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CHAPTER SIXTEEN

Envy, jealousy, love, and generosity
in sibling relations: the impact of
sibling relations on future family
relations

*Jeanne Magagna, with observations
by Andrea Amendolagine*

Our early relations with our mother and father are vitally important—we often think about the roles our parents have played as nurturers, protectors, sources of companionship, and containers of anxiety. We also look at the way in which our relation with our parents has, for better or worse, left its legacy in our internal world. However, there is another important early relation which deeply affects us throughout life, and yet, this is not given the attention it deserves, in research, assessments, or in psychotherapy. I am talking about the relationships that we have with our siblings.

Our relations with our siblings are stages upon which intense emotions unfold. Jealousy, hatred, greed, love, and generosity can all be present at different times with different intensities, during different stages of the life-cycle. How we, as parents or therapists, understand the emotions present in sibling relations and appropriately support young brothers and sisters can heavily influence their ability to achieve intimate and emotionally healthy relations when they grow up and have families of their own (Coles, 2003).

Sibling relations can be internalised as a deep source of security and foster healthy emotional development and a sense of good self-

esteem, but sibling relations can also determine low self-esteem and be detrimental to the development of the personality, as is shown in our book *Intimate Transformations: Babies with their Families* (Magagna et al., 2005). Sibling relations can affect not only how we parent our own children, but also how we relate to our partners, including in our sex lives and even, in some cases, in our ability to conceive. When siblings internalise good containing external and internal parents, sibling relations can generate love, promote hope, and help contain depressive pain, allowing the growth and development of family members through generations.

I assume that, just as we have an external family and many other important relations, in our internal world we have an internalised family with relations existing between the self and the internalised family members and other important people in our lives. Such internalised family members might be different from external family members, for they "are always coloured by our phantasies and projections" (Segal, 1979, p. 64). Bearing this in mind, I focus on both external and internalised sibling relations and their influence on family life. I look at the tricky question of when, how, and whether or not to intervene in a sibling relation to help the siblings develop a healthier future. I also look at what can happen when unhealthy sibling relations are internalised and later provide the impetus for re-enactment in adult life. In addition, I discuss how we can use dream analysis to observe and repair the internalised damaged sibling relations and, thus, promote the development of loving and more thoughtful intimate relations.

Anna Freud's war nurseries: two scenarios of peer relations

Between 1939 and 1945, Anna Freud (1973) kept careful diaries of the residential war nurseries where children were left without their parents. Here are some striking observations that she made.

Sam, twenty-two months

Sam had just stopped crying but still looked unhappy when Rose, also 22 months, entered the room. Rose was evidently struck by Sam's expression, she watched him critically for a moment, and then ran to

him and empathically comforted and petted him. (A. Freud, 1973, p. 574)

At twenty-two months, Rose is able to be projectively identified with a caring parent and become moved by an empathic identification with twenty-two-month-old Sam. On the basis of the same needs and wishes, many young children in the nursery seemed to perfectly understand and identify with the difficulties and desires of the other children. There were many observations where the children played co-operatively, looking after one another, sharing objects.

However, what do you think happened when specific care-givers were assigned to small groups of young children? The group dynamics changed dramatically! The introduction of a substitute mother relation into the life of each child meant that the child developed more vivid and varied facial expressions and his whole personality unfolded, so that the child became more amenable to educational influences. At the same time, the children suddenly became insufferably demanding and unreasonable. Their jealousy, above all their possessiveness of the beloved grown-up, the foster-mother, became boundless. "Because the child had had an earlier permanent separation from his biological mother he was all the more clinging, with an inner conviction that the same permanent separation would repeat itself" (A. Freud, 1973, p. 590). Once there was a newly found, loved staff member, the child's beckoning for the mother figure to attend specially to himself, part of normal child-mother relations, took a variety of turns. The request to be specially thought about by a mother figure took the form of antisocial behaviour, illness, temper tantrums, and positive achievements. "Once love for a dependable person occurred there were inextricably intense feelings of jealousy, envy and frustration" (A. Freud, 1973, p. 592).

But why? It seems that the formation of a trusting attachment relation with a care-giver inextricably causes conscious frustration. The wish for *more* from the care-giver stimulates greed, jealousy of the others' special relation with "the mother figure", and envy of the care-giver, who has all the riches and keeps some for herself. Murderous resentment fuelled by feelings of extreme helplessness and impotence can also occur.

Similarly, a stable therapeutic group with a dependable group leader nourishes the group members with its warmth, accepts all parts

of the group members, understanding their pain and suffering, and is destroyed neither by greedy possessive primitive love nor by destructive anger. This group entity is, essentially, functioning as "a mother" (Pines, 1978, pp. 115–128).

Just as in Anna Freud's residential nursery, once there is a stable group with the group functioning "as a mother", the group can mobilise aggressive and potentially destructive impulses, including the demand for special attention of the group for whomever has the worst problem (Nitsun, 1996). Anxieties in the group can re-create those present in the early mother-sibling relations.

Dreams brought by group members and the group's response can highlight the members' difficulty in seeing and bearing internalised sibling conflict transferred on to group members. Take the following group process, for example:

A group member reports a dream, *I am on a kind of roller coaster, I am on a track, holding my nephew on my lap, my sister holding the other nephew on her lap in the seat behind. The countryside around looks like a burned-out forest. Suddenly the roller coaster begins going down a gorge, going faster and faster. It jumps the track and I see someone – not my sister, maybe my other sister – smash her head against a tree. I am OK and so is my nephew.* (Schlachet, 2002, p. 92)

Here we see how the group members' conscious wishes to be kind and socially acceptable lead some of them to say to the dreamer such things as, "In bringing the dream it seems you have 'warm and friendly feelings towards the group'". Split-off from the group's stream of conscious friendly dialogue is an unconscious deadly sibling rivalry. For some unexplored reason, the group's hostile feelings are being redirected to the internalised sibling/group members in the nightmare's narrative regarding the smashing of the sister's head!

The use of special time to elaborate on unconscious phantasies

It is quite normal for the firstborn to have a vast array of phantasies in relation to the parents' next baby. Many a firstborn child becomes very jealous of the new baby's intrusion between both him and his mother and him and his father (Dunn, 1984). Bettelheim scolded

parents for not acknowledging and accepting their children's feelings of hate and rivalry towards "the new baby". He suggested that parental rebukes fostered repression of hostile feelings. Projections of hostility into internalised siblings turns them into frightening and persecutory nightmare figures (Rosenfeld, 1986). Bick (Magagna, 2002) suggested that with the arrival of another baby in the mother's womb, the firstborn suffers a loss of the mother accompanied by a loss of identity as "the baby in the mother's lap". Bick always felt it was useful to have the older child develop an identity with a peer group in nursery before the parents had another child.

Providing "special time" for the firstborn and enlisting the attentive support of the father can allow the firstborn to work through some sibling issues through play before the new baby is born. I now show three different play scenarios showing how twenty-two-month-old Lucia's feelings towards her new baby brother were transformed through active containment of parental figures, including a weekly visiting young child observer.

Observation one: Lucia, two years, six months

Lucia tells the mother she is having a baby and she threatens to kill her brother as soon as he is born, and adds that when the baby is born, she will wee under the table. At the moment, she is experiencing sleep difficulties, nightmares, and compulsive masturbation. Later, she embraces a baby doll, gives him to the observer and asks her to cuddle him. She then says, "The poor baby became very frightened during the night because a dragon came into the basket and frightened all the puppies."

Here we see that Lucia finds it possible to talk of her identity as a child having destructive feelings towards her brother, creating all sorts of insecurities within herself. Also, she feels herself to be someone in projective identification with a mother who will love and protect the baby (Adamo & Magagna, 2005, p. 98). Just as in Winnicott's *The Piggie* (1991), Lucia was trying to overcome some of the pain of losing her mother by projectively identifying with her and mothering the baby containing her own projected infantile feelings.

Here one sees how fury about the newborn can create somatic issues.

Observation two: Lucia, three years, seven and a half months; baby nine and a half months

Lucia is pervaded by a terrible anger, almost fury, against her baby brother. She torments him in many ways, and her mother scolds her. This prompts Lucia to leave the room, but then she quickly turns around and runs towards her brother, who is being held by mother. Lucia tugs at his shirt with her teeth and tears it . . . Sometime in the same hour Lucia says she is the very ill child and asks the observer to be a female doctor who succeeds in curing her. (Adamo & Magagna, 2005, p. 104)

Here, we see that the mother's simply scolding Lucia leaves her feeling even more the displaced, lonely child and her rage towards her baby brother increases. Unconsciously, Lucia senses that her "bad feelings" cause physical/psychological problems and internal damage.

Four months later, we see the following.

Observation three: Lucia four years; baby brother, Gianni, fourteen months

Impatiently anticipating the observer's regular hourly visit, Lucia has built a den for the two of them. She says that outside everything is covered with snow and ice and there are wolves all around. . . . She comments that she and the observer will be two polecats who will soon go into hibernation. (Adamo & Magagna, 2005, p. 105)

Lucia sucks her T-shirt and, when her brother Gianni approaches the door to the den, she refuses to let him in, saying she wants to be alone with the observer because she loves her so much. She then pretends to bring wounded puppies inside the den. They have been wandering in the nearby wood. She feeds and heals them while at the same time questioning them about their age, which each time is invariably one year, approximately the age of her brother Gianni (Adamo & Magagna, 2005, p. 105).

Afterwards, she cuddles "her baby", a doll, cuts it to pieces and pretends to eat all the pieces of her cut-up baby. "Following this, Lucia's mood changes, and she decides that she is going to let her brother in after all—but specifies that he will be a baby polecat and the observer's little brother" (Adamo & Magagna, 2005, p. 106).

Lucia takes care of the puppies in a rather haphazard way. Lucia then excitedly cuts up and eats "the baby". She has eagerly waited for the observer in order that there would be someone to accept her destructive phantasies without her having to concretely act them outside the safe space of play. In the safe space of play, Lucia's murderousness towards her baby brother Gianni diminishes. Her play enabled her to establish an internal link between her love and hate. Lucia thus enters a qualitatively different state of mind in relation to both her internal and her external brother. When Lucia is able to regain inner contact with the mother who is good and loving, Lucia is able to accept her brother Gianni. Psychologically Gianni has developed from having persecutory guilt making her feel "the sick child" to experiencing depressive anxieties and reparative activities towards her brother. She now allows her baby brother into the forbidden territory of the den. (Adamo & Magagna, 2005, p. 107)

The young child observer could not substitute for the real father, but, in her role as an observer, she did respond as he might, by providing a rescuing space, support, and understanding. The father's role in supporting the older child and the mother is crucial. This is fully substantiated in Dunn and Kendrick's book, *Siblings: Love, Envy and Understanding* (1982).

Such "special time" in the presence of a thoughtful adult is offered daily for half an hour in Tempo Lineare Nursery in Rome, where each child has a box of special toys collected by the child. The parents and teachers participate in young child observation groups to understand more about the meaning of each child's "special time symbolic play". It is only through the internalisation of good parents who offer psychological space for the firstborn to feel supported and understood that the firstborn will be able to develop the capacity for generosity and love to mitigate the destructive feelings towards the baby who has taken some of the parental nest away.

Unsupervised play of young children: when it is helpful, when harmful, and when to intervene

As one can see from the observation of Lucia, young siblings under four years of age often will not have sufficiently internalised loving parents and the protective, limit-setting father function to contain their

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impulsive feelings. According to research findings, moderate conflict in the context of moderate warmth towards siblings leads to more social competence in peer relations in school (Stormshak, Bellanti, & Bierman, 1996), but what if the young children involved are finding it too difficult to develop loving and protective internalised parents who make it possible to have good relations with their siblings?

To promote thinking on this subject, I now present three observations of three young American brothers, Fred, five, Sam, three, and Bruno, one year old, who are playing without parental supervision.

*Observation one: Fred, five, Sam, three,
and baby Bruno, one year old*

Baby Bruno is seated near his three-year-old brother, Sam. Baby Bruno starts moving his hand along three-year-old Sam's back. Sam asks baby Bruno to stop, and he tries unsuccessfully to hit baby Bruno's hand. Then baby Bruno tries to rock himself in such a way that he can lean into Sam. At this point Sam sits up, pushes baby Bruno backwards to the floor, and laughs.

Baby Bruno starts to laugh loudly and crazily as he sits up. This time, Sam pushes baby Bruno harder down on to the floor. Baby Bruno tries to sit up a third time, but Sam pushes him even more fiercely to the ground.

Baby Bruno then tries unsuccessfully to slap and punch Sam. Sam hits baby Bruno twice on the head until baby Bruno laughs and then cries desperately.

Mother runs in and shouts loudly at Sam, who becomes frightened of what mother will do to him and scurries into his bedroom.

Sam, three, who had been hit frequently by his older brother Fred, five, has become more unsettled by his baby brother Bruno, one, since Bruno has started to walk, like him. When Bruno starts walking, Sam, the middle child and nearest him in age, fears losing his identity. Sam cannot do things as ably as his big brother Fred can and now the baby, Bruno, is walking just like him! What is special about Sam? Does he have a separate identity, or is he just a squashed in-between brother?

There is a sense that baby Bruno is laughing crazily to run away emotionally from feeling scared. The mother had arranged for baby Bruno to stay with Sam, aged three, in a shared space, but the

mother's plan to leave one-year-old baby Bruno with three-year-old Sam does not work.

Is this unsupervised play all right? Clearly not! We see how the mother is becoming worn out in this situation where the boys are just left grouped together without her presence. The boys' hitting is pursued each time by different actors, but it is escalating in the absence of an attentive mother. There is also a sense that perhaps the mother does not feel sufficiently supported by a thoughtful paternal function within herself or by her husband. She never mentions her husband in her conversations with the observer and it feels as though the mother is unable to keep her husband's presence in mind.

Now for Observation two. The children are sitting down watching television. They have not had any conversation or play with the mother during this half-hour. Television can become boring. So, what happens?

Observation two: Fred, five, Sam, three, Bruno, one year old

The oldest boy, Fred, looks at Sam. He then pushes Sam, who turns to him with an angry expression. Sam then pushes Fred over on to the floor in return. Sam starts to laugh. Fred laughs and pushes Sam until he falls over sideways. Sam then sits up and punches and hits Fred on his chest. Fred subsequently laughs more loudly. Fred then begins hitting hard on Sam's shoulders.

Soon the mother runs into the room and screams "Stop!" She then firmly commands them, "Come and have your snack." When Sam stands up, Fred gives him a hard shove. He falls to the ground and starts crying profusely, then runs to his mother, who had gone back into the kitchen.

Shortly, while all three are in the kitchen, baby Bruno comes up to his mother and, reaching towards her, he puts both his hands on his mother's thighs and tries to stand up. Sam, now sitting in the mother's lap, pushes baby Bruno down on to the floor. As the mother tells him off, Sam starts to laugh. Then Sam slaps at his brother Bruno's head with very fast, harsh fist punches. The mother grabs Sam's hand, telling him off. Sam looks at his mother, frowns, tilts his head back, but then starts laughing.

A week later, there is another worrying observation.

Observation three: Fred, five, Sam, three, Bruno, one year old

Fred passes in front of baby Bruno, who is seated on the sofa. Fred hits Bruno on the head several times, exclaiming, "Cry!" Immediately afterwards, Fred runs into his own bedroom. Seeing what Fred did, Sam, three years old, immediately copies him: Sam hits baby Bruno on the head and then runs into Fred's bedroom to join him. A little "gang formation" against mummy's baby Bruno is forming between the two older brothers.

In another similar incident in which his hair was pulled by both brothers, baby Bruno's body was rigid, his fist was closed tightly around his hair. He seemed to be holding on to his hair for dear life in an adhesive way. He was not crying out for mother. This was a dangerous moment, for it felt as though he had lost hope in the mother's protective function.

Now, what are we going to say about this? Will we just say, like people of times past, "Well, boys will be boys"?

Saramago (2005, p. ix) in his book, *Blindness*, wrote, "If you can see, look. If you can look, observe". I hope we can do just that. What have we seen? Hitting each other has become a way of life for the boys. They hit as a way of stimulating their brains; they hit as a way of alleviating boredom; they hit as a way of having intimate contact; they hit as a way of letting out aggression to the mother's other babies. Hitting is becoming a style of relating. Hitting is also a way in which Sam can preserve his unique position in the mother's lap and keep baby Bruno away from his mother.

In these weekly observations made during a one year period, Fred, five, in particular, begins to develop an identity as the big, strong, hard, bad boy who is always getting into trouble with mother. He has difficulty seeking sustenance from the mother. Fred experiences his two rival younger brothers as always having access to her.

This is worryingly shown in the following conversation that Fred, only five years old, had with his brother Sam, three years old.

Fred says, "But you don't cry when you are in nursery school!" Sam was absolutely clear as he plaintively responded, "Do you know why I cry? Because I want my mum! I want her to prepare my food and I want to stay at home with her!" Fred, the older boy, who is very attached to his aggressive, powerful stance, replied, "It is impossible!" Fed up, Fred walked away with a firm gait to his bedroom, where he shut the door on Sam.

We see here how Fred, the oldest of the three little boys, is most at risk of ridding himself of his dependent self, which needs a mother to love, understand, and nurture him. To protect himself from feeling helpless, jealous, and in pain, he is turning to a potent, cruel self and, thus, developing an identity as a "bad boy" with a hard cold self encrusting his vulnerable self.

It does not work for the mother to do her household tasks and simply let her one-year-old child remain alone with the three-year-old and five-year-old boys to "get on with it" and "play". Moreover, continuing to play together without sufficiently helpful internal or external paternal surveillance, limit-setting, and maternal sustenance escalates the conflictual situation between Fred, Sam, and baby Bruno. The three boys repeat what has been done to them: they get shouted at and probably hit by the mother, who, in this way, enters their sado-masochistic drama and then they hit each other again.

"Look, observe"

We are aware, of course, that mothers have a lot of housework to do and, for this reason, parents and professionals can blind themselves to the possibility of emotionally and/or physically abusive relations between young siblings.

Still, we must question parents' other motives, which blind them to cruel, perverse behaviour between the siblings. There are various reasons for this parental denial.

1. To see cruelty, one has to acknowledge one's own aggression towards aggressive children and one's own aggression to one's own internalised siblings and feel responsible for it.
2. It breaks one's heart to see and accept a loved child's hostility and aggression to one of the other children. For this reason, a parent might deny the severity of the siblings' aggression.
3. We can wonder what is happening inside the mother. Could it be that she allows the older siblings to escalate their aggression because of her own unconscious sibling conflicts, her own unconscious wishes to be rid of the younger children representing her younger siblings. Might she feel that her own mental equilibrium is threatened by three children who feel too much for her? Bruno Bettelheim thinks this is a possibility (Berke, 1989).

Now, what are we going to say about the boys' interactions?

The aggressive cycle between siblings of hitting or hurting another, feeling hurt, laughing, hitting another, laughing, and being shouted at can become addictive both psychologically and physiologically. For children experiencing some degree of emotional neglect from the parents and teachers, the attachment to perverse sadomasochistic interactions can be stronger. Why? Depending on perverse sadomasochistic interactions is preferable to the psychic pain that could come from depending on an unreliable maternal figure who might abandon one. Later, perverse sadomasochistic activities, for example, those supported by suicide websites or phantasies, such as self-harm thoughts, can be in intense competition with maintaining a link with a good object, such as a therapist or partner (De Masi, 2003).

The perverse sadomasochistic pattern can also be used as an anti-depressant to project psychic pain into another human being. It might also provide an illusion of entwining closely with another, being recognised in the eyes of the other, avoiding being separate from the other, and provide a false sense of alleviating isolation and loneliness. For some young children, any human response feels better than no human contact at all.

The perverse aggressive behaviour involves the wish to inflict pain or destroy an object in anger, hostility, hate, rage, jealousy, envy. Perverse aggressive behaviour arises in reaction to a psychic wound, and the severe underlying anxiety is the fear of disintegration. It feels more potent to hurt and get sadistic pleasure than to fall apart, to disintegrate psychologically in severe distress (Gunter, 1980). Tyrannical control, a form of aggression, might also be used to project into the other feelings of vulnerability, so as to psychically survive unacceptable emotional experiences (Glasser, 1986). Sometimes this factor prompts abused children to repeat the abuse on their siblings.

"One of the primary functions of the family is to contain mental pain" (Meltzer & Harris, 1994, p. 411). That involves the parents being not too indulgent or overprotective. It also involves the parents in providing sufficient understanding, protection, and nurturing to promote sufficient love from, and love of, parents to promote the adult functions in the mature part of the personality.

What happens when these children grow up? Problems in adult relations influenced by damaged internalised sibling relations

If a husband or wife feels securely attached to emotionally containing, loving, internalised parents and siblings, or sufficiently emotionally contained and nurtured by the therapists, the husband or wife is more likely in adulthood to subscribe to good family models for caring for "the new baby". In the absence of good internalised parental figures, sufficient emotional containment and nurturing by a therapist can help. However, if hostile, perversely exciting sibling relations are inadequately modified in the course of becoming an adult, they could interfere with the development of a benign parentality. In what follows, I examine five conflictual, internalised sibling conflicts influencing the parental couple. These revived sibling conflicts occur when a woman is unable to conceive, during the time of a woman's pregnancy, when there might be female frigidity and male impotence, following the birth of the first child, and after the birth of the second child.

Inability to conceive

It appears to be the case that the ability to conceive, something most people would see as purely physical, is, in fact, affected by psychological factors. Research suggests that psychological impasses can block a woman who has no physical impediments to conceiving from becoming pregnant and maintaining the pregnancy. Impeding psychological factors can be remedied through exploring the women's unconscious hostile and loving feelings towards "the baby" with whom they will share both a physical and psychological maternal space. Once both the positive and negative feelings towards "a baby" were able to become conscious and worked through in therapy, fifty-five per cent of infertile women in a mind-body programme became pregnant (Domar, 2004).

As I mentioned before, unconscious sibling relations, as shown in dreams, are important to explore in the psychological treatment of infertility. The therapist can, for example, ask a woman to say just one sentence to her sibling at different stages of their relation. Here is one example of what one mother said to her absent sister when the therapist used the empty chair technique: "You stole my mother as a baby. At six, I knocked you down when you got on my bike. At nineteen, it

was good to be with you, I like having you as a friend." Then, to the therapist, the woman recalled, "Recently I had a dream I was in the plane with my sister and she fell out."

When unconscious hostile feelings to internalised rival siblings can be unearthed and made conscious within a therapeutic relation, it is less likely that they will cause somatic impasses to pregnancy (McDougall, 1989).

Pregnancy

The internalised relations with siblings can become reactivated at the time of pregnancy and birth of the first baby. Latin American fathers commonly share a state of severe physical decline known as *chipil* when the new baby arrives. Intense envy towards the new foetus is often felt (Berke, 1989).

Jarvis (1962) reports on several men who "took flight" and began to have infantile tantrums and suffer from impotence when their wives became pregnant. Jarvis then goes into clinical details of four men regressing and having psychotic episodes during their wives' pregnancies. Jarvis suggests that we should examine a woman's post-partum depression in the light of the effect of her husband's reactions to her pregnancy and childbirth. Van Leeuwen (1966) cites examples of how a man can respond to his feelings of inaccessibility to his pregnant wife by getting various women pregnant and insisting that they have abortions.

The *American Medical Journal* reported in 1992 that eight to eleven per cent of fathers hit the baby in the womb. One of the reasons for this is that the fathers feel left out and cannot bear the baby possessing the maternal space all the time. Also, a mother can be hostile to the baby in the womb for taking up residence in her body, changing her body shape, and making demands on her vitality. Alice Miller describes maternal hostility, which can also include damaging the baby through overuse of alcohol, drugs, nicotine, or nutritional neglect. Here is one example of a problem with pregnancy.

Three couples had fertility treatment, waiting over eighteen months to conceive, and, subsequently, the fathers had affairs. In one situation, the husband left the family home, had an affair with a prostitute, and divorced within three months of the baby's birth. This was linked with the husband not being able to bear the wife "being with

the baby". His own fragile internalised mother and his own severely hostile sibling rivalry prompted the husband's flight into sexualised excitement. Sexual excitement was resorted to in lieu of bearing the pain of sharing his wife with the baby.

Female frigidity and male impotence when the wife is pregnant

The worries held by parents-to-be regarding damage to the baby in the womb might be linked with the parents' unconscious hostility to their own internalised siblings and their own internalised parents' intercourse creating them and possibly other siblings. Hostility to these internalised parents and siblings can create damaged internalised parents and siblings. These damaged figures become frightening figures and create terror, persecution, and dread in nightmares. In addition, an internalised father's penis filled with aggressive phantasies creates an anxiety about a destructive external penis. This can lead either parent to avoid intercourse for fear that the so called "destructive penis" will harm the baby in the womb. For example, one young woman had a dream of having sex with her husband, but his penis acted as a sword that stabbed through her, emerging at the mouth.

For example, in the book *Sisters and Husbands* (Brookfield, 2002) the father-to-be, David, is anxious about penetrating his pregnant wife, Anna, for fear of damaging the baby inside. Anna, the mother-to-be, is filled with unconscious and subsequently conscious hostility to her younger sibling, Becky. Because of her unconscious hostility to her younger sister, Anna also fears that the husband's penis might "damage the baby" representing her younger sister, Becky, during intercourse. For this reason, intercourse between the couple ceases and David has a clandestine affair.

The birth of the first child

"Many men and women have commented that they wanted to welcome a newborn child but found the task too difficult because they simultaneously saw the baby as an intruder, like a younger brother or sister sharing their lives" (Berke, 1989, p. 181).

For example, during each of his wife's three pregnancies, a husband had affairs. He brought a dream to psychotherapy: "Strange

men accidentally broke my glasses", and he added "I was pretty lucky my eye wasn't cut." One of his associations to the dream was to the birth of his younger brother, towards whom he felt hatred. Feelings of jealousy connected to the mother and brother were followed by his becoming bashful. As the husband continued to associate to his dream, he started to confuse words "mother" and "wife" and talked about his impotence when his wife was pregnant (Jarvis, 1962).

For the husband, the loss of the "old style" of relation, without the baby, that he had with his wife can feel like unbearable pain. The pain of the loss of some of his wife's careful attentiveness can be greeted by a re-creation of early infantile loss present when sharing the mother with siblings. Regressive re-enactments can be used to evade and evacuate pain into others. As seen in some of the men's sexual acting out above, the use of the defences of perverse sadomasochistic excitement and triumph which come through the use of sexuality and betrayal can occur. This reminds us of the earlier examples of the young boys' triumphant perverse sadomasochistic excitement to obscure the painful loss of their mother's attentive care.

For example, in the book *Sisters and Husbands*, the husband, who was happily married, started an affair. His wife had become unrecognisably "the pregnant mother" in his mind, rather than his sexually attractive, slim wife. The wife, feeling like "the pregnant mother", made it difficult for the husband to remain sexually involved with her when she was in her child-bearing role.

Both men and women may be surprised by the arrival of depression during the pregnancy and following childbirth. For both the mother and the father, becoming a parent involves identification with an internalised parental couple, which, if it is not a loving internal couple and, thus, adequate, creates further strain on the parents' personalities. A pregnancy can prompt each parent to regress to experiencing intense unconscious infantile conflicts with the creative intercourse of the internalised parents and siblings. The result is the risk of post-partum psychoses. Maternal post-partum psychosis is frequently discussed and treated, but little attention is given to fathers. Jarvis (1962) suggests that we should always examine a wife's post-partum depressions in light of the effect of the husband's reactions to her pregnancy and the childbirth. The husband might also be depressed and, therefore, unable to support his wife's maternity sufficiently.

The birth of the second child

With one baby, it is possible to put one's baby self inside the baby and identify with the baby. It is more difficult when there are two babies. Feeling "the left out baby", "being in rivalry with the baby with the other partner" can evoke depression when the internalised containing parents do not have sufficient nurturing capacity to sustain "the baby-in-the-self" sharing the space with the new baby.

The Yale researchers (Kris & Ritvo, 1983) thought that conflicts between parents and between parents and their own children were often linked with parents' earlier conflicts with their siblings of origin. Mitchell (2000), in *Madmen and Medusas*, describes how prior sibling relations affect marriage relations. For the development of parentality and the ability to share "the mother", it is essential to keep the internal mother intact as a good object. Keeping the internalised mother intact involves having reparative feelings of love for the mother and regret for the aggression towards her for carrying a rival sibling.

But how do you help a child or an adult with conflictual sibling relations? As you saw in the earlier vignettes of the three boys, simply scolding an older child for being jealous and angry with a new baby promotes more aggression to the new baby. An older child must have limits to aggression to the younger sibling, or siblings, but he also requires empathic understanding of how the child feels he is losing his identity of being at "centre stage" for the parents. Through "special time" to understand him, an older child needs to develop new psychological equipment to bear the pain of sharing the mother and father with a new sibling. Similarly, adults who are regressively acting out in a perverse sadomasochistic way to avoid mental pain require psychological understanding to develop mentalization internally and support their parentality. How can we help?

Dream analysis as a method of working through unconscious sibling conflicts

As I have described, deep-seated sibling conflicts might interfere with the development of intimacy with one's marital partner, children, and sibling representatives in the form of friends and colleagues at work. I believe that some of the more profound psychic truths about a

person's sibling relations are often repressed and, therefore, most evident as one looks at the person's dream-life (Magagna, 2000).

Looking at dreams in psychotherapy can be extremely useful. The dream space can be a private theatre in which dream characters interrelate and generate a meaning that is projected on to interpersonal relations in the outside world (Meltzer, 1984). The therapist and patient can develop a more comprehensive shared understanding of the patient's current internalised sibling relations through exploring the nature of the patient's dreams and through working on split-off and projected conflictual aspects of the dream transferred to the therapeutic relation. Through the therapeutic relation, new psychological capacities can be introjected to bear pain, loss, conflict, and trauma. The current unconscious internalised relations include old implicit memory experiences with external siblings. These relations can be recovered in the therapeutic relation and brought into the present, so that the therapist and patient can lend empathic understanding to them and, thus, modify the internal world of relations with the internalised family.

During the war years, Melanie Klein used dream analysis to help ten-year-old Richard, whose internalised sibling conflicts created overwhelming shyness and school phobia. Aspects of sibling relations developing in the course of Richard's analysis were clearly shown through his dreams. Here is one of them, described in *Narrative of a Child Analysis*:

Richard misses a bus which he intended to take. He went after all, but in a caravan with him travelled a very happy family. The father and mother were middle-aged; there were quite a lot of children, and all of them were nice. There was a new cat which chased his actual cat, but then they came to like each other. This new cat was not an ordinary cat, but it was very nice. It had teeth like pearls and it was more like a human being. (Klein, 1961, p. 430)

Klein interpreted the family in the caravan as representing how Richard had all his loved people in a happy, harmonious family inside him. This meant he had loving relations to her other patients and to his brother Paul.

Richard then indicated a second part of the dream: the sky was quite black, the trees were black, there was sand-coloured sand, but

the people were also black. There were all sorts of creatures, birds, animals, scorpions, all black. All of them were quite still. It was terrifying, and Richard's face expressed horror and anxiety as he described this second part of the dream.

Klein interpreted how, in this part of the dream, Richard had attacked the parents and the siblings, turning them into black people and animals and black scorpions, all of which were motionless. These stood for his internal family figures attacked through his jealousy and anger.

Richard then said at a certain point in the dream, "Ahoy there", as he saw a patch of green on the island and the sky over the island showing a little blue. The people began to sing; the scorpions and the other creatures jumped back into the water. Everybody was overjoyed, everything turned light, and the sky became all blue.

Klein interpreted this as Richard's wish to bring to life all these attacked internal family members that had turned into threatening creatures.

In getting to know the psychic truth about Richard through his dreams, we were able to understand that this seemingly very nice, shy, school-phobic boy had an inner complexity which would not be revealed without understanding his play, drawings, and dreams, which reflected his unconscious aggressive conflicts with his rival brother, Paul.

Some recent newspaper stories tell of siblings who acted in a most loving way when their younger sibling was at risk. For example, a five-year-old English boy realised his mother was giving birth, because her waters broke. He helped the baby out and, while doing so, he noticed that the umbilical cord was around the baby's neck. He removed the cord from around the baby's neck and then called the police. Also, a ten-year-old Australian boy, caught in a flood with his mother and younger sibling, suggested that his young brother be rescued first. The ten-year-old was not rescued in time.

There are probably many examples in external reality. It is also important, though, to understand the internal reality of the sibling relations. In saying this, an example from psychotherapy comes to mind: a very charming and handsome fifteen-year-old adolescent boy, Marco, came to psychotherapy complaining of a disfigurement he wanted removed from his face and his fear of aphids flying about in his room. He was popular with teachers and school friends, but he was

lonely and did not experience intimacy in his relations. He could not understand why this was the case when he consciously "liked people".

Despite his being very placatory to me and most others in his life, Marco's first year of psychotherapy was marked by an eruption of violent dreams, including some in which he wished to poison the drinking water of his peers or throw a hand grenade and thereby injure all his fellow students, with whom he was most agreeable in his external life. In the course of therapy, Marco introjected a good containing internal mother, which allowed hope, security, and the ability to improve relations to damaged internal siblings. At the end of three years of psychotherapy, the split between Marco's external agreeable and placatory attitude and internal violence to siblings and peers changed considerably. This can be seen in his more intimate external relations and this dream of his internal relations guiding his external behaviour.

In the dream, eighteen-year-old Marco is saying goodbye to a group of his best friends. They were giving presents to one another. He enjoyed his presents because he felt that people had actually thought about what they had chosen to give to him. He was so touched by their thoughtfulness that he was crying. He felt that when they were all separated, reminding themselves of their friendship would make them feel sad.

Although Marco was not yet able to own his sadness and I did not feel he should be ending his therapy, I was moved by his capacity to experience being touched, feeling love towards peers, and coming near to the pain of loss in his journey back to his home country.

Conclusion

In various publications (Magagna, 1990, 1998, 2010), I have suggested that progress in individual and family psychotherapy is marked by a transformation in the patient's dream-life representations of his relation to his internalised siblings. My theory is supported by the research of Harris (1957) who suggests that, as therapy of eight- to nine-year-old children progresses, the developing child shows pity, grief, and concern about harm done to siblings and peers through hostility. Also, the socially well-adjusted eight- to nine-year-olds have dreams in which they are preoccupied not only with their own well-

being, but also with the well-being of siblings and peers. In the dreams I have observed in psychotherapy, there is a move from persecutory anxieties, linked with attacks on internal siblings who, thus, become frightening, to reparative feelings of love and generosity towards the internal siblings. Psychotherapy working with dreams holding implicit memory experiences, much in the same way as adults being empathically and understandingly present for Lucia's play, can remove some impasses to achieving intimate and emotionally healthy relations in one's current family. It is to be hoped that then there will be generating of love, promoting hope, containing of depressive pain, and maintaining thinking for the growth and development of family members in subsequent generations of family life (Meltzer & Harris, 1994). What is ultimately clear is that the quality of our sibling relations affects not just our childhood, but also our adult life, and that the right intervention, promoting introjection of good parental functions, can allow us to break out of a cycle of hostile acting out or depression and move towards a healthy, loving, nurturing family life that can bear psychic pain and promote hope and generosity for generations to come.

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