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Jenny Joyal
Hidden in Plain Sight:
The Sibling Relationship
and Psychodynamic Theory

ABSTRACT

In psychotherapy, psychodynamic theory informs a large part of clinical practice. Throughout time, the prevailing theories have been largely devoted to exploring the parent-child relationship and its influence on development. A noticeable gap in the existing psychodynamic literature is in respect to the unique complexities of the *sibling*. The intent of this thesis is to further synthesize, explore, and contribute to the relatively small body of psychodynamic literature that addresses the sibling relationship. By the use of two very different major theoretical orientations, this thesis emphasizes the distinct, powerful, and mutual influence of siblings on development. It demonstrates that conflicted or unresolved early sibling relationships can come to influence adult pathology, personality presentation, and transference in the clinical setting. Thus, by advocating for the separate and continued consideration of the horizontal axis, this thesis reinforces the demand for greater attunement to siblings in both a theoretical and a treatment context.

**HIDDEN IN PLAIN SIGHT:
THE SIBLING RELATIONSHIP AND
PSYCHODYNAMIC THEORY**

A project based upon an independent investigation,
submitted in partial fulfillment of the requirements
for the degree of Master of Social Work.

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CHAPTER I

INTRODUCTION

As a student of a rigorous psychodynamically-oriented social work program, I've been lucky enough to be trained from a variety of different theoretical perspectives and models. A number of required courses focused on psychodynamic theory, and the historical and cultural contexts of practice therein – ranging from the early origins of classical psychoanalysis, drive theory, ego psychology, attachment, object relations, and self psychology, to relational, interpersonal, and intersubjective models. Some of these models stress the influence of inherent motivating biological-like forces on development; others consider the importance of early relationships that come to influence personality presentations or pathology; while still others combine interpretive analysis with specific emphasis on the fabric of the relationship between client and clinician. The intersection of these theories can be found in their psychoanalytic roots. Overall, all of these theoretical orientations and models emphasize the importance of early childhood experiences, with particular attention paid to the context of the parent-child relationship.

What has surfaced over the course of my psychodynamic clinical and anti-racist training at Smith College School for Social Work is the necessary recognition of my sociocultural makeup and my explicit invitation to examine my own emotional attitudes, history, behavioral responses, and biases. In social work and psychotherapy, the focus is not “solely on the

individual's separate behavior, but rather on the interaction that gets co-created between two or more individuals" (Levenson, 2010, p. 38). The therapist's introspection is necessarily an ongoing process, and functions as an effort to provide optimal services to clients who may have distinct experiences from the therapist in many personal and sociocultural domains.

I come from a blended family of multiple divorces and remarriages; I have, and have had, a number of engaged, attentive and caring parents, and I think I may have lost count of how many step-siblings I have collected along the way. What has been consistent and important through the years and through these waves of relative upheaval is the relationship with my brother, two-and-a-half years older than me. My childhood memories are littered with sharing both good and bad times together. For example, in our early years demanding bunk beds, then sharing the twin-sized bottom bunk because we were both too afraid to sleep on the top. I have memories of covering for one another if we couldn't make curfew, or consoling one another in the face of another divorce. Other memories include him spitting in my face because I wanted to watch a certain TV program and he wanted to watch another. The time he told me I couldn't hang out with his friends in grade school and that I should "find my own". Or the time he ate my last onion ring when I wasn't looking when I was maybe four, and I reactively declared "I wish you were dead!" A palpable, crippling pain spread throughout my body the moment the words left my lips, an immediate sense of shame and remorse I will never forget.

The inclusion of the above disclosure is twofold. For one, these are the issues that I, as a future clinician and student of the field, must stay particularly attuned to with my clients as a necessary part of the introspection that makes for clinical competency. Marriage and remarriages, monogamy, relationships, siblings and family systems (among other relevant and privileged parts of my identity, such as my race, class, culture) will hold a distinct meaning and

weight in each individual encounter. Secondly, the memories shared above should function as a disclaimer: inevitably, the writing hereafter is influenced by my relationship to my sibling and my family of origin more generally.

Perhaps unsurprisingly, I found myself curious in the classroom about siblings. In my own experience, I knew that my brother had a major influence on my development. Now where was the theory to back it up? Why were all of the premiere psychoanalytic theorists, such as Freud, Klein, Bowlby, Fairbairn, Winnicott, and Kohut, for example, so preoccupied with parents? The only mention I could find, in both theory and case examples in the classroom were when they were considered “parentified children” raising their siblings. In such intricate and innovate models of human development, surely siblings were more complex than simple “displacements” of parents. Did they not have their own conflicts that needed their own resolve?

In the fieldwork, I found myself particularly attuned to the role of siblings as well. Where do brothers and sisters fit into clinical practice? How was I to interpret loving, hating, jealous, envious, romantic, or enmeshed sibling relationships? How do family narratives and roles in regards to siblings influence the development and identity formation? I felt confident about how to understand these types of parental relationships – there’s certainly no lack of mention of parents in the literature I could access – but nobody was telling me how to work with siblings. I was surprised to see how small the body of psychodynamic literature is that specifically addresses the sibling relationship.

The theoretical basis is, of course, only one underlying piece that comes to inform my clinical practice and training. Other significant forces in my education include models of cultural competence, social justice frameworks, anti-racist commitments, and attending to systems of oppression. All of these elements intersect and interact to form a more nuanced, holistic

understanding of the client as a person impacted by micro, mezzo, and macro level forces. While these dynamics are not specifically examined at length in the pages that follow, it is not to undermine the critical importance of maintaining these values and ethics, or the reality of oppression. These are extremely relevant factors that require my attention and commitment as a privileged White heterosexual female.

Research Question and Hypothesis

As the research that follows will show, siblings hold powerful mutual influences on human development that are separate and distinct from parental influences. Based on this understanding, this thesis aims to explore, synthesize, and add to the existing body of psychodynamic literature that addresses the sibling relationship in order to better understand the incentives, complexities, and reciprocal influences embedded in the sibling relationship. It is understood that theory informs clinical practice. With respect to clinical considerations, this thesis seeks to reinforce the need for greater attunement to sibling relationships in the clinical setting. It is proposed that conflicted or unresolved early sibling relationships can come to effect adult pathology and personality presentations. It is my hope that in presenting the sibling relationship as a separate and distinct influence on development from two different theoretical perspectives, this thesis will contribute to social workers' and clinicians' ability to better identify and interpret the influence of siblings in later adult presentation, pathology, and transference.

Definitions of Terms

For the purposes of this paper, *siblings* will refer to children born to the same parents that were raised together, aged around 1 – 4 years apart unless otherwise specified. This definition is dictated for a number of reasons. The first is because it follows the definition of siblings that is presented in much of the referenced literature (Abend, 1984; Agger, 1988; Bank & Kahn, 1982;

Coles, 2003; Colonna & Newman, 1983; Edward, 2011; Graham, 1988; Kahn, 1988; Lament, 2013; Legoretta, Levaque, & Levinsky-Wohl, 2013; Levinsky-Wohl, 2013; Lesser, 1978; Mitchell, 2000, 2003, 2006, 2013; Neubauer, 1982, 1983; Rosner, 1985; Santiago, 1973; Sharpe & Rosenblatt, 1994; Wittenberg, 2009), and it is in an effort to maintain consistency. Other reasons – such as relevance of the incest taboo or developmental considerations, for example – will be further elaborated as the chapters unfold.

The *lateral axis* and the *horizontal axis* will be used interchangeably to mean the interrelationship between siblings. The *vertical axis* is defined as the interrelationship between parent and child. These terms are borrowed from Mitchell (2000), as she was, to this writer's knowledge, the first one to ascribe this language to these phenomena. *Horizontal* and *vertical* are also often used independently of *axis* to represent the direction of the relationship. For example, a “vertically-oriented therapist” would be one who conceptualizes presentation, pathology, and development in terms of a client's relationship with their parents.

Finally, *transference* and *countertransference* are two crucial aspects across all modalities of psychotherapeutic treatment. Freud defined *transference* as the process that occurs when “the patient sees in his analyst the return – the reincarnation – of some important figure out of his childhood or past, and consequently transfers on to him feelings and reaction that undoubtedly applied to this model” (1949, p. 66). Subsequently and more simply, Berzoff (2011a) defined it as “re-experiencing and reenacting in current relationships the wishes, feelings, and experiences from past relationships” (p. 26). Essentially, according to psychodynamic theory, the ways in which a client interacts with a clinician may parallel the ways in which a client interacts with others, and these patterns of relating have roots in early relationships. While transference is described as potentially abstract, ambivalent, elusive, and

vague (Berzoff, 2011; Freud, 1940/1949; Mitchell & Black, 1995; Sommers-Flanagan & Sommers-Flanagan, 2009), it is a helpful tool for a therapist to more deeply understanding a client's unconscious and early relationships, and their reasons for their engagement in treatment (Berzoff, 2011; Mitchell & Black, 1995; Sommers-Flanagan & Sommers-Flanagan, 2009).

Countertransference is similar to transference, but instead the subject is the therapist. It is the therapist's "thoughts and feelings and reactions to the client rooted in one's own history and current world" (Berzoff, 2011a, p. 28). Countertransference can be equally important in understanding a client's unconscious, presenting difficulties, or external relationships (Freud, 1940/1949; Berzoff, 2011; Mitchell & Black, 1995; Sommers-Flanagan & Sommers-Flanagan, 2009). The use of countertransference has changed quite dramatically from Freud's classical psychoanalytic understanding of it as an "impediment" (Sommers-Flanagan & Sommers-Flanagan, 2009, p. 128) to analysis. On the other end of the spectrum, relational and intersubjective theories and clinicians see it as a natural phenomenon that is a helpful push to examine the self in order to attain positive therapeutic outcomes (Berzoff, 2011a, 2011b; Sommers-Flanagan & Sommers-Flanagan, 2009).

Conceptualization and Methodology

The phenomenon that will be explored in the chapters that follow is *the sibling relationship* through the theoretical lenses of the Sigmund Freud's seminal Oedipus complex and Heinz Kohut's Self Psychology. Chapter II, the phenomenon chapter, will provide a brief historical understanding of the place of the sibling relationship, and will move to offer more contemporary theoretical and clinical psychodynamic perspectives. The theory chapters - Chapter III and Chapter IV - will critically examine the sibling relationship in the context of Oedipus complex and Self Psychological perspective, respectively. Each theory chapter begins

with a review of the key concepts, definitions, clinical implications, and historical and cultural contexts of the theory; then the chapters turn to explore the sibling relationship in the context of the presented theory. Chapters III and IV conclude with summaries, questions, and areas to consider for future research. Chapter V will offer a discussion and conclude the theoretical study, and will further synthesize the implications for clinical practice.

Some of the themes that will be explored throughout this thesis include incentives for the formation of the sibling relationship, the long term psychological influences of the sibling relationship, the conflicts that are argued to be unique to the lateral axis, and the underlying pathology that is linked to disturbances therein. Freud's Oedipus complex and Kohut's theory of Self Psychology are different in many ways. They could be considered existing on two different ends of the psychoanalytic continuum in their form, structure and understandings of human development and behavior; their clinical approach; and the cultural and societal contexts from which they emerged. It is interesting to consider this thesis to be an historical account of how psychoanalysis has shifted from Freud's leading theories that emerged around the early 1900s to Kohut's more contemporary proposals in the 1970s and 1980s. By exploring sibling relationships in the context of these two very different theoretical frameworks, I hope to illustrate the necessity of examining sibling relationships in both a theoretical and treatment context

Methodological Biases

In the first place, as already articulated, and in the nature of contemporary relational and intersubjective models, my identity as a White, American-born, heterosexual, educated, younger sister is absolutely significant to the conception of this project and to the pages that follow. The project developed out of an interest and curiosity, primarily based on my own relationship with my family, and secondly out of the noticed gap in the literature which thus impacted my clinical

training. As a training social worker, it is my duty to acknowledge my own social position, biases and motivations.

Relatedly, the research and literature I reference hereafter is psychodynamically oriented and thus Western, Eurocentrically, and heterosexually organized. The literature cited adopts a fairly essentialist and Universalist perspective in discussing the sibling relationship and conflicts therein; the body of work does not address sociocultural factors such as race, class, ethnicity, sexual orientation, gender identity, or nationality for example. This is certainly designated as an area for future consideration and research. Based on the limited body of literature that exists on the sibling relationship and the scope of this project, this thesis follows in the same vein. This feels like a necessary caveat, as a cornerstone of my social work training is based in addressing vulnerable and oppressed populations as clearly stated in the National Association of Social Workers Code of Ethics.

CHAPTER II

THE SIBLING RELATIONSHIP

When I came across sisters and brothers, “siblings,” I had an experience common to many researchers in the field: One moment I hadn’t noticed them; the next, they were everywhere (Mitchell, 2013, p. 15).

Sibling relationships have long been neglected in psychodynamic theory and practice. The prevailing theories of development emphasize, instead, the parent-child relationship, and both implicitly and explicitly conclude that siblings are “at best, minor actors on the stage of human development” (Bank & Kahn, 1982). It is the parent-child relationship that is considered the cornerstone of development in psychodynamic thought (Abend, 1984; Agger, 1988; Bank & Kahn, 1982; Charles, 1999; Coles, 2003; Colonna & Newman, 1983; Edward, 2011; Graham, 1988; Kahn, 1988; Lesser, 1978; Luzes, 1990; Mitchell, 2000, 2003, 2006, 2013; Neubauer, 1982, 1983; Rosner, 1985; Santiago, 1973; Sharpe & Rosenblatt, 1994; Wittenberg, 2009).

The historical roots of the emphasis on the vertical axis can be traced to the father of psychoanalysis, Sigmund Freud (Bank & Kahn, 1982; Coles, 2003; Colonna & Newman, 1983; Mitchell, 2000, 2003; Neubauer, 1982, 1983). With his momentous and innovative theories and practices, and his concurrent focus on the parent-child relationship, he is considered to have effectively “obscured the view” (Mitchell, 2000, p.22) – or even “oversimplified” theory (Coles, 2003, p. 2) – in regards to the study of sibling relationships in psychodynamic work (Mitchell,

2000, 2003; Coles, 2003). Siblings are considered “the great omission in psychoanalytic observation and theory - its practice, as set out by Freud and all subsequent psychoanalytic theorists, militates against seeing their importance.” (Mitchell, 2000, p. 23).

In both practice and theory, there are thought to be four major psychologies that emerged from Freud’s foundation: ego, drive, object relations, and self (Pine, 1988). Even as these new theories emerged, these four frameworks unanimously conclude that models of human development are primarily rooted in the vertical relationships – that is, between the parents and the child. None of the leading premiere psychoanalysts – between Freud, Fairbairn, Klein, Winnicott, and Kohut – explicitly examined the impact of the sibling relationship on development in its own right (Bank & Kahn, 1982; Coles, 2003; Colonna & Newman, 1983; Mitchell, 2000, 2003, 2006, 2013; Neubauer, 1982, 1983; Rosner, 1985). Although much of the historical context is beyond the scope of this project, the depth and complexity of these foundational theories and thinkers must nonetheless be briefly considered in the context of the phenomenon. Specifically, Freud’s legacy will be further expanded upon in Chapter III.

While sibling relationships have not been entirely excluded from the literature, “the significance of their reciprocal influence tends to be overlooked” (Lesser, 1978, p. 37), despite the very basic fact that siblings spend at least as much time together as parents do with their children (Lesser, 1978). Only in the last forty years has the impact of the sibling relationship on human development been more explicitly studied in the psychodynamic world (Abend, 1984; Agger, 1988; Bank & Kahn, 1982; Charles, 1999; Coles, 2003; Colonna & Newman, 1983; Edward, 2011; Graham, 1988; Kahn, 1988; Kris & Ritvo, 1983; Lesser, 1978; Levin & Garon (Eds.), 2013; Luzes, 1990; Mitchell, 2000, 2003, 2006, 2013; Neubauer, 1982, 1983; Rosner, 1985; Santiago, 1973; Sharpe & Rosenblatt, 1994; Wittenberg, 2009).

A review of more recent literature, starting around the early 1980s, shows a burgeoning interest and confusion about why sibling relationships have been considered largely irrelevant in the established psychologies (Abend, 1984; Agger, 1988; Bank & Kahn, 1982; Charles, 1999; Coles, 2003; Colonna & Newman, 1983; Edward, 2011; Graham, 1988; Kahn, 1988; Kris & Ritvo, 1983; Levin & Garon (Eds.), 2013; Lesser, 1978; Luzes, 1990; Mitchell, 2000, 2003, 2006, 2013; Neubauer, 1982, 1983; Rosner, 1985; Santiago, 1973; Sharpe & Rosenblatt, 1994; Wittenberg, 2009). The first generation of work that emerged around the 1980s paves the way in noting the general lacunae in the preliminary theories. These publications tend to pose general curiosities as well as provide clinical evidence of the importance of the sibling relationship (Abend, 1984; Bank & Kahn, 1981; Colonna & Newman, 1983; Neubauer, 1982, 1983; Kris & Ritvo, 1983; Lesser, 1978; Santiago, 1973). The more contemporary works directly contribute to the vertical-focused frameworks that exist in psychodynamic theory by proposing new theoretical understandings of the impact of sibling relationships through the course of human development. They offer a variety of perspectives – i.e., classic psychoanalytic, developmental, feminist, self psychological, sociological, biological, relational, object relational, and clinical – to graciously challenge some of the preconceived notions of the sole importance of the vertical axis (Coles, 2003; Edward, 2011; Graham, 1988; Legoretta, Levaque, & Levinsky, 2013; Mitchell, 2000, 2003, 2006, 2013; Sharpe & Rosenblatt, 1994; Wittenberg, 2009).

Ultimately, these contemporary texts pose important questions and contribute to the necessarily expanding field. They challenge the rigid focus on the parent-child relationship. Why, for example, should the vertical axis be the dominant – if not the *only* – perspective of which psychodynamic theory comes to understand the development and structure of the mind? How does sibling rivalry get resolved, and how does that affect the course of development? How

does a developing child manage to hold both loving and hating feelings towards the same person? How does the birth of a sibling affect a child's development, sense of self, or relationship with parents? (Abend, 1984; Agger, 1988; Bank & Kahn, 1982; Coles, 2003; Colonna & Newman, 1983; Edward, 2011; Kahn, 1988; Kris & Ritvo, 1983; Mitchell, 2000, 2003, 2006, 2013; Sharpe & Rosenblatt, 1994; Wittenberg, 2006). These works not only ask the questions, but also provide some new answers. Many of these authors do not undermine the foundational theories that suggest the primary importance of the vertical axis; instead, they contribute to the necessarily expanding field by suggesting the importance of additionally considering the influence of the horizontal axis. (Agger, 1988; Coles, 2003; Graham, 1988; Mitchell, 2000, 2003, 2006; Neubauer, 1982, 1983; Sharpe & Rosenblatt, 1994; Wittenberg, 2006). The parent-child relationships do not exist in isolation and it should be recognized that they intersect, for one cannot exist without the other (Agger, 1988; Bank & Kahn, 1982; Coles, 2003; Edward, 2011; Kahn, 1988; Kris & Ritvo, 1983; Levin & Garon (Eds.), 2013; Mitchell, 2000, 2003, 2006, 2013; Sharpe & Rosenblatt, 1994; Wittenberg, 2006). Thus, this chapter draws from the relevant literature to present an overview of the position of the sibling relationship in contemporary psychodynamic theory. For the purposes of this paper, I have categorized the literature into three designations based on the time of publication and the contribution to the field.

Contemporary and Mental Health Contexts

First generation: Two works published in the early 1980s – Bank and Kahn's *The Sibling Bond* (1982) and Neubauer's analysis of a longitudinal study on childhood sibling relationships (1982, 1983) – are seen to have paved the way in articulating the importance of sibling relationships throughout the lifespan (Agger, 1988; Balsam, 2013; Bank & Kahn, 1982;

Mitchell, 2006; Neubauer, 1982, 1983; Sharpe & Rosenblatt, 1994). It should be noted that the scant mention of sibling relationships prior to this time was nearly exclusively related to *sibling rivalry*, but these concepts were never fully developed (Bank & Kahn, 1982; Coles, 2003; Colonna & Newman, 1983; Mitchell, 2000, 2003; Neubauer, 1982, 1983). The historical contexts will be further traced, albeit briefly, in Chapter III with a sharpened focus on Freud's Oedipus complex. In Chapter IV, implications about why the 1980s may have been a culturally relevant time to include sibling relationships will be suggested.

Bank and Kahn (1982) embarked on a journey to map the “emotional, and largely irrational, realm of sibling relationships” (p. 5) which had been previously unexplored. Pulling from a range of different disciplines – such as psychoanalytic, family systems, biological, sociological, and clinical – they produce a very hefty analysis of the sibling bond. They introduce their findings by noting their personal process of muddling through both clinical conversations around siblings with their clients, as well as theoretical conversations with their colleagues. As both psychotherapists and teachers, they note that, unsurprisingly, their training focused principally on parental influence on a child's developing identity and the “strange silence” (p. 5) around siblings

At the heart of Bank and Kahn's (1982) work is their understanding of *the sibling bond* – how it shapes development, how it functions throughout the lifespan, how and why it develops. Although they recognize the variation in sibling relationships, they do draw some general conclusions. They propose that:

The sibling bond is a connection between the selves, at both intimate and the public levels of two siblings; it is a “fitting” together of two people's identities. The bond is sometimes warm and positive, but it may also be negative. Through the sibling

relationship one gets the sense both of being a distinct individual and of constancy through knowing a sibling as predictable person. (Bank & Kahn, 1982, p. 15)

They conclude that the sibling bond can have both positive and negative influences on development and throughout the lifespan. The typical relationship waxes and wanes over time, and sometimes biological changes or social changes can affect both the connection as well as the individual's identity development; these changes can have long lasting implications. They further propose that the vertical and lateral axes intersect in important ways; namely, that sibling bonds develop often times in the face of "insufficient parental influence" (Bank & Kahn, 1982, p. 18).

Parallel to Bank and Kahn's publication (1982), a two year longitudinal study was conducted on preschool siblings by a Yale University research group in the early 1980s (Neubauer, 1982, 1983). This research group, comprised of psychoanalysts who had a "vertical ego psychological orientation" (Balsam, 2013, p. 37), set out to gather data in order to more deeply understand the "mutual influences" (Neubauer, 1982, p. 122) of siblings born two years apart (Neubauer, 1982, 1983; Coles, 2003; Balsam, 2013). Neubauer himself aligned with Freudian and object relations theory – he believes in the importance of one-to-one relationships between child and caregiver, but suggested "a widening of [the] model of early object interactions" (p. 132). He did not undermine the vertical axis but only wished to contribute to it, much like his successors (Agger, 1988; Bank & Kahn, 1982; Coles, 2003; Edward, 2011; Graham, 1988; Kahn, 1988; Kris & Ritvo, 1983; Levin & Garon (Eds.), 2013; Mitchell, 2000, 2003, 2006, 2013; Sharpe & Rosenblatt, 1994; Wittenberg, 2006). The study resulted in a few publications – notably *Rivalry, Envy and Jealousy* (1982) and *The Importance of the Sibling Experience* (1983), both authored by Neubauer; and *Parents and Siblings: Their Mutual Influences* (1983) by Kris and Ritvo. The findings will be briefly summarized below.

The study group showed that upon the arrival of a new sibling, the elder child's aggressive drive increased (Kris & Ritvo, 1983; Neubauer, 1982, 1983). It was reasoned that this increase in aggression was tied to "strivings for the mother" (Neubauer, 1982, p. 128). The aggression can take two forms, per Neubauer (1982): it can be solely directed towards the sibling, or can become mixed with aggression towards the mother. This implies the conjunction of the vertical and the horizontal axes in the case of development, an important point that is later expanded upon by more contemporary analysts (Agger, 1988; Bank & Kahn, 1982; Coles, 2003; Edward, 2011; Graham, 1988; Kahn, 1988; Kris & Ritvo, 1983; Levin & Garon (Eds.), 2013; Mitchell, 2000, 2003, 2006, 2013; Sharpe & Rosenblatt, 1994). Kris & Ritvo, too, comment on the intersection of the axes (1983). Neubauer (1983) also commented on birth order in regards to jealousy, envy, and rivalry, and how this may have long-term implications on development. Essentially, the papers conclude with the argument that examining sibling experience and rivalry contributes to a deeper understanding of human development and the human experience (Kris & Ritvo, 1983; Neubauer, 1982, 1983).

Bank and Kahn (1982), and the Yale research group of psychoanalysts, skillfully pioneered the growing interest of sibling relationships. It could be considered "disappointing" (Coles, 2003, p. 82) to some to discover that their research was not more amply developed. The relatively small body of literature that exists today is quantitatively slim. Nonetheless, the works that followed are qualitatively impressive, and actively contribute to the expanding interest of sibling relationships in psychodynamic theory.

Second generation. Some of the literature that followed the relatively radical earlier works on siblings continued to synthesize the sparse psychoanalytic reference of the influence of siblings in the primary psychologies, and further provided additional clinical examples involving

siblings in an attempt to “close [the] gap” (Rosner, 1985, p. 476) in the existing psychoanalytic literature (Abend, 1984; Agger, 1988; Colonna & Newman, 1983; Lesser, 1978; Rosner, 1985). Agger (1988), for example, did just this. She compiled the existing psychoanalytic research and offered in-depth clinical examples to broadly explore some of the “major issues in sibling relationships” i.e. “sibling rivalry, new births, sibling loss, sibling identification, and the quality of both sibling love and attachment” (p. 4). Edward’s *The Sibling Relationship* (2011) incorporated these elements into one contemporary and hefty yet accessible book. Other works proposed unique theories about the necessity of exploring siblings in the context of development and development and their clinical relevance (Agger, 1988; Coles, 2003; Edward, 2011; Graham, 1988; Kahn, 1988; Mitchell, 2000, 2003, 2006, 2013; Sharpe & Rosenblatt, 1994).

Lesser (1978), Graham (1988), and Balsam (2013) specifically focused on the necessity of clinical attunement to sibling relationships, by way of exploring issues of transference and countertransference in the analytic relationship. As Bank and Kahn (1982) noted in their work, the clinical relevance of considering transference and countertransference in the context of sibling relationships cannot be ignored. The authors admittedly were both shocked and a bit embarrassed to have never fully considered siblings in their clinical work with patients (Bank & Kahn, 1982). Mitchell (2003, 2013) was still surprised, writing and practicing nearly forty years later, that she had not formally encountered sisters and brothers in her training and work with clients. Overall, it’s argued that the sibling transference is very different from the parent transference, and must be identified and interpreted accordingly (Abend, 1984; Agger, 1988; Bank & Kahn, 1982; Charles, 1999; Coles, 2003; Colonna & Newman, 1983; Graham, 1988; Kahn, 1988; Lesser, 1978; Rosner, 1985; Sharpe & Rosenblatt, 1994); to overlook the nature of the sibling relationship is clinically irresponsible and can lead to “at worst...therapeutic failure

or at best... therapeutic interminability” (Kahn, 1988, p. 7).

Two second generation works that are examined comprehensively in Chapter III are works by Sharpe and Rosenblatt (1994) and Coles (2003). Sharpe & Rosenblatt (1994) specifically examine constellations of triangles that emerge in larger family systems and the influences therein, in direct relation to the Oedipus complex. Coles’ text, *The Importance of Sibling Relationships* (2003) provides an extensive review of the literature and deeply explores Freudian and Kleinian accounts of sibling relationships. Kahn (1988) and Wittenberg (2006) looked at the sibling relationships and their mutual influence from a self psychological perspective, as will be presented in Chapter IV.

Third generation: Juliet Mitchell. Mitchell, a contemporary British classical psychoanalyst who is committed to Freudian theory, offers a unique vision of the sibling relationship that has had a notable influence that deserves separate consideration in this chapter. It will be briefly noted that this “third generation” is also comprised of two other significant psychoanalysts, Luis Kancyper and Rene Kaës, who will not be mentioned in this project (Legoretta, Levaque, & Levinsky-Wohl, 2013; Kancyper, 2013). Their literature will not be cited for two reasons. The first reason is due to limited access to their work, which is in Spanish and French respectively; the second reason is in regards to the philosophical complexity of their work, which would require much more space and a larger format for optimal consideration.

Mitchell (2000, 2003, 2006, 2013) highlighted many distinct qualities of the lateral axis that come to influence development, often times regarding sibling rivalry, pregnancy and new births, and narcissism. Much like her predecessors, her work does not undermine the classical vertically-oriented notions, but instead insists upon incorporating the horizontal axis, as it is an “autonomous constellation” (2006, p. 41) that requires it’s own paradigm. She writes from a

position that incorporates group psychology, Marxism, feminist and philosophical perspectives (Mitchell, 2000, 2003, 2006, 2013). Her writing is marked by a certain depth and density that is, unfortunately, well beyond the scope of this project. Regardless, some of the relevant currents will be explored below to advance a deeper understanding of the contemporary analysis of the sibling relationship. Additionally, threads of Mitchell's Freudian perspectives will be presented in Chapter III.

At the crux of her theory, Mitchell proposes that the birth of a new sibling is a threatening crisis in and of itself (2000, 2003, 2006, 2013) – even directly referred to as a universal trauma (Mitchell, 2006, 2013; Lament, 2013). Mitchell suggests that the birth of a new sibling is traumatic in many ways; she specifies that it is more than just a “difficulty”, in the sense that it has important and long-lasting psychic implications (2006, 2013). A strong psychological trauma, as she defines it,

is a shock or wound that, because of its excessive strength, breaks through a protective surface. Here, it breaks through not the skin or muscle to something within but the psychological barriers that are in place. The implosion releases unbound energy within the organism. (2006, p. 39)

Moreover, she suggests the trauma classification is appropriate because the arrival of a sibling has long lasting pathological implications if not properly resolved (2000, 2003, 2006, 2013).

Upon the arrival of a new sibling, older brothers or sisters (tacitly implied to be around the age of two or three) are faced with the realization that “one is not unique or even irreplaceable” (2003, p. 70) and thus selfhood is “shattered” (2006, p. 45) and “obliterated” (2013, p. 21). In a process wherein the child has to both mourn her own infancy and recognize

the permanence of another, the child is caught in a difficult place (Coles, 2003; Mitchell, 2003, 2006, 2013; Levinsky-Wohl, 2013).

Henceforth, young children are in an affected position wherein they both love the sibling, but also become overwhelmed with feelings of both displacement and replacement (Levinsky-Wohl, 2013; Mitchell, 2000, 2003, 2006 2013). The long-awaited infant arrives and, she argues, the initial love felt is much like a narcissistic self-love; in the context of the “love thy brother as thyself” phenomenon, the child adores its “replica” (2000, p. 335). But the child soon realizes the non-social, animalistic infant is “other” and, moreover, here to stay, which threatens her place in the family (2003, 2006, 2013). This, Mitchell believes, feels like *annihilation* (Mitchell 2000, 2003, 2006, 2013; Levinsky-Wohl, 2013). Mitchell writes,

The realization that one is not unique, that someone stands exactly in the same place as oneself and that though one has found a friend, this loss of uniqueness is, at least temporarily equivalent to annihilation... at this later level we have murderous desires, as a response to the danger of annihilation. (2003, p. 43)

The child, too, is pushed into a new intellectual zone in this period. I will, once again, quote Mitchell at length, as paraphrasing her words would not do her hypothesis justice:

When the child sees the mother pregnant with another child...then the exigencies of the situation prompt the urgency of thought. For the child this is a historical not a bodily moment. The feelings stirred up by the historical situation force the mind to work. The philosophical mind is born from a desperate response to the threat of displacement and through this displacement to the possibility of the emergent ego’s non-existence – being could become nothingness... The desperate plight that underlies this situation necessitates thinking and advances the way the mind separates out from the body, of

which it is a part, in order to think the questions: ‘where am I now someone else is me?’ (2003, p. 69)

The resolution of this trauma and these feelings comes with time and knowledge, and the transition works in conjunction with the vertical axis for better or for worse. Eventually, the younger infant becomes more human than “other” as it develops into childhood. “When both are children,” she writes, “they can play as friends” (2006, p. 48). Prototypically, then, narcissism transforms into self esteem (2003, 2006, 2013). Mitchell also suggests the sibling relationship is unique and differentiated from the vertical one as it is the first social relationship (2000, p. 20).

Mitchell’s theory not only speaks to the actual existence of siblings, but extends to the only child. Even the only child lives with the expectation of the inevitable arrival of a new sibling (Lament, 2013; Mitchell, 2006, 2013). Mitchell believes, “from the psychoanalytic point of view, the ‘only’ child is likely to have *more*...brothers and sisters than the child with siblings. They are more active in the thoughts and feelings, the unconscious and conscious fantasies, in the inner world” (Mitchell, 2013, p. 19).

Many authors have written in response to Mitchell’s innovative theories on the trauma of siblingdom. She evokes an array of responses. In 2013, Juliet Mitchell presented at the Canadian Psychoanalytic Society, which resulted in many praising her work (Levin & Garon (Eds.), 2013). Gilmore (2013), as one example, praised Mitchell’s theory and presents case examples of adolescents to illustrate the long-lasting influence of the sibling trauma. Vivona (2008), a colleague of Mitchell’s, also expanded on her work and refers to the sibling trauma as a “universal crisis of non-uniqueness” (Vivona, as cited by Edward, 2011).

Others, like Coles (2003) are less impressed by her claims; for Coles, Mitchell’s theories are too “essentialist” and “catastrophic” (p. 88) and do not thoroughly consider some of the

positive effects siblings can have on one another. Edward (2011), too, is seen to align with Coles (2003) at times, in stating that although it's "intriguing" to consider the violence and trauma embedded in sibling relationships in the context of our society, "clinicians...who regard development as dependent upon a unique interaction between the innate endowment of a child, maturational forces, and the conscious and unconscious attitudes and ministrations of their caretakers, may question the inevitability and universality of the specific responses Mitchell delineates" (p. 73). Edward, instead, diplomatically proposes that the impact of the birth of a new baby depends on a variety of factors (Edward, 2011; Levinsky-Wohl, 2013).

Summary and Conclusion

To review, the gap of literature addressing siblings in psychodynamic literature began to close in the early 1980s. Contemporary psychotherapists and researchers writing in the field generally agree that the historical psychoanalytic vertical-focused theories effectively pushed siblings into subordinate positions in respect to their influence on development. Works by Bank and Kahn (1982), and psychoanalytic research groups (Neubauer, 1982) pioneered the burgeoning interest and necessity in considering the influence of siblings. Their successors draw from a range of different disciplines to offer unique perspectives of the sibling relationship. Further, as this project also endorses, the intersection of the vertical and horizontal axes is of crucial importance to the abovementioned writers. Parents are shown to directly assist in forming these relationships and it is furthermore understood that neither axis exists in a vacuum (Agger, 1988; Bank & Kahn, 1982; Coles, 2003; Edward, 2011; Graham, 1988; Kahn, 1988; Kris & Ritvo, 1983; Levin & Garon (Eds.), 2013; Mitchell, 2000, 2003, 2006, 2013; Sharpe & Rosenblatt, 1994; Wittenberg, 2006).

Drawing from this literature, which illustrates the longstanding omission of and need for

continued engagement with the impact of the horizontal axis, Chapter III and IV that follow will provide a critical review on the sibling relationship by the use of two very different major theoretical orientations. Chapter III will explore Freud's innovative theory of the Oedipus complex, which is largely considered the apex of psychoanalytic theory (Abend, 1984; Agger, 1988; Bank & Kahn, 1982; Berzoff, 2011; Coles, 2003; Colonna & Newman, 1983; Edward, 2011; Freud, 1905/1976, 1920a, 1913/1950, 1914/1957, 1923/1960, 1924; Graham, 1988; Levin & Garon (Eds.), 2013; Mitchell, 2000, 2003, 2006, 2013; Mitchell & Black, 1995; Sharpe & Rosenblatt, 1994). Chapter IV will review the self psychological perspective of sibling relationships, a more contemporary theory.

CHAPTER III

THE OEDIPUS COMPLEX AND THE SIBLING RELATIONSHIP

JOCASTA:

As to your mother's marriage bed, - don't fear it.

Before this, in dreams too, as well as oracles,

Many a man has lain with his own mother.

But he to whom such things are nothing bears

his life most easily. (Sophocles, 429BC/1942, p. 129)

Around the turn of the 20th century, Sigmund Freud, the father of psychoanalysis, proposed the influential Oedipus complex – what's considered to be the “nuclear complex of the neurosis” (Freud, 1913/1950, p. 160) in psychoanalysis (Bemporad, 1995; Coles, 2003; Freud, 1913/1950, 1920a; Mitchell, 2000, 2003, 2006, 2013). On October 23, 1896, Freud's father Jakob Freud passed away at the age of 81. This event, understandably, left him uprooted, and struck with grief and worry (Bemporad, 1995; Freud, 1897/1985, 1899/1999; Robertson, 1999). In the face of this devastation, Freud entered a perhaps “creative illness” marked by “a painful spell of inner isolation...intense preoccupation with his ideas, and resulting in the exhilarating conviction that he had discovered a great new truth” (Robertson, 1999, p. x). He turned to his former theories of psychoanalysis, self-analysis and the interpretation of his own dreams at this

time as a vehicle to advance his innovative theory of the Oedipus complex. The roots of the complex and his self-analysis are first evidenced in a letter to his colleague, Wilhelm Fliess, shortly after his father's death. Freud wrote:

...Being totally honest with oneself is a good exercise. A single idea of general value dawned on me. I have found, in my own case too, [the phenomenon of] being in love with my mother and jealous of my father, and I now consider it a universal event in early childhood, even if not so early as in children who have been made hysterical....If this is so, we can understand the gripping power of Oedipus Rex, in spite of all the objections that reason raises against the presupposition of fate; and we can understand why the later "drama of fate" was bound to fail so miserably. Our feelings rise against any arbitrary individual compulsion... the Greek legend seizes upon a compulsion which everyone recognizes because he senses its existence within himself. Everyone in the audience was once a budding Oedipus in fantasy and each recoils in horror from the dream fulfillment here transplanted into reality, with the full quantity of repression which separates his infantile state from his present one. (1897/1985, p. 272)

It is here that *Oedipus Rex* and Freud's theoretical frameworks first became forever linked in the psychoanalytic world.

This chapter will be divided into three primary parts in an effort to consider sibling relationships in the context of Freud's Oedipus complex. Part I will provide a summary of Sophocles' classic tragedy, *Oedipus Rex*, as it is the foundation of Freud's pivotal theory. Part II will first explore the roots and core concepts of Freudian psychoanalytic theory. Then, the section will specifically look at Freud's Oedipus complex, the conflicts therein, and the paths of resolution. A critique of Freud's theory will be offered, as well. Part III of this chapter will look

to the contemporary literature that explores sibling relationships from an Oedipal framework. Finally, recommendations for future research and analysis will be proposed.

Part I: Sophocles' Oedipus Rex and The Oedipus Complex`

The Oedipus myth. *Oedipus Rex*, written in 429BC, chronicles the tragic and ironic story of the king of Thebes, who was raised in the land of Corinth by the king and queen, Polybus and Merope. One evening, after an unsettling conversation with a drunkard who accuses him of being a bastard, Oedipus seeks deeper understanding of his lineage from an oracle, as he is curious about and bothered by this man's claims. The oracle communicates his predestined fate to murder his father and marry his mother, and counsels him to flee the land to save himself and his family. Reactively, Oedipus relocates to Thebes, where he is chosen by the people to become their king after he proves himself to be wise, skillful and noble when he solves the riddle of the Sphinx that was previously harassing the Thebans (Freud, 1899/1999; Robertson, 1999; Sophocles, 429BC/1942).

The play starts in action – a plague has struck and greatly compromised Thebes. The citizens assemble on the streets, begging King Oedipus to find a way to lift the plague that is threatening their city. Oedipus, the God-like, noble, and respected king (Sophocles, 429BC/1942, p. 88), assures his people that he has already taken steps to remedy the city – he has sent his brother-in-law, Creon, to the oracle of the god Loxias to find a remedy. Shortly thereafter, Creon returns and explains to Oedipus what he has learned: the city will be free from impending destruction once the murder of King Laius – the former king of Thebes – is avenged, as “it is murder guilt/which holds our city in this storm of death” (Sophocles, 429BC/1942, p. 90). Oedipus, indebted to his city and his citizens, declares to solve the murder-mystery. The story quickly builds speed, as a series of clues shed light on an unexpected twist.

Oedipus is visited by Teiresias, a blind prophet known for his clairvoyance and wisdom, and a spokesman of Loxias. Teiresias is initially withholding of his knowledge, but Oedipus becomes maddened and taunts the wise man for the truth. This pushes Teiresias to assert that Oedipus himself is, in fact, the murderer of King Laius. Oedipus becomes enraged and, scrambling for explanation, he concludes that Creon has set him up to be exiled so that he may inherit the throne. Jocasta, his queen and sister of Creon, arrives to placate the bickering between the two men. Here, she tells Oedipus of the oracle of late Laius, which she believes was “so clear but false” (Sophocles, 429BC/1942, p. 118), and a clue is revealed as to who the murderer is:

There was an oracle once that came to Laius.../and it told him/that it was the fate that he should die a victim/at the hands of his own son, a son to be born/of Laius and me...

(Sophocles, 429BC/1942, p. 118)

She further explains the tragic history of her fated son. After learning of the oracle, the king and queen reactively bound their three-day-old son's feet and “cast him forth upon a pathless hillside” (Sophocles, 429BC/1942, p. 118) to die. Oedipus now becomes rattled. He discloses to his queen the details of the oracle of Corinth - his fate of patricide and incest, and he tells about a run-in with an unknown man whom he killed on a crossroads where King Laius was murdered. He is faced with some unfortunate truths and suspicions; the story continues to gain momentum.

A Corinth messenger further confirms the hapless suspicions. The messenger arrives in Thebes bearing news of Polybus' death while meanwhile revealing to Oedipus for the first time that he was not the biological son of Polybus and Merope. Oedipus was, instead, “a gift” to the childless rulers (Sophocles, 429BC/1942, p. 132) from the Cithaeron slopes – the site where King Laius and Jocasta had left their infant to die. The clues begin to add up and, in the end it is clear that dreadful oracle of Corinth became a reality: Oedipus had committed patricide and

engaged in incestuous relations with his mother, Jocasta. As the truth of these acts become plain, Jocasta hangs herself and, when Oedipus finds her dead, he blinds himself with her brooches from his late wife's – nay, mother's – robes, screeching “they will never see the crime/I have committed or had done upon me!” (Sophocles, 429BC/1942, p. 145). Oedipus, once considered the greatest, wisest, and noblest of men (Sophocles, 429BC/1942), is left helpless against the dictates of the oracle, despite his valiant efforts to save himself and his family and is exiled from his kingdom (Bemporad, 1995; Sophocles, 429BC/1942).

The chapter will now turn to briefly trace the roots and define core concepts and frameworks of Freudian psychoanalytic theory, before it examines how Freud skillfully extrapolated the ancient tragedy to advance his innovative theory of the human psyche.

Part II: The Development of the Oedipus Complex

The roots of Freudian theories: Core concepts and models. With the budding development of the Oedipus complex, Freud took steps away from his former roots in *seduction theory*. Seduction theory essentially posited that neurosis and psychopathology is rooted in a repressed memory of an *actual* event of early childhood sexual abuse or the untimely introduction of sexuality into the innocence of childhood. Rather than the actual occurrence of sexual abuse in childhood, as he once believed, Freud proposed a new hypothesis: that epigenetic sexual and aggressive fantasies and drives in childhood come to shape development (Berzoff, 2011; Mitchell, 1995). As a child develops, the sexual and aggressive drives shift and ultimately align with the development of certain psychic structures and internal capacities. The shift from a theory of infantile seduction to infantile sexuality was momentous. Freud was the first to disturb childhood – a stage of life formerly characterized by innocence – by casting upon it dark shadows of “homicidal and incestuous aspirations” (Bemporad, 1995, p. 496).

Freud identified these two irreducible impulses in early childhood, i.e., the sexual drive and aggressive drive, to be inherent to the human condition. He wrote of the urgency and the necessity to examine these drives and their impact on future pathology and development,

One feature of the popular view of the sexual instinct is that it is absent in childhood and only awakens in the period of life described as puberty. This, however, is not merely a simple error but one that has had grave consequences, for it is mainly to this idea that we owe our present ignorance of the fundamental conditions of sexual life. (1905/1976, p. 173)

He further demanded,

it is a mistake to deny that the child has a sexual life, and to take it for granted that sexuality commences with the ripening of the genitals at the time of puberty. On the contrary – the child has from the beginning a sexual life rich in content... (1920a, p. 175)

In Freud's framework, the intrinsic forces of primitive sexual and aggressive energy create the *lifelong internal conflict* between natural impulse and societal rules and demands (Berzoff, 2011; Freud, 1899/1999, 1905/1976, 1913/1950; Mattei, 2011; Mitchell & Black, 1995). Ultimately, development – and thus pathology – are “seen as the compromised results of a series of conflicts fought in a sequential progress of bodily battlegrounds” (Mattei, 2011, p. 264).

The structural model of the mind. Related to this lifelong conflict between desire and social norms is Freud's structural model of the mind. His structural model is comprised of three parts: *the id*, *the ego*, and *the superego* (Berzoff, 2011; Freud, 1923/1960; Mattei, 2011; Mitchell & Black, 1995; Schamess, 2011). The id is the structure that “wants what it wants when it wants it” (Schamess, 2011, p. 52); it is governed by the pleasure principle – that is, “the concept that the sole aim of all mental activity is to seek pleasure and avoid pain” (Schamess, 2011, p. 52).

Generally, it is regarded as a rather primitive structure nestled in the mind where the sexual and aggressive energies are housed (Freud, 1923/1960; Mattei, 2011; Mitchell & Black, 1995; Schamess, 2011). The superego is the psychic organization that enforces moral beliefs, social and group norms, and is commonly thought of as “the conscience” (Freud, 1913/1950; Mattei, 2011; Robertson, 1999; Schamess, 2011). The third structure is the ego, which works to mediate between the id and the superego (Berzoff, 2011; Freud, 1923/1960; Mattei, 2011; Mitchell & Black, 1995; Schamess, 2011)¹.

Psychosexual theory of development. Infantile sexuality collides with the structural model of the mind and informs *instinctual drive theory* – or *the psychosexual theory of development* – which delves deep into the world of fantasy and the unconscious. This informed a new framework, which he called the *psychosexual stages of development* (Berzoff, 2011; Mitchell & Black, 1995;).

Freud identified five psychosexual stages of development: the *oral*, *anal*, *phallic*, *latent* and *genital* stages. The stages are hierarchical and sequential, and each includes an erogenous zone, a drive, an object, and a task that the child must face at each juncture. These tasks lead to the development of certain characterological qualities – i.e., the capacity for trust, internal control, a conscience, or differentiation. Each stage is dependent on the resolution of the previous, and failure to resolve any particular stage may underlie pathological character traits, personality structures, or relationships in adulthood. These failures are often classified as “fixations” or “regressions” to earlier stages (Berzoff, 2011; Mitchell & Black 1995). This

¹ This explanation is kept brief, as the complexity and depth of the ego and ego development is far too vast for this thesis, but cannot be ignored, given its weight and influence in Freudian theory

section will focus primarily on the phallic stage, where Freud believes the Oedipus complex first appears.

Sophocles' *Oedipus Rex* cannot be ignored in the midst of this discussion, as Freud's application of the story is at the heart of Freud's theory and this chapter. After the loss of his father, Freud published his seminal book *The Interpretation of Dreams* in 1899 – a work that can be seen as a tool of catharsis and autobiographical exploration (Bemporad, 1995; Freud, 1899/1999; Mitchell & Black, 1995; Robertson, 1999). In *The Interpretation of Dreams* (1899/1999), Freud detailed commonly recurring dreams – both his own and his analysands' – that touch upon the death or murder of the same-sex parent and the erotic longings toward the opposite-sex parent (Freud, 1899/1999; Bemporad, 1995; Mitchell & Black, 1995; Robertson, 1999), much like the predestined fate of the protagonist in Sophocles' play. Freud further related the human condition and the plot of *Oedipus Rex*, stating that *Oedipus Rex* moves us (as readers and humans),

because it could have been our own as well, because at our birth the oracle pronounced the same curse upon us as it did on him. It was perhaps ordained that we should all of us turn our first sexual impulses toward our mother, our first hatred and violent wishes against our father. Our dreams convince us of it. (1899/1999, p. 202)

Freud asserted these fantasies to be universal and inherent in childhood, as first documented in Sophocles' classic tragedy, as evidenced in dreams and dream theory, and later recounted in his own experience after the passing of his father. Freud demanded an “unmistakable indication...that the legend of Oedipus sprang from that ancient dream material which contains the painful disturbance of our relations with our parents by the first stirrings of our sexuality” (Freud, 1899/1999, p. 203), as Jocasta declares, “as to your mother's marriage bed, - don't fear

it/Before this, in dreams too...Many a man has lain with his own mother” (Sophocles, 429BC/1942, p. 129). He further described the myth to be “a tragedy of fate” (1899/1999, p. 202), comparable to the human condition, ultimately communicating that these incestuous and aggressive desires are all powerful and inescapable, much like the King Oedipus’ fate (Bemporad, 1995; Berzoff, 2011; Freud, 1899/1999, 1909/1977, 1913/1950; Mitchell & Black, 1995).

In addition to the tie between the content of the classic myth and Freud’s theory, aspects of *form* are also linked (Bemporad, 1995; Freud, 1899/1999, Robertson, 1999). Regarding form, the apex of the play – when Oedipus is learning of his lineage, the patricide and his incestuous relationship – is marked by a gradual intensity and “skillfully delayed revelation” (Freud, 1899/1999, p. 202). Freud explicitly compared this to be much like the method of clinical practice of a masterful psychoanalyst and his analysand (Freud, 1899/1999). Bemporad (1995) agrees with this parallel; he states, “[t]he dramatic pacing of the action and the protracted revealing of an inevitable if disagreeable truth in *Oedipus Rex* certainly resembles the analysand's confrontation with the contents of his own unconscious” (1995, p. 497).

The Oedipus complex. Freud’s seminal Oedipus complex is embedded in the phallic stage, the third stage of psychosexual development, which occurs around the ages of three to five (Berzoff, 2011; Freud, 1913/1950, 1920a; Mitchell, 2000; Mitchell & Black, 1995). For an Oedipal child, the erogenous zone is the penis or the vagina. Whereas the pre-Oedipal child– that is, one who is still in the oral or anal stage – is able to illicit sexual desires and gratification from herself (what Freud called *auto-eroticism*), the phallic stage marks the extension of the sexual desires towards others. Children at this stage enter a world of fantasy and imagination and, Freud believes, become preoccupied with budding romantic and sexual fantasies (Berzoff, 2011; Freud,

1899/1999, 1909/1977, 1913/1950, 1920a; Mitchell & Black, 1995). According to Freud, the child begins to fantasize about extraneous gratifying relationships directed towards her or his parents (Freud, 1909/1977). At the beginning of the phallic stage, Freud decided, in his notably heteronormative framework, that gender and sex play no part, stating, “you can attribute some degree of homosexuality to every child without doing him injustice” (Freud, 1909/1977, p. 48). As one further progresses through the phallic stage and enters the Oedipal dilemma, the child prototypically seizes the opposite-sex parent as “the object of its erotic wishes” (Freud, 1909/1977, p. 51).

The primary aim of all children during this stage becomes genital intercourse with the opposite sex parent or caregiver. Consequently, the same sex parent becomes a “rival” (Mitchell & Black, 1995, p. 15) and, therefore aggressive or even murderous feelings arise (Freud, 1913/1950, 1920a; Mitchell, 2000, 2003; Mitchell & Black, 1995; Berzoff, 2011). A triangle is thus formed between the child and his parents – Freud believed this stage is when children’s relationships shift from dyadic to triadic relations. The vertical relationships, i.e., the parents or caregivers, play the primary role in Freud’s conceptualization of the Oedipus complex (Abend, 1984; Agger, 1988; Bemporad, 1995; Bank & Kahn, 1982; Berzoff, 2011; Coles, 2003; Colonna & Newman, 1983; Edward, 2011; Freud, 1899/1999, 1909/1977, 1913/1950; Graham, 1988; Kris & Ritvo, 1983; Levin & Garon (Eds.), 2013; Mitchell, 2000, 2003, 1006, 2013; Mitchell & Black, 1995; Neubauer, 1982, 1983; Sharpe & Rosenblatt, 1994).

Freud asserted that during the Oedipal stage, the parental love objects “set the direction for the choice of an object in puberty” (1920a, p. 291) when the sexual instinct first asserts its demand with full strength. That is to say, “the Oedipus complex organizes the child’s loving and hostile relationship to its parents, which, when transferred on to other people, will be played out

throughout its life” (Mitchell, 2000, p. 22). While the context and specifics of how the Oedipal drama plays out in each person’s individual life differs, Freud considered the fate to be universal (Bemporad, 1995; Freud, 1909/1977, 1913/1950, 1920a; Mitchell, 2000, 2003; Mitchell & Black, 1995). He also suggested, “the central themes of childhood sexuality become organized in the Oedipus complex, and that organization becomes the underlying structure for the rest of life” (Mitchell & Black, 1995, p. 15).

Ambivalence – that is, in this case, the feelings of both love and hatred towards the same person – plays a big part in Freud’s Oedipal dilemma. The pre-Oedipal child has the tendency to *split* the negative and hostile feelings from the positive ones. During stages of infancy, splitting is a way to organize the world into good versus bad or gratifying versus disappointing experiences (Flanagan, 2011; Sharpe & Rosenblatt, 1994). Splitting has a natural and adaptive function early in life: essentially, keeping these opposing experiences separate protects the self and others from “the suffering that comes from seeing [people] as whole and therefore flawed or disappointing” (Flanagan, 2011, p. 139).

Presuming successful resolution in the anal stage, ambivalence enters the picture as the child shifts to a triadic relationship. The Oedipal child now has the capacity to perceive her caregivers as a whole object, containing both positive and negative attributes (Flanagan, 2011; Freud, 1913/1950, 1920a; Mitchell & Black, 1995; Sharpe & Rosenblatt, 1994). Thus, the child is immersed in a very complicated situation; after all “the hatred of his father that arises in a boy from rivalry for his mother is not able to achieve uninhibited sway over his mind; it has to contend against his old established affection and admiration for the very same person” (Freud, 1913/1950, p. 160). This is not an easy task for a child to master around the age of four.

In a lecture Freud gave titled *Development of the Libido and Sexual Organizations* in the 1920 text, *A General Introduction to Psychoanalysis*, he recounted clinical observation of a child in midst of the Oedipus complex that quite clearly illustrates the experience, and also speaks to its nuisance:

One may easily see that the little man would like to have the mother all to himself, that he finds the presence of his father disturbing, he becomes irritated when the latter permits himself to show tenderness towards the mother, and expresses satisfaction when the father is away... Frequently he expresses his feelings directly in words, promises the mother he will marry her... The observation is frequently clouded by the circumstance that the same child...on other occasions, gives evidence of great tenderness toward his father; it is only that such contradictory, or rather, *ambivalent* emotional attitudes as would lead to a conflict... (Freud, 1920a, pp. 287-288)

Essentially, how this early conflict is handled, according to Freud, has a significant impact on development, character, gender identity, and adult object choice (Berzoff, 2011; Freud, 1913/1950; 1920a; Mitchell, 2000, 2003, 2006, 2013; Mitchell & Black, 1995; Sharpe & Rosenblatt, 1994).

The differences between Sophocles' Oedipus Rex and Freud's Oedipus complex are important to note before moving forward. Sophocles' tragic hero is a "grand and powerful king who has the wherewithal to commit these crimes without conscious intention" (Bemporad, 1995, p. 497) – he flees his home and goes to great lengths in an attempt to avoid his fate. Freud's theory presents quite differently: a small and dependent baby actively yearns to commit patricide and incest, but lacks the strength and power (Bemporad, 1995; Freud, 1899/1999). Freud writes,

King Oedipus, who killed his father Laius and married his mother Jocasta, is only the fulfillment of our childhood wish. But, more fortunate than he, we have since succeeded at least insofar we have not become psychoneurotics, in detaching our sexual impulses from our mothers and forgetting our jealousy of our fathers. We recoil from the figure who has fulfilled that ancient childhood wish with the entire sum of repression which these wishes have since undergone within us. (1899/1999, p. 202)

The question this quote begs is: how? As the proclaimed “nuclear complex of the neurosis” (Freud, 1913/1950, p. 160) and a “central phenomenon” (Freud, 1924, p. 419) of development, how *does* one successfully navigate these taboo desires? What are the motivations and incentives for resolution? According to Freud, the central tasks of the phallic stage are to develop a superego, to develop a gender and sexual identity, and to destroy and abolish incestuous sexual instincts (Berzoff, 2011; Freud, 1921; Mitchell & Black, 1995). These are massive tasks. The following section will further define and expand upon some of the concepts briefly introduced above, as well as introduce some of Freud’s proposed answers to these queries.

Resolution of the Oedipus complex: successful resolution. As mentioned previously, resolution of central components of the five psychosexual stages inform the development of corresponding character traits, i.e., self esteem, self reliance, internal control, or a conscience, for example. According to this framework, any type of failure to resolve the central tasks of the given psychosexual stage underlie associated pathology, symptomology or disturbances in personality structure or relationships throughout the lifespan (Flanagan, 2011; Freud, 1913/1950, 1920a, 1923/1960, 1924; Mitchell, 2000, 2003, 2006; Mitchell & Black, 1995; Sharpe & Rosenblatt, 1994). With this brief overview, the section will further define these terms in the

context of exploring the implications of the resolution of – or the consequences in the failure to resolve – the Oedipus complex.

Lust, rivalry, ambivalence, and shame are among the central components nested in the Oedipal dilemma. Appropriately navigating these unfamiliar and often unpleasant emerging feelings is crucial to the resolution of the Oedipus complex. With successful resolution comes the development of a healthy superego – that is, a conscience as well as an understanding of socially acceptable group norms and taboos – and the formation of a gender and sexual identity (Berzoff, 2011; Freud, 1913/1950, 1920a, 1923/1960, 1924; Kris & Ritvo, 1983; Loewald, 1979; Mitchell & Black, 1995; Sharpe & Rosenblatt, 1994). Once the Oedipus complex has been resolved, a child can then advance to the fourth psychosexual stage, *latency* (Berzoff, 2011; Freud, 1905/1976, 1913/1950, 1920a, 1924; Mitchell & Black, 1995).

The latency stage is characterized by a quieting of the sexual and aggressive drives by way of *sublimation*. Sublimation, as Freud defines it, is the “process we subscribe to the general standard which places social aims above selfish sexual [and aggressive] desires” (Freud, 1920a, p. 300). That is to say, the sexual energy begins to be expressed in different ways outside of the family, such as idealization of teachers or coaches; the aggressive energies tend to be sublimated into socially-appropriate games or competitions, such as sports or collections, or other social, skill-building activities (Berzoff, 2011; Freud, 1905/1976, 1920a, 1924; Loewald, 1979; Mitchell & Black, 1995).

In a paper titled, *The Passing of the Oedipus Complex* (1924) Freud proposed some very basic incentives towards resolution: the longing must be given up simply because of its “inherent impossibility” and the “lack of success”, and further because “the time has come for its disintegration” (Freud, 1924, p. 245). While the latter statement does not exactly provide an

explicit explanation of how to resolve such a complicated dilemma, he elaborates elsewhere that the “instinct of knowledge” (Freud, 1905/1976, p. 194) and “education” (Freud, 1909/1977, p. 48) compliment the transition out of the Oedipus complex and into latency (Berzoff, 2011; Freud, 1905/1976, 1920a, 1924; Loewald, 1979; Mitchell & Black, 1995).

But perhaps the most threatening and powerful incentive to abandon the Oedipal desires is the threat of *castration anxiety* (or more generally *annihilation anxiety*). Castration anxiety is “the reaction to sexual intimidation or restriction, ascribed to the father” (Freud, 1920a, p. 175). Essentially, it is the fear that the father will castrate the young boy if he finds out about his sexual yearnings towards his mother. *Shame* also arises, as the young boy knows of his father’s larger phallus that is more capable of fulfilling his mother’s needs (Berzoff, 2011; Freud, 1905/1976, 1920a, 1924; Mitchell, 2000, 2003; Mitchell & Black, 1995; Sharpe & Rosenblatt, 1994). Thus, the increasing understanding of the impossibility of consummating with the opposite-sex parent, the developmental instinct towards attaining knowledge, the threat of castration anxiety, and shame ultimately fuel resolution of the Oedipus complex.

The forces described above, per Freud, result in the gradual *identification* with the same-sex parent. Identification promotes the internalization of certain qualities, values and ideals of the parent and results in the development of a gender-role identity. Meanwhile, through identification, according to Freud, a child also learns about “right” and “wrong”, and internalizes certain moral norms adhered to in the family, which then expand into an understanding of certain societal demands. Specifically, the child must internalize prohibitions on parental incest at this juncture. The child can then move forward into latency and more appropriately transform the sexual and aggressive energy (Berzoff, 2011; Freud, 1905/1976, 1909/1977, 1920a, 1924; Loewald, 1979; Levy, 1995; Mitchell, 2000, 2003; Mitchell & Black, 1995).

Although the early sexual desires towards the opposite-sex parent certainly inform future object choice, Freud believed that the yearnings of childhood must “start afresh as a ‘sensual [or affectionate] current’” (1905/1976, p. 200). It’s typically understood in Freud’s literature and that of his successors that “adult relations with a partner who in actuality is not an incestuous object are, as we know, influenced by Oedipal currents” (Loewald, p. 760). In a healthy resolve, “normal sexual development” (Freud, 1909/1977, p. 48), per Freud, eventually results in a suitable partner choice that is separate from the parents, though modeled on the former love object, and reproduction becomes the primary goal (Freud, 1905/1976, 1909/1977). He believed the perfect process of repressing sexual and aggressive drives towards one’s parents is absolute and total come latency (Freud, 1909/1977, 1920a, 1924).

Failures to resolve. As a preface to the section that follows, it should be noted that there is some controversy in the literature about what “resolution” of the Oedipus complex means, as detailed above. First, Freud considered the Oedipus complex “universal”, yet only deeply considered the male child’s experience. Further, he did not consider a range of sociocultural variables such as race, culture, sexual orientation, gender identity variations, alternatives to heteropatriarchal family constellations, and so on. Second, on one hand, Freud insisted that once the Oedipal triangle is resolved, and the sexual and aggressive drives are entirely repressed, that come puberty, the forces of resolution (i.e. the instinct towards knowledge, castration anxiety, shame, and morality) “make it impossible for [the person] to reactivate the instincts that have undergone repression” (Freud, 1909/1977, p. 48). This implies a total “destruction” (Freud, 1924, p. 422) of these former desires. Yet, it is also inferred in Freud’s volume of work, and that of his successors, that childhood sexuality and sexual yearnings come to “exercise a great and lasting influence” (Freud, 1909/1977, p. 51) throughout the lifespan.

Loewald responded to the idea of total repression, in his appropriately titled essay *The Waning of the Oedipus Complex* (1979), and comes to suggest a more developmental and intricate approach to the channels of resolution of the Oedipus complex. He remarks that incestuous vertical object cathexes in the phallic stage of psychosexual development inevitably affect future object choice, even if resolution is achieved. Perhaps then, as Loewald suggests, we should consider a spectrum of resolution when speaking of the Oedipus complex, as development is a continuous process (Loewald, 1979; Levy, 1995).

Resolution of the Oedipus conflict – i.e., the child freeing herself from the sexual desires towards her father, and reconciling with her mother – is not an easy task (Bemporad, 1995; Besdine, 1971; Freud, 1899/1999, 1905/1976; 1913/1950, 1920a, 1924; Loewald, 1979; Mitchell, 2000, 2003; Mitchell & Black, 1995). Freud wrote, that, while the tasks of the Oedipus complex “are set for every man; it is noteworthy how seldom their solution is ideally achieved, i.e., how seldom the solution psychologically as well as socially correct” (1920a, p. 292). Further, he added, “[the highly complicated development of the sexual function] does not occur smoothly in every individual; and, if not, it leaves behind it either abnormalities or a predisposition to fall ill later, along the path of involution” (Freud, 1909/1977 p. 48).

Failure to resolve the complex results in a range of pathological disturbances that can appear later in adulthood (Berzoff, 2011; Besdine, 1971; Freud, 1899/1999, 1909/1977, 1920a; Mitchell, 2000; Rothstein, 1979; Sharpe & Rosenblatt, 1994). The ways in which the Oedipus complex manifests is, of course, context-specific and the range of individual pathological outcomes are infinite in the cases of resolution failure. For the purposes of this project, only some of the prominent symptomatology due to unresolved Oedipal conflict will be explored below.

Broadly, the presentations of pathological outcomes can be thought of as opposite the developmental growth and successes of a healthy resolution. Capacities that tend to be disordered are rooted in the core themes of the Oedipal dilemma: intimacy and love, rivalry and competitiveness, morality, and guilt and shame (Berzoff, 2011; Besdine, 1971; Freud, 1899/1999, 1905/1976; 1913/1950, 1920a, 1924; Mitchell, 2000, 2003; Mitchell & Black, 1995; Rothstein, 1979; Sharpe & Rosenblatt, 1994). In regards to love and intimacy, unresolved Oedipal triangles oftentimes lead to the choice of a spouse or partner that subconsciously represents the rival parent. In these cases, the partnerships are littered with disturbances of sexuality or intimacy and are often marked by a distinct competitiveness. What's more, the unresolved triangles may have an intergenerational effect, as parents may be prone to under- or overindulging their children as a reaction to their early experiences (Sharpe & Rosenblatt, 1994). A case example is provided below to exemplify the context and pathological outcomes of an unresolved Oedipus complex.

Failures in resolve: Case example of an Oedipal victor. Rothstein (1979), a practicing psychoanalyst, synthesized his work with five male clients to provide the following illustrative study of the circumstances that lead to an unresolved Oedipus complex:

First of all, [these individuals] were born into families in which father was viewed as a failure by mother. In many instances he was an actual failure. Second, these mothers treated their boys predominantly as narcissistic objects by overvaluing them as long as they promised to undo the humiliation of father's failure. Third, these boys experienced an actual seduction by their mothers... (p. 189).

He refers to these individuals as *Oedipal victors*. It's first important to notice the terminology: although *Oedipal victor* has a wholly favorable connotation, it should not be confused with

healthy resolution of the Oedipus complex. An Oedipal victor is a child who suffers pathological disturbances later in life due to coming close to actually experiencing the underlying sexual desires and aggressive drives, rather than just fantasizing about them (Rothstein, 1979; Sharpe & Rosenblatt, 1994).

To review briefly, in Freud's framework the impossibility of consummating with mother, castration anxiety, and shame spark the process of identification with the same-sex parent. This identification with father for a boy encourages healthy resolution and contributes to the development of a superego, as well as the formation of a gender and sexual identity (Flanagan, 2011; Freud, 1905/1976, 1920a, 1913/1950, 1914/1957, 1923/1960, 1924; Mitchell, 2000, 2003; Mitchell & Black, 1995; Rothstein, 1979, Sharpe & Rosenblatt, 1994).

In the conglomerated case example above, the child is in a different situation than typical healthy resolve: he has already won mother's love (whether symbolically or actually incestuously) and by being mother's love object he does not experience shame, as father himself is already symbolically castrated. In this sense, the boy has "won" the Oedipal conflict with the assistance of his parents (Rothstein, 1979; Sharpe & Rosenblatt, 1994). But the developing boy does not have an idealized father to identify with; consequently, personality disturbances arise and superego and sexual development suffer (Freud, 1914/1957; Rothstein 1979; Sharpe & Rosenblatt, 1994). In this way, then, the boy has missed out some critical pieces of development, which are evidenced in future pathology.

Prominent presentations of an Oedipal victor are an overall untamed grandiosity and narcissism that compensates for a deeper-seated sense of self-deprecation and inadequacy. As an example, in these cases, mother's seductive nature endorsed narcissistic and omnipotent qualities. Yet her seductive advances never became actualized, and her continued relations with

father or other grown men ultimately reinforced the child's confrontation with his small, incapable body (Rothstein, 1979). Therefore the narcissism is paired with an intense vulnerability: humiliation and embarrassment has "life threatening implications" (Rothstein, 1979, p. 197) for this individual (Freud, 1914/1957; Rothstein, 1979; Sharpe & Rosenblatt, 1994).

As Rothstein puts it, "[the child] is frightened and enraged at mother for treating him extractively. He is terrified she will denigrate and destroy him if he doesn't perform adequately. In addition, he fears father's retaliation for his symbolic Oedipal victory. Both factors contribute to his intense castration anxiety" (1979, p. 189). Excessive amounts of guilt matched with a subconscious fear of father's retaliation typically manifest as competitiveness in adulthood (Rothstein, 1979; Sharpe & Rosenblatt, 1994).

Ultimately, superego development is compromised and complicated in the case of an Oedipal victor. The literature points that the superego is both punitive *and* permissive (Freud, 1914/1957; Rothstein, 1979; Sharpe & Rosenblatt, 1994). It's a parallel process: the grown man may indulge his id (operating under the pleasure principle) and feed his sense of omnipotence by committing "minor social and sexual crimes" (Rothstein, 1979, p. 193). But, still subconsciously fearing the inevitable retaliation of father, indulging in these primitive acts may actually just be a form of self punishment, rather than passively waiting to be "destroyed by [castrating, enraged, jealous, and retaliating] father" (Rothstein, 1979, p. 193). An example of the permissive and punitive superego, which Rothstein (1979) cited often in his clinical examples, is a married man flagrantly having an illicit sexual affair.

Due to the lack of a superego, these individuals present as "crudely sexual" (A. Reich, as cited by Rothstein, 1979, p. 191). This makes sense: without a superego enforcing culturally

informed notions of “right” and “wrong”, the adult’s id dominates. Indulging in sexual and aggressive acts is natural for the untamed id that isn’t paired with a developed superego.

Secondly, explicit gratification of the sexual and aggressive drives and fantasies during the phallic stage unquestionably influence patterns of sexuality and relationships in Freud’s framework (Flanagan, 2011; Freud, 1905/1976, 1914/1957; 1920a, 1913/1950, 1914/1957, 1923/1960, 1924; Mitchell, 2000, 2003; Rothstein, 1979; Sharpe & Rosenblatt, 1994).

We have learned from Freud that “the highest phase of development of which object-libido is capable is seen in the state of being in love, when the subject seems to give up his own personality in favour of an object-cathexis” (Freud, 1914/1957, p. 76). More simply, evidence of healthy resolution of the Oedipus complex is in the transfer of auto-erotic self-love to the love of another. The Oedipal victor does not have this experience and instead engages in a rather circular process of self love (Freud, 1914/1957; Rothstein, 1979; Sharpe & Rosenblatt, 1994).

This is, of course, both a simplified and specific explanation of the case of the Oedipal victor in an effort to explain the course of an unresolved complex and the pathological implications therein. Variations in context and individual psychology are innumerable. Less commonly cited is the case of the *Oedipal loser*, which has the opposite presentation of the Oedipal victor. The Oedipal loser experiences a crushing defeat of the Oedipus complex during the phallic stage of development. In this case, the child is often under-indulged in her intrinsic sexual and aggressive fantasies during the Oedipal stage (Sharpe & Rosenblatt, 1994).

Associated symptomology to the Oedipal defeat are overt presentations of inferiority and insecurity in areas around love and acceptance, leading to an adult presentation of being prone to chronic feelings of depression, unworthiness and difficulties in intimacy (Besdine, 1979; Freud,

1905/1976, 1914/1957; 1920a, 1913/1950, 1914/1957, 1923/1960, 1924; Sharpe & Rosenblatt, 1994).

Freud's Oedipal theory summary. Freud's application of Sophocles' classic tragedy *Oedipus Rex* to the developing world of psychoanalysis was remarkably innovative. Freud was the first to infiltrate the innocence of infancy and childhood with universal effervescent theories of sexual and aggressive urges, first by self-analysis and dream analysis, and then by careful clinical observation of children. He skillfully delineated five psychosexual stages of development that carried seeds of pathological disposition in imperfect scenarios. The navigation of the nuisance of the Oedipus complex – that is, the incestuous, erotic yearnings towards the opposite-sex parent and the consequent aggressive and hostile feelings towards the same-sex parent – comes to shape vital qualities such as a conscience, morality, gender and sexual identities, and societal norms. Any deviation from the channels of healthy resolution, which is seldom achieved, result in disturbances in these realms (Berzoff, 2011; Besdine, 1970; Freud, 1905/1976, 1920a, 1913/1950, 1914/1957, 1923/1960, 1924; Mitchell & Black, 1995; Rothstein, 1979; Sharpe & Rosenblatt, 1994).

On all fronts – historically, developmentally, theoretically – the Oedipus complex reveals itself to be a hugely influential theory. Even as Freud's successors challenged, opposed, and contributed to the foundations of classical psychoanalytic thought, the Oedipus complex “has remained the crucial and central frame of reference” (Mitchell, 2000, p. 22). Thus, according to Freud's framework, the vertical axis between child and caregivers is the dominant – if not only – structure that is said to have shaped development. (Abend, 1984; Agger, 1988; Bank & Kahn, 1982; Bemporad, 1995; Berzoff, 2011; Coles, 2003; Colonna & Newman, 1983; Edward, 2011; Freud, 1905/1976, 1920a, 1913/1950, 1914/1957, 1923/1960, 1924; Graham, 1988; Levin &

Garon (Eds.), 2013; Mitchell, 2000, 2003, 2006, 2013; Mitchell & Black, 1995; Sharpe & Rosenblatt, 1994). But children are born into a world that is more complex than just the linearity of parent-child. Children are born into a world of siblings, whether only children or one of several (Mitchell, 2000, 2003, 2006, 2013). Where do siblings come in Freud's conception?

It has been argued that, due to the principal position it continues to hold in the psychodynamic theory in Western culture, the Oedipus complex has effectively "obscured the view" (Mitchell, 2000, p.22) in regards to considering the importance and influence of sibling relationships by emphasizing the primary role of the triangle between parents and child (Agger, 1988; Balsam, 2013; Coles, 2003; Mitchell, 2000, 2003, 2006, 2013). Or, as stated by Agger (1988), "[c]ommitment to traditional theoretical concepts inclines us to focus on parental transference figures within the Oedipal helix" (1988, p. 7). The following section of this chapter, Part III, will explore sibling relationships in direct connection with the Oedipus complex.

Part III: The Sibling Relationship and The Oedipus Complex

Freud on siblings. Freud did not ignore siblings altogether throughout his life and work. He does make direct connections to the Oedipus complex and the sibling relationship on two accounts worth mentioning. In the first, he states that the Oedipus complex becomes a "family complex" upon the birth of a new sibling (1920a, p. 289). Second, he writes "the feelings that are aroused in [the Oedipus complex] between parents and children and in the resulting ones between brothers and sisters are of a positive or affectionate kind, but also of a negative or hostile one" (1909/1977, p. 51). It is implied in his language and his scarce discussion that siblings are minor players in the context of development, and when they do play a role its in direct connection to the dominant vertical axis (Agger, 1988; Bank & Kahn, 1982; Coles, 2003; Colonna & Newman, 1983; Edward, 2011; Freud, 1909/1977, 1920a; Mitchell, 2000, 2003,

2006, 2013; Sharpe & Rosenblatt, 1994). This is a curious position, especially in the context of Freud's blended family of ten children.

Hypotheses about why Freud hardly mentions sibling relationships are traced to his family of origin. When Freud was almost two years old – a pre-Oedipal child – his younger brother Julius died only a few months after his birth. He mentions this trauma very rarely in passing in his theoretical work, and not at all in his intellectual autobiography (Coles, 2003). It's speculated that in Freud's case he is, perhaps, “struggling *not* to reach a knowledge of his own dead brother in his analysis” and consequently “made everything come back to [the Oedipus complex] in order to avoid the dead brother” (Mitchell, 2000, p. 239). Earlier, Agger speculated too that, his emphasis on the vertical axis might have been in effort to self-protect. She writes,

The formulation of the Oedipus complex in addition to its scientific merit, may have served a neurotic need for a cognitive vehicle to which one could attach a disturbing constellation of primitive feelings. To discover incestuous wishes and murderous fantasies toward parents may have been less distressing than to experience them in connection with siblings where the sadistic component and castration anxiety may be more intense (Agger, 1988, p. 12).

Perhaps, then, for Freud's individual psychology, the lateral axis could have been, in fact, more intense than the vertical axis; refuge in the hierarchical power of the vertical axis was ultimately less threatening (Agger, 1988; Coles, 2003; Legorreta, Levaque, & Levinsky-Wohl, 2013; Mitchell, 2000, 2003; Sharpe & Rosenblatt, 1994).

Regardless of speculation around Freud's “oversight” (Bank & Kahn, 1982, p. 163) of the sibling relationship, the essence of Freud's sparse references to siblings throughout his volume of work both explicitly and implicitly concluded that siblings are of secondary importance. When

siblings are mentioned in the context of the Oedipus complex, they are presented as merely displacements of, or substitutive for, the parental relationships. Freud did not consider how the sibling relationships could have authority and influence on development in their own right, which has implications for the development of psychodynamic theory and thus and on human development (Abend, 1984; Agger, 1988; Bank & Kahn, 1982; Coles, 2003; Colonna & Newman, 1983; Edward, 2011; Freud, 1905/1976, 1909/1977, 1913/1950, 1920a, 1923/1960; Graham, 1988; Kris & Ritvo, 1983; Legorreta, Levaque & Levinsky-Wohl, 2013; Mitchell, 2000, 2003, 2013; Neubauer, 1982, 1983; Sharpe & Rosenblatt, 1994).

Preliminary definitions and goals. Some fundamental terms will be briefly reviewed and defined to guide the remainder of the chapter. Freud's *Oedipus complex* will be synonymous with *Oedipal triangle* and *Oedipal relationships*. It refers to the triangle between a child and her two parents during the phallic stage of development. Sexual fantasies around the opposite-sex parent arise and aggressive urges towards the same-sex parent manifest in response. Castration anxiety, shame, and the general lack of success push the child towards resolution and surrendering these unpleasant feelings, thereby resulting in identification with the same-sex parent. *Oedipal milestones* or *milestones* henceforth will refer to the superego, gender identity, sexual identity, and the internalization of social norms.

Borrowing from Sharpe and Rosenblatt (1994), *Oedipal* is used to refer to “the developmental level of structuralization and object relations” (p. 491), meaning the child's developmental position, especially regarding ambivalence and the externalization of erotic aims. An *Oedipal child* is distinct from the *Oedipus complex*, outlined above. In Freud's framework and for the purposes of this project, *Oedipal love* refers to the incestuous erotic longing for the opposite-sex parent, whereas *Oedipal aggression* refers to the hostility and resentment towards

the same-sex parent. (Bank & Kahn, 1982; Berzoff, 2011; Coles, 2003; Edward, 2011; Freud, 1905/1976, 1913/1950, 1914/1957, 1920a, 1923/1960, 1924/1961; Mitchell, 2000, 2003; Mitchell & Black, 1995; Sharpe & Rosenblatt, 1994).

Finally, as defined in Chapter I, the *horizontal axis* refers to the relationship between siblings while the *vertical axis* refers to the parent-child relationship. Perhaps unsurprisingly, the insertion of *horizontal* or *sibling* before any of these abovementioned terms will redirect the erotic or aggressive aspiration from the parent to the sibling or siblings; otherwise, the definitions remain the same.

Works by Bank and Kahn (1982), Kris and Ritvo (1983), Sharpe and Rosenblatt (1994), Mitchell (2000, 2003), and Coles (2003) specifically examined the sibling relationship in direct connection with Freud's Oedipus complex. Each of these works call for the separate analysis of the sibling relationship, as they see siblings as more than just secondary to or displacements of the parental relationship in the context of the Oedipus triangle. By the use of these aforementioned texts, the remainder of the chapter will first turn to define Oedipal sibling triangles, and explore the incentives for forming these Oedipal-like sibling bonds. The chapter will then turn to examine the distinct differences between the vertical and horizontal axes in regards to development, resolution, and pathological presentation in adulthood. In conclusion similarities between the axes will be mentioned, and recommendations for further research and questions will be posed.

Sibling Oedipal triangles. Sharpe and Rosenblatt (1994) examined various constellations of Oedipal triangles in the family system, and their respective influence on development on the Oedipal milestones. The triangles they specifically delineated and explored take two common forms: (1) between two siblings and a parent – often in the case of sibling

rivalry, and (2) between three siblings. According to Sharpe and Rosenblatt's theoretical assertions, and in conjunction with their clinical observations, the relationships that develop between siblings and parents in these contexts resemble some of the formal characteristics of Freud's Oedipus complex. The most obvious example is that in both the Oedipal triangle and the sibling Oedipal triangle, the child is involved in a bitter competition with "an ambivalently regarded rival for the exclusive love of another" (p. 498). Moreover, the sibling Oedipal conflict is also marked by guilt, ambivalence, and a fear of retaliation or castration.

However, Sharpe and Rosenblatt demand that the Oedipal sibling triangle is given separate consideration, as these relationships, are not solely displacements of parental oedipal constellations, but may exist parallel to and relatively independent of the oedipal "parental" triangle. Moreover, they often exert definitive influence on the individual's later identifications, choice of adult love object, and patterns of object-relating. (1994, p. 492)

The literature points that a primary reason that these types of triangles or Oedipal bonds tend to form between children is largely due to parental insufficiency or neglect (Abend, 1984; Bank & Kahn, 1982; Coles, 2013; Edward, 2011; Sharpe & Rosenblatt, 1994). Regardless, these relationships have inherent conflicts in their own right. The concept of parental "displacement" in regards to sibling relationships is quite common in the literature prior to the 1970s, as demonstrated by Freud's references to siblings (Bank & Kahn, 1982; Coles, 2003; Sharpe & Rosenblatt, 1994). As Bank and Kahn write, "this became the leitmotif of psychoanalytic theory of brother-sister relationships: if siblings are of the same sex, they are rivals for parent love; if of the opposite sex, they are the natural outlet for displaced Oedipal desires" (1982, p. 162).

Differences. As supported by this thesis, failure to notice the subtle dynamic differences between the horizontal and vertical axes is theoretically problematic and has repercussions in a clinical context (Abend, 1984; Bank & Kahn, 1982; Coles, 2003; Edward, 2011; Kahn, 1988; Mitchell, 2000, 2003, 2006; Sharpe & Rosenblatt, 1994). Adhering to this limited conceptualization of siblings as “second editions,” (Colonna & Newman, 1983, p. 299) overlooks the distinctiveness and uniqueness of the structure, form, and conflict nestled on the horizontal axis. The lateral relationships are qualitatively and structurally different than the vertical relationships, and “the desires [between siblings] – active or repressed – will manifest themselves differently” (Mitchell, 2003, p. 35). As Sharpe and Rosenblatt expertly point out, transference attitudes towards “big brother,” for example, are manifested differently from those toward “big Daddy.” A big brother transference will usually entail attitudes of mingled admiration and more openly intense competition, perhaps with some teasing, with the implicit acknowledgement of a common ultimate parental authority over both siblings. A father transference, on the other hand, will usually embody more of an ambivalent submission and rebellion, or at least resentment of a “final authority”. (1994, p. 493)

These differences have different pathological implications and implications for the development of the Oedipal milestones (Bank & Kahn, 1982; Coles, 2003; Colonna & Newman, 1983; Edward, 2011; Mitchell, 2000, 2003, 2006, 2013; Sharpe & Rosenblatt, 1994). It is consistently noted in the literature that the Oedipal sibling triangles have a distinct influence (Bank & Kahn, 1982; Coles, 2003; Edward 2011; Mitchell, 2000, 2003, 2006, 2013; Sharpe & Rosenblatt, 1994). Additionally, research by Sharpe and Rosenblatt (1994), argues that the Oedipal sibling triangle may actually exert a *stronger* and *more intense* influence on development in some

domains, ultimately making it harder to resolve and thus having implications for future presenting difficulties and pathology.

Sharpe & Rosenblatt (1994) consider the sibling Oedipal triangle to be more intense for a number of overlapping reasons: sexual and aggressive drives are normalized and more tolerated on the lateral axis than they are on the vertical axis, siblings are less dependent on one another for survival and protection, and the incest taboo is less intense on the lateral axis. Each of these reasons will first be presented, and then the chapter will turn to consider why these factors may contribute to a more difficult and complex process of resolution (Bank & Kahn, 1982; Coles, 2003; Edward, 2011; Gilmore, 2013; Mitchell, 2003, 2006; Sharpe & Rosenblatt, 1994).

A significant difference between the vertical and horizontal axes is in regard to the reality of aggressive and sexual drives. The literature on sibling relationships frequently considers sibling aggression and conflict to be both normal and healthy for development (Bank & Kahn, 1982; Coles, 2003; Levinsky-Wohl, 2013; Mitchell, 2003, 2013; Sharpe & Rosenblatt, 1994). Bank and Kahn (1982) actually devote a section of their book to the positive aspects of fighting in childhood (pp. 198-201), citing clinical examples, longitudinal studies, and theoretical underpinnings. Moreover, many parents actively choose not to intervene and give children the gift of learning how to work it out themselves (Bank & Kahn, 1982). Conflict, aggression, rivalry, and hostility are much more tolerated on the lateral axis than on the vertical axis. Openly defying or competing with the hierarchical power of mother or father is simply understood as unacceptable. Moreover, to continue in this vain would put the child's safety, protection, and wellbeing at risk.

In regards to sexual acts between siblings, children are seen to have a blissful playful curiosity. In early childhood, brothers and sisters are often bathe together, play "mummies and

daddies,” (Mitchell, 2003, p. 41) or intrusively examine one another’s bodies under the guise of playing “doctor” (Bank & Kahn, 1982, p. 155) – none of these activities are considered unusual or pathological in the least. Sexual curiosity, then, is natural, mutual, and inevitable between children at a young age child (Bank & Kahn, 1994; Coles, 2003; Mitchell 2000, 2003; Sharpe & Rosenblatt, 1994). It would be unusual – and in many ways psychologically violent – to see any of these activities acted out symbolically or incestuously on the vertical axis, as seen in the case of the Oedipal victor above (Rothstein, 1979).

Quite relatedly, the incest taboo is less severe on the lateral axis than it is on the vertical axis (Agger, 1998; Bank & Kahn, 1982; Kahn, 1988; Lindzey, 1967; Mitchell, 2000, 2003; Sharpe & Rosenblatt, 1994). Bank and Kahn (1982) compiled research from their predecessors on why brother-sister incest is the weakest of the familial taboos and draw some significant conclusions:

(1) It does not violate social expectations of dominance... (2) No adult-child taboo is being broken; sibling sexuality is often considered “child’s play.” (3) Society is more restrictive about cross-generational sexual relationships; sibling incest is not usually cross- . (4) Intense dependency relationships are considered incompatible with overt sexuality...; since siblings are not usually acknowledged as being emotionally dependent on one another, the incest taboo is once again the weakest. (p. 170)

While the prohibitions still exist, “childhood sexual play is both normal and consensual to a certain point” (Mitchell, 2003, p. 40). Additionally, it’s the most common form of incest in myth, history, literature, and practice (Santiago, 1973; Bank & Kahn, 1982; Luzes, 1990; Mitchell, 2003). This is not to imply, by any means, that the weaker taboo and the greater frequency of

actual engagement of incest on the lateral axis do not have less severe psychological ramifications (Bank & Kahn, 1982; Coles, 2003; Sharpe & Rosenblatt, 1994).

Lateral resolution and Oedipal milestones. How do these factors influence resolution on the lateral axis? In Freud's model of healthy resolution, the child is inclined to relinquish the erotic and hostile feelings in part due to the impossibility of consummating with the opposite-sex parent. Additionally, the child fears retaliation from a bigger, better father who is already fulfilling mother's sexual needs, and meanwhile is crippled by shame and inadequacy (Berzoff, 2011; Freud, 1905/1976, 1920a, 1924; Mitchell, 2000, 2003; Mitchell & Black, 1995; Sharpe & Rosenblatt, 1994).

On the lateral axis, there is less incentive in these respects. Siblings are typically closer in age and of the same generation, and spend more time together than parents do with their children. Children are in the same league in regards to "age, size, power, sexual maturity and knowledge" (Sharpe & Rosenblatt, 1994, p. 506); they do not depend on one another for security and survival (Bank & Kahn, 1982; Coles, 2003; Edward, 2011; Gilmore, 2013; Lesser, 1978; Mitchell, 2003, 2006; Sharpe & Rosenblatt, 1994). So, from a child's perspective the sibling sexual relationship and Oedipal love is more realistically achievable, normalized, and tolerated. Moreover, these sexual and aggressive aims are often times actually fulfilled, which evokes more intense feelings of guilt and shame than fantasy (Sharpe & Rosenblatt, 1994). Thus, with fewer motivating incentives towards resolve, the erotic and aggressive aims are less easily surrendered (Coles, 2003; Sharpe & Rosenblatt, 1994). Coles adds,

Not only is there less need or desire to overcome Oedipal sibling triangles, but the narcissistic blow to the self-esteem that results from the loss of the battle means that there

is far greater investment in continuing the battle rather than giving it up, in contrast to the parent and child Oedipal conflict. (2003, p. 17)

Ultimately, these factors make resolution on the lateral axis look quite different than resolution on the vertical axis, which leads to different implications for development, adult presentation and pathology, and clinical intervention (Bank & Kahn, 1982; Coles, 2003; Sharpe & Rosenblatt, 1994, Mitchell, 2003, 2013).

Much like in the vertical Oedipus complex, the lateral axis comes to inform adult sexuality and partner choice (Abend, 1984; Bank & Kahn, 1982; Coles, 2003; Colonna & Newman, 1983; Edward, 2011; Freud 1920a, 1909/1977; Kris & Ritvo, 1994; Neubauer, 1983; Sharpe & Rosenblatt, 1994). In some cases of unresolved Oedipal triangles on either axis, the choice of a partner or spouse can represent the rival parent or sibling and thus have major deficiencies in regards to intimacy and sexuality (Sharpe & Rosenblatt, 1994).

Coles (2003) presented a case example from her practice, the case of Mr. Y, to illustrate the powerful effects of sibling Oedipal love on adult object choice. Mr. Y, the oldest of four children, had, in a sense, “fallen in love” with a younger sibling marked by a steady devotion to one another, and the exclusion of everyone else in the family. Coles expands on this example, stating that their deep brother-sister bond not only “altered Mr Y’s inner world” but also noted that their relationship “determined all his subsequent relationships with women” (Coles, 2003, p. 14). In this case, it was mandatory for Coles to recognize this early intense relationship as his psychotherapist. Without proper attention to the lateral axis, the transference was properly identified and interpreted in their work together, a key to effective psychotherapeutic work (Abend, 1984; Bank & Kahn, 1982; Coles, 2003; Edward, 2011; Freud, 1920a; Kahn, 1988; Mitchell, 2000, 2003, 2006; Sharpe & Rosenblatt, 1994). Abend (1984) also presents two extreme

case examples of Oedipal sibling love to exemplify the ways in which siblings come to affect adult patterns of intimacy.

The failure to resolve the sibling Oedipus complex can present similarly to the pathological presentation of the unresolved vertical Oedipus complex, as reviewed above, although there are some distinctions. In the case of cruelty, rivalry, and jealousy in a sibling Oedipal triangle, some analysts point to an unusually harsh superego as a sign of an unresolved sibling conflict (Coles, 2003; Edward, 2011; Sharpe & Rosenblatt, 1994). This could be due to the fact that, like in the case of the Oedipal victor, the superego develops mainly through identification of the once-rivalled relationship (Berzoff, 2011; Besdine, 1979; Freud, 1905/1976, 1909/1977, 1920a, 1924; Loewald, 1979; Levy, 1995; Mitchell & Black, 1995; Rothstein, 1979; Sharpe & Rosenblatt, 1994). Sharpe and Rosenblatt name other specific indicators of an unresolved sibling Oedipal relationship: “the continued idealization or devaluation of a sibling, the continuation of grandiose and devalued self-images in relation to the sibling, and the continued polarization of roles and traits between or among siblings” (Sharpe & Rosenblatt, 1994, p. 508). Despite the similarity in presentations, it is important in a clinical setting to identify the difference of vertical and horizontal transference in order to properly analyze and treat presenting difficulties. Many analysts note the difficulty in appropriately identifying and interpreting sibling transference versus parental transference in a clinical session (Abend, 1984; Agger, 1988; Bank & Kahn, 1982; Coles, 2003; Colonna & Newman, 1983; Edward, 2011; Lesser, 1978). This difficulty could be due to the fact that psychotherapists and other clinicians do not receive proper training on the sibling transference.

Summary and Conclusion

Part III of this chapter was devoted to demonstrating the importance, both theoretically and clinically, of considering the distinct differences and the influence of the horizontal axis in the context of the Oedipus complex. It is irresponsible not to consider the reality of the varying constellations of Oedipal triangles and Oedipal love and aggression directed towards siblings that can come to influence development. The horizontal and vertical structures are “engendered autonomously” (Sharpe & Rosenblatt, 1994, p. 494), and cannot be demarcated as “displacements” of one another. Their respective influences on human development, the Oedipal milestones, and adult partner choice are distinct and deserve separate consideration for responsible clinical practice. As the literature shows, the sibling Oedipal relationship is distinct and some argue has the potential to be more intense than the vertical complex and, accordingly, more difficult to resolve (Sharpe & Rosenblatt, 1994) which leads to substantial pathological implications that arise in adulthood, and in the clinical setting (Abend, 1984; Agger, 1988; Bank & Kahn, 1982; Coles, 2003; Colonna & Newman, 1983; Edward, 2011; Freud, 1905/1976, 1909/1977, 1913/1950, 1920a, 1923/1960; Graham, 1988; Kris & Ritvo, 1983; Legorreta, Levaque & Levinsky-Wohl, 2013; Mitchell, 2000, 2003, 2006, 2013; Neubauer, 1982, 1983; Sharpe & Rosenblatt, 1994).

It was speculated that Freud’s own psychology and early childhood experiences precluded him to consider siblings as major players of development in their own right (Agger, 1988; Bank & Kahn, 1982; Coles, 2003; Legorreta, Levaque, & Levinsky-Wohl, 2013; Mitchell, 2000, 2003). Nonetheless, the Oedipus complex and the vertical axis maintains its position in the psychoanalytic world as a “central phenomenon” (Freud, 1924, p. 419). Given the reign and the developmental ramifications that Freud attributed to the Oedipus complex and early childhood sexuality, it should be clear why he considered it to be the zenith of development, and the

centerpiece of his theoretical work. To illustrate the assurance and commitment that Freud had to his theory of the Oedipus complex, consider this quote, written with much aplomb, that concludes his seminal work *Totem and Taboo* (1913/1950):

[T]he beginnings of religion, morals, society and art converge in the Oedipus complex. This is in complete agreement with the psycho-analytic finding that the same complex constitutes the nucleus of all neuroses, so far as our present knowledge goes. (p. 194)

Such a sweeping, essentialist, and archaic theory is bound to have backlash. With the benefit of hindsight, this chapter evoked some critique of Freud's theory. There is much to discuss in regards to Freud's archaic theory of the Oedipus complex in and of itself – the essentialist, universalist position he posits, the heteronormative framework he suggests. Feminist, gender and sexuality critiques, non-Western, and other cultural critiques are among the many that have surfaced to assess and challenge Freud's dominating theory (Robertson, 1999; Mitchell, 2000, 2003, 2013). Unfortunately, this discussion is well beyond the scope of this thesis, but is not to be ignored.

The writers predominantly cited in Part III of this chapter are largely psychoanalysts and students of Freudian thought. It is proved important and necessary, from both a clinical and theoretical perspectives, to challenge the existing frameworks in order to properly meet the client's needs and properly identify and interpret transference (Abend, 1984; Agger, 1988; Bank & Kahn, 1982; Coles, 2003; Colonna & Newman, 1983; Edward, 2011; Graham, 1988; Kris & Ritvo, 1983; Legorreta, Levaque, & Levinsky-Wohl, 2013; Mitchell, 2000, 2003, 2006, 2013; Neubauer, 1982, 1983; Sharpe & Rosenblatt, 1994). With the above presentation of the horizontal axis and the distinctions therein, it should now become clear that sibling Oedipal bonds have real implications on development and deserve separate consideration.

Considerations for future research. While there are abundant areas for critique of Freud's heteronormative, socioculturally-exclusionary Oedipus complex that are well beyond the scope of this chapter there are some areas that are worth mentioning in regards to the sibling Oedipus complex. One area for future research could be the deeper explanation of the specifics of how an unresolved Oedipal sibling relationship manifests in a clinical setting, as compared to Freud's unresolved Oedipus complex. Further consideration of adequate treatment interventions and more in-depth contemporary case analysis would be helpful to delineate for training and practicing clinicians. Another question for future research is nestled in the intersection of the vertical and the horizontal axis. In what ways can sibling relationships affect the resolution of Freud's Oedipus complex? How does the Oedipus complex come to influence relationships between siblings? Finally, a last area worth further investigating is in respect to resiliency and protective factors within the sibling Oedipal bond.

CHAPTER IV

SELF PSYCHOLOGY AND THE SIBLING RELATIONSHIP

As discussed in Chapter III, Freud was the founding father of psychoanalysis with his seminal understandings of the unconscious and his evolving theories on seduction, drives, structural, and psychosexual development, among many other pivotal ideas. As his influence paved the way of psychoanalytic thought, naturally new thinkers came to add to the continuum of psychodynamic theory by contributing innovative ideas and perspectives, and challenging the underlying frameworks (Bank & Kahn, 1982; Coles, 2003; Colonna & Newman, 1983; Mitchell, 2000, 2003; Neubauer, 1982, 1983). The early works of Freud in the field of clinical psychoanalysis laid the groundwork for the development of “four psychologies” – drive, ego, object relations, and self – all conceptually distinct understandings of the human experience (Pine, 1988). Although certainly intersecting and overlapping, these four psychologies offer unique perspectives regarding the human condition and psychic life. This chapter will focus on *self psychology*. It will first examine the historical context in which self psychology emerged, and will then define the core elements of the theory and clinical practice. The second part of the chapter will explore sibling relationships from a self psychological perspective in order to sharpen the focus on sibling relationships through the lens of a more contemporary psychodynamic theory. It will present both theoretical analysis and a qualitative study of

practicing psychotherapists. Finally, the chapter will conclude with a discussion of future considerations for theory, research, and analysis of self psychology and the sibling relationship.

Part I: The Development of Self Psychology

Heinz Kohut, an Austrian-American psychoanalyst, developed the theory of self psychology in the late 1970s, and radically challenged classical underpinnings of psychoanalysis (Basch, 1984; Mitchell & Black, 1995; Flanagan, 2011; Kulka, 2012). Although Kohut's theory evolved out of a career as a classical Freudian analyst, he proposed major challenges to traditional understandings of the unconscious, drives, object relations, transference, and the development of pathology. In fact, by the end of his career and life, Kohut had come to reject classical theory altogether and had formulated a distinct understanding of human experience and analysis (Basch, 1984; Flanagan, 2011; Kohut, 1971, 1977; Mitchell & Black, 1995; Wolf, 1988). A historical perspective on the intellectual and cultural climate experienced by the theorists covered in this chapter, adds insight to the development of their thinking.

Freud, a neurologist, developed his initial theories of the unconscious while searching for possible anatomical explanations for "neurotic symptoms" (Basch, 1984, p. 6) while working under Jean-Martin Charcot, his professor of neurology and anatomical pathology. When no brain lesion could be found for symptomology, Charcot and Freud postulated alternative psychological explanations, leading Freud to further develop his hypotheses regarding repression, neurosis, dreams, and budding symptomology, until eventually suggesting that the mind "attempts to adapt itself to the problems of life" (Basch, 1984, p. 8). Later, the theories evolved and advanced in "a society that almost totally repressed sexuality and where many patients grew up in hothouse families with...objects or initiators of seduction" (Edmunson, as cited in Flanagan, 2011, pp. 160-161), hence Freud's focus on seduction, repression, sexuality, and resultant defenses

(Berzoff, 2011; Mitchell & Black, 1995; Flanagan, 2011; Freud, 1899/1999, 1905/1976, 1909/1977, 1913/1950, 1920a, 1923/1960).

As the father of psychoanalysis, Freud had the benefit of working in an open system, embracing experimentation and his clinical evidence as the guiding forces for his ever-changing theoretical models (Basch, 1984). Those who followed after Freud encountered less acceptance, their expansive or contrary perspectives were met with resistance from those who adhered to Freud's shibboleth. While Kohut was certainly not the first to oppose some of the core propositions of classical psychoanalysis, his innovative ideas and contributions were considered controversial (Basch, 1984).

As previously stated, Freudian perspectives of mental illness resided in internal conflict between drives. For Kohut, isolation, disconnection, and environment were more relevant to the human experience than instinctual drives or impulses (Kohut, 1971, 1977; Mitchell & Black, 1995). Consequently, Kohut's perspective had less to do with instinct, drives, or internal conflict (Basch, 1984; Mitchell & Black, 1995). In a self psychological framework, the keys to healthy development are impingent on proper attunement of the environment and *relationships* therein. Kohut's shift towards relationships was momentous, though not unique. This shift had roots with other psychoanalysts such as Fairbairn, Klein and Winnicott who also considered the importance of external relationships on development (Balsam, 2013; Wolf, 1988). Essentially, Kohut moved away from independent *intrapsychic* models to an *interpersonal* model of development, as he found Freud's model too limiting (Flanagan, 2011; Mitchell & Black, 1995; Stolorow, 1991; Wittenberg, 2009; Wolf, 1988). Self psychology posits that "the development of a cohesive, healthy personality requires in childhood the presence of consistent, dependable others who provide specific kinds of experiences for the youngster" (Wittenberg, 2009, p. 32). Despite the

early controversy, self psychology is seen today as a fundamental branch psychoanalytic theory (Flanagan, 2011; Mitchell & Black, 1995; Pine, 1988; Sepansky & Goldberg (Eds.), 1984; Wittenberg, 2009).

Self psychology was developed in the United States in 1970s and 1980s, an era marked by “an almost fierce focus on individual self-definition, fulfillment, and well-being” (Flanagan, 2011, p. 161). Self-aggrandizement, entitlement, overindulgence, and self-actualization were among the virtues that persisted in 1970s and 1980s America. Perhaps unsurprisingly then, the framework for disorders and pathologies at this time became “self” focused.

In summary, Kohut’s thinking was not merely a product of the time, but also proposed solutions to working with “clinical problems that seemed opaque and intractable within the framework of existing theory” (Mitchell & Black, 1995, p. 150). Ultimately, he was dissatisfied with the trends and rigidity of clinical psychoanalytic theory and practice (Basch, 1984; Flanagan, 2011; Mitchell & Black, 1995). Given the changing times and Kohut’s shifting clinical focus, unpacking and reconceptualizing *narcissism* paired with the clinical use of *empathy* became the building blocks for Kohut’s theory of self psychology (Basch, 1984; Flanagan, 2011; Mitchell & Black, 1995).

A unique theory of narcissism. As the focus on the self and the environment framed Kohut’s perspective, his exploration into *narcissism* through the clinical use of *empathy* formed the basis of self psychology (Basch, 1984; Flanagan, 2011; Mitchell & Black, 1995). Kohut deviated from traditional psychoanalytic views of the etiology and treatment of narcissism. For Freud, there was a strict delineation between what he considered *primary narcissism* and *secondary narcissism* (Freud, 1914/1957). Primary narcissism is understood to be a natural state in infancy, characterized by self-directed energy and a “magical and fantastical...a perfect and

powerful” (Mitchell & Black, 1995, p. 150) experience. Secondary narcissism, on the other hand, was considered unhealthy and had a wholly negative connotation; it was when “an infantile state of self-involvement is re-created” (Flanagan, 2011, p. 163) later in life, and the libido is again self-directed and an individual is in a state of self-absorption (Freud, 1917/2001; Mitchell & Black, 1995; Flanagan, 2011).

Kohut reframed narcissism and diverged in important ways from Freud. He disagreed with the pejorative framework embedded in traditional psychoanalytic theory, and questioned its therapeutic value (Basch, 1984; Flanagan, 2011; Kulka, 2012; Kohut, 1959, 1966, 1971, 1977, 1984). First, he effectively destigmatized the term by introducing the concept of a *healthy narcissism*. Rather than considering narcissism something “to be outgrown or avoided” (Flanagan, 2011, p. 163) or “a vestige lurking in the darkness of the psyche” (Kulka, 2012, p. 269), Kohut actually emphasized the developmental *necessity* for young children to feel omnipotent, grandiose, and perfect (i.e. narcissistic) (Flanagan, 2011; Kulka, 2012) in order to form a healthy sense of self.

Freud’s narcissist not only carried a negative connotation (Flanagan, 2011), but was also considered somewhat untreatable in the classical psychoanalytic transference (Basch, 1984; Kohut, 1959, 1971; Wolf, 1988). This was in part due to the fact that in classical models, the analyst lacked a necessary amount of empathy – distance, interpretation and nongratification were “essential principles of cure” (Mitchell & Black, 1995, p. 162). The clinical focus for Freud’s narcissist was to shift from self-love to object-love, to relinquish grandiose fantasies, and to accept more “realistic values” (Kohut, 1966, p.265) of the self and the world. Kohut did not see how this could be possible for the analysand given the current framework and treatment interventions (Basch, 1984; Morrison, 1984; Kohut, 1966; Kulka, 2012) – he found interpretation

and nongratification to be “unnecessary and destructive” (Mitchell & Black, 1995, p 162) for the narcissistic client (Basch, 1984; Flanagan, 2011; Kohut, 1959, 1966, 1977; Mitchell & Black, 1995).

Empathy. The role of empathy was also a major cornerstone in the development of self psychology. Empathy was found to be a crucial tool in the methodology of clinical work, as alluded to above, and equally necessary in early childhood development (Basch, 1984; Flanagan, 2011; Kohut, 1959, 1966, 1977, 1984; Mitchell & Black, 1995; Wittenberg, 2006; Wolf, 1988).

In the treatment context, Kohut identified *empathic immersion* or *vicarious introspection* as essential clinical tools for working with individuals (Kohut, 1959; Flanagan, 2011; Morrison, 1984; Mitchell & Black, 1995; Wolf, 1988). Empathic immersion can be understood as a process in which the analyst “tried to put himself in the patient’s shoes, to understand the experience from the patient’s point of view” (Mitchell & Black, 1995, p. 157). This immersion process allowed Kohut to form further meaning of the analysand’s presentation and difficulties at a deeper level. In an early paper, *Introspection, Empathy, and Psychoanalysis—An Examination of the Relationship Between Mode of Observation and Theory* (1959), Kohut writes,

Only when we think ourselves into his place, only when we, by vicarious introspection, begin to feel his unusual size as if it were our own and thus revive inner experiences in which we had been unusual or conspicuous, only then begins there for us an appreciation of the meaning that the unusual size may have for this person and only then have we observed a psychological fact. (p. 461)

Put simply, this is considered to be therapeutic because “knowing that one is understood by another makes one feel better” (Wolf, 1988, p. 36).

However, it is not the task of the clinician to maintain a perfect relationship with the client (Basch, 1984; Flanagan, 2011; Mitchell & Black, 1995; Wittenberg, 2006; Wolf, 1988). Not only is this an impossible undertaking – one cannot always be perfectly attuned to another’s needs or experiences – but it was also considered counterproductive to the treatment of narcissism or other personality disturbances (Basch, 1984; Wolf, 1988; Mitchell & Black, 1995; Wittenberg, 2006; Flanagan, 2011). In a treatment setting, an analyst will inevitably fail and disappoint the patient. These disappointments are indeed productive in the therapeutic work: slowly and incrementally, and with an “optimal balance of empathetic gratification and empathetic failure “ (Flanagan, 2011, p. 166), the client will learn how to appropriately learn to work through failures, disappointments or impasses in the clinical setting once trust and rapport are established (Mitchell & Black, 1995; Flanagan, 2011). This is a phenomenon commonly referred to in the literature as *optimal frustration*.

This treatment dynamic is comparable to the ones in an individual’s early experiences. Empathic attunement is a necessary catalyst in development (Basch, 1984; Flanagan, 2011; Kohut, 1971; Mitchell & Black, 1995; Wolf, 1988). The “optimal balance” of empathy and disappointments is ideal for development to flourish and for the development of a healthy and cohesive sense of self. Slowly and safely, the child will be disappointed, but provided with a secure backdrop, she will survive – and later, internalize these moments, resulting in a solid, secure, and resilient self (Mitchell & Black, 1995). Kohut (1971) wrote,

The gradual recognition of the realistic imperfections and limitations of the self, i.e., the gradual diminution of the domain and power of the grandiose fantasy, is in general a precondition for mental health in the narcissistic sector of the personality. (p. 108-109)

To illustrate the optimal balance of empathetic attunement, Mitchell and Black (1995) wrote,

The child who is swooping around the living room in his Superman cape needs to have his exuberance enjoyed, not has his fantasies interpreted as grandiose. The child who believes his mother makes the sun rise in the morning needs to be allowed to enjoy his participation in the divine, not to be informed of his mother's diminutive status in the universe. These early narcissistic states of mind contain kernels of healthy narcissism; they must be allowed slow transformation on their own, Kohut suggested, simply by virtue of exposure to reality...in healthy development, the inflated images of self and other are whittled down, little by little, to more or less realistic proportions. (pp. 159-160)

Conversely, if the child's narcissistic needs were repeatedly unmet - i.e. if relationships were repeatedly disapproving or not developmentally attuned, or grandiosity was thwarted – then personality disturbances would arise later in life (Flanagan, 2011; Kohut, 1966; Kulka, 2012; Mitchell & Black, 1995; Sepansky & Goldberg (Eds.), 1984; Wittenberg, 2006; Wolf, 1988). This model of distress is considered a *deficit model* of pathology. This meant that when attention and attunement was “insufficient or traumatic, or simply fundamentally misaligned with the needs of the child” (Wittenberg, 2006, p. 35) arrests in development and personality structure would resultantly arise (Flanagan, 2011; Kahn, 1988; Kohut, 1971, 1977, 1984; Mitchell & Black, 1995; Wittenberg, 2006; Wolf, 1988). Kohut specified distinct types of experiences with caregivers; these terms will be further defined in the section that follows.

Self psychology: Core concepts. Self psychology is a complex theory that introduces new language, innovative concepts, and a nuanced framework for clinical analysis. As discussed, perhaps the most fundamental undertaking of the theory is the proposal that the development of the self requires more than just inborn drives, intrapsychic conflict and innate biological factors

as proposed by Kohut's predecessors (Basch, 1984; Wolf, 1988). Another fundamental distinction from classical analysis was that self psychology instead proposed a *lifespan model* rather than one that just emphasized early childhood experiences as the root of all conflict. Still, self psychology "takes a position that tries to avoid bias in favor of either biological or environmental influence" (Wolf, 1988, p. 32). Kohut agreed that the child is born with certain innate potentials; however, equally required are the presence of others (objects), who provide certain types of experiences based on developmentally-related needs (Wolf, 1988). These experiences are termed *selfobject experiences* and often times shortened to *selfobjects*. Appropriate and attuned selfobject experiences result in the healthy development of a *cohesive self*; disturbances in these experiences result in the *fragmentation* of self, or other personality disturbances (Flanagan, 2011; Kahn, 1988; Mitchell & Black, 1995; Wittenberg, 2006; Wolf, 1988). *Selfobject*, *cohesive self*, and *fragmented self*, will be further defined below.

Selfobject. A *selfobject* or *selfobject experiences* can be in part defined by the functions they serve for the self. As explained above, selfobjects are necessary for the healthy development of a cohesive sense of self. Selfobjects ideal function is to provide appropriate attunement, validation, regulation, and recognition of one's potential. Selfobjects can be people or things (such as art, literature, music, the weather) outside of the self that provide validation, comradery, and act as sources of perfection to idealize and merge with (Flanagan, 2011; Kahn, 1988; Kohut, 1971, 1977, 1984; Mitchell & Black, 2005; Wittenberg, 2006; Wolf, 1988). Selfobjects are thought to provide three specific types of experiences (also called *selfobject needs*): mirroring, idealizing, and twinship, defined in the next section.

Cohesive self. A *cohesive self* develops in an environment in which selfobjects provide an optimal balance of developmentally appropriate empathy and empathic failures. Kohut's

cohesive self is marked by ambition and confidence, even in the face of difficulty or disappointment (Flanagan, 2011; Mitchell & Black, 1995)

Fragmented self. Unlike the cohesive self, the fragmented self is understood as “a regression from cohesion to one of partial or total loss of structure” resulting in “feelings of emptiness or depression or worthlessness, or anxiety” (Wolf, 1988, p. 39). It’s characterized by “more permeable boundaries, diminished energy and vitality, and disturbed and disharmonious balance” (Wolf, 1988, p. 39). Kohut characterized it quite vividly as “the dread of the loss of his self – the fragmentation of and the estrangement from his body and mind in space, the breakup of his continuity in time” (1977, p. 105). The fragmented self is a product of “recurrent failures of empathic responsiveness” (Morrison, 1984, p. 84) or faulty selfobject responses (Flanagan, 2011; Mitchell & Black, 1995; Morrison, 1984; Wolf, 1988).

The tripolar self. For Kohut, the self is derived of three poles, which comprise *the tripolar self*: (1) the pole of the grandiose self or the pole of ambition, (2) the pole of the idealized parent imago or the pole of ideals, and (3) the pole of twinship. Each of these poles is necessary to different extents throughout the lifetime for the development and maintenance of a cohesive self (Flanagan, 2011; Mitchell & Black, 1995; Wittenberg, 2006). Embedded in these poles, Kohut specified three specific selfobject transferences: *mirroring*, *idealizing*, and *twinship*. Self psychology proposes the importance of these selfobject transferences throughout a lifetime, but especially in childhood. In a self psychological clinical setting, the therapist can become a reparative selfobject for the client through empathic resonance in the case of insufficient or non-attuned early selfobject experiences (Flanagan, 2011; Kahn, 1988; Kohut, 1959, 1966, 1971, 1977, 1984; Mitchell & Black, 1995; Wittenberg, 2006; Wolf, 1988). These concepts will also be expanded upon below.

The grandiose self (the need for mirroring). The grandiose self describes the early infantile stage wherein the child feels omnipotent, perfect, and all powerful (Flanagan, 2011; Mitchell & Black, 1995; Wolf, 1988). This pole requires *mirroring* selfobjects – that is, “people who will reflect and identify its unique capacities, talents, and characteristics” (Flanagan, 2011, p. 169), or “the universal need of any self to be affirmed as significant” (Wolf, 1988, p. 131). Evidence of a healthy grandiose self is similar to what was previously described as a cohesive self – they are individuals that are confident, hopeful, and ambitious (Flanagan, 2011).

The *optimal balance* is again ideal. If properly attuned mirroring selfobjects are not available in early development – that is, if selfobjects over-indulge or under-indulge – personality disturbances may arise. If a child were to be thwarted in this during the early natural stage of grandiosity, she may suffer from “low self-esteem and a deep sense of inner emptiness...‘half alive’” (Kohut, 1977, p. 6-7) or otherwise empty, deflated, helpless, shamed or humiliated. Kohut defined this type of disturbance as resulting in depression (Flanagan, 2011; Kohut, 1971, 1977; Mitchell & Black, 1995; Wolf, 1988). On the other hand, if a child’s grandiosity is overindulged, narcissistic personality features may be more prominent in adulthood. This ongoing grandiosity is maladaptive; individuals that are stuck in this pattern never stop seeking mirroring selfobjects and thus present as narcissistic (Flanagan, 2011; Kohut, 1971; Mitchell & Black, 1995; Wolf, 1988). From a classic psychoanalytic clinical perspective, this presentation is a defense, masking an analysand’s “deep feelings of inadequacy” (Mitchell & Black, 1995, p. 155) and is considered largely “untreatable” (Basch, 1984; Kohut, 1959, 1971; Wolf, 1988). Self psychology posits a similar understanding, though approaches it less pathologically and more practically, as described above.

The idealized parent imago (the need for idealizing). Although the language of the idealized parent imago is unfamiliar, the concept is quite simple. For Kohut, this pole represents the need to find strength, wonder, and admirable qualities in others with which one can idealize and merge with, so that these qualities can be internalized and accessed within the self (Bank & Kahn, 1982; Mitchell & Black, 1995; Flanagan, 2011; Wittenberg, 2006; Wolf, 1988). Healthy development of the idealized parent imago – that is, to have a “bigger, calmer, and more powerful” (Wittenberg, 2006, p 34) idealized selfobject with which an individual can merge – ultimately allows children the capacity to regulate anxiety, and internalize the ability to self soothe in the face of upset (Flanagan, 2011; Kohut, 1971, 1977; Wittenberg, 2006; Wolf, 1988). Much like with the pole of grandiosity, ultimately the child surrenders the idealizations of parents or caregivers during development and forms a more realistic understanding of the selfobject. This process ultimately “leads to a withdrawal of the narcissistic cathexes from the imago of the idealized self-object and to their gradual...internalization, i.e., to the acquisition of permanent psychological structures which continue, endopsychically, the functions which the idealized self-object had previously fulfilled” (Kohut, 1971, p. 45).

Kohut recognized that there are some dangers without adequate idealized selfobjects, or in instances of deprivation, loss, or disappointments of these selfobjects (Flanagan, 2011; Kohut, 1971; Wittenberg, 2006; Wolf, 1988). Conversely, an individual can experience a frightening sense of the loss of the self in situations in which “the self has disappeared into the bigness and greatness of another” (Flanagan, 2011, p. 173). One can be left feeling ashamed, worthless, powerless, or little if others are idealized too much. Individuals with this history present as lacking the ability to self soothe, and may constantly seek out selfobjects to get lost in and

venerate (Bank & Kahn, 1982; Flanagan, 2011; Kahn, 1988; Kohut, 1971, 1977; Wittenberg, 2006; Wolf, 1988).

Twinship. The third pole that comprises the tripolar self is that of twinship, often also referred to as the need for an “alter-ego”. This selfobject experience refers to “the need to feel that there are others in the world who are similar to oneself” (Flanagan, 2011, p 174). Qualities that develop from this pole are a sense of belonging, legitimacy, and security (Flanagan, 2011; Wittenberg, 2006; Wolf, 1988). This pole was added later in Kohut’s career and life, and related anxieties were not fully explored related to any deficit in twinship or alter-ego selfobjects.

Self Psychology summary. As previously articulated, self psychology asserts that a child’s development and personality presentation is shaped through early relationships with others, especially those experiences in which the child can feel affirmed by, merge with, and feel a sense of belonging. The abovementioned selfobject experiences of idealizing, mirroring, and twinship are necessary not just in childhood, but also consistently throughout the lifetime. Children naturally seek these relationships out, as they yearn for adequate attunement, attention, and gratification in their early years. With consistent and secure relationships to fulfill these needs in early childhood, a child can safely and gradually internalize and differentiate from selfobjects. The theory posits that although these relationships are crucial for youngsters, they are also necessary to varying extents as one develops through life (Basch, 1984; Flanagan, 2011; Kahn, 1988; Kohut, 1959, 1971, 1977, 1984; Mitchell & Black, 1995; Wittenberg, 2006; Wolf, 1988). It should not be surprising, then, that siblings can be selfobjects and fulfill the tripolar needs – the nature and influence of these selfobject roles is something more to consider in its own right (Bank & Kahn, 1982; Kahn, 1988; Wittenberg, 2006). The chapter will now turn to examine sibling relationships from a self psychological perspective

Part II: The Sibling Relationship and Self Psychology

By the use of the relatively limited literature that exists examining sibling relationship from a self psychology perspective the remainder of this chapter will explore the psychological and developmental motivation, influence, and long-term effects of childhood sibling selfobjects (Bank & Kahn, 1982; Kahn, 1988; Wittenberg, 2006). Three texts will be primarily referenced: Bank and Kahn's, *The Sibling Bond* (1982), Kahn's *Intense Sibling Relationships* (1988) and Wittenberg's study (2006), *Siblings as Selfobjects in Childhood: An Interview Study of Factors and Consequences*.

As the co-author of the oft-cited *The Sibling Bond* (Bank & Kahn, 1982) and the co-editor of *Siblings in Therapy* (Kahn & Lewis, 1988), Michael Kahn added extensively to current understandings of the nature and impact of sibling relationships. In these separate works, he observed the reciprocal nature, quality, and impetus for sibling selfobject experiences in childhood. Wittenberg (2006) also studied the lasting psychological impact and motivations of siblings who, in childhood, used a sibling for the fulfillment of selfobject needs or provided selfobject functions, by way of interviews with six practicing psychotherapists working with adults.

Unlike Freud's specific emphasis on the vertical relationships – particularly in regards to the Oedipus complex – Kohut's model is a bit more open to considering other relationships outside the vertical axis as influencing development (Bank & Kahn, 1982; Flanagan, 2011; Kahn, 1988; Kohut, 1971, 1977, 1984; Mitchell & Black, 1995; Wittenberg, 2006; Wolf, 1988;). That said, much like his psychoanalytic predecessors who curiously ignored the impact of the lateral relationships, Kohut did often refer to the parent-child dyad and did not specifically point to the impact or conflicts in sibling selfobject relationships in childhood (Bank & Kahn, 1982;

Coles, 2003; Colonna & Newman, 1983; Mitchell, 2000, 2003; Neubauer, 1982, 1983). Whereas the bulk of existing psychodynamic literature focuses on parental relationships, Bank and Kahn (1982) astutely state an alternative understanding:

We...acknowledge that in today's world the parents are often much less available than they might optimally be. A young child needs a stable, reliable environment or "object constancy"; a child cannot be totally self-reliant. In our view, a brother or a sister close at hand becomes a likely candidate to be that warm and reassuring important external object...The child who can fuse or merge with another person, will feel more whole, more integrated, and less vulnerable to the vagaries of an uncertain world. This blending of aspects of oneself with those of another makes any child feel that he or she is more complete. In this way, a brother or a sister becomes a valued object representation from which a child's own self-representation gathers sustenance and esteem. (p. 31)

In this quote, Bank and Kahn directly integrate elements of theory and vocabulary from self psychology in order to make a case for the reality and influence of the sibling relationship. They emphasize, in this section, the *convenience* of a sibling relationship— something they later define as "high access" (1982).

"High access" sibling relationships are one explanation for why siblings may turn to one another for fulfillment of selfobject needs. High access siblings can be understood as siblings who are close in age, raised together, share a personal history, experiences, and activities (Bank & Kahn, 1982; Kahn, 1988, Wittenberg, 2006). Put another way, high access siblings can be understood as "routine accompaniment of an influential sibling" (Bank & Kahn, 1982, p. 10) in the developmentally formative years. Wittenberg's (2006) interviewees generally supported this statement, but they did not find it to be the most prominent reason for the formation of sibling

selfobject relationships. In fact, there were instances the interviewed psychotherapists recounted in which sibling selfobject relationships were formed in situations of separation at an early age (Wittenberg, 2006, p. 49). Kahn (1988), too, challenges his former theory of the relatedness of “high access siblings” to the formation of sibling selfobject relationships in childhood.

The three works unanimously point to a different primary understanding about why siblings may form selfobject relationships in childhood. They find that the most common reason children turn to one another for selfobject needs is *when parental care is insufficient, unreliable, or traumatic* (Bank & Kahn, 1982; Kahn, 1988; Wittenberg 2006). Wittenberg’s findings endorsed this hypothesis, stating in the discussion that all six psychotherapists interviewed supported this belief and described several case scenarios in which children would turn to their siblings for “support, nurturance and emotional care in the face of parental unavailability” (Wittenberg, 2006, p. 45). Moreover, in thirteen of the twenty client scenarios presented by the interviewees, “the physical or emotional absence of one or both parents was specifically mentioned, while abuse or rage toward children was mentioned in three” (Wittenberg, 2006, p. 45). As children naturally yearn for these experiences and attention, it may be a sister or a brother that can best fulfill these needs (Bank & Kahn, 1982; Kahn, 1988; Rosner, 1985; Wittenberg, 2006).

Relatedly, sibling selfobjects may serve protective and reparative functions for siblings in the case of inadequate parental attunement, neglect or trauma (Bank & Kahn, 1982; Rosner, 1985; Wittenberg, 2006). Rosner (1985) provided evidence of long term implications of sibling relationships by way of case examples and proposing alternative theories. In his essay, *On The Place of Siblings in Psychoanalysis*, he wrote, “[s]upportive, constant relationships with siblings can have a salutary and reparative effect upon defective mother-infant relationships. Instances in

which a sibling has served as an antidote to pathological parenting are well known”. Rosner, (1985) further provided examples in which siblings are not only “internalized positively” but also “[serve] to counteract the pathogenic influence of parents (p. 462).

In some situations, too, a reciprocal positive process may occur in regards to idealization. Kahn (1988) described situations in which typically younger siblings tend to idealize their older siblings (although the reverse can also occur). In these cases, the younger sibling is able to merge with the older, and the older reaps the rewards of mirroring and narcissistic gratification. Another positive side of sibling idealization is that a sibling may serve as “a model for what one hopes to become” (Bank & Kahn, 1982, p. 92) Despite this mutually affirmative situation, evidence shows that sibling selfobject relationships are not wholly positive for children that seek out siblings to fulfill such functions, nor are they necessarily positive for those siblings that serve selfobject roles (Bank & Kahn, 1982; Kahn, 1988; Wittenberg, 2006).

While it is generally agreed that in the cases where siblings come to serve selfobject functions, the sibling selfobject provides a “supplementary, life-giving force” (Bank & Kahn, 1982, p. 28) and “sustenance and esteem” (Bank & Kahn, 1982, p. 31) for the other child, the authors do have reservations about the nature of the sibling selfobject relationship (Bank & Kahn, 1982; Kahn, 1988; Wittenberg, 2006). This relationship is certainly better than an abusive, neglectful or otherwise inattentive parental relationship (Bank & Kahn, 1982; Kahn, 1988; Rosner, 1985; Wittenberg, 2006), but there are conflicts within the lateral axis. The authors suggest this relationship is not sustainable, and thus has both short-term and long-term psychological consequences. Bank and Kahn (1982) wrote, for example,

We believe, however, that sibling attachment does occur, although it is usually *incomplete, unsatisfactory*, and of an *anxious* nature [emphasis added]... If a parent has

become less available, and a brother or sister is present for attachment, the infant's sense of constancy and security can begin to fragment...A sibling can cuddle, feed, clothe, play, and protect a baby brother or sister but is far less likely to have the maturity, the sensitivity, and the psychological competence that any adequate adult caregiver could provide. (1982, p. 28)

Kahn (1988) added to this belief, writing that the nature of this childhood relationships between not-yet matured children is inevitably “discontinuous, disruptive, and disharmonious” (p. 9).

Wittenberg’s (2006) participants also confirmed the element of unsatisfactory relationships: the findings revealed that, “children who seek out their siblings to fulfill selfobject functions face lasting consequences to their adult psychology because their siblings almost inevitably fail to meet their needs fully” (p. 47).

Kahn (1988) wrote that fragmentations and ruptures of these idealized sibling relationships are developmentally inevitable and can occur in any changes in the family unit, or developmental changes in the sibling selfobject. Adolescence is a good example of a developmental change that can affect sibling selfobject experiences. As a child matures into adolescence, a time marked by increased time with peers and decreased time with family, he or she may not be able to fulfill the same selfobject experience they once did for a younger sibling, for example. The younger sibling may then feel betrayed or abandoned, and the older sibling may feel “rage” (Wittenberg, 2006, p. 37) towards their younger siblings for thrusting them into the inconvenient role of selfobject. Self psychology posits that discontinuous or disruptive relationships with selfobjects can result in arrests in development or disturbances in personality structure (Flanagan, 2011; Kahn, 1988; Kohut, 1971, 1977; Wittenberg, 2006; Wolf, 1988). The narcissistic injury of losing a sibling selfobject can, in some cases, be more intense due to the

peer-like nature of the relationship, as opposed to the loss of a the hierarchical vertical selfobject experience (Bank & Kahn, 1982; Kahn, 1988; Sharpe & Rosenblatt, 1994; Wittenberg, 2006).

An additional danger of idealization is parallel to the abovementioned danger of idealization with any selfobject - when one is so fully in awe of the greatness of another, one can left feeling worthless, powerless, little, or lacking a sense of self (Bank & Kahn, 1982; Flanagan, 2011; Kahn, 1988; Kohut, 1971, 1977; Wolf, 1988). In the case of the sibling selfobject specifically, it can be argued that this experience is amplified; it is very easy to juxtapose one's own identity unforgivingly against a sibling's, as family histories and narratives often implicitly enforce these types of roles, or alternatively due to siblings being "high access", as previously discussed (Bank & Kahn, 1982; Kahn, 1988; Wittenberg, 2006).

Kahn (1988) further identified potential dangers of idealization or merging with a sibling selfobject in childhood, stating,

If a brother or sister needs to merge with a sibling in order to experience "oneness" with the selfobject, the other child may experience this as being engulfed. If, conversely, a brother or sister needs to defensively withdraw, the child who has been the needed selfobject may experience inner emptiness or abandonment. (p. 9)

Ultimately, this points to the theory that the dangers of childhood sibling selfobjects are twofold – they affect both the sibling who provides the selfobject function as well as the child who used a sibling for the fulfillment of a selfobject need. Wittenberg's (2006) research reveals many of the long-term psychological consequences for both sides of the sibling selfobject relationship in childhood. Provided below is a quote from one of the psychotherapists interviewed for Wittenberg's study to emphasize the mutuality in these experiences:

"C turned to her older sister for support and reassurance and so on," and "it crushed C

[when her sister pulled away from her], and certainly her reaction back then shows how important that relationship had been to her,” ...when she went off to college, in her recollection, he was just crushed...[T]he younger brother, after she left home, he developed a very serious eating disorder and nearly died. It left her with a great deal of guilt, because she felt part of what happened was her going off to college, taking away his support, which was just devastating for him. (Wittenberg, 2006, p. 45)

In regards to the now adult clients who served the role of childhood selfobjects for siblings, participants nearly unanimously reported that these clients tended to disavow their needs and feel overburdened and responsible for others in adulthood (Wittenberg, 2006). One participant reflected, for example, that said adults “now internalized it as having needs like [wanting someone to talk to or to be available for them] ... is disgusting and shameful” whereas another participant noted that their client “always felt the tremendous need to protect and take care of others no matter how difficult they are” (as cited in Wittenberg, 2006, p. 47).

This type of presentation closely mirrors that which is stated above in the case of insufficient selfobject relationships and the etiology of distress in Kohut’s self psychological framework. However, because of the wholly “incomplete, unsatisfactory and anxious” (Bank & Kahn, 1982, p. 128) nature of childhood sibling selfobjects, the pathological implications are at times considered intensified as well as unavoidable on the lateral axis due to developmental changes (Bank & Kahn, 1982; Kahn, 1988; Wittenberg, 2006).

Summary and Conclusion

Despite the evident lack in quantity of literature that addresses sibling relationships within a self psychological framework, there is certainly not a lack of quality. The three primary texts used for this section of the chapter provide in-depth theoretical analysis and case-based

evidence of the incentive, influence, and reciprocal long-term psychological effects of sibling selfobject relationships in childhood (Bank & Kahn, 1982; Kahn, 1988; Wittenberg, 2006). Generally, brothers and sisters are seen to have needs and interactions with each other, for reasons related to accessibility, family history and narratives, and in the case of parental neglect, trauma, or otherwise inattentive relationships. The literature shows that sibling selfobjects can function as both protective and reparative relationships (Bank & Kahn, 1982; Rosner, 1985; Wittenberg, 2006), but ultimately concludes that sibling selfobjects are unsustainable, problematic, and psychologically dangerous (Bank & Kahn, 1982; Kahn, 1988; Wittenberg, 2006).

Using a self psychological framework allows readers “to understand the inner psychological, not just the behavioral, nature of events and motives that propel siblings, even when the effects are painful or destructive, to seek each other out, to depend on each other, and to value the relationship” (Kahn, 1988, p. 22). These works speak to the essence of this project: that the theoretical incorporation and deeper clinical focus on sibling relationships is a crucial, yet neglected, part of psychodynamic work.

Considerations for future research. One area that is worth considering in future research is rooted in the way that the literature largely presents the hazards and vulnerabilities on both sides of the sibling selfobject relationship (Bank & Kahn, 1982; Kahn, 1988; Wittenberg, 2006). While the authors and psychotherapists do provide evidence of some protective factors of the childhood sibling selfobject, the negative effects cut across much more clearly. Some questions I’m left with are: What contributes to resiliency in sibling selfobject relationships in childhood? What are some of the unique ways siblings can function as selfobjects that caregivers

cannot? It would be helpful to more clearly understand some of the benefits of twinship, idealizing, and mirroring of a sibling selfobject throughout a lifetime.

Another area that would be interesting to more deeply investigate is about the nuances and subtleties of birth order regarding the functions of mirroring, idealizing, and twinship. In much of the literature, the authors take a chronological and hierarchical understanding: predominantly, situations and examples are provided in which the younger sibling seeks selfobject needs from the older one. Perhaps this is primarily the case. Regardless, the reverse undoubtedly happens. In these situations, what are some of the long-term consequences of, for example, idealizing or mirroring a younger sibling? And what about the cases of multiple siblings or blended families?

Because of self psychology's unique perspective of personality development and character structure, future theoretical thought, research, and analysis of sibling relationships in a self psychological framework would add to a richer theoretical basis and body of literature for understanding sibling relationships. Self psychology has an expert approach of focusing on and contextualizing early childhood relationships, in which siblings play an inevitable and important role for many (Bank & Kahn, 1982; Basch, 1984; Flanagan, 2011; Kahn, 1988; Mitchell & Black, 1995; Rosner, 1985; Wittenberg, 2006; Wolf, 1988).

CHAPTER V

DISCUSSION

The previous chapters have highlighted the distinct nature and powerful influence of the sibling relationship by exploring areas in which siblings were historically omitted and more recently discussed within the theoretical contexts of Freud's Oedipus complex and Kohut's self psychology. This final chapter will briefly review the previous chapters in order to discuss relevant connections between the two theories and the phenomenon.

Summary

The sibling relationship. The sibling relationship has long been neglected in psychodynamic literature. The preliminary psychoanalytic theories of development that come to shape psychotherapeutic clinical practice are rooted in the vertical relationships – specifically between the parents and the child. Only in the last forty years has the sibling relationship become considered a distinct force on development in its own right in psychodynamic thought. Since the 1980s, contemporary psychotherapists and researchers have demonstrated a burgeoning interest in the powerful and distinct mutual influence of siblings on the course of development, and come to challenge and expand upon the solely vertical orientation of previous prevailing theories. The referenced literature provides crucial information by way of a variety of theoretical orientations, case examples, and empirical studies to demonstrate the distinct influence of siblings (Abend, 1984; Agger, 1988; Bank & Kahn, 1982; Charles, 1999; Coles, 2003; Colonna & Newman,

1983; Edward, 2011; Graham, 1988; Kahn, 1988; Luzes, 1990; Mitchell, 2000, 2003, 2006, 2013; Neubauer, 1982, 1983; Rosner, 1985; Santiago, 1973; Sharpe & Rosenblatt, 1994; Wittenberg, 2009).

The Oedipus complex and the sibling relationship. The roots of the emphasis on the vertical axis can be tied to Sigmund Freud, the father of psychoanalysis, and his innovative central theory of the Oedipus complex (Bank & Kahn, 1982; Coles, 2003; Colonna & Newman, 1983; Mitchell, 2000, 2003; Neubauer, 1982, 1983). Although new psychologies emerged out of and expanded upon Freud's legacy (Pine, 1988), siblings were consistently overlooked or considered merely "displacements" of parental relationships (Bank & Kahn, 1982; Colonna & Newman, 1983; Coles, 2003; Kahn, 1988; Lament, 2013; Mitchell, 2000, 2003, 2006, 2013; Sharpe & Rosenblatt, 1994; Wittenberg, 2009).

Around the turn of the twentieth century after the loss of his father, Freud delved deeper into the unconscious, dream analysis, and complex introspection and proposed the innovative theory (Berzoff, 2011; Bemporad, 1995; Coles, 2003; Freud, 1897/1985, 1899/1999, 1913/1950, 1920a, 1924; Mitchell, 2000, 2003, 2006, 2013; Mitchell & Black, 1995; Robertson, 1999). Freud specified five heteropatriarchal psychosexual stages that must be resolved in order to ensure healthy development, each of which carries a seed of pathological disposition if not properly resolved (Berzoff, 2011; Mitchell & Black, 1995). The Oedipus complex is embedded in the phallic stage of development, occurring when the child is around three to five years old (Berzoff, 2011a; Freud, 1913/1950, 1920a; Mitchell & Black, 1995; Mitchell, 2003). The Oedipal child enters a complex dilemma wherein sexual yearnings are directed towards the opposite-sex parent and, consequently, aggressive and murderous aims are directed towards the same-sex parent. Healthy resolution, which is difficult and seldom achieved (Besdine, 1971;

Freud, 1909/1977; Loewald, 1979), is fueled by the growing awareness of impossibility of incestuous sexual relations with the parent, the threat of castration or annihilation anxiety, and shame. These forces ultimately result in a gradual identification with the same sex parent. Depending on how a child navigates this dilemma, according to Freud, ultimately comes to influence vital qualities such as morality, a conscience (or superego), gender and sexual identities, and societal norms (Berzoff, 2011; Freud, 1905/1976, 1909/1977, 1920a, 1924; Kris & Ritvo, 1983; Loewald, 1979; Levy, 1995; Mitchell & Black, 1995; Mitchell, 2000, 2003; Rothstein, 1979; Sharpe & Rosenblatt, 1994). Inherent in the structure of the Oedipal triangle is the emphasis on the vertical axis, and thus the ensuing oversight of the sibling (Agger, 1988; Bank & Kahn, 1982; Coles, 2003; Colonna & Newman, 1983; Edward, 2011; Freud, 1909/1977, 1920a; Mitchell, 2000, 2003, 2006, 2013; Sharpe & Rosenblatt, 1994).

Contemporary psychotherapists – namely Sharpe and Rosenblatt (1994), Bank and Kahn (1982), Coles (2003), and Mitchell (2000, 2003, 2006, 2013) – directly respond to the oversight in the context of the sibling Oedipal constellation and Oedipal love and aggression. While some similarities do exist between the horizontal and vertical axis, it is supported that the sibling Oedipal relationship has distinct conflicts embedded therein, and thus carries a distinct influence on development (Bank & Kahn, 1982; Coles, 2003; Edward 2011; Mitchell, 2000, 2003, 2006, 2013; Sharpe & Rosenblatt, 1994). Ultimately, there are unique factors that make resolution on the lateral axis look quite different than resolution on the vertical axis, which leads to different implications for development, adult presentation and pathology, and clinical intervention. The typical age gap between siblings, the normalization of sexual and aggressive energy, and the lesser degree of mutual dependency for protection and survival on the lateral axis are all unique dynamics of the lateral Oedipal relationship (Bank & Kahn, 1982; Coles, 2003; Edward, 2011;

Gilmore, 2013; Lesser, 1978; Mitchell, 2003, 2006; Sharpe & Rosenblatt, 1994). Without proper attention to the distinct nature and quality of the Oedipal sibling relationship a therapist may inadequately identify and interpret transference, which could hinder or inhibit psychotherapeutic progress (Abend, 1984; Agger, 1988; Bank & Kahn, 1982; Coles, 2003; Colonna & Newman, 1983; Edward, 2011; Lesser, 1978; Sharpe & Rosenblatt, 1994).

Self psychology and the sibling relationship. Writing nearly seventy years later, Kohut's theory of self psychology shifted away from Freud's intrapsychic model of development to a larger interpersonal model of development, as he found the former too limiting, and adjusted his practice accordingly (Flanagan, 2011; Kohut, 1971, 1977, 1984; Mitchell & Black, 1995; Stolorow, 1991; Wittenberg, 2009; Wolf, 1988). While Kohut was not the first to turn away from drive theory (Balsam, 2013; Wolf, 1988), he did pose some controversial challenges to the former rigid trends of psychoanalytic thinking and practice. For example, instead of approaching the clinical relationship from a neutral, objective, and distant position, Kohut took a more human approach by integrating *empathy* and *vicarious introspection* into the clinical treatment (Basch, 1984; Flanagan, 2011; Mitchell & Black, 1995; Stolorow, 1991). He found empathic immersion and vicarious introspection to be helpful in forming deeper understandings of both presenting difficulties and transference.

Whereas Freud pathologized narcissism, Kohut suggested that narcissism was not only healthy, but moreover a necessary component to be indulged throughout development (Basch, 1984; Flanagan, 2011; Kulka, 2012; Kohut, 1959, 1966, 1971, 1977, 1984; Mitchell & Black, 1995). Kohut highlighted an optimal balance of empathy and gradual disappointments or frustrations by selfobjects in order for a healthy development and a cohesive sense of self. If children's developmental needs were not met, i.e. if their early omnipotence and grandiosity was

inappropriately thwarted or inappropriately indulged, then arrests in development and personality structure would arise (Flanagan, 2011; Kahn, 1988; Kohut, 1971, 1977, 1984; Mitchell & Black, 1995; Wittenberg, 2006; Wolf, 1988).

Self psychology organized selfobject experiences into three necessary poles: mirroring, idealizing, and twinship. Mirroring describes a consistent selfobject that reflects a child's grandiosity in developmentally appropriate ways (Basch, 1984; Flanagan, 2011; Kohut, 1971, 1977; Mitchell & Black, 1995; Wolf, 1988). An idealized selfobject is one in which the child can safely merge so that she can internalize the favorable qualities (Bank & Kahn, 1982; Mitchell & Black, 1995; Flanagan, 2011; Wittenberg, 2006; Wolf, 1988). Twinship refers to a selfobject to which one can feel similar, and which in turn reinforces a sense of belonging and security (Flanagan, 2011; Wittenberg, 2006; Wolf, 1988). There are dangers nestled within each of these poles if the optimal balance is not achieved. For example, a child may get lost in another's idealized qualities and lack a sense of self. As mentioned above, according to Kohut in the case of insufficient selfobject experiences and thus pathological personality presentations, the analyst can act as a reparative selfobject for the client by empathic immersion (Flanagan, 2011; Kahn, 1988; Kohut, 1959, 1966, 1971, 1977, 1984; Mitchell & Black, 1995; Wittenberg, 2006; Wolf, 1988).

In regards to the sibling relationship, self psychology is a bit more open than Freud's parental Oedipus triangle constellation. Nonetheless, Kohut and his successors still make explicit reference to the parents or the "mother-infant matrix" (Loewald, as cited by Stolorow, 1991, p. 172) and do not specifically examine the unique influence of siblings (Bank & Kahn, 1982; Kahn, 1988; Wittenberg, 2006). Three contemporary works by Bank and Kahn (1982), Kahn

(1988), and Wittenberg (2006) seize the opportunity to theoretically, clinically, and empirically explore the nature and reciprocal influence of sibling selfobjects.

Although the literature briefly reveals that sibling selfobjects can function as both protective and reparative relationships in the face of parental neglect (Bank & Kahn, 1982; Rosner, 1985; Wittenberg, 2006), the works unanimously point to the dangers inherent in the sibling selfobject relationship (Bank & Kahn, 1982; Kahn, 1988; Wittenberg, 2006). The authors, including Bank and Kahn (1982), found that the sibling selfobject is not sustainable and is usually “incomplete, unsatisfactory and of an anxious nature” (p. 28). Additionally, these relationships can be “discontinuous, disruptive and disharmonious” (Kahn, 1988, p. 9) often due to inconsistency tied to developmental immaturity (Bank & Kahn, 1982; Kahn, 1988; Wittenberg, 2006).

Wittenberg’s (2006) empirical study endorsed this belief as well. These insufficient selfobject experiences ultimately have long-term pathological implications for both developing children.

It’s argued in some cases, that the disappointing sibling selfobject can have intensified pathological implications due to inherent conflicts on the horizontal axis – namely, developmental immaturity or milestones, as well familial histories and narratives, and increased amount of time spent between siblings (Bank & Kahn, 1982; Kahn, 1988; Wittenberg, 2006).

The necessary clinical attunement to sibling transference is emphasized from a self psychological treatment perspective as well.

An Analysis of The Sibling Relationship

Parallels between the two theories. In light of this review, salient connections and parallels between each of the theories and the sibling relationship become clear. For one, writers from both theoretical perspectives state that often sibling relationships – whether Oedipal or selfobject – form in the face of parental abuse, neglect, or otherwise insufficient parenting (Bank

& Kahn, 1982; Coles, 2003; Kahn, 1988; Legoretta, Levaque, & Levinsky-Wohl, 2013; Mitchell, 2000, 2003, 2006, 2013; Sharpe & Rosenblatt, 1994; Wittenberg, 2009). This supports many of the author's claims that the vertical and lateral axes intersect, and that neither exists in isolation (Agger, 1988; Bank & Kahn, 1982; Coles, 2003; Edward, 2011; Kahn, 1988; Kris & Ritvo, 1983; Legoretta, Levaque, & Levinsky Wohl, 2009; Mitchell, 2000, 2003, 2006, 2013; Sharpe & Rosenblatt, 1994; Wittenberg, 2006). Moreover, another apparent parallel between the two theoretical orientations is the demand for the separate analysis of the horizontal relationships due to unique conflicts nestled within the lateral axis (noted above) (Bank & Kahn, 1982; Coles, 2003; Kahn, 1988; Legoretta, Levaque, & Levinsky-Wohl, 2013; Mitchell, 2000, 2003, 2006, 2013; Sharpe & Rosenblatt, 1994; Wittenberg, 2009). In some cases (Bank & Kahn, 1982; Coles, 2003; Sharpe & Rosenblatt, 1994; Wittenberg, 2006), these lateral relationships are considered *more intense* and can *amplify* adult pathology due to some of the horizontal-specific qualities. Accordingly, these findings have clinical relevance.

Clinical implications of the sibling relationship. The contemporary psychoanalytic writers included in the previous chapters advocate that the separate analysis and clinical investigation of the sibling relationship is both necessary and long overdue (Abend, 1984; Agger, 1988; Bank & Kahn, 1982; Charles, 1999; Coles, 2003; Colonna & Newman, 1983; Edward, 2011; Graham, 1988; Kahn, 1988; Lesser, 1978; Mitchell, 2000, 2003, 2006, 2013; Neubauer, 1982, 1983; Rosner, 1985; Sharpe & Rosenblatt, 1994; Wittenberg, 2009). Mitchell wrote, for example, “the baby is born into a world of peers as well as parents” (2000, p. 3); Kahn (1988) further advocated that “the world has changed dramatically” (p. 7) and that “failing to recognize the effects of intense sibling relationships and events is to ignore an important piece of that reality and to compromise our therapeutic effectiveness” (p. 23). Moreover, Kahn (1988) wrote,

Therapists need to explore sibling dynamics even when the presenting problem(s) do not appear sibling based. In a culture which is increasingly peer-oriented, communitarian, and less hierarchical, the sibling relationship becomes for many the most powerful and enduring intimate connection available. In individual therapy, adult brothers and sisters should be asked about the effects of their sibling bond, sibling transference (and countertransference) should be noted, and carefully selective, strategic sessions with those siblings should be considered (1988, p. 23)

Wittenberg's (2006) empirical study revealed that five of the six interviewed participants strongly agreed with Rosner's (1985) claim that "attention to the impact of siblings is crucial in psychoanalytic work, not only for full comprehension of the family's interactive system, but in order to understand the structural development of the individual as well" (Rosner, 1985, as cited by Wittenberg, 2006, p. 52). Sharpe and Rosenblatt (1994), also spoke to the distinct nature of the sibling versus the parent transference, and though "intrapsychic conflicts may be similar" (p. 494) they are unique in their structure, form, and the manifestation of pathology.

These findings are at the crux of this theoretical investigation: they reinforce the need for greater awareness of the sibling relationship in a theoretical context so that, in turn, clinicians can be prepared to understanding distinct sibling dynamics in a treatment context. This thesis builds off of the previous demand – and obligation – to more deeply consider siblings as powerful, distinct, mutual influences that have long-term psychological effects on human development.

From Freud to Kohut to the present. The use of Freud's psychoanalytic universe of the Oedipus complex and Kohut's self psychology in this project was intentional. Freud was the founding father of psychoanalysis; his legacy was powerful in both its form and in its control

over psychoanalytic writers and practitioners to come. The roots of his pivotal Oedipus complex, the “nucleus of all neuroses” (Freud, 1913/1950, p. 194), persist today as “central for the pathology that must be analyzed” (Basch, 1984, p. 4). Of course, embedded in the Oedipal conflict is the emphasis on the vertical axis. The vertical orientation remains consistently stressed throughout psychodynamic literature and practice; it’s speculated that Freud’s architecture may have “obscured the view” (Mitchell, 2000, p. 23) for all succeeding analysts to consider the importance of sibling relationships (Bank & Kahn, 1982; Coles, 2003; Colonna & Newman, 1983; Mitchell, 2000, 2003, 2006, 2013; Neubauer, 1982, 1983; Rosner, 1985). The Oedipus complex is included in this project as a historical and influential point of reference.

Mitchell and Black (1995) write, “Freud kept close watch and a tight rein on psychoanalysis as a quasi-political movement as well as a science” (p. 21); many that challenged or expanded upon his original framework were met with resistance by Freud himself and his adherents (Basch, 1984; Mitchell & Black, 1995). Kohut’s theory of self psychology is included as psychoanalytic orientation that emerged nearly eighty years later out of much resistance and disapproval of the psychoanalytic community (Basch, 1984). Kohut’s theory is more open to other selfobject experiences beyond just the parent-child relationship, yet it still embraced a vertical-orientation and does not come to address the sibling relationship in its own right.

By the use of these two theories, this thesis demonstrates the evolution of psychotherapeutic practice and theory. We certainly have come a long way from classical psychoanalytic treatment techniques and practice, as the leap from Freud to Kohut can attest. In a clinical setting, Freud endorsed a neutral, objective, distant, nondirective and non-gratifying approach. Identification, interpretation and explanation of transference was at the heart of the clinical intervention. He considered countertransference to be an “impediment to psychotherapy”

(Sommers-Flanagan & Sommers-Flanagan, 2008, p. 128) and that a skillful psychoanalyst was highly self aware and thus able to ward off any feelings of their own that may have emerged in session (Freud, 1949; Mitchell & Black, 1995; Sommers-Flanagan & Sommers-Flanagan, 2009).

Clinically, Kohut broke new ground. Originally trained in Freudian psychoanalysis, Kohut deviated from traditional techniques and moved to embrace a less fixed interactional and interpersonal model to understanding pathology, making substantial gains in intersubjective and relational realms (Basch, 1984; Kohut, 1971, 1977, 1984; Wolf, 1988). He approached the client-analyst relationship with empathic understanding of a patient's emotional world (Basch, 1984; Flanagan, 2011; Kohut, 1959, 1971, 1977, 1984; Mitchell & Black, 1995; Stolorow, 1993; Wolf, 1988). Kohut spoke to the analyst providing "new relational experiences" (Stolorow, 1993, p. 34) for analysands who lacked sufficient selfobjects. These divergences broke the assumption of neutrality, embraced countertransference and set the stage for new methodology and treatment organizations.

New relational, intersubjective, and perspectivalist models of psychotherapy embrace some of Kohut's once unorthodox practices (Stolorow, 1991; 1993; Orange, Atwood & Stolorow, 1997; Berzoff, 2011). By the use of new tools such as *empathic inquiry* (Stolorow, 1993), the recognition of *the entire intersubjective field* between client and clinician (Stolorow, 1991, 1993), and greater attention to countertransference, collaboration and sociocultural factors (Berzoff, 2011), clinicians have more room for openly being curious about all sorts of interpersonal relationships and experiences that may come to influence development, character, and presenting difficulties. Nonetheless, these models have their roots in psychodynamic practice (Stolorow, 1991), and thus are indirectly vertically-oriented.

We must acknowledge these dynamic changes to classic psychoanalysis. Theories evolved, albeit slowly, and continue to evolve and “fortunately for us, these kinds of [slight variations] evolved into the fertile abundance of schools of contemporary analytic thought” (Mitchell & Black, 1995, p. 22). Perhaps now it’s time to expand the primary frame of reference beyond the vertical axis, both theoretically and clinically.

Synthesis: Considerations for Future Research

The analysis of the sibling relationship in psychodynamic theory is still relatively new terrain, rich with seeds for future study. One facet that was consistent among the contemporary sibling research was the emphasis on the dangers and risks of intense sibling relationships. This was curious to me, as the literature concurred that most of these relationships form as a consequence of parental abuse, neglect or otherwise insufficient parenting; I found myself curious about the ways in which the axes intersect. Moreover, I found myself wondering more about resiliency and protective factors – not just the inherent dangers – that are unique to the lateral axis. Another area for exploration is in respect to birth order, family size, and cultural perceptions of family structure and roles and sibling relationships.

Overall, continued presentation of in-depth analysis and case material related to the sibling relationship would help to increase consideration of the powerful and mutual influence of the sibling relationship and the possibility of a sibling transference.

Limitations of the Theoretical Thesis

There are certain limitations to this project. In terms of content, the use of *sibling* as sharing the same parents, aged one to four years apart, and raised together certainly limits exploration of twins as well as other constellations of non-biological sibling-like relationships. Additionally, birth order and family size was only briefly touched upon, although this is an

enticing area of study as well. There is also a body of contemporary work by Luis Kancyper and Rene Kaës that I wished to include, but was not able to integrate due to both language barriers and space constraints, as both works are philosophically dense and were well beyond the scope of this project.

I also wish to again highlight my own areas of privilege as a young White heterosexual female identified person. The research and literature cited is psychodynamically oriented and therefore operates under a universalist, Western, heteropatriarchal framework which does not sufficiently address sociocultural factors such as race, nationality, class, sexual orientation, or gender identity. While I attempted to problematize some of these areas throughout the paper, this thesis addresses sibling relationships from a similar perspective. This is extremely relevant to note, as anti-oppression and anti-racist commitments are in the very fabric of my social work training and career.

Conclusion

In psychotherapy, psychodynamic theory informs a large part of clinical practice. Throughout time, the prevailing theories have been largely devoted to exploring the parent-child relationship and its influence on development. A noticeable gap in the existing psychodynamic literature is in respect to the unique complexities of the *sibling relationship* (Abend, 1984; Agger, 1988; Bank & Kahn, 1982; Charles, 1999; Coles, 2003; Colonna & Newman, 1983; Edward, 2011; Graham, 1988; Kahn, 1988; Lesser, 1978; Luzes, 1990; Mitchell, 2000, 2003, 2006, 2013; Neubauer, 1982, 1983; Rosner, 1985; Santiago, 1973; Sharpe & Rosenblatt, 1994; Wittenberg, 2009). The intent of this thesis was to further synthesize, explore, and contribute to the relatively small body of psychodynamic literature that addresses the sibling relationship. By the use of two very different major theoretical orientations, this thesis explores the distinct,

powerful, and mutual influence of siblings on development. Through a review of the literature on siblings as well as both theoretical perspectives, it illustrates that conflicted or unresolved early sibling relationships can come to influence adult pathology, personality presentation, and transference in the clinical setting. Thus, by advocating for the separate and continued consideration of the horizontal axis, this thesis reinforces the demand for greater attunement to siblings in both a theoretical and treatment context. The clinical significance and analysis of these relationships is long overdue and can no longer be overlooked in a contemporary treatment context.

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