Care among siblings and repercussions of generational transmission on the sibling group

Cuidado entre irmãos e repercussões da transmissão geracional na fratria

Cuidado entre hermanos y repercusiones de la transmisión generacional en la fratría

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Resumo

Este estudo faz parte de uma pesquisa mais ampla sobre fratrias e rede familiar. Teve-se como objetivo investigar o cuidado entre irmãos e repercussões da transmissão geracional na fratria. Utilizou-se metodologia clínico-qualitativa, centrada em entrevistas clínicas preliminares com famílias no período de avaliação familiar. Os dados clínicos foram coletados no Serviço de Psicologia Aplicada de uma universidade privada carioca. Participaram da pesquisa 14 famílias, com as seguintes configurações: quatro casadas, quatro recasadas, três monoparentais e três separadas. Constatou-se que tanto o reduzido investimento parental quanto a sobrecarga nos cuidados familiares dificultam o estabelecimento de uma relação parento-filial mais promotora de saúde, muitas vezes levando à parentalização de um ou mais filhos, com atribuição de funções parentais a eles. Falhas na apropriação psíquica de elementos da transmissão geracional também repercutem na

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constituição do vínculo fraterno, dificultando a construção de laços familiares solidários e o estabelecimento de práticas salutares de cuidado entre os irmãos.

Palavras-chave: irmãos; família; transmissão psíquica entre gerações; psicoterapia familiar; cuidado familiar.

Abstract

This research is part of a broader study concerning siblings and the family network. Its objective was to investigate care among siblings and the repercussions of generational transmission on the sibling group. It employed clinical-qualitative methodology, centered on preliminary clinical interviews with families during the family assessment period. Clinical data were gathered at the Applied Psychology Service of a private university in Rio de Janeiro. The 14 families who took part in the study had the following configurations: four married-couple families, four stepfamilies, three single-parent families and three separated-parent families. We observed that both reduced parental investment and excessive family-care workload made it difficult to establish a more health-promoting parent-child relationship, often leading to the parentification of one or more of the children, with the assignment of parental functions to them. Flaws in the psychic assimilation of elements of generational transmission also influence in the creation of sibling bonds, inhibiting the development of family ties of solidarity and the establishment of healthy care practices among siblings.

Keywords: siblings; family; intergenerational psychic transmission; family therapy; family care.

Resumen

Este estudio es parte de una investigación más amplia sobre fratrías y redes familiares. El objetivo fue investigar el cuidado entre hermanos y las repercusiones de la transmisión generacional en la fratría. Se utilizó metodología clínico-cualitativa, centrada en entrevistas clínicas preliminares a las familias durante el período de evaluación familiar. Los datos clínicos se recolectaron en el Servicio de Psicología Aplicada de una universidad privada en Rio de Janeiro. Catorce familias participaron en la investigación, con las siguientes configuraciones: cuatro casadas, cuatro vueltas a casar, tres monoparentales y tres separados. Se encontró que tanto la menor inversión de los padres como la sobrecarga por los cuidados con la familia dificultan el establecimiento de una relación entre padres e hijos que promueva la salud, lo que a menudo conduce a la crianza de uno o más hijos

con atribución de las funciones parentales a ellos. Las fallas en la apropiación psíquica de elementos de transmisión generacional también inciden en la constitución de un vínculo fraterno, dificultando la construcción de lazos familiares solidarios y el establecimiento de prácticas de cuidado saludable entre los hermanos.

Palabras clave: hermanos; familia; transmisión psíquica entre generaciones; psicoterapia familiar; cuidado familiar.

Introduction

The sibling relationship stands out among the longest-lasting significant relationships (Carr & Wilders, 2016; Lewin & Sharp, 2018); it may encompass blood siblings, half-siblings, adopted siblings and socio-affective siblings, those who have lived together in the same family or have been raised together, often brought into the family by stepfathers and stepmothers (Dantas et al., 2019). Among family ties, in contrast to marital intersubjective ties, which are dissoluble, sibling ties are indissoluble, as are parental ties (Ziviani et al., 2012). The individuals may distance themselves physically and emotionally from their siblings, but the psychic ties between them will always be determinants of their subjective positions.

The sibling group is important for the satisfaction of needs at different moments in the life cycle (Bowman et al., 2014), such as during a marital separation, the loss of a loved one or an adoption process (Haxhe et al., 2018). One's sibling holds the place of one's equal in the family, playing an important role in a child's identification and socialization processes. In families, the children come to identify not only with the parental figures, in vertical relationships, but also with the figures that are similar to themselves, in horizontal relationships (Muniz & Féres-Carneiro, 2012).

The sibling group forms a family subsystem that shares its own psychological dimension. This dimension goes beyond a mere association of subjectivities, encompassing family memories inherited through generational transmission (Jaitin, 2001, 2003; Kaës, 1993, 2008). A sibling's arrival in the family leads an existing child to relinquish their position as the mother's privileged object, favoring differentiation between real and imaginary, as well as interchange between individual and group psychological realities, in their familial, social and cultural dimensions (Goldsmid & Féres-Carneiro, 2007). According to Jaitin (2001), the more a sibling contributes to familial psychic interchanges, the more we may speak of the sibling relationship as constitutive of the psychic apparatus.

The psychoanalytic literature on the subject of family indicates the structuring nature of the sibling function, emphasizing the intergenerational exchanges, the provision of identity models and the possibility of the moderate release of aggressiveness in the sibling group (Benghozi & Féres-Carneiro, 2001; Goldsmid & Féres-Carneiro, 2011; Kaës, 2008; Kancyper, 2004). The playful exchanges that occur in the sibling group favor the transmission of generational psychic content (Eiguer, 2001). The experiences shared among siblings promote horizontal identifications and are complementary to vertical identifications, which are mainly represented by parental ideals.

Family psychodynamics are established based on an intersubjective matrix, with the family being a privileged means of transmitting psychic life between generations (Magalhães & Féres-Carneiro, 2004). In the field of family-related studies, we come across diverse facets of generational psychic transmission in which the sibling group plays an important role. "Transmit" may mean the transfer of psychic objects, of ideas and of affects between persons, groups and generations. Kaës (2001) emphasized the diversity of meanings of the concept of transmission in Freud's works: transference; heredity or inheritance; communication by contagion; and other meanings. In order to understand the transmission of the psyche between individuals, and between generations, it is important to understand the role of the other in the formation of the individual's psyche.

Parents play a central role in the process of psychic transmission. Freud (1914/1996) called attention to parents' desire to achieve their dreams through their children; he also discussed the transference of positions and signifiers in the transmission process. He stressed that the subject is, in himself, his own end, but he is connected to a generational current as a transmission link, being an inheritor of the current. There is an urgent need to transmit, under the influence of an irresistible psychic imperative (Kaës, 2001). This need results from narcissistic demands and from the continuity of psychic life; transfer-transmit to others what cannot be retained in the subject himself. In the family group, the privileged cradle of intersubjectivity, inter-psychic exchanges occur and primary object relations are established.

Identification and psychic transmission are interconnected processes. In order for a trait to be transmitted, the subject needs to identify with another subject. Intersubjective transmission happens by way of the subject's identification with the desire or symptom of the other; what is transferred from one to the other is a common unconscious trait (Eiguer, 1998; Kaës, 2001). In this sense, parenthood affects the sibling group via transmission through the parents' identification with the children, with singular effects on each child and on the

relationship between siblings, generating rivalries and/or solidarities (Magalhães, Monteiro & Dantas, 2019).

Flaws in the familial intersubjective matrix, often caused by generational transmission of poorly elaborated content, frequently lead to an excessive workload in the caregiving within the family. The transmission of poorly elaborated psychic content is often reflected in the precarious manner in which parental roles are played, emotionally overburdening children and adolescents. By way of identity games (role-playing), siblings come to play familial roles with the aim of assimilating the non-elaborated psychic inheritance, often exercising parental functions while caring for siblings. Olson and Gariti (1993) pointed out that parents who demand parental care from their children often did not receive such care from their own parents. This may also occur when the parents or guardians become mentally ill (Magalhães & Féres-Carneiro, 2015). We emphasize, however, that there are countless sociocultural factors that also contribute to overburdening care in a family.

Caregiving within the family is a central task, involving not only instrumental aspects related to the survival, physical health and education of family members, but also psychological aspects related to emotional health. Caregiving among siblings is learned in family interactions, including physical interactions, playful interactions, support to perform tasks, and protection (Carvalho, 2000). Sociocultural factors may lead to an excessive care workload among siblings, which frequently occurs in families in a socioeconomically precarious situation, single-parent families or in which one of the parents is absent, families with many siblings (Dellazzana-Zanon et al., 2014), and families in which one of the siblings has some disability (Soares et al., 2009). In addition to such factors, sibling gender, birth order and age gap also influence the determination of the caregiver sibling role (Dellazzana & Freitas, 2010; Burton, 2007; Freitas et al., 2009; Prino et al., 2019).

Caregiving among siblings may happen in extraordinary situations and for short periods of time, especially when older siblings care for younger ones. Such care is an important learning experience in terms of the socialization of children and adolescents, without negatively affecting their mental and emotional development. Nonetheless, there are occasions in which they must take on such responsibilities too early in life, before they are mature enough, and sometimes the caregiver children or adolescents do not have sufficient internal resources to avoid intercurrences in their own development or to adequately protect their siblings (Magalhães, Féres-Carneiro et al., 2019). When families are incapable of fulfilling their emotional functions and are neglectful as to their educational

role, shifting parental responsibilities to children and adolescents, causing them significant mental harm and interfering with their individualization processes and self-esteem, parentification veers in a pathological direction (Mello et al., 2016). When it is based on experiences that provide resources to overcome life's difficulties, parentification can benefit the maturation process and is deemed constructive. However, when negative factors that expose a child to vulnerability and helplessness prevail, parentification causes emotional harm and is deemed destructive (Mello et al., 2020).

In clinical practice with families in precarious socioeconomic contexts, we have observed efforts by children and teenagers to exercise familial functions with a great emotional overburden and a strong impact on sibling relationships (Magalhães et al., 2017; Magalhães, Féres-Carneiro et al., 2019). Transmission of parental functions to the children is often repeated across many generations, establishing a cycle of familial emotional helplessness. In light of this scenario, and considering the relevance of clinical research regarding the formation of the fraternal bond in the face of the weaknesses shown by these families, the objective of this study was to investigate care among siblings and the repercussions of generational transmission on the sibling group.

Method

This study employed a clinical-qualitative methodology (Turato, 2003). The data was collected at the Applied Psychology Service of a private university in Rio de Janeiro by family therapy trainees during the family assessment period. Family assessment prior to psychotherapeutic treatment itself is part of the clinic school's routine.

Participants

The 14 families who took part in the study had at least two and at most six children, of various ages. They belong to Rio de Janeiro's lower and lower-middle classes and present the following configurations: four married or civil-union couple families, four stepfamilies, three separated-parent families and three single-parent families. The criterion for the inclusion of the families was to have siblings living together.

Instruments and procedures

The data collection instruments we employed were the following: preliminary clinical interviews and the Structured Family Interview (SFI) (Féres-Carneiro, 2005). The interviews were conducted during the family assessment period, which consists of approximately four to six sessions. The record of the interviews followed the clinical report model, and the SFI was recorded and later transcribed.

Ethical considerations

The present research was approved by the Research Ethics Committee of the institution in which it was conducted (File No. 2017-03). The characteristics of the Applied Psychology Service as a clinic school are initially explained to the patients, who are also informed about the confidentiality of their identities. All participants signed an informed consent form, authorizing the use of their data for the purpose of teaching, research and publication.

Results and discussion

Subsequent to selecting the clinical material, we performed intra-family and inter-family analyses; that is, each family's material was initially analyzed separately, and subsequently jointly. Seven clinical categories emerged from the analyses: *Repercussions of parenting on the sibling group*; *Rivalry/Solidarity and conflict*; *The sibling relationship*; *Care among siblings*; *Generational transmission*; *The sibling group and network*; and *The sibling group and demand*. In light of this study's objective – to investigate care among siblings and the repercussions of generational transmission on the sibling group – we will present and discuss three of the categories: *The sibling relationship*, *Care among siblings* and *Generational transmission*. The remaining categories have been discussed in other, published scientific studies.

Intra-family analyses

The results of the intra-family analyses indicate correlations between sibling caregiving, generational transmission in the sibling group and the sibling

relationship; the correlations became evident during the family assessments of the participating families and are summarized below.

Married-Couple Family 1: Mother (age 45) and two daughters (ages 7 and 13). The mother feels overburdened with family care and excessively worried about the mental health of her youngest daughter, above all. The father (age 35), a chemical dependent who suffers from psychiatric disorders, did not show up for the preliminary sessions. According to the mother's report, he participates neither in family care nor in supporting the family, providing insignificant parental investment. The two daughters are emotionally detached and they frequently discredit each other. The fear of transmission of the father's mental illness weighs heavily on the family.

Married-Couple Family 2: Father (age 45), mother (43) and two daughters (23 and 10). Subsequent to the older daughter's discovery of an episode of marital infidelity on the part of the father, a conflict in family loyalty arose and a split in the sibling group occurred: The older daughter took sides with the mother and the younger daughter allied with the father. As a result, the daughters became emotionally detached from each other, with the older daughter rarely helping to care for her little sister. The marital infidelity experienced by the parents affects the sibling group via transmission, to the daughters, of the parents' mutual emotional detachment.

Married-Couple Family 3: Father (age 45), mother (31) and two sons (21 and 10). The debilitation and difficulty of emotional expression between the parents are generationally transmitted and laid, above all, in the older son. Conflicts between the mother and her own brother also contribute to the generational transmission of emotional detachment to the siblings. The father and the two sons form a subsystem with fraternal characteristics in which the relationships are more horizontal. The mother exercises the parental function with scarce support from the father in caring for the family. The older brother, who exhibits a certain emotional dullness, assumes parental functions of instrumental care for his younger brother, seeking to compensate for the father's trivial participation.

Married-Couple Family 4: Mother (age 45) and her three daughters (25, 22 and 10). The father (age 48) offers little parental support and does not take part in the sessions. The older daughter is stricken by an autoimmune disease, requiring special care and emotional attention, above all. The younger daughters form alliances to discredit the oldest daughter and compete for the mother's love. In the sibling group, there are many conflicts and rivalries related to complaints about the excessive workload of caring for the oldest sister.

Stepfamily 1: The father (age 29) and mother (29) are divorced. They have two children, a boy (9) and a girl (7). The stepfather (age 30) also took part in the preliminary sessions. The boy presents conflicts related to gender identity and suicidal ideation associated with fights with his sister. The relationship between the siblings is affected by hidden conflicts related to the appropriation of family values transmitted by the paternal family, which exhibits extremely biased attitudes towards gender roles.

Stepfamily 2: The father (age 65) and mother (62) together had one son (22) and one daughter (18). The sibling group also consists of two other brothers (36 and 34), from the mother's first marriage, and one sister (32), from the father's previous marriage. Interactions between the members of the family are full of verbal and physical aggressions. The issues mainly center on caring for the oldest brother, who is stricken with alcoholism. In the psychodynamics of the stepfamily, one observes that some content regarding traumatic family experiences related to the previous, dissolved marriages was unconsciously denied and transmitted, affecting the sibling relationships.

Stepfamily 3: Mother (age 57), two sons (32 and 30) and one daughter (26). The oldest son died 20 years ago, at the age of 18; he was a drug user and was murdered. The second son (age 32) also suffers from chemical dependence. All of the children were born of the first marriage of the mother, who remarried and lost contact with the children's father early on. The stepfather did not attend the sessions. Here, we are dealing with an adult sibling group that seeks psychotherapy in order to solve problems with the mother. They consider her to be financially out of control and excessively dedicated to religious work. One observes difficulties in the organization of family caregiving with respect to the second son, with emotional and financial overburdening of the third son. Grief over the traumatic loss of the oldest brother was poorly elaborated. Traumatic traits were transmitted in the family and evidenced through the second son's symptoms, causing conflicts between the siblings.

Stepfamily 4: Father (age 41), mother (38) and two sons (6 and 8), the former being the son of the couple; and the latter, the fruit of a previous episodic relationship of the mother's. The older son was raised by the stepfather, whom the boy, since a very early age, has considered his father. The father exhibits emotional insecurity and projects his emotional issues mainly onto the younger son, overprotecting him. Differences in the treatment of the brothers are related to difficulties in elaborating the differentiation between the couple and their families of origin.

Single-Parent Family 1: Mother (age 35) and daughter (8). The father has never lived with the daughter, but pays child support. He has another daughter of the same age, the fruit of another episodic relationship. He maintains affective contact with this other daughter, but he neither helps to care for her nor pays child support. They all live in the same favela in Rio de Janeiro. The two sisters were raised separately, sharing a relationship that is simultaneously friendly and ambivalent: On the one hand, they are friends; on the other, they dispute for their father's love. There are countless gaps in the appropriation of the paternal family history; familial psychic transmission is obliterated.

Single-Parent Family 2: Mother (age 30) and her five children: three sons (16, 14 and 6) and two daughters (12 and 5). The mother, who is aggressive and impatient with her children, received negligent care during her own childhood. The sibling group is made up of well-defined subsystems: The oldest son lives with his grandmother; the 14-year-old son and the 12-year-old daughter are very close, especially because they shared traumatic experiences related to sexual abuse in childhood; and the youngest siblings spend most of the week in a home for children. To a large extent, caregiving in the family is pulverized in the family network by issues related to the family's precarious living conditions. Parental investment is fragile, and the siblings perform parental functions in terms of mutual care, with strong indications of parentification.

Single-Parent Family 3: Mother (age 41), daughter (16) and son (8). The father is absent. The mother feels overburdened and unrecognized in terms of caring for the family. The son exhibits aggressive behavior and episodes of encopresis. The daughter recognizes that he needs help, often assuming a parental role in relation to him.

Separated-Parent Family 1: Mother (age 46) and her six children: three daughters (13, 10 and 9) and three sons (26, 22 and 7). Only the four youngest siblings showed up for the sessions. All of them exhibit speech and learning difficulties, as does the mother, but the main concern is the youngest child. He receives special care from the mother, who overprotects him, and from his siblings, who are his spokespersons, translating his speech or speaking for him. The mother suffered abandonment and negligence in childhood and makes enormous efforts, with great parental investment, to transform the traumatic inheritance transmitted.

Separated-Parent Family 2: Father (age 50), son (14) and daughter (12). The father feels overburdened in caring for the children and experiences parenting difficulties. The mother, who rarely interacts with the two adolescents, has other children from other relationships. Associated with the depressive state un-

derlying the father's alcoholism, devitalization of the paternal figure affects the sibling group, which is also extremely devitalized. The siblings have a very empty emotional relationship and there is no mutual support. The father repeats the pattern of low parental investment transmitted in his family of origin. Although the paternal grandmother and aunt live on the same lot, family relations are very emotionally detached.

Separated-Parent Family 3: Paternal grandmother (age 66), father (40), mother (28) and two daughters (10 and 8). The grandmother is the main person responsible for caring for her granddaughters and she feels overburdened. The mother suffers from chemical dependency, and the father is rarely present in his daughters' day-to-day lives. The relationship between the two sisters greatly worries the grandmother, for they are always fighting with each other. The older sister allies with the mother, while the younger sister allies with the grandmother, reproducing generationally transmitted family conflicts.

Inter-family analyses

Sibling relationship

The *Sibling relationship* category encompasses three dimensions of the sibling bond: the dimension involving the common parentage of the individuals called siblings/half-siblings; that of the relationship between the siblings, which can be distant or close, cold or warm, friendly or hostile; and the unconscious dimension related to the sibling complex, as postulated by Kaës (1993, 2008). According to Kaës, the sibling complex defines the fundamental organization of loving, narcissistic and object-based, hateful and aggressive desires in relation to one's sibling(s) and also incorporates itself into the structure of intersubjective relations organized by the unconscious representation of positions occupied by the subject, the sibling in relation to the object of desire of the mother and/or father. Furthermore, the sibling complex plays a fundamental role in structuring both the individual psychic life and the social life of the subject (Goldsmid & Féres-Carneiro, 2011).

The sibling relationship can play a leading role in the protection of family equilibrium in crisis situations, such as the separation of the parents, illness, or the death of one or both parents or of others. In sibling groups with firmer ties, the siblings count on each other as a form of support and remain united through moments of difficulty in the family, sharing experiences full of intersubjective

psychic suffering. Such is the case of Separated-Parent Family 1, Single-Parent Family 2 and Stepfamily 3. In order to construct a "good enough" relationship between siblings, there must exist complementarity in their roles, a close relationship and a certain amount of similarity in their personal values. Hence, when there is affinity, the siblings can, for example, mitigate difficult situations. However, if sibling rivalry is intense, affections may be repressed or divided, or even become unattainable, thus interfering with the formation of close, solidary sibling ties. Diverse factors, such as gender, age difference, position in the sibling group, parental control, and temperament, intervene in the relationship to facilitate or hinder it. Moreover, the family dynamic can lead the siblings toward healthy, balanced competition in the pursuit of satisfying their emotional needs or, just the opposite, toward emotional distancing and a lack of closeness between them (Goldsmid & Féres-Carneiro, 2007, 2011).

In seven families, we observed a weakened relationship between siblings, corroborating the notion that consanguinity alone is not enough for one to have close, intimate relations in the sibling group. In several cases, emotional distancing between siblings occurred due to the contrasted treatment given them by the parents, leading each child to form an alliance with one of the progenitors, which is what occurred in Married-Couple Family 2 and Stepfamily 4. In other cases, sibling distancing was associated with a lack of parental encouragement of a close relationship between siblings, which occurred in Separated-Parent Family 2, Married-Couple Family 3 and Single-Parent Family 1. In several sibling groups, a lack of sharing of experiences also occurred. In Separated-Parent Family 2 and Married-Couple Family 3, for example, the siblings rarely spoke to each other and shared few experiences, revealing little closeness and hardly any affinities in the sibling group.

Distinct parental treatment for one child or another can determine a father-child or mother-child coalition or a rupture in co-parenting, negatively influencing the relationship between siblings (McHale et al., 2012; Dunn, 2019). However, other factors may also contribute to weakening the sibling relationship, such as the quality of each child's relationship with the parents and the quality of the marital relationship itself. Children with secure attachments have a greater propensity to develop relationships that are more positive with their siblings, in contrast to children who are insecurely attached (Dunn, 2019). Siblings in separated-couple families exhibit relationships that are more positive than those of siblings in married-couple families; likewise, there are more conflicts between siblings in single-parent families than there are in stepfamilies (McHale et al., 2012). Nonetheless, according to the authors, marital and familial processes, such

as marital conflicts, co-parenting and parental behaviors, are better predictors of the quality of sibling relationships than the family configuration is. More recently, Johnson et al. (2020) also recognized the importance of considering the effects of spillover and compensation in adult relationships with siblings and intimate partners, stressing the value of sibling relationships throughout life.

Care in the sibling group

This category relates to care among siblings, which can encompass diverse attitudes and behaviors, such as physical-contact interactions (caresses and hugs), amusement (child's play, games, conversations and other forms of entertainment), help to perform certain tasks, assistance, support and protection (Carvalho, 2000). Some researchers distinguish two types of care in the sibling group: The first one is informal care, where the parental figure is present and one sibling cares for another as a way of helping the parent; and the second is formal care, which is characterized by the absence of the parental figure (Dellazzana-Zanon et al., 2014).

Seven of the fourteen families analyzed exhibited less consolidated sibling caregiving practices. For example, in Married-Couple Family 2, in which there is a large age difference between the sisters, their conflicts of loyalty to the parents resulted in distancing between them and in the older sister's refusal to protect and care for the younger sister. In Stepfamily 4, due to disproportionate differences in the treatment given to the children, there was little stimulus toward minimal care practices between the brothers.

Devitalization of the parents, as occurs in Married-Couple Family 3 and Separated-Parent Family 2, also contributed to the parents' trivial encouragement of care practices among the siblings. We may deduce that such devitalization influences parental investment and sibling investment, with the parents' care for the children also being transmitted and partially transformed into care among the siblings, a form of intergenerational solidarity.

In Single-Parent Family 1, there was no mutual care between the sisters, especially because the father's mediation was lacking. The sisters are the daughters of different mothers and were not raised together. Little adherence to care practices among siblings can also be related to the parents' own lack of care for themselves (which is the case of Married-Couple Family 1) and for the family's domestic environment.

We also observed that, in five families, care was focused on one family member who had a physical or mental health issue. In both Stepfamily 3 and

Stepfamily 2, care centered on the sibling group member under chemical dependence. In Stepfamily 1, care was focused on the oldest brother, due to his depressive state and to the presence of suicidal ideation. In Separated-Parent Family 1, the youngest brother required the most care, for he presented difficulties in communicating and learning. More specifically, in this family the other members of the sibling group excessively cared for the youngest brother, who often felt he had no space of his own and considered himself limited in his development. In Married-Couple Family 4, the oldest daughter had an autoimmune disease. Her younger sisters were assigned tasks related to her physical care and to the control of her health routines. This care dynamic was disproportionate; it overburdened the sibling subsystem and ended up producing emotional and instrumental dependency on the part of the oldest sister, who was already an adult and capable of managing her own health care. The literature indicates that the presence of siblings with physical or mental impairments in itself does not create conflicts between the siblings (Pereira-Silva et al., 2017). In the families participating in this study, an excessive care workload was one of the main factors that caused conflicts in the sibling group.

In general, we observed that weaknesses in the sibling relationship made it difficult to establish mutual care practices among siblings. Nonetheless, it is worth emphasizing that sibling groups undergoing traumatic situations can also be resilient (Wojciak et al., 2018) and can provide willpower for siblings to share care practices among themselves and request help when necessary, as was observed in Single-Parent Family 2 and Separated-Parent Family 1.

The absence of parental figures that are available to provide care in the family, due to emotional instability, social precariousness, family histories or even mental pathologies, produces a state of radical helplessness and insecurity in the children. Within this context, we perceive that the parents' function of supporting the children does not always seem assured and the children often find themselves called upon to adopt a parental role in relation to their own parents. Such parental absence can also lead to the parentification of one of the members of the sibling group, generally the child who is most sensitive to the family's needs.

Furthermore, when one of the members of the sibling group requires greater care, other members could be neglected in terms of the care they receive from the parents, or they could be called upon to assume the parental function in relation to the sibling requiring greater care. According to Haxhe (2013), the caregiver children can provide and/or receive an assignment from their parents to provide sibling care that often goes beyond the abilities of their age group. However, they can also strive to be perfect, not allowing themselves to make re-

quests or complaints and often constraining their aggressiveness due to a certain feeling of guilt for being "healthy". In the participating families, we perceived that the parentified children, overburdened with caregiving, face several obstacles to experiencing the horizontal, egalitarian exchanges that are inherent in sibling relationships, making it difficult to form intra-generational alliances. In such cases, due to the lack of caregiving experiences and models capable of establishing boundaries and limits between what one should or should not do, it seems there is no potent, creative appropriation of caregiving functions.

Generational transmission

What stands out in the *Generational transmission* category is the repetition of previous generations' relational patterns in the sibling subsystem and the impact, on the sibling group, of symptoms related to secrets and the unspoken in the family. Depending on the manner in which the sibling relationship is structured, it is also possible that the siblings contribute to the psychic elaboration of unconsciously transmitted content, transforming such content in the familial intersubjective matrix. That is, the sibling group is also active in the process of appropriating transmitted psychic content.

Intergenerational transmission is at the core of the identity of the family; it is a structuring psychic legacy. The transmission process also permeates the construction of the subjectivities of the group members (Kaës, 2001). When there is psychic transmission of raw, unprocessed content and the family history is traumatic and full of gaps, creating obstacles to the appropriation process, what happens is transgenerational psychic transmission (Granjon, 2000), a phenomenon we often come across in clinical practice with families (Magalhães & Féres-Carneiro, 2015). In other words, that which is not registered in the parents' psyche could come to infiltrate the children's psyche, in such a way that the child or adolescent updates the non-symbolized suffering of the parental figures. With respect to the sibling group in clinical practice, one can observe the effects of the generational transmission of unprocessed familial content emerging in the form of symptoms and conflicts between siblings.

Deeper investigation of the elements of generational transmission in the participating families was relatively limited, considering that the clinical material we analyzed was limited to the period of preliminary interviews. In general, indicators of generational transmission and of the manner in which transmitted elements are appropriated are more easily evidenced throughout the course of the

entire psychotherapeutic process. Interpretations of the clinical material throughout the treatment open the way to the revelation of repressed unconscious material. Even so, we identified significant repercussions of the content related to generational transmission on the sibling group.

In at least two generations, we observed repetitions of conflict-filled relations between siblings. In Separated-Parent Family 2, although everyone lives and cohabits on the same piece of land, the emotional distance between the father and his sister (the children's aunt) is reproduced in the relationships between the siblings. In Married-Couple Family 3, non-elaborated conflicts between the mother and her brother are also reflected in the distance between her own children. In Married-Couple Family 1, the mother's conflicting relationship with her brothers and her detachment and hostility toward the paternal figure are also repeated in her daughters' generation, weakening the sibling relationship. However, it should be noted that adolescents' hostile behaviors toward family members, including parents and siblings, are largely considered typical manifestations related to their process of development and individualization. The mother tries to "do things differently", but notices the repetition of generationally transmitted patterns. Every individual is inserted into a preexisting family history, of which he can be both an heir and a prisoner, yet each individual receives, in his own way, what was transmitted (Kaës, 2001). Sons and daughters revive the good and bad memories of their parents and of their experiences as members of a sibling group. The parental couple creates expectations in relation to both their new child and the way in which the relationship between the new child and the older sibling will develop. Parents project onto their children aspects of their childhood relationships with their own siblings, or even fantasies they had with respect to an imaginary sibling if they were only children (Goldsmid & Féres-Carneiro, 2007).

We also observed that parents' marital conflicts were transmitted to siblings. In Married-Couple Family 2, a loyalty conflict led each daughter to form an alliance with one of the parents, causing distancing between the sisters. In Stepfamily 2, denied and non-elaborated conflicts related to the dissolution of the parents' previous marriages affected the sibling group, producing emotional distancing between the half-brothers. In Separated-Parent Family 3, the conflicts of the marital separation had an impact that took the form of a split between the sisters, with one of the sisters allying with the paternal grandmother and the other allying with the mother. This relationship pattern was also present in the sibling group on the paternal side, with signs of transgenerational transmission. Regardless of the family structure, the management of family conflicts by the parents profoundly affects the sibling group (Magalhães, Monteiro & Dantas, 2019).

We identified generational repetition of an excessive workload in the care provided by siblings in two families. In Stepfamily 3, this was related to the high incidence of chemical dependence in three generations of the family, with emotional co-dependence being a family pattern that was transmitted and very evident in the adult sibling group. In Single-Parent Family 2, the siblings were overburdened with mutual caregiving due to parental neglect. The mother had also suffered neglect in childhood, and emotionally helpless feelings and destructive parentification were generationally transmitted traits. Traumas are fertile ground for the phenomenon of transgenerational psychic transmission when there is no possibility of psychic processing and symbolization. When traces of trauma remain in a raw state, without being metabolized by the individual, they are repeated across successive generations, often taking the form of symptoms (Inglez-Mazzarella, 2006).

We also observed transgenerational transmission effects emerging in the form of graver psychic symptoms in the children, with repercussions on the sibling group. In Married-Couple Family 1, the fear of transmission of the father's mental illness to the younger daughter was causing profound mental distress in the girl and tensions between the sisters. This was a rarely addressed theme, a kind of family taboo. In Stepfamily 1, family values impregnated with biases transmitted and introjected by the father are reflected both in conflicts related to the construction of the son's gender identity, who was evidencing suicidal ideation, and in the parent-child relationship, which is full of suffering. Such issues are expressed in conflicts between the siblings, especially in the brother's envy of the femininity of his sister, "the princess of the family". Transgenerational transmission can be observed in the excessive concern over the care given to the children and in the children's symptoms, which tend to be scrutinized and made meaningless by the culture of medicalization, when close attention is not paid to family psychodynamics (Azevedo & Féres-Carneiro, 2019).

Final considerations

Clinical-qualitative research has contributed enormously to advances in the comprehension of family psychodynamics and its impacts on the emotional health of family members. The results of the present study indicate that both reduced parental investment, at one extreme, and an excessive family-care workload, at the other, hamper the establishment of a healthy parent-child relationship, leading to mental distress in the children, who frequently assume parental functions when car-

ing for their siblings. Clinical practice with families reveals itself to be a privileged space for investigating the phenomenon of parentification of one or more of the children and the way in which this occurs in the sibling group.

We also observed that flaws in the psychic appropriation of elements of generational transmission interfere in the formation of the sibling relationship, making it difficult to build solidary family ties and establish healthy care practices among siblings. In this study, we observed a correlation between parental investment in family care and generational transmission, enhancing our understanding of the fact that flaws in childcare partially result from experiences of abandonment and family negligence that have been suffered across successive generations in a family. This places us face to face with the importance of family therapy as a resource for attenuating flaws in child and adolescent care and preventing the destructive parentification of children and adolescents, who often assume the responsibility of caring for their siblings in order to compensate for the poor care they received from their own parents or guardians.

We stress the importance of recognizing the caregiver child or adolescent's efforts as an attenuator of the state of ill-being that at times takes root in the sibling group, mitigating feelings of rivalry and resentments. Furthermore, we highlight the fact that, in general, sibling ties are strong in the face of the helplessness siblings experience in precarious contexts involving social and psychic familial vulnerability. Siblings can contribute both to metabolizing transgenerational content and to repairing the familial intersubjective matrix, revealing the sibling group's resilience in the face of traumatic situations.

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