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LINKAGES BETWEEN FAMILY COHESION AND SIBLING RELATIONSHIPS
IN FAMILIES RAISING A CHILD WITH A DISABILITY

by

Mary Jefferson

A thesis submitted to the faculty of

Brigham Young University

In partial fulfillment of the requirements for the degree of

Education Specialist

Department of Counseling Psychology and Special Education

Brigham Young University

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BRIGHAM YOUNG UNIVERSITY

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ABSTRACT

THE RELATIONSHIP OF FAMILY COHESION AND SIBLING RELATIONSHIPS IN FAMILIES OF A CHILD WITH A DISABILITY

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Family researchers have often reported that siblings of children with disabilities have mixed outcomes, some harmful, and some beneficial, but have neglected to investigate how the sibling relationship might be correlated with other factors, such as family cohesion. Therefore, 72 mothers and fathers raising a child with a disability and a child without a disability completed the Family Cohesion subscale of Bloom's family functioning measure and the Sibling Inventory of Behavior to determine interactions between parents' perceptions of family cohesion and sibling relationships. Results indicated that mothers and fathers' perceptions of cohesion and sibling relationships were not significantly different. Mothers' perceptions of cohesion were significantly correlated with only two aspects of sibling relationships: empathy and avoidance. Fathers' perceptions of family cohesion were independent of their perceptions of sibling relationships.

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INTRODUCTION

Family functioning can be adversely affected by stress which comes from various sources and affects the family differently. Having a son or daughter with a disability can be one source of stress. In fact some research shows there are negative effects of raising a child with a disability such as, parental depression, marital problems, child institutionalization, parental suicide, and high desertion rates (Price-Bonham & Addison, 1978). However, other research shows there are positive effects of raising a child with a disability such as greater family cohesion (Barbarin, Hughes, & Chesler, 1985; Gath, 1997; Nelson, Ruch, Jackson, Bloom, & Part, 1992; Taanila, Kokkonen, & Jalvelin, 1996), greater social skills than problem behaviors and higher levels of cooperation and self-control in siblings (Mandleco, Olsen, Dyches, & Marshall, 2003). However most of this research, whether positive or negative, relates to the impact the child with a disability has on the parents or family as a whole rather than in the sibling relationships in these families. Therefore in order to improve an understanding of the dynamic a child with disabilities has on family members including siblings, it is important to understand the relationship between sibling relationships and family cohesion in these families.

Cohesion

Though cohesion has been defined differently in family research, most researchers generally agree cohesion entails the emotional bonding family members have with one another. (Emotional bonding does not necessarily mean pleasant emotional bonding, but instead involves a realistic viewpoint that family life is not perfect.) Families who have healthy levels of cohesion emotionally interact with one another and create a balancing act of allowing individual independence and demanding family togetherness. For example, a family who can balance and adjust to an adolescent's need to spend time with friends, school, and work and also feel

emotionally involved with the routine family life, has created a healthy cohesive environment for the adolescent. Family members from cohesive family environments feel included and emotionally connected with the family even when they are given large amounts of independence. Thus, cohesion is viewed by most researchers as the ability of the family to balance togetherness with separateness.

Researchers have shown healthy levels of cohesion are important in families, and some family investigators view cohesion as a resource for the family when handling stressors. Families are regularly faced with stressors. Some may be simple developmental transitions such as a couple having a new baby, or an adolescent leaving for college. Others are more serious, such as a death in the family, or a parent losing a job. Whether the crisis is simple or serious, they all involve some level of renegotiating the structure and routine of family life. In fact, it has been suggested those families who function with balanced levels of cohesion and adaptability will adapt more successfully to these stressors or crises (McCubbin & Figley, 1983; McCubbin, Thompson, Thompson, & Futrell, 1999). Families with balanced levels of cohesion are also able to pass more smoothly through this renegotiating process, making cohesion a family resource.

Indeed, cohesion can be an added resource for families raising a child with disabilities. Even though few parents would view their child with disabilities as a crisis, most parents would agree that their child with disabilities requires a certain amount of attention and needs not required by other children. In addition, specific demands are not constant because as the child grows older the demands change. This change in demands can function like regular family crises because family members are forced to renegotiate their roles and responsibilities in order to accommodate the new change. However, like families dealing with crises, these families are aided through the renegotiating process when they have balanced levels of cohesion (McCubbin

& Figley, 1983; McCubbin, et al., 1999). A balanced level of cohesion is an asset to all families, but especially families who have constant demands involved in raising a child with disabilities. Too much (enmeshment) or too little (disengagement) cohesion can negatively impact how the family responds to these demands. Thus, the variable of balanced or moderate cohesion can moderate the impact of stressors in family life.

Siblings

Sibling relationships are important in a child's development and are different than the relationship between parent and child (Azmitia & Hesser, 1993; Weisner, 1993; Zukow-Goldring, 1995). Research findings are mixed concerning the effects a brother or sister with a disability has on siblings. Newer research has found having a sibling with a disability can lead to stressful outcomes for the brother or sister (Murray, 1998, 1999, 2000; Senel & Akkok, 1995; Terzo, 1999). On the other hand, other researchers report having a brother or sister with a disability can be beneficial (Derouin & Jessee, 1996). Finally, some researchers report there is little difference in having a sibling with a disability and having a sibling without a disability (Benson, Gross & Kellum, 1999; Stawski, Auerbach, Barasch, Lerner, & Zimin, 1997).

Clearly these mixed research findings indicate another variable may be affecting the lives of these siblings. Even though the populations studied are all raising a child with a disability, there may be differences in how their families function related to sibling relationships. For example, McCubbin's family functioning research investigated some variables that may make a difference in how the family functions (1983; 1999). The research suggests the family's resources will make a difference in how the family adjusts, adapts, and functions. One resource is family cohesion, and one wonders if examining levels of family cohesion affects sibling relationships in families raising a child with disabilities.

However, few studies have examined the relationships between cohesion and sibling relationships in families raising a child with a disability. Rather, most studies focus on family cohesion and sibling outcomes and found families raising a child with a disability experience more stressful lives (Murray, 1999), less competencies (Williams, 1997), and increased psychopathologies when compared to families not raising a child with a disability (Fisman, Wolf, Ellison, Gillis, Freeman, & Szatmari, 1996; Murray, 1999; Williams, 1997).

These studies focus on the outcomes of being raised with a brother or sister with a disability. They do not study the relationship between siblings even though researchers have found strong sibling relationships offer many benefits (Azmitia & Hesser, 1993; Weisner, 1993; Zukow-Goldring, 1995). For example, siblings with close relationships can be supportive and offer help when in need (Dunn, 2000). They can also provide models and encourage each other to try new things (Baumann, Dyches, & Braddick, 2005). Indeed, strengthening sibling ties should be a concern to family researchers.

Because of negative findings related to having a sibling with a disability, it seems especially important to focus on strengthening sibling relationships in these families in order to improve outcomes. In fact, the benefits of stronger sibling ties may mediate the stress of having a sibling with a disability. Therefore, research examining the sibling relationship and how it relates to family cohesion is needed and may improve our understanding of sibling relationships in families raising a child with a disability.

REVIEW OF LITERATURE

This section reviews the existing literature regarding cohesion and family functioning when raising a child with a disability as well as the effect a child with a disability has on siblings. This will help clarify the importance of this research, and describe how cohesion might impact siblings of a child with a disability.

Cohesion

Since cohesion is a component of family functioning, three frameworks of family functioning will be discussed. Then the impact of gender on cohesion will be explored. Finally, cohesion in families raising a child with a disability will be examined.

Family Functioning Frameworks

Like many psychological terms, cohesion may have a different definition depending on the research and framework used. A broad definition of family cohesion is that it is an emotional bonding between members of the family (Bloom & Naar, 1994). This broad definition provides some understanding of the term, but some researchers have questioned its simplicity. Therefore, in order to more fully understand family cohesion, it must be examined in light of other family functioning frameworks, including: Olson, Cox, and McCubbin.

Olson. Olson identifies cohesion, flexibility, and communication as the three central components of marital and family functioning (Olson, 2000). How a family evaluates themselves in these three dimensions influences whether they are balanced or unbalanced. The major concept of the model is that balanced family systems tend to be more functional than unbalanced systems.

Olson (2000) defines cohesion as togetherness, or the emotional bonding family members have with each other, and every family system must negotiate the balance between separateness

and togetherness. For example, a family system with an adolescent must negotiate how much the adolescent can be away from the family and yet maintain positive relations with the family.

Olson also suggests cohesion can be measured by observing the emotional bonding, boundaries, coalitions, time, space, friends, decision-making, interests and recreation in the family system, and can range from disengaged (very low) to separated (low to moderate) to connected (moderate to high) to enmeshed (very high). Another concept in the model is that families who have moderate levels of cohesion will function optimally, whereas families who have extreme levels of cohesion, whether high or low, will have problems. Families functioning in the separated to connected range are able to balance family togetherness with their own independence; families functioning in the enmeshed range have extreme amounts of emotional closeness and little privacy or independence from the family system. Finally, families functioning in the disengaged range suffer from little emotional closeness and too much independence (Olson, 2000).

The second component in Olson's model is flexibility, defined as how families cope with change in leadership, role relationships, and relationship rules (Olson, 2000). Flexible families are able to balance their need to be stable versus their need to change. Olson suggests flexibility levels also range on a continuum with four levels: rigid, structured, flexible, and chaotic. Balanced levels of flexibility, found in most functional families, are seen in the structured and flexible range. These families are able to make appropriate changes in functioning without too much strain on the family system. On the other hand, extreme ranges such as rigid and chaotic flexibility tend to be problematic for individual family members over time since families need to be able to change with stressors and developmental needs, but also maintain a sense of stability and structure (Olson, 2000).

Communication, the final component, is defined by observing the families' listening skills, speaking skills, self disclosure, clarity, continuity tracking (staying on topic), respect, and regard towards one another. Family communication skills can range from very good to poor. Balanced families have more positive communication skills than unbalanced families (Barnes & Olson, 1986).

Thus, in the Olson model of family functioning, cohesion, flexibility, and communication interplay to create balanced or unbalanced family systems. Cohesion is represented on a continuum from disengaged to balanced to enmeshed, suggesting all families have some level of cohesion.

Cox. Cox, Brooks-Gunn and Paley (1999) call for a more specific definition of cohesion in the family system, and question models like Olson's where cohesion lies on a continuum from too little (disengaged) to too much (enmeshment). Rather, Cox and colleagues define cohesion and enmeshment separately, based on Barber and Buehler's (1996) research. Cohesion is given positive terms such as helpfulness, support, and shared affection whereas enmeshment is a negative pattern that includes control and constraining interactions reducing individual autonomy (Cox, et al., 1999). In fact, a study examining 470 adolescents' views about cohesion and enmeshment in their families found cohesion and enmeshment to be unrelated; cohesion was positively correlated with positive outcomes, where as enmeshment was positively correlated with adolescent difficulties (Barber & Buehler, 1996).

An addition to Cox's model is the research on individuation and cohesion. Individuation is the need for a person's independence from the family, and cohesion is the feeling of connection with the family. Relying on research from Shantz and Hobart (1989), Cox suggests constructive conflict defines individuation in all members of the family system. At the heart of

everyday conflict is the individual establishing differences in opinion, values, and needs from the family system. “How one individuates and defines oneself is related to experiences in close relationships, and the types of connections or closeness one has with others are influenced by one’s degree of individuation and self definition” (Cox et al., 1999, p. 323). Thus constructive conflict may serve to increase individuation which can facilitate closeness and cohesion in the family system.

Therefore, Cox’s model highlights the separate defining constructs of cohesion and enmeshment, and introduces the idea that individuation might help facilitate cohesion. Cohesion is viewed as the result of how the family balances togetherness with separateness.

McCubbin. McCubbin views cohesion as a resource for the family in dealing with a stressor. The McCubbin model of family resilience analyzes how families handle different types of stressors in life, and questions why some families experience the same stressful event but handle it so differently. In essence, why are some families more resilient than others? The answer to this question comes from analyzing the Double ABCX model of adjustment and adaptation. A is the initial stressor, B is the family resources, C is the family’s perception of the stressor, and X is the level of adjustment achieved with the stressor.

Part A of the model is the initial stressor. McCubbin defines the stressor as any life event that can produce change in the family system (McCubbin & Figley, 1983; McCubbin et al., 1999). In general, there are two types of stressors: those that are normative and expected in a family development cycle, such as a young couple having a new baby or when a child leaves home for the first time, and those that are unexpected and not generally a part of the family development cycle, such as a divorce, or loss of job (McCubbin & Figley, 1983; McCubbin et al., 1999). The type of stressor, whether normative or unexpected, will also influence how the

family handles the situation. Before the stressful event, the family functioned in a balanced or imbalanced manner. How the family has coped with previous stressors and what they are currently juggling influences how the family will handle this new stressor. For example, a family who has had prior financial strains and then is faced with a child needing an expensive operation will handle the new stressor differently than a family who did not have prior financial strain. Thus, prior strains and the type of stressor are two factors influencing how the family system will cope with the initial stressor.

Part B of the model identifies family resources that help the family handle the stressor. There are three types of resources: family members' personal resources, the family's internal resources, and social support (McCubbin & Figley, 1983; McCubbin et al., 1999). Personal resources include financial well being, education, problem solving abilities, health, and psychological resources such as personality characteristics (McCubbin & Figley, 1983; McCubbin et al., 1999). The internal family resources involve the health of the family system; two of the most important are cohesion (defined as integration), and adaptability. McCubbin uses the Olson framework to define cohesion along the continuum of disengaged to enmeshed, with balanced levels found in the middle. Olson and McCubbin (1982) advanced the hypothesis that those families who function in balanced levels of cohesion and adaptability will make a more successful adaptation to a crisis.

External resources such as social support also help a family cope with stressors. Social supports include neighbors, friends, extended family, kinship groups, and self-help groups. Social support decreases the family system's vulnerability to crisis when experiencing stressful life events such as job terminations, difficult work environments, and natural disasters such as floods and tornados (Drabeck, Key, Erikson, & Kaplan, 1975; Gore, 1978).

Part C of the model is the perception the family system has when viewing the stressor. How the family defines the situation influences their response. If the family is able to define the stressor in a positive light, such as a challenge or opportunity for growth, they will be more likely to problem solve, decrease the emotional burdens, and have a feeling of encouragement when faced with the stressor (McCubbin & Figley, 1983; McCubbin et al., 1999). This appraisal of the stressor also relates to how a family's religious views influence their ability to raise a child with disabilities. In fact, parents raising a child with a disability found religious beliefs helped them cope (Marshall, Olsen, Mandelco, Dyches, Allred, & Sansom, 2003).

Thus the components of the stressor itself, prior stressors, existing resources, and the family's perception of the problem contribute to how well the family adjusts to the new event. Adjustment can range from bonadjustment, a healthy transition from the unstable situation, to maladjustment, the inability to restore stability caused by the stressor (McCubbin & Figley, 1983; McCubbin et al., 1999). Increased levels of maladjustment can move the family into a crisis, and where a family is placed on the adjustment continuum influences how it will function when faced with a new stressor. Previous stressors will affect new stressors, creating a cycle of maladjustment or bonadjustment.

McCubbin's adaptation model conceptualizes how the family system functions in regard to stress, and explains why some families are more resilient than others. Cohesion in the model is seen as a family resource and a source of strength to the family system when faced with a stressor. However, it seems that McCubbin's model favors short term stressors, and one wonders what would happen if the stressor is long term and requires adaptation such as raising a family member with a disability. Would cohesion then serve as a resource for this type of family stressor?

Cohesion and Gender

Some researchers have questioned whether or not gender makes a difference in one's cohesion (Estrada, Rafuls, & Sherrard, 2001). Because men and women are traditionally socialized differently they may have different views on what cohesion is and how much cohesion is necessary for a healthy functioning family. For example, in traditional homes, women are assigned homemaking roles (inside the home) and men are assigned working and financially providing roles (outside the home). These traditional roles led researchers to hypothesize that women would perceive more cohesion in their families than men, because females need to define themselves through emotional connections in the family. This hypothesis was confirmed by Allen and Stoltenberg (1995) who found females perceived their families as more cohesive than males.

However, a recent study on gender and cohesion found different results and there were no significant gender differences in perceptions of family cohesion (Estrada et al., 2001). It should be noted that the sample in this study included 41.7% participants with a graduate or professional degree. Education was considered a confounding variable, because the more education participants had, the less difference was found between male and female views of cohesion levels in their families. The difference may be due to the fact that more educated women were less traditional in gender roles than less educated women. In addition, another study comparing perspectives of marital cohesion in traditional and nontraditional women found no difference between these groups of women in perceived levels of cohesion (Rhoden, 2003).

Because these studies contradict previous literature about gender perceptions of cohesion, researchers now suggest cohesion is perceived similarly by mothers and fathers regardless of traditional gender roles (Allen & Stoltenberg, 1995).

Cohesion in Families Raising a Child with a Disability

The literature concerning families functioning in families raising a child with disabilities is contradictory and seems to have changed over time (Dyson, 1999). Prior to 1975, when the Education for All Handicapped Children Act was enacted, the public view of a disability was that of a hardship causing more problems in family systems and may have biased research (Gath, 1974; Tew & Laurence, 1973). However, studies published after the 1980s reveal more diverse findings, including more positive implications of living with a child with a disability (Breslau, Weitzman, & Messenger, 1981; Daniels, Moos, Billings, & Miller, 1987; Dyson, 1989; Ferrari, 1984; Lobato, Barbour, Hall, & Miller, 1987). Understanding that, the change in public views accompanied by the change in public law helps explain some of these contradictory findings. Examining the research conducted in this area will also help explain specific stressors families raising a child with disabilities might experience, as well as possible resources that might aid them, such as cohesion.

Raising a Child with a Disability

Many research studies have examined the specific stressors and negative outcomes in families raising a child with a disability. Parental depression and suicide, marital problems, child institutionalization, and desertion rates are higher in families raising a child with a disability than in families not raising a child with a disability (Price-Bonham & Addison, 1978). In fact, parental stress levels in families raising a child with a disability are higher compared to families not raising a child with a disability. This greater stress was specifically due to the child with disability's special characteristics and limitations, and the parent's fears regarding the child's future (Dyson, 1997).

McCubbin and Figley (1983) discussed specific stressors experienced by a family raising a chronically ill child which included strained family relationships, necessary modifications in family activities and goals, increased tasks and time commitments, increased financial burdens, need for housing adaptation, social isolation, medical concerns, differences in school experiences, and repeated grieving. However, McCubbin believes the effect of the stressor on the family system depends upon family resources and the family's definition of the stressor (McCubbin, & Figley, 1983). In fact, a study investigating the usefulness of McCubbin's Double ABCX model of stress and adaptation in families adapting to the stressors involving a child with a disability found empirical support that the model is useful in predicting successful family adaptation in these families (Bristol, 1987). However, an interesting component of McCubbin's adaptation model is the concept of time and development in the family life cycle. Specific stressors in these families will change as the child with a disability enters each new stage of life. McCubbin's model encourages taking into account where the family is in the family life cycle and then investigating specific stressors related to that time (McCubbin & Figley, 1983). This helps one understand that, though families with disabilities experience similar stressors, each family's stressors will be different depending on their life situation. Some may cope and adjust well, while others struggle and are thrown into crisis.

Cohesion Implications in Raising a Child with Disabilities

Some research has examined cohesion and families raising a child with a disability. For example, one study examined the discrepancy between families' and health workers' views of family functioning in families with a child with a disability (Nelson et al., 1992) by using the Moos Family Environment Scale (FES) to gather data from ten families. Each family was also raising one child without a disability. Results indicated families perceived their cohesion to be

normal and healthy. On the other hand, social workers suggested some level of dysfunction existed in the families, specifically in relation to cohesion, and rated these families high in conflict, achievement orientation, and control. Even though it was harder to raise a child with a disability than raising a child who did not have a disability, “several families stated that having a disabled child had brought them closer to each other”(Nelson et al., 1992, p. 20). These researchers wonder whether, according to the family, cohesion was stronger because of raising a child with a disability or because they had healthy levels of cohesion right from the start. The researchers recognize the answer to the question can not be answered from this study; however, an important finding is that whether the family is actually functioning normally or not, functioning is viewed differently than social workers, and therefore the family may not easily accept interventions when they do not perceive a problem (Nelson et al., 1992).

Another study investigated relationships between family hardiness, family stressors, and overall family functioning in families raising a child with asthma (Donnelly, 1994). Twenty-seven families were interviewed and completed the Family Adaptation and Cohesion Evaluation Scales (FACES). Results indicated family hardiness, family functioning, cohesion, and adaptability for the majority of the families were moderately balanced and rather healthy. Parents appeared to have a low level of stressors although employment and financial issues were dominant concerns. Being able to care for the child with a disability was more of a stressor than caring for the child with the disability. Some factors influencing family functioning in these families were accessibility of medical care, the type of chronic illness, the demanding treatment it required, marital relationships, and resources available to the family system. Donnelly also found “the parents’ ability to ‘give meaning’ to the illness such that, ‘all things work out for the good’ and sharing the burdens of chronicity within the family constellations are important” (p.

402). These findings help explain why some families can continually adapt to challenges as they deal with the chronic illness and others develop maladaptive problems (Donnelly, 1994).

Indeed, these two qualitative research studies suggest raising a child with a disability or chronic illness may not produce a disabled family functioning system but rather, in the words of a parent from one of the studies, having a child with a disability “brought them closer to each other” (Nelson et al., 1992; p.20). These studies also suggest there might be a relationship between cohesion and adaptation when raising a child with a disability.

Siblings

Though there have been years of research to help understand family functioning, the relationship of siblings in the family system is not well understood (Dunn, 2000). However, research suggests positive benefits from having strong sibling relationships. For example, siblings with close relationships can be a support to each other and offer help when in need (Dunn, 2000). Siblings can also provide role models and encourage each other to try new things (Baumann et al., 2005). Dunn (2000) suggests sibling relationships also give children the chance to better understand themselves and others. Though most sibling relationships have many benefits, some can have negative effects on both children because of the negative behaviors siblings often display toward one another such as teasing and other verbal aggression, physical aggression, and other agonistic behaviors (Deater-Deckard, Dunn, & Lussier, 2002).

Parental Views of Sibling Relationships

In order to obtain the most accurate observational data on sibling relationships, researchers often use information provided by parents. However, most often sibling relationships are analyzed through maternal perspectives rather than through paternal perspectives (Brody, Stoneman, & McCoy, 1992). Some research suggests mothers and fathers view parenting styles

and sibling relationships in the family differently (Apple, Davies, Boker, & Cummings, 2004; Simons, Whitbeck, Conger, & Chyi-In, 1991), whereas other research suggests there is little difference in how mothers and fathers view sibling relationships (Kramer & Baron, 1995). Whether or not gender makes a difference in parental perspectives of sibling relationships, it is important to take gender differences into account when investigating sibling relationships through parental perspectives.

Siblings of Children with Disabilities

In families where one sibling is a child with disabilities, researchers wonder if the sibling relationship affects outcomes (positive or negative) for the sibling without the disability. The existing literature about siblings in families with a child with disabilities is mixed. Examining the research about the specific stressors and outcomes siblings face when raised with a brother or sister with disabilities will help provide information about the siblings' view and particular needs.

Some research has identified negative outcomes concerning the effects of living with a brother or sister with a disability, such as more stressful lives (Murray, 1998, 1999, 2000; Senel & Akkok, 1995; Terzo, 1999), adjustment problems (Fisman, Wolf, Ellison, & Freeman, 2000), fewer competencies (Williams, 1997), more psychopathologies including externalizing and internalizing behavior problems (Fisman et al., 1996; Murray, 1999; Williams, 1997), unrealistic responsibilities around the house, and increased care giving responsibilities (Meyer & Vadasy, 1994). Other researchers discovered siblings of a child with special needs have more intense feelings of anger and guilt than siblings of children without special needs (Meyer, Vadasy, & Vance, 1996). Siblings are also disadvantaged in these families when parents have little time and energy to satisfy their child's needs, few resources for recreation, and a relatively small social

network (Boyce, Barnett, & Miller, 1991 as cited in Mandleco et al., 2003; Faux, 1993; Hadadian, 1994; Lobato, 1990; McHale & Harris, 1992; Powell & Gallagher, 1993; Shannon, Barbarin, McManus, & Freeman, 1994; Williams, Lorenzo, & Borja, 1993). Researchers also found having a brother or sister with a disability may contribute to feelings of jealousy because of the attention and time the parent devotes to their child with a disability (Nelson et al., 1992).

Meyer and Vadasy (1994) report additional concerns or stress siblings of children with disabilities face, including overidentification, embarrassment, guilt, isolation (loneliness & loss), resentment, and pressure to achieve. Overidentification is the fear they have the same disability as their brother or sister. They might also have irrational thoughts about catching the disability just like they would catch a cold. Embarrassment can come with the unwanted attention from family, friends, or strangers when their sibling has behavior problems or is simply noticed due to differences in appearance. Guilt is experienced when a sibling irrationally believes he or she has caused the disability or feels guilty about the child with disability not having the same abilities. Siblings may also feel shame because of perceptions others have about the disability and their family. In addition, isolation, loneliness, and loss are experienced when a parent spends more time with the child with a disability than with the sibling, or when the sibling is not educated and given the opportunity to discuss the disability, and when the sibling does not have peer support groups. Resentment comes with the extra attention and unequal treatment family and friends give to the child with a disability but not to the other child. Increased responsibilities include taking on extra care giving roles, being responsible for the child with a disability, and being assigned to do more housework. Pressure to achieve can be placed on the child without a disability to excel in academics, sports, music, and general behavior in order for parents to feel compensated for the disability of their other child (Meyer & Vadasy, 1994).

Other research contradicts the negative outcomes siblings' experience. For example, some researchers report there is little difference for children when they have a sibling with a disability or a sibling without a disability (Benson et al., 1999; Stawski, et al., 1997). In fact, in one qualitative study, researchers asked siblings of a child with disabilities what they thought it meant to be a brother or sister of a child with a disability. The investigators found siblings were less likely to refer to the special needs of their siblings, and tended to look on their brother or sister as normal. When comparing siblings of children with Down syndrome to a group of siblings from the general population who were not living with a child with a disability, no significant difference was found concerning parent-reported behavioral problems (Cuskelly, Chant, & Hayes, 1998).

However, other researchers report there is a difference in relationships between having a sibling with a disability and not having a sibling with a disability, and that having a brother or sister with a disability can be beneficial (Derouin & Jessee, 1996). Specific benefits include greater sensitivity and nurturing behaviors (Seligman & Darling, 1997), more independence and close family relationships (Derouin & Jessee, 1996), and having greater self control and being more cooperative than other children (Mandleco et al., 2003). In addition, Seligman and Darling (1997) suggest having a sibling with a disability contributes to healthy identity and career development. Researchers have also found siblings of children with disabilities are more mature and responsible and when asked, mention that "being a brother or sister is a 'big responsibility'" (Baumann et al., 2005, p. 55), because they had to take care of their siblings when their parents were gone (Barbarin, et al., 1995; Damiani, 1999; Hodapp, 1995). They also tease less than typical children (Faux, 1993); have increased compassion, empathy, and affection (McHale &

Harris, 1992; Murray, 1998; Powell & Gallagher, 1993); are helpful (Murray, 1998); and assume nurturing roles (Lobato, Miller, Barbour, Hall & Pezzullo, 1991).

Overall, these findings indicate having a sibling with a disability can provide both unique concerns and beneficial opportunities for the sibling's well being. However, these mixed findings indicate another variable (family cohesion) should be considered that may affect their behaviors.

How Cohesion Impacts Siblings of a Child with Disabilities

Few studies have examined the relationships between family cohesion and sibling relationships in families raising a child with a disability (Derouin & Jessee, 1996; Dyson, 1989; Nelson et al., 1992). However, one qualitative study found siblings of children with Cystic Fibrosis and Asthma had more independence and stronger family relationships than families not raising a child with a chronic condition. On the other hand, these siblings also reported feelings of reduced family togetherness because of the child with a disability (Derouin & Jessee, 1996). This suggests a child with a disability may positively and negatively influence family cohesion in the eyes of a sibling. However, this study had limitations. Since the sample included only 15 participants with a sibling with Asthma or Cystic Fibrosis, future research should expand the study to include a broader range of disabilities, and participants.

Another qualitative study asked adult participants who had been raised with a sibling with a disability to discuss their experiences growing up with a sibling who had a disability (Nelson et al., 1992). Several participants said having a disabled brother or sister "brought them closer to each other" (Nelson et al., 1992; p. 20). However, this study also has limitations because adult participants took a retrospective approach in describing their relationship with their brother or sister with a disability and may have forgotten some important information. This data should also not be projected upon siblings who are of school age, because adult views about their

childhood experiences may differ from child and adolescent views of what they are currently experiencing.

Finally, in another study, researchers found the social competence of siblings of a child with disabilities was related to family cohesion by comparing over time the psychosocial functioning of the siblings to children who did not have a brother or sister with a disability (Dyson, 1989). The groups did not differ in self-concept, social competence, and behavior adjustment, and in both groups, psychosocial functioning was positively related to family support and positive family cohesion (Dyson, 1989). However, this study is limited because it only examined the psychosocial functioning of the sibling without a disability and not the sibling relationship.

These studies suggest family cohesion may impact sibling outcomes and how siblings view family closeness. However, they focus on outcomes and the effects of having a sibling with a disability, rather than the relationship between the two siblings. Therefore, research that examines the sibling relationship when there is a child in the family with a disability and how it relates to family cohesion is needed in order to further help families and siblings of children with disabilities.

Statement of the Problem

Although some researchers have recognized that raising a child with a disability can have a positive effect on the family, one key problem is that in general, there has been a focus on deficits. Past research indicates families raising a child with disabilities are dysfunctional and current research fails to consider ways in which “deficits” may be adaptive (Nelson et al., 1992).

Another problem is that siblings have only recently been included when researchers study families raising a child with a disability. The research that has been conducted regarding siblings

from these families mostly focuses on sibling outcomes rather than the relationship between siblings. Because researchers have found strong sibling relationships offer many benefits throughout the years, (Azmitia & Hesser, 1993; Weisner, 1993; Zukow-Goldring, 1995), examining sibling relationships and their connection to other family variables should be a concern to family researchers interested in families raising a child with disabilities.

Statement of Purpose

The purpose of this research is to examine the relationships between family cohesion and sibling relationships in families raising a child with a disability. Understanding the linkage between these two variables may help family researchers, clinicians, and practitioners create interventions to help families raising a child with disabilities, and specifically the siblings.

Research Questions

This study will address the following research questions:

1. What are the differences between mothers' and fathers' perceptions of family cohesion?
2. What are the differences between mother's and fathers' perceptions of sibling relationships?
3. What are the relationships among family cohesion and sibling relationships in families raising a child with disabilities, according to parent gender?

Importance of this Study

This study will address some of the lacunae in family research concerning families raising a child with a disability. Much research shows the negative impact a child with a disability has on families. Whether or not this is true, it is certain this group of families is in need of strategies, interventions, and resources to benefit their family functioning. Children in these

families who do not have a disability especially need strategies, interventions, and resources to help strengthen their relationships with siblings who have disabilities. This research will offer information about sibling relationships and family cohesion to family researchers, clinicians, and practitioners so they can create specific interventions for these families.

METHOD

Participants

A convenience sample of 72 sets of parents and their school-aged children living in the metropolitan area surrounding Provo, Utah, served as participants. All parents were raising a child with a disability and a school-age child without a disability. Disability was defined as any condition that qualified the child for federally mandated early intervention, early childhood special education, or special education programs. Individuals with Disabilities Education Act (IDEA) disability classifications were used to place the participants into one of 13 classifications. Two researchers came to consensus regarding the classification based upon disability diagnosis and supplementary information provided by parents. The IDEA categories are mutually exclusive. Most children with disabilities had autism (n=24; 33.8 %), mental retardation, including Down syndrome and other forms of intellectual disability (n= 21; 29.6%), multiple disabilities (n=13; 18.3%), and orthopedic impairments (n=6; 8.5%). Other children with disabilities had hearing impairments (n=3; 4.2%), other health impairments (n= 2; 2.8%), communication disorder (n= 1; 1.4%), and emotional disability (n=1; 1.4%). The mean age of the child with a disability was 7.56 (SD = 3.79; age range 0 to 17), 22 of whom were girls and 49 were boys.

Siblings included a total of 35 boys and 35 girls (mean age= 10.17; SD= 3.138; age range 4 to 18 years). Most families were Caucasian (95.8 %), two parent (88.9 %), and members of the Church of Jesus Christ of Latter-day Saints (Mormon) (mothers: 91.4% ; fathers: 91%). Only 19 mothers were unemployed (35.2%). Some mothers were employed part-time (46.3 %). Both mothers and fathers had some college education (mothers' mean years= 15.14; SD= 2.045 and

fathers' mean years= 15.55; SD= 2.298). Most families earned an annual income of more than \$50,000 (53.8 %).

Procedure

After receiving approval from institutional review boards, parents who agreed to participate in the research project independently completed two measures. The measures were hand delivered or mailed to the parents and then returned to the investigators. Upon completion of the measures, families were paid \$25 for their participation in this research project.

Measures

Family Cohesion

Bloom developed a 75-item scale including 15 dimensions of family functioning. This scale has been tested multiple times for reliability and the factor scores are highly reliable and stable over time ($r(14) = .86$) (Bloom & Naar, 1994). Reliable measurements of cohesion are important because accurate assessment of family functioning will help researchers better understand and create interventions enhancing healthy family functioning. Having a reliable scale provides researchers with an instrument that can accurately measure cohesion in family research.

The Family Cohesion subscale of Bloom's family functioning measure (Bloom, 1985; Bloom & Naar, 1994) was used to measure family cohesion (see Appendix A). This measure is widely used in family research and has been found to be reliable ($r(14) = .86$) (Bloom & Naar, 1994). The five-item scale assesses the emotional bonding family members have with one another and the degree of personal autonomy an individual experiences within the family on a four point Likert scale (1 = "very untrue for my family" and 4 = "very true for my family"). Sample items include "Family members really help and support one another," and "There is a

feeling of togetherness in our family.” A mean score was calculated and used in analyses. Higher cohesion scores indicate healthier family functioning. Cronbach’s alphas for this sample were .84 for mothers and .75 for fathers.

Sibling Relationship

The Sibling Inventory of Behavior (Schaefer & Edgerton, 1981), a 28-item scale, was used to measure the parents’ view of the relationship between the child with a disability and the sibling without a disability. The 28-item scale is divided into four subscales: kindness (9 items), avoidance (6 items), involvement (7 items), and empathy (6 items). Examples of scale items include: Teases or annoys him/her (kindness); Is embarrassed to be with him/her in public (avoidance); Shows or tells him/her interesting things (involvement); and Wants him/her to succeed (empathy). Reliability and validity for this instrument has been supported by family research (Schaefer & Edgerton, 1981). Parents rate how the child without a disability interacts with the child with a disability on a 5 point Likert scale (1 = “never,” and 5 = “always”). Sample items include “Is pleased by progress he/she makes,” “Shows or tells him/her interesting things,” “Teases or annoys him/her,” and “Stays away from him/her if possible.” Negative items were reverse coded. A mean score was calculated and used in analyses. Higher scores indicate healthier sibling relationships. Cronbach’s alphas for this sample were found on each subscale: kindness: .85, avoidance: .74, involvement: .89, and empathy: .84 for mothers. Cronbach’s alphas for fathers were: kindness: .78, avoidance: .74, involvement: .88, and empathy: .82.

Research Design and Statistical Analysis

Descriptive statistics were calculated for all study variables. Differences in mothers’ and fathers’ perceptions regarding family cohesion and sibling relationship were identified using paired *t*-tests. A correlation matrix of bivariate zero order correlations were constructed with the

mothers' view of cohesion, fathers' view of cohesion, mothers' view of sibling relationship, and fathers' view of sibling relationship. This was conducted twice using the variables as interval data using a Pearson Product Moment Correlation Coefficient, and then using the variables as ordinal data with a Spearman's Rho. Knowing that the Pearson product moment correlation is typically robust enough to manage some violations of assumptions and is more sensitive, we chose to calculate a Pearson Product Moment Correlation. However, because the underlying data were ordinal we also chose to use Spearman's Rho.

RESULTS

This study examined the differences between mothers' and fathers' perception of cohesion and sibling relationships, as well as the relationships among family cohesion and sibling relationships in families raising a child with disabilities. Parents raising a child with a disability and a school age child without a disability completed questionnaires about overall family cohesion and their perception of the sibling relationship. Higher scores on the cohesion scale indicate healthier family functioning. Higher scores on the sibling relationship scale indicate healthier sibling relationships.

Mothers' and Fathers' Perception of Family Cohesion

A paired-samples *t*- test was calculated to compare the mean score of mothers' perception of cohesion to the mean score of fathers' perception of cohesion on the family cohesion subscale of Bloom's (1994) family functioning measure. The mean for mothers was 3.37 (*sd* = .497, skew = -.558, standard error of the skew = .291), and the mean for fathers was 3.27 (*sd* = .535, skew = -.486, standard error of the skew = .309). No statistically significant difference was found between mother's and father's perception of cohesion ($t(59) = 1.65, p > .05$) (see Table 1).

Mothers' and Fathers' Perception of Sibling Relationships

A paired-samples *t* test was calculated to compare the means for mothers and fathers on the four subscales (empathy, involvement, avoidance, and kindness) of the Sibling Inventory of Behavior, a measure used to determine the parents' view of the relationship between the child with a disability and the sibling without a disability.

The mean for mothers on the empathy subscale was 4.17 ($sd = .653$), and the mean for fathers on the empathy subscale was 4.05 ($sd = .077$). No significant difference was found between mothers' and fathers' perception of empathy in the sibling relationship ($t(52) = 1.69$, $p > .05$).

Table 1

Differences Between Mothers and Fathers on Predicted Outcome Variables

Variable	Mean	SD	t-value
Cohesion	.09472	.44545	1.647 NS
Empathy	.11824	.50863	1.692 NS
Involvement	-.04088	.54771	-.543 NS
Avoidance	.07233	.46857	1.124 NS
Kindness	-.08753	.38909	-1.638 NS

NS= Not Significant

The mean for mothers on the involvement subscale was 3.41 ($sd = .095$), and the mean for fathers on the involvement subscale was 3.45 ($sd = .087$). No significant difference was found between mothers' and fathers' perceptions of the child with a disability and the child without a disability spending time together ($t(52) = -.543$, $p > .05$).

The mean for mothers on the avoidance subscale was 1.77 ($sd = .493$), and the mean for fathers on the avoidance subscale was 1.71 ($sd = .061$). No significant difference was found

between mothers' and fathers' perceptions of their child without a disability avoiding the child with a disability ($t(52) = 1.12, p > .05$).

The mean for mothers on the kindness subscale was 3.59 ($sd = .079$), and the mean for fathers on the kindness subscale was 3.68 ($sd = .065$). No significant difference was found between mothers' and fathers' perceptions of both children being kind to each other ($t(52) = -1.64, p > .05$) (see Table 1).

Relationship between Family Cohesion and Sibling Relationships

Fathers

Both Pearson and Spearman correlations were calculated to determine the strength of the relationship between fathers' perception of cohesion from the Bloom family cohesion subscale and fathers' perception of sibling relationships from each of the four subscales from the sibling inventory of behavior: empathy, involvement, avoidance, and kindness.

A Pearson correlation was calculated examining the relationship between fathers' perception of cohesion and fathers' perception of empathy in the sibling relationship. A weak correlation that was not significant was found ($r(51) = .204, p > .05$) (see Table 2). The Spearman's *rho* correlation calculated also found the relationship to be weak and not significant ($r(51) = .209, p > .05$) (see Table 3). Fathers' perception of family functioning (cohesion) was not related to their view of empathy in the sibling relationship examined.

A Pearson correlation was calculated examining the relationship between fathers' perception of cohesion and perception of involvement in the sibling relationship. A weak correlation that was not significant was found ($r(51) = .111, p > .05$). The Spearman *rho* correlation calculated also found the relationship to be weak and not significant ($r(51) = .177, p$

> .05). Fathers' perception of cohesion was not related to their view of their children spending time together.

Table 2

Pearson Correlations Between Fathers' View of Cohesion and Sibling Relationships

Variable	Cohesion	Empathy	Involvement	Avoidance	Kindness
Cohesion	1	.204 NS	.111 NS	-.111 NS	.124 NS

NS = Not Significant

A Pearson correlation was calculated examining the relationship between fathers' perception of cohesion and perception of avoidance in the sibling relationship. A weak correlation that was not significant was found ($r(51) = -.111, p > .05$). The Spearman's *rho* correlation calculated also found the relationship to be weak and not significant ($r(51) = -.169, p > .05$). Fathers' perception of cohesion was not related to their view of the siblings avoiding each other.

Table 3

Spearman Correlations Between Fathers' View of Cohesion and Sibling Relationships

Variable	Cohesion	Empathy	Involvement	Avoidance	Kindness
Cohesion	1 NS	.209 NS	.177 NS	-.169 NS	.121 NS

NS = Not Significant

A Pearson correlation was calculated examining the relationship between fathers' perception of cohesion and perception of kindness in the sibling relationship. A weak correlation that was not significant was found ($r(51) = .124, p > .05$). The Spearman's *rho* correlation calculated also found the relationship to be weak and not significant ($r(51) = .121, p > .05$). Fathers' perception of cohesion was not related to their view of kindness in the sibling relationship.

Mothers

Both Pearson and Spearman correlations were calculated to determine the strength of the relationship between mother perception of cohesion from the Bloom family cohesion subscale and mother perception of sibling relationships from each of the four subscales from the sibling inventory of behavior: empathy, involvement, avoidance, and kindness.

A Pearson correlation was calculated examining the relationship between mothers' perception of cohesion and perception of empathy in the sibling relationship. A weak correlation that was not significant was found ($r(60) = .155, p > .05$) (see Table 4). However, the Spearman's *rho* correlation calculated found the relationship to be positive and statistically significant ($r(60) = .267, p < .05$) (see Table 5). Mothers' perception of family functioning is related to their view of empathy in the sibling relationship.

A Pearson correlation was calculated examining the relationship between mothers' perception of cohesion and perception of involvement in the sibling relationship. A weak correlation that was not significant was found ($r(60) = .035, p > .05$). The Spearman's *rho* correlation calculated also found the relationship to be weak and not significant ($r(60) = .068, p > .05$). Like the fathers, mothers' perception of cohesion was not related to their view of their children spending time together.

Table 4

Pearson Correlations Between Mothers' View of Cohesion and Sibling Relationships

Variable	Cohesion	Empathy	Involvement	Avoidance	Kindness
Cohesion	1	.155 NS	.035 NS	-.302*	.193 NS

*P < .05

NS = Not Significant

A Pearson correlation was calculated examining the relationship between mothers' perception of cohesion and perception of avoidance in the sibling relationship. A statistically significant negative correlation was found ($r(60) = -.302, p < .05$). The Spearman's *rho* correlation calculated also found a negative and statistically significant relationship ($r(60) = -.276, p < .05$). Unlike the fathers, mothers' perception of cohesion was significantly related to their view of their children avoiding one another.

A Pearson correlation was calculated examining the relationship between mothers' perception of cohesion and perception of kindness in the sibling relationship. A weak correlation that was not significant was found ($r(60) = .193, p > .05$). The Spearman's *rho* correlation calculated also found the relationship to be weak and not significant ($r(60) = .198, p > .05$). Like the fathers, mothers' perception of cohesion was not related to their view of their kindness in the sibling relationship.

Table 5

Spearman Correlations Between Mothers' View of Cohesion and Sibling Relationships

Variable	Cohesion	Empathy	Involvement	Avoidance	Kindness
Cohesion	1	.267*	.068 NS	-.276*	.198 NS

*P < .05

NS = Not Significant

DISCUSSION

This study examined the differences between mothers' and fathers' perception of cohesion and sibling relationships as well as investigated the relationships among family cohesion and sibling relationships in families raising a child with a disability. Mothers' and fathers' perceptions of cohesion and sibling relationships were not significantly different as one other research study had suggested (Allen & Stoltenberg, 1995). No significant relationships were found among fathers' variables of cohesion and sibling relationships; however, investigation of mothers' variables found a significant relationship between mothers' perception of cohesion and their perceptions of empathy and avoidance in sibling relationships.

Summary of Results

Research Question 1

This study found that mothers' and fathers' perception of cohesion was not significantly different. This finding contradicts previous literature that suggests females view their families as more cohesive than males because of their emotional desire for a more cohesive family (Allen & Stoltenberg, 1995).

This study's finding is interesting for family researchers. In family research there seems to be a bias to report and focus on gender differences rather than similarities. This research finding suggests mothers and fathers in these families perceive cohesion similarly. Specifically, they feel the same about family members being supportive, doing things together, and having a feeling of togetherness.

Estrada and colleagues (2001) also found no significant difference between genders in perceived family cohesion; however, as previously reviewed, education was a confounding variable in Estrada's study; when mothers had higher education levels the difference in perceived

cohesion between mothers and fathers became insignificant. Estrada suggested that when men and women have more education they learn to view the world more similarly despite their traditional gender roles. Education level may also have been a significant factor in the current study. Both mothers and fathers had some college education. It may be that the higher levels of education in this sample were associated with diminution of traditional gender roles and that these parents were similarly engaged in child care. Another possible explanation as to why mother and fathers had no difference in perceived family cohesion may be attributed to religion. The vast majority of these families were LDS. In LDS culture, success in family functioning is a primary value. Both males and females are taught from their youth that their primary responsibilities will be to nurture and protect their children. Many church leaders give messages such as “no other success can compensate for failure in the home” (McCulloch, 1924, p.42). Perhaps mothers and fathers in these families spend more time attuning to and communicating about how the family is functioning. This may have influenced why fathers in these families viewed family cohesion similarly to mothers.

Research Question 2

In this study no significant differences were found in how mothers and fathers perceived the sibling relationship, measured as empathy, avoidance, kindness, and involvement. This finding contradicts previous research which suggests mothers and fathers view relationships in the family differently (Simons, et al., 1991), but supports other research suggesting there is little difference in how mothers and fathers perceive sibling relationships (Kramer & Baron, 1995). This is an interesting finding because parent perception of sibling relationships has not been well studied. Most family research is biased with data from mothers. This may be because mothers are more motivated than fathers to seek out, participate, and complete all elements of family

research studies. This finding suggests that since there was no difference in the perceptions of sibling relationships and family cohesion, it may not be important to collect data from both mothers and fathers. Thus this finding supports the idea that previous and future research should not so readily be dismissed because of only having data from mothers.

Research Question 3

No significant relationships were found between fathers' perceived family cohesion and their perception of the sibling relationship; however, mothers' data indicated a significant relationship between family cohesion and perceived empathy in the sibling relationship. Also, a relationship between mother's perception of family cohesion and sibling avoidance was found. This is an interesting finding because in general mothers and fathers perceived family cohesion independently from how they perceived the relationship between the two target children. For fathers this was true across all variables that measured the sibling relationship. For mothers this was also true except in the case of empathy and avoidance.

This particular finding might suggest that fathers may have a tendency to view family relationships and general family cohesion independently. When one relationship is going well or not going well in the family it does not color their perception of general family cohesion. For mothers this finding suggests they are similar to fathers in viewing relationships and family cohesion separately except in the areas of avoidance and empathy in the sibling relationship. Perhaps there is something about the constructs of avoidance and empathy that influences their perception of general family cohesion. This finding could also be due to measurement error or the result of multiple hypothesis testing.

Limitations of this Research

This study is limited in its scope due to the homogenous sample. Most participants were college educated, Caucasian, average to high socio-economic status, and affiliated with the Mormon Church. Therefore, these findings can not be generalized to broader populations which are more diversified in socio-economic status, religion, race, and education. These findings are also limited because this was a non experimental study with no control group. These results are based on correlations only, and may signify some relationships but can not impose causation that greater family cohesion causes more empathic, less avoidant sibling relationships. This study was also limited because it was a post-hoc analysis of previously existing data which prevented follow up with participants.

Implications for Future Research

This study suggests that families and participants who are a more heterogeneous sample need to be studied in relation to family cohesion and sibling relationships. The families in this study seemed to have elevated levels of family cohesion. A more heterogeneous sample would probably provide more families with diversified levels of cohesion. This would help explore the question: When cohesion is low, how do mothers and fathers perceive cohesion and sibling relationships? This might offer more insight to families who are struggling with unbalanced family systems.

One also wonders what relationships might be found between cohesion and sibling relationships if siblings were to provide the data rather than obtaining data from fathers and mothers. Also, one wonders if family size might be a significant covariate that would refine our understanding of the correlation between cohesion and sibling relationships.

Implications for Practitioners

The results of this study can help many practitioners who serve families raising a child with a disability. Research has shown that families who are more cohesive adapt more successfully to crises and stressors (McCubbin & Figley, 1983; McCubbin et al., 1999). Research has also shown that strong sibling relationships offer many benefits throughout the years (Azmitia & Hesser, 1993; Weisner, 1993; Zukow-Goldring, 1995). This current research helps connect these past research findings showing how mothers and fathers perceive the relationship between family cohesion and sibling relationships. Practitioners who serve these families can benefit from these findings by realizing that families that present conflicts with sibling relationships may not necessarily be struggling with cohesion in general. Practitioners may want to look at individual sibling relationships independent from overall family cohesion in helping these families.

Conclusion

In summary, families raising a child with a disability have been traditionally considered to be at risk for low levels of family functioning due to the added stress that comes with raising these children. Siblings in these families have also traditionally been viewed as being at risk for unhealthy outcomes because they were raised with their brother or sister. The current study along with other more current research suggests this is not always the case and that other variables need to be studied such as cohesion and sibling relationships. Past research suggests cohesive families are able to adapt more readily to stressors and crises common in day-to-day living and strong sibling relationships offer individuals support throughout the lifetime. With these benefits in mind, the purpose of this research was to explore the relationships between family cohesion and sibling relationships. Results indicate that generally these variables are independent. It is

refreshing to consider that healthy families may also experience conflicts among sibling pairs and not have it color the entire experience for all family members. People in a family can remain loyal, emotionally bonded, and supportive of one another although they encounter difficulties.

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APPENDIX A

Parent Part E

Below are a series of statements about families. Please write the number that best describes how true each statement is for your family.

1
very untrue for
my family

2
fairly untrue for
my family

3
fairly true for
my family

4
very true for
my family

____(1) *Family members really help and support one another.*

____(2) We fight a lot in our family.

____(3) *There is a feeling of togetherness in our family.*

____(4) Family members sometimes get so angry they throw things.

____(5) *Our family does things together.*

____(6) Family members hardly ever lose their tempers.

____(7) We really get along well with each other.

____(8) Family members sometimes hit each other.

____(9) *Family members seem to avoid contact with each other when at home.*

____(10) Family members rarely criticize each other.

NOTE. COHESION ITEMS ARE ITALICIZED

Sibling Part A

ID # _____

Think about the behavior of the non-disabled sibling (brother or sister) in your family who completed the sibling interview.

Birthdate of Sibling _____ Sex of Sibling _____ Today's date _____

Please write the number that indicates how often the above sibling behaves toward your child with a disability in the way described.

1**2****3****4****5****Never****Seldom****Sometimes****Often****Always**

____(1) Is pleased by progress he/she makes.

____(2) Shows or tells him/her interesting things.

____(3) Teases or annoys him/her.

____(4) Helps him/her in any way possible.

____(5) Gets angry with him/her.

____(6) Accepts him/her as a playmate.

____(7) Is embarrassed to be with him/her in public.

____(8) Wants him/her to succeed.

____(9) Stays away from him/her if possible.

____(10) Gets ideas for things they can do together.

____(11) Does things to please him/her.

____(12) Fusses and argues with him/her.

____(13) Has fun at home with him/her.

____(14) Acts ashamed of him/her.

____(15) Shows sympathy when things are hard for him/her.

____(16) Frowns or pouts when he/she has to be with him/her.

____(17) Teaches him/her new skills.

____(18) Says unkind things to him/her.

____(19) Helps him/her adjust to new situations.

____(20) Treats him/her as a good friend.

____(21) Tries to avoid being seen with him/her.

____(22) Is concerned for his/her welfare and happiness.

