



Research Ambition

An International Multidisciplinary e-Journal
(Peer-reviewed & Open Access) Journal home page: www.researchambition.com
ISSN: 2456-0146, Vol. 07, Issue-I, May 2022



A CASE REPORT: SIBLING RIVALRY DISORDER WITH KLEPTOMANIA

Dr. Ritika Divan^{a,*} 

^a MBBS, MD (PSYCHIATRY) FIPS, MIAPP, Assistant Professor GIMSH, Durgapur, West Bengal University of Health Sciences, Kolkata, West Bengal, India

KEYWORDS

Siblings, Family members, sibling rivalry, Jealousy, individual personality, Parental favoritism, Impulsivity, Kleptomania, Psychological testing.

ABSTRACT

Sibling rivalry is a common problem faced by parents who have more than one child. A sibling is a brother or sister. Usually fighting and arguing between siblings is normal up to an extent and most growing sibling experience feelings of jealousy or hatred towards each other at some point during their growing years, it is how children learned to sort out their day-to-day problems. They usually felt that the other sibling is more appreciated by their family members. The sibling bond is often also getting complicated by parental behavior, birth order, individual personality, and temperament of the child. It also gets enhanced by the experiences inside and outside the family. Jealousy, argument, and fights between young children usually decrease as they get older due to the development of more tolerance. However, some siblings with different personalities, may never really like each other. Sibling rivalry disorder cases are very common but rarely reported because most of us often considered it very normal.

Introduction

Sibling rivalry describes us the ongoing conflict between the kids raised in same family, they can fight, argue, dislike or hate each other. The argument can be verbal or physical but they were always be in a constant competition to attain parental attention.^[1] Even when parents do their best at loving and respecting all of their children, the influence of siblings on one another can be enormous.^[2] Sibling rivalry is not always outgrown in childhood, sometimes it gets intensified with time while most of the time people often think it as a childhood phenomenon. Adult siblings also struggle to get along, argue or even estranged with each other.^[3] Parental favoritism is the most provoking factor behind sibling rivalry, favoritism in childhood is more important than favoritism in adulthood.^[4] Sibling rivalry is the competition between brothers and sisters for their parents attention, every child needs love attention and affection of parents equally.^[5] Every child is competing to define who they are as an individual, they try to find out their own talent activities and interest. They want to show that they are different from their siblings. Children's feel that they are getting unequal amount of attention, discipline and responsiveness.^[6] Kleptomania is a tendency to steal without motive and without necessity, with pleasure gratification and relief at the time of theft.^[7]

Case Report


An 18yrs old female unmarried studying in class 12th hailing from urban domicile belonging to an upper middle socioeconomic Hindu family was brought in psychiatric clinic at Gorakhpur with chief complaints of extreme hatred from her elder brother since an early age, had too much of fights with her elder brother where she used to abuse him both verbally and physically, she is always indulged in arguing and competing with her elder brother without having any appropriate reason. After clearing class10th exams brother was sent to hostel for higher studies presently he is working in another city as an engineer and therefore since the time she had passed her class 10th. She was constantly forcing her parents for sending her also similar to brother and blaming them to be partial for allowing everything for brother but not for her. Mostly she gets violent after having a conversation with her parents over brother and tried to harm herself started breaking things curses her

brother skip her meals and remains awaken whole night and didn't apologies at all, sometimes she went to her grandparents' home and there also she had fights with her other sibling too. according to parents she had also started stealing expensive items and money whenever gets a chance to do so since last 3-4yrs, initially she did stealing from her home later she also did the same from her closed relatives homes also which she herself admitted later on. According to the patient she said that she never think of stealing but she did that all of a sudden and feels great after doing that. She did stealing inspite of getting a very good amount of pocket money every month. On further asking she started blaming others and her parents and tried to justify out herself right inspite of being guilty. She also had a strong belief that her parents have more faith and love for his brother. When her brother is not at home she will stayed very happily with her parents and have no complaints with them she ate her favorite food and did her studies very well, She also had a history of an occasional increase intake of excessive amount of fast food whenever felt anxious or worried. There were no complaints reported from school she had very good relations with her friends and also very good in her studies scored 86% of marks in class10th and takes part in all regular curricular activities. There was no history suggestive of having any boyfriend or any sexual assault.

MSE shows well kempt and tidy behaved properly having an increased rate, tone, volume and productivity of speech, a labile affect with no features of psychosis. Personal history revealed behavioral and adjustment problems were reported only with siblings in order to attain parents attention throwing temper tantrums and rigidity, she often acts impulsively without considering the consequences. Family history does not reveal any major illness or death of loved one in the recent past. Her father is an engineer by profession working in Saudi Arab and mother is a teacher working in Gorakhpur, her elder brother is also an engineer currently working in New Delhi. Parents had also planned to send patient for NEET exam preparation in Varanasi after clearing class12th. Primary caregiver was mother since early age. Treatment history reveals that she was on treatment for all her behavioral problems from King George medical college Psychiatry department since year 2014 to 2021. Presently she is visiting my clinic since 5th April 2022 and a regular

* Corresponding author

E-mail: divandr.ritika@gmail.com (Dr. Ritika Divan).
DOI: <https://doi.org/10.53724/ambition/v7n1.06>
Received 06th May 2022; Accepted 15th May 2022
Available online 30th May 2022

 <https://orcid.org/0000-0003-2655-1460>

2456-0146 /© 2022 The Authors. Published by Research Ambition (Publisher: Welfare Universe). This work is licensed under a [Creative Commons Attribution-NonCommercial 4.0 International License](https://creativecommons.org/licenses/by-nc/4.0/)



follow-up patient here at Gorakhpur and diagnosed as a case of Sibling Rivalry Disorder with kleptomania on the basis of clinical examination and psychological testing therefore kept on treatment with medications along with counselling and psychotherapy for behavioral modification. Investigations done were complete blood count, kidney function test, liver function test, thyroid profile, blood sugar test and all of them were within normal limits.

Psychological assessment was done for better understanding of the personality.

1. Indian adaptation of Rosenwig Picture Frustration Test (RP-FT) shows that patient is extremely demanding of others and not demanding of herself, such behavior can occur after prolonged stress, depression or physical fatigue. Scoring on extraaggression-65%, intraaggression-17%, imagggression-8%, fix action on obstacle-8%, self defence-54%, satisfaction of needs-38%. Fixation on self defence in difficult situations focuses primarily on protecting her own personality, fixation on satisfaction of needs shows tolerant and able to solve problems whereas press hard on opponent to meet her needs and compromised whenever required.^[8]
2. Human Figure Drawing Test (HFDT) shows that she had a sense of insecurity, need for affection and anxiety.^{[9][10]}
3. Yale Brown Obsessive Compulsive Test(Y-BOCS)-Clinical global impression (CGI) severity-3 that shows moderate symptoms that functions with effort.^{[11][12]}
4. Revised Barrat Impulsivity Scale (BIS)-scoring on intentional facet I-5 and facet II-6, on motor facet I-27and facet II-9, on planning facet I-15 and facet II-16.test result shows good attention span and cognitive stability with a poor control on her motor action and impulsive actions and an average self-control in planning and cognitive ability and that too with an impulsive attitude.^[13]

Discussion

It is natural for a child to felt threatened and jealous with the arrival of another sibling in the family. Usually sibling rivalry arises with the birth of younger child but this case is quite different because here the one who is suffering from sibling rivalry disorder is the younger child who is extremely jealous with her elder brother and presented with low self-esteem and impulsivity. The way how parents treat their kids and reacts

towards the conflicts can give rise to rivalry also. Children's should have to be handled with extreme patience because they develop a strong sense of fairness and equality therefore it is very important for not to take a one sided unfair decision. Do not be too strict or too lenient. Give an equal amount of attention to your all kids. Try to always acknowledge your kids identity.

References:

1. Article Give Peace a chance: Sibling rivalry causes and solutions: Medically reviewed by Timothy J. Legg, PhD, Psy D-Written by Sarah Bradley on May19, 2020.
2. Adult Sibling Rivalry, sibling rivalry often lingers through adulthood by Jane Mersky Leder published January 1991, Last reviewed on June 9, 2016.
3. How to handle the stress of Adult sibling rivalry by Elizabeth Scott Phd, updated on April 6, 2021.Medically reviewed by Carly Synder MD.
4. Adult sibling rivalry can in ever end last reviewed by Sheri Jacobson November7, 2019 Relationships.
5. National Wide Children Mental health and well-being. Helping hands from: <http://www.nationwidechildrens.org/family>.
6. Siblings rivalry C.S. Mott Children Hospital, University of Michigans Health, reviewed by Sara Laule M.D. updated by Sydney Ryckman MD 2022.
7. Ronald F Girish NP Kleptomania a brief intellectual history Association For Historical Research in Market 2003 201-209.
8. Rosenzweig, Saul. The Rosenzweig Picture Frustration (P-F) Study. St Louis: Rana House, 1978.
9. Gale Reference team (2001) Draw a person test, in Gale encyclopedia of psychology retrived in September 22, 2008 in Gale group database.
10. Weiss J (1950) Personality projection in the drawing of human figure by Karen Machover Ph.D. Springfield, Illinois Charles C Thomas 1949 181pp Psychoanalytic quarterly 122-123
11. Goodman W.K, Price L.H, Rasmussen S.A, et. Al. The Yale Brown Obsessive Compulsive Scal e.i. Development use and reliability. Arch Gen Psychiatry (1989); 46:1006-1011. PMID 2684084
12. A golden standard to evaluate OCD on the use of the YBOCS measuring mental disorders by Margot Morgieve, Psychiatry Science and Society 2018 pages 95-215
13. Appendix B: Barratt Impulsiveness Scale (Revised) J. H. Patton, M. S. Stanford, and E. S. Barratt, "Factor structure of the Barratt Impulsiveness Scale," Journal of Clinical Psychology 51 (1995): 768-774.
