



Comparison of Quality of Sibling Relationship between Mentally Challenged Children and Normal Siblings across Birth Order and Gender

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ABSTRACT The present paper examines the difference in the quality of sibling relationship between mentally challenged children and their normal siblings across birth order and gender. Responses of a total of 343 respondents involving one (any) mentally normal elder sibling ($n_1=122$) and one (any) mentally normal younger sibling ($n_2=71$) and (any) parent of the mentally challenged children ($n_3=150$) were analyzed for assessing quality of sibling relationship across birth order. Whereas, responses of a total of 210 respondents involving one (any) mentally normal male sibling ($n_1=70$) and one (any) mentally normal female sibling ($n_2=70$) and (any) parent of the mentally challenged children ($n_3=70$) were analyzed for assessing quality of sibling relationship across gender. Sibling Relationship Scale was administered to assess the quality of sibling relationship between mentally challenged children and their mentally normal siblings. In the present study, analysis across birth order reflected no significant difference on any component of sibling relationship between mentally challenged children and their mentally normal elder or younger sibling. On the contrary, analysis across gender depicted significantly higher overall warmth/ closeness, nurturance and dominance between mentally challenged and mentally normal same-sex siblings than mentally challenged and mentally normal opposite sex siblings. However, no significant gender difference was seen on the components of conflict and rivalry of sibling relationship between mentally challenged children and their mentally normal siblings.

INTRODUCTION

According to the family systems theory, family is a complex interactive social system in which each experience within family affects every member and components of the system continually change to keep it in balance. Within the family, there are three central subsystems: the spousal, parental, and sibling subsystems. These three subsystems have their own unique features like spousal subsystem provides companionship and loyalty to the married partners; parental subsystem encompasses helping children build and refine their knowledge and skills, as well as their learning expectations, beliefs, goals and coping strategies and sibling subsystem gives the first experience of peer relationship in one's life, that is, provides fertile arena for comforting, sharing

and helping (Hughes et al. 2018). Besides this, theory propounds that individuals can't be understood as separate entities, but rather in whole as a family since they are enveloped with an emotional bond. Occurrence of any non-normative life event in the family adversely affects family as a unit and consequently interactions amongst members in different subsystems get modified and reorganized to achieve equilibrium between subsystems. Thus, we can say that any unfavorable life event disturbs the balance of family life equation.

Birth of a child with mental health deficits is one such non normative life event. Mental challenge is a condition of mental deficiency, a state of incomplete simultaneous development in all domains of development of such a kind and degree that the individual is incapable of adjustments and adaptations to the normal environment in such a way so as to maintain existence independently. Thus, birth of a mentally challenged child demands constant modification of interaction strategies within family subsystems, restructuring of family resources and many more transformations in the family dynamics throughout life span. Foremost, the marital subsystem gets affected with it since the mentally chal-

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lenged child triggers a range of emotional responses among spouses concerning the child which may lead to differing opinions among them. Besides this, spouses have to devote exceptionally more time in upbringing of the mentally challenged children which many a times steals away their personal time as husband and wife. It also affects the parent-child relationship between parents and other normal children of the family since parents have to give more care and attention to the special child with the expectation that normal child shall understand this and adjust to the so called differential treatment. Thus, the presence of a mentally challenged child many times is a stress source for family (Jefferson 2007) and affects deeply on siblings' relationships. The normal sibling may develop atypical patterns of behavior in the presence of mentally challenged sibling for varied reasons, such as, seeking attention of the parents, financial issues due to limited resources, emotional stress, which sometimes may also lead them to disassociate from the sibling. A finding of a 20 year systematic review states that the siblings of children with mental health problems scored in borderline/ clinical range compared to children of general population. Particular areas of functional impairments identified were delinquent behavior, somatic complaints, anxious/depressed behavior, and social problems (Ma et al. 2017). Studies of Abu-Ajaj (2012) have shown that brothers and sisters of disabled children are at compatibility problems and have low self-esteem than nondisabled children. According to Shivers and Plavnick (2015) youths who recognize their role in their ASD Siblings' adjustment may develop feelings of warmth, a sense of efficacy, and inclinations for involvement over the longer term. Sibling relationships obtain additional significance in families with children with disabilities, due to advocacy role that siblings take for their brother or sister with special needs (Barr et al. 2008).

Barclay and Kolk (2017) reported that the commonly observed pattern that later-borns achieve lower than earlier-born siblings persists. Researchers have tried to explore the impact of presence of disabled children on sibling relationship or on the personality of normal sibling. Upreti and Singh (2016) in their study reported that children irrespective of their degree of men-

tal challenge, who were 3rd or above born were seen to be significantly more adaptive in motor skills, activities of daily living, and prevocational money domains; had better language, reading-writing, number-time and domestic social adaptivity. Volkom et al. (2017) in their study reported that although there was no significant sex difference in how emotionally close respondents felt to their siblings, there was a significant main effect of birth order on perceptions of emotional closeness and that the oldest children felt closer emotionally to their siblings versus youngest children. Gender has been found to play a significant role in the amount of support provided between siblings, with sisters being most likely to provide both emotional and practical support (Wallace 2012). Another study by Soysal (2016) reveals that gender leads to significant differences in life satisfaction, level of loneliness and sibling relationships. However, a study by Tucker et al. (2001) reported that when researchers asked siblings about shared daily activities, children mentioned that older siblings often helped younger siblings with academic and peer challenges. Thus, it can be stated that birth order effects on sibling relationships of children still remains uncertain with the impact of child's birth order on the sibling relationship of mentally challenged children not being completely revealed. Thus, present study has been taken up with the following objectives:

Objectives

- To assess the quality of sibling relationship existing between mentally challenged children and their normal siblings across their birth position
- To assess the quality of sibling relationship existing between mentally challenged children and their mentally normal siblings across gender

METHODOLOGY

Locale

The present research study was carried out exclusively in Delhi. The capital of India, Delhi, was purposively selected as it is one of the nearest region that has an appreciable number of

RCI (Rehabilitation Council of India) recognized special schools meant exclusively for mentally challenged children. Out of the 9 RCI recognized institutes for MR children in Delhi, only 3 institutes namely NIMH (National Institute for Mentally Handicapped), Manovikas and C.B.S Memorial granted permission to use their institute as a research base for the present study.

Participants

The list of mentally challenged children enrolled in National Institute for Mentally Handicapped (NIMH), Manovikas and CBS Memorial was procured from their Directors to get hold of families with mentally challenged children. Responses of a total of 210 respondents involving one (any) mentally normal male sibling ($n_1=70$) and one (any) mentally normal female sibling ($n_2=70$) and (any) parent of the mentally challenged children ($n_3=70$) were analyzed for assessing quality of sibling relationship across gender. Whereas, responses of a total of 343 respondents involving one (any) mentally normal elder sibling ($n_1=122$) and one (any) mentally normal younger sibling ($n_2=71$) and (any) parent of the mentally challenged children ($n_3=150$) were analyzed for assessing quality of sibling relationship across birth order.

Research Tools

Sibling relationship was assessed using Sibling Relationship Scale (SRQ) by Wyndol Furman and Duane Buhrmester (1985). SRQ is the 48-item standard version questionnaire to assess sibling relationship on domains like *Warmth/Closeness* (It consists of the average of the scale scores for intimacy, prosocial behavior, companionship, similarity, admiration by sibling, admiration of sibling, and affection); *Relative Status / Power* (It consists of nurturance of sibling, dominance of sibling, minus the scale scores of nurturance by sibling and dominance by sibling) *Conflict* (It consists of the average of the quarrelling, antagonism, and competition) *Rivalry* (It consists of the average of maternal and paternal partiality). It was pretested for Indian culture and found to be reliable and valid for use without any modification.

Data Collection and Analysis

The respondents were extensively interviewed in their homes and participant observation was made to confirm collected data. The data thus, collected was classified and tabulated in accordance with the objectives to arrive at meaningful and relevant inferences. The data was analyzed using statistical techniques like mean, standard deviation and t- test.

RESULTS AND DISCUSSION

A cursory look at Table 1 revealed no significant difference in sibling relationship between mentally challenged children and their mentally normal siblings across their birth position. Birth position of mentally challenged children with respect to their mentally normal siblings had no impact on the warmth/ closeness; relative status/ power; conflict and rivalry component of sibling relationship. Individuals' (in this case siblings') perceptions of their place in the family constellation, based on their sex, age, and birth order, influences how they feel about themselves and how they interact with others (Findler and Vardi 2009). Usually, sibling relationship between two mentally normal siblings, the middle born is able to get along with just about anyone, he/she is more likely to be closer to the youngest. The reason for this is often because the firstborn is more independent and dominant in terms of decision making, resolving issues and so on. The oldest will focus on going his/her own way and blazing their own trail without worrying much about accommodating the middle or the youngest sibling. Middle children tend to be more obliging and adaptive. The relationship between the oldest and youngest child depends heavily on the age gap between the two. Firstborn and youngest children are not likely to be close because of the age difference but they typically get along well because the youngest is less willing to take charge and to let the oldest take the lead. Likewise the same type of relationship will be observed between mentally challenged child and mentally normal siblings with additional feelings of empathy and caregiving, advocacy and so on for the mentally challenged sibling. Also, according to Ross and Cuskelly (2006) siblings also tend to adjust better if they understand and

Table 1: Mean difference in sibling relationship between mentally challenged children and their mentally normal siblings across mentally challenged children's birth position

Domains of sibling relationship	Subscales	Eldest born mentally challenged children (n ₁ =28)	Middle born mentally challenged children (n ₂ =43)	Youngest born mentally challenged children (n ₃ =79)	F calculated
		Mean (SD)	Mean (SD)	Mean (SD)	
Warmth/ Closeness	Intimacy	3.08 (0.73)	3.18 (0.81)	3.06 (0.60)	0.67
	Prosocial behaviour	4.22 (0.47)	4.27 (0.70)	4.20 (0.62)	0.18
	Companionship	4.02 (0.31)	4.08 (0.73)	4.01 (0.82)	0.69
	Similarity	3.72 (0.65)	3.59 (0.89)	3.74 (0.68)	0.32
	Admiration by sibling	0.51 (0.64)	0.44 (0.65)	0.40 (0.66)	0.97
	Admiration of sibling	3.90 (0.71)	3.95 (0.42)	3.86 (0.50)	0.98
	Affection	3.30 (0.43)	3.41 (0.41)	3.36 (0.45)	0.95
Overall Warmth/ Closeness		3.25 (0.23)	3.27 (0.64)	3.23 (0.72)	0.22
Relative Status/Power	Nurturance of sibling	0.29 (0.67)	0.36 (0.61)	0.36 (0.61)	0.02
	Dominance of sibling	0.96 (0.52)	0.98 (0.60)	0.98 (0.60)	0.98
	Nurturance by sibling	3.52 (0.18)	3.55 (0.80)	3.55 (0.80)	0.96
	Dominance by Sibling	3.50 (0.69)	3.52 (0.89)	3.52 (0.89)	0.52
Overall Relative Status/Power		2.07 (0.62)	2.10 (0.66)	2.10 (0.74)	0.74
Conflict	Quarreling	1.77 (0.90)	1.77 (0.76)	1.82 (0.71)	0.92
	Antagonism	2.27 (0.36)	2.33 (0.58)	2.35 (0.49)	0.23
	Competition	1.69 (0.61)	1.76 (1.13)	1.72 (0.79)	0.74
Overall Conflict		1.91 (0.63)	1.95 (0.68)	1.96 (0.92)	0.42
Rivalry	Maternal partiality	1.23 (0.18)	1.31 (0.83)	1.28 (0.84)	0.56
	Paternal partiality	1.19 (0.43)	1.00 (1.03)	1.16 (0.89)	0.90
Overall Rivalry		1.21 (0.91)	1.15 (0.66)	1.22 (0.58)	0.32

are more knowledgeable about the disability. So, it depends on whether the normal siblings accept their mentally challenged siblings' different abilities or not.

Birth of a mentally challenged child places additional load of responsibilities on all the members of the family. If the first born children are mentally normal then they are under constant pressure of performing well and compensating for parental expectations of the mentally challenged child. According to Shali and Patil (2017) all first borns have moderate level of sibling relation and in case of second and later born, majority were in moderate level of sibling relation followed by low level of sibling relation between mentally challenged child and normal sibling. Negative emotions manifested in the form of anger, jealousy, frustration for the disabled sibling are often the result of additional time given by the parents for their care-giving. Moreover, the nervousness, vigilance and zeal of the parents at the time of their first child are all likely to be transferred to their child. According to a study by Wu et al. (2018) first-borns reported a strong

pressure to be a role model to later-borns, provide sibling care, assume family responsibilities, and not expect to rely on younger siblings. The later born children are more likely to be under the supervision of the elder sibling and thus have a strong power dynamics influencing their relations with the elder ones. According to Whiteman et al. (2011) older siblings act as role models and socialization agents for younger siblings, while younger siblings engage in learning and imitation. First born are likely to approve of authority and command order from their younger ones. But in the case of family with mentally challenged child, the siblings (elder or younger) perform care giving roles along with the parents. According to Mikami and Pfiffner (2008) nondisabled siblings have been described as a forgotten people, their duty is care and maintenance of their disabled siblings. Birth order is the chronological order of sibling births in a family. It is an important variable determining the type of relationship between siblings. However, presence of mentally challenged children in the family itself is a lifelong stress, whose impact on

the family remains the same irrespective of the mentally challenged child's gender and birth position. Vermaes et al. (2012) reported that gender, birth order or diagnosis was not significantly associated with behavioral problems. The siblings of mentally challenged are not immune from experiences of frustrations and challenges that sibling relationship with mentally challenged kin accompanies, but along with it, they are extremely supportive, understanding and considerate towards their mentally challenged sibling. Reviews of Hannah and Midlarsky (2005) portray results showing that younger sibling of children with intellectual disability provided more custodial care (such as bathing, dressing, babysitting, and feeding) and emotional support to their siblings than younger siblings of typical comparison children. Research and theory on family systems and resilience (Henry et al. 2015) highlight the role of shared family activities in establishing a sense of family cohesion and identity.

Tables 2 and 3 clearly displays that sibling relationship between mentally challenged children and their mentally normal siblings varied significantly with their gender on two of the four

dimensions of sibling relationship namely warmth/closeness and relative status/power. The present study revealed that mentally challenged children had significantly higher level of intimacy with mentally normal same sex sibling than mentally normal opposite sex sibling. Similar picture was observed on the other components of sibling relationship viz. prosocial behavior, companionship, similarity, admiration of sibling and affection. These results are in conformity with Orsmond and Seltzer (2000) who reported that brothers without disabilities tended to have the most distant relationships when their sibling with disability was a sister and closest relationships when the sibling was a brother. Healthy brother has more limited relations with mentally challenged sister. Similarly in a research study, Soysal (2016) reported that in case of same sex siblings, positive attitude towards sibling relationship increased while it decreased in case of opposite sex siblings. Moreover, it was observed that in case of same sex siblings the life satisfaction score increased and the siblings reported lower level of loneliness while in case of opposite sex siblings the life satisfaction score decreased and

Table 2: Mean difference in sibling relationship between mentally challenged children and their mentally normal male siblings across mentally challenged children's gender

Domains of sibling relationship	Subscales	Mentally challenged boy ($n_1=48$)		Mentally challenged girl ($n_2=22$)		z calculated
		Mean	SD	Mean	SD	
Warmth/ Closeness	Intimacy	3.29	0.73	3.03	0.69	2.09*
	Prosocial behavior	4.43	0.58	4.25	0.43	2.05*
	Companionship	4.18	0.85	3.90	0.75	2.02*
	Similarity	3.70	0.85	3.46	0.54	2.08*
	Admiration by sibling	0.22	0.52	0.18	0.46	0.47
	Admiration of sibling	4.00	0.61	3.80	0.50	2.10*
	Affection	4.41	0.57	4.24	0.42	2.03*
Overall Warmth/ Closeness		3.46	0.34	3.26	0.32	3.38**
Relative Status/ Power	Nurturance of sibling	0.52	0.42	0.49	0.32	0.47
	Dominance of sibling	0.24	0.57	0.16	0.53	0.16
	Nurturance by sibling	2.79	0.78	2.50	0.77	2.11*
	Dominance by sibling	2.62	0.83	2.33	0.81	2.00*
Overall Relative Status/ Power		1.54	1.48	1.37	1.46	1.97*
Conflict	Quarreling	2.11	1.46	1.73	0.62	1.69
	Antagonism	1.41	0.58	1.34	0.49	0.29
	Competition	1.81	1.00	1.75	0.85	0.37
Overall Conflict		1.44	0.54	1.37	0.53	0.74
Rivalry	Maternal partiality	1.11	0.83	0.97	0.81	0.96
	Paternal partiality	0.80	0.72	0.72	0.00	1.13
Overall Rivalry		0.95	0.64	0.84	0.63	0.98

*Significant at $P < 0.05$; **Significant at $P < 0.01$

Table 3: Mean difference in sibling relationship between mentally challenged children and their mentally normal female siblings across mentally challenged children's gender

Domains of sibling relationship	Subscales	Mentally challenged boy (n ₁ =48)		Mentally challenged girl (n ₂ =22)		z calculated
		Mean	SD	Mean	SD	
Warmth/ Closeness	Intimacy	3.05	0.91	3.56	0.73	3.64**
	Prosocial behavior	4.16	0.34	4.43	0.58	2.94**
	Companionship	3.53	0.82	3.90	0.84	2.05*
	Similarity	3.57	0.85	3.94	0.87	2.41*
	Admiration by sibling	0.79	0.40	0.86	0.52	0.87
	Admiration of sibling	3.76	0.61	4.00	0.61	2.22*
	Affection	4.26	0.55	4.64	0.57	3.80**
Overall Warmth/ Closeness		3.30	0.32	3.61	0.35	5.13**
Relative Status/ Power	Nurturance of sibling	0.46	0.42	0.52	0.59	0.70
	Dominance of sibling	0.86	0.57	0.78	0.54	0.82
	Nurturance by sibling	2.28	0.78	2.67	0.79	2.79**
	Dominance by sibling	2.43	0.82	2.76	0.81	2.29**
	Overall Relative Status/ Power		1.43	1.42	1.68	1.48
Conflict	Quarreling	1.04	0.54	1.12	1.73	0.30
	Antagonism	1.44	0.71	1.37	1.34	0.49
	Competition	1.53	0.91	1.68	1.81	0.57
	Overall Conflict		1.33	0.50	1.39	0.54
Rivalry	Maternal partiality	1.02	0.92	1.10	0.97	0.47
	Paternal partiality	0.41	0.72	0.64	0.98	0.83
Overall Rivalry		0.71	0.64	0.87	0.76	1.24

*Significant at P <0.05; **Significant at P <0.01

the siblings reported lower level of loneliness. More females than males report a long-term positive impact of having a Brother or sister with DDs (Orsmond and Seltzer 2007) and that girls are affected differently (Flaton 2006). However, according to a study by Wood and Inman (1993) and others it was suggested that that men's relationships are not inherently less close than women's, but that men manifest closeness in ways that are more instrumental and less verbally oriented. The probable reason for this might be that the women are biologically more nurturing and emotionally expressive than men. When the siblings are of the same sex they can relate more to each other as they pass through similar physical as well as psychological transitions. For example puberty is a major transitional crisis faced by each gender alike. So, same sex siblings can be the best guide to each other which may help them navigate easily through transitions in their lifespan. Siblings of the same sex also share similar gender interests. Role identification in children takes place with the same sex which subsequently fuels support, attachment and admiration between each other. Same sex

siblings get along in day to day activities more often than opposite sex siblings. Admiration has aspects of wonder, regard, and appreciation for virtues that we lack and want to imbibe from the individual we regard as our role model. Likewise, the mentally challenged children who are generally active like to participate and try to test his/her potentials with whom they admire and identify with.

Same sex siblings usually share their resources such as toys, clothes, closet, room and so on. On the other hand, as opposite sex siblings grow up they become more conscious about their bodies and hence want to have a physical space that gives appropriate privacy to their gender. Moreover, in India opposite sex- siblings tend to have even lesser in common as they are grown apart due to the strong differential gender stereotyping existing in our culture. Gender stereotyping is deep-rooted in the mindsets of people and it plays an integral role in defining the boundaries of closeness along the physical as well as mental dimensions. Cultural construct and predisposed notions make it even more difficult to express emotions and affection. For ex-

ample boys are often told not to “cry like girls”. It makes it difficult for the siblings to connect in a genuine way as they have to stick to what the society has ascribed to them as masculine and feminine. Thus, having similar sex sibling makes it easier.

In the present study, relative status/ power are seen in the context of nurturance of/by the sibling and dominance of/by the sibling. Significant difference was observed on nurturance and dominance of mentally challenged child by their mentally normal sibling across gender. Power is the ability to control or influence and dominance is to establish supremacy and ascendancy over the other. The mentally normal child may dominate over his/her same sex sibling to assert power and control. Moreover, the mentally challenged child needs to be taken care of by their respective siblings because they do not know how to use family resources efficiently. So, the mentally challenged child has to depend on the mentally normal sibling to aid him/her throughout in different stages of life. The mentally normal sibling may exhibit dominance by making sound and productive decisions for both. On the other hand, the mentally challenged child because of intellectual deficits is not able to establish his/her individuality and assert dominance over the mentally normal sibling. Nurturance of the sibling extends to situations when the siblings perform the roles of advocacy, protecting them from harm, guiding them in activities and other caregiving roles. The mentally challenged children are not efficient in their functional skills to carry out everyday activities such as, bathing, laundering, and others. Having a sibling of the same gender makes such caregiving roles easier for both the siblings.

Usually conflict is observed to be higher among same sex siblings than opposite sex siblings due to the overlap of gender interests. However, no impact of gender on conflict and rivalry between mentally challenged and mentally normal siblings was seen in the present study. A study by Faux (1991) indicated that both siblings and mothers in the combined illness group reported significantly less hostility and anger towards their impaired siblings than did the normal comparison siblings. Similarly, Brody et al. (1991) found no differences in the observed conflict between siblings of children with mental retardation and comparison siblings. In the initial years, the mentally normal siblings of

the mentally challenged child may not recognize and understand the extraordinary physical and emotional demands of the mentally challenged child and fight over petty issues. But as mentally normal siblings grow up, they develop an understanding of the situation and empathize with the condition of their mentally challenged sibling. They realize that their mentally challenged sibling is not a threat to their relationship with the parents and their sibling approach transforms more into parental care giving. Similar, observation was justified by Kowal and Kramer (1997) stating that if children are able to justify why another sibling may require more attention from a parent, differential treatment does not negatively impact intimacy in the sibling relationship. Moreover, the mentally challenged children have no understanding of partiality, competition or rivalry with respect to the mentally normal sibling.

CONCLUSION

Sibling relationship between mentally challenged children and their mentally normal siblings did not vary with the birth order of mentally challenged children. However, the findings of the study indicate that mentally challenged children witness significantly more overall warmth/closeness, nurturance and dominance by mentally normal same sex sibling than mentally normal opposite sex sibling. However, no significant difference was seen in conflict and rivalry in sibling relationship across gender of mentally challenged children and mentally normal sibling, either. The probable reasons of the acquired findings may be our typical gender stereotyping. Our belief system influences our perspective of sibling relationship in context of gender. Hence there is a need to move out of typical gender stereotyping for better relationship between two genders under study.

RECOMMENDATIONS

- Efforts should be made by the parents to help siblings build a positive effective relationship with one another.
- Siblings of the mentally challenged should be given responsibility of care giving and partnership so that they become more sensitive and responsive to their special needs sibling.

- Parents of mentally challenged children should have realistic expectations from the children.
- Since, it is an era of inclusive education, the schools and other educational institutions should organize cooperative learning for mentally challenged children to promote peer support as a sibling and also teach them roles of caregiving, nurturance, and advocacy.

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