

CHAPTER 4

RESULTS AND INTERPRETATION

The responses of the subjects were analysed in order to identify meaningful units, which were categorised according to specific categories. The information obtained will therefore be discussed within the framework of these categories. The information obtained from the questionnaires for parents will be discussed according to the specific questions of the questionnaire. These results will be integrated with the results from the interviews with the subjects in order to address the specific sub-aims for this study.

4.1 Results as obtained from the questionnaire for the parents

Although the focus of this study is on the young adolescents and their experiences, some information from the parents and their perspective seemed relevant in providing a context for understanding. The questionnaire for parents (Appendix B), was filled in by one of the parents of the subjects. The information, will be discussed according to some of the categories of the questionnaire which are relevant for the interpretation of the responses of the adolescents, because it provides background regarding the results. This information serves as relevant data to compare the results as obtained during the interviews with the siblings. It is possible that the subjective perspectives of the subjects and their parents may be dissimilar or similar and it is important to recognize these differences and similarities.

The categories are as follows:

- The parent's perception of the family's adaptation with regard to the fact that they have a family member with a disability.
- The parent's perception of professional support services utilised by the family.

- The information given to the subject regarding his/her sibling's disability.
- **The parents' perceptions of the family adaptation with regard to the fact that they have a family member with a disability**

Twelve (63%) of the subjects' parents consider their families to be well adapted to the stressor of having a sibling with a disability. The other seven (37%) subjects' parents feel that they are well adapted only at times.

According to most of the parents (88%), their families don't need additional help in adapting to the fact that one of the family members is disabled. Only two (12%) of the parents felt that their children need additional support in coping with having a sibling with a disability. One of the parents felt that although the subject doesn't need professional help in adjusting to the sibling with a disability at this stage, it would have helped the family to receive some professional support at an earlier stage.

- **Professional support services utilised by the family**

According to the responses of the parents, only seven (41%) of the seventeen families have received professional help in order to help them adapt to the fact that they have a child with a severe disability. The percentages of support services received from professionals by these families, are provided in table 4.1:

Table 4.1: Professional support received by the families of the subjects

Professionals	Proportional percentage (n=17)
Doctors	58% (n=10)
Therapists	71% (n=12)
Teachers	58% (n=10)
Others (e.g. parental support groups)	58% (n=10)

Of the 41% of the families that did receive professional support regarding the sibling with a disability, most of them (71%), received support from therapists. Although

these parents received some professional support, it is not necessarily indicative of the amount of professional support that was given to the subjects.

- **The information given to the subject regarding his/her sibling's disability**

Ten of the subjects (53%) were given information regarding their siblings' disabilities by both their parents, while six (32%) of them were given information by their mothers alone. According to their parents, two (11%) of the siblings weren't given any information regarding their siblings' disabilities, because "*they grew up with it.*"

According to the questionnaire filled in by the parents, the information that was given to the subjects, can be described as follows:

- *The sibling with a disability is special and has to be treated differently.*
- *The sibling with a disability doesn't have the same abilities as "normal" children to learn how to read and write.*
- *The subjects were told the exact truth about the sibling's disability.*
- *They have to accept their sibling's disability.*
- *They have to pray for the sibling with a disability.*
- *The sibling with a disability has to be treated as "normal" as possible.*

4.2 Results as obtained during the interviews with subjects

The results obtained during the interview with the subjects, will be discussed within the following categories:

1. The subject's primary feelings about having a sibling with a disability.
2. The subject's feelings about family interaction regarding the influence of the sibling with a disability.
3. The social support networks that are available to the subject.
4. The subject's knowledge of the disability.
5. The subject's expression of his/her feelings about the sibling with a disability.
6. The subject's future expectations for the sibling with a disability.
7. The subject's perception of how others view the sibling with a disability.

8. The subject's perception of how he/she is viewed by his/her peers.
9. Conflict situations within the family and conflict resolution.

4.2.1 The subject's primary feelings about having a sibling with a disability

The subjects' responses were judged according to the following sub-categories:

- a positive appraisal of the overall situation,
- a negative appraisal of the overall situation and
- an ambivalent appraisal of the overall situation.

Table 4.2 provides a summary of the subjects' primary feelings about having a sibling with a disability (table 3.9 explains the sub-categories).

TABLE 4.2: The subjects' primary feelings about having a sibling with a disability

Primary feelings	Proportional percentage (n=19)
A positive appraisal of the overall situation.	21% (n=4)
A negative appraisal of the overall situation.	32% (n=6)
An ambivalent appraisal of the overall situation.	47% (n=9)
TOTAL	100%

Even though it is known that adolescents change their thoughts and ideas as adolescence progresses and tend to lodge ambivalent feelings about most issues, the percentage of ambivalent responses seem to be high. This reaction to the stress of having a sibling with a disability, might be an attempt to regulate the stressful effect and negative emotions associated with having a sibling with a disability. This implies that ambivalence might be a mode of coping used to work through their emotions regarding the issue.

The stressor of having a sibling with a disability may cause a changed perception of what the sibling relationship should be like. It is possible that the subjects' personal identities were influenced, explaining their ambivalent feelings regarding the sibling

with a disability, because bereavement can cause young adolescents to show ambivalence about close relationships (Cotterel, 1996).

On the other hand, almost one third (32%) of the subjects appraises the overall situation as being negative. The negative appraisal of the situation can also be caused by adolescent egocentrism, by which the subjects might feel that they have unique sibling relationships and that they are the only ones having these experiences (Lloyd, 1985; Newman & Newman, 1997). These results raise questions regarding the family interaction.

4.2.2 The subjects' feelings about family interaction, regarding the influence of the sibling with a disability

The subjects' feelings regarding the influence the sibling with a disability has on family interaction, varied considerably. Table 4.3 provides an explanation of the sub-categories and the subjects' responses.

TABLE 4.3: The subjects' feelings about family interaction

Subjects' feelings	Proportional percentages			
	Yes	No	Ambiva- lent	TOTAL (n=19)
The sibling's disability places increased socio-economical demands on the family.	16% (n=3)	53% (n=10)	31% (n=6)	100%
Unrestricted family interaction takes place.	32% (n=6)	26% (n=5)	42% (n=8)	100%
The subject has to deny his/her own needs because of the sibling with a disability.	26% (n=5)	47% (n=9)	26% (n=5)	100%
The subject has unexpressed emotions with regard to having a sibling with a disability.	58% (n=11)	26% (n=5)	16% (n=3)	100%
The subject admits to not participating in family activities and preferring to do things on his/her own.	63% (n=12)	37% (n=7)	0% (n=0)	100%
The subject is dissatisfied with the amount of care giving responsibilities he/she has, regarding the sibling with a disability.	37% (n=7)	63% (n=12)	0% (n=0)	100%

From table 4.3 it is evident that most of the subjects didn't see the child with a disability as a socio-economic burden on the family. They also didn't feel that their needs were denied because of the child with a disability. However, they do have

unexpressed emotions regarding the issue and they do feel ambivalent about family interaction.

58% of the subjects have unexpressed emotions regarding their sibling with a disability. The responses of the subjects who have unexpressed emotions regarding their siblings with disabilities, include the following:

"I don't like talking about my brother, because then..... maybe I will say the wrong thing... then I'll be in trouble....." (subject 1; 13 years).

Most of the subjects (63%) admit to not participating in family activities and doing things on their own, while 42% of the subjects feel ambivalent about whether unrestricted family interaction takes place. According to a study done by Prinsloo (1998), the siblings of children with disabilities experience limited family interaction. The quality and nature of family interaction is strongly associated with the coping responses employed by adolescents and their level of adjustment (Seiffge-Krenke & Shulman, 1993).

Adolescents are characterised by the ambivalence of their feelings, but one has to decide whether they are generally ambivalent to this extent and which factors cause the ambivalence. According to Newman & Newman (1997), family interaction continues to be the most central support during early adolescence, although adolescents tend to strive towards independence. Adolescents sometimes experience feelings of loneliness arising from traumatic events. One might hypothesise that adolescents who are securely attached to their families, might experience lower levels of family-related loneliness, than their peers who are not securely attached (Marcoen & Goossens, 1993).

Thirty seven percent (37%) of the subjects feel that they have too many care-giving responsibilities regarding the sibling with a disability. The fact that most of the subjects (63%), feels positive about care giving responsibilities, shows that they are either not involved in any of these activities, or that they really don't mind. Lloyd (1985), states that adolescents usually perceive inequities in household responsibilities, which leads to familial conflict situations. Therefore it is possible that

some of them are avoiding the issue and using ambivalence as a coping response. It is also possible that some of them might feel guilty about their feelings regarding the sibling with a disability and therefore they maintain that they don't mind the care giving responsibilities.

4.2.3 The available social support networks

The social support networks available to the subjects form part of their coping resources. Coping resources empower families to cope with stressful encounters. One might hypothesise that individuals who have more social networks, will have more effective coping resources. Young adolescents need a growing social network to develop social competencies (Cottrell, 1996). Table 4.4 provides a description of the social support networks available to the subjects.

TABLE 4.4: The subjects' social support networks

Social support networks	Proportional percentages			
	Very little support	Reasonable support	Well supported	TOTAL (n=19)
The subject is supported by his/her parents regarding the sibling's disability.	42% (n=8)	53% (n=10)	5% (n=1)	100%
The family is supported by other family members, e.g. grandparents, aunts/uncles.	21% (n=4)	47% (n=9)	32% (n=6)	100%
Other people, e.g. family friends, neighbours, etc. support the family.	32% (n=6)	53% (n=10)	16% (n=3)	100%
Professionals, e.g. therapists, doctors and teachers, support the family.	47% (n=9)	37% (n=7)	16% (n=3)	100%
Peers support the subject regarding the sibling with a disability.	16% (n=3)	74% (n=14)	11% (n=2)	100%

Only 5% of the subjects feel that they are well supported by their parents, regarding their sibling with a disability and issues concerning the disability. This finding has relevance if one considers the fact that adolescents who employ effective coping responses, are able to identify a parent or care giver that provides them with the necessary support and attention (Swanson, Spencer & Petersen, 1998).

Family members give reasonable support to 47% of the subjects, by occasionally offering support to the family regarding the sibling with a disability. 32% of the subjects are well supported by their extended family. Extended family form part of the family's social support network. Parents who have more supportive social networks, perceive having a child with a disability as being less stressful, which in turn affects the attitudes of the siblings of the child with a disability (Frank, 1996).

The young adolescent siblings and their families receive help from their grandparents, aunts and uncles. The means of support include baby sitting the children with disabilities, teaching them new things and generally uplifting them and treating them as if they were not disabled. Responses include the following:

"... they're always uplifting him...." (subject 6; 15 years).

"I think they help him most by treating him like a normal child....." (subject 1; 13 years).

"..... when we stay with them (grandparents) they sit with her to teach her how to read and write...." (subject 9; 13 years).

Adolescents value their grandparents' gentle attitude, their care and their interest for them. They generally have a positive opinion about their grandparents (Tyskowa, 1993).

Most of the subjects' families (53%) receive reasonable support from other people, e.g. neighbours, family friends, and people from the church, who will support the family on occasion.

Kazak et al. (1984), state that it is beneficial for families with a member with a disability to have a highly developed network of friends. This network can include family friends, neighbours or the parents of other children with disabilities. It is important to encourage families to join family support groups, because discussing common problems and solutions can expand available resources. Members of these support networks may also act as models affecting parenting styles if the network members have effective and nurturing parenting styles.

Most of the subjects (74%) have one/two peers supporting them with issues regarding the sibling with a disability (Seiffge-Krenke & Shulman, 1993). From mid-adolescence onwards, adolescents tend to replace their parents with peers as trustworthy addressees for personal problems. Peer relationships provide the adolescent with a new perspective through which they can co-construct ideas and receive validation from equals (Seiffge-Krenke & Shulman, 1993). However, some of the subjects experience some difficulties with peers who don't understand the issues regarding a child with a disability. Responses include the following:

"Some of them think I'm making up a story.... that my brother isn't really disabled...."
(subject 1; 13 years).

"..... some of them will give me a difficult time because I have a sister like that"
(subject 10; 13 years).

The results of this study clearly indicate the poor professional support received by the families of the subjects. According to 21% of the subjects, their families are well supported by professionals, such as doctors, therapists and teachers on a regular basis. However, according to the responses of the questionnaire for parents, 41% of the families received professional support regarding the sibling's disability (table 4.1). The discrepancy in the perceived professional support as reported by the subjects and their parents, identifies the limited support given by professionals to the siblings regarding the child with a disability. It appears as if the siblings were not included in the professional support that parents might have received. One of the major needs of families of children with disabilities is to cope with the personal and familial implications of the disability. The limited professional support raises the question whether the subjects and their families had the opportunities to work through powerful feelings of loss, meet each other's needs, resolve problems and conflicts and manage the emotional climate in the home (Siegel & Silverstein, 1994). The limited professional support also impacts on the family members' knowledge of the disability.

4.2.4 The subjects' knowledge of the disability

Figure 4.1 provides a representation of the subjects' knowledge of the disability.

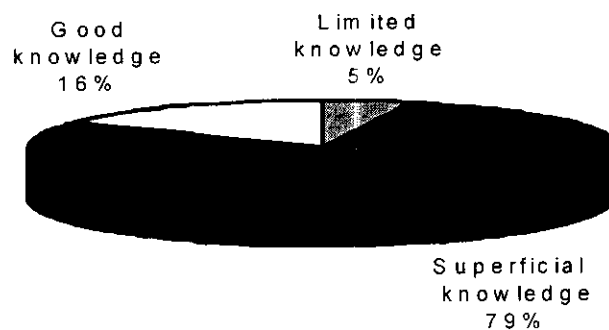


FIGURE 4.1: The subjects' knowledge of the disability

Most of the subjects (79%) have superficial knowledge about their siblings' disabilities, meaning that they know mostly general things about the disability, but they can't name the disability and they don't know its consequences. Responses include the following:

"Uhm.... she is impaired from her neck downwards. She can't use her hands.... She can only speak a little bit...." (subject 7; 13 years).

"Nobody's told me, but I do know that her teacher said that she will never be able to go to a normal school..... okay.... and she can't concentrate very well....." (subject 9; 13 years).

The fact that most of them don't have detailed knowledge about their sibling's disability, could demonstrate that the subjects have superficial understanding of the sibling's disability and its consequences. This superficial understanding could be related to the fact that the subjects and their families received limited professional support regarding the sibling's disability and consequences (table 4.1).

16% of the subjects have a good knowledge of their siblings' disabilities, because they know the diagnosis and the main characteristics of the disability.

The responses of subjects with good knowledge of their siblings' disabilities, include the following:

"My parents have told me exactly what is wrong with her. Her right brain is damaged... there was a lack of oxygen when she was born..... and it's impaired her muscles a little bit and her balance and her ability to excel academically." (subject 3; 15 years).

"She has a disease... it has a long name I can't remember. If I have to explain it on a low level..... it is a disease that destroys the white gyrus of the brain..... it is not a general thing...." (subject 2; 15 years).

In summarising the subjects' knowledge of the disability, it appears as if the subjects have a general idea about their siblings' disabilities and the general implications it has regarding education and ability to learn. It is necessary for siblings of children with disabilities to understand the nature and consequences of the disability, in order to employ effective coping strategies (Marsh, 1992).

The subjects in this study's knowledge of the disabilities of their siblings, seems to be associated with both the parental and professional support they receive, which in turn influences their overall appraisal of the situation.

4.2.5 The subject's expression of his/her feelings about the sibling with a disability

Table 4.5 gives a description of the ease with which the subjects expressed their feelings about their sibling with a disability during the interview according to the raters.

TABLE 4.5: The subjects' expression of their feelings regarding the sibling with a disability

The subject's expression of feelings	Proportional percentage		
	Yes	No	TOTAL (n=19)
The subject freely expresses his/her feelings regarding the sibling with a disability according to the raters.	32% (n=6)	68% (n=13)	100%
The subject only expresses positive feelings regarding the sibling with a disability and doesn't state any negative feelings according to the raters.	37% (n=7)	63% (n=12)	100%
The subject projects his/her negative feelings about the sibling with a disability onto other issues, e.g. someone at school, etc.	42% (n=8)	58% (n=11)	100%

According to the raters, the subjects' responses show that only 32% of the subjects freely express their feelings regarding the sibling with a disability.

It is possible that the 37% of the subjects who seemingly only express positive feelings regarding their sibling with a disability, may still be socialised by their parents' attitude regarding the issue, because children tend to adopt their parents' attitude toward the sibling with a disability. This implies that they will say only positive things about the sibling with a disability, because it is expected by their parents (McHale & Gamble, 1987; Powell & Gallagher, 1992; Siegel & Silverstein, 1994).

Subjects could also be rationalising their thoughts regarding their feelings about the sibling with a disability, as they experience guilt and shame because of their feelings. Adolescents who experience guilt, usually try to do a reparative act towards the victim and when it is not possible, their guilt is prolonged (Hoffman, 1980).

Table 4.6 provides an overview of the subjects' responses regarding their feelings of guilt towards the sibling with a disability.

TABLE 4.6: The subjects' feelings of guilt

Subjects' feelings of guilt	Proportional percentage		
	Yes	No	TOTAL (n=19)
The subject experiences feelings of guilt about his/her feelings about the sibling with a disability.	58% (n=11)	42% (n=8)	100%
The subject understands why he/she is feeling guilty about the way he/she feels about the sibling with a disability.	32% (n=6)	68% (n=13)	100%

More than half of the subjects (58%) feel guilty about the way they feel about the sibling with a disability. However, only 32% of the subjects understand why they feel guilty about the way they feel about their siblings with disabilities.

Responses of subjects who experienced guilt, included the following:

"Yes.. sometimes I feel that I'm too selfish and irritable In the evening I wonder if I could have been nicer to her, or have done more..... and sometimes I feel that I could have..." (subject 2; 15 years).

"If they treat him as he was made out of gold, because he is disabled, it makes me jealous..... or he thinks he can get away with anything..." (subject 1; 13 years).

Often subjects experience feelings of anger and guilt towards the sibling with a disability. In normal adolescents these feelings are usually related to the amount of special demands the sibling with a disability places on the family (Lloyd, 1985; Newman & Newman, 1997). Since only a few of the subjects are dissatisfied with the amount of care giving responsibilities they have (table 4.3), these feelings of anger, guilt and jealousy, could be related to the quality of family interaction and the subjects' superficial understanding of the disability and its consequences (Powell & Gallagher, 1992; Siegel & Silverstein, 1994).

According to the subjects' responses, only 32% understand why they experience feelings of guilt about their feelings towards their siblings with disabilities. Once again these results emphasise the subjects' superficial understanding of the disability and its consequences. These feelings of guilt cause loneliness and isolation in the young adolescent, which in turn, cause the adolescent to shy away

from other close relationships, e.g. sibling relationships and peer relationships (Newman & Newman, 1997).

4.2.6 The subjects' future expectations regarding their siblings with disabilities

Linked to the subjects' feelings regarding the sibling with a disability, are their future expectations for themselves as well as the sibling with a disability

Table 4.7 provides us with the responses of the subjects regarding their future expectations for themselves as well as their siblings with disabilities.

TABLE 4.7: The subjects' future expectations

Subjects' future expectations	Proportional percentage		
	Yes	No	TOTAL (n=19)
The subject has appropriate future expectations for the sibling with a disability regarding education and employment according to the raters.	47% (n=9)	53% (n=10)	100%
The subject sees him-/herself playing an active role in the future of the sibling with a disability, e.g. providing financial support or taking care of the sibling.	37% (n=7)	63% (n=12)	100%
The subject feels uncertain about what might happen to the sibling with a disability in the future.	58% (n=11)	42% (n=8)	100%
The subject is uncertain about the way having a sibling with a disability, will influence his/her own future.	47% (n=9)	53% (n=10)	100%

More than half of the subjects' (53%) future expectations for their siblings with disabilities regarding issues of education and employment, don't seem to be appropriate according to the raters. Their future expectations are not compatible with the nature and severity of their siblings' disabilities. Responses include the following:

"He can be anything if he really wants to.. maybe he can be a mechanic...."

(Subject 1; 13 years, whose brother has severe mental retardation.)

This could be attributed to the fact that they possibly didn't receive adequate information about the disability and its consequences, because most of the subjects and their families didn't receive adequate professional support in terms of their sibling's disability and its consequences. It can also be because they avoid the issue of their siblings' future, by creating unrealistic expectations regarding their education and employment (Marsh, 1992).

Fifty three percent of the subjects (58%) feel uncertain about what might happen to the sibling with a disability in the future, which include responses like:

"Actually I don't know if he has a future.... it looks as if they don't do much at school.... so I don't know...." (subject 4; 15 years).

Lack of knowledge and information about the disability and its consequences, can not only cause subjects to have unrealistic future expectations, but also uncertainty regarding issues concerning the future of their sibling with a disability. These issues include the prognosis for the disability, the specialised services that may be required and the possible impact on family relationships (Powell & Gallagher, 1993).

Some of the subjects (47%) are uncertain about how their own future will be influenced by the fact that they have a sibling with a disability. They are not sure about what their role will be in the future of the sibling with a disability, whether or not they will also have child with a disability and how it will influence their relationships with members of the opposite sex (Powell & Gallagher, 1993). Responses include the following:

"... hopefully I will have a wife and children who'll love him..." (subject 5; 15 years).

"I've had a boyfriend or two..... but sometimes when I have a male friend that keeps his distance.... I wonder if he thinks that I'm going to have a child like that..." (subject 2; 15 years).

One third of the subjects (37%), see themselves playing an active role in the sibling with a disability's future. This include them providing financial support for the sibling

with a disability or taking care of the sibling in future. Responses include the following:

"I will change my whole lifestyle to suit him... I'll change the way I do things, my timetables for work....." (subject 5; 15 years).

"I plan to look after her when we're grown up....." (subject 8; 15 years).

These perceptions of the subjects can also be because of adolescent egocentrism. Egocentrism implies that the subjects are at the beginning of a new phase of development (early adolescence) and they still have a limited perspective regarding their life plans. They haven't yet realised that their own life plans need to be adapted to the needs and expectations of relevant others (Newman & Newman, 1997). Therefore these subjects still think that their way of thinking is unique and that they are the only ones responsible for the sibling with a disability.

The fact that so few of the subjects see themselves playing an active role in their sibling's future, is also influenced by the fact that they have superficial knowledge regarding the disability and its future implications. The subjects' perceptions regarding their siblings with disabilities' future, influence not only their ability to cope, but also their perceptions of how others might view them, as well as their sibling with a disability (Siegel & Silverstein, 1994).

4.2.7 The subjects' perceptions of how others view their siblings with disabilities.

The siblings of children with disabilities are often confronted by the attitudes of strangers, other family members and family friends towards the sibling with a disability. Table 4.8 provides a summary of the subjects' perceptions.

TABLE 4.8: The subjects' perceptions of how others view their siblings with disabilities

Subjects' perceptions	Proportional percentages		
	Yes	No	TOTAL (n=19)
They accept the sibling without prejudice.	11% (n=2)	89% (n=17)	100%
People don't know how to act in the presence of the sibling with a disability.	84% (n=16)	16% (n=3)	100%

89% percent of the siblings feel that others do not accept the sibling with a disability without prejudice. Responses include the following:

"I get frustrated when someone just stares at her when she is sitting in her wheelchair...." (subject 2; 15 years).

"... the boy told a lot of other people and they started to tease him.... I don't like that." (subject 1; 13 years).

The subjects seem to be aware of social realities regarding equity for people with disabilities, because most of the subjects (84%) feel that other people don't know how to act in the presence of the sibling with a disability. The following are examples of the responses:

"The people next door treat him as if he's stupid..... " (subject 12; 15 years).

"It's a bit distressing sometimes, because people..... they don't know about her and they tease me about her.... " (subject 10)

The fact that the subjects feel that people are prejudiced in their acceptance of their siblings with disabilities, can cause the adolescents to feel lonely and isolated. These feelings of loneliness and isolation could reflect a distance between the subjects and their siblings. Normally some adolescents also encounter feelings of loneliness and isolation, because of the unique set of social expectations encountered by them and they need support in handling these circumstances (Marcoen & Goossens, 1993).

4.2.8 The subjects' perceptions of how they are viewed by their peers

The coping responses employed by adolescents are related to how they perceive themselves and their perception of how others view them (Spencer et al. 1999). Table 4.9 provides a description of the subjects' perceptions of their peers' view about them.

TABLE 4.9: The subjects' perception of he/she is viewed by their peers

Subjects' perceptions	Proportional percentages		
	Yes	No	TOTAL (n=19)
The subject is uncertain about his/her friends' opinion of him/her.	42% (n=8)	58% (n=11)	100%
The subject feels that his peers think of him/her as a good friend.	63% (n=12)	37% (n=7)	100%
The subject feels that his/her peers admire him/her for coping with a sibling with a disability.	63% (n=12)	37% (n=7)	100%

Most of the subjects (63%) feel that their peers think of them as being good friends, while 42% of the subjects feel uncertain about their friends think about them. Responses include the following:

"They really think I'm a nice guy. They like me because I'm always fun.... always making jokes and stuff...." (subject 6; 15 years).

"....uhh.... they think I'm a good friend... uh... that I'm friendly.... and that I work hard..." (subject 7; 13 years).

These perceptions can be interpreted as being positive, with regard to the fact that adolescents need peer support in order to establish psychological autonomy. Being positively evaluated by peers, is a source of higher self-esteem among adolescents (Lloyd, 1985)

Some of the siblings (63%) also feel that their peers admire them for having to cope with a sibling with a disability. *"They think I'm a good person for coping with a brother like that....."* (subject 19; 12 years).

This perceived admiration may enhance self-esteem, but it is also directly linked to the egocentrism of adolescents (Lloyd, 1985).

It seems as if most of the subjects feel that they have at least one good friend. By participating in social and interpersonal relationships, adolescents are provided with coping resources for developmental tasks and possible stressful encounters. Peers provide adolescents with opportunities for observing others' coping responses and how effective these responses are. The peer group provides the adolescent with emotional support, without which they may feel lonely and insecure (Kirchler, Palmonari & Pombeni, 1993).

4.2.9 Conflict situations within the family and conflict resolution

Table 4.10 provides us with the subjects' responses regarding the conflict situations in which they are involved in with their siblings with disabilities, their parents and how these situations are usually resolved.

TABLE 4.10: Familial conflict and conflict resolution

Familial conflict and conflict resolution	Proportional percentage		
	Yes	No	TOTAL (n=19)
The subject is involved in conflict situations with the sibling with a disability from time to time.	42% (n=8)	58% (n=11)	100%
The subject avoids conflict situations involving the sibling with a disability.	37% (n=7)	63% (n=12)	100%
The subject feels satisfied with the way the parents handle sibling conflict situations with the sibling with a disability.	47% (n=9)	53% (n=10)	100%
The subject is involved in conflict situations with his/her parents, about issues concerning the sibling with a disability.	42% (n=8)	58% (n=11)	100%

According to the responses of subjects, only 42% of the subjects are involved in conflict situations with their siblings with disabilities and the same percentage of

subjects are involved in conflict situations with their parents about issues concerning the sibling. The following illustrates their views on the conflict situations with their siblings with disabilities:

"If I look at other children.... how they fight.... Maybe it's because he is disabled.... we never fight... I do get irritated with him..." (subject 4; 15 years).

"We don't actually fight, but we do have our differences.... but mostly we're friends.." (subject 7; 13 years).

Conflict between adolescents and their parents normally tends to be about mundane issues such as performing household chores, doing homework, or spending money, rather than on family values (Newman & Newman, 1997). However, the subjects in this study reported conflict situations with their parents regarding issues concerning the sibling with a disability. It is possible that sibling conflict might evolve into conflict between the subjects and their parents with regard to issues concerning the sibling with a disability (Powell & Gallagher, 1992).

There is a rather low incidence of conflict situations between the subjects and their siblings with disabilities, although normally adolescents are involved in increased sibling conflict (Newman & Newman, 1997). This could be explained by the subjects' superficial knowledge about their sibling's disability, which inhibits their understanding of the disability. In turn this superficial understanding causes the subjects to have varying feelings (ambivalence) regarding sibling interaction, which might be responsible for some distance in the relationship.

4.3 Summary

In summarising the results and interpretation of this study, there are a few trends that have emerged. These themes provide us with information regarding the way the adolescent subjects experience the situation of having a sibling with a disability.

The young adolescent subjects of this study, together with their parents seem to have received little professional support. In turn, this limited professional support to the families is reflected by the subjects' superficial knowledge about the sibling's disability and its consequences. This superficial knowledge of the disability could impact on their level of understanding and contribute to the ambivalent feelings they have towards the sibling with a disability. It also influences their future expectations for their siblings with disabilities.

Subjects' feelings of guilt about their feelings towards their siblings with disabilities, manifest in their projection of negative feelings onto other issues and the rationalisation of their feelings by highlighting only the positive aspects regarding the sibling relationship. They have unexpressed emotions regarding the sibling with a disability, which lead to feelings of guilt and fear, and in turn they may cause young adolescents to feel lonely and isolated. Feelings of loneliness and isolation are widespread in adolescents and this could arise from emotionally traumatic events, such as the stressor of having a sibling with a disability (Cotterel, 1996). Most of the subjects perceive other people to be prejudiced against the sibling with a disability and they feel that most people don't know how to act in the presence of the sibling. Fear of rejection due to the sibling's disability, can cause the adolescents to feel lonely and isolated and is linked to adolescent egocentrism (Lloyd, 1985).

Subjects seem to feel that their peers support them better than their parents. During early adolescence peer relationships take on a new importance, because they provide the adolescent with opportunities for emotional intimacy, support, and understanding, as well as companionship and fun. However, adolescents typically maintain an emotional attachment to their families and their family value orientations, because positive interactions with parents at home provide adolescents with a sense of well-being (Newman & Newman, 1997). The subjects' perception that they receive more peer support than parental support, can also be related to the fact that they have unexpressed emotions regarding the sibling with a disability and they have limited family interaction, leaving them with fewer opportunities to express their point of views.

Newman & Newman (1997) state that parents and adolescents can communicate more effectively if they have frequent interactions and allow for the expression of conflict. There seem to be relatively few conflict situations between the subjects and their siblings with disabilities. However, there seems to be an association between the conflict with the sibling with a disability and the conflict situations between the subjects and their parents regarding the siblings with disabilities. Increased familial conflict is normal for adolescents, but it is usually about mundane issues, such as money, watching television, dating, etc. (Lloyd, 1985).