

**The Impact of Having a Sibling Diagnosed with a Disability on One's Level of Acceptance  
for Others**  
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TABLE OF CONTENTS

CHAPTER	PAGE
ACKNOWLEDGEMENTS	v
LIST OF TABLES	vi
ABSTRACT	vii
I. INTRODUCTION	1
II. LITERATURE REVIEW	5
General Family Functioning	5
Sibling Relationships	6
Family Adaptability	8
Impact of Disability	11
Resiliency Factors	16
Differential Treatment in Families	19
Effect of Disability by Stage of Life	22
Acceptance Levels	24
Statement of Purpose	27
Hypotheses	28
III. METHOD	30
Procedure	30
Participants	31
Measures	36
Demographic Questionnaire	36
Acceptance Measures	37

	Parental Measure	40
IV.	RESULTS	41
	Hypothesis 1	41
	Hypothesis 2	42
	Hypothesis 3a	43
	Hypothesis 3b	44
	Hypothesis 4	49
	Hypothesis 5	49
V.	DISCUSSION	52
	Summary of Results	52
	Limitations and Directions for Future Research	55
	Implications for School-Clinical Child Psychology	56
	REFERENCES	58
	APPENDICES	68
	A. Informed Consent	68
	B. Demographic Questionnaire	70
	C. <i>Personal Attribute Inventory</i>	72
	D. <i>Scale of Attitudes Toward Disabled Persons</i>	73
	E. <i>Modified Disability Social Distance Scale</i>	75
	F. <i>Modified Social Distance Scale</i>	76

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## LIST OF TABLES

TABLE	PAGE
1. Demographic Profile of the Sample	33
2. Demographic Profile for Participants with Siblings Diagnosed with a Disability	35
3. Frequency of Disability Type	36
4. Means and Standard Deviations for the Three Acceptance Measures	42
5. Means and Standard Deviations for the Three Acceptance Measures within Disability Groupings	43
6. Means and Standard Deviations for Four Parental Variables	44
7. Regression Analyses Examining Impact of Presence/Absence of Disability and Maternal Care and Overprotection on Acceptance Levels via the Personal Attribute Inventory	45
8. Regression Analyses Examining Impact of Presence/Absence of Disability and Paternal Care and Overprotection on Acceptance Levels via the Personal Attribute Inventory	46
9. Regression Analyses Examining Impact of Presence/Absence of Disability and Maternal Care and Overprotection on Acceptance Levels via the Scale of Attitudes Toward Disabled Persons	46
10. Regression Analyses Examining Impact of Presence/Absence of Disability and Paternal Care and Overprotection on Acceptance Levels via the Scale of Attitudes Toward Disabled Persons	47
11. Regression Analyses Examining Impact of Presence/Absence of Disability and Maternal Care and Overprotection on Acceptance Levels via the Disability Social Distance Scale	48
12. Regression Analyses Examining Impact of Presence/Absence of Disability and Paternal Care and Overprotection on Acceptance Levels via the Disability Social Distance Scale	48
13. Difference between Acceptance Levels of the Three Religious Groups	50
14. Descriptive Statistics for Heterosexual Individuals Responses on Three Sexual Orientation Items	51

ABSTRACT

Research shows that having a sibling diagnosed with a disability can significantly affect the typically developing sibling in both positive and negative ways. Ultimately, the family environment and parental treatment features are impacted by an individual with a disability. Further, typically developing siblings of individuals diagnosed with a disability have been found to be more accepting of other individuals diagnosed with a disability.

This study examined whether young adults who had a sibling diagnosed with a disability showed differing levels of acceptance for others diagnosed with a disability as compared to individuals with unaffected siblings. Parental care and overprotection features in affected families were analyzed as compared to unaffected families in order to assess whether this had an impact on the acceptance levels. Further, acceptance views for individuals from differing groups than themselves (i.e., sexual orientation, ethnicity, and religion) were assessed as a possible impact of having a sibling diagnosed with a disability. The sample consisted of 45 individuals with a sibling diagnosed with a disability and 98 individuals with typically developing siblings. Each participant completed the *Parental Bonding Instrument* (PBI; Parker, Tupling & Brown, 1979), *Personal Attribute Inventory* (Parish, Bryant & Shirazi, 1976), *Scale of Attitudes Toward Disabled Persons* (SADP; Antonak, 1981), a modified *Disability Social Distance Scale* (DSDS; Tringo, 1970), and the modified *Bogardus Social Distance Scale* (Bogardus, 1975).

Results revealed that the individuals with diagnosed siblings were significantly more accepting of individuals diagnosed with a disability on two of the three measures assessing this construct. Type of disability and length of time living with the diagnosed sibling did not impact acceptance level for the individuals with diagnosed siblings. However, these acceptance views were not generalizable to people from differing groups than themselves. Maternal care was found to be significantly lower for the individuals with a diagnosed



sibling. However, maternal overprotection, and paternal care and overprotection were not found to be effected. Further, these parental features did not moderate the acceptance levels.

Implications of this study indicate that individuals with a diagnosed sibling receive lower levels of maternal care which may place these individuals at greater risk for maladjustment. Educating parents of the lower levels of care given to these individuals is essential. Specifically, encouragement for cohesion within the family, appropriate communication and emotional bonding, despite the lower levels of care will likely have positive effects for all family members. Additionally, the need for support groups for this age cohort was stressed by many participants as it is currently desired yet lacking. And ultimately, this study adds to the current literature regarding the positive impact a sibling diagnosed with a disability can have within the young adult population.

## CHAPTER I

### Introduction

The family system is a complex unit influenced by many diverse circumstances that influence how a family functions. Any change in one member of the family system has ramifications for the other system members, as well as for the larger surrounding systems (Becvar & Becvar, 1993). For example, the birth of a child alters the relationships and interactions of family members. When a child is born, that child becomes part of a previously existing social network and unit. Each family member adapts to the existing contexts and contributes to the newly created contexts, resulting from the birth (Brody & Stoneman, 1990).

Birth of a sibling with a disability is an especially unique event to which family members must adjust. Considering the importance of sibling relations in the context of child development and that 80% of children diagnosed with a disability have typically developing siblings, such experiences may affect large numbers of families (Atkinson & Crawford, 1995). Having a sibling diagnosed with a disability may alter one primary context of children's lives, their family environment, in fundamental ways. The extra responsibilities that a child assumes, the demands that cut into parents' temporal or emotional availability for the child, and the stresses that a child may face have the potential to give rise to emotional problems in children or problems for family relationships. Alternatively, they may foster maturity and competence in the sibling child (McHale & Gamble, 1989).

Research prior to the 1980's generally assumed family dysfunction and pathological reactions were an inevitable result of having a child with a disability or chronic illness.

Researchers used a maladjustment view when assessing families that included a child with a disability. Positive impacts were frequently dismissed as denial or as an attempt by parents to alleviate their guilt (Behr, 1990; Turnbull, 1985). Yet more current researchers have found that many children do not seem to exhibit the predicted maladjustment (Burke & Montgomery, 2000; Cleveland & Miller, 1977; Cuskelly & Gunn, 2003; Eisenberg, Baker, & Blacher, 1998; Floyd, Harter, & Costigan, 2004; Grossman, 1972). As such, the concept of resilience and adaptation has been given much attention in recent years.

People's perception of individuals diagnosed with a disability is one area that has been shown to be influenced by exposure to people with disabilities. Attitudes toward people diagnosed with a disability may be conceived as operating in three distinct yet interacting social circles or levels (Antonak & Livneh, 1988). The innermost circle comprises attitudes exhibited by the person with a disability's relatives, friends and peers. Attitudes of these groups influence not only the development of the individual with a disability's self-concept but also the socialization of the individual into typical community activities. The next attitudinal circle encompasses the relationships of the individual with a disability and the rehabilitation professionals with whom he or she comes into contact. And, the third circle is composed of attitudes of the general public. In particular, societal negative attitudes toward its members who have a disability create real obstacles to the fulfillment of their roles and the attainment of life goals. These detrimental attitudes are often covert, but may be detected in the use of media stereotypes, prejudicial beliefs, derogatory labels, or lack of care for the well-being of people diagnosed with a disability. These attitudes are also apparent in the work practices of employers. Employers' unfavorable attitudes toward people with disabilities often impede vocational possibilities and result in reduced opportunities (Antonak & Livneh, 1988). Additionally, there are other circumstances in which these negative attitudes may arise, such as selection of spouse and choice of playmates for one's children, etc. As more and more people diagnosed with disabilities become mainstreamed into society

at all stages, it is crucial to understand the dimensions which influence how accepting others are toward these individuals. Siblings of those with a disability provide for a group of individuals who have exposure to this group and who have been found to be more accepting (Cleveland & Miller, 1977; Cuskelly & Gunn, 2003; Eisenberg et al., 1998; Grossman, 1972; Nixon & Cummings, 1999) as compared to those without familial exposure to others with disabilities.

Yuker (1965) suggested that knowledge of attitudes of typically developing people toward people with disabilities helps us to understand the nature of the interaction between the two groups. Studies measuring these attitudes may therefore shed light on the components of negative attitudes (e.g., avoidance, rejection) as well as positive attitudes (e.g., friendliness, interaction) toward people with disabilities. Furthermore, understanding the underlying dimensions of negative attitudes may suggest differential change procedures and promote appropriate assessment of the effects of these interventions (Antonak & Livneh, 1988).

And as attitudes have been shown to predict behavior, attitudes are an important cornerstone for psychological research. Viewed from a behavioral-learning theory perspective, attitudes perform a utilitarian function. Attitudes maximize rewards in the environment, while minimizing potential penalties or punishments. They dispose the individual toward reinforcing objects and, at the same time, pave the way to satisfying one's needs by attaining valued goals. These utility values may range from acquiring objects in the physical world to attaining socially adaptive goals, such as initiating and maintaining interpersonal relationships with significant others. Finding out what a person's attitudes are (toward a given object, individual, group of people, or event), in conjunction with knowledge of various situational and other personality variables, may aid the researcher in better understanding, explaining, and ultimately predicting behavior toward the referent. And although, attitudes are neither a necessary nor a sufficient cause for behaviors, they are,

however, contributing factors to behavior and under some conditions may strongly influence behavior. They exert both a directive (target-related) and a dynamic (energetic) influence on behavior. As such, they may be viewed as mediating between environmental stimuli and the individual's response act. Behaviors, despite being affected by the channeling force exerted by attitudes, are a function of a variety of other variables such as one's ability, effort and motivation, societal norms, past habits, prior exposure to the attitude referent, expectations regarding reinforcement and punishment, and personality factors (Antonak & Livneh, 1988).

## CHAPTER II

### Literature Review

#### *General Family Functioning*

General Systems Theory (von Bertalanffy, 1950) proposes that families are considered systems because they are made up of interrelated elements or objectives, exhibit coherent behaviors, have regular interactions, and are interdependent as they are mutually dependent on one another. Family systems have interrelated units and structure (i.e., the members of the family). Each unit has characteristics and there are relationships between the units which function in an interdependent manner. All of these create a structure, the sum total of the interrelationships among the units, including membership in a system and the boundary between the system and its environment (Nichols & Schwartz, 2006).

There are also predictable patterns of interaction that emerge in a family system. These repetitive cycles help maintain the family's equilibrium and provide clues to the elements about how they should function. Every system has ways of including and excluding elements so that the line between those within the system and those outside of the system is clear to all. Family systems have boundaries and can be viewed on a continuum from open to closed. If a family is permeable and has vague boundaries it is considered open. Open boundary systems allow elements and situations outside the family to influence it. It may even welcome external influences. Closed boundary systems isolate its members from the environment and seem isolated and self-contained (Nichols & Schwartz, 2006).

Every family system, even though it is made up of individual elements, results in an organic whole. Overall family images and themes are reflected in this holistic quality.

Unique behaviors may be ascribed to the entire system that do not appropriately describe individual elements. Further, family systems use messages and rules to shape members. Messages and rules are relationship agreements which prescribe and limit a family members' behavior over time. They are repetitive, redundant and rarely, if ever, explicit or written down. They give power, induce guilt, control or limit behaviors, and they perpetuate themselves and reproduce (Nichols & Schwartz, 2006).

And lastly, systems theory proposes the presence of subsystems. Every family system contains a number of small groups usually made up of 2-3 people (marital, parental, sibling, extended). The relationships between these people are known as subsystems, coalitions, or alliances. Each subsystem has its own rules, boundaries, and unique characteristics (Nichols & Schwartz, 2006).

#### *Sibling Relationships*

Systems theory, which recognizes the interdependencies of the subsystems within the family, has guided research on sibling conflict and family relationships (Brody, Stoneman, & McCoy, 1992). More specifically, siblings are one specific subsystem within the family that plays a large role in family functioning. According to Cicirelli (1995), a sibling relationship is the

...interdependency of two children in a family who either 1) share some degree of common biological origin (full siblings, half-siblings); 2) share a relationship defined legally (stepsiblings, adoptive siblings); or 3) share some degree of commitment or socialization to the norms of sibling roles in a particular culture (fictive siblings). (p. 4)

The relationship between siblings is special and intimate. Sibling interactions are essential and powerful components of socialization because they foster the development of important instrumental and affective relationship skills (Cicirelli, 1985). This is especially true during childhood when siblings serve as each other's playmates and models of identification, as well as caretakers and socializing agents (Cicirelli, 1982). What is learned

from relating to siblings can potentially influence cognitive, affective, and social skills as well as the development of a positive self-image. Further, siblings can have profound influences on each other's social and emotional development such as their self-esteem (Dunn, 1983; Sutton-Smith & Rosenberg, 1970). Positive and frequent sibling interactions provide important sources of emotional support (Dunn & Kendrick, 1982), whereas negative and/or infrequent sibling interactions disrupt the psychological adaptation process (Bryant, 1982).

A sibling relationship is important and unique because its duration is often lengthy, a common cultural milieu is shared, and typically the nature of the relationship is highly egalitarian. It is an ascribed rather than an earned role and endures regardless of circumstances or achievements (Stocker, Dunn, & Plomin, 1989). Siblings play a major role in each other's development, which in some cultures may be equally or more influential than parents (Azmitia & Hesser, 1993; Weisner, 1993; Zukow-Goldring, 1995).

Sibling and familial relationships are generally accepted as distinguished from other peer and non-familial relationships. These differences are evidenced in the frequency and amount of interaction, duration of relationships, existence of prescribed roles, accessibility, and degree of common experiences demonstrating that families go through many experiences together, adapting to certain situations (Bryant, 1982). One situation that siblings need to adapt and become accustomed to is the way their parents parent.

A common concern for many children is whether siblings are treated more favorably by their parents. Beginning at a young age, children monitor their parents' behavior toward themselves and their siblings in an effort to detect potentially inequitable treatment (Dunn & Stocker, 1989). Behavioral geneticists have examined parents' differential treatment as one component of the non-shared environment (Daniels & Plomin, 1985; Plomin & Daniels, 1987) and established links between differential treatment and differences between siblings adjustment (McHale & Pawletko, 1992).



It is important to recognize the role of parental behavior for sibling relationships, as the marital relationship and parent-child relationship are related to interactions between siblings. More conflictual and less friendly sibling relationships have been reported in families where the mother was differentially affectionate, responsive or controlling toward the children (Brody, Stoneman, & Burke, 1987). Both parents and adolescents have reported perceived differences in parental treatment of siblings (Daniels & Plonim, 1985). Brody et al. (1992) reported that the least conflictual sibling relationships were in families where fathers treated the children impartially when discussing a problem, in families that were generally harmonious, and in families where parents perceived relationships as generally close.

#### *Family Adaptability*

Thus, how do individual family members as well as families as a unit adapt to certain circumstances that may arise within their family? Family process variables have been studied in terms of coping style, parent-child and parent-parent interactions, flexibility and openness within the family environment, and characteristic problem solving behaviors (Patterson & Garwick, 1994). Coping styles are specific efforts made by individuals or families that serve to maintain or restore the balance between demands and resources. These efforts to maintain balance are closely linked to families' flexibility as well as their characteristic problem-solving behaviors in that they reflect the general management approach of the family (Nichols & Schwartz, 2006; Patterson & Garwick, 1994).

Many researchers have identified the constructs of cohesion and adaptability as important descriptors of families. Cohesion is defined as the sense of emotional warmth or oneness members of a family feel toward one another. Olson, Russell, and Sprenkle (1983) defined family cohesion as the emotional bonding that exists between family members. According to Olson's circumplex model, cohesion has a curvilinear relation to family health; in other words, too much or too little family cohesion is an indicator of pathology, whereas a moderate or balanced degree of cohesion is a characteristic of healthy family functioning. In