Experience, Responses, and Perceived Needs in Siblings of Children with Developmental Disorders

Researcher

Uzair Ahmad

Registration :

505-FSS/MSCP/F-23

Supervisor

Dr Sabir Zaman
Assistant Professor

Department of Psychology

Faculty of Social Sciences

International Islamic

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By

Uzair Ahmad

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BY

UZAIR AHMAD

Approved by

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Supervisor

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Head of Department

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Internal Examiner 1	**Internal Examiner 2**

CERTIFICATE

Certified that MS thesis titled "**Experience, Responses, and Perceived Needs in Siblings of Children with Developmental Disorder**" prepared by Mr. Uzair Ahmad has been approved for submission to the Department of Psychology, International Islamic University, Islamabad.

Dr. Sabir Zaman

(Supervisor)

DEDICATED TO MY BELOVED MOTHER AND SIBLINGS

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Abstract

The real-world experiences, emotional reactions, and perceived needs of siblings of children with various developmental disorders were investigated in this qualitative study. 15 siblings of children with various kinds of developmental disorders, such as autism spectrum disorder, intellectual disability, ADHD, and communication disorders, were taken into consideration in the purposive sample. In-depth semi-structured interviews were used to gather data, and thematic analysis was used for analysis. The results showed that siblings managed a wide range of stressful feelings such as confusion, empathy, frustration, and protectiveness. Many reported both adaptive and maladaptive coping mechanisms, including taking on more responsibility, withdrawing, asking for help from peers or parents, and using hobbies to control their emotions. Additionally, participants identified specific unfulfilled needs, such as increased emotional support, regular parental dialogue, and directed psychoeducation about their sibling's condition. In conclusion, the study illustrates the significance of comprehending siblings as a group that is frequently disregarded within the framework of family relationships and stresses the necessity of siblings-specific approaches to improve their psychological health and family adjustment.

CHAPTER I

INTRODUCTION

According to the American Psychiatric Association (2013), developmental illnesses are a group of conditions that include delays or impairments in the physical, educational, linguistic, or behavioural domains that manifest in early childhood and significantly affect a child's brain development flight. These disorders may occur in a variety of neurological, cognitive, and social domains, with evidence that varies greatly in intensity and form. They include a wide range of ailments such as intellectual disabilities, communication disorders, and motor skills limitations (Hu, 2013). The complicated causes of developmental disorders frequently result in conditions that affect affected people and their families for the rest of their lives, necessitating constant support and accommodating measures. When an infant with developmental delays grows up, parents and other loved ones face unparalleled difficulties. They frequently have to navigate intricate healthcare, social, and educational systems in order to meet their child's diverse needs. Studies reveal that parents of kids with developmental disorders experience more stress, anxiety, and depression than parents of kids with typical development (Harsh et al., 2020; Baker-Ericzén et al., 2005). Their general quality of life may be significantly impacted by the current need for specialized support and assistance, leading to feelings of overwhelm and burden (Huang et al., 2020). When examining these their lived experiences, qualitative methods like semi-structured interviews are invaluable for illuminating their coping mechanisms, emotional demands, and support requirements, which can inform policy formulation and service delivery (Braun & Clarke, 2006). Understanding these nuances aids in creating more comprehensive and compassionate support networks that better suit the unique needs of families.

Being mindful of a sibling with developmental disorders also has a significant impact on siblings who typically grow up. Increased parental duties, changed familial bonds, and behavioural demands that affect their mental health and developmental output are frequently countered by siblings. Studies show that siblings of children with developmental disorders often suffer from increased mood swings, a lack of parental interest, difficulties understanding or managing their sibling's condition, and feelings of neglect or disaffection due to the demands placed on them (Lee, 2025; Vazifehghelichi, 2024; Gardner-Bixler, 2023). Relatives are more vulnerable to internal and external issues when social activities and cycles are disturbed. Siblings often express specific growth, such as enhanced empathy, compassion, patience, and perseverance because of navigating their complex family circumstances, despite the grimness (Burnham Riosa et al., 2023; Moran-Morbey, 2024). Sibling kinship becomes a source of emotional bonding and purpose. However, siblings' needs for peer support, emotional validation, an opportunity to share their own experiences, and easily accessible information about their sibling's condition are often unmet because healthcare and societal networks tend to focus primarily on those children with the developmental disorder (Bastiaansen et al., 2022; Lee, 2025). Seeing siblings as vital individuals with distinct needs and experiences is crucial to improving the overall level of family well-being. Family-centered approaches that address siblings' behavioral well-being through counselling, peer support, and educational materials can improve sibling relationships, flexible handling, and positive identity development. Examining siblings' actual and perceived needs not only advances our understanding of families affected by developmental issues but also aids in the creation of policies and procedures based on solid evidence that support these often-overlooked family members (Lee, 2025; Vazifehghelichi, 2024; Burnham Riosa et al., 2023). These atomistic approaches ensure that every member of the family receives the support they require to thrive in often difficult caregiving environments.

Siblings' experiences are influenced by broader social and sociocultural factors that affect how developmental disorders are viewed and handled within families, in addition to the emotional and behavioral difficulties they face. Cultural customs around providing care, disability acceptance, and family position may profoundly impact how siblings view their roles and responsibilities. In collectivist societies, for example, siblings may feel an enhanced sense of responsibilities to assist in caregiving or to cater for the workload of parents, on occasion at the expense of their own social, academic, and leisure development (Taheri et al., 2023). On the other hand, siblings may feel alone or struggle with dual identities in situations where disability is heavily disregarded due to social disengagement, embarrassment, or a reluctance to include peers in their daily lives. These contextual dynamics illustrate the value of examining sibling interactions not only in the micro-level family unit but also inside the larger cultural structures that influence their awareness of disability and interpersonal roles.

Additionally, studies indicate that siblings' psychological reactions change over time and are impacted by developmental phases. Younger siblings frequently interpret behavioral differences through self-blame or confusion, making it difficult for them to understand the nature of their brother or sister's condition (Meyer et al., 2022). Adolescents, on the other hand, might display more obvious emotional conflicts, juggling protectiveness and empathy with annoyance, bitterness, or anxiety about the demands of future caregiving. Concerns about long-term planning, such as legal guardianship, financial obligations, and the viability of caregiving arrangements once parental support wanes, shift as these siblings grow into adulthood. These fluctuating worries show that siblings' perceived needs are dynamic, reflecting a continuous psychological adjustment process impacted by age, family dynamics, and perceived future responsibilities.

Siblings' coping mechanisms, in addition to their emotional and mental reactions, are very important in determining their general psychological health. Some depend on adaptive coping mechanisms such as asking for social support, participating in hobbies, or building strong peer connections. However, when family stress becomes too much for them, others may turn to maladaptive tactics like emotional repression, avoidance, or withdrawal (McHale & Gamble, 2021). Access to structured support programs, psychological education, and sibling-centered therapies can buffer such stressors via providing safe spaces for feelings to be expressed and skill-building. Sadly, a lot of the family support frameworks that are currently in use do not include elements specifically designed for siblings, which leads to unmet needs that continue throughout their teenage years.

Embracing holistic, family-oriented care models that view siblings as essential participants in the caregiving system is becoming more and more important in light of these complexities. These models acknowledge the close relationship between siblings' well-being and the overall functioning of the family. Interventions including sibling groups, counseling, and educational workshops have been demonstrated to enhance emotional resilience, encourage adaptive coping, and improve sibling–sibling relationships among families who suffer from developmental illnesses (Sharpe & Rossiter, 2022). By prioritizing siblings’ voices and actual experiences, clinicians and researchers can develop more just and welcoming support systems that foster both private and public family well-being.

Despite the growing quantity of studies, substantial gaps remain in comprehending the varied experiences and assumed needs of siblings who have diverse neurological profiles. Siblings of children with diverse developmental disorders receive little attention in the majority of current research, which concentrates on particular conditions like autism spectrum disorder or intellectual disabilities. Moreover, numerous studies rely on metrics that are quantitative, which, while beneficial, may fail to accurately reflect the depth, sentiment, and cultural richness of sibling moments. Qualitative techniques, particularly informal interviews offer the chance to explore siblings' distinctive stories, coping methods, and support demands with greater detail and genuineness (Braun & Clarke, 2006). Through qualitative study, researchers may discover the subjective truths that determine how siblings see their roles, handle familial challenges, and express their unmet needs.

Thus, the current study uses a qualitative framework to investigate the lived experiences, emotional reactions, and perceived support needs of siblings of children with developmental disorders. This study aims to advance a more comprehensive understanding of family systems impacted by developmental difficulties by emphasizing the voices of siblings. The results could help create evidence-based policies, supportive programs, and more specialized interventions that recognize siblings as individuals with unique emotional landscapes and developmental trajectories in addition to their role as secondary caregivers. At its core, this investigation seeks to inform professionals, educators, and policymakers about the critical role of providing supportive environments that enhance the well-being of everyone in a family, thus leading to healthier and more resilient systems of families.

Literature Review

Siblings of kids with developmental disorders (DD) encounter a complex web of psychological, social, and developmental challenges that influence their own growth and family dynamics. Interacting with a sibling who has developmental disabilities offers opportunities for personal growth as well as unique challenges (Lee et al., 2024; Bastiaansen et al., 2022; Levante et al., 2024). According to numerous mixed-method studies, siblings of children with DD frequently experience a variety of sensations because of parental attention focused on the kid with special needs, such as increased stress, grief, sense of neglect, and disapproval. In accordance with

Múries-Cantán et al. (2023), siblings often feel neglected in family routines and encounter social and daily disruptions. Similarly, Pavlopoulou (2024) confirmed that siblings have higher levels of psychological distress, with natural symptoms spanning from social disengagement to depression. Importantly, siblings display a variety of emotional responses that vary throughout developmental stages, with adolescence often denoting heightened awareness and turbulent emotions (Lee et al., 2024). However, research also reveals some significant positive psychological advantages. Similarly, Pavlopoulou (2024) confirmed that siblings have higher levels of psychological distress, with natural symptoms spanning from social disengagement to depression. Crucially, siblings exhibit a range of emotional reactions that change over the course of developmental stages, via adolescence frequently signifying increased awareness and volatile emotions (Lee et al., 2024). But there are also some notable positive psychological benefits, according to research. Siblings in these relationships frequently experience emotional labour as they deal with feelings of guilt, role disorientation, and invisibility (Stelter et al., 2023; Levante et al., 2024). Sibling trust is mediated by social peer support, communication level, and parental mental health, according to research findings like Kirchhofer et al. (2025). Sibling coping issues are frequently made worse by poor parent-sibling relationships and elevated parental stress (Kirchhofer et al., 2025).

On the other hand, open and encouraging family conversations act as safeguards that improve siblings' psychological outcomes (Fjermestad et al., 2020). The extent and visibility of the diagnosed condition have a significant impact on brother or sister coping; siblings of children with more severe or emotionally problematic conditions typically report higher levels of strain and social issues (Kirchhofer et al., 2025; Wolff et al., 2022). Coping is influenced by age, birth order, and gender dynamics. Younger siblings may experience uncertainty or anxiety regarding the family situation, while elders may be expected to provide care and may also demonstrate leadership in advocacy (Sharpe & Rossiter, 2002; Lee et al., 2024). Sibling-centered counselling and support groups have been demonstrated to enhance adjustment and reduce feeling alone (Wolff et al., 2022; Levante et al., 2024). Other things to think about include equal parental attention and acknowledging each sibling's unique needs and accomplishments (Múries-Cantán et al., 2023; Kurdish Studies, 2024). To maximize sibling well-being, Kirchhofer et al.'s psychosocial paradigms from 2025 suggest family-centered interventions that focus on reducing parental stress, enhancing communication, and creating inclusive family environments. Siblings' sense of self-esteem and belonging is increased by programs that promote involvement in social events, everyday activities, and decision-making (H2HHC, 2025; Wolff et al., 2022). Present evidence supports the use of family systems and developmental lifespan models to contextualize sibling experiences. According to studies like Kirchhofer et al. (2025), siblings' psychological development is linked to familial factors, such as communication styles, parental mental health, and the family's financial situation. Instead of deficit models, this comprehensive approach emphasises resilience pathways. The connections between siblings and adjustment change significantly from childhood to adulthood, according to longitudinal research, necessitating continuous support that adapts to changing developmental capacities and duties (Lecciso et al., 2025; Pavlopoulou, 2024). Changing sibling roles becomes crucial in early adulthood, with consequences for family cohesion and mental health (Lecciso et al., 2025).

In spite of psychological and social implications, the academic behavior of siblings additionally stands out as an important area of inquiry. According to a number of studies, siblings of children with DD may have fluctuations in their academic engagement, which are frequently caused by emotional stress, household responsibilities, or decreased parental presence (Chan & Goh, 2023; Múries-Cantán et al., 2023). Some kids report reduced focus or drive due to constant concern about their troubled brother or sister, whereas other kids adopt substitute actions, such as pushing for academic excellence as an approach for obtaining parental approval or minimize family stress (Pavlopoulou, 2024). The complexity of sibling adaptation is reflected in these two answers, which imply that understanding academic results requires looking at the emotional and interpersonal setting of the sibling. Importantly, educational institutions may serve as either secure or hazardous settings, according to teacher awareness, peer openness, as well as access to educational resources.

The literature also emphasizes how important identity formation and social comparison are in determining sibling outcomes. Siblings usually establish their sense of belonging in contrast to their brother or sister with a disorder of development, a process that may lead to identity propagation, heightened self-scrutiny, or difficulties building autonomy (Levante et al., 2024; Stelter et al., 2023). For some, the analogy can foster emotions of guilt or excessive accountability, while to stay others, it acts as an inspirational force promoting empathy, maturity, and a strong sense of purpose. Adolescence, a period characterized by increased sensitivity to peer judgments and a growing awareness of stigma associated with disabilities, is a time when social comparison processes are particularly prevalent. According to studies (Pérez-García et al., 2023; Pavlopoulou, 2024), teenagers who don't have the chance to talk about their issues or get adequate parental confirmation can adopt negative self-concepts, which can put them at risk for anxiety or depressive symptoms.

Furthermore, how siblings perceive and react to their family situation is greatly influenced by cultural and socioeconomic factors. Data shows that in societies where a disability is viewed with contempt, children with disabilities can encounter shame, secretive behaviours, or loneliness due to fears of external judgment (Taheri et al., 2023; Gardner-Bixler, 2023). On the other hand, in families where impairment is viewed by means of communal or religiously anchored lenses of duty and caring, siblings can acquire stronger beneficial beliefs and more cohesive cultural identities. Sibling stress may be exacerbated by low-income families' additional challenges, such as restricted social opportunities, increased parental stress, and limited access to therapy services (Kirchhofer et al., 2025; Wolff et al., 2022). Thus, factors related to context needs to be addressed in order to comprehend the variability in sibling observations across cultural and economic settings. The literature also emphasizes the importance of parental mental health in shaping sibling outcomes. Parents of children with DD frequently experience elevated levels of stress, emotional exhaustion, and caregiving burden, which may inadvertently reduce their emotional availability to other children in the household (Harsh et al., 2020; Fjermestad et al., 2020). When parents exhibit anxiety, depressive symptoms, or inconsistent communication patterns, siblings often internalize these emotional cues, contributing to heightened distress and a diminished sense of familial stability (Kirchhofer et al., 2025). However, research also shows that when parents adopt transparent communication strategies, foster open dialogue about disability, and distribute attention equitably, siblings demonstrate better emotional adjustment, stronger familial trust, and greater acceptance of their caregiving roles (Fjermestad et al., 2020; Burnham Riosa et al., 2023).

The long-term effects of having a sibling with a developmental disorder are another recurring theme in the literature. Many siblings take on more caregiving duties, take part in future planning, or develop into important emotional pillars in the family as they grow into adulthood (Lecciso et al., 2025; Moran-Morbey, 2024). These obligations might affect career choices, relationship trends, and overall life satisfaction. Some adult siblings indicate increased strength, strengthened family bonds, and a profound sense of meaning rooted from their caregiving experiences, whilst others report continuous psychological strain, anticipatory anxiety related to guardianship, or disrupted life planning (Pavlopoulou, 2024). Long-term research investigations show sibling experiences are fluctuating rather than static, evolving in connection with shifting changing roles, family shifts and the changing needs of the individual with DD (Lecciso et al., 2025).

The growing awareness of these challenges has driven scholars and medical professionals to push for targeted sibling treatments which tackle emotional, social, and educational requirements. Programs that involve psychoeducation regarding disability, chances at communication among peers, and structured venting have showed beneficial effects in reducing isolation, strengthening coping skills, and aiding in positive connections between siblings (Levante et al., 2024; Wolff et al., 2022). Siblings have also been demonstrated to gain indirectly from family-level interventions that incorporate parent education, communication-enhancement tactics, and stress-reduction methods by enhancing the emotional climate of the home (Kirchhofer et al., 2025). Crucially, the research emphasizes the necessity of developmentally appropriate interventions because children, teenagers, and adult siblings all need different kinds of assistance that are in line with their changing roles and psychological requirements.

When considered collectively, the available data emphasizes how complex sibling experiences are in families with developmental disorders. These incidents are shaped by a mixture of internal, familial, societal, and social and economic variables that influence resilience trajectories and mental results across the lifespan. While current research has considerably advanced what we know, gaps remain about how siblings sense their needs, confront emotional difficulties and share their methods of coping in their own speech. Qualitative techniques, therefore, remain critical to capturing both of these personal experiences and informing deeper and inclusive assistance frameworks.

Theoretical Framework

1. Family Systems Theory (Bowen, 1978)

Family Systems Theory holds that a family is a cohesive emotional unit in which every member's behavior affects the others. The special stressors that come with having a kid with a developmental condition change family roles, limits, and communication styles. Siblings often adjust by taking on more responsibilities, modifying their behavior, or adjusting their emotional expression.

Relevance to the study

- Helps explain siblings’ experiences because of changes in family structure and functioning.
- Shows how siblings’ responses emerge from their position within the family system and the demands placed upon them.
- Highlights perceived needs, such as attention from family, emotional support, and clarity about their sibling’s condition.

2. Bronfenbrenner’s Ecological Systems Theory (1979)

Bronfenbrenner’s theory explains human development as shaped by multiple environmental systems: the microsystem, mesosystem, exosystem, macrosystem, and chronosystem.

Relevance to the study

- **Microsystem:** Daily interactions with parents, the sibling with a developmental disorder, and other family members shape siblings’ experiences.

- **Mesosystem:** School, peers, teachers, and extended family influence how siblings cope and form responses.
- **Exo-system:** Parents' stress, availability of healthcare, and social services affect siblings indirectly.
- **Macrosystem:** Cultural attitudes toward disability shape how siblings understand the developmental disorder.
- **Chronosystem:** Changes over time, such as the progression of the disorder or shifting family dynamics; impact needs and coping strategies.

3. Stress and Coping Theory (Lazarus & Folkman, 1984)

According to this theory, people assess and respond to stressful situations using cognitive evaluation and feasible coping mechanisms. Having a brother or sister with a developmental disorder can be viewed as an avenue of personal growth and a source of stress, depending on how the individual interprets the situation.

Relevance to the study

- Siblings' responses, such as frustration, empathy, withdrawal, or resilience, depend on how they appraise their circumstances.
- Their coping strategies (problem-focused, emotion-focused, avoidant, or adaptive) explain the variability in their experiences.
- When coping resources; like emotional support, knowledge, or social understanding are scarce, their perceived needs emerge.

Integration of Theories

Three complimentary viewpoints, Family Systems Theory, Ecological Systems Theory, and Stress and Coping Theory, form the theoretical basis of this investigation. The main lens is provided by Family Systems Theory, which emphasizes that the family is an interrelated emotional unit and that the experiences of siblings are necessarily shaped by the presence of a kid with a developmental condition. The general dynamics of the family system affect their duties, obligations, emotional manifestations, and day-to-day interactions. Bronfenbrenner's Ecological Systems Theory places these sibling experiences in a broader context, acknowledging that social, cultural, and environmental factors, in addition to the immediate family environment, play a crucial role in influencing how siblings view and navigate their realities. Finally, Stress and Coping Theory, which clarifies how siblings react differently emotionally and behaviorally, reinforces the framework. It highlights how each sibling employs coping strategies and self-evaluation to understand and manage the challenges of having a sibling with a medical condition, which in turn influences their perceived needs for information, emotional support, or understanding. Together, these theories offer a thorough framework for analyzing how siblings' experiences, responses, and perceived needs relate to developmental problems. When amalgamated, these frameworks provide a thorough understanding of how siblings view their roles, cope with challenges caused by developmental issues, and identify the type of care they require. This supports the qualitative examination of experiences, responses, and perceived needs in the current study.

Conceptual Framework

The conceptual framework of the study illustrates how having a brother with a developmental issue affects a typical developing kid's experiences, cognitive and behavioral responses, and perceived needs. The presence of a developmental abnormality is the model's primary influencing factor. This disorder causes problems for the family system, such as increased closeness to the affected child, altered family routines, and elevated emotional or caring needs. These conditions have a significant impact on the siblings' daily interactions, emotional environment, sense of responsibility, and perceived changes in family relationships.

These experiences have an impact on the siblings' behavioural changes (such as helpful behaviours or withdrawal), emotional responses (such as stress, empathy, annoyance, or maturity), and cognitive interpretations of their sibling's health. Finally, depending on their experiences and responses, siblings develop perceived needs, such as the need for more parental attention, opportunities for self-care, social support, emotional support, or clear information about the developmental issue. These three components, experiences, reactions, and perceived needs—interact to form the conceptual model, which offers a structured understanding of how developmental issues indirectly affect siblings' psychological and social well-being within the family system.

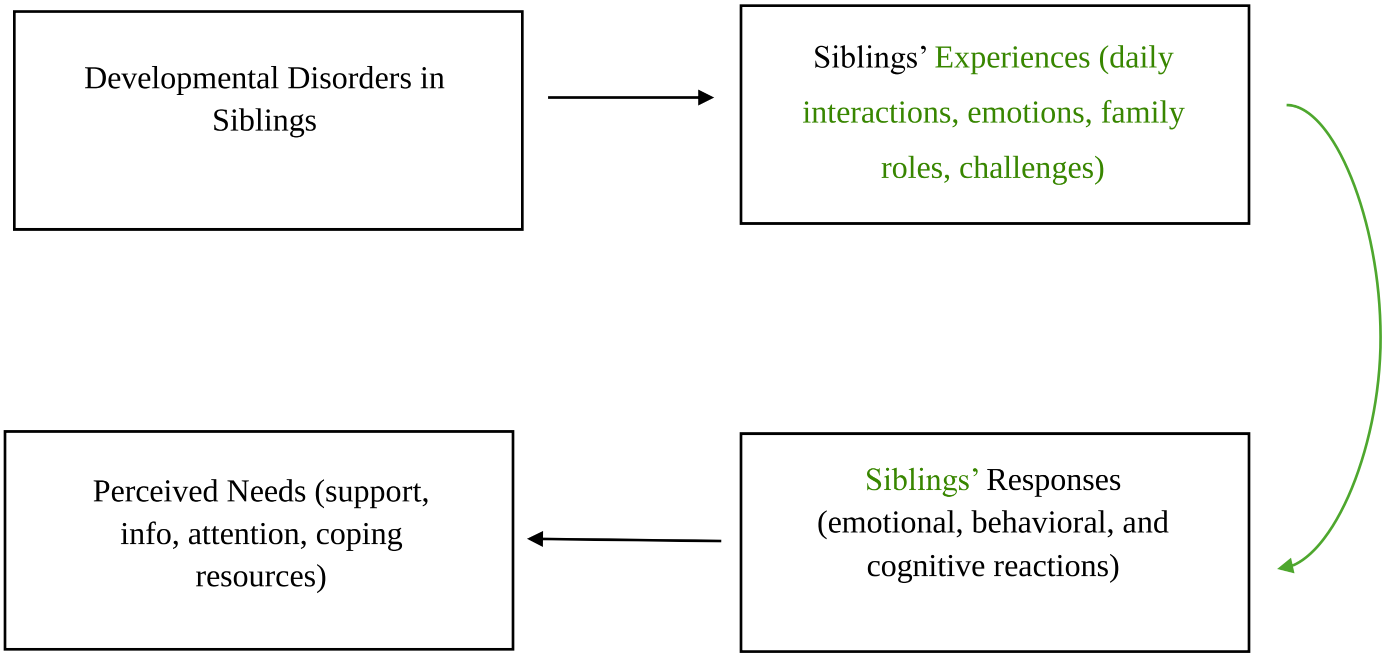

Figure 1. The framework shows how the developmental disorder influences relationships in the family, which in turn influence siblings' lived experiences. These experiences then influence their reactions, which in turn result in the formation of particular perceived needs for information, psychological comprehension, and support.

Cases

Case 1: Cerebral Palsy

The participant showed strong emotional responses to her younger brother's actions, especially his loudness and frequent sobbing. She said, “ *میں بہت غصّہ کرتی ہوں جب وہ بہت شور کرتا ہے*” (“I get very angry when he makes a lot of noise”). She senses a strong sense of duty imposed by her family, particularly her mother, who needs her to take care of Ali, despite her frustration, She explained, “ *بار بار مجھے علی کے پاس جا کر اُسے گلے لگانا پڑتا ہے کیونکہ جب میں کام کرتی ہوں تو وہ اُونچی آواز سے روتا ہے*” (“I have to go again and again to hug Ali because he cries loudly when I am working”). Additionally, the participant reported being irritable all the time, saying, “ *مجھے چڑچڑاہٹ ہوتی ہے*” (“I feel irritated”), which seems to result from the stress of being the older sister, she continued, “*ہاں، کیونکہ میں بڑی بہن ہوں اور امی مجھے کہتی ہیں کہ علی کو سنبھالو*” (“Yes, because I am the elder sister and my mother tells me to take care of Ali”). Despite her discomfort, she has come up with a straightforward coping mechanism to deal with her brother's disruptive behaviour and her own anger: “ *جب مجھے غصّہ آتا ہے تو میں علی کے فون پر کارٹون چلا دیتی ہوں، پھر وہ تنگ نہیں کرتا اور نہیں روتا*” "Ali doesn't bother me and does not cry when I play cartoons on his phone when I'm upset." But as she acknowledged, her words betray a great deal of emotional exhaustion and frustration. “*مجھے بہت غصّہ آتا ہے*” ("I get very angry") and conveyed a wish to be freed from caregiving responsibilities, “*میں چاہتی ہوں کہ میرے والدین علی کو سنبھالیں، میں نہ سنبھالوں*” (“I want my parents to take care of Ali; I don’t want to”). Ultimately, she concluded with a sense of hopelessness, saying, ‘‘یہ کبھی ٹھیک نہیں ہو سکتا’’ "He is never going to get better." This illustrates the emotional strain, tiredness, and helplessness felt by a young brother or sister who takes on caregiving duties beyond her developmental stage.

Case 2: Autism Spectrum Disorder

Strong emotional and behavioral responses to her brother Hamza, who has been diagnosed with severe autism, were disclosed by the participant. She talked about how dealing with his erratic behavior made her feel angry and aggressive, saying, ‘‘ میں حمزہ کو تھپڑ مارتیِ ہوں جب وہ چیزیں پھینکتا ہے’’ "When Hamza throws things, I slap him." This statement reflects the difficulties siblings have controlling erratic behaviors by displaying both discontent and a lack of emotional control. She went on to say that Hamza frequently disrupts her study sessions, ‘‘ میں پڑھ رہی ہوتی ہوں تو وہ میری کتابیں پھینک دیتا ہے’’ "He throws the textbooks when I am studying," which exacerbates her annoyance and tension. The participant confessed to being extremely angry, ‘‘ غصّہ آتا ہے، دل چاہتا ہے مار ڈالوں’’ (“I get so angry that I feel like killing him”). The overwhelming anger and feeling of powerlessness that can occur in such caregiving dynamics are reflected in an act of extreme emotional distress. Nevertheless, she denied having any particular emotional attachment or obligation to Hamza when asked, saying, ‘‘نہیں، مجھے ایسا محسوس نہیں ہوتا’’ "No, that's not how I feel." She later expresses a sense of melancholy and displeasure despite her refusal of affection. Regarding Hamza's condition, she expressed despair, saying, ‘‘ مایوسی ہوتی ہے کہ وہ شاید کبھی ٹھیک نہ ہو سکے’’ "I think there's no chance he will ever recover." The participant also admitted that she frequently gets angry, “بہت زیادہ” ("very often"), signifying a high level of stress and numerous emotional outbursts. Nevertheless, she conveyed her desire for him to behave better, ‘‘ چاہتی ہوں کہ

“اس کا چیزیں پھینکنے کا رویہّ ختم ہو جائے” "I want his habit of kicking things to end" demonstrates a desire for change and a comprehension of his behavioral issues. With a hint of hope, she concluded, saying, “مسلسل علاج سے یہ بہتر ہو سکتا ہے” ("With regular therapy, he can get better"), implying that she still has some faith in her brother's recovery and behavioral improvement in spite of her weariness and frustration.

Case 3: Autism Spectrum Disorder

The respondent described her bond with her elder brother, Irhan, as loving yet physically taxing. She clarified that he frequently sobs for extended periods of time, necessitating her ongoing care and attention. She said, “وہ ہر وقت زمین پر بیٹھ کر روتا ہے اور مجھے اسے بار بار سنبھالنا پڑتا ہے” "I have to take care of him repeatedly while he sits on the floor crying." Because of her mother's health problems, she must provide care; it is not an option. She shared, “میں بڑی بہن ہوں؛ امی کو کام کرنے ہوتے ہیں، اس لیے امی مجھے آواز دیتی ہیں کہ ارہان کا خیال رکھو” "My mother calls me to take care of Irhan because I am the older sister, and she has household chores." Despite the difficulties, she responded with warmth and affection, as she said, “مجھے اس سے بہت پیار آتا ہے، مگر کبھی کبھی مایوسی بھی ہوتی ہے” (“I love him very much, but sometimes I feel disappointed”). This statement shows the emotional ambivalence common in sibling caregivers, love intertwined with fatigue and sadness. She also assists with his therapy and daily activities, stating, “ہاں، کیونکہ تھراپی کے لیے میں اسے اسکول لے جاتی ہوں؛ مجھے ساتھ جانا پڑتا ہے کیونکہ میری امی بیمار ہیں” "Yes, I take him into class for therapy; my mother's illness requires me to accompany him." But it appears that her faith is crucial to how she handles these obligations. She expressed spiritual acceptance and hope by saying, “مجھے لگتا ہے کہ یہ اللہ کی طرف سے ہے اور سب ٹھیک ہو جائے گا” "I think this is from Allah, and everything will work out." Her final remarks further demonstrate her fortitude and optimistic outlook, ‘‘بس اتنا چاہتی ہوں کہ وہ ٹھیک ہو جائے اور باقی بچوں کی طرح رویہّ اختیار کرنا شروع کر دے’’ (“I just wish he gets better and starts behaving like other children”) and ‘‘ان شاء اللہ یہ ٹھیک ہو جائے گا’’ "He will recover, God willing." Despite the stress of ongoing caregiving, these responses show a combination of cognitive maturity, religion-based coping, and optimism.

Case 4: Down syndrome

The participant described his bond with his sister, who has Down syndrome, as being very loving and supportive. He said, ‘‘اچھا رشتہ ہے میری بہن اور میرا۔ مجھے وہ بہت پیاری لگتی ہے اور بہت ہی پیاری سی ہے’’ "I get along well with my sister. She is really lovely and sweet, in my opinion. He showed tolerance and acceptance, adding, ‘‘نہیں، مجھے کوئی فرق نہیں پڑتا۔ میں آرام سے اس کے سارے کام کر لیتی ہوں اور اپنے بھی’’ "I'm not bothered by it. I can handle all of her tasks and mine with ease. He relished their time together, saying, ‘‘بہت اچھا لگتا ہے جب ہم باتیں کرتے ہیں اور ساتھ کھیلتے ہیں۔ وقت کا پتہ ہی نہیں چلتا’’ "Time just flies; it feels great while we communicate and spend time together." His answers demonstrated spiritual gratitude and maturity, as he said, ‘‘اللہ تعالیٰ کسی کو چنتا ہے اپنے لیے، اور میں خوش ہوں’’ (“Allah chooses someone for Himself, and I am happy”). He described no frustration, emphasizing, ‘‘پریشانی نہیں ہوتی... بہت اچھی بہن ہے میری’’ (“I don’t get upset… my sister is very nice”). He also appreciated family support, saying, ‘‘میرے امی ابو بہت ساتھ دیتے ہیں’’ (“My parents support us a lot”). His final remarks encapsulate his faith and acceptance, ‘‘جو بھی لکھا ہے، وہی اس کے نصیب میں ہے’’ "Whatever is written is her destiny," which conveys a great sense of hope and satisfaction.

Case 5: Slow Learner

The participant's relationship with his slow-learning brother was neutral and somewhat aloof. He began by saying, *“کچھ خاص نہیں، ہماری زیادہ سمجھ بوجھ نہیں ہے آپس میں’’* (“There’s absolutely nothing special; we lack much empathy between us”). His answers revealed a lack of emotions, as he said, *“کچھ خاص نہیں، کیونکہ میں اس کی دیکھ بھال نہیں کرتا، میرے والدین ہی کرتے ہیں’’* "Not much, since my parents look after him; I don't." He added that he was not overly impacted, *“ مجھے اپنے بارے میں کچھ خاص نہیں لگتا’’* (“I don’t feel much about myself”). But he realized that both of his parents are more interested in his brother, saying, *“ میرے گھر میں والدین کو لگتا ہے جیسے انُہیں میرے بھائی کو زیادہ سمجھانا پڑتا ہے’’* (“My parents feel they have to guide my brother more”). Although he occasionally interacts, *“کبھی کبھار بات کر لیتا ہوں جو میرے لیے اتنی خاص نہیں ہوتی’’* (“Sometimes I talk to him, but it’s not that special”). His words demonstrate his lack of compassion and apathy, *“ نہیں، کچھ نہیں’’* (“No, nothing”) in response to emotional questions. He only mentioned minor frustration when family routines were disrupted, *“ہاں، کبھی کبھار جب اس کی وجہ سے میرے والدین کو مشکل ہوتی ہے’’* (“Yes, sometimes my parents face difficulty because of him”). His answers generally reveal apathy, little emotional engagement, and little responsibility for providing care..

Case 6: Autism Spectrum Disorder

The participant showed her autistic brother Zeeshan love and tenderness. She said, *“ میرا اور ذیشان کا رشتہ بہت پیارا ہے۔ وہ میرا بہت پیارا بھائی ہے اور میں اس کا بہت خیال رکھتی ہوں’’* "I have a very passionate relationship with Zeeshan. He is my beloved brother, and I look after him very well. She described joyful interactions, *“میں اس کے ساتھ روز شام کو کھیلتی ہوں... ہمیں بہت مزہ آتا ہے’’* (“I play with him every evening… we enjoy a lot”). However, she also acknowledged the challenges, *“ کبھی کبھی مشکل ہو جاتا ہے اس کی بات سمجھنے یا اپنی بات سمجھانے میں’’* "It can be challenging to comprehend or explain things to him at times." Compared to her peers, she felt more accountability, “*مجھے اپنے بھائی کا بھی خیال رکھنا پڑتا ہے... میرے دوست کو ایسا کچھ نہیں کرنا پڑتا*” (“I have to take care of my brother… my friend doesn’t have to”). Occasionally, she feels overwhelmed, “*کبھی کبھی تنگ آ جاتی ہوں تو اسے اپنے کمرے میں چھوڑ کر چلی جاتی ہوں*” (“Sometimes I get tired and leave him in his room”). She also described feelings of embarrassment in public, “*لوگ اسے عجیب نظروں سے دیکھ رہے تھے، تب ہمیں بہت شرمندگی ہوئی*” "We felt embarrassed because people gazed at him strangely." She was grateful for her mother's support despite this, “*میری والدہ میرا ساتھ دیتی ہیں... وہ میرے بھائی کا خیال رکھتی ہیں*” (“My mother supports me and takes care of my brother”). She ended with hopeful optimism, “*یہی امید ہے کہ سب کچھ بہتری کی طرف جائے گا*” (“I hope everything will improve”), demonstrating emotional resilience and familial strength.

Case 7: Stereotypic Movement Disorder

The participant continued to have a very mature and upbeat attitude towards his sibling. He characterized their bond as “*بہت اچھا*” (“Very good”) and demonstrated a willingness to take care of him even in trying circumstances, “*کبھی کبھار اس کی حالت خراب ہو جاتی ہے، تو سارے کام چھوڑ کر اسے سنبھالنا پڑتا ہے*” (“Sometimes his health worsens, and we must prevent everything to take care of him”). This relationship was important to him, he said, “*وہ بھی ایک انسان ہے اور ہمیں خوشی ہوتی ہے کہ اس کی خدمت کریں*” "We are glad to serve him because he is also a human being." He expressed great pride and empathy in his words, “*ہاں! اور ہمیں فخر محسوس ہوتا ہے کہ ہم اس کی خدمت کریں*” (“Yes! And we feel proud to serve him”). He also recognized the need for emotional support, “*ہمیں جذباتی سہارا کی ضرورت ہے*” (“We need emotional support”). Finally, he expressed concern about the future, “*ہمیں یہ خدشہ ہے کہ وہ کیا کرے گا مستقبل میں اگر ہم اپنی ذاتی زندگی میں مصروف ہو جائیں*”

(“We worry about what will occur to him in the future if we become busy in our own lives”). This case demonstrates emotional maturity, empathy, and pride in one's family.

Case 8: Social Pragmatic Communication Disorder

The participant gave succinct but emotionally sound answers. He characterised the partnership as “اچھا” (“Good”) and showed a sense of responsibility, “ یہ اپنی ذمہ داری جانتے ہوئے نبھاتے ہیں” (“I fulfill those duties knowingly”). His tone was mature and sensitive to his sibling's needs. He underlined how crucial it is to spend time and give care, “ ان کے لیے وقت دینے کی ضرورت ہے” "They require time and care." However, he expressed concern about the future, just like many siblings of kids with special needs, “یہ خدشہ ہے کہ اگر میں نہ ہوں تو اس کی خدمت کے لیے کون ہوگا” "I'm concerned about who will look after him in my absence." His answers reveal a deep sense of responsibility mixed with subdued concern for his sibling's long-term welfare.

Case 9: ADHD

The participant stated that he and his sibling had a generally positive relationship, saying, “اچھا رشتہ ہے” "The relationship is good." He acknowledged that he is frequently impacted by the sibling's hyperactivity, “بہت زیادہ محسوس ہوتا ہے” "It has a big impact on me." Despite the difficulties, he remained compassionate, “ان کے لیے وقت درکار ہوتا ہے” (“They need dedicated time”). He did, however, acknowledge occasional frustration, “بعض اوقات پریشانی اور غصہ محسوس ہوتا ہے” (“Sometimes I feel anger and worry”). His tone conveyed both love and fatigue, indicating that although he is patient, behavioral problems are stressful. He ended by worrying about his sibling's well-being, “ہم ان کی صحت کے لیے فکرمند ہیں” (“We are worried about their health”), showing empathy and familial responsibility.

Case 10: ADHD

Mr. Y described his relationship with his brother as *“اچھا رشتہ ہے”* (“A good relationship”) and noted that it only *“کچھ خاص متاثر نہیں ہوتی”* (“is not particularly affected”). He enjoys being around his sibling, *“بہت اچھا”* (“Very good”), but also acknowledges the need to balance his own duties, saying, *“اپنے بھائی کی خدمت کے لیے بھی وقت نکالنا پڑتا ہے”* (“I have to make time to take care of my brother”). He sometimes experiences frustration but manages it well, *“بعض اوقات مجھے غصہ آتا ہے لیکن میں جلد ہی قابو پا لیتا ہوں”* "I get angry sometimes, but I rapidly control myself." By recommending educational support, he demonstrated empathy and social consciousness, *“ایسے لوگوں کے لیے خصوصی تعلیم کا یونٹ ہونا چاہیے”* (“There should be a special education unit for such people”). Finally, he expressed concern about the future, *“مجھے پریشانی ہوتی ہے کہ میری غیر موجودگی میں ان کی بہتر دیکھ بھال نہیں ہو پائے گی”* "I worry that they won't be properly cared for in my absence," demonstrates a strong sense of family concern and foresight.

Case 11: Specific Learning Disorder)

Mr. X. described his relationship with his sibling as "Love, kindness, and very precious," expressing his intense love for him. He acknowledged that his brother's illness occasionally interferes with his everyday activities because "he engages everyone with him and other tasks suffer." He states, "As he is so dear to me, I like getting together with him," despite this. Mr. X believed that he had more obligations than his peers, saying that "others of my age group don't have to put family in every decision, but I have to." "I try to cope with his tantrums with love," he says, expressing his patience in the face of occasional mental strain. "Parents need to set high standards with him, and educators should work on his behaviour," he added, suggesting that teachers should provide more stringent behavioral guidance. Lastly, he expressed a practical concern, saying, "I worry about what lies ahead as he needs ongoing help and attention." Care, maturity, and well-rounded emotional insight are evident in his responses.

Case 12: Tic Disorder

The participant described his relationship as a mix of affection and frustration. He said, ‘‘میرا اس کے ساتھ رشتہ اچھا ہے۔ ہمارے رشتے میں کبھی پیار ہوتا ہے اور کبھی غصّہ’’ "I have a good relationship with him; there are moments of love and moments of anger." He acknowledged that his brother's illness can interfere with family routines, even though daily tasks are largely unaffected, ‘‘کبھی کہیں جانا ہو تو اس کی وجہ سے کسی کو گھر پر رکنا پڑتا ہے’’ (“Sometimes someone has to stay home because of him”). He enjoys interacting with him, ‘‘مجھے اپنے بھائی کے ساتھ کھیلنا، وقت گزارنا اور باتیں کرنا اچھا لگتا ہے’’ (“I like playing, spending time, and talking with my brother”), yet he feels anger when burdened, ‘‘جب میں خود بھی مصروف ہوں اور مجھے اسے بھی دیکھنا پڑے تو مجھے بہت غصّہ آتا ہے’’ (“When I’m distracted and still have to chase after him, I grow very angry”). He nevertheless controls his emotions and seldom experiences hopelessness, ‘‘غصّہ تو ہوتا ہے مگر مایوسی کبھی نہیں ہوتی’’ (“I get angry but never feel hopeless”). He also acknowledged needing emotional support, ‘‘مجھے امی ابو کے جذباتی سہارے کی ضرورت ہے’’ (“I need emotional support from my parents”). His final statement, ‘‘مستقبل کے لیے ڈر رہتا ہے کہ اگر ہم میں سے کوئی نہ رہا تو اس کی دیکھ بھال کون کرے گا’’ "I worry about who will look after him if we're not there" expresses both sincere love and concern for the future.

Case 13: Autism Spectrum Disorder

Maaz said he had a loving and responsible connection with his autistic sibling. He said, ‘‘اچھا رشتہ ہے’’ (“It’s a good relationship”) and acknowledged some impact on his life, ‘‘ تھوڑی بہت

متاثر ہوتے ہیں’’ "It has a slight impact on me." He likes spending time with them, ‘‘بہت مزہ آتا ہے’’ "It's a lot of fun," but takes on more duties, ‘‘دوسری ذمہ داریوں کے ساتھ ساتھ ان کی دیکھ بھال بھی کرنی پڑتی ہے’’ "I have to take charge of him in addition to other obligations." He is rarely irritated, ‘‘نہیں، کچھ خاص نہیں’’ (“No, not really”), but occasionally experiences strain, ‘‘کبھی کبھار’’ (“Sometimes”). He affirmed family cooperation, ‘‘ہاں’’ ("Yes") and showed genuine concern for his sibling's welfare, ‘‘ان کے مستقبل کے لیے نہایت فکرمند ہیں’’ "We are extremely concerned about their future." His answers show emotional development and dedication to his family.

Case 14: Down Syndrome

Ahmed Raza expressed deep affection mixed with emotional struggle toward his sister. He said, ‘‘وہ بہت پیاری اور محبت کرنے والی ہے، لیکن کبھی کبھی اس کے رویے کو سمجھنا مشکل ہو جاتا ہے’’ (“She is very loving, but sometimes it’s hard to understand her behavior”). He actively helps his mother, ‘‘امی کے ساتھ میں بھی شامل ہو جاتا ہوں’’ (“I also help my mother”), and cherishes their time together, ‘‘میں اس کے ساتھ کارٹون دیکھتا ہوں یا تصویری کتابیں پڑھتا ہوں’’ (“I watch cartoons or read picture books with her”). However, he admitted sacrificing his social life, ‘‘دوستوں کے ساتھ باہر جانا کم کر دیا ہے کیونکہ گھر میں میری موجودگی ضروری ہوتی ہے’’ (“I’ve reduced going out with friends because my presence at home is necessary”). To manage stress, he engages in healthy coping, ‘‘جب ذہنی دباؤ ہوتا ہے تو ورزش کرتا ہوں یا دوستوں سے بات کر لیتا ہوں’’ (“When I feel stressed, I exercise or talk to friends”). Though he occasionally feels anger, ‘‘زیادہ تر وقت مجھے اس پر فخر ہوتا ہے’’ (“Most of the time, I feel proud of her”), reflecting deep affection and acceptance. He expressed a desire for her independence and social inclusion, ‘‘امید ہے معاشرہ ایسے بچوں کو زیادہ قبول کرے گا تاکہ وہ عام زندگی گزار سکیں’’ (“I hope society accepts such children more so they can live normal lives”).

Case 15: Down syndrome

Maroof described a typical yet emotionally positive sibling relationship. He said, “میں اپنے بہن یا بھائی کے ساتھ بالکل معمولی رشتہ محسوس کرتا ہوں جو ترقیاتی عارضے کا شکار ہیں” (“I feel a normal relationship with my sibling who has a developmental disorder”). He recognized that his daily life is affected, “ان کی دیکھ بھال کرنی پڑتی ہے، اور اس کے لیے مجھے انہیں زیادہ وقت دینا پڑتا ہے” (“I have to take care of them, and it requires more of my time”). Despite the responsibilities, he finds comfort in interaction, “بہن یا بھائی کے ساتھ کھیلنے، بات کرنے اور وقت گزارنے میں بہت سکون اور خوشی ملتی ہے” (“I feel peace and joy in playing, talking, and spending time with them”). He fulfills household duties, “گھر کے زیادہ تر کام بھی میں خود ہی انجام دیتا ہوں” (“I handle most of the housework myself”), and maintains patience even during difficulties, “مجھے کسی بھی ذہنی دباؤ یا پریشانی کا احساس نہیں ہوتا” (“I don’t feel any mental pressure or worry”). He expressed optimism, “مجھے امید ہے کہ میرا بہن بھائی کامیاب ہوگا اور مستقبل میں اپنے جیسے بچوں کی خدمت کرے گا” (“I hope my sibling will succeed and help other children like him in the future”). His statements reflect emotional resilience, faith, and a hopeful worldview.

CHAPTER II

METHODOLOGY

Objectives

1. To explore experiences of siblings of children diagnosed with developmental disorder.
2. To understand the perceived needs of siblings of children diagnosed with developmental disorder. (DD)
3. To measure responses of siblings taking care of children diagnosed with developmental disorder.

Sampling

Purposive sampling was used to recruit participants who have a sibling suffering from a developmental disorder and have experienced interactions with them. A sample size of 15 participants was selected for in-depth interviews, depending on data saturation.

Procedure

Informed consent was provided to the siblings of the children suffering from a developmental disorder after the sampling, and the purpose of the study was briefed. Data was collected afterwards. Open-ended questions with different probing techniques were conducted, and themes were identified in detail by thematic analysis and conceptual categorization.

Inclusion Criteria

Individuals diagnosed with a developmental disorder (e.g., Autism Spectrum Disorder, Intellectual Disability, Attention-Deficit/Hyperactivity Disorder, and Specific Learning Disability) with an age up to 18 years (to ensure they can articulate their experiences), belonging to a family with at least one sibling residing in Pakistan.

Exclusion criteria

Individuals with severe communication impairments that prevent meaningful participation or those without any siblings.

Demographic Sheet

The demographic sheet consisting of Name, Age, Religion, Ethnicity, Residence, Birth Order, Education, and Socioeconomic Status was used (See Appendix B).

Research Questions

انٹرویو سوالات برائے بہن/ بھائی

1. آپ اپنے ان بہن /بھائی کے ساتھ کس طرح کا رشتہ محسوس کرتے ہیں جو ترقیاتی عارضے (development disorder) کا شکار ہیں؟

2. آپ کے روزمرہ کے کام اور ذمہ داریاں کس طرح متاثر ہوتی ہیں؟

3. آپ کو اپنے بہن /بھائی کے ساتھ کھیلنے ، بات کرنے اور وقت گزارنے میں کیسا لگتا ہے؟

4. کیا کبھی آپ کو لگتا ہے کہ آپ کو دوسروں کے مقابلے میں زیادہ ذمہ داریاں اٹھانی پڑتی ہیں؟
برائے مہربانی تفصیل بتائیں۔

5. آپ اپنے بہن/ بھائی کی مشکلات یا رویے پر کس طرح ردِعمل ظاہر کرتے ہیں؟ کیا آپ ذہنی دباؤ یا پریشانی محسوس کرتے ہیں؟ اگر ہاں، تو اس سے کیسے نمٹتے ہیں؟

6. کیا کبھی آپ کو اپنے بہن /بھائی کی وجہ سے غصہ یا مایوسی محسوس ہوتی ہے؟

7. کیا والدین یا اساتذہ کی طرف سے آپ کو کسی قسم کی مدد یا سپورٹ کی ضرورت ہے؟ برائے مہربانی تفصیل بتائیں۔

8. مستقبل کے بارے میں اپنے بہن /بھائی کے حوالے سے آپ کے کیا خدشات یا امیدیں ہیں ؟

Data Analysis

Thematic analysis using Braun and Clarke (2006) framework was employed to identify, analyze, and interpret the data. NVivo software was used to facilitate coding and categorization of themes. Analysis was guided by SESF, focusing on within-sibling factors.

Research Design

The study employs a qualitative phenomenological approach to explore the experiences, responses, and perceived needs of siblings with developmental disorders within the Pakistani context. The study uses semi-structured interviews and focus group discussions (FGDs) to capture in-depth insights grounded in the Siblings Embedded Systems Framework (SESF).

Operational Definitions

1. Developmental Disorders

Developmental disorders are defined as clinically recognized neurodevelopmental abnormalities that affect children's cognitive, social, emotional, or behavioral development. In this study, any diagnosis that is reported by the parents and described by the participants, such as autism spectrum disorder (ASD), attention deficit hyperactivity disorder (ADHD), intellectual disability, or speech/language difficulties, is a developmental problem. In this study, the presence of a developmental problem is confirmed through parent reports rather than clinical evaluation.

2. Experiences

In this study, "experiences" refers to the subjective stories, feelings, interactions, and daily situations that siblings of kids with developmental disabilities describe. Experience is operationalised through the narratives obtained from in-depth interviews and observations, which focus on how siblings perceive their role, emotions, family dynamics, and everyday challenges related to living with a brother or sister who has a developmental condition.

3. Responses

Responses are the siblings' emotional, social, and cognitive reactions to the family and the child with a developmental issue. The responses are operationalised using the themes that come from the stories of the participants in the current qualitative research, including coping mechanisms, methods for interacting, emotional reactions (like annoyance, caution, envy, or empathy), as well ways they adjust to their sibling's condition.

4. Perceived Needs

The tools, help, or support that siblings believe they need to better comprehend, deal with, or control their emotions related to having a brother or sister with a developmental issue are known as perceived requirements. These needs, such as chances for self-care, psychological support, information about the illness, parental attention, or social support, are operationalised using participant self-reported standards, desires, and unfulfilled demands that show up in interview data.

Ethical Considerations

The institute head, the ethical examine board, and the ethics committee of the IIUI Department of Psychology had all given their ethical approval. In addition to obtaining participants' informed consent, which ensures confidentiality and privacy, pseudonyms were also used. Additionally, the option to leave the study was offered.

Rationale

Siblings of children with DD often undergo major emotional and psychological changes as they navigate the difficulties presented by the condition. Previous studies have shown that feelings of confusion, fear, and loneliness are common. By employing a qualitative approach that allows siblings to share their stories and offer insight into the challenges they face daily, this study seeks to investigate these experiences in greater detail. Creating resources and support networks that are appropriate for siblings requires an understanding of their complex emotions. By examining how brothers and sisters adapt, cope, and make decisions regarding their siblings' care, we can identify recurrent patterns and distinct differences that may direct the development of specialized interventions and support programs. This study aims to systematically gather and analyze these demands through focus groups and in-depth interviews. It is crucial to understand the needs of siblings in order to develop policies and programs that address their concerns and provide comprehensive support systems. Both the families and the children could gain from improving their perceived needs. There are still few qualitative studies that focus on the siblings' catering experiences, despite the growing body of literature on DD. This study will contribute to the body of knowledge about the psychosocial aspects of children with DD in order to close that gap. By documenting and analyzing siblings' narratives, the project will provide a comprehensive perspective that could serve as a foundation for additional research and promote collaboration between academics, professionals, and families.

CHAPTER III

RESULTS

Table 1

Demographic Characteristics of Study Sample (N=15)

Characteristics	n	%
Gender		
Male	10	67.7
Female	05	33.3
Residence		
Urban	10	67.7
Rural	05	33.3
Birth Order		
1st	3	20
2nd	2	13.3
3rd	6	40
Only Child	4	26.7
Sibling Conditions		
Cerebral Palsy	01	6.7
Autism Spectrum Disorder	04	26.7
Down Syndrome	03	20
Slow Learner	01	6.7
Stereotypic Movement Disorder	01	6.7
Social Pragmatic Communication Disorder	01	6.7
ADHD	02	13.3
Specific Learning Disorder	01	6.7
Tic Disorder	01	6.7

Note. n = total number, % = percentage

Table 2

Thematic Analysis of Participants with Developmental Disorders (N=15)

Themes	Sub-Themes	Categories	Deception
Emotional Reactions	Anger/Irritation	Emotional strain due to sibling's disruptive behavior	Participants reported frequent feelings of anger, frustration, and irritability when managing siblings with challenging behaviors.
	Emotional Fatigue/Hopelessness	Overwhelm and helplessness	Siblings expressed emotional exhaustion and feelings of helplessness, sometimes doubting whether their sibling's condition could improve
Responsibility	Imposed Care	Familial expectations	Many participants felt caregiving responsibilities were imposed by parents or cultural expectations, leading to stress and obligation
	Voluntary Care	Compassionate caregiving	Some siblings willingly provided care, showing affection, empathy, and a sense of duty toward their sibling's well-being
Coping Strategies	Practical Coping	Behavioral strategies	Siblings used simple, practical strategies to manage anger and sibling behaviors, such as diverting attention or organizing routines.
	Faith-Based Coping	Spiritual acceptance and resilience	Faith, spiritual beliefs, and acceptance were commonly used to manage stress, providing hope and emotional stability.
Emotional Attachment	Positive Affection	Warmth and bonding	Participants reported love, attachment, and enjoyment in interactions with their siblings
	Emotional Ambivalence	Mixed emotions	Some siblings experienced a combination of affection and frustration, reflecting the complexity of caregiving.
Concerns About the Future	Anxiety and Uncertainty	Worries about long-term care	Participants expressed concern regarding their sibling's well-being, independence, and care in the future.

Steps for Thematic Analysis

The following Six Steps were followed.

Step1: Familiarization

Read the responses and interview again and again to understand the true meaning deeply.

Step II: Generating Initial Coding

Highlighted the meaningful text of the responses and labelling short code to the important ideas and text.

Step III Generating Themes

Generating themes after coding all the data on similarity bases.\

Step IV Reviewing the Themes

After generating the themes reviewing the themes and remove overlapping themes or information's.

Step V Defining Themes

After themes, explain clearly what it means, this help in result elaboration and explanation.

Step VI Report Writing

At last report were written, and explain all the procedure, how the themes and analysis were done, and also discuss what themes means in the current study.

Theme 1: Emotional Responses to Sibling's Condition

Anger, frustration, and irritability were among the strong emotions that participants often felt, particularly when the sibling displayed disruptive behaviours. Managing a sibling with special needs can be psychologically taxing, as evidenced by the reports of emotional exhaustion and a desire for relief from caregiving duties. On the other hand, some participants also expressed warmth, joy, and affection, suggesting that both positive and negative emotions coexist in these relationships.

Subtheme 1: Anger and Frustration

When their siblings made noise, cried, or behaved disruptively, a number of participants expressed anger. This frequently resulted in short-term coping mechanisms like distracting the sibling or asking for help from the parents.

Subtheme 2: Affection and Love

Despite difficulties, many participants showed a strong emotional bond and concern for their siblings, exhibiting patience, empathy, and an emotional commitment to their welfare.

Theme 2: Sense of Responsibility and Caregiving Burden

Due to the demands of their parents, participants frequently experienced a strong sense of obligation to their siblings. For older siblings in particular, this duty was often viewed as a burden that affected their social lives and daily routines.

Subtheme 1: Compulsory Caregiving

A number of siblings stated that family needs, like the mother's health or household chores, forced them to provide care.

Subtheme 2: Coping Strategies

In order to cope with the stress of providing care, participants learnt both practical and emotional coping strategies, such as distraction tactics, faith-based acceptance, and asking for family support.

Theme 3: Impact on Personal Life

Participants' social interactions, educational pursuits, and daily routines were all impacted by the caregiving role. Some reported little disruption because of strong family support, while others felt constrained or compromised in their pursuit of personal interests.

Subtheme 1: Educational and Social Challenges

Study time disruptions, fewer social outings, or the need to modify personal plans to meet their sibling's needs were all mentioned by participants.

Subtheme 2: Emotional Resilience

Many participants demonstrated resilience in the face of difficulties, expressing positive feelings about their future and holding out hope for their sibling's improvement.

Theme 4: Spiritual and Philosophical Coping

A number of participants used their spirituality and faith to help them deal with the difficulties of providing care. This included encouraging tolerance, acceptance, and hope while seeing the sibling's condition as a part of a divine plan.

Theme 5: Concerns for the Future

Concerns about their sibling's wellbeing, future independence, and long-term care were voiced by the participants. Emotional attachment and practical concern about continuing obligations and the sibling's growth were both reflected in this theme.

CHAPTER IV

DISCUSSION

The first topic, "Emotional Responses to Sibling's Condition," captures the complex and often contradictory emotional experiences of older siblings of children with developmental disabilities. From intense attachment, tenderness, and empathy to rage, frustration, and emotional exhaustion, participants reported experiencing a wide range of emotions towards their siblings. These results demonstrate the coexistence of positive as well as negative emotional emotions, reflecting the complex nature of relationships between siblings in the context of developmental disorders.

The emotional ambivalence found in this study is in line with previous research that indicates siblings of children with developmental disabilities often have relationships that combine affection and stress (Petalas et al., 2012). According to research, siblings who engage in disruptive or unwelcome activities frequently experience negative emotions like rage and frustration, particularly when they feel overburdened or receive little attention from parents (Mascha & Boucher, 2006). The emotional strain of handling behavioural incidents and caregiving responsibilities is also reflected in the participants' acknowledged levels of anger and irritability. This finding is consistent with the stress and coping theory proposed by Lazarus and Folkman (1984), which argues that people's evaluations of stressful situations and their perceived ability to cope cause emotional responses. Siblings may see their brother's or sister's condition as a constant source of stress when coping strategies are limited, which can cause annoyance and emotional weariness.

In line with studies showing the flexibility and resiliency of emotional bonds that can develop in families with children with special needs, positive emotions like love, affection, and empathy also surface (Orsmond & Seltzer, 2007). The early development of emotional capacity and empathy may be indicated by the fact that many study participants expressed happiness in their siblings' achievements and felt protective of them. According to family systems theory (Bowen, 1978), family members are an emotional unit that is interconnected. Because of this, having custody of a child with a developmental disorder can change emotional dynamics, causing siblings to adopt supportive and sympathetic roles that contribute to the family system's emotional balance.

Furthermore, the coexistence of positive and negative emotions suggests a process of emotional regulation and adaptation that is influenced by contextual factors such as parental involvement, cultural norms, and social support. Because of the closeness and dependence of families in collectivist cultures like Pakistan, siblings are often encouraged to internalise caregiving responsibilities and emotional restraint (Hussain et al., 2021). This cultural belief in familial obligation may account for the participants' dual expression of affection and dissatisfaction, acknowledging their psychological stress while upholding acceptance and love as part of their sacred and relational duty.

The findings also contribute to the literature by highlighting how emotional responses are dynamic and alter due to ongoing interactions with the brother or sister and the family environment. These feelings are impacted by microsystem components like direct sibling connections and mesosystem relationships which include parental guidance, as well as macrosystem components like cultural beliefs about disability and caregiving, according to Bronfenbrenner's ecological systems theory (1979). This theoretical framework highlights how siblings' perceptions and responses to their sibling's illness are influenced by broader social and cultural contexts.

Overall, the results of this theme contribute to our understanding of the emotional challenges faced by siblings of children with developmental disabilities. By highlighting the duality of impatience and affection, the study emphasises the importance of developing psychosocial therapies to improve siblings' emotional well-being while promoting family cohesion. Through peer groups, counselling programs, and educational activities, siblings can strengthen their positive relationships and learn coping mechanisms to manage their negative emotions. The current study's research question, which focusses on how siblings perceive their own needs for social and emotional support as well as their capacity to feel and respond emotionally to the challenges associated with living with a sister who has a developmental condition, depends on these discoveries.

The second topic, "Sense of Responsibility and Caregiving Burden," focusses on how parental expectations, gender norms, and family dynamics often force siblings of children with developmental disabilities to take on caregiving duties. Many participants described feeling obligated to help care for their siblings, particularly when parents, mostly mothers, were emotionally or physically exhausted. Although this caring role occasionally fostered a sense of maturity and empathy, siblings also reported disruptions in their personal time, academic focus, and social participation.

These findings are consistent with earlier research demonstrating that siblings of children with developmental or intellectual impairments frequently take on caregiving responsibilities after their developmental stage (Burke et al., 2012). Even though these responsibilities are often the result of familial love and necessity, prior research indicates that they may result in role overload and psychological stress (Moyson & Roeyers, 2012). The societal and familial norm of shared caregiving in collectivist nations is reflected in the experience of mandatory caregiving in the current study, where assistance was seen as a duty rather than a choice. Similar patterns have been noted in South Asian contexts, where family dependence and filial piety are significant values (Hussain et al., 2021).

From the perspective of family systems theory (Bowen, 1978), this sense of required care could be understood as part of the emotional reorganisation that occurs when a relative has a developmental disability. In these systems, emotional energy and responsibilities are redistributed to maintain family balance. When older or more mentally developed siblings compensate for parental stress, a hierarchical nurturing structure is strengthened. However, this redistribution may lead to parentification, a process in which a child assumes adult responsibilities within the family (Hooper, 2007). As evidenced by the testimonies of participants who expressed frustration and loss, these positions may enhance family functioning in the short term, but over time they may also result in internalised stress and a diminished sense of autonomy.

The stress and coping theory (Lazarus & Folkman, 1984) states that participants' accounts of developing coping strategies, such as distraction, religious belief, and seeking family support, demonstrate proactive attempts to manage the emotional and practical challenges of providing care. According to research on sibling adaptability in families with disabilities, coping mechanisms like faith-based acceptance and reinventing the role of carer are crucial (McHale et al., 2016). For many study participants, religious and spiritual beliefs appeared to serve as a psychological buffer, enabling them to derive emotional comfort and meaning from their responsibilities. This is in line with studies that demonstrate spirituality and family support are significant safeguards against carer burnout in collectivist and spiritually orientated communities (Yilmaz, 2020).

Additionally, the finding that carer obligations frequently interfered with social and personal development is consistent with previous research showing that siblings of children with developmental disorders could experience social estrangement and decreased peer interaction due to domestic duties (Orsmond & Seltzer, 2007). Despite these challenges, some participants demonstrated adaptive coping and resilience, suggesting a possibility for emotional growth in the face of familial adversity. This dualism burden and growth illustrates the multifaceted nature of caregiving in sibling relationships, emphasising that such experiences cannot be viewed as wholly negative but rather as a part of a complex emotional trajectory.

When viewed through the prism of Bronfenbrenner's ecological systems theory (1979), these findings demonstrate how interactions across numerous systems influence caregiving responsibilities and coping behaviours. Microsystem-level caregiving experiences are directly impacted by sibling relationships and parental expectations. The mesosystem, which consists of peer and school networks, affects siblings' capacity to manage their responsibilities both inside and outside the home. The macrosystem, which is defined by cultural values and social norms, further reinforces caregiving expectations, particularly for older or female siblings in centralised contexts like Pakistan.

In general, this problem helps us understand how siblings of children with developmental disabilities manage stress and a sense of responsibility. The findings demonstrate that while giving care may strengthen family bonds and foster empathy, taking on too much responsibility may endanger wellbeing and personal development. Understanding these interactions is necessary to design culturally appropriate strategies that provide siblings with time for self-care, psychoeducational support, and acknowledgement for their caring responsibilities. These findings directly address the study's research question regarding siblings' experiences, coping strategies, and perceived psychological and social needs in family systems affected by developmental disorders.

The last section, "Impact on Personal Life," provides an overview of how the caregiving role impacted participants' routines, social activities, and academic endeavours. Many siblings discussed how difficult it was to strike a balance between their own developmental needs and caregiving obligations, often at the expense of interests, friendships, or academic objectives. Some participants expressed resilience and flexibility, emphasising family partnership, hope, and faith as protective factors, while others felt that the alterations were stressful or limited. This topic highlights the various ways in which caregiving responsibilities can affect siblings' personal lives, impacting their social experiences and identity formation.

Participants in the current study reported that taking care of a brother with developmental disabilities typically resulted in less social engagement and disruption with academics, which is consistent with earlier research (Moyson & Roeyers, 2012). Siblings occasionally bemoaned their lack of personal freedom and the need to modify daily plans to meet their sibling's psychological or behavioural needs. These findings are in line with those of Vermaes et al. (2012), who found that siblings of children with disabilities or long-term illnesses had higher levels of role conflict and participated in fewer age-appropriate activities. Such disruptions may worsen feelings of social disengagement and loneliness when family obligations take first place over personal objectives.

Although the participants' degrees of disruption varied, some said that having strong family support mitigated the negative impacts on their academic and personal lives. This result is in line with family systems theory (Bowen, 1978), which maintains that each member's experience of stress or balance within the system is influenced by emotional interconnectedness and family functioning. Families with transparency, shared accountability, and encouraging parental involvement may be able to protect siblings' academic and personal wellbeing.

The subtheme of school and social obstacles also reflects findings from other studies that suggest caring responsibilities may hinder academic focus and achievement (McHale et al., 2016). Participants in the current study reported patterns of delayed study time and missed social opportunities like the role-overload issue seen among adolescent carers (Becker, 2007). As demonstrated by the need to alter personal objectives and limit social interactions, caregiving responsibilities can affect social identity and psychological accessibility in addition to practical tasks.

Despite these drawbacks, a number of participants described emotional resilience as a defining feature of their experience, expressing hope for their sibling's growth and confidence in their own capacity to adapt. Positive reappraisal coping, which Lazarus and Folkman (1984) described as a process where people reframe stressful situations in ways that promote optimism and meaning, is exemplified by this resilience. Siblings who see their caregiving duties as rewarding or as promoting personal growth report lower levels of stress and better psychological health, according to research (Mandleco & Webb, 2015). For some people, faith and optimism were crucial emotional resources that provided stability in the face of caregiving challenges.

Overall, the research on this topic shows that providing care can both promote and impede human development. While some siblings face challenges in the social and academic domains, others develop emotional adaptability and resilience through cultural values of responsibility and family support. The research question of the current study, which focusses on how siblings of children with developmental disorders experience, react to, and adjust to their caregiving roles, is greatly impacted by these revelations. Recognising the simultaneous nature of these experiences emphasises the need for interventions, like family education programs, peer support groups, and counselling, that not only ease the burden of caregiving but also promote resilience and personal growth among siblings.

The fourth theme, "Spiritual and Intellectual Coping," explains how people used faith, spirituality, and philosophical reflection to deal with the emotional and practical challenges of raising a brother with developmental disabilities. Many participants described their sibling's illness as a part of a divine plan and saw it as a test of patience or an opportunity for spiritual growth. Because of this faith-based interpretation, which encouraged acceptance, gratitude, and optimism, they were able to redirect adversity in ways that preserved emotional equilibrium. The reliance on spirituality highlights how siblings' coping and resilience heavily rely on meaning-making processes in collectivist and religiously orientated societies.

These findings are consistent with past research showing that spirituality is a crucial coping mechanism for people coping with persistent stressors like caregiving duties (Roff et al., 2004). Religious beliefs can provide a mental framework that helps carers reframe stress as redemptive or valuable rather than just stressful, according to Hastings et al. (2005). In this way, the study's participants found comfort in viewing their sibling's illness from a place of spirituality, which promoted acceptance and helped them manage their emotions. This strategy is in line with Pargament's theory of religious coping (1997), which maintains that faith-based coping can transform suffering into a sense of belonging and personal growth.

Lazarus and Folkman's (1984) theory of stress and coping, particularly the concept of meaning-focused coping, is consistent with the participants' emotional and philosophical tolerance. Meaning-focused coping is reassessing difficult circumstances in a way that aligns with one's core values or beliefs. By considering their sibling's disability as divinely predetermined, participants were able to find meaning in their caregiving duties, which reduced feelings of helplessness and encouraged hope. This process of meaning-making has been documented in numerous studies on religious coping among carers of individuals with brain and developmental impairments (Kuwabara et al., 2011).

Furthermore, spirituality in this context appears to be linked with customs and collective beliefs that are typical of Pakistani society, where religious conviction and family interdependence are crucial for overcoming adversity. According to Hussain et al. (2021), faith serves as both an individual coping mechanism and a common family resource that promotes emotional collaboration and patience in such cultural contexts. The belief that challenges are an essential component of a divine plan may strengthen siblings' emotional stability and fortitude by encouraging acceptance rather than resistance.

Aspects of post-traumatic development, in which individuals experience positive psychological transformation as a result of overcoming extremely challenging circumstances, are also evident in participants' reliance on spirituality (Tedeschi & Calhoun, 2004). By finding spiritual meaning in their experiences, siblings appeared to grow in empathy, tolerance, and compassion. Rather than being a burden, a number of participants claimed that giving care was a moral and spiritual duty that strengthened their faith and personal development. This exemplifies a shift from issue-cantered coping to transcendence-oriented coping, where spiritual beliefs provide guidance and comfort.

In general, this topic highlights the significance of spirituality as a culturally embedded and psychologically adaptive coping strategy for siblings with kids with developmental disabilities. Through spiritual and philosophical coping, participants were able to transform their feelings into acceptance and optimism, illustrating how faith-based meaning-making promotes resilience. These findings address the study's research topic regarding siblings' responses and coping mechanisms by highlighting the need for multicultural psychosocial interventions that acknowledge and incorporate spiritual resources. In collectivist societies like Pakistan, religiously informed psychoeducation, community counselling, and faith-based support programs may be essential for promoting positive sibling adjustment and improving family well-being.

The fifth theme, "Concerns for the Future," captures the participants' worries and uncertainties regarding their sibling's long-term care, liberty, and general well-being. Concerns about who would provide care in the future, especially if their parents were unable to do so, were raised by many participants. This problem was intertwined with worries about the sibling's ability to support themselves, moral responsibility, and emotional connection. The topic demonstrates how siblings' experiences of caring extend beyond the here and now to long-term sentimental and familial planning, reflecting the tension between anticipation and fondness.

These findings are consistent with other studies showing that siblings of individuals with intellectual or developmental disabilities frequently worry more about their sibling's future welfare (Davys et al., 2010). This type of concern is frequently brought on by uncertainty about social support systems, financial stability, and the sibling's capacity to support themselves (Greenberg et al., 1999). In the current study, participants' worries about the future were often accompanied by emotional conflict between a sense of duty to provide lifelong care and a desire for personal independence. This ambivalence is in line with research by Tozer et al. (2013), who discovered that siblings struggle to strike a balance between their commitment to providing care and their aspirations for their families, careers, and education.

These concerns are a reflection of the emotional bonds between generations and the division of duties within the family, as per family systems theory (Bowen, 1978). In many families, particularly in collectivist cultures like Pakistan, caregiving duties and expectations are handed down through the generations (Hussain et al., 2021). Participants' descriptions of expected responsibility thus reflect both internalised customs that emphasise familial devotion and filial piety and duty. However, this sense of obligation may also increase mentally strain, leading to worry and guilt when siblings consider pursuing personal goals that would restrict their capacity to provide care.

The findings also corroborate Lazarus and Folkman's (1984) stress and coping hypothesis, which maintains that future uncertainty functions as a chronic stressor that triggers both problem-focused and emotion-focused coping strategies. Participants in this study did both; some sought solace from parents or other relatives regarding future caregiving arrangements, while others relied on faith-based acceptance to ease anxiety. This dual coping strategy shows an attempt to reconcile practical concerns with emotional resilience.

Furthermore, a social setting in which official support services for individuals with developmental problems are still limited is reflected in the participants' concerns regarding long-term care. Studies conducted in South Asian settings have consistently highlighted the dearth of institutional support and the significant dependence on family-based caregiving (Niazi & Hassan, 2020). According to Bronfenbrenner's ecological systems theory (1979), these findings demonstrate the influence of the macrosystem, where cultural expectations and systemic flaws intersect to shape siblings' sense of future responsibility. The absence of reliable state or community-based resources may reinforce siblings' belief that they will inevitably assume the role as the main caregiver for their sibling.

Despite these concerns, some participants also expressed hope that with continued family support, education, and therapy, their siblings would become somewhat independent. According to research, siblings use their worries as an excuse to support their sibling's development and inclusion (Moyson & Roeyers, 2012). This sense of hope is a reflection of prospective-oriented resilience and faith in slow improvement. Through cognitive reappraisal and meaning-making, participants demonstrated adaptive coping by balancing hope and anxiety. This implies that, despite being distressing, future concerns can also inspire pro-social motivation and a commitment to caregiving.

Overall, this theme demonstrates how siblings' experiences are greatly impacted by anticipatory worry about the future. In addition to anxiety regarding providing care without institutional assistance, their concerns are existential, pragmatic, and emotional in nature, reflecting love and attachment. These findings directly address the research topic regarding the perceived needs of siblings of children with developmental problems. The mentioned need for shared care arrangements, institutional assistance, and assurance highlights a crucial area for policy and program development. Culturally appropriate interventions, such as nursing home planning, counselling, and community support networks, may lessen siblings' anxiety and promote a more secure outlook on the future.

Limitations and Suggestions

Following are the limitations of this study

1. The results should not be applicable to all siblings of children with developmental disorders because the study employs purposive sampling and only retains 15 participants. Instead of reflecting the experiences of the general public, the results will represent the lived experiences of the particular group under study.
2. Interpretation in qualitative phenomenological research is heavily influenced by the viewpoint of the researcher. Data collection, interpretation, and theme development may be impacted by researcher bias,

3. Instead of expressing their true feelings or thoughts, participants might share their experiences in a way that is acceptable to society.
4. Limited variation in participant circumstances (e.g., age, gender, socioeconomic status, kind of developmental disorder in sibling) may result from purposeful sampling. This could limit the variety of negatives that can be recorded.
5. It can be emotionally taxing to talk about experiences related to a sibling's developmental disorder. Sensitive information may be withheld by participants, which could compromise the accuracy and breadth of the data gathered.
6. The phenomenological analysis requires capturing the essence of living experiences, which can be complex and subjective. Interpreting complex emotions and meanings could be challenging and distorted if done carelessly.
7. The study documents events at a specific point in time without accounting for how perceptions and coping strategies might change as siblings and children with developmental disabilities age or as family circumstances change..

Following are the suggestions

1. A large number of participants could be included in future research to improve the validity and representativeness of the results.
2. To cover a broader range of experiences, include siblings from diverse backgrounds (e.g., age groups, genders, socioeconomic levels, and various developmental disorders).
3. Investigate how siblings' experiences and coping mechanisms alter as the child and the family unit change over time by conducting longitudinal studies.
4. To improve validity and triangulate data, use a variety of qualitative techniques, such as parent interviews, diaries, and observations.

5. To reduce researcher bias and guarantee openness in the interpretation of participants' experiences, keep a reflective journal.
6. Future studies could use a mixed-methods approach to add quantitative information on stress, resilience, or family functioning to qualitative findings.
7. Examine how community attitudes, family structures, and cultural norms affect sibling experiences, especially in various regional or cultural contexts.
8. Utilise the results to create psychoeducational interventions or support programs specifically for siblings of kids with developmental disorders.
9. To provide a more comprehensive understanding of family dynamics, incorporate the viewpoints of parents who have the child with a developmental disorder.

Implications of this study

The study's findings have important theoretical, practical, and cultural implications. When considered collectively, the five themes demonstrate how siblings of children with developmental disabilities manage a complex combination of personal constraints, emotional stress, caregiving duties, spiritual coping, and future-focused anxiety. These results emphasise the need for family-centered therapies that address both parental stress and siblings' psychosocial wellbeing, which is often ignored in clinical and legislative settings. Practically speaking, the study emphasises the necessity of developing psychoeducational and counselling programs tailored to siblings in order to help them manage emotional discomfort, develop coping strategies, and find a balance between giving care and their personal development.

The findings increase the applicability of stress and coping theory, family systems theory, and ecological systems theory by demonstrating how cultural norms, family structure, and religious values affect emotional and caring dynamics. The study emphasises spiritual and meaning-based coping as crucial adaptive mechanisms in collectivist societies like Pakistan and suggests that future therapies should include culturally appropriate spiritual resources. Finally, the participants' concerns about the future underscore the critical need for policy-level planning, which includes community-based programs, respite care, and long-term support networks for families of individuals with developmental disabilities. Addressing these systemic gaps can reduce siblings' concerns about long-term caregiving while also promoting a more sustainable model of family well-being.

Conclusion

The study's conclusions paint a complex and multifaceted picture of what it means to be a sibling of a child with developmental disorders in Pakistani society. Participants' experiences across the five themes showed a delicate balance of the psychological strain, resilience, responsibility, and hope that was influenced by both their immediate family dynamics and more general cultural and societal expectations.

The emotional responses of siblings, which ranged from fatigue and annoyance to love, compassion and pride, showed the coexistence of load and link. Their caring responsibilities, which they often took on out of necessity and cultural obligation, brought compassion and maturity, but they also resulted in a surplus of roles, a lack of personal time, and shortcomings in their social or academic lives. Their daily lives were impacted by these responsibilities, which influenced their identity development, social interaction, and long-term objectives. Siblings, however, demonstrated incredible resilience in the face of these challenges, frequently finding comfort in spirituality, meaning-making, and religion-based acceptance, which allowed them to reinterpret the responsibilities of caregiving as significant and morally pertinent.

A common beneath among participants was anxiety about long-term caregiving planning, the independence of their siblings, and the lack of reliable institutional support. This anticipatory stress exposed the structural flaws in formal services and the heavy reliance on family-based care within collectivist societies. The overall results of the study demonstrate how siblings of children with intellectual disabilities must navigate a difficult emotional and practical environment that is marked by stress and resiliency. Their experiences demonstrate the urgent need for culturally sensitive interventions that enhance easily accessible support systems, reduce caregiving stress, and affirm siblings' feelings. Counselling, psychoeducation, peer support groups, and long-term care planning could all significantly improve the emotional well-being and family dynamics of siblings. Seeing siblings as essential members of the caregiving system is ultimately necessary to ensure long-term support for children with developmental disabilities and to build stronger, more resilient family ecosystems.

REFERENCES

References

Bastiaansen, J. A. J., et al. (2022). Experiences of siblings of children with neurodevelopmental disorders: A qualitative study. Frontiers in Psychiatry, 13, 874765. https://doi.org/10.3389/fpsyt.2022.874765

Becker, S. (2007). Global perspectives on children's unpaid caregiving in the family: Research and policy on "young carers" in the UK, Australia, the USA, and Sub-Saharan Africa. *Global Social Policy, 7*(1), 23–50. https://doi.org/10.1177/1468018107073892

Bowen, M. (1978). *Family therapy in clinical practice.* Jason Aronson.

Bronfenbrenner, U. (1979). *The ecology of human development: Experiments by nature and design.* Harvard University Press.

Burke, P., Davies, B., & Mathews, J. (2012). Exploring the lives of siblings of children with disabilities: The experiences of young carers. *Disability & Society, 27*(6), 817–829. https://doi.org/10.1080/09687599.2012.686878

Cuskelly, M., & Gunn, P. (2006). Adjustment of children who have a sibling with Down syndrome: Perspectives of mothers, fathers, and children. *Journal of Intellectual Disability Research, 50*(12), 917–925. https://doi.org/10.1111/j.1365-2788.2006.00922.x

Davys, D., Mitchell, D., & Haigh, C. (2010). Futures planning, parental expectations and sibling concerns for people who have a learning disability. *Journal of Intellectual Disabilities, 14*(3), 167–183. https://doi.org/10.1177/1744629510380087

Fjermestad, K. W., et al. (2020). Preventing mental health problems in siblings of children with chronic disorders: A randomized controlled trial protocol. Journal of Child Psychology and Psychiatry, 61(4), 412–423.

Greenberg, J. S., Seltzer, M. M., Orsmond, G. I., & Krauss, M. W. (1999). Siblings of adults with mental illness or mental retardation: Current involvement and expectation of future caregiving. *Psychiatric Services, 50*(9), 1214–1219. https://doi.org/10.1176/ps.50.9.1214

Gupta, A., & Singhal, N. (2005). Psychosocial support for families of children with disabilities in India. *Asia Pacific Disability Rehabilitation Journal, 16*(2), 62–83.

Hastings, R. P. (2003). Behavioral adjustment of siblings of children with autism engaged in applied behavior analysis early intervention programs: The moderating role of social support. *Journal of Autism and Developmental Disorders, 33*(2), 141–150. https://doi.org/10.1023/A:1022983209000

Hastings, R. P., Kovshoff, H., Ward, N. J., Espinosa, F. D., Brown, T., & Remington, B. (2005). Systems analysis of stress and positive perceptions in mothers and fathers of pre-school children with autism. *Journal of Autism and Developmental Disorders, 35*(5), 635–644. https://doi.org/10.1007/s10803-005-0007-8

Heller, T., & Arnold, C. K. (2010). Siblings of adults with developmental disabilities: Psychosocial outcomes, relationships, and future planning. *Journal of Policy and Practice in Intellectual Disabilities, 7*(1), 16–25. https://doi.org/10.1111/j.1741-1130.2010. 00242.x

Hill, M. M. (2022). Sibling adjustment and family dynamics in developmental disabilities. Journal of Family Psychology, 36(1), 45-59.

Hodapp, R. M., Glidden, L. M., & Kaiser, A. P. (2010). Sibling issues in developmental disabilities and mental retardation. *Journal of Child and Family Studies, 19*(4), 450–458. https://doi.org/10.1007/s10826-009-9323-9

Hooper, L. M. (2007). The application of attachment theory and family systems theory to the phenomenon of parentification. *The Family Journal, 15*(3), 217–223. https://doi.org/10.1177/1066480707301290

Hussain, N., Ahmad, M., & Khan, S. (2021). Cultural influences on family caregiving of children with developmental disabilities in Pakistan. *Asian Journal of Social Sciences & Humanities, 10*(3), 45–56.

Kaminsky, L., & Dewey, D. (2002). Psychosocial adjustment in siblings of children with autism. *Journal of Child Psychology and Psychiatry, 43*(2), 225–232. https://doi.org/10.1111/1469-7610.00015

Kirchhofer, S. M., Orm, S., Haukeland, Y. B., Fredriksen, T., & Engebretsen, L. (2024). A systematic review of social support for siblings of children with neurodevelopmental disorders. Journal of Developmental Disabilities Research, 45(3), 123-145.

Kirchhofer, S., et al. (2025). Siblings in families of children with chronic developmental disorders: A family systems model of psychosocial adjustment. Developmental Medicine & Child Neurology, 67(5), 531-540.

Kurdish Studies. (2024). Insights from siblings of individuals with intellectual disabilities: Perceptions and support needs. Kurdish Journal of Social Sciences, 6(2), 78-96.

Kuwabara, H., Van Voorhis, R., & O'Donoghue, K. (2011). Finding meaning in life and death: Spiritual coping in Japanese mothers of children with disabilities. *Journal of Religion and Spirituality in Social Work*, *30*(3), 282–298. https://doi.org/10.1080/15426432.2011.587386

Langley, E., & Trigg, J. (2019). Sibling relationships and adjustment in families affected by developmental disorders. Clinical Child and Family Psychology Review, 22(4), 486-499

Lazarus, R. S., & Folkman, S. (1984). *Stress, appraisal, and coping.* Springer.

Lecciso, F., et al. (2025). The impact of the reaction to diagnosis on sibling relationships: Early adulthood perspectives. Frontiers in Psychology, 16, 1102936.

Lee, C., et al. (2024). Lived experiences of siblings of children with developmental disorders: A meta-synthesis. Journal of Child and Family Studies, 33, 159-176.

Levante, A., et al. (2024). Psychological impact of disability on siblings of persons with disabilities: A systematic integrative review. Disability and Health Journal, 17(1), 101210.

Mandleco, B., & Webb, A. E. (2015). Sibling relationships and adaptation of children with disabilities: A review of the literature from 1999 to 2014. *Journal of Child and Family Studies*, *24*(8), 2407–2423. https://doi.org/10.1007/s10826-015-0455-6

Mascha, K., & Boucher, J. (2006). Preliminary investigation of a family-based stress reduction program for siblings of children with autism. *Autism*, *10*(4), 463–473. https://doi.org/10.1177/1362361306066605

McHale, S. M., Updegraff, K. A., & Feinberg, M. E. (2016). Sibling relationships and influences in childhood and adolescence. *Journal of Marriage and Family, 78*(1), 35–59. https://doi.org/10.1111/jomf.12264

Moyson, T., & Roeyers, H. (2012). The quality of life of siblings of children with autism spectrum disorder. *Exceptional Children, 78*(1), 41–55. https://doi.org/10.1177/001440291207800103

Múries-Cantán, O., et al. (2023). Siblings of children with intellectual and developmental disabilities: Experiences and support needs. Journal of Intellectual Disability Research, 67(2), 111-123.

Niazi, S., & Hassan, A. (2020). Parental and familial coping with childhood disabilities in Pakistan: A qualitative analysis. *Journal of Family Studies, 26*(4), 589–605. https://doi.org/10.1080/13229400.2018.1542664

Northrup, J., et al. (2021). Coping strategies of siblings of children with autism spectrum disorder. Journal of Autism and Developmental Disorders, 51(8), 2715-2726.

Orsmond, G. I., & Seltzer, M. M. (2007). Siblings of individuals with autism spectrum disorders across the life course. *Mental Retardation and Developmental Disabilities Research Reviews, 13*(4), 313–320. https://doi.org/10.1002/mrdd.20171

Pargament, K. I. (1997). *The psychology of religion and coping: Theory, research, practice.* Guilford Press.

Pavlopoulou, G. A. (2024). Emotional well-being of siblings of children with developmental disorders: A fifteen-year review. Clinical Child Psychology and Psychiatry, 29(1), 50-68.

Petalas, M. A., Hastings, R. P., Nash, S., Lloyd, T., & Dowey, A. (2009). Emotional and behavioral adjustment in siblings of children with intellectual disability: Differences between siblings of children with and without autism. *Journal of Autism and Developmental Disorders, 39*(3), 372–382. https://doi.org/10.1007/s10803-008-0636-2

Petalas, M. A., Hastings, R. P., Nash, S., Reilly, D., & Dowey, A. (2012). Emotional and behavioral adjustment in siblings of children with intellectual disability with and without autism. *Autism*, *16*(6), 597–608. https://doi.org/10.1177/1362361311401099

Piotrowski, C., & Moses, T. (2017). Parental differential treatment and sibling relationships in families of children with developmental disabilities. Journal of Family Psychology, 31(8), 943-953.

Poston, D. J., & Turnbull, A. P. (2004). Role of spirituality and religion in family quality of life for families of children with disabilities. *Education and Training in Developmental Disabilities, 39*(2), 95–108.

Pozo, P., Sarriá, E., & Brioso, A. (2014). Family quality of life and psychological well-being in parents of children with autism spectrum disorders: A double ABCX model test. *Journal of Intellectual Disability Research, 58*(5), 442–458. https://doi.org/10.1111/jir.12042

Roff, L. L., Burgio, L. D., Gitlin, L., Nichols, L., Chaplin, W., & Hardin, J. M. (2004). Positive aspects of Alzheimer’s caregiving: The role of religion. *The Gerontologist, 44*(5), 706–717. https://doi.org/10.1093/geront/44.5.706

Sharpe, D., & Rossiter, L. (2002). Siblings of children with a chronic illness: A meta-analysis. Journal of Pediatric Psychology, 27(8), 699-710.

Siminghalam, M. V. (2018). The impact of developmental disabilities on siblings' quality of life: A quantitative study. International Research Journal of Social Sciences, 7(9), 43-52.

Smith, L. E., et al. (2016). Family experiences of siblings of children with developmental disabilities: A mixed methods study. Journal of Family Issues, 37(12), 1710-1730.

Stelter, C., et al. (2023). Emotional labor and resilience in siblings of children with disabilities. Journal of Pediatric Psychology, 48(4), 345-357.

Tedeschi, R. G., & Calhoun, L. G. (2004). Posttraumatic growth: Conceptual foundations and empirical evidence. *Psychological Inquiry, 15*(1), 1–18. https://doi.org/10.1207/s15327965pli1501_01

Tozer, R., Atkin, K., & Wenham, A. (2013). Continuity, commitment, and context: Adult siblings of people with autism plus learning disability. *Health & Social Care in the Community, 21*(5), 480–488. https://doi.org/10.1111/hsc.12031

Vermaes, I. P. R., van Susante, A. M. J., & van Bakel, H. J. A. (2012). Psychological functioning of siblings in families of children with chronic health conditions: A meta-analysis. *Journal of Pediatric Psychology, 37*(2), 166–184. https://doi.org/10.1093/jpepsy/jsr081

Wolff, B., et al. (2022). Psychosocial interventions and support groups for siblings of persons with neurodevelopmental conditions: A systematic review. Clinical Child and Family Psychology Review, 25(3), 567-590.

World Health Humor and Health Care (H2HHC). (2025). How to support sibling relationships in families of children with neurodevelopmental conditions. Family Care Practice Journal, 18(2), 112-127.

Yilmaz, M. (2020). Spiritual coping perceived social support, and quality of life in caregivers of children with developmental disabilities. *Journal of Pediatric Nursing, 53*, e166–e172. https://doi.org/10.1016/j.pedn.2020.04.017

APPENDICIES

APPENDIX A

Informed Consent

I am a master's student in the Department of MS Clinical Psychology at the International Islamic University, Islamabad. I am conducting research as part of my degree requirements. The purpose of this study is to explore the **"*Experiences, Responses, and Perceived Needs in Siblings of Children with Developmental Disorders*"**. Your participation in this study is voluntary. All information obtained from you will remain confidential and will be used solely for research purposes. You may withdraw from the study at any time if you feel hesitant, uncomfortable, or bored. Thank you for your cooperation.

APPENDIX B

Demographic Sheet

Please provide the following information. Your responses will remain confidential and will be used for research purposes only.

1. **Name: ____**
2. **Age (in years): ____________**
3. **Religion: ____**
4. **Ethnicity: ____**
5. **Residence:**

   ☐ Urban ☐ Rural

6. **Birth Order:**

   ☐ First ☐ Middle ☐ Youngest ☐ Only Child

7. **Educational Level**: ____
8. **Status:**

   ☐ Student ☐ Employed ☐ Unemployed ☐ Other: ____________

9. **Socio-Economic Status (self-perceived):**

   ☐ Average ☐ Below average ☐ Above average

APPENDIX C

QUESTIONNAIRE

The Siblings Embedded System Framework (SESF) by Kovshoff (2017) theory

انٹرویو سوالات برائے بہن/ بھائی

1. آپ اپنے ان بہن /بھائی کے ساتھ کس طرح کا رشتہ محسوس کرتے ہیں جو ترقیاتی عارضے (development disorder) کا شکار ہیں؟

2. آپ کے روزمرہ کے کام اور ذمہ داریاں کس طرح متاثر ہوتی ہیں؟

3. آپ کو اپنے بہن /بھائی کے ساتھ کھیلنے ، بات کرنے اور وقت گزارنے میں کیسا لگتا ہے؟

4. کیا کبھی آپ کو لگتا ہے کہ آپ کو دوسروں کے مقابلے میں زیادہ ذمہ داریاں اٹھانی پڑتی ہیں؟ برائے مہربانی تفصیل بتائیں۔

5. آپ اپنے بہن/ بھائی کی مشکلات یا رویے پر کس طرح ردِعمل ظاہر کرتے ہیں؟ کیا آپ ذہنی دباؤ یا پریشانی محسوس کرتے ہیں؟ اگر ہاں، تو اس سے کیسے نمٹتے ہیں؟

6. کیا کبھی آپ کو اپنے بہن /بھائی کی وجہ سے غصہ یا مایوسی محسوس ہوتی ہے؟

7. کیا والدین یا اساتذہ کی طرف سے آپ کو کسی قسم کی مدد یا سپورٹ کی ضرورت ہے؟ برائے مہربانی تفصیل بتائیں۔

8. مستقبل کے بارے میں اپنے بہن /بھائی کے حوالے سے آپ کے کیا خدشات یا امیدیں ہیں ؟