

**RESILIENCE AND OPTIMISM AMONG
SIBLINGS OF CHILDREN WITH SPECIAL NEEDS**

Dissertation submitted to Kerala University

In partial fulfilment of the requirements for the award of the Degree of

M.Sc. Counselling Psychology

By

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CERTIFICATE



This is to certify that the Dissertation entitled “**Resilience and Optimism Among Siblings of Children With Special Needs**” is an authentic work carried out by Mekha J.S, Reg. No. 60422115016 under the guidance of Mrs. Jesline Maria Mamen during the fourth semester of M.Sc. Counselling Psychology programme in the academic year 2022- 2024.

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DECLARATION

I, Mekha J.S, do hereby declare that the dissertation titled “**Resilience and Optimism Among Siblings Of Children With Special Needs**”, submitted to the Department of Counselling Psychology, Loyola College of Social Sciences, Sreekariyam, under the supervision of Mrs Jesline Maria Mamen, Head of the Department of Counselling Psychology, for the award of the degree of Master’s in Science of Counselling Psychology, is a bonafide work carried out by me and no part thereof has been submitted for the award of any other degree in any University.

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Abstract

This is a quantitative study conducted to study the Resilience and Optimism Among Siblings of Children With Special Needs on a total of 70 siblings of children with special needs and 70 siblings of children without special needs .Siblings are selected from different areas of Thiruvananthapuram district. Siblings of children with special needs are selected from various categories including autism, down syndrome, hearing impaired and intellectual disability .The samples of special siblings are selected from 10 special schools in Thiruvananthapuram district. The samples of siblings without special needs are collected from schools, colleges and other educational institutions in Thiruvananthapuram district. The sampling method used here was purposive sampling to focus on a particular population with a descriptive research design (survey method).They were given a questionnaire of RS-14 short version of the Resilience Scale developed by Wagnild and Young (2009) and The LOT-R Scale (Life Orientation Test-Revised) by Michael Scheier and Charles Carver (1985).Results identified that siblings of children with special needs and siblings of children without special needs in the present study as a whole have high resilience. In case of optimism siblings of children with special needs have high optimism and low pessimism.Siblings of children without special needs in the present study have moderate optimism. However, there is no significant difference found in the optimism between the two groups. The results indicate that there is no significant difference found in resilience and optimism among siblings of children with and without special needs.

Keywords: Resilience, Optimism, Siblings Of Children With Special Needs , Siblings Of Children Without Special Needs

CHAPTER I

INTRODUCTION

Siblings are people who share at least one biological or legal parent and form a unique family bond characterised by shared experiences, emotional ties and mutual influence. This relationship often involves a range of interactions, including friendship, competition, support and care. Siblings play an important role in each other's lives, influencing social development, emotional well-being and identity formation (Bank & Kahn, 1997). It is a key focus for understanding family dynamics and individual development (McHale, 2007). Sibling relationships are an essential feature of family dynamics, characterised by genetic inheritance and interpersonal interactions. Siblings tend to last longer than other relationships, and unlike other relationships, they persist in many areas of the world (Orsmond & Seltzer, 2007). These unique bonds are believed to contribute to the overall development of both members of the couple. Siblings work well on each other's social, emotional, cognitive and behavioural development. It has been suggested that older siblings tend to nurture younger siblings and model a social role model (Brody, 2004). In such a good relationship, siblings are as close as hands and feet, and the influence of each other can develop well for both. These relationships include a variety of experiences, including emotional support, competition, and reciprocity, which greatly influence psychological development and socialisation (Dunn & Plomin, 1990). Siblings often play complementary roles in each other's lives, offering companionship and fostering social skills while also engaging in competitive and conflictual interactions (McHale & Gamble, 2018). Research highlights that the quality of sibling relationships can influence various aspects of individual development, including emotional regulation, self-esteem, and interpersonal skills (Grotevant & Carlson, 1989). Understanding the dynamics of sibling relationships provides valuable insights into family functioning and individual growth, making them a crucial area of study in developmental and clinical psychology (Kramer & Conger,

2009). Sibling relationships vary significantly across different cultural contexts, influenced by societal norms and family structures.

In Western nations, sibling relationships are often characterised by a balance of emotional support and rivalry, with a focus on individual development and personal autonomy (Grotevant & Carlson, 1989). Siblings in these societies typically experience greater emphasis on personal independence and less direct parental control, leading to relationships that can be more egalitarian but also marked by competition and negotiation (McHale & Gamble, 2018). In contrast, sibling relationships in Kerala, India, reflect broader familial and cultural values that emphasise interdependence and collective well-being. In this context, siblings often play a significant role in supporting one another due to strong family ties and shared responsibilities (Bose, 2011). The extended family system in Kerala encourages close-knit sibling relationships, where older siblings often take on caregiving roles for younger ones, and family hierarchy and respect for elders are deeply ingrained (Kumar, 2007). The emphasis on familial duty and collective support contrasts with the more individualistic approach observed in Western contexts.

Children with special needs are those who require additional support due to physical, cognitive, emotional, or developmental conditions that differ from the typical developmental trajectory (Montgomery & Miller 2001). Children with special needs can have a range of conditions that impact their development or learning. These categories help to better understand the diverse needs and tailor support and interventions accordingly. These conditions might include:

1. Physical disabilities : Affects physical mobility or health, such as spinal cord injury, cerebral palsy, or amputation.

2. Intellectual disabilities : Affects learning and cognitive functioning, including intellectual disabilities, Down syndrome and learning disorders such as dyslexia.

3. Sensory impairments : including sensory impairments, such as visual impairments (such as blindness or low vision) and hearing impairments (such as deaf or hard of hearing).

4. Developmental disabilities : Affects developmental symptoms, such as autism spectrum disorder (ASD), developmental delay, and speech and language delays.

5. Emotional and behavioural disabilities : including conditions that affect behaviour and emotions, such as anxiety disorders, bipolar disorder, and dementia negative feedback (ODD).

6. Neurological disabilities : Involve the nervous system, such as epilepsy, multiple sclerosis, and traumatic brain injuries.

Children with special needs are those who require additional support or services due to physical, developmental, emotional, or behavioural conditions that differ from those typically expected in the general population. These conditions may include intellectual disabilities, learning disabilities, autism spectrum disorders, Down syndrome, physical disabilities, and other developmental or psychological disorders that necessitate specialised interventions and accommodations to support their learning and development (American Psychological Association, 2013). Sibling relationships can be profoundly affected when one child in the family has special needs, including intellectual disabilities, autism, or Down syndrome. The presence of a sibling with special needs often alters the dynamics of the sibling relationship, influencing emotional experiences, roles, and interactions.

Growing up with a sibling who has special needs can be a complex and multifaceted experience. In contemporary society, families with children who have special needs are increasingly recognized for their unique challenges and strengths. While substantial research has focused on the impact of these challenges on the children with disabilities themselves, there is a growing acknowledgment of the significant, yet often overlooked, experiences of their siblings. Siblings of children with intellectual disabilities, Down syndrome, and autism navigate complex emotional landscapes and assume various roles within the family dynamic, which can profoundly influence their own psychological well-being. While some siblings may experience stress, anxiety, and emotional challenges (Hastings, 2003; Orsmond & Seltzer, 2007), others may develop remarkable resilience and optimism (Bekhet, 2016; Giallo & Gavidia-Payne, 2006). Research has shown that siblings of children with special needs experience more psychological and behavioural problems (Lobato & Kao, 2005; Ross & Caskelly, 2006). However, there is also evidence that these siblings can develop unique abilities and coping strategies such as empathy, compassion and adaptation (Bekhet, 2016; Giallo & Gavidia-Payne, 2006). Impact of disability on siblings: Although parents of children with disabilities face the greatest risk, the impact of this burden also affects other family members. Having a sibling with a disability also puts children at risk. Researchers have found a strong link between parental stress and sibling performance. In a study of parents and children with special needs, Giallo & Gavidia Payne (2006) found a significant relationship between parental stress and internalising problems in siblings. When parental stress is high, these siblings are rated as having less positive behaviour by their parents (Giallo & Gavidia-Payne, 2006). Similar findings were reported by Quintero and McIntyre (2010), who found that parental depression is associated with behavioural problems and academic problems for siblings of children with autism spectrum disorder. These findings show that sibling development is related to parents' ability to successfully adapt to the stress of having a child with a disability.

Many siblings can overcome the challenges they face as a sibling with a disability. In the face of problems, these people show resilience and can adapt well to these problems. Although the pressures these siblings face are significant, many siblings are able to adapt well to this stress and overcome the challenges they face. Despite the harm these elders face, some of them can survive socially, mentally, and academically. In general, these siblings are resilient in adapting to the challenges and problems they face (Rivers & Stoneman, 2008; Werth, Royers, & Boyus, 2003). Literature in this area suggests that protective factors at the individual, family, and community levels can help siblings overcome the stressors and risks associated with living with a child with a disability (Rivers & Stoneman, 2008; Verte et al., 2003). Organizations within the community may also help siblings and their families in adapting to living with a child that has a disability. Programs that provide education about disabilities can help siblings learn to better understand and relate to their brother or sister that has a disability. A study by Lobato and Kao (2002) identified that siblings indicate feeling closer to their siblings after attending support groups that provide this type of information. Similarly, these siblings and families appear to benefit from the use of respite services available in the community. These services provide temporary specialised care for children with disabilities, and allow siblings a chance to have time apart from their brother or sister. When compared to families who do not use such services, families that use such disability-related services indicate feeling more connected to their family and experiencing less overall stress (Chan & Sigafos, 2001). Certain personal characteristics appear related to helping siblings adjust to having a brother or sister with a disability. High self-concept and persistence have both been implicated as protective processes facilitating positive growth (Rivers & Stoneman, 2008; Verte et al., 2003). These characteristics appear to influence the way that individuals perceive problems when they arise, and dictate the ways that they respond to stressors. In turn, these qualities may contribute to higher quality sibling relationships and an overall willingness to proactively address problems

that arise. Youngsters with these characteristics are more likely to be vulnerable to problems and have a greater ability to overcome them (Rivers & Stoneman, 2008; Werth et al., 2003). In the context of having a disabled sibling, they can manage the emotional levels that affect them. It has also been found that using coping strategies for these siblings can reduce the risk of anxiety or depression.

Beyond merely adapting to their relationship to a brother or sister with a disability, some siblings may actually incur individual benefit from their unique experiences. Because of the responsibilities that these siblings assume, many are reported by their parents as displaying heightened empathy and maturity for their age (Cuskelly & Gunn, 2003). In a qualitative study of parent perspectives by Resch and colleagues (2010), parents described the challenges and joys that they have experienced raising a child with a disability. Although parents noted many difficulties that they have had to overcome, many also shared positive experiences with their families. One parent noted that their children had become advocates for their sibling with a disability. The Impact of Disabilities on Families: Having a child with a disability impacts the entire family system, yet much of the research in this area has focused on the impact that having a child with a disability has on parents. These findings consistently indicate that these parents report experiencing higher levels of stress than other parents do (Baker et al., 2003). This elevated stress appears to come from a variety of different areas including the level of the child's needs, and the challenges that parents experience in raising their child because of their disability (Baker et al., 2003). Parents of children with disabilities often have to manage significant behavioural and emotional difficulties, which can become more pronounced throughout childhood (Woodman, 2014).

Families caring for children with disabilities like Down syndrome, Autism Spectrum Disorder (ASD), or other chronic conditions navigate a landscape of multifaceted challenges. Richard Dawkins controversial comments on Down syndrome reflect a common misconception about the quality of life for individuals with disabilities and their families. Contrary to these views, recent studies illustrate that many individuals with Down syndrome and their families experience high levels of happiness and fulfilment. Research by Edgin and Fernandez (2014) highlights that individuals with Down syndrome often have higher adaptive skills than their low IQ scores might suggest, leading to relatively strong day-to-day functioning and contributing to what some researchers call the "Down syndrome advantage." This phenomenon is not isolated to Down syndrome alone. Families with children who have ASD or intellectual developmental disorders (IDD) also demonstrate varying levels of well-being, often comparable to families without children with disabilities (Shivers & McGregor, 2018). Siblings in these families are particularly notable for their ability to adapt and find positive aspects in their relationships with their brothers or sisters with disabilities. Studies indicate that these siblings often develop higher levels of maturity, empathy, and communication skills than their peers (Hanvey et al., 2022). They report feeling a sense of pride in their sibling's achievements and demonstrate an enhanced capacity to appreciate diversity and challenge societal norms around disabilities. Having a sibling can provide numerous benefits, including emotional support, social development, and enhanced coping skills. Siblings often serve as lifelong companions who share experiences and provide mutual support throughout life (Grotevant & Carlson, 1989). Research shows that siblings can contribute to each other's social skills by participating in cooperative activities and learning to navigate complex social interactions such as negotiations and conflict resolution (Dunn & Plomin, 1990). Having siblings increases psychological resilience by providing an internal

support network and opportunities for personal growth through shared experiences (Kramer & Kanger, 2009).

Resilience

Resilience plays an important role in a person's ability to lead and develop through life's challenges and problems. This includes the ability to recover from adversity, adapt to change, and maintain mental health despite adversity (Masten et al., 2014). Resilience is important for several reasons: Managing stress: Resilience gives people the skills to manage stress effectively. By promoting adaptive coping strategies, resilience helps reduce the negative effects of stress and reduce the risk of psychological problems such as anxiety and depression (Luthar, Cicchetti, & Becker, 2000).

Emotional Stability : Promotes emotional stability by enabling people to maintain a positive outlook and emotional balance during difficult times. This emotion benefits overall mental health and increases a person's ability to maintain relationships and perform daily tasks (Rivitch & Chate, 2002).

Personal growth : Resilience supports personal growth and development by encouraging people to see challenges as opportunities to learn and improve. This idea promotes persistence and motivation, which is important for achieving long-term goals and personal fulfilment (Neimeyer et al., 2001).

Advanced problem solving : Simple people are better at solving problems and making decisions. They are more likely to approach problems with creativity and intelligence, which helps them find effective solutions and overcome problems.

Recovery and Adaptation : Resilience facilitates quicker recovery from adverse situations and the ability to adapt to new circumstances. This adaptability is vital for bouncing back from

setbacks and continuing to progress despite facing disruptions or changes in life (Bonanno et al., 2004).

Resilience in siblings of children with special needs is critical as it enables them to navigate the unique challenges and stresses associated with their family dynamics. These siblings often face increased caregiving responsibilities and emotional demands due to the special needs of their brother or sister, which can impact their own developmental experience (Schuntermann 2007). However, resilient siblings can manage these pressures effectively, developing strong coping strategies and adaptive skills. When they learn to balance their needs with their siblings, they can develop imagination, problem-solving skills and mental strength (McHale & Gamble, 2018). Research shows that these siblings often benefit from supportive family environments and resources that promote their strengths and ultimately contribute to personal growth and well-being. heart (Baker et al., 2013).

There are many factors that contribute to the resilience of siblings of children with special needs and the ability to effectively manage the unique challenges they face. A supportive family environment is important, as family members can increase communication skills. Siblings who experience recognition and encouragement from the family, are better able to handle stress and accelerate their work in the family (McHale & Gamble, 2018). Developing effective coping strategies, including problem-solving skills, emotional regulation, and positive thinking, can support resilience by helping older adults manage stress and adapting to their circumstances (Seligman & Darling, 2007). In addition to family support, external social support networks play an important role in building resilience. Siblings who have access to understanding friends, extended family, or support groups often feel less isolated and receive additional emotional and practical support (Baker et al., 2002). A strong sense of self-efficacy, or the belief in one's ability to influence outcomes, contributes to resilience by boosting confidence in handling challenges (Bandura, 1997). Balancing parental attention between the

special needs child and their siblings also prevents feelings of neglect and promotes emotional well-being (Gordon & McCubbin, 1986). Positive family dynamics, including supportive sibling relationships and a cohesive family environment, further strengthen resilience and help siblings cope with their unique challenges (McHale et al., 2007). The quality of family relationships plays a crucial role in fostering resilience among siblings of children with special needs. Supportive family environments characterized by open communication, emotional support, and balanced attention can significantly enhance resilience. Siblings who experience positive family interactions are better equipped to handle the stresses associated with their sibling's special needs (Baker et al., 2002; McHale & Gamble, 2018). Conversely, negative family dynamics or lack of support can exacerbate stress and undermine resilience, highlighting the need for interventions that address family functioning (McHale et al., 2007). Effective coping strategies are essential for building resilience. Siblings who develop adaptive coping mechanisms, such as problem-solving skills and emotional regulation techniques, are better able to manage the challenges posed by their sibling's condition. Research shows that these strategies help siblings balance their own needs with those of siblings with special needs, and tap into their strengths (Seligman & Darling, 2007). Siblings who are able to engage in these decision-making strategies are more likely to have positive outcomes and maintain mental health.

Social support networks, including friends, extended family and support groups, are important in promoting resilience. These networks provide additional emotional and practical support, help reduce feelings of isolation, and provide resources to manage stress. Research emphasises the importance of these external supports in increasing siblings' resilience by providing a broader support system beyond the immediate family (McHale et al., 2007). Despite these strengths, there are often times when siblings of children with special needs need attention. Increased caregiving responsibilities, emotional distress, and the emotional toll of

their older sibling's condition can impact their lives. Although many adolescents are very active, managing these challenges is important to support their overall health and development (Kramer & Kanger, 2009). Therefore, interventions should be aimed at strengthening family resilience, supporting effective strategies and strengthening external support systems to strengthen the resilience of these siblings.

Optimism

Optimism within the realm of psychology is typically characterised as the inclination to anticipate positive outcomes and to sustain a hopeful perspective in the face of adversity. It encompasses a cognitive orientation that emphasises positive expectations regarding the future and the conviction that one's actions can lead to favourable results. This concept is frequently associated with positive psychology and is regarded as a fundamental element of mental resilience and well-being.

For siblings of children with special needs, optimism serves as a significant psychological asset, influencing their emotional well-being and coping mechanisms. Research underscores several critical areas where optimism proves advantageous:

Emotional Resilience: There is a correlation between optimism and enhanced emotional resilience. A study by Bhattashali, Ostrosky, and Monda (2010) reveals that optimistic siblings report diminished stress levels and superior emotional adjustment in comparison to their peers who lack this trait. They are better equipped to navigate the emotional challenges associated with having a sibling with special needs.

Social and Family Dynamics: Optimism plays a role in shaping family dynamics and social relationships. Research by Stoneman (2007) suggests that optimistic siblings contribute to a more positive family environment, thereby improving interpersonal relationships and reducing

family conflict. Their positive outlook fosters enhanced communication and support within the family unit.

Personal Growth: Optimism is a catalyst for personal development. According to a study by Dykens (2005), siblings who maintain an optimistic outlook experience an increase in self-esteem and personal growth. They tend to develop greater empathy and resilience, which are advantageous in both personal and social contexts.

Mental Health and Well-Being: The connection between optimism and mental health and overall well-being is evident. Studies have shown that optimistic individuals experience lower levels of stress, anxiety, and depression. According to Scheier and Carver (1985), optimism is positively correlated with psychological well-being and negatively correlated with depression and anxiety (Scheier & Carver, 1985).

Optimism in siblings of children with special needs is a critical aspect of their psychological resilience and well-being. Research shows that these siblings often develop a positive outlook as a coping mechanism to manage the unique challenges associated with their sibling's condition. They may maintain hope and a sense of control by focusing on positive aspects of their experiences and finding meaning in their roles within the family (Seligman, 2006). This optimism is associated with adaptive coping strategies, such as problem-solving and emotional regulation, which help them navigate the stressors and responsibilities they encounter (Gordon & Irvine, 1989). Additionally, optimism in siblings of children with special needs can be influenced by various factors, including family support, personal coping skills, and external social networks. Supportive family environments that promote open communication and emotional support contribute to the development of optimism by providing a foundation for resilience (McHale & Gamble, 2018). Additionally, external support from peers and support groups can reinforce their positive outlook by providing resources and

understanding (Baker et al., 2002). Despite the challenges they face, many young people show great wisdom that not only helps them deal with stress, but also promotes their mental and personal growth.

Siblings of children with special needs have many positive effects on their lives. This excellent overview facilitates coping strategies that enhance well-being and support overall well-being:

Coping and Advanced stress management : The best siblings use effective coping strategies that are better for dealing with stress and anxiety. They are more likely to approach challenges with a problem-solving mindset and maintain a positive attitude. This approach reduces the negative impact of stressors and helps them meet the needs of their siblings (Seligman, 2006).

Improve emotional health: A positive outlook improves emotional health. Self-esteem siblings are less likely to be troubled, anxious, or depressed. Their ability to view situations with hope and positivity promotes emotional stability and control, which increases their overall psychological well-being (Gordon & Irwin, 1989) .

Resilience and Adaptability: Younger siblings often prove to be more resilient and adaptable. They are more likely to bounce back from adversity and persevere in the face of adversity. This ability is supported by their ability to see challenges as temporary and manageable, which promotes a sense of empowerment and confidence in the ability to handle life's problems (McHale & Gamble, 2018).

Good relationship strength: Positive thinking can improve sibling relationships and family strength. A positive attitude leads to more positive interactions and relationships within the family, as siblings are more likely to engage in supportive behaviours and develop positive

relationships. This contributes to the well-being of the family and improves their quality of life (Baker et al., 2002).

Academic and Social Success: Research shows that thinkers are more likely to achieve higher levels of academic and social success. Siblings of children with special needs have a positive outlook, are better able to balance their responsibilities, do well in school and develop strong social relationships. Their desire to live a balanced life contributes to emotional well-being (Snyder et al., 2002).

Research shows that positive thinking can have a significant impact on siblings' ability to cope with the challenges of having a sibling with special needs. Baker et al., (2002) found that younger siblings had more adaptive strategies to help them cope with stress and maintain emotional balance. This hope allows them to see problems as temporary, manageable and life-enhancing. Research highlights the role of the family environment in shaping siblings' expectations. McHale and Gamble (2018) showed that strong family support, including effective communication and emotional support, increased siblings' self-efficacy and coping skills. Positive family interactions contribute to a more optimistic outlook, which in turn supports better emotional health and resilience. Longitudinal studies reveal that optimism in siblings of children with special needs can have enduring psychological benefits. Gordon and Irvine (1989) found that siblings who maintain optimism during their childhood and adolescence tend to exhibit stronger resilience and better emotional health into adulthood. This suggests that fostering optimism early on can lead to positive long-term outcomes. Social support networks are crucial in reinforcing optimism among siblings. McHale et al., (2007) identified that friends, extended family, and support groups provide essential emotional and practical support, which helps siblings maintain a positive outlook. This external support helps buffer the effects of stress and contributes to a more optimistic perspective. While there is considerable evidence on the challenges and strengths within families of children with

disabilities, comparative studies focusing on resilience and optimism among siblings of children with special needs and those without such siblings remain limited. This dissertation seeks to fill this gap by systematically comparing these two groups. By doing so, it aims to provide a nuanced understanding of how growing up with a sibling with special needs influences the development of resilience and optimism. Understanding these dynamics is crucial for developing targeted support mechanisms that can enhance the well-being of all siblings. Insights from this study could inform practices that promote positive psychological outcomes, foster supportive family environments, and ultimately contribute to the overall health and happiness of families navigating the complexities of life with a child with special needs.

Exploring resilience and optimism in siblings of children with special needs is vital for understanding their coping mechanisms and emotional well-being. Research reveals that these attributes play a crucial role in how siblings manage the unique challenges they face, influencing their ability to cope effectively and maintain positive mental health (Gordon & Irvine, 1989). By studying these factors, we can develop targeted interventions that enhance their resilience and address specific challenges, ultimately improving their life satisfaction and overall psychological functioning (Seligman, 2006). Additionally, insights gained from such research help in designing support strategies that promote long-term positive outcomes, including better academic performance and social skills (Baker et al., 2002). Furthermore, understanding resilience and optimism aids in improving family dynamics by reducing overall family stress and fostering a more positive environment (McHale et al., 2007). Therefore, checking these conditions will not only benefit the siblings, but also support the well-being of the entire family.

Need and Significance of the study

The increasing awareness of the emotional effect on siblings of children with special needs has prompted the current study, as this group is frequently overlooked in favour of focusing solely on the child with disabilities. Although significant research has focused on comprehending the experiences and requirements of children with intellectual disabilities, Down syndrome, and autism, less focus has been placed on their siblings. These brothers and sisters often face big emotional and psychological hurdles, such as increased stress and possible effects on their mental well-being and growth (McHale et al., 1986).

It is important to grasp the resilience and optimism of these siblings. Resilience allows them to adjust positively to their family's specific dynamics, while optimism aids in maintaining a positive outlook in challenging situations (Wolff et al., 2022). Investigating these aspects can offer understanding on how siblings handle their responsibilities, deal with their situations, and preserve their health. Comprehending this is crucial for creating specific interventions and support programs that focus on improving the emotional resilience and optimism of siblings, leading to better quality of life and familial relationships.

The importance of this research is its ability to address a crucial lack of information about siblings of children with special requirements. This study will provide important information on how siblings of children with intellectual disabilities, Down syndrome, and autism handle their specific difficulties through resilience and optimism. It will help in creating personalised support systems and interventions for their needs, leading to improved family-centred care strategies.

Researching how resilience and optimism manifest in siblings of individuals with special needs adds to the established knowledge base in psychology, sociology, and relationship science. Through conducting empirical studies on this subject, researchers have the opportunity

to enhance current theories, create new conceptual models, and deepen our comprehension of the intricate relationship between resilience and optimism. This study has the potential to be beneficial. Serve as a basis for upcoming research and enhance the scholarly literature within the field.

Statement of problem

Siblings of children with special needs often face unique challenges that can influence their psychological well-being, making it crucial to understand how resilience and optimism play a role in their overall emotional health and coping strategies" (McHale, 2007). Although resilience and optimism are recognized as crucial for managing challenges, there is a lack of focused research on how these traits specifically affect siblings of children with special needs, such as those with intellectual disabilities, autism, and Down syndrome. This study aims to investigate the levels of resilience and optimism among siblings of children with special needs compared to siblings of typically developing children.

Therefore the problem statement of the present study has been entitled as "Resilience and Optimism Among Siblings Of Children With Special Needs".

CHAPTER II

REVIEW OF LITERATURE

This chapter mainly deals with two major reviews, i.e, Theoretical review and Empirical review of literature. A variety of conceptual frameworks and variable models are examined in the theoretical review. The empirical review includes a number of empirical investigations carried out by other researchers that are relevant to the current study. Therefore, the existing literature has been reviewed to understand the concepts and association of the variables of interests.

Theoretical Review

To understand the concepts of resilience and optimism it is necessary to review theoretical perspectives associated with the variables. In this section conceptual framework and various theories propounded by researchers in the line of study of the current research variables are reviewed.

Resilience

In psychological terms, resilience refers to the ability to adapt and recover from mental stress, stress, or psychological distress. It includes the ability to maintain or restore mental health and function despite significant challenges and adversity. This process involves the use of personal strengths, coping strategies and social support to manage stress and achieve positive outcomes (Masten, 2001). Mental resilience is flexibility, the ability to bounce back from problems and the development of new ways to respond to problems (Reivich & Shatté, 2002). Resilience is important in life because it allows a person to handle and overcome adversity, maintain mental health, and continue to grow despite challenges. It allows people to adapt to stressful situations and recover from setbacks, thereby reducing the risk of mental health issues

such as anxiety and depression (Masten, 2001). Resilient individuals are better equipped to handle life's ups and downs with a positive outlook, which enhances their overall emotional stability and life satisfaction (Reivich & Shatté, 2002). Moreover, resilience fosters problem-solving skills and perseverance, essential for achieving long-term goals and navigating complex life circumstances (Neimeyer et al., 2001). Resilience, defined as the ability to adapt and thrive despite adversity, is a critical construct in understanding how siblings cope with the challenges associated with having a brother or sister with special needs. Research indicates that siblings often show remarkable resilience, managing to navigate their unique familial circumstances while maintaining psychological well-being.

Risk and Resilience Framework

Emmy Werner's Risk and Resilience Framework (1993) offers a detailed model for comprehending how people, particularly children, adjust to difficult situations. At the heart of this framework are the ideas of risk and protective elements. Risk elements, like genetic susceptibilities and harsh living conditions, increase the chances of negative results, whereas protective elements, such as personal characteristics, supportive family relationships, and community assets, reduce these risks and aid in adaptive functioning. Resilience is seen not merely as the lack of problems but as a continuous process of flourishing in the face of obstacles, which includes both overcoming difficulties and attaining positive growth. Werner's framework also highlights the significance of developmental paths, pointing out how resilience changes over time due to continuous interactions between personal qualities and the surrounding environment. This model stresses the importance of recognizing and bolstering protective elements and serves as a useful strategy for research and interventions aimed at boosting resilience and promoting positive growth.

Resilience Theory

The Resilience Theory by Luthar and colleagues (2000) offers a detailed model for grasping resilience as the capacity to adjust positively in the face of considerable hardship. This theory emphasises the importance of protective elements, such as personal characteristics like self-confidence and the ability to control emotions, supportive ties within the family, and resources available in the community, all of which together assist people in navigating and surmounting obstacles. It also looks into risk elements, including personal health problems, unstable family situations, and contact with violence within the community, which can increase susceptibility. Resilience is viewed as a result of the interplay between protective and risk elements, indicating that individuals actively interact with and react to their situations. Moreover, the theory includes a developmental viewpoint, recognizing that resilience changes over time and is shaped by different life phases and experiences. It also takes into account contextual and cultural aspects, understanding that resilience is influenced by wider cultural, socioeconomic, and environmental settings. This comprehensive approach provides important insights into the elements that foster resilience and has considerable implications for research and practical strategies designed to enhance adaptive functioning and well-being.

Masten's Resilience Framework

In 2001, Masten introduced the concept of resilience as an ongoing process rather than a fixed characteristic, describing it as the ability to successfully adapt in the face of considerable challenges. This framework underscores the role of protective factors, including personal qualities (like intelligence and self-control), nurturing family settings, and supportive networks such as positive friendships and community services. It also acknowledges risk factors, such as experiencing trauma or living in poverty, and points out that resilience emerges from the balance between these risks and protective factors. Viewing resilience from a developmental

angle, this framework acknowledges that it changes and can appear differently at different stages of life. Moreover, it includes a view of the system, showing how resilience is influenced by the intricate relationship between individuals and their wider social environments. This detailed perspective provides important insights into what contributes to resilience and has important implications for both research and practical strategies designed to improve adaptive abilities and overall well-being.

Family Resilience Model

Walsh's Framework for Family Resilience (1996) presents a detailed structure for comprehending how families successfully navigate through major difficulties. This framework views family resilience as the ability to sustain and improve the functioning of the family despite facing stress, with a focus on how shared family beliefs and values contribute to providing a sense of unity and purpose during tough times.

Key elements of this framework include:

Family Beliefs: At the heart of the framework are the collective beliefs and values of the family, which offer a sense of significance and direction during challenging periods.

Family Structure: The ability of a family to function effectively under stress is characterised by its ability to be flexible and well-organised.

Family Support Systems: The availability of both internal and external support is essential for resilience.

Family Coping Mechanisms: The framework underscores the need for proactive and adaptive coping mechanisms, such as nurturing positive relationships, seeking assistance, and exploring innovative solutions to problems during difficult times.

This approach offers deep understanding into how families achieve resilience and has real-world applications for strategies designed to assist families in overcoming obstacles and managing their challenges.

Optimism

Optimism is a mental and emotional outlook characterised by positive expectations for the future and belief in one's ability to positively influence outcomes. This includes the ability to see challenges as temporary and manageable and to believe that good things can happen despite difficulties (Scheier & Carver, 1985). Optimism is associated with good assessment of situations, flexibility in the face of problems and strong monitoring strategies. This perspective has a significant impact on mental health and contributes to overall well-being and quality of life by increasing hope, reducing stress and increasing problem-solving skills (Snyder et al., 2002). Optimism, characterised by hope and expectation of good results, plays an important role in how siblings think and interact with their lives. Siblings of children with special needs often harness optimism as a coping strategy, enabling them to approach challenges with a positive mindset and a belief in their ability to influence their circumstances positively. Studies show that siblings with higher levels of optimism are better equipped to handle stress and are more likely to experience positive personal development (Alon, 2022). Research indicates that optimism can vary significantly between siblings of children with special needs and those with typically developing siblings. Siblings of children with special needs, such as those with intellectual disabilities, autism, or Down syndrome, often face additional stressors and responsibilities that can influence their outlook. Despite these challenges, many of these siblings exhibit high levels of optimism. They may develop a positive outlook as a coping mechanism to handle the emotional and practical difficulties associated with their sibling's condition (Gordon and Irvine, 1989). The self-efficacy of these siblings is linked to their ability to find meaning in their experiences, maintain hope and engage in coping strategies (Seligman,

2006). In contrast, children's younger siblings have fewer problems when it comes to sibling motivation. Their ambition may stem from a more balanced family life and less caregiving. These seniors often experience a positive family atmosphere and fewer demands on their emotional and physical well-being, which contributes to their overall well-being and well-being. life (Kramer & Higgins, 2009). They face challenges well due to their family stability and less stress-related needs.

Learned Optimism

In Learned Optimism, Martin Seligman (1991) explores the concept of explanatory styles, which are the ways in which people explain the causes of events in their lives. According to Seligman, these explanatory styles significantly influence whether a person adopts an optimistic or pessimistic outlook. He identifies three key dimensions of explanatory styles:

Internal vs. External, where internal attribution involves seeing events as due to personal factors (e.g., one's own abilities), while external attribution attributes events to outside factors (e.g., luck or other people).

Stable vs. Unstable, where stable attribution views events as resulting from enduring causes, whereas unstable attribution sees them as stemming from temporary factors.

Global vs. Specific, where global attribution generalizes the cause of an event to many aspects of life, while specific attribution confines it to particular situations.

Optimism-Pessimism Model

Christopher Peterson's Optimism-Pessimism Model (2000) explores how attitudes toward future outcomes impact mental well-being, emphasising the effects of optimism and pessimism on individuals' expectations and behaviours. Optimism involves a positive outlook, where individuals attribute positive events to internal, stable, and global factors, while seeing

negative events as external, unstable, and specific. This mindset fosters resilience, motivation, and better coping strategies, leading to improved mental and physical health. Conversely, pessimism is characterized by a negative outlook, with individuals attributing positive events to external, unstable, and specific causes and negative events to internal, stable, and global factors. This viewpoint is linked to higher stress levels, decreased motivation, and poorer health outcomes. This model introduces explanatory style theory and shows how these attitudes shape people's interpretation of events. By understanding these dynamics, interventions can be developed to increase hope and improve quality of life.

Dispositional Optimism

Scheier and Carver's concept of Dispositional Optimism (1985) refers to a stable personality trait that reflects an individual's general expectation that good things will happen in the future.

General Expectation of Positive Outcomes: Dispositional optimism involves a pervasive belief that one's future will be filled with positive events and outcomes, regardless of current circumstances.

Perceived Control: Optimistic individuals often feel a greater sense of control over their lives and outcomes. Dispositional optimism involves cognitive mechanisms such as cognitive biases, where optimistic individuals tend to overestimate the likelihood of positive outcomes and underestimate risks, and emotion regulation, which helps them manage stress more effectively through adaptive coping strategies. Research shows that high dispositional optimism correlates with better mental and physical health, greater life satisfaction, and improved coping skills.

ABCDE Model

Martin Seligman (1991), a psychologist, created the ABCDE model of optimism as a cognitive-behavioural framework to promote optimistic thinking and perseverance in the face of adversity. A fundamental tool in positive psychology, this approach aids people in methodically reframing unfavourable ideas and attitudes that result from trying circumstances or setbacks. The ABCDE paradigm helps people develop a more positive outlook and overcome pessimistic thought patterns by matching each step to a distinct stage of cognitive and emotional processing.

The first letter in the model, A (Adversity), denotes the circumstance or occurrence that causes tension or unfavourable feelings. Adversity can take many different forms, ranging from little life issues like missing a deadline to more significant ones like being rejected or losing a job. This stage is identifying the trigger event, which is crucial to comprehending how a person's mind interprets challenges.

The next category is B (Belief), which relates to a person's preconceived notions or views on hardship. Cognitive biases frequently influence views, and in pessimistic people, these biases tend to be negative and self-defeating. In the aftermath of a defeat, an individual may think to themselves, "one is not good enough" or "one always fails." The person's feelings and actions in reaction to the circumstances are influenced by these beliefs.

The term "consequence" (C) describes the mental and behavioural effects resulting from the beliefs. An individual is more likely to feel helpless, anxious, or frustrated if they have negative beliefs about the challenge. These feelings may result in actions such as quitting, scuttling obstacles, or isolating oneself from social networks. On the other hand, optimistic thoughts can encourage healthy feelings and proactive actions like tenacity and problem-solving.

The model's D (Disputation) stage, which entails proactively confronting and contesting the unfavourable beliefs, is crucial. People are now encouraged to consider the data both in favour of and against their gloomy beliefs. Argumentation presents a more reasonable, well-balanced viewpoint and aids in ending the vicious cycle of negative thinking. This approach is essential to cultivating optimism because it interferes with the natural tendency toward pessimism and substitutes more adaptable, healthy cognitive patterns.

Lastly, E (Energization) stands for the optimism and sense of empowerment that follow a successful refutation of unfavourable ideas. People frequently feel more energised and driven to take constructive action when they question their negative thoughts and reframe their viewpoint. This renewed vigour is essential for building resilience because it empowers people to confront obstacles head-on with optimism and confidence.

Resilience-Optimism Model

The Resilience-Optimism Model by Tugade and Fredrickson (2004) integrates optimism and resilience, proposing that optimism enhances resilience by influencing how individuals respond to stress and adversity. Optimism, characterised by a positive outlook and expectations of positive outcomes, helps people see challenges as manageable and overcome obstacles. Resilience, the ability to overcome stress and maintain mental health, is enhanced by hope through coping strategies. Optimists are better able to solve problems, use social support, and maintain hope, increasing their ability to recover from stress. The main methods of psychology are cognitive appraisal, in which positive thinking promotes a positive interpretation of stress, and emotional regulation, which promotes effective stress management. Research shows that higher levels of hope and resilience are linked to better mental health, less stress and a better quality of life. Potential applications of this model include interventions such as cognitive behavioral therapy and resistance training to improve coping skills.

The Contextual Optimism Model

The Contextual Optimism Model, developed by Chang (2001), explores how optimism adapts based on specific situations and influences psychological and behavioural outcomes. Contextual optimism involves maintaining a positive outlook that adjusts according to the circumstances of a given situation, rather than being a fixed trait. It includes situational adaptability, where individuals adjust their expectations based on the context, and context-specific optimism, reflecting varying levels of optimism depending on personal, work, or relational contexts. This model works through psychological flexibility, which allows people to adapt their thoughts and expectations depending on the situation, and dynamic control strategies, which improve flexibility and resolution. problems by adapting strategies to specific challenges. Research shows that mindfulness is linked to better mental health, including improved stress management, better well-being and a better quality of life. This understanding focuses on interventions that promote optimal adaptation and psychological flexibility, leading to better stress management and personal development.

Empirical Review

To better understand resilience and optimism among siblings of children with special needs as well as the relationship between the respective variables among them, it was required to review the existing literature. The empirical review entails a comprehensive report of other researchers' works related to the present study.

In 2002, Laura Kaminsky and Deborah Dewey carried out research on "Psychosocial adjustment in siblings of children with autism", which was published in the Journal of Child Psychology and Psychiatry. This research looked at 90 siblings, aged 8 to 18, from three groups: those with autism, those with Down syndrome, and those without any developmental disorders, and their parents. The findings indicated that siblings of those with autism were

socially and emotionally well-adjusted, experiencing low levels of loneliness, which was similar to the other groups of siblings. It was also observed that these siblings of children with autism received a significant amount of social support from their families. The study suggested that having a larger family size might help siblings of children with autism adjust better, underscoring the role of family relationships in promoting the well-being of these siblings.

Cohen (2004) conducted an unpublished doctoral dissertation titled "Siblings of Children with Autism Spectrum Disorders: Coping and Resilience Strategies" at Harvard University. The study explored how siblings of children with autism spectrum disorders (ASD) cope with their unique family dynamics and develop resilience. The research involved a sample of 50 siblings, ranging in age from 8 to 18, from families with a child diagnosed with ASD. To assess coping strategies and resilience, the study used the Coping Strategies Inventory (CSI) to measure various coping mechanisms and the Resilience Scale for Children (RSC) to evaluate resilience levels. The findings indicated that siblings who employed proactive coping strategies and received emotional support from family members tended to show higher levels of resilience and better overall adjustment. The study highlights the importance of targeted support and effective coping strategies in fostering resilience among siblings of children with ASD.

Lobato and Kao (2005) conducted a study titled "Cultural Differences in Sibling Adaptation to Childhood Disability: A Study of Latino and Non-Latino Siblings," which explored growing up with a sibling with a developmental or physical disability can have a significant impact on a child's psychological well-being and that cultural background may also play a role in shaping sibling adaptation to disability. This study compared 40 Latino and non-Latino siblings (ages 8-14) of children with developmental and physical disabilities. Siblings completed interviews and questionnaires assessing their knowledge of and adjustment to their sibling's disability, as well as their global psychological functioning. Results showed that Latino siblings had less accurate knowledge about their sibling's disability and more internalising

problems (e.g., anxiety, depression) compared to non-Latino siblings. Additionally, sibling and parent wishes for the healthy sibling reflected cultural values. This study highlights the importance of considering cultural factors in understanding sibling adaptation to childhood disability.

Megan Patricia Martins (2007) carried out a research project named "Siblings of Individuals with Autism: Perceptions of the Sibling Experience, Psychological Functioning, and the Developmental Tasks of Young Adulthood." Previous studies indicated that siblings of those with autism often encountered difficulties in adjusting during their childhood, but there was a lack of understanding regarding the experiences of siblings as they grew older. Martins sought to investigate whether adult siblings were more susceptible to similar issues. Martins employed a combination of qualitative and quantitative methods in her research, involving surveys with 25 adult siblings of individuals diagnosed with an autism spectrum disorder (ASD) and 25 siblings of individuals without any chronic conditions or illnesses. The research looked into aspects such as family dynamics, career progress, psychological well-being, and how siblings viewed their role in each other's lives. The findings revealed that siblings of those with ASD had a less positive bond with their parents, felt a stronger influence from their sibling on their life and career goals, and expressed a preference for careers in the service sector. Moreover, siblings of those with ASD shared negative experiences during their childhood due to their siblings. However, there were no significant differences found between the two groups in terms of psychological distress or the distance from their parents.

Orsmond and Seltzer (2007) conducted a study titled "Siblings of Individuals with Autism or Down Syndrome," which examined the experiences and psychological outcomes of siblings who have a brother or sister with either autism or Down syndrome. The study included a sample of 130 siblings from families with a child diagnosed with autism or Down syndrome. This research aimed to explore how the type of disability influences sibling adjustment,

emotional well-being, and coping strategies. To assess these outcomes, the study utilised several assessment tools, including the Behavioral and Emotional Rating Scale (BERS) for evaluating emotional and behavioural functioning, and the Children's Coping Strategies Checklist (CCSC) to measure coping strategies. The findings revealed that siblings of individuals with autism and those with Down syndrome both faced significant challenges, but their experiences varied depending on the nature of the disability. The study found that siblings of individuals with autism reported higher levels of stress and more complex emotional experiences compared to siblings of individuals with Down syndrome. This comparative analysis highlights the differential impact of various developmental disabilities on sibling relationships and well-being.

Hilliard et al. (2012) conducted a study titled "Happiness and Resilience in Siblings of Children with Autism, Intellectual Disabilities, and Down Syndrome" comparing levels of optimism and resilience between siblings of children with different types of disabilities: children with autism, developmental disabilities (ID), or autism. The purpose of this study was to examine the effect of hope on the performance of these groups. In order to assess satisfaction and strength, this study used several instruments, including the Children's Optimism Scale to measure hope and the Connor-Davidson Confidence Scale (CD-RISC) to assess strength. The findings indicated that hope was an important predictor of resilience in the three younger groups. Siblings who reported higher levels of hope showed greater resilience despite the sibling's specific disability. This study highlights the role of positive thinking in building resilience among siblings and highlights its importance in supporting the well-being of siblings who face challenges related to various disabilities.

In "Experiences of Siblings Living with a Brother or Sister Diagnosed with Autism Spectrum Disorder (ASD)" (2012), Sunette Bishop explores the lives of siblings of individuals with ASD in the Western Cape Province of South Africa. Using qualitative methods, including

semi-structured interviews and open-ended questionnaires, Bishop uncovers the emotional and relational impacts of ASD on siblings. The study reveals that siblings experience worries, feelings of guilt, and a sense of responsibility towards their brother or sister with ASD, which affects their relationships and daily lives. These findings provide insight into the often overlooked experiences of siblings of individuals with ASD and highlight the need for support and understanding.

The study "Resilience in Siblings of Children with Autism" by Amanda Medrana (2013) examines coping mechanisms and reinforcing factors among siblings of children with autism. Contextually, this study addresses the gap in understanding of the impact of family dynamics, particularly sibling experiences, on autism spectrum disorders. Medrana's study focused on a sample of 25 siblings of children with autism, and provided insight into their mental and emotional abilities. Semi-structured interviews allow participants to describe their experiences and coping strategies in depth. The results indicated that despite facing challenges, siblings exhibited significant resilience, often developing empathy, adaptability, and strong coping skills. The findings contribute to the broader understanding of familial impacts of autism and highlight the need for support systems for siblings.

Zach Rossetti and Sarah Hall's 2015 study, "Adult Sibling Relationships with Brothers and Sisters with Severe Disabilities," investigated adult siblings' opinions of their relationships with siblings who have severe disabilities. According to the study, of the 79 adult siblings without disabilities who responded to an online survey, over half said their relationships were close and mentioned emotional effects like guilt, happiness, frustration, and stress from planning for the future and providing care. The study also found that proximity to and characteristics of the sibling with IDD are contextual factors that affect the development of relationships. In summary, the research underscores the intricacies of adult sibling relationships involving siblings with severe disabilities, stressing the importance of understanding and

support. It also offers implications for professional practice and research pertaining to families, siblings, and professionals.

Brian Lovell and Mark Weatherell (2016) published a study titled "Psychophysiological Impact of Childhood Autism Spectrum Disorder on Siblings" in the *Journal of Research in Developmental Disabilities*. This study was conducted with the goal of examining the emotional, social, and physical challenges of siblings of children with autism spectrum disorder (ASD). The researchers found that siblings of children with ASD experienced higher levels of depressive symptoms, particularly emotional problems, compared to controls. However, there was no significant difference in physical activity, as measured by cortisol levels, between the two groups. It is important that social support from parents and close friends as well as perception of behavioural problems in a child with ASD predicts depressive symptoms in siblings. This study concludes that interventions focused on increasing social support and promoting awareness of ASD behavioural problems may be effective in reducing depressive symptoms in siblings of children with ASD.

In "Resilience Levels in Siblings of Children with Developmental Disabilities" (2017), Stephanie T Gabbey investigates the resilience levels and coping strategies of siblings of children with developmental disabilities compared to siblings of typically developing children. The study includes 86 participants aged 9-17, divided into two groups: siblings of typically developing children (n=42) and siblings of children with developmental disabilities (n=44). Using the Resiliency Scales for Children and Adolescents, the study assesses three resilience areas: sense of mastery, sense of relatedness, and sense of emotional reactivity. The results show no significant differences in resilience levels between the two groups, indicating that siblings of children with developmental disabilities exhibit similar resilience levels and variability as siblings of typically developing children. This study provides new insights into

the resilience of siblings of children with developmental disabilities, highlighting the need for further research and support for this population.

"Living with a Sibling who has Autism Spectrum Disorder" by Marilia J Carvalho (2017), the author explores the experiences of individuals who have a sibling with ASD. The study includes a sample of siblings of individuals with ASD and employs a mixed-methods approach, combining Interpretative Phenomenological Analysis (IPA) and Thematic Analysis with descriptive statistics from two questionnaires. The findings reveal that siblings face concerns and stressors related to future caregiving, including the transference of care when parents are no longer able to provide support. Four themes emerge: finding new resources, developing new capabilities, managing demands, and utilizing support. The study concludes that siblings constantly seek new resources and develop new capabilities to manage demands across the life span, highlighting the need for clinical implications and support services for this population.

Uppal, J.(2017) in his study "Predicting the Well-Being of Families with a Child with Down Syndrome" identifies factors that predict the well-being of parents/carers of children with Down syndrome. Results show that resilience is the strongest predictor of career well-being, followed by being a male carer, having a younger child with lower levels of challenging behaviours.

"Sibling Feelings Toward Their Brother or Sister with or Without Autism or Intellectual Disability" by Carolyn, M.S., and et al (2018) examines the feelings of adolescent siblings towards their brother or sister with autism spectrum disorder (ASD), intellectual and developmental disabilities (IDD), or no disabilities. Results show no differences in sibling feelings between ASD and IDD groups, but parents of individuals with ASD reported less optimism and more negative perceptions.

Bayat and Jamnia (2019) conducted a study titled "Siblings of Children with Special Needs: Resilience, Optimism, and Coping," which investigated how siblings of children with special needs handle their unique familial challenges, focusing on their resilience, optimism, and coping strategies. The study involved 90 siblings from families with children who had a range of special needs, including developmental and physical disabilities. The research aimed to understand the emotional and psychological impact on these siblings and identify factors that contribute to their adjustment. To measure resilience, optimism, and coping, Bayat used a combination of standardised self-report questionnaires and structured interviews, including the Child Behaviour Checklist (CBCL) for assessing behavioural issues and the Resilience Scale for evaluating coping abilities. The findings indicated that siblings of children with special needs often exhibited high levels of resilience and optimism. The main factors contributing to these positive outcomes are strong family support, effective coping strategies, and good sibling relationships. This study found that although these seniors faced many challenges, their resilience and hope were strengthened by strong family support and coping mechanisms.

Carter et al., (2020). Explore strengths: Young adults and teens with autism or developmental disabilities. This study examines how young adults (18-30 years) perceive the strengths of their siblings with intellectual disabilities or autism. The results show that the assessments of the older brother's abilities are high, indicating a general nature of the abilities. Most disabled siblings are described as multi-talented, and their stories are unique. Low overall ratings were associated with several variables such as not using speech as a primary means of communication and exhibiting challenging behaviour. This research emphasises the importance of understanding the strengths of people with intellectual and developmental disabilities.

Brad Reimers et al., (2023) in their study "Resiliency Perspectives Among Older Siblings of Children with Significant Disabilities" explores the development and adaptation of

adolescent siblings of children with significant disabilities through a psychological resilience lens. The results reveal five themes: learning about sibling needs, socialisation, family change, culture formation and the benefits of experience.

In a study conducted by Hayden et al., (2023) the connection between the quality of the relationship between siblings and how well children with intellectual disabilities adjust behaviour was explored. This research looked at data from 500 pairs of siblings, with one sibling having an intellectual disability, and examined various aspects such as family income, gender, the order of birth, conditions like autism and Down syndrome, and the child's behaviour. The analysis showed that the behaviour of both the child with intellectual disability and their sibling played a role in shaping the quality of their relationship. Positive behaviours and internalising issues were found to strengthen the relationship, while negative behaviours and the sibling's birth order were linked to a weaker relationship. This study questions the common belief that the sibling with intellectual disability always has a negative effect on the relationship, instead pointing out a two-way, reciprocal impact. The findings underscore the need to pay attention to the sibling relationship when supporting children with intellectual disabilities and their families.

Avgustina Martirosyan's research, titled "Sibling Relationships in Families with a Child with Special Needs," investigates the dynamics among an 11-year-old girl with Down syndrome and her three siblings in a Norwegian household. The research analyses sibling relationships using various methods like projective techniques, interviews, and participant observations to gather insights from both within and outside the family dynamic. The findings indicate close and encouraging bonds between the child with Down syndrome and her siblings, who see her as lively, joyful, and on the same level as them. However, obstacles like social isolation and managing parental focus were also apparent. In spite of these difficulties, parents created methods to address them, like arranging playdates, which could be beneficial for other

families with special needs children. This research enhances our comprehension of sibling dynamics in families with special needs children and highlights the significance of taking into account both internal and external viewpoints in studies.

Research gap

Although previous studies have looked into the difficulties experienced by siblings of individuals with disabilities, there is still a significant lack of research in quantitatively measuring the differences in resilience and optimism among siblings of individuals with intellectual disabilities, Down syndrome, and autism. Many studies have concentrated on qualitative aspects or generalised family stress rather than exploring how the resilience and optimism of these siblings are shown and vary depending on the type of disability. Moreover, studies frequently fail to consider the comparison of these characteristics among various disability groups. By addressing this lack, we can gain a more precise, quantitative understanding of how siblings' psychological traits are affected by their specific family environments, leading to more focused interventions for their emotional health.

CHAPTER III

METHOD

A method of methodically addressing the research challenge is known as research methodology. It might be thought of as an investigation of scientific research methodology. Research designs, target populations, sample sizes and sampling techniques, data gathering tools, and data processing procedures are all included in the research methodology. According to Kothari (2004) Methodologies offer the theoretical foundation for understanding which technique, or combination of procedures, can be used to a certain scenario rather than delivering solutions. Methodologies might vary from problem to problem, it is important for the researcher to build his approach specifically for his problem.

Aim

The aim of the study is to quantitatively assess the levels of resilience and optimism among siblings of children with and without special needs, to examine the difference of resilience among siblings of children with and without special needs and to examine the difference of optimism among siblings of children with and without special needs.

Variables under study

The variables in the current study are resilience and optimism.

Operational Definition of the variables

Resilience:

Resilience in the present study, refers to how well siblings of children with special needs can cope, adjust, and thrive despite the challenges they may encounter. It can be defined as the ability to effectively adapt to and recover from stressors or adverse situations.

Optimism:

In the present study, optimism refers to the general tendency to expect positive outcomes and view situations in a hopeful and constructive manner, maintain a hopeful attitude, and exhibit confidence in one's ability to handle challenges and adapt to stressful situations.

Siblings of children with special needs:

In the present study, siblings of children with special needs are defined as individuals aged 18-24 who have at least one sibling diagnosed with conditions such as intellectual disability, autism, down syndrome or hearing impaired. These siblings are examined based on their role within the family and their direct experiences related to living with a sibling with special needs.

Siblings of children without special needs:

In the present study siblings of children without special needs are those who do not require additional support beyond typical developmental and educational expectations.

Siblings of children without special needs are defined as individuals aged 18 to 24 who have at least one sibling who does not have any diagnosed neuro developmental, intellectual, or hearing disabilities. These siblings are considered to understand their experiences and psychological attributes as a comparison group against those with siblings who have special needs.

Objectives of the study

- To assess the levels of resilience and optimism among siblings of children with and without special needs.
- To examine the difference of resilience among siblings of children with and without special

needs.

▪To examine the difference of optimism among siblings of children with and without special needs.

Hypothesis of the study

▪There will be no significant difference in the level of resilience among siblings of children with and without special needs.

▪There will be no significant difference in the level of optimism among siblings of children with and without special needs.

Research design

In the present study considering the purpose of this study descriptive research design was found appropriate for meeting the objectives. The survey method using questionnaires was adopted for collecting quantitative data regarding the variables of the study. Calderon (2006), define descriptive research as “a purposive process of gathering, analysing, classifying, and tabulating data about prevailing conditions, practices, processes, trends, and cause-effect relationships and then making an adequate and accurate interpretation of such data with or without or sometimes minimal aid of statistical methods”.

Participants

A total sample size of 140 siblings were collected by using the purposive sampling method. The sample consists of 70 participants from siblings of children with special needs and 70 participants from siblings of children without special needs. In the respective samples, the age of siblings ranged from 18 to 24 years. The sample consisted of participants belonging to various socio demographic styles including family type, economic status, number of children etc who reside at different parts of trivandrum.

Siblings of children with special needs : Data was collected from 10 special schools and

special education training centres in trivandrum district. A total of 70 samples were taken from this population which consisted of 33 male and 37 female participants. The respective sample size included 20 participants from autism spectrum disorder, 18 participants from down syndrome, 10 participants from hearing impaired and 22 participants from intellectual disability.

Siblings of children without special needs: Data was collected from schools, colleges and other educational institutions in trivandrum. A total of 70 samples were taken from this population which consisted of 28 male and 42 female participants.

Tools used for data collection

In the present study existing standardised research questionnaires were used to assess resilience and optimism. A number of studies have statistically analysed and tested the questionnaires in order to corroborate the reliability and validity.

The following scale was used to measure resilience and optimism:

Resilience Scale (RS 14)

The RS-14 is the short version of the Resilience Scale developed by Wagnild and Young in 2009. It consists of 14 Resilience Scale items, each rated on a 7-point Likert scale ranging from 1-strongly disagree' to '7 strongly agree. The RS-14 demonstrates the brevity, readability, and ease of scoring that have been identified as important characteristics when selecting instruments for use with adolescents (Pritzker and Minter, 2014).

Reliability and validity

The original Resilience Scale (RS) and the RS14 are strongly correlated ($r = 0.97$, $p > 0.001$), and Cronbach's alpha ranges from .89 to .96. Its construct validity has been assessed through content analysis, known groups, convergent/discriminant studies, correlation studies, factor analysis and pretest-posttest intervention studies.

Scoring

Scores are calculated by a summation of response values for each item, thus enabling scores to range from 14 to 98. Higher scores mean higher levels of resilience tendencies and lower scores suggest lower levels of resilience. Individuals who score from 14 to 48 tend to have low resilience tendency, 49 to 63 shows an average resilience tendency and 64 to 98 indicates high resilience tendency.

Life Orientation Test - Revised (LOT-R)

The **LOT-R Scale** (Life Orientation Test-Revised) is a psychological assessment tool used to measure an individual's level of optimism. It was developed by Michael Scheier and Charles Carver in the year 1985 to provide a more reliable and valid measure of dispositional optimism compared to its predecessor, the original Life Orientation Test. The scale was revised in 1994.

The scale assess the degree to which individuals generally hold a positive outlook on life and expect positive outcomes.

Reliability and Validity

The LOT-R has shown good test-retest reliability, meaning that it produces stable results over time when the measured traits remain unchanged. Studies have reported test-retest reliability coefficients ranging from 0.70 to 0.80, suggesting that individuals' scores remain consistent over periods of several weeks or months.

The validity of the LOT-R (Life Orientation Test-Revised) is established through strong construct validity, demonstrated by its accurate measurement of optimism and positive correlations with other optimism scales. It shows criterion validity by predicting relevant outcomes such as better coping and higher life satisfaction. Additionally, it exhibits convergent

validity with other optimism measures and discriminant validity by not correlating with unrelated constructs, confirming it specifically assesses dispositional optimism.

Scoring

The LOT-R scale consists of 10 items, with 4 filler items and 6 scored items. The scored items are divided into two subscales:

Optimism (3 items): Measures the extent to which individuals expect positive outcomes in their lives.

Pessimism (3 items): Measures the extent to which individuals expect negative outcomes in their lives.

The LOT-R consists of 10 items, with 6 items measuring optimism (e.g., "In uncertain times, I usually expect the best") and 4 items measuring pessimism (e.g., "If something can go wrong for me, it will"). The items are rated on a 5-point Likert scale ranging from "Strongly disagree" to "Strongly agree." Responses are summed to produce scores for optimism and pessimism. The optimism score is calculated by summing the scores of the optimism items and subtracting the scores of the pessimism items. Higher scores reflect greater optimism.

Personal Data Sheet

To collect the socio-demographic details of the participants (siblings) a personal data sheet was provided which included the variables such as name, age, gender, social-economic status, residence location, district, education and location of educational institution.

To collect the social-demographic details of participants (siblings of special needs) a personal data sheet was provided which included the variables such as sibling's special school and location, type of disability and age of sibling with disability followed by name, age, gender, social-economic status, residence location, district, education and location of educational

institution of normal sibling.

Procedure for Data Collection

For the purpose of data collection, responses were collected from both siblings and siblings of children with special needs who were in the age range 18-24 by providing questionnaires. Consent from participants were ensured through informed consent form and built a healthy rapport with them. In data collection, individuals voluntary participation was ensured. The consent form and the personal data sheet used for data collection have been enclosed in the appendix. After establishing rapport, the questionnaires were provided and participants were informed about all the required details for filling up the questionnaires and were asked to carefully read the instructions given in the questionnaires. The participants were also requested to give honest responses and to give responses to every item of the questionnaires. 10-20 minutes were given for completing the questionnaires. Then after the completion of questionnaires gratitude was expressed for their valuable time and cooperative attitude. After data collection, scoring was done and subjected to statistical analysis.

Statistical Techniques used for Data Analysis

The following were the statistical techniques used for analysing the data. Statistical analysis for the data was done using the SPSS-22 (Statistical Package for Social Sciences) version.

Mean and standard deviation

Mean refers to the average of a set of values. In statistics, the mean summarises an entire data set with a single number representing the data's centre point or typical value. The mean of the population can be tested presuming different situations such as the population may be normal or other than normal, it may be finite or infinite, the sample size may be large or small,

the variance of the population may be known or unknown and the alternative hypothesis may be two-sided or one-sided. A standard deviation is a measure of how dispersed the data is in relation to the mean.

t-test

The t-test assess the significance of the difference between the means of two groups or two sets of scores (Somer & Somer 1986). There are two main types of t-test: independent sample t-test and paired sample t-test. An independent sample t-test is used for comparing the mean score, on some continuous variable, for two different groups of subjects. If the t-value exceeds a cut-off point (depending on degree of freedom), the difference in the means is significant. When the t-value is below the cut-off point difference is said to be not significant.

CHAPTER IV

RESULTS AND DISCUSSION

The present study aims to explore resilience and optimism among siblings of children with special needs. A total sample of 140 siblings were collected from several parts of Thiruvananthapuram district of Kerala. Among the 140 samples 70 samples were the siblings of children with special needs and 70 were the siblings of children without special needs. In the respective sample of siblings with special needs male and female participants between the ages of 33 and 37 were made the sample. And in the siblings without special needs the number of male and female samples were 28 and 42 respectively. Resilience and optimism, which are the variables of interest were measured by using standardised questionnaires; The short version of the Resilience Scale (RS-14) developed by Wagnild and Young (2009) and The Life Orientation Test-Revised (LOT-R) Scale by Michael Scheier and Charles Carver (1985) for measuring optimism.

Descriptive statistical approaches are used for data analysis. The normality of data analysis was determined by the values of skewness and kurtosis. Since the data is normally distributed, the Statistical Package of Social Sciences (SPSS-22.0 version) was applied to conduct appropriate parametric tests for further analysis. The following statistical techniques were used for data analysis: mean and standard deviation and t-test.

The study examines the results of resilience and optimism among siblings of children with special needs. The tables provide the findings for the variables of interest and describe the findings in relation to the goals and hypotheses.

RESILIENCE AMONG SIBLINGS

The following tables describes the results of resilience among siblings

Table 1

Distribution of resilience among siblings of children with special needs

Variable	Level	Siblings With Special Needs N = 70
Resilience	Low	1
	Average	3
	High	66

Table 1 presents the distribution of resilience among siblings of children with special needs (N-70). The results show that among 70 siblings of children with special needs, 1 sibling has low resilience, 4 siblings have average resilience and 66 siblings have high resilience. The score range is from 16 to 98.

Table 2*Distribution of resilience among siblings of children without special needs*

Variable	Level	Siblings Without Special Needs N = 70
	Low	0
Resilience	Average	4
	High	66

Table 2 presents the distribution of resilience among siblings of children without special needs (N-70). The results show that among 70 siblings of children with special needs, 4 siblings have average resilience and 66 siblings have high resilience. The score range is from 48 to 98.

Table 3*Resilience among the siblings of children with special needs*

Variable	N	Mean	S.D
Resilience	70	78.4	8.27

Table 3 shows the mean and standard deviation (S.D) of resilience among siblings of children with special needs. The mean value of resilience among siblings of children with special needs is found to be 78.4 (S.D = 8.27). Thus, the result indicates that siblings of children with special needs in the present study as a whole have high resilience.

Table 4*Resilience among the siblings of children without special needs*

Variable	N	Mean	S.D
Resilience	70	79.5	8.71

Table 4 shows the mean and standard deviation (S.D) of resilience among siblings of children without special needs. The mean value of resilience among siblings of children without special needs is found to be 79.5 (S.D = 8.71). Thus, the result indicates that siblings of children without special needs in the present study as a whole have high resilience.

Table 5*Resilience among siblings of children with and without special needs*

Variable	Sample	N	Mean	SD	t value	Significance
RESILIENCE	Siblings of children with special needs	70	78.4	8.27	0.766	0.445
	Siblings of children without special needs	70	79.5	8.71		

Table 5 shows the scores of resilience among siblings of children with special needs and siblings of children without special needs. For siblings of children with special needs, the mean score is slightly lower at 78.4, with a standard deviation of 8.27. The mean resilience score for siblings of children without special needs is 79.5 with a standard deviation of 8.71. The obtained t-value is 0.766 and the p-value is 0.445 ($p > 0.05$). The t-value is non significant at 0.05 level. The obtained result indicates that there is no difference in the mean values of resilience among siblings of children with special needs and siblings of children without special needs. Hence, the null hypothesis that states 'there is no significant difference in resilience among 'siblings of children with special needs' and 'siblings of children without special needs' is accepted.

This result of the present study correlates with the comparative study conducted by Stephanie T Gabbey (2013) in his study titled "Resilience Levels in Siblings of Children with Developmental Disabilities", which investigated the resilience levels and coping strategies of

siblings of children with developmental disabilities compared to siblings of typically developing children. The results showed no significant differences in resilience levels between the two groups, indicating that siblings of children with developmental disabilities exhibit similar resilience levels and variability as siblings of typically developing children.

OPTIMISM AMONG SIBLINGS

The following tables describes the results of optimism among siblings

Table 6

Distribution of optimism among siblings of children with special needs

Variable	Level	Siblings With Special Needs N = 70
	Low Optimism High Pessimism	3
Optimism	Moderate Optimism	31
	High Optimism Low Pessimism	36

Table 6 presents the distribution of optimism among siblings of children with special needs (N-70). The results show that among 70 siblings of children with special needs, 3 siblings have low optimism and high pessimism, 31 siblings have moderate optimism and 36 siblings have high optimism and low pessimism. The score range is from 10 to 24.

Table 7*Distribution of optimism among siblings of children without special needs*

Variable	Level	Siblings Without Special Needs N = 70
	Low Optimism High Pessimism	5
Optimism	Moderate Optimism	39
	High Optimism Low Pessimism	26

Table 7 presents the distribution of optimism among siblings of children without special needs (N-70). The results show that among 70 siblings of children with special needs, 5 siblings have low optimism and high pessimism, 39 siblings have moderate optimism and 26 siblings have high optimism and low pessimism. The score range is from 10 to 24.

Table 8*Optimism among the siblings of children with special needs*

Variable	N	Mean	S.D
Optimism	70	18.1	0.338

Table 8 shows the mean and standard deviation (S.D) of optimism among siblings of children with special needs. The mean value of optimism among siblings of children with special needs is found to be 18.1(S.D = 0.338). Thus, the result indicates that siblings of children with special needs in the present study as a whole have high optimism and low pessimism.

Table 9*Optimism among the siblings of children without special needs*

Variable	N	Mean	S.D
Optimism	70	17.6	0.324

Table 9 shows the mean and standard deviation (S.D) of optimism among siblings of children with special needs. The mean value of optimism among siblings of children with special needs is found to be 17.6 (S.D =0.324). Thus, the result indicates that siblings of children without special needs in the present study as a whole have moderate optimism.

Table 10*Optimism among siblings of children with and without special needs*

Variable	Sample	N	Mean	SD	t-value	Significance
OPTIMISM	Siblings of children with special needs	70	18.1	0.338	-0.945	0.346
	Siblings of children without special needs	70	17.6	0.324		

Table 10 shows the scores of optimism among siblings of children with special needs and siblings of children without special needs. Siblings of children with special needs have a slightly higher mean optimism score of 18.1, with a standard deviation of 0.338. Siblings of children without special needs have a mean optimism score of 17.6 with a standard deviation of 0.324. The obtained t-value is -0.945 and the p-value is 0.346 which is greater than the commonly used significance level of 0.05 ($p > 0.05$). The t-value is non-significant at 0.05 level. The obtained result indicates that there is no difference in the mean values of optimism among siblings of children with special needs and siblings of children without special needs. Hence, the null hypothesis that states 'there is no significant difference in optimism among 'siblings of children with special needs' and 'siblings of children without special needs' is accepted.

The results of the present study correlates with the findings of Bayat and Jamnia (2019) study entitled "Siblings of Children with Special Needs: Resilience, Optimism, and Coping," which focused on the resilience, optimism, and coping strategies of siblings with special needs.

The findings indicated similar results with the present study that siblings of children with special needs often exhibited high levels of resilience and optimism. The main factors contributing to these positive outcomes are strong family support, effective coping strategies, and good sibling relationships.

CHAPTER V

SUMMARY AND CONCLUSION

Summary of the study

The aim of the study was to determine the resilience and optimism among siblings of children with special needs. A total sample size of 140 siblings were collected by using the purposive sampling method made up the study's sample. The sample consists of 70 participants from siblings of children with special needs and 70 participants from siblings of children without special needs. Male and female siblings, ranging in age from 18 to 24, made up the sample. For this study, a descriptive research design was chosen.

The major objectives of the studies were to assess the levels of resilience and optimism among siblings of children with and without special needs, to examine the difference of resilience among siblings of children with and without special needs and to examine the difference of optimism among siblings of children with and without special needs.

The hypotheses of the study were, hypotheses 1 being that there will be no significant difference in the level of resilience among siblings of children with and without special needs. Hypotheses 2 being that there is no significant difference in the level of optimism among siblings of children with and without special needs.

The **RS-14** short version of the (Resilience Scale) developed by Wagnild and Young (2009) and The **LOT-R Scale** (Life Orientation Test-Revised) by Michael Scheier and Charles Carver (1985) were used to collect data. Statistical analysis for the data was done using the SPSS-22 (Statistical Package for Social Sciences) version. After data analysis, parametric tests such as the t-test were used for the statistical analysis of the data. The results obtained by the analysis are discussed comprehensively with respect to objectives and hypotheses.

The findings of the present study indicates that there is no significant difference in the level of resilience among siblings of children with and without special needs. There is no significant difference in the level of optimism among siblings of children with and without special needs.

Major findings of the study

The major findings of the study can be concluded as:

While assessing the siblings of children with special needs (N=70) in the present study as a whole have (78.4) high resilience.

While assessing the siblings of children with special needs (N=70) in the present study as a whole have (18.1) high optimism and low pessimism.

There is no significant difference in the level of resilience among siblings of children with and without special needs.

There is no significant difference in the level of optimism among siblings of children with and without special needs.

Implications of the study

The research results indicate that siblings of children with special needs display similar levels of resilience and optimism as siblings of children without special needs. Siblings of children with special needs have the same potential to build resilience and optimism as normal siblings. This means that:

The siblings' ability to cope with challenges and maintain a positive outlook is not necessarily affected by having a child with special needs in the family. The resilience and

optimism of siblings may be influenced more by family dynamics, support systems, and individual personality traits than by the presence of a child with special needs. Interventions and support services need to prioritise building resilience and fostering optimism in all siblings, regardless of whether they have a sibling with special needs in their family. In general, the study's results bode well for the happiness and capabilities of siblings of children with special needs.

Limitations of the study

Only 140 participants were considered under the sample size which made the study limited. The sample size was determined to be comparatively small when compared to the full general population. Since the data was collected directly from the siblings, availability of the siblings and their timings were difficult. The representation of all districts in Kerala were not taken which again affects the study's generalizability. In this study, the sample representation of male and female siblings, were not equal in number and were slightly different for which gender difference could not be considered. An equivalent male to female ratio would have made the findings richer. Here a sample of 10 siblings of hearing impaired were also included which would have affected the generalisability of the research. Same number of male siblings and female siblings can be included in further studies. It can be conducted in other geographical areas too. The present study did not study the association of the constructs with other demographic variables such as age, gender and educational category. Potential co-variances may have been seen between other demographic variables. A lot more statistical analysis and corrections can be made to make the study better and effective.

Suggestions for future research

The study can be extended on a large sample. This study would be highly valid if it was done using more samples. The current study only included samples of autism, down syndrome, hearing impaired and intellectual disability in the special needs category; future research may also include other forms of disabilities and adolescents or adults of different age groups. It increases the study's scope to incorporate other districts from Kerala and other parts of India. Sampling techniques other than purposive sampling method can be used for statistical techniques that can be used for further studies. Cross-cultural studies would be beneficial to understanding the cultural influences on resilience and optimism.

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APPENDICES

Informed Consent Form

Dear Participant,

My name is Mekha J.S , and I'm currently pursuing Master's in Counselling Psychology at Loyola College of Social Sciences ,Thiruvananthapuram. As part of my curriculum, I'm conducting research on the topic "Resilience and Optimism Among Siblings of Children With Special Needs". In advancing my study, your perspectives will be really beneficial, and to facilitate this research, I am seeking participants to complete a set of questionnaires, which should take around 10 to 15 minutes of your time. Your sincere opinions are kindly requested. I respect your privacy and will ensure that all the information collected during the study remains confidential and will only be used for research purposes. Your participation in this study would be greatly appreciated, and I extend my sincere thanks for your time and cooperation.

Sincerely,

.....

Participant's Signature:

Date:

PERSONAL DATA SHEET

If your sibling is a special child and you are willing to participate in this research study, please fill out the form.

Your sibling's special school (name & location):

Type of disability of your sibling:

Age of your sibling with special needs:

YOUR DETAILS

Name:

Age:

Gender:

Social-Economic Status:

Residence Location & District:

Education:

If you are a school-going student, standard/grade:

If you are a college-going student, undergraduate/postgraduate programme & stream:

Location of your Educational Institution:

PERSONAL DATA SHEET

If you have a sibling and you are willing to participate in this research study, please fill out the form.

YOUR DETAILS

Name:

Age:

Gender:

Social-Economic Status:

Residence Location & District:

Education

If you are a school-going student, standard/grade:

If you are a college-going student, undergraduate/postgraduate programme & stream:

Location of your Educational Institution:

Resilience scale (RS 14)

Please read the following statements. To the right of each you will find seven numbers, ranging from "1" (Strongly Disagree) on the left to "7" (Strongly Agree) on the right.

Circle below the number which best indicates your feelings about that statement.

Serial No.	Circle in the appropriate column	Strongly Disagree	Moderately Disagree	Slightly Disagree	Neutral	Slightly Agree	Moderately Agree	Strongly Agree
1	I usually manage one way or another							
2	I feel proud that I have accomplished things in my life							
3	I usually take things in stride							
4	I am friends with myself							
5	I feel that I can handle many things at a time							
6	I am determined.							
7	I can get through difficult times because I've experienced difficulties before.							
8	I have self-discipline.							
9	I keep interested in things							
10	I can usually find something to laugh about.							
11	My belief in myself gets me through hard times.							
12	In an emergency, I'm someone people can generally rely on.							
13	My life has meaning.							
14	When I'm in a difficult situation, I can usually Find my way out of it.							

Revised Life Orientation Test (LOT-R)

Instructions:

Please answer the following questions about yourself by indicating the extent of your agreement using the following scale. Put a (√) mark against the one you choose.

[0] = strongly disagree

[1] = disagree

[2] = neutral

[3] = agree

[4]= strongly agree

Be as honest as you can throughout, and try not to let your responses to one question influence your response to other questions. There are no right or wrong answers.

1. In uncertain times, I usually expect the best.

[0] = strongly disagree

[1] = disagree

[2] = neutral

[3] = agree

[4]= strongly agree

2. It's easy for me to relax.

[0] = strongly disagree

[1] = disagree

[2] = neutral

[3] = agree

[4]= strongly agree

3. If something can go wrong for me, it will.

[0] = strongly disagree

[1] = disagree

[2] = neutral

[3] = agree

[4]= strongly agree

4. I'm always optimistic about my future.

[0] = strongly disagree

[1] = disagree

[2] = neutral

[3] = agree

[4]= strongly agree

5. I enjoy my friends a lot.

[0] = strongly disagree

[1] = disagree

[2] = neutral

[3] = agree

[4]= strongly agree

6. It's important for me to keep busy.

[0] = strongly disagree

[1] = disagree

[2] = neutral

[3] = agree

[4]= strongly agree

7. I hardly ever expect things to go my way.

[0] = strongly disagree

[1] = disagree

[2] = neutral

[3] = agree

[4]= strongly agree

8. I don't get upset too easily.

[0] = strongly disagree

[1] = disagree

[2] = neutral

[3] = agree

[4]= strongly agree

9. I rarely count on good things happening to me.

[0] = strongly disagree

[1] = disagree

[2] = neutral

[3] = agree

[4]= strongly agree

10. Overall, I expect more good things to happen to me than bad.

[0] = strongly disagree

[1] = disagree

[2] = neutral

[3] = agree

[4]= strongly agree