# The Impact of Having a Sibling Diagnosed with Mental Illness on the Lifestyle



### Why Sibling Relationships are Important

-Sibling relationships are among the most enduring relationships in an individual's life and may be important in the development of resilience (Cox, 2010; Crosnoe & Elder, 2004).

•Sibling relationships have been shown to model cooperative behavior such as helping, sharing, and empathizing (Lewis,

### Birth Order

•The least warmth, or positive relational state, was observed among opposite sex siblings spaced close together (Buist, Deković, Meeus, & van Aken, 2002).

·Older siblings appear to take on more nurturing and teaching positions than younger siblings, while younger siblings tend to be perceived as more frequent companions (Biavaschi, Giulietti, & Zimmermann, 2013; Kolk, 2014)

·Being in a large family increases risk of pathology (Carballo

\*Being a middle sibling decreases risk of pathology (Carballo et al., 2012)

#### Gender

\*Same-sex attachments appear to be the most supportive (Buist, Deković, Meeus, & van Aken, 2002).

(Suist, Dekovic, Meeus, & vair hkeri, 2002).

\*Sister-sister attachment is strongest across adolescence while brother-brother attachments decrease during puberty (Buist, Deković, Meeus, & van Aken, 2002).

# Adler and Sibling Relationships

\*Adler believed that how siblings relate to one another influenced their development (Mosak & Maniacci, 1999). \*\*teeter-totter effect: Where one sibling succeeds, his or her nearest competitor fails or gets out of the race (Mosak & Maniacci, 1999).

·Adler was the second of six children and Adler believed birth order significantly impacted lifestyle development

Oldest children typically responsible, leaders, bossy, perfectionistic, critical of themselves and others, conformists, organized, competitive, independent, reductant risk-takers, and conservative. They believe that they must be first or best

Youngest children are typically charming, creative, fun loving, energetic, intelligence. They may use these characteristics to manipulate others into their service in order to be important.

Middle children typically feel squeezed in the middle and adopt the mistaken interpretation that they must be different to be important. Most are more easygoing than their siblings, are often empathic for the underdog, good peacemakers, more liberal, and sought out for sympathy and understanding.

Only children usually desire and appreciate solitude or fear loneliness, they may feel that it is more important to be unique than first Exceptions!

The exceptions to the general rules about birth order are gender, whether there are four years or more between children and children arbitrarily switching position characteristic. In addition, mental illness in the family can also impact how birth order is expressed.

t much is known about Adler's siblings, however it is clear that Adler is no stranger to sibling hardship. His brother died in bed next to him when he was a child.

### The Psychosocial Impact of having a sibling with Mental Illness



# Sibling Relationships and Mental Illness

• The National Alliance on Mental Illness (NAMI; 2015) indicates that approximately one in 10 children lives with a serious mental illness or emotional disorder. Of these children, 40% meet criteria for two or more classes of

-Of the four million children suffering from a serious mental illness in the United States, only approximately 20% are identified and receive mental health services (NAMI, 2015), and only 10% of families receive psychoeducation on menta

"Since 85% of Americans have siblings (Safer, 2002) one could safely estimate that 3.4 million children living with mental illness have siblings.

### Positive Impact

\*Greater maturity, acceptance, helpfulness, and responsibility than their peers (Howlin, 1988; McHale, Sloan, Simeonsson,

\*Greater psychosocial adjustment among peers when conflict is experienced among siblings at home (Smith, Brown, Bunke, Blount, Chistophersen, 2002)

# **Negative Impact**

·More vulnerable to social, academic, and emotional troubles

(Bauminger, & Yirmiya, 2001).

\*Greater problem behaviors (Giallo, Gavidia-Payne, Minett, & Kapoor, 2012)

·Lower self-esteem (Prystalski, 1998)

•Feel rejected by their parents (Kendall, 1999).

Guilt associated with the belief that they somehow caused their sibling to be ill and guilt about his or her own abilities or success (Giallo, Gavidia-Payne, Minet, & Kapoor, 2012).

•Pressure to be the "good" child (Giallo, Gavidia-Payne, Minet, & Kapoor, 2012).

\*Feelings of resentment toward their sibling who is receiving more (Giallo, Gavidia-Payne, Minet, & Kapoor, 2012). attention from their parents (Giallo, Gavidia-Payne, Minet, & Kapoor, 2012).

•Feelings of loss and isolation (Giallo, Gavidia-Payne, Minet, & Kapoor, 2012).

\*Shame related to embarrassment about their sibling's appearance or behavior (Giallo, Gavidia-Payne, Minet, & Kapoor, 2012).

\*Frustration about increased responsibilities and caregiving demands (Deal & MacLean, 1995).

•At risk of developing a mental illness themselves (Giallo, Gavidia-Payne, Minet, & Kapoor, 2012).

•Some research suggests that sibling outcomes may mimic the stages of grief (Riebschleger, 1991).

### Case Example

#### Background Information

Identifying Characteristics - 6 year old, African American

Family of Origin- Lives with her grandmother and 8 year old brother diagnosed with ADHD. Both children experienced disruptions in their attachment system and interpersonal

Birth order- Youngest

Family atmosphere- Children were separated from their biological mother when client was six months old due to neglect. They do not know who their biological father is.

Sibling Presentation- Client displayed complex trauma Sibing Presentation—Client displayed complex trauma through aggressive behaviors towards peers, lack of regulation skills, anxiety about abandonment or lack of control, and low self-worth. In sibling relationship, client chose the play task while her brother submitted to her choice. Client's brother frequently handcuffed himself to his sister demonstrating feelings of responsibility for her and lack of self-efficacy in his own lifestyle. He complained of having a desire to protect her and feelings of hopelessness in his ability to do so.

Personality priorities:

Client - Superiority Client's brother- Control

Lifestyle Convictions of client

"I do not belong unless I am the best"

"I am unlovable"

Lifestyle Convictions of client's brother

"I am my sister's keeper

"My opinions and emotions don't not matter"

Siblings display strong leadership qualities

♦ Siblings both demonstrate a desire to protect each other ♦ Siblings encouraged each other's abilities and willingly forgave wrongdoings

\*Family support from authoritative grandmothe

## Future Life task Implications

Work-Sibling may feel guilt for success or may underachieve to increase sibling sense of self-worth

Love-Sibling may either feel idealized within the family system for ability to meet caregiver expectations or feel ignored and unloved. Sibling may become caretaker of sibling in adulthood or choose a partner based on this caretaking role.

Social-Sibling may feel misunderstood among peers or miss out on social engagement due to caretaking responsibilities

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