

Sibling Relationships of Children with Autistic, Mentally Retarded, and Nonhandicapped Brothers and Sisters¹

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The subjects were 90 children between 6 and 15 years of age, 30 with autistic, 30 with mentally retarded, and 30 with nonhandicapped brothers or sisters. The children were questioned about their sibling relationships in an open-ended interview, and, in the case of children with handicapped siblings, they also responded to questions about particular problems they faced in regard to their brothers or sisters. In addition, mothers filled out a behavior rating scale in which they described the positive and negative aspects of their children's behavior toward the sibling. In general, children and mothers rated the sibling relationships positively. Group comparisons indicated that children with autistic and mentally retarded siblings did not differ on any self-report measures. Children with nonhandicapped siblings reported that their family relations were slightly more cohesive but otherwise did not differ in terms of their self-reports from children with handicapped siblings. Mothers of nonhandicapped children, however, rated the sibling relationships more negatively than did mothers of handicapped children. Further analyses re-

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vealed that status variables (age, gender, family size) were not as highly correlated with the quality of sibling relationships with handicapped children as were specific problem areas (e.g., perceptions of parental favoritism, coping ability, concerns about the handicapped child's future).

The past decade has witnessed major advances in the legal rights and status of handicapped children. With these changes have come equally significant alterations in the nature of handicapped children's life-styles, resulting primarily from deinstitutionalization. In many cases, integration has meant that handicapped children are growing up in the context of the family, at least until they reach adolescence.

Since this move toward integration began, researchers and clinicians have become increasingly concerned about what happens to the families of handicapped children (Carver & Carver, 1972; Dunlap & Hollingsworth, 1977; O'Connor & Stachowiak, 1971; Schild, 1971). Parents, particularly mothers, have described the problems that they face when handicapped children live at home, and, perhaps as a result, community programs and facilities have been established, such as respite care, day care, summer camp and school programs, and support groups for parents.

Although the points of view of parents have been investigated in depth, the possible consequences to children of having a handicapped brother or sister have received less attention in the research literature. Investigators who have studied nonhandicapped children in these families have noted the importance of the sibling relationship for the development and well-being of both disabled and nondisabled brothers and sisters (e.g., Breslau, Weitzman, & Messenger, 1981; Gath, 1974; Powell & Ogle, 1985). Research in this area has shown that factors such as family size and socioeconomic status, the severity and type of handicap displayed by a child, and the birth order, age, and gender of handicapped and nonhandicapped children are related to long-term effects of a handicapped sibling on nonhandicapped children in the family (see Simeonsson & McHale, 1981, for a review of this research). Because research findings thus far are somewhat limited, however, we are unable to draw firm conclusions at this time about the specific needs and problems of children with handicapped siblings.

First, most studies of children with handicapped siblings are either retrospective in nature or based solely on parent reports rather than on observations or interviews of the children themselves. Consequently, we have little information on the experience of living with a handicapped sibling from the point of view of the children. Second, when reviewing research in this area (and research on handicapped populations in general), one must be particularly attuned to possible cohort effects (e.g., Baltes, Cornelius, & Nesselrode, 1978). That is, owing to the recent changes in the status of handi-

capped individuals as a function of legal and social reform, data collected a decade or more ago may not provide valid prescriptions of handicapped populations today. For instance, because of the proliferation of services for handicapped children and the mainstreaming of these children into regular school classrooms, problematic aspects of sibling relationships may be very different today than they were 20 years ago, when much of the information available on this topic was collected (e.g., Caldwell & Guze, 1960; Farber, 1959; Farber & Jenné, 1963; Gralicker, Fishler, & Koch, 1962). That is, children may be relieved of some of the daily responsibilities of care for their handicapped siblings because of the increased number of programs available for disabled youngsters. On the other hand, they may have to cope more often with the reactions of their peers toward a handicapped sibling because of the increased contact between handicapped and nonhandicapped youngsters in mainstreamed classrooms. Finally, evaluations of the quality of relationships between children and their handicapped siblings also are limited because very little research about "normal" sibling relations has been published, and studies of children with handicapped siblings have often failed to include nonhandicapped control groups. At this point, we cannot tell whether children's feelings of jealousy or rivalry and the extent of their involvement with their handicapped siblings are any different from the situation that exists between nonhandicapped siblings.

The research described here was designed in an effort to fill some of these gaps in our understanding of relationships between children and their handicapped brothers and sisters. The purpose of this research was twofold: Our first goal was to compare the sibling relationships of children with handicapped and nonhandicapped brothers and sisters. Our second goal was to examine the correlates of individual differences in the quality of sibling relationships within the group of children with handicapped brothers and sisters.

METHOD

Subjects

In all, 90 nonhandicapped children between the ages of 6 and 15 years participated in this study ($\bar{X} = 11.2$, $SD = 2.5$). Of these 90 children, 30 had brothers or sisters who were diagnosed as mild-moderate or moderate-severe autistic (Sib A Group) using the Childhood Autism Rating Scale (Schopler, Reichler, DeVellis, & Daly, 1980), an additional 30 children had mentally retarded siblings (Sib MR Group), and the final 30 children had siblings with no apparent physical or cognitive disorders (Sib NH Group). Because of the rarity of cases of autism relative to other kinds of disorders

in children, the participation of children in the Sib A group was first solicited; subsequently, children in the Sib MR and Sib NH groups were chosen to match subjects in the Sib A group on the basis of gender (of both target children and their siblings) and relative age (i.e., whether the target child was older or younger than Sib A, Sib MR, or Sib NH). In each subject group of 30, 19 target children were older than their siblings and 11 target children were younger than their siblings. In each group, 6 sibling pairs were male, 6 pairs were female, 6 pairs included a target child who was male and a female handicapped or nonhandicapped sibling, and 12 pairs included a target female with a male handicapped or nonhandicapped sibling. Most of the children came from families of middle socioeconomic status (as assessed by fathers' occupations). The majority of the children had one or two siblings, and most of the families (75%) were of Protestant religious denominations. Table I provides data on subjects' characteristics in each of the three groups.

Procedure

The data were collected during one visit to the children's homes. These visits were typically between 1 and 2 hours in duration. Mothers were given a rating scale regarding the siblings' behavior which they filled out while the children were interviewed privately. At the beginning of the interview, the children were provided with a brief rationale for the study. They were told first that we were interested in how children got along with their brothers and sisters. We explained that there were not right or wrong answers to the

Table I. Proportion (Number) of Subjects with Specific Individual and Family Characteristics

Characteristics	Children with		
	Autistic siblings (<i>N</i> = 30)	Mentally retarded siblings (<i>N</i> = 30)	Nonhandicapped siblings (<i>N</i> = 30)
Age			
in			
6-8	.23 (7)	.16 (5)	.16 (5)
9-11	.37 (11)	.54 (16)	.54 (16)
12-15	.40 (12)	.30 (9)	.30 (9)
Gender			
Male	.40 (12)	.40 (12)	.40 (12)
Female	.60 (18)	.60 (18)	.60 (18)
Socioeconomic status ^a			
Lower	.27 (8)	.37 (11)	.20 (6)
Middle	.73 (22)	.63 (19)	.80 (24)
Birth order			
Firstborn	.43 (13)	.33 (10)	.47 (14)
Middle	.37 (11)	.40 (12)	.16 (5)
Lastborn	.20 (6)	.27 (8)	.37 (11)
Number of children in family			
Two	.43 (13)	.33 (10)	.37 (11)
Three	.37 (11)	.27 (8)	.50 (15)
> Three	.20 (6)	.40 (12)	.13 (4)

^aDetermined by father's occupational status.

questions we were going to ask them; that we just wanted to know what the child him/herself thought about the questions.

Child Interview. The children were interviewed about their relationships with their handicapped siblings using two procedures. First, all target children were questioned about three aspects of their relationships with their autistic, mentally retarded, or nonhandicapped siblings in an open-ended interview adapted from Grossman (1972). In addition, children with mentally retarded or autistic siblings were asked a set of 36 questions about particular problems with or feelings toward their siblings. Because these questions were directed at issues pertaining to the sibling's handicapping condition, children in the control group did not participate in this part of the interview.

Sibling Relationship Interview. Grossman's (1972) research on the relationships of handicapped and nonhandicapped brothers and sisters dealt with college students. Consequently, in focusing on school-age and early adolescent children, we found it necessary to modify Grossman's interview by changing the wording of many items to make the items comprehensible to the younger children, by dropping items that our pilot work indicated were too abstract for the younger children, and by modifying the scoring procedures of the interview so that the criteria would conform to the kinds of responses that the younger children gave.

The result of these modifications was a 26-item, open-ended interview that focused on three domains of children's relationships with their siblings: (1) children's attitudes toward their siblings and the sibling relationship (10 items); (2) children's perceptions of their siblings' roles in the families (9 questions about family members' feelings toward and activities with and without the handicapped children); (3) the place of handicapped siblings in the context of children's friendships outside the home (7 items about the nature and extent of the handicapped siblings' effect on target children's relationships with other children).

Two additional questions on the open-ended interview pertained to the sibling's physical appearance ("What does your brother/sister look like?") and (for the Sib A and Sib MR groups) the kind of handicap the sibling had ("What is wrong with your brother/sister?") and, because they were concrete and straightforward, they served as warm-up questions. During the remainder of the open-ended interview, when a child did not provide spontaneously a scorable answer to a particular question, the child was prompted with additional questions. These prompts were designed so as not to lead the child toward a particular (e.g., socially acceptable) answer. For instance, to the question "How does your brother/sister feel about you?" a child might respond by saying, "I don't know," or "OK." In this case the child would be prompted with a question such as "Do you think s/he feels good about you or bad about you or somewhere in the middle?" When

children gave answers that were a function of such prompts, the prompt was noted and taken into account in the final ratings of children's responses. The interviewers wrote down children's responses verbatim. In addition, about half of the interviews were recorded via audiotape for reliability assessments. The interviews were scored using a modified version of Grossman's (1972) procedure. For each interview question, children were given a rating between 1 (least adaptive response) and 6 (most adaptive response). Approximately one-third of the interviews was scored by two raters, and the average interjudge reliability coefficient (using the Pearson product-moment statistic) was .83 (range .72-.96).

Interitem correlations for each of the three subscales (i.e., sibling attitudes, family role, sibling/peer relationship) also were assessed to determine whether a mean score from each provided an accurate indicator of a child's response to all items on that subscale. Analyses indicated that each of the three scales had fairly high internal consistency. Cronbach's alpha reliabilities were as follows: .80 (Sibling Attitudes Scale), .67 (Family Role Scale), and .85 (Sibling/Peer Relationship Scale). Because of the relatively high level of internal consistency, only mean scale scores were employed in the between-group analyses and the correlational analyses that are described below.

Sibling Problems Questionnaire. Following the open-ended interview, a second instrument consisting of a set of 36 questions about the sibling relationship was administered to the children. These questions are shown in Table II. Each item on this questionnaire consisted of a statement describing how a child might feel about his/her sibling, their relationship, or concerns and problems associated with living with a handicapped brother or sister. These statements, adapted from a questionnaire developed by Taylor (1974), were classified into nine categories of problems that might be experienced by siblings of handicapped children: concerns about the handicapped child's future, feelings of rejection toward the sibling, perception of parental favoritism toward the sibling, positive reactions toward the handicapped child by parents and by peers, the degree to which the child believed s/he could cope with the sibling's disorder, the perception of the sibling as a burden, self-doubts experienced by the child, and feelings of hyperresponsibility (i.e., feeling the need to "make up" to the parents for the sibling's limitations). For each question, the interviewer read the item to the child, and the child was asked to respond with "yes" or "no," depending upon whether the child felt the statement described his/her feelings or circumstances. There were four items in each category, and a child's score was the percentage of adaptive responses in each category. As noted, only children with handicapped brothers or sisters participated in this part of the interview.

Maternal Ratings. We asked mothers to rate target children's behavior toward their handicapped (or control) siblings using a 24-item scale developed

Table II. Items from the Siblings' Problems Questionnaire (Sib A and Sib MR Groups Only)

Future concerns

1. I wonder if _____ will be more trouble when s/he gets older.
2. I don't think _____ will ever live in an institution.
3. I wonder if _____ will always be retarded/autistic.
4. I wonder if _____ will be able to have a job when s/he gets older.

Feelings of rejection toward sibling

1. I'd rather people didn't know I have a retarded/autistic brother/sister.
2. At times I wish _____ would go away.
3. I like having _____ in our family.
4. I don't let people make fun of _____ around me.

Perceived favoritism toward handicapped child

1. My parents have as much time for me as they do for _____.
2. Sometimes I think of _____ as lucky because s/he gets special treatment.
3. Sometimes I think my parents love _____ more than me.
4. My parents know when _____ can take care of him/herself.

Positive reactions by peers

1. My friends don't feel funny or uncomfortable about _____'s being retarded/autistic.
2. There are times when I don't like to talk about _____'s being retarded/autistic.
3. My friends like to come to my house sometimes to play with _____.
4. I have trouble explaining to my friends about _____.

Positive reactions by parents

1. My mother and father usually enjoy taking care of _____.
2. My parents feel bad because they can't do more to help _____.
3. My parents don't mind when _____ can't do things that other children can.
4. Sometimes I think my mother might feel that _____'s problems are all her fault.

Ability to cope with the sibling's handicapping condition

1. I don't have many problems with _____, but if I do, my parents can usually help me.
2. I wish I could talk to someone about my problems and worries about _____.
3. I know a lot about how to help _____.
4. People feel too uncomfortable to talk about _____ to me.

Feelings of burden

1. Sometimes I don't like the way _____ interferes with our family's plans.
2. My family is about the same as other families.
3. At times I don't like the way _____ interfere with my plans.
4. I like to take _____ places with me.

Feelings of self doubt

1. Life in my family is quite a bit different from life in other families because of ____.
2. My parents don't mind if their children aren't perfect.
3. My parents don't think I have to be extra smart.
4. This sounds silly, but sometimes I wonder how smart I am myself.

Hyperresponsibility

1. My parents don't think I have to be more helpful (because _____ is in our family).
2. I try to do well in school to make up to my parents for _____'s being retarded/autistic.
3. I would like my parents to be real proud of me—not just because _____ is retarded/autistic.
4. I wish I could be extra smart for my parents' sake because _____ is not.

Table III. Items from Schaeffer Sibling Behavior Rating Scale^a

Acceptance

1. Does things to please him.
2. Teases or annoys him.
3. Is willing to run errands and do favors for him.
4. Tries to comfort him when he is unhappy or upset.
5. Sees his good points more than his problems.
6. Protects him from harm or teasing.
7. Is pleased by progress he makes.
8. Points out his handicap (problems) more than his strengths.

Hostility

1. Gets angry with him.
2. Acts jealous of the special attention he gets.
3. Seems to forget the handicap (age difference) when they are playing or joking together.
4. Stays away from him if possible.
5. Fusses and argues with him.
6. Complains about the trouble he makes.
7. Frowns or pouts when he has to be with him.

Support

1. Helps him in any way possible.
2. Shows or tells him interesting things.
3. Helps him adjust to new situations.
4. Says nice things about him.
5. Gets ideas for things they can do together.
6. Teaches him new skills.
7. Makes plans that include him.

Embarrassment

1. Is embarrassed to be with him in public.
2. Acts ashamed of him

^aParentheses indicate changes made in items for Sib NH group.

for this purpose by Schaeffer and Edgerton (1979). As Table III shows, the scale includes four subscales, derived from factor analysis of the entire questionnaire, which reflect the degree of children's *acceptance*, *hostility*, *support*, and *embarrassment*. On occasion, items from this scale had to be modified slightly for the Sib NH group to remove references to a handicapping condition. Thus, "Points out her handicap more than her strengths" was changed to "Points out her weaknesses more than her strengths."

For each item, mothers rated the frequency with which the target child usually exhibited the specified behavior toward the sibling, using a 5-point scale. Mothers could rate their children as "Never" behaving in a particular way to "Always" behaving that way. A child's score for each scale was calculated as the mean rating across items on the scale.

RESULTS

In this section, we first describe between-group differences in children's descriptions of their sibling relationship (from the open-ended interview) and their mothers' ratings of the children's behavior toward their brother or sister.

Next, we look more closely at the children with handicapped siblings, to determine whether, within this group, certain factors (children's age, gender, or the presence of particular problems) are related to the nature of the sibling relationships.

Group Comparisons

The mean scores for each of the three scales from the Sibling Relationship Interview for group Sib A, Sib MR, and Sib NH are shown in Table IV. Differences between groups on these measures were examined using a multivariate analysis of variance, followed up by univariate tests when the omnibus test proved significant. The significance of group comparisons was determined by the Tukey HSD Test. The only group difference was on the Family Relationship Scale, with the Sib A and Sib MR groups reporting a slightly less positive family role for their siblings. Importantly, however, the mean scores for each of the three groups represent somewhat positive ratings of the target children's circumstances. That is, on the 6-point rating scale, scores of 1 to 3 represent very negative to somewhat problematic responses, whereas scores of the 4 to 6 represent somewhat to very positive responses. Thus, despite the group differences in regard to the sibling's family role, children with disabled and nondisabled siblings, as a group, tend to provide somewhat positive accounts of their circumstances.

The three groups also were compared with regard to mothers' ratings of four aspects of the sibling relationship. The mean ratings for each group are shown in Table V. A multivariate analysis of variance indicated that the differences between the nonhandicapped and handicapped siblings groups were statistically significant except in the case of the Embarrassment Factor, but no differences between the Sib A and Sib MR groups were revealed. Again, however, despite the statistical significance of these differences in interpretations about the meaning of these group differences should be drawn with caution. A look at the actual ratings shows that the mean ratings of each of the three groups fell at about the midpoint of the 5-point rating scale. That is, children in all three groups displayed the positive behaviors (accep-

Table IV. Group Differences on Child Interview Scales^a

Interview scores		Subject group		
		Sib A	Sib MR	Sib NH
Scale A:	Attitudes toward sibling	4.2 (range 2.3-5.5)	4.2 (range 3.0-5.1)	4.1 (range 3-5.2)
Scale B:	Sibling's family role	4.2 (range 2.7-5.4)	4.2 (range 2.4-5.9)	5.0 ^b (range 4.3-5.5)
Scale C:	Sibling/peer relationship	4.0 (range 1.0-5.8)	4.2 (range 1.7-5.9)	4.1 (range 2.8-5.8)

^aScores range from 1 to 6, with higher scores representing more positive responses.

^b $p < .01$.

Table V. Group Differences in Mothers' Ratings of Children's Behavior Toward their Siblings^a

Maternal ratings	Subject groups		
	Sib A	Sib MR	Sib NH
Acceptance	3.9	3.8	3.2 ^b
Hostility	3.7	3.7	3.2 ^b
Support	3.4	3.7	3.1 ^b
Embarrassment	4.5	4.6	4.1

^aScores range from 1 to 5; for all factors, higher scores represent more positive ratings.

^b $p < .01$.

tance, support) "sometimes" to "usually," and the negative behaviors (hostility, embarrassment) "rarely" to "sometimes."

As noted earlier, many studies of children with handicapped siblings rely on maternal reports rather than on information obtained directly from the children. In an effort to assess the relationship between mothers' and children's perspectives on aspects of the sibling relationship, correlational analyses were performed. Specifically, the correlations between the four subscales of the maternal rating instrument and the three subscales from the child interview were calculated. The results of this analysis reveal modest but generally significant correlations between maternal ratings of children's acceptance, hostility, and supportiveness toward their siblings and children's reports in the three scales of the open-ended interview (range $r = .17$ – $r = .32$). Maternal ratings of children's embarrassment about their siblings, however, were unrelated to children's interview responses (range $r = -.07$ – $r = .10$).

The results discussed thus far have focused on group mean scores for our measures of the sibling relationship and have revealed few statistically significant and no large differences between groups. A closer look at these data—in particular, at the interview scores for children with handicapped siblings—indicates that the experience of having a handicapped sibling is highly variable and that not all children describe their sibling relationships in positive (i.e., socially desirable) ways. That is, far from providing only socially acceptable reports of their relationships with their siblings, children in the Sib A and Sib MR groups show a wide range of responses to the interview questions. Children in the Sib NH group, on the other hand, cluster around the mean on each interview scale item. It appears that some of the children in the Sib MR and Sib A groups do give fairly negative reports about their sibling relationships, and the other half of the children in these groups give very positive reports. Averaged together, the group of children with handicapped siblings looks very similar to the control group—whose members

all rate their sibling relationships within much more narrow bounds. In actuality, however, the sibling relationships of children with handicapped siblings seem to vary considerably. For this reason the next step in our analyses was to look more closely at the group of children with handicapped siblings in an effort to isolate factors that may be associated with more or less positive sibling relationships. Because the initial analyses revealed no differences between the Sib A and Sib MR groups, they were collapsed for the subsequent analyses.

Factors Associated with Positive and Negative Sibling Relations

Information derived from the interviews (e.g., children's responses to the Sibling problems Questionnaire) as well as data about particular sibling status variables (age, gender, family size, religious involvement) allowed us to examine the possible bases of variability in the relationships of children with handicapped brothers and sisters.

First, to determine whether the presence of particular problems was associated with children's tendency to describe their sibling relationships more negatively, we assessed the correlations between measures from the Sibling Relationship Interview and the Sibling Problems Questionnaire. The results of this analysis are presented in Table VI, and they reveal that children and their mothers describe the sibling relationship as being more positive under certain conditions: when future concerns (e.g., will the sibling be institutionalized?), feelings of rejection (e.g., "I wish my brother/sister would go away"), and parental favoritism (e.g., "My brother/sister gets special treatment from parents") are perceived as minimal by the child; when the child sees the handicapped child as reacted to positively by parents and peers (e.g., "My mother enjoys caring for my brother/sister"; "My friends like to come over to play with my brother/sister"); and when he/she feels able to cope with the sibling's handicapping condition (e.g., "I know a lot about how to help my brother/sister"). In contrast, feeling burdened by the care of the handicapped sibling (e.g., "My brother/sister interferes with my plans"), having feelings of self-doubt (e.g., "Sometimes I wonder how smart I am myself"), or having feelings of hyperresponsibility (e.g., "I try to do well in school to make up for my brother/sister") were not correlated with the general assessments of the sibling relationship.

We next performed a series of analyses to determine whether particular status variables were associated with the quality of the sibling relationship. First, age and gender differences were assessed using MANOVA procedures. The results revealed no differences between children who were younger and children who were older than their handicapped siblings in regard to the maternal ratings or sibling interview scores. On the Sibling Problems Ques-

Table VI. Correlation Between Sibling Problems Questionnaire and Child Interview and Maternal Ratings Scales ($N = 60$)

Components of the sibling relationship	Future concerns	Feelings of rejection	Favoritism toward hand-capped sib	Positive reactions by peers	Positive reactions by parents	Ability to cope with sib's condition	Feelings of burden	Self-doubt	Hyper-responsibility
Child interview									
Attitudes toward sibling	-.27 ^b	-.22	-.28 ^b	.22	.26	.13	-.21	-.09	-.06
Sibling's family role	-.33 ^b	-.16	-.28 ^b	-.04	.30 ^b	-.01	-.12	-.19	-.01
Sibling/peer relationship	-.14	-.49 ^c	-.29 ^b	.30 ^b	.03	.39 ^c	-.20	-.06	.02
Maternal ratings									
Acceptance	-.33 ^b	-.44 ^c	-.34 ^b	.36 ^c	.19	.24	-.04	-.06	.08
Hostility	-.08	-.42 ^c	-.21	.11	.03	.40 ^c	.11	.02	.10
Support	-.47 ^c	-.28 ^b	-.25	.32 ^b	.06	.03	-.13	-.05	.13
Embarrassment	-.26	-.03	-.15	.17	.27 ^b	.08	-.09	.03	.02

^aHigher scores represent more positive functioning.

^b $p < .05$.

^c $p < .01$.

tionnaire, only one item (feelings of rejection toward the handicapped child) differentiated older from younger siblings, with the younger boys and girls reporting more negative feelings than did brothers and sisters who were older than the handicapped child ($F(1, 58) = 12.9, p < .01$). In regard to gender, as well, few group differences emerged. Children reported a less positive family role for their sibling when they had handicapped brothers rather than sisters ($F(1, 58) = 3.2, p < .05$) as well as more concerns about the child's future ($F(1, 58) = 8.9, p < .01$). In addition, there was a trend for children to be rated by their mothers as less supportive when they had handicapped siblings of their own gender ($F(1, 58) = 2.3, p < .08$). Family size and religious involvement also were examined in terms of their associations with the sibling relationships. The results of these correlational analyses revealed that larger family size was related to fewer feelings of embarrassment about the sibling as rated by mothers ($r = .38, p < .01$) and fewer feelings of burden as reported by the children on the Sibling Problems Questionnaire ($r = .27, p < .05$). The family's degree of religious involvement (as rated on a 6-point scale devised by Grossman, 1972) was related to children's reports of their parents' positive reactions to the handicapped child on the Sibling Problems Questionnaire ($r = .43, p < .01$), but not to any general interview measure or maternal rating of the sibling relationship per se.

DISCUSSION

In considering children's descriptions of their relationships with handicapped and nonhandicapped brothers and sisters, two summary statements can be drawn from the results. First, young children have, on the average, fairly positive things to say about their relationships with their siblings, regardless of whether the siblings are handicapped or not handicapped. Second, the sibling relationships of children with autistic, mentally retarded, and nonhandicapped brothers and sisters look very similar, on the average, at least in terms of the way the children themselves talk about those relationships. Even when statistically significant differences between groups do appear (as in the Family Role Interview Measure and in the Maternal Ratings), the actual mean differences between the groups are minimal. None varies by more than 1 point on these 5- and 6-point scales.

On the other hand, a closer look at the reports of children with handicapped siblings reveals that, as a group, their responses are highly variable, with some children describing very positive and some children describing very negative relationships with their handicapped brothers and sisters. Our analysis of the relationships between specific problem areas children experience and the more global measures of the sibling relationship provides

information about possible bases of these differences within the combined Sib A and Sib MR groups. On the negative side, worries about the handicapped child's future, perception of parental favoritism toward the handicapped child, and feelings of rejection toward the child all are associated with more negative sibling relationships. When children perceive their parents and peers as reacting positively to the handicapped child and when they have a better understanding of the handicapped child's condition, the sibling relationship tends to be more positive. The importance of parental reactions and children's ability to cope with the sibling's handicapping condition for children's involvement with and acceptance of the disabled child have been documented previously (Simeonsson & McHale, 1981). In regard to the importance of peer reactions, the move toward deinstitutionalization and integration during the past decade may be putting children in the company of both their handicapped siblings and their peers more frequently, making the peers' acceptance of the handicapped child more significant for this cohort of children.

The lack of group differences in the sibling relationships of handicapped and nonhandicapped children is important because this reveals that having a handicapped brother or sister does not necessarily result in problematic sibling relationships, and it directs the attention of research toward studying the conditions under which positive sibling relationships can develop. In past research, when differences in the quality of sibling relationships have been investigated, however, researchers have tended to focus on fairly static factors in explaining these differences (e.g., age, gender, family size). The results presented here show that such factors were not as useful in accounting for differences in the sibling relationship as were factors that may be described as measuring social processes within the family or between the child and the sibling. Moreover, the latter type of measure—indices of social processes—ultimately may be more useful than status variables when it comes to developing programs directed toward preventing or alleviating problematic relationships between children and their handicapped brothers and sisters.

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