikely (Newman, 1994). Furthermore, in the act of disagreeing and opposing each other, especially during adolescence, siblings may be articulating and consolidating personal boundaries, striving to differentiate themselves from each other and uphold their own uniqueness (Raffaelli, 1992). And of course children's possible lack of skill or awkwardness at expressing positive feelings may be misconstrued by parents and therapists alike as evidence of a hostile sibling attachment in need of psychological intervention. In short, when therapy is being sought to correct undue discord in the sibling relationship, a thorough assessment is necessary to ascertain to what degree aggressive exchanges are relatively benign and expectable versus noxious--maintaining or undermining sibling bonds.

What follows are factors signaling when aggression in the sibling relationship has become problematic and how focused work with siblings might have a beneficial effect. Therapeutic interventions may be called for when physical aggression has become the predominant approach to initiating spirited interaction and physical closeness. This situation has relevance for male siblings because homophobia among children can be strong, and for boys to overtly desire tender contact and vital emotional bonds is to court peer ostracizing. Male siblings who are unsettled by needs for affectionate contact may overcompensate and engage in overly rough play to project an image of traditional masculinity. Also, in families where pronounced conflict prevails and physicality mainly takes aggressive forms, siblings may lack exposure to demonstrations of genuine affection and lack the finesse necessary to convey warmth in their actions.

Consequently, with combative siblings it is ill advised for the clinician to make relinquishment of aggressive contact an immediate goal. Such a step may deprive siblings of the only manner of physical closeness available to them given their limited behavioral repertoire. Hence, one intervention that has merit is reframing hitting and forceful touch in terms of ambivalent or disguised attempts at a hug or caress, for purposes of evoking and affirming latent affectionate gestures. Acknowledgment and proper expression of

needs for closeness between male siblings can be a powerful antidote to hyper-aggressiveness. Greater adeptness at distinguishing between hostile and affectionate intent, and behaving accordingly, can defuse tension as well as reduce the confusion and muddled communications existent when these emotional states are poorly differentiated:

> Sibling therapy was initiated with 7-year-old Bob and his 11-year-old brother, Mike, because of their apparent inability to play cooperatively, their frequent bickering, and their propensity to aggressively lash out at each other even over minor concerns. Mike was known to dominate Bob, carrying rough-housing too far and often ruthlessly denouncing him as a "crybaby" when injuries were inevitably inflicted. Bob delighted in surreptitiously provoking Mike and witnessing him being chastised by their parents.
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> During one session, Mike insisted on being allowed to wrestle with Bob on the office floor. The therapist permitted this as long as certain rules were followed. They had to wrestle on top of couch cushions and automatically "become statues" when the therapist, or either of them, yelled "freeze." The therapist explained to them that a "freeze" could only be called when one or both of them were being harmed by the other's roughness. Also, the therapist suggested, and Mike and Bob excitedly agreed, that whoever was able to keep from smiling when the therapist made faces while both boys were still "statues" could initiate the first wrestling move, unobstructed, when the therapist announced "unfreeze."
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> Most of the wrestling moves both boys used involved wrapping an arm around a neck, a sort of "hug hold," and the therapist commented that maybe there were times they really felt like hugging rather than wrestling. Both boys laughed and began playfully hugging each other. Later, the therapist suggested to Mike that sometimes it appeared as if he did not know whether he wanted to hit Bob or embrace him. Mike smiled and executed a fake punch stopping just short of Bob's arm, eventually patting Bob on the back. When the wrestling recommenced after "unfreeze" was announced, whoever was awaiting the execution of a wrestling move by the other was in the habit of clasping his hands behind his back, in a highly vulnerable position. Without exception, the brother who was applying the first move did not exploit the other's vulnerability. The therapist proffered, "I can see that you two must like each other to not want to take advantage when the other is open to attack with his hands behind his back." Also, on several occasions Bob took it upon himself to call "freeze" when Mike was excessively forceful. Mike accepted this and did not deride Bob for being weak, which the therapist openly recognized: "Mike, look how good you are at respecting Bob and not putting him down when he lets you know you are being too rough." Both brothers requested to play the wrestling game for weeks thereafter, and a general abatement in the intensity and frequency of their combativeness during sessions and at home ensued.

As the above clinical vignette alludes to, siblings are wont to vacillate between enmity and warmth, and upsurges in aggression may be best explained in terms of the frustration often generated by internally managing such countervailing impulses. As earlier addressed, the sibling relationship may carry a strong valence for contentiousness; however, this is not to the exclusion of salutary characteristics. Prochaska and Prochaska (1985) investigated preschool-aged children's perspectives on conflicts with siblings and discovered that, in actuality, siblings were twice as likely to "have a good time" with each other each day as they were to fight. There is also evidence suggesting a steady habit by preadolescent and adolescent siblings to turn to each other as confidants (Lamb & Sutton-Smith, 1982). In addition, older siblings can serve as potent teachers for younger siblings (Azmitia & Hesse", 1993) and spontaneously console and soothe them as infants (Dunn & Kendrick, 1982). Parenthetically, several observers have commented on how discord and ambivalence emerges in the sibling relationship as a function of the presence or absence of parents (Dunn & Kendrick, 1982; Stewart & Marvin, 1984). When outside of the purview of parents, siblings can be freed from competing for parental attention or from having to psychologically gear up to face perceived imbalances in parental affection,

allowing for more low-key sibling interactions, void of pronounced ambivalent feelings. This situation has obvious ramifications for sibling therapy insofar as children may be less overwhelmed by polarized emotions and better predisposed to express and psychologically integrate such reactions without the presence of a parent. Of course, this presupposes that the therapist is not a catalyst for competitive feelings to the same extent that a parent is. The following clinical example, pertaining to the treatment of Mike and Bob, earlier mentioned, illustrates the utility of sibling interventions for enabling children to acknowledge and grapple with contradictory feelings that frequently run the gamut from murderous wishes to kindheartedness:

> Eight months into therapy, during one session Mike spontaneously declared that he wanted to "bury" Bob under cushions that were in the office and have him "play dead." In an effort to draw the play out, the therapist suggested that perhaps Mike should have a funeral service for Bob and make up a eulogy. Mike took to this idea, and Bob agreed to play along on condition that during his turn the roles would be reversed. Mike proceeded to utter, "Today we are gathered to mourn the death of Bob. We do not know how he died, but we suspect he was killed by somebody. Bob will be missed. He had a lot of friends and was fun to play with. We ask that you bow your heads and pray that Bob go to heaven because he deserves to go there." When he was finished, Mike pretended to dig up dirt and cover over Bob. Bob gleefully approached his turn and acted out a similar scenario in which Mike's death was probably due to murder, and in paying tribute to his brother, he stated that Mike would he missed because of how clever and funny he was. Bob also thought that Mike ought to enter heaven.

A frequently overlooked source of disharmony between siblings pertains to parents' obliviousness to developmental differences that exist mixed with rigid expectations to interact and play in an egalitarian manner. When there are wide age gaps and developmental incongruencies between siblings, yet they are expected to share common space, possessions, and interests, all the while exhorted to "just get along." frustration and resentment between siblings can fester. Obviously, under such circumstances parent sessions are pivotal to elucidate and address salient developmental concerns that might pit one sibling against another (e.g., a teenage daughter's over-looked need for added privacy, the unavailability of toys and games that fit siblings' differential ages and developmental levels. and chore assignments based on age and physical mastery). However, insofar as children internalize parental lack of appreciation for developmental differences and act this out in their dealings with one another, sibling therapy may he in order to address the resentment ensuing from ingrained unrealistic expectations. Mutual recognition of age-based knowledge and skills, even in matters as fundamental as how children of different ages construe or invent rules to games, can go a long way to reduce frustration. Interpretations capturing how older siblings possibly used to be like their younger siblings in their fabrication of rules, ways of expressing themselves, and so forth simultaneously build empathy for younger siblings and extol older siblings for their advanced capabilities (e.g., "Brian, I bet when you were younger like Frank you made up your own rules so that you stood a better chance of winning. Now that you are older you see how most games have clear rules and when you win by sticking to the rules it really means something").

All in all, efficacious handling of combativeness and discord between siblings in therapy necessitates the clinician discriminating between what Bank and Kahn (1997) referred to as "ritualistic harassment" as opposed to a "humiliating attack" and discerning when to permit occasions for sibling generated resolutions versus when to use protective

measures. Ritualistic attacks involve well-worn rules of engagement whereby it is within the reach of children to arrive at optimal solutions on their own, building social competence that might be transferred to dealings with peers. The role of the therapist here is more of a caring observer who verbally clarifies and affirms appropriate displays of anger (e.g., "1 guess Marianne is trying to tell you that when you ignore her when she is talking she finds herself getting mad at you") and draws out muted desires for reparation ("Octavio, you just looked over in Sharon's direction and smiled. Does that mean you are ready to make up?").

However, when one sibling, usually the elder child, exerts his or her superior strength, linguistic skill, and cognitive know-how in exploitative ways, the therapist will need to take a more active stance. Bennett (1990) spelled out the dangers inherent in assuming that siblings are evenly matched in strength and abilities and how a laissez-faire stance by parents can degenerate into learned helplessness on the part of the weaker sibling. The therapist has to be alert not to replicate such injurious permissiveness, actively intervening to render destructive attacks more constructive. This intervention might entail empathetically validating the underlying hateful feelings being expressed by the sibling who is on the attack while coaxing him or her to reword derisive or disparaging statements to raise the likelihood of him or her being heard out and taken notice of by the targeted sibling (e.g., "Francisco, by calling your brother a little brainless twerp I can see that you are very angry with him, probably because you cannot have a decent game of monopoly because of his understanding of the rules being less advanced. He's only 6 years old after all! But are there words you can use that are less hurtful that might make it easier for Juan to hear you out?"). The direct offering of alternative expressions may be necessary to dramatize the difference between communicating dislike of a sibling's actions without assailing his or her character (e.g., "One way to tell Juan of your frustration in a way that he might listen is to say that when he gives up before the game is over or invents his own rules it gets you mad"). Prompting the aggressor to empathetically identify with his or her wounded sibling offers promise in decreasing future gestures of contempt and devaluation, because these tend to occur against a backdrop of alienation and disconnectedness (e.g., "How do you imagine Maria feels when you call her fat and ugly? Can you relate to Maria when she tells you she feels hurt and rejected? Have you ever felt this way? I guess you and Maria have something in common."). These interventions center on verbal aggression. When physical aggression erupts, parental assistance, time outs, and even physical restraint might be necessary for safety reasons.

Faulty Sibling Self-Other Differentiation

Bonds that permit mutual recognition of similarities and differences, as well as negotiation of healthy levels of emotional closeness and distance, are often underdeveloped in the troubled sibling relationship. Indeed, it may he that social and demographic transformations affecting the American family are such that self-other boundary concerns will feature more prominently in the lives of many siblings. There is a trend toward parents having fewer children and spacing them closer in age. resulting in swelling numbers of so-called high-access siblings who have common friends, are enrolled in the same school, participate in the same recreational activities, share a bedroom or a bed, wear each other's clothes, and so forth, all of which can complicate self

other differentiation (Bank & Kahn, 1997). In addition, there are emotional ramifications associated with children often spending more time with siblings than parents and frequently being expected to care take younger siblings because of role over-load or distrust of extra-familial caregivers on the part of parents. In actuality, for some children and adolescents the process of differentiating oneself from an older, parentified sibling may even eclipse in importance its parallel in the parent-child relationship. Furthermore, siblings typically feel compelled to tightly coalesce when confronted by family dissolution or when peer relations have been disrupted by residence and school changes prompted by parents whose careers or lifestyles require geographical mobility. Under such circumstances, the nature of the sibling alliance may be such that meaningful conflict and articulation of differences are stifled. In addition, many parents assume an "equality at all costs" stance with their children in matters of discipline, displays of affection, allocation of chores, the bestowing of gifts, and the likes--what Mander (1991) dubbed "scrupulously fair parenting"--which can leave children feeling indistinguishable. Needless to say, it behooves clinicians to define optimal and faulty levels of self-other differentiation and devise interventions to treat the former. In this regard, I will discuss two clinical phenomena whose presence usually indicate problematic psychological fusion in the sibling relationship: (a) compulsive mimicry and anti-mimicry and (b) exploitative idealizations.

Compulsive Mimicry and Anti-Mimicry

Some of the most heated arguments involving siblings are triggered by unilateral or joint accusations of being a so-called copycat. Intransigent debates can ensue regarding the likes of who was first to think of ordering french fries, declare an interest in Pokemon, or prefer the guitar over any other musical instrument. There may be sudden gestures to change a desired preference or go back on a decision in order to preserve one's individuality or save face after being rebuffed once again for wanting to model oneself after a sibling.

Naturally, however, not all mimicking behavior involving siblings indicates underlying problems based on overidentification or staunchly defending personal boundaries by shaming another for adopting similar likes or dislikes. Dunn and Kendrick (1982), in their well-regarded research on preschool-age siblings, found that there was less combativeness in the relationship when imitative behavior was present, presumably because such behavior fosters a sense of "we-ness." or togetherness. Also, when a younger sibling echoes the feelings of an older sibling, adopts a similar stance, or copies a behavior, the older sibling may draw strength from the heightened status this brings. In fact, the resultant sense of power may help correct any lasting sense of inferiority associated with having being dethroned by the birth of a younger sibling and forced to forgo a more exclusive parental bond.

Nevertheless, when there is a breakdown in self-other differentiation such that a sibling becomes fixated on copying the behaviors and attitudes of another somewhat automatically and non-critically, what might be called compulsive mimicry may be operating. This is where imitation-of-another overshadows assertion-of-self, and it has attendant risks and anxieties. Perhaps there is even a sense that the only way to feel connected to a sibling is to become like him or her or that the only way to win favor with a sibling is to model oneself after him or her. Beneficial interventions are those that

affirm independent thinking ("Maria, I noticed that you just disagreed with your sister over who was the best rap artist. I can see you are thinking for yourself and are less frightened to express interests and preferences that are different from your sister's"), block automatic imitative behavior (e.g., "John, you were so quick to chose cards as your favorite game after Mary indicated this was her favorite. Do you really like cards that much'? Besides cards, what other games do you like?"), and open up new avenues to endear oneself to a sibling other than over-identifying with him or her (e.g.. "Francisco, maybe you are worried if you stop agreeing with Mario all the time he'll stop liking you'? Mario, does Francisco have to share your enthusiasm for Pokemon for you to like him? Check it out, if he suddenly got interested in a different card game then you would have a wider range of games to play together").

Compulsive anti-mimicry also constitutes another area of ill-formed self-other boundaries in sibling relationships. This is where one or more siblings rigidly refuse to share any similar habits or attitudes and react harshly to being the object of imitation. Oftentimes these behaviors emerge in older children whose younger siblings turn to them with identity hunger because of the unavailability of parents for affiliation and modeling. The frequency and intensity of the younger sibling's imitative gestures arouse fears of engulfment and de-differentiation in the older sibling, inciting him or her to act dismissively (e.g., "When are you going to stop being such a copycat and get a life?"). Compulsive anti-mimicry can also emerge among high-access siblings, where children are expected to share a common bed or bedroom, friends, pastimes, clothes, toys, and so forth. To preserve personal boundaries that are perpetually in danger and to protect fragile self-cohesion, there is the felt need to define oneself in opposition to the other.

Hence, some interventions that offer promise when anti-mimicry leads to sibling rejection and alienation are as follows: refraining imitative behavior in complementary terms (e.g., "When Bob copies your basketball moves, in a way he is letting you know that he thinks you are cool and he wants to play basketball just like you") and amplifying similarities to engender a sense of togetherness ("So one thing you have in common is that you both want your first car to be a Ford Mustang"). Nevertheless, the therapist needs to he mindful of how explicit confirmation of a given sibling's uniqueness may he necessary to preempt defensive declarations of what sets him or her apart and better tolerate shared characteristics with another sibling (e.g., "Bob, you do not have to convince me that you have different tastes in music than your sister. I know this. For instance, you like Bon Jovi and she doesn't. But it seems that you both think Prince is great").

Exploitative Idealizations

Exploitative idealizations are those in which an older sibling, or one with a stronger personality or greater socio-emotional sophistication, demands extreme loyalty and subservience from a younger sibling, or one with a weaker personality or less developed socio-emotional competencies. This can be framed as a deficit in self-other differentiation inasmuch as the domineering child treats his or her sibling as an extension of the self-- void of separate needs, wishes, and interests--whose primary function is to bolster his or her grandeur. The domineering child may exert and perpetuate control over the sibling who idealizes him or her by insisting that the latter participate in games and pursue

activities that play into his or her strengths. Here, not only is the individuality of the idealizing sibling subverted, but he or she is also kept feeling inferior. In fact, clinicians often neglect to see how living in the shadow of a sibling who is bent on defeating and dominating can contribute to states of acute frustration, low self-regard, and self-deprecatory thinking:

> Five-year-old John was brought in for therapy because of uncontrollable temper tantrums that were triggered when he was confronted for misbehaving by his parents or preschool teacher. The mere mention that he had failed to behave well would result in John crying inconsolably, hiding under tables, and acting destructively. To make matters worse, John's expressive language and speech articulation were delayed and he had extreme difficulty finding words and making himself understood, especially when seized with emotion. In the midst of his frustration and anguish, John was known to make self-denigrating remarks, such as "1'm stupid" or "I'm retarded."
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> John's older sister. Frances, was 6 years his senior. She was a gifted student with a sophisticated vocabulary. Frances routinely corrected John when he mispronounced words or used them wrongly and snubbed him when he failed to share her enthusiasm to play games that she excelled at. John worshiped the ground that Frances walked on and overtly showed his excitement to play with her during sibling sessions, which Frances denounced as a form of "hyper behavior by some weirdo." Frances saw no inherent inequity in expecting John to play games geared for pre-adolescent children and seemed to take delight in exhibiting her dominance over John at these games.
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> After a long abatement in John's tantrums, a year or so into treatment he came to a session crying, repeatedly stating that he was "stupid" and "a retard." The therapist pointed out to Frances that these were words that she often used to describe John and that since he liked her so much maybe he was starting to really believe her. Frances' rejoinder was that John really was "stupid" because he was "hyper" all the time and provoked her to hit him, with her being the one inevitably singled out by her parents for being in the wrong. The therapist openly challenged her use of the word "stupid" and suggested that "acting too excited" would he more accurate. Frances began crying, plaintively stating that nobody was on her side, that ever since John was born her parents favored him, and that she wished she had a little sister, rather than a little brother, because then there might be someone in the family who understood her and made her feel less alone.
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> The therapist commented that perhaps Frances thought he was taking John's side and that this left her feeling "out in the cold" like she must have felt when John was born. Frances tearfully acknowledged that her childhood was never the same after John was born. After empathizing with how alone she felt then and now, the therapist added that maybe Frances was still angry at John for being born and stealing away so much parental attention. Her mood lightened and she agreed. Sensing a readiness to accept that her belittling statements directed at John might, in part, explain his low self-regard, the therapist continued: "Frances, you have every right to feel sad and mad over losing out on your parent's attention because John came along, but there's got to be a way you can express this without damaging John's self-esteem by calling him names like 'stupid' and 'retard.'" She quietly nodded her head.
>
> After quietly listening to the exchange between Frances and the therapist, unsolicited, with a hurt expression on his face, John told Frances quite directly that he was tired of being called names by her. Frances showed visible signs of inhibiting herself from making an insulting comment in response. Smiling, the therapist indicated to Frances that it was going to be a challenge for her to express her anger at John without "tossing arrows at him," but that given her intelligence and broad vocabulary he was confident she could access less hurtful words.

The dynamics sketched out in the above clinical example reflect how an older sibling can sometimes feel entitled to control and dominate a younger sibling, perhaps as punishment for having usurped his or her special position with parents simply by being born. Younger siblings naturally imitate, model themselves after, and look up to older siblings, and the temptation of the latter to abuse this is great in cases where older siblings experience lingering resentment over the birth of a younger sibling. Therapeutic

interventions that zero in on persistent unarticulated acrimony older siblings might experience over the birth of younger siblings can reduce the potential for such emotions being acted out in the form of domination over and obliviousness to the needs of younger siblings.

Work with sibling dyads imbued with power differentials of the sort mentioned is often energized when the younger or disempowered child begins to assert his or her autonomy and move outside of the sphere of influence of the older or empowered child. In the act of de-idealizing the older or empowered sibling, it is incumbent on the therapist to be sensitive to ways in which the younger or historically disempowered sibling may resort to outright rejection or devaluation of the former--once "all good," he or she becomes perceived as "all bad" Clinicians need to affirm the less dominant sibling's need to extricate him-or herself from the more dominant one and consolidate peer friendships without entirely shunning the former (i.e., "Boris, I know that you are excited about making friends who are at your level and want to spend less time with your brother, but does that erase the good times you have had and can still have with him?"), help flesh out any feelings of rejection and retaliatory impulses the older or more dominant sibling may feel in the de-idealization process (i.e., "Olivia, now that your sister follows you around less and is reluctant to play games you are good at how do you feel? Olivia, you called your sister `dumb' when she refused to play games she knew you were likely to win. Your sister is starting to communicate to you that she has separate needs and does not like to play games that she knows she will lose at. Maybe underneath you feel hurt because she is not the sister she used to be?"), and, ultimately, assist the de-idealized sibling with adapting to having less control (i.e., "Carlos, your younger brother would prefer to play a different game that he is good at. Playing this game with him could end up being a real competition so that if you won it would be a victory you really earned, and if you lost, perhaps it will be less painful because you will have lost to someone who is a skilled player").

Initial Resistance

It is not uncommon for clinicians to meet with surprisingly little resistance when exploring sibling therapy as an option with family members. Seldom do siblings have occasion to be alone in a setting where their relationship is the focal point, and they may relish the opportunity to share thoughts and feelings without parental oversight (Ranieri & Pratt, [978). Parenthetically, as a rule, the stark frankness with which young siblings often communicate (Cicirelli. 1976) can he capitalized on in therapy to engender and temper honest emotional exchanges. Also, siblings who are close in age to an identified patient and circulate in the same social groups as him or her may he invested in their sibling's recovery because of the stigma attached to being the brother or sister of a troubled child. In addition, siblings might be more willing to enter treatment together because the implication is that the problem does not lie with any one childin the family. However, in situations where children are lumped together by parents, expected to be inseparable or to renounce any differences and just get along, sibling therapy may be resisted as yet another unpleasant joint activity.

Primary caregivers may be receptive to the therapist pointing out the sibling dimensions to a child's problems and embrace sibling therapy because of the tacit recognition that the therapist is not holding them solely responsible for causing or

ameliorating a child's problems. Indeed, parents may feel that they have much to gain from improvements in sibling relationships because studies indicate that sibling conflict is one of the foremost childrearing concerns cited by parents and is a prominent source of stress for them (Perozynski & Kramer. 1999).

If resistance to sibling therapy emerges, it is likely to center on fears that the therapist will unite with the siblings and place them in a "one-up position" over parents (Fishman, 1993). Also, parents might fear being cast solely in a negative light or might dread the divulgence of family secrets if siblings are seen alone. "Joining" with parents during regularly scheduled adjunctive sessions, addressing confidentiality concerns, showing respect for parents' position of authority in the family, or even extending invitations to parents to quietly sit in on sibling sessions, as proposed by Lewis (1986), can diminish any potential for resistance.

Contraindications

Rosenberg (198U) astutely pointed out that sibling therapy is ill advised when there is little congruence in the pivotal developmental tasks faced by different siblings. A family may contain sub-groups of younger kids and older kids, with the former being bent on firming up dependent ties with family members and the latter being bent on loosening and reworking them. Large age gaps between siblings can result in them "acting like members of different generations" (Bank & Kahn, 1997. p. 9) with dissimilar interests, communication styles, and ways of interpreting social interactions, such that ongoing conjoint work might he counterproductive. However, as commented on earlier in the article, there may be merit to short-term work with developmentally incongruent siblings that centers on building mutual acceptance of age-based capacities, thereby reducing the frustration inherent in unrealistic expectations and comparisons.

Sizable differences in developmental level between siblings can also affect the way in which the confidentiality arrangement is understood and honored. Younger or less developmentally advanced siblings might feel morally bound to inform parents about what is discussed in sibling sessions, use confidential disclosures to tattle on older siblings, and be less appreciative of privacy concerns in general, which can lead to guardedness and possible resentment on the part of older or more developmentally advanced siblings. In short, the prognosis for sibling therapy may be weak when developmental discrepancies between siblings hinder consistent mutual regard for the importance of confidentiality.

Another exclusionary criterion pertains to when one sibling embodies an undercontrolled interactional style and the other enduringly behaves in an overcontrolled fashion. When there are marked discrepancies of this sort, the directive therapeutic measures necessary to contain the behavior of the undercontrolled sibling might be experienced as overwhelming by the overcontrolled sibling and inhibit him or her from opening up. Conversely, the more permissive approach necessary to engage the overcontrolled sibling could potentially lead to troublesome levels of excitement and disorganized behavior in the undercontrolled sibling.

Finally, intensive work with siblings may be contraindicated when a younger or more submissive sibling idealizes an older or more domineering one who displays pronounced oppositional or antisocial tendencies. This contraindication is especially true in situations where the intensity and exclusivity of the younger or weaker sibling's

idealization precludes him or her from forming attachments with more positive role models. Moreover, children and adolescents given to antisocial or oppositional behavior often look for a so-called partner in crime to alleviate any shame associated with being perceived as singularly "bad" or any guilt ensuing from their misdeeds. The submissive sibling, craving recognition from his or her idealized yet behaviorally disturbed counterpart, may be recurrently tempted to be such a partner in crime. When assessing any potential payoff to initiating sibling work under the aforementioned circumstances, clinicians have to be alert to the possibility of a contagion effect, where the non-behaviorally disturbed child feels compelled to show allegiance to or win favor from his or her behaviorally disturbed sibling by matching or even exceeding his or her belligerence and mischief. This is notwithstanding how negative behaviors might be acquired through mere exposure--negative behaviors that may even be exhibited in more regressive and primitive forms, given the context of psychotherapy.

Conclusion

One can only speculate as to the reasons for the dearth of literature on sibling therapy as an indispensable treatment approach with children and adolescents. It is tempting to muse over possible biases in the field toward conceptualizing and addressing psychopathology strictly in terms of parental deficiencies or to bemoan the excessive fascination with biochemical explanations and remedies. Yet reductionistic tendencies of this sort may undercut the influential role sibling determinants often play in the emergence and maintenance of child and adolescent behavior problems. Of particular import is the empirical link between destructive sibling conflict and displays of aggression with peers (Duncan, 1999; Garcia et al., 2000). It stands to reason that if aggression can extend from the sibling relationship into a child's dealings with his or her peers, then siblingwork might holster the efficacy of interventions designed to curb a child's general propensity for hostility. Indeed, it is curious that public policy-makers and clinicians seem to have largely ignored the connection between sibling and peer aggression in their commentaries on school-based violence (Dusenhury & Falco, 1997). Direct intervention with combative siblings may help curtail the perpetration of aggression outside the home with peers.

Besides underscoring the utility of interventions designed to ameliorate injurious sibling conflict as well as revisiting and elaborating on the role of sibling therapy in emboldening attachments during periods of family dissolution and reorganization as outlined by previous scholars (Lewis, 1995; Rosenberg, 1980; Schibuk, 1989). I have attempted to make inroads for addressing problematic self-other differentiation among siblings. However, what is contained in this article largely pertains to treating sibling dyads. Other valuable contributions to consolidating sibling therapy as a bona fide treatment modality might center on deleterious alliances and coalitions prevalent in work with multiple siblings. Moreover, there are gaps in the literature regarding the relevance of concentrated work with siblings for enhancing adjustment to a blended family, and systematic investigation of adjunctive parent involvement when conducting sibling therapy is sorely needed. Additional topics that merit scholarly exploration are the pros and cons of conjointly treating same-gender versus opposite-gender siblings as well as the intricacies involved in therapy with ethnic minority children and adolescents where age- and gender-based power differentials and role expectations may vary from what is

considered normative in the Anglo American sibling relationship. In ending, if sibling therapy is to gain currency as part of the treatment armamentarium of child- and family-oriented clinicians, strides have to be made in expanding the available literature on the topic. It is hoped that this article is a step in that direction.

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