

PARENTIFICATION OF ADULT SIBLINGS WITH TYPICAL DEVELOPMENT OF
INDIVIDUALS WITH SPECIAL NEEDS

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ABSTRACT

Systemic perspective seeks to understand the reason of parentification, why it appears in the moment and what function it contains for the family. The purpose of the study is to explore the caregiving experiences of young adult siblings with typical development of individuals with Autism Spectrum Disorder (ASD) and Intellectual Disabilities (ID). These experiences are interpreted using the systemic theory, ecological systems theory and the term parentification. The results indicate that young adult siblings with typical development experience parentification towards their siblings with special needs as well as to their parents. According to the emerged themes, the siblings with typical development perceive both positive aspects of parentification such as a strong sibling relationship, a special communication, developing empathy skills whereas challenging aspects of parentification such as sacrificing their own needs. Siblings of typical development who have families that lack a sufficient support from each parent show parentification towards their parents as well. Additionally, having a sibling with special needs have effects on future expectations such as roles in couple relationships, spousal choice, having a child. In conclusion, siblings with typical development experience parentification by caregiving their sibling with special needs and their parents. The experience of parentification has influences on a wide area of their life. Further research should be conducted with a larger number of people and higher number of siblings to understand the gender effect on the caregiving practices.

Keywords: parentification, siblings with typical development, siblings with special needs, systemic perspective, qualitative

ÖZET

Bu çalışma tipik Otizm Spektrum Bozukluğu (OSB) ile Zihinsel Engelli (ZE) tanılı kardeşin olan ve tipik gelişim gösteren genç yetişkin kardeşlerin bakımverme deneyimlerini araştırmaktadır. Bu deneyimler Sistemler Teorisi, Ekolojik Sistemler Teorisi ve ebeveynleşme kavramı çevresinde araştırılmıştır. Bulgulara göre tipik gelişim gösteren genç yetişkin kardeşler hem gelişimsel bozukluğu olan kardeşlerine hem de ebeveynlerine yönelik ebeveynleşme tutumları sergilemektedir. Oluşan temalara göre, tipik gelişim gösteren kardeşler ebeveynleşmenin hem olumlu hem de olumsuz yanlarını deneyimlemekteler. Olumlu yanları güçlü kardeşlik ilişkisi, özel bir iletişim ve empati becerilerinin gelişmesi gibi bulunurken, olumsuz yanları ise kendi ihtiyaçlarından ödün vermek olarak bulunmuştur. Tipik gelişim gösteren kardeşlerden ailesindeki her iki ebeveynin eşit derecede sorumluluk almadığı bireylerde ebeveyne yönelik ebeveynleşme tutumları da olduğu bulunmuştur. Buna ek olarak, özel ihtiyaçlı kardeşe sahip olmanın tipik gelişim gösteren kardeşlerin eş seçimi, romantik ilişkilerde üstlendikleri roller ve çocuk sahibi olma isteği gibi birçok gelecek kararına da etki ettiği bulunmuştur. Sonuç olarak, ebeveynleşme deneyimi tipik gelişim gösteren kardeşlerin hayatının geniş bir bölümüne etki etmektedir. Bundan sonra yapılacak araştırmalarda daha geniş bir örneklem kullanılması ve daha fazla erkek tipik gelişim gösteren kardeş ile cinsiyet etkisine de bakılması önerilmektedir.

Anahtar kelimeler: ebeveynleşme, tipik gelişim gösteren kardeşler, özel ihtiyaçlı kardeşler, sistemler teorisi, nitel

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CHAPTER 1: INTRODUCTION

1.1 Parentification of Adult Siblings with Typical Development

1.1.1 Parentification

The term *parentification* was initially introduced into the literature through a family systems approach. Parentification is defined as a reverse in the roles of a child in the family where there is an inverted hierarchy between parents and children (Hooper, 2007a; Arnett, 2004). Earley and Cushway (2002) described these conditions such as having a child with special needs, death of a family member or a divorce as a precursor to parentification. Minuchin et al. (1967), describes this term through a situation where the parents shift their instrumental roles in the family to children or show a lack of emotional caregiving. Thus, there are two types of parentification being emotional and instrumental. Instrumental parentification includes cleaning the house, participating in chores, preparing the meals or getting involved in the physical caregiving duties to a person in need in the family. Emotional parentification includes responding to emotional needs of parents such as comforting, soothing or peacemaking.

Boszormenyi-Nagy & Spark (1973) explains that parentification is a result of a lack of boundaries in families. Similar to the explanation of Hooper (2007a), the lack of boundaries is also followed by a difference in the form of hierarchy between parents and children. It is characterized by children caregiving their parents instead of the reverse. This behavior is described could be understood as developmentally inappropriate. The process of parentification can usually have both short and long-term effects on children. These effects either lead to beneficial outcomes or can result with negative mental health problems in children. When parentification occurs as a way of coping or adjusting to a stressor in the family,

children and adolescent may tend to develop their instrumental skills and sense of responsibility. This structural arrangement in the family driven by children and adolescent may be seen as functional and may have fewer negative effects but more contributions towards the parentified person (Hooper et al., 2011).

Jurkovic (1997, 1998), proposes a model of parentification in which types of parentification is described according to the balance of caregiving activities in the family. A parentification where there are appreciation and acknowledgment of the child's efforts together with a balanced contribution of other members is described as constructive parentification. Whereas an imbalance in the caregiving tasks of each members and neglecting the acknowledgement are associated with deconstructive parentification. Hence, it is unclear among various theorists if the parentification has positive or negative aspects and if the parentification is purely unethical. This unclarity led to the occurrence of the term *perceived fairness* which means whether the parentification is perceived by the child as fair and equitable or unfair and unequal. Jurkovic (1997, 1998) studied this concept to look for the differences in the outcomes of parentification related with how it is perceived. Hooper and Wallace (2010) added to the existing literature that the way parentification is perceived predicts the outcomes. Parentification is often found conceptually close to trauma because of the presence of a chronic anxiety and emotional neglect in which individuals' needs are not fulfilled by their attachment figures (Hooper, 2007a). Thus, similar to the impact of a trauma, certain types of parentification together with individuals' strength may result with resiliency.

According to Jurkovic (1997), it is possible for the process of parentification to be destructive or constructive. In terms of constructive caregiving, child becomes responsible of

familial tasks and duties in which children become more responsible and powerful. However, in deconstructive parentification, children take the roles and responsibilities of their parents in which their emotional needs are not met. As a result of unmet emotional needs, it is possible to get negative outcomes related to feeling more depressed, anxious or distressed. The conceptualization of parentification as constructive or deconstructive are arguable topics among various researchers (Jurkovic, 1997; Minuchin et al. 1967; Boszormenyi-Nagy & Spark, 1973).

1.1.2 Systems Theory

Based on *systems theory* (Bertalanffy, 1968), it is important to look at the family systems from a larger perspective including sibling subsystem. In order to fully understand a function of a problem in the family, it is important to look at sibling relationships together with couple or parent-child relationships. Any changes in the family system or an outside source of change may impact all the subsystems in the family. Changes in health conditions may also lead to a change in the family subsystems such as having a diagnosis of chronic disease or a disability in the family. According to the research, siblings' contribution to the system is a less interrogated yet important area to better understand family dynamics. It is crucial to support both parents as well as siblings during stressful time of events to maintain the homeostasis in the family.

The systems theory (Bertalanffy, 1968) is a holistic approach in which individual behavior is understood within its relationship with others. Thus, the family systems perspective takes the attention from individual to a wider context. Families are seen as hierarchical and interdependent; constituted of various sub-systems. These sub-systems could be parent-child

or sibling but could also go further to extended family members i.e., grandparents, uncles and aunts. The subsystems are organized in a hierarchy in which there are boundaries between subsystems. In a healthy functioning family, boundaries are expected to be flexible and clear. Flexible boundaries mean that it is subject to change, but they are not determined by influences of other subsystems. The flexible boundaries allow for a dynamic nature in which each individual adapt to the family system's external and internal needs. Each of these needs create change in the family where it gets adapted to a new balance and stability. This implies that a change within an individual in the family cannot be assessed apart from the family together. Systemic approach does not evaluate a certain problem as a pathology but instead views it as a dysfunction of the family.

Systemic perspective seeks to understand the reason of parentification, why it appears in the moment and what function it contains for the family. Boszormenyi-Nagy and Spark (1973) looked for the answer to this challenging question about whether there are any positive outcomes of the parentification for the functioning of the family. According to their findings, the parentified child holds the family together by taking responsibilities and demonstrating powerful acts in the family. This way, the family could be seen “normal” from outside lenses. Yet, this does not make parentification less ethical since it leads for the parentified child to get less instrumental or emotional caregiving.

1.1.3 Ecological Systems Theory

Bronfenbrenner (1979, 1986), proposes an ecological systems theory in which individual is affected by various contextual influences in the society. The *microsystem* being the everyday struggles and stress, the *mesosystem* being the demands of various settings and its requirements

from the person getting involved with. *Exosystem* refers to various settings that the person is not directly involved yet indirectly affected by its effects. Finally, the last one being *macrosystem* refers to a broader context including political, societal or cultural influences on the person. Since family has a dynamic nature with various subsystems; systems theory proposes groundings to understand the sibling relationship and the sources of influence.

As it is proposed by Bronfenbrenner, various contexts have impacts on the role of a sibling in the family. Deriving through general systems theory, these different systems in a family affect sibling relationship directly or indirectly. Parental stress may be associated with siblings spending more time with each other and also caregiving one or the other. Any stressor in the family require an adaptation process to the family. For instance, for children with special needs the microsystem of a child with special needs includes parents, siblings and their relationship and caregiving activities. For this reason, the greatest contributors to their development are their family. When we look at their mesosystem, it is consisted of their school, day-care, work, neighborhood and social environments around their peers. Their interaction with peers, relationship with their teachers and school-liking are great contributors of their mesosystem to their healthy development. Their exosystem have health care workers and social services. Their macrosystem include any governmental policies regarding their rights and benefits, cultural and societal perceptions. Understanding siblings' experiences in these contexts through systemic and ecological perspectives allows us to see that siblings of individuals with special needs are an essential part of the system. The literature on raising a child with special needs mostly focus on parental experiences which are indeed valuable for better coping with this situation. However, through a systemic perspective, siblings with typical development in these families are also a part of the caregiving processes. Hence, being a

caregiver in the family have positive and negative consequences. These consequences through parentification and systemic perspectives should be investigated. These frameworks could be useful to further understand siblings' experiences in the family. Elaborating their experiences could in turn shape their needs in their other parts of the system.

Jurkovic (1997), proposes a model of parentification in which there is also an ecological-ethical model. Ecological-ethical model that is derived from Bronfenbrenner (1979), suggests that parentification includes ethics of the family and the society are included in parentification. These societal and family ethics are considered in various subsystems such as parent, peer, sibling and the community. This means that depending on the situation of the family, child may need to maintain the homeostasis of the family by participating in instrumental or emotional caregiving behaviors.

1.2 Autism Spectrum Disorder

This thesis will focus on the experiences of individuals with ASD and ID. Hence, it is valuable to introduce the description, prevalence and treatment techniques of ASD and ID briefly. Individuals with ASD is described as experiencing deficits in social communication and interactions characterized by repetitive behavior patterns, interests and behavior (American Psychiatric Association [APA], 2013). There are also other features that could arise with ASD such as externalizing and internalizing behavior that may put additional stress on the family. A body of research indicate mixed results on positive or negative outcomes of being a sibling of an individual with ASD. Some researchers found that the siblings of children with ASD expressed a more negative representation of their sibling, less warmth and also experienced negative

aspects of it on their daily lives (Nowell et al., 2014; Petalas et al., 2012). In contrary, some researchers found that factors like social support in the family lead to closer sibling relationship, better positive sibling outcomes and involvement in caregiving activities (Orsmond & Seltzer, 2009; Howlin et al., 2014; Angell et al., 2012). Çolak (2019), conducted the research on Turkish participants and found that siblings of individuals with neurodevelopmental disabilities i.e., ASD experience higher levels of parentification compared to the control group and also perceive parentification in a less positive way.

1.2.1 Prevalence and Onset

According to World Health Organization (2021), one in 160 Children has an ASD diagnosis. Although the statistics about individuals with ASD are not accurate in Turkey, it is thought to be approximately 700.000 individuals with ASD (ODFED, 2013). ASD begins before age 3 and usually some of the early signs could be seen in the first year of their lives. In the majority of individuals with autism, early onset patterns in sleeping, eating and temperament are thought to be similar. However, it is also possible to see another pattern of onset in which children appear to regress their previously acquired skills accompanied by their skills related to ASD.

1.2.2 Treatment

Generally, combined behavioral treatments are used for ASD together with medications. Medications are usually preferred to stabilize mood changes and behavioral difficulties however no medication can cure ASD. Early diagnosis is very important in order to have an increased quality of life. Having access to early intervention strategies can improve children's skills and increase their social

interaction. One of the widely accepted treatment techniques is known to be the Applied Behavior Analysis (ABA). This technique works with child's behavior in which it strengthens the positive skills and monitors child's progress. Similarly, other treatment techniques like Occupational Therapy, Social Skills Training, Speech Training and Speech Therapy are also according to the child's needs. A third important component of a healthy treatment package; it is important to provide relevant information, services and support to caregivers of individuals with ASD.

1.3 Intellectual Disability (ID)

Intellectual Disability (ID) is described as a disability characterized by significant limitations in intellectual functioning and in adaptive behaviors (American Psychiatric Association [APA], 2013). A body of research indicated that there is a lower quality of sibling relationship in the families of individuals with intellectual disability and more psychological distress is reported for the siblings with typical development (Floyd et al., 2009; Hosseinkhanzadeh et al., 2013; Taylor et al., 2008). Eisenberg et al. (1998) suggested that siblings of individuals with ID provide more positive personal growth experiences. There are only a few numbers of studies on parentification conducted with siblings of individuals with ID. However, there are studies that focused on the responsibility taking and difficulties of siblings of individuals with ID. Greenberg et al., (1999) found that siblings of adults with intellectual disabilities are associated with significantly higher primary caregiving responsibilities. A study conducted with a Turkish sample found that siblings of individuals with ID tend to experience higher levels of parentification compared to a control group (Çolak, 2019).

1.3.1 Prevalence and Onset

According to the data of the Ministry of Family Work and Social Services (2020), there are 507.377 people with intellectual disabilities in Turkey. The criteria related to mental retardation; developmental characteristics are in a range of mild to profound. The onset occurs from the infantile period through age 18 years.

1.3.2 Treatment

Early identification and reaching early intervention services for children with mental retardation is necessary which can improve the impact of the symptoms. Family members and other caregivers should also help in the preventive caregiving. Physical activity and a healthy lifestyle is also important for their well-being.

1.3.3 Down Syndrome (DS)

Down Syndrome (DS) is described as a chromosomal disorder which is considered under intellectual disabilities. Yet, individuals with DS have their own distinct facial and physical characteristics that make their condition easily detectable from outside (Ayyıldız & Aydemir, 2020). The studies conducted with siblings of individuals with DS indicated that there are both positive and negative aspects of having a sibling with DS in the family. Research indicate that, compared to raising a child with intellectual disabilities, DS may have fewer behavioral problems, yet familial stress levels could be high in regard to child demands (Stores, 1998). Positive aspects include feelings of pride, empathy, warmth, less conflict (Fisman et al., 2000; Skotko, Levine & Goldstein 2011). There are very few number of studies focusing on the parentification experiences of siblings' of individuals with DS. Hence, Çolak (2019) included siblings with DS to the sample of their quantitative study and found higher parentification levels than the control group. However, it is important to further investigate the

experiences of being highly parentified through a research that is based on the qualitative interviews conducted with siblings with DS.

1.3.4 Prevalence and Onset

Down Syndrome could be seen approximately once in 800 births and there are almost 6 million people with Down Syndrome. In Turkey, the number of people with Down Syndrome is said to be 70.000. The possibility for a mother to conceive a child with down syndrome increases as the age of the mother increases. Thus, as the age of becoming a parent increases the number of infants born with Down Syndrome is expected to increase. The screening tools and diagnostic tests are used to assess Down Syndrome during pregnancy. Although it is found to be risky for the mother and the baby, these assessment techniques could detect the Down Syndrome. It is also common to detect Down Syndrome at birth through the difference in the visual appearance i.e., the muscle tone, the palm of the hand, face and eyes.

1.3.5 Treatment

Down Syndrome cannot be cured and it lasts for lifelong. Although, appropriate treatment techniques may help them to develop their physical and intellectual skills, there are no standard treatment for all individuals with Down Syndrome. Applied Behavior Analysis (ABA) intervention techniques are used to improve age-appropriate abilities and to reinforce the positive behavior. Physical therapy is being used to help children with Down Syndrome to develop their motor skills and improve their physical abilities. It is possible for some individuals with Down Syndrome to have deficiencies in speaking thus speech therapy may help in their communication skills. They may improve their language skills or may learn sign language to better explain themselves. Occupation therapy could be used to learn self-care and to increase their daily functioning. Parents, siblings and all other caregivers benefit from

counseling and appropriate guidance to cope with everyday struggles as well as to support their loved-one in the best way they can.

1.4 Literature Review

1.4.1 Impact of Having a Sibling with Special Needs on the Family

Having a child with special needs in the family affects family system in various ways. Depending on the needs of the child's condition, the life around a child with special needs may be very stressful. Baker et al. (2011) conducted a study in families of adolescents with autism based on systemic theory and found that family adaptability level predicts parental mental health problems. Similarly, according to their results, families who have high levels of adaptability are more open to family intervention techniques.

Caring a child with disability may contribute to developing certain mental health problems such as depression and anxiety (Hoyle et al., 2021; Wade et al., 2015; Song et al., 2018; Baker et al., 2011; Kuusikko-Gauffin et al., 2013). Child behavior problems, societal stigma, or other coexisting problems in the family, such as low income or limited access to competent care, can all contribute to these issues. This finding supports the idea that it is important for caregivers to access the appropriate support they require in case of having a child with special needs in the family. Researchers discuss that family intervention techniques might be a mechanism of change to lower the risk of parental mental health problems (Baker et al., 2011; Taylor and Warron, 2011). However, a family is made up of more than just parents; siblings play a vital role as primary caretakers. Siblings take many caregiving roles and responsibilities related with their sibling with special needs. As a result, it's crucial to include the perspectives of siblings who have a sibling with special needs.

1.4.2 Impact of Having a Sibling with Special Needs on Sibling Relationship

In comparison to the parental experience, sibling relationships in families with a child with special needs are a less investigated topic. However, given the physical and emotional importance of siblings, it is critical to gain a better understanding of the strengths and challenges of caring for people with special needs. Sibling relationships in families with individuals with special needs are different than usual sibling relationships, according to research focused on sibling experiences in households with individuals with special needs. (Petalas et al., 2012). Mostly, the shared activities, ways of spending time together and communication styles are different than typical sibling relationships. Several themes arose from interviewing siblings, according to Petalas et al. (2012), that may have a good impact on a healthier sibling relationship: acceptance and tolerance. Acceptance and tolerance appear to make it easier to see matters from other perspectives and to remain calm in difficult situations. Adults siblings with special needs are more positive about their sibling relationship as they get older, according to Van der Merwe (2017). This discovery could be the result of a link between tolerance development and aging.

Research have different findings on siblings' feelings of admiration and embarrassment for their siblings with special needs. Laghi et al. (2017) found that siblings with typical development describe their sibling relationship through admiration because of the daily challenges of their siblings with special needs. In fact, a research of 89 sibling's pairs (one of each pair having been diagnosed with ASD) discovered that the siblings describe each other as their safe haven, despite the fact that unpleasant feelings arise from time to time. Mascha and Boucher (2013) observed that increased sibling admiration leads to reduced sibling quarrelling,

resulting in favorable relationships. However, there is evidence that having a sibling with special needs might lead to embarrassment. (Petalas et al., 2015; Pavlopoulou & Dimitrou, 2019). Nevertheless, some studies concluded that in these sibling relationships, pleasant and negative feelings and experiences coexist. Admiration, support, warmth, helping, teaching, and caring are positive experiences that define a sibling relationship; disagreements, hostility, and teasing are negative feelings and experiences that concurrently describe sibling relationships. (McHale et al., 2012; Petalas et al., 2015; Coffman et al., 2021). Poor sibling relationships can be caused by a variety of causes, such as low communication abilities, demanding behaviors, or siblings with typical development leaving the family home and aging (Travers et al., 2020). Sibling relationships including siblings with Down syndrome are discovered to be more positive than siblings with other intellectual or developmental disabilities (Angell et al., 2012; Shivers & McGregor, 2019).

1.4.3 Current Evidence-Base for Parentification of Siblings of Individuals with Special Needs

Parentification is not experienced wholly positive or negative, according to the studies. As a consequence, it may be highly stressful for some and not so much for others. (Aldridge, 2006; DiCaccavo, 2006; Jurkovic, 1997).

In order to measure parentification in quantitative studies, one of the most recent instruments in the field is developed by Hooper et al. (2011) namely Parentification Inventory. This 22-item instrument measures sibling-focused/parent focused parentifications as well as perceived benefits of parentification. It produces a total score as well as a sub-score. Hooper

(2007) explains parentification could also be seen as a neglect by the parents in which the child sacrifices his/her emotional and physical needs.

Research indicate that dysfunctional families in which children are highly engaged in parental roles create an imbalance and lead to the parentification process (Jankowski et al., 2013). Positive outcomes of parentification could be seen as high functioning, healthy relationships, high level of differentiation, resiliency and secure attachment styles (Hooper, 2007a). It is possible for the parentified child to benefit from parentification as being a responsible, conscious individual in the long run.

Tomeny et al. (2017) underscored that sibling-focused parentification is related with more positive outcomes whereas parent-focused parentification is associated with negative outcomes. Research suggest that, when parental roles are addressed to a stressful situation resulting from a medical condition in the family, the parentification is perceived positively (Tompkins, 2007).

As Hooper et al. (2008) explains, chronic presence of parentification could have effects of trauma and in fact in certain situations, parentification could also lead to a post-traumatic growth of a person. Thus, the way caretaking in the family is perceived could be seen as a significant and unique predictor of positive and negative outcomes (Hooper and Wallace, 2010; Köyden 2015). In terms of future caregiving intentions of siblings with typical development of individuals with ASD, Beffel & Nuttal (2020) found that parent-focused parentification is less associated with fewer benefits with engaging in caregiving roles and less intention to provide future caregiving towards their sibling.

Hooper and DeCoster (2011), found that especially severe mental health problems of parentification could be observed in long-term periods of parentification. In order to understand the negative aspects; recent researchers focused on the association of parentification and its negative outcomes (Fitzgerald et al., 2008; Hooper, 2007a,b; Telzer & Fuligni, 2009; Thirkield, 2002). Hooper et al. (2011) has shown that there is a significant association between pathology and parentification, namely mood disorder/depression and personality disorders. Benderix & Sivberg (2007) found that, older siblings had a sense of mental responsibility and this evoked a feeling of sadness for the future. Consistent with this finding, research indicate that siblings develop a fear for the future on their caregiving roles towards their child with special needs (Angell et al., 2012; Rossetti & Hall, 2015).

Among the studies conducted in Turkey, Köyden (2015) appears to be the first study to adapt the Parentification Inventory into Turkish literature and examined the relation between parentification and depression, anxiety, anger and obsessive beliefs among university students. According to the results, parent focused parentification is associated with obsessive beliefs, sibling focused parentification is associated with difficulty to regulate anger whereas perceived benefits are seen as protective factors. The findings related with obsessive beliefs are explained as having more responsibilities in the childhood could be associated with being perfectionist and experiencing difficulty during uncertainty during adulthood. The results related with anger management is explained by how young individuals get angry when parental responsibilities are not met sufficiently.

Another quantitative study conducted in Turkey by Çolak (2019), suggests that typically developing siblings of individuals with special needs show higher parentification on the sibling-focused dimension and perceive less benefits of parentification (PBP).

1.4.4 Current Evidence-Base from Qualitative Studies for Siblings of Individuals with Special Needs

Earley & Cushway (2002) reported as “the development of a more qualitative approach to the measurement of a parentified history may be necessary to capture the nuances of parentification that are absent from current measures,” (p.174). To date, there is no qualitative study on parentification of siblings of individuals with special needs in Turkey. This makes this sample different than other studies for several reasons. Firstly, the personal experiences are not only evaluated solely through an individualistic perspective but are understood within one’s relation with the whole system. Secondly, the caregiving experiences which lead to parentification will enable us to understand the influences of parentification into different aspects of one’s life i.e., responsibility taking, managing social life, romantic relationship roles and making life decisions. During the evaluations of the qualitative studies with the siblings of individuals with Autism Spectrum Disorder and Intellectual Disabilities; some major themes being focused are: positive and negative aspects of having a sibling with special needs, the importance of healthy family functioning, social stigma, coping strategies, wishes and worries for the future.

Yacoub et al. (2018) found four major themes by analyzing the semi-structural interviews conducted with siblings of individuals with ID and ASD: gains, losses, impact on upbringing and impact on sibling relationships. While losses could be described as negative emotions such as anger, guilt and anxiety; gains were more shared around being thankful to

the person they became today due to the existence of their sibling with special needs. This also reflects to the third theme; impact on upbringing which is a way of accepting and normalizing their life. The sibling relationships are described as dutiful and siblings found themselves often questioning their competence which resulted with emotional distress.

The major themes that arose from the study of Barr & McLeod (2010) are the negative attitudes from strangers, the unempathetic behavior of peers and not being able to socialize much due to extensive caregiving workload. Povee et al. (2012) conducted a mixed-methods analysis to understand the maladaptive effects of having a sibling with ASD and DS on family functioning. The quantitative component found that, maladaptive behavior related with individuals with special needs were associated with poor family functioning. Similar with the previous findings, it is found that siblings are the most disrupted in the family due to their care-taking activities towards their family members. The qualitative part of the study found that siblings of typical development of individuals with DS were negatively affected by having a restricted social life and being assigned the role of caretaker of their sibling. The qualitative phase of the study was conducted through short written responses by parents.

Another qualitative study conducted with siblings of individuals with ASD reported close relationships between siblings however also found themes such as difficulties in communication (Chu et al., 2021). Another theme arose from the adolescent siblings is psychological coping strategies. Most of the siblings with typical development told that when they experienced problems in the family related to their sibling with special needs, they used to hide their feelings or ignore. The study also discussed how this experience could be seen as

a post-traumatic growth from a family systems perspective considering the resilience that was apparent in the themes.

Aggression is a difficulty experienced by the siblings of individuals with ASD (Mascha & Bouche, 2006; Petalas et al., 2012). The findings of the studies interrogating for caregiving responsibilities of siblings of individuals with ASD and DS found that parents give filial responsibilities to siblings with typical development beginning from their younger ages and siblings experience it as making sacrifices from their own lives or acting as caregiver (Hwang & Charnley, 2010; Povee et al., 2012). Hwang & Charnley (2010) conducted an ethnographic study in a Korean society where they found that siblings who are caring for their siblings with ASD do not experience caregiving as a burden yet as a result of their caregiving roles, they give less priority to their personal desires and needs. Restriction in social life of siblings of individuals with special needs (ASD, ID) is also a theme that arose from a Turkish qualitative study to understand the experiences of the siblings of individuals with ID conducted by Aykara (2015).

In order to understand the time spent together and the shared activities between siblings in the families with a child with special needs, Yavuz & Coşkun (2014) found that siblings with typical development prefer spending more time in the house (playing, helping them in their studies) rather than outside due to their siblings' behavioral problems. Luijkx et al. (2016) conducted a study with the siblings of individuals with profound and multiple disabilities and found a similar theme such as lack of being able to spend some private time outside household. Additional themes that arose from this study is acceptance, forbearance, and the difficulties of

dealing with the outside world's reaction. Although it exists a severe medical condition in these families, siblings indicated that this is their way of normal which shows an acceptance.

Research indicate that enhanced family relationships will not only maximize the quality of care of the individual with special needs but also increase the wellbeing of the sibling with typical development (Tozer et al., 2013). An ethnographic study adds up to this finding by conducting a study in an American society to explore siblings' experiences of parentification when there is a sibling with ASD in the family (Segal, 2019). The main difference among the parentification experiences were found between families who have full parental support and those who don't have sufficient support. Siblings in the families who provide good support are observed to exhibit more supplemental caregiving towards their sibling and show parentification in a more adaptive way. In other families, a major theme that emerged among the siblings is "being resentful". Similarly, the parent-sibling relationship is positively correlated with efficient parental support in the family. In terms of relationships, the maturity acquired by adaptive parentification lead siblings to experience difficulty to relate to their peers.

A qualitative study of sibling experiences conducted in a Turkish adolescent sample (age 9-15) found that adolescent siblings with typical development experience negative feelings due to behavioral problems as well as social stigma. They also claim to have a lack of sufficient knowledge on their siblings' condition and they develop more positive feelings towards their sibling once they are more aware about the situation. A recent study conducted by Chu et al. (2021) found similar themes from siblings of individuals with ASD. Siblings with typical development in the study reported that he feels sad about not being able to fully

understand the intention behind his sibling's behavioral problems. These results demonstrate the importance of good communication in the family and how it positively effects siblings' understanding and feelings.

Wayne (2015) conducted a research with a younger sibling whose elder sibling identify herself as parentified due to a strict family structure and a great age gap in between (13 years). Considering there are only two siblings who participated to the study and the subjectivity of participants, the repercussions on the younger sibling is to feel lucky to feel like having three parents. The repercussion on the elder sibling is a sense of responsibility together with a sense of parental abuse.

Research based on interviews with siblings of individuals with intellectual and developmental disabilities uncovered that there is an emotional impact of being a sibling in such families and the responsibility of caregiving increases through aging (Coyle et al., 2014; Rossetti & Hall, 2015; Aykara, 2015). Benderix et al. (2007) conducted a qualitative study with siblings of individuals with ID and ASD. Similar with the previous quantitative studies; empathy, anxiety due to behavioral problems, sense of responsibility and feelings of sadness for longer perspectives are the themes of the results. Aykara (2015) conducted a qualitative study with siblings of individuals with special needs namely ID and ASD through a gender roles perspective and the findings suggest that siblings with typical development who have sisters with special needs show an increased sense of responsibility compared to having brothers with special needs. Similar findings where elder siblings were found to be more engaged in caretaking activities of their sibling with special needs were also found by Kale & Sığirtmaç (2021). These findings are different than the findings of Petalas et al. (2012) where

gender did not have a direct difference on sibling behavior. This controversy may be a result of cultural differences.

Lastly, being a caregiver of an individual with special needs may also require considering the needs of the sibling more than one's self especially for critical decision making related to spousal choice, marriage and becoming parents. The study conducted with a phenomenological analysis method by Park et al. (2021) looked at the lived experiences as well as future expectations of four siblings with typical development of individuals with developmental disabilities. One of the major themes that arose in the study is the mental conflicts and emotions that resurfaced as they entered adolescence. The siblings with typical development in the study express their feelings of sadness due to having several questions in their mind at all times; "Will I ever get married?", "Will I meet someone that will also like the idea that I have a sibling with special needs?". These results indicate that it is a field that should be further researched in order to better generalize the results to different siblings of individuals with special needs.

1.5 The Statement of Problem

Although there are much research conducted with parents of individuals with special needs, the experiences of siblings with typical development in these families are a less focused area in the research literature. Becker (2007) states that the main differences between siblings of individuals with special needs are based on the extent of their caregiving and the developmental, social and economic outcomes. Evidence in their study supports that young siblings with typical development engage more in care-related activities in the household compared to their peers without any siblings with special needs.

It is especially crucial to examine the sibling relationship through a family systems perspective. Research suggest that when there is a strong sibling subsystem, the difficulties in the family could be better managed (Jacobs & Sillars, 2012). Systemic approach allows a wider analysis of the experiences of siblings. This wider analysis include all the aspects that may have a contribution to siblings' feelings, experiences and development processes. Since having a sibling with special needs affect the life of a sibling with typical development through various perspectives; their feelings, perceptions and decisions cannot be understood without taking their special role in the family to a closer framework. Research indicate that siblings of individuals with special needs may experience mental health problems like anxiety or anger, effects of trauma or feelings of sadness and anxiety for the future. The reasons behind these negative outcomes could only be understood through a holistic and systemic perspective (Hooper et al., 2008; Fitzgerald et al., 2008; Hooper, 2007a,b; Telzer & Fuligni, 2009; Thirkield, 2002).

As the research indicates, the parentification could both be experienced positively as well as negatively. Thus, siblings' perceptions may differ according to their way of being parentified (Aldridge, 2006; DiCaccavo, 2006; Jurkovic, 1997). One quantitative study investigated the outcomes in adult life among siblings of individuals with ASD and found that the patterns of role acquisition of siblings of individuals with special needs in marriage and childbearing did not differ from the norm (Howlin et al., 2015). The results of the phenomenological study by Park et al. (2021) suggest that siblings with typical development cannot make their own choices related to their careers, spousal decisions, marriages, residences without considering their disabled sibling. Thus, it is important to further understand the reflections of their caregiving roles in their sibling subsystem to their couple subsystem. Their

perceptions from being a caregiver may be shaped around the wishes for the future such as marriage or becoming a parent as well as around their plans for the future.

While there exist some studies to understand the caregiving experiences and its outcomes on siblings with typical development, there are only very few studies that look at through the term parentification. In Turkey, there are only two quantitative studies that focus on parentification (Köyden, 2015 & Çolak, 2019) which creates the need to conduct qualitative studies to include details and nuances. So, this study will also allow us to get further inside a larger context like siblings' opinions on marriage, having a child in the future or the roles they acquire in a couple relationship. Considering the importance of sibling subsystem in the families of individuals with special needs, this research will inquire whether siblings with typical development are experiencing parentification, how their perceptions of having a sibling with special needs, the interaction with parent subsystem and the effects on their lives in terms of their gains, losses and future expectations. This study will be the first in Turkish literature to focus directly on siblings' parent-like roles in these contexts.

2 of the outcomes will be pioneer to our findings.

CHAPTER 2: METHOD

This study has explored the experiences of siblings with typical development who have siblings with special needs. The purpose was to understand and interpret the siblings' experiences using the systemic theory, ecological systems theory and the term parentification.

2.1 Thematic Analysis

Thematic analysis is a method of qualitative research that aims to explore themes in a qualitative data. During this process, the researcher initially conducts semi-structured interviews with participants and transcribe the interviews. Once the data is acquired in a written

format, the researcher begins looking at the underlying meanings and coding them. Then, the codes develop into underlying themes throughout the interviews. The interviews are transcribed according to the thematic analysis method of Braun & Clark (2006). The data of the study will be grounded in systemic perspective (Minuchin, 1998), ecological system theory by (Bronfenbrenner, 1979) and the term parentification that is introduced to the literature by Minuchin et al. (1967).

2.1.1 Interview Guide

Interview Guide will be the main instrument to collect the data. The questions are composed by the study based on theoretical assumptions of parentification, Systems Theory as well as are adopted from earlier qualitative research. The demographics could be seen in the Appendix A and the qualitative questions could be seen in the Appendix B. The question “Tell me what it’s like to be [name of brother/sister with chronic illness]’s brother/sister?” is adapted through the qualitative study by Petalas et al. (2012). Other questions are based on circular questions developed for family therapists (Fleuridas et al., 1986). The term parentification is a clinical terminology to understand the roles adopted by the siblings in the family whereas during the interviews a different wording was used such as “role reversal” or “being in an adult-like role as a child” as it was conducted in the study of Dial (2014). The questions were focused on the understanding of the experiences of parentification of siblings of typical development. Secondly, it was explored whether parentification was perceived as adaptive or disruptive by the siblings. Lastly, the interview questions searched how these experiences shape siblings’ perceptions on their gains, losses and future life expectations.

2.1.2 *Sample*

Prior to the beginning of the study, a pilot interview is conducted with one participant. Hence, that interview is not included in the analysis. Afterwards, 10 siblings with typical development who have siblings with special needs were interviewed. In order to increase the inclusiveness of the study and to reach for a broader conclusion, both siblings of individuals with developmental disabilities (ASD) and intellectual disabilities (ID) are included to the study. The inclusion criteria would be to have a sibling with special needs. Each theme was analyzed in depth until a consensus on a theme and this process continued until data saturation was done.

The inclusion criteria for participating siblings with typical development were as follows:

- a) To be young adults: age over 18 to 40,
- b) To have a sibling with developmental or intellectual disabilities
- c) To give consent to participate in the study.

The exclusion criteria for participating siblings with typical development were as follows:

- a) To have multiple disabilities for the sibling with special needs
- b) To have children,
- c) Not to have fluency speaking and understanding Turkish,
- d) To have a cognitive or physical disability that would impair the ability to form complete sentences.

Criteria for trustworthiness were addressed during each phase of the thematic analysis. The credibility of analysis was further enhanced by having two researchers analyze each data set (Nowell et al., 2017). The participant siblings were selected through criterion-based

purposive sampling. This sampling technique is used when all participants have share similar experiences (Bloomberg & Volpe, 2012). Since the study is about individuals who have siblings with special needs, these participants should be selected according to their criterion. This way, these participants can share their own experiences and might provide valuable information to others who are or will be in their situation.

2.1.3 Procedure

Initially, the study had been approved by the ethical committee of Özyeğin University. Then, an announcement of the study was posted in the social media support groups for families who have a child with ASD and ID. Participants returned to the post through direct messaging and expressed their voluntary participation to the study. The communication then continued through a phone call and text messaging in order to further explain the details and the purpose of the study. Also, flyers were sent to several special education centers and to university faculties of special education programs.

Experiential interviews were conducted through online meetings via Zoom Cloud Meetings due to COVID-19 circumstances. Participants were asked to be in a quiet room where they would find easy to talk without any disturbance. The semi-structured interview questions were used that enabled participants to explain themselves openly and freely. While the interviews were being recorded, simultaneous notes based on observations were also taken during the interviews when necessary.

The voice recordings were transcribed to a document and kept in external drives. They were only reached by the researcher and the academic advisor throughout the research. The documents were then uploaded to MAXQDA software data analysis program together with the

handwritten notes associated. Participants' names were not used, instead, they were referred as "Participant 1 (P1)", "Participant 2 (P2)" etc. due to a respect for their privacy and to ensure confidentiality.

2.1.4 Trustworthiness

According to Lincoln and Guba (1985), there are four aspects of a study that researchers should take into consideration to ensure the trustworthiness of the results. These four criteria are: credibility, transferability, dependability and confirmability.

2.1.5 Credibility

In order to conduct a credible thematic analysis, the researcher needs to be refrained from their own biases as Clarke & Braun (2013) states. Especially, if the researcher has similar shared experiences, it is possible to have some biases while listening to the participants and analyzing their interviews. Thus, self-reflection is an essential tool whilst creating the emerging themes without them being obscured by researcher's own biases. I am dedicating this thesis to a person I met while I was conducting this research. He did not take part in the study because his condition was different than our participants. Yet, he kindly asked me to dedicate my thesis to him. So, my personal history does not include any sibling with special needs. I can only imagine how hard this experience must be for siblings with typical development. Yet, I am eager to broaden my horizon into understanding their experience including the positive and negative impacts on their lives.

I used triangulation as a way to increase the credibility of the study. Triangulation means the verification of the qualitative results through various sources as described by Lincoln & Guba (1985). In this study, I sent the codes and themes to the advisors of the dissertation;

Dr. Fehime Senem Zeytinoğlu-Saydam and Dr. Serkan Özgün. They shared their opinions on the emerging themes and the analysis of the codes. Another way of increasing the credibility is to use peer debriefing which is again defined by Lincoln & Guba (1985). This technique is conducted by consulting the hypotheses to someone who is not working for this dissertation. This person should not have any emotional connection to this research and may provide unique opinions on the study to contribute to further explorations and revisions. In this study, I used peer debriefing by consulting to a student in my department, who is at the same time, conducting her very own qualitative dissertation on a different subject.

As a couple a family therapist and the researcher of the study, I am knowledgeable about systemic way of looking through each experience. Having a child with special needs both have an impact on the parents as well as to all of the members of a family. In therapeutic settings, these siblings are encountered with different reasons that bring them to therapy. However, it is important to consider their mental health symptoms, emotions and life views through a systemic perspective including their caregiving role in the family.

Member checking was used as a source of credibility. Birt et al. (2016) explains member checking as sharing the raw data of transcriptions with the participants in order for the participants to check the accuracy. In this study, the emerged themes were described to the participants in order to see if they had any feedbacks. Another measure for credibility that was used in this study called expert checking in which the codings were checked by the current thesis advisors namely Professor and Couple and Family Therapists: Dr. Fehime Senem Zeytinoğlu-Saydam and co-advisor Dr. Serkan Özgün.

2.1.6 Transferability

Lincoln & Guba (1985) explained that transferability allows other researchers to understand whether the results of this study are applicable to other contexts. In order to assess transferability, it is important for other researchers to get informed on the detailed explanations of participants' demographics. Thus, the detailed demographics of participants are expressed on the Table 1 below.

2.1.7 Dependability

Lincoln & Guba (1985) introduced that dependability is another way to increase credibility. To ensure dependability, two of my advisors Dr. Fehime Senem Zeytinoğlu-Saydam and Dr. Serkan Özgün audited the relevant qualitative data techniques and codes of the interviews.

2.1.8 Confirmability

Lincoln & Guba (1985) underlines the importance of including several records that could be reached any time for a requirement of any interrogation. I protect the raw data of the interviews. I collected field notes, analysis and synthesis trials, reflexive memos and all other notes during the process.

CHAPTER 3: RESULTS

This chapter will present the demographics of the participants as well as their vignettes, researcher's written notes based on observations and the thematic overview.

3.1 Demographics

Demographic information of 10 participating siblings is represented in the Table 1 below. The participating siblings are referred as P1 and P2 (Participant 1, 2...) in order to protect their safety. All the participants meet the inclusion criteria of the study.

Table 1 *Participant Sibling Characteristics: Name codes of siblings, age, gender, number of siblings in the family, level of education, occupation*

Code	Age	Gender	Gender of the Sibling	Number of siblings in the family, other than the participant	Level of Education	Occupation
P1	31	Female	Male	1	Undergraduate degree	Psychologist
P2	19	Female	Male	1	Undergraduate degree	Pharmacist
P3	29	Male	Female	2	Graduate degree	Software Engineer
P4	27	Female	Male	1	Graduate degree	Psychological Counselor

P5	20	Female	Male	1	College student	Student of Special Education
P6	22	Female	Male	1	College student	Student of Special Education
P7	25	Female	Male	1	Undergraduate degree	Student of Early Childhood Education
P8	21	Female	Male	1	College student	Student of Special Education
P9	39	Male	Female	1	Post-graduate degree	Metallurgy and Materials Engineer
P10	19	Female	Male	1	College student	Student of Medicine

Table 2 *Characteristics of Siblings with Special needs: Code of the participant, Age of the sibling with special needs, type of special needs*

Code	Age of the sibling with special needs	Type of Special Needs
P1	29	ASD
P2	24	ASD
P3	21	ID
P4	24	ID
P5	19	ASD
P6	20	ASD
P7	20	ID
P8	17	ASD
P9	36	ID
P10	19	ASD

3.2 Vignettes of Participants

Vignettes below will inform the basic demographic information on participants together with the researcher's personal impressions and observations during the interview. Throughout the vignettes, the participants codes will be presented, and the brackets will involve age and the type of special needs their sibling have.

3.2.1 Interview 1: P1 (31, elder sibling of an individual with ASD)

P1 was the first interviewee of the study. I was prepared with all the questions and I was pretty excited to begin. Although, it was my first interview, due to being a psychotherapist who frequently conducts zoom sessions, I got adjusted pretty quickly. P1 is a clinical psychologist working with children and adolescents. Thus, having her as the first participant helped me to have an easy-going interview for sure. From the first moment, I had a very positive impression about her. She was positive, kind and openly answering to the questions.

Being cautious not to lead the participant at any part of the interview, she gave a lot of parentification examples towards her mother and her sibling with special needs. She was understanding each question easily and responding deeply without hesitance. It was evident that the topic we talk about is quiet familiar for her. I thought that the way she put her sentences together, her calmness and to the point descriptions are related with her psychology background. I could honestly say that her being a therapist and being familiar to these areas of thoughts made the interview pass so easy for me, leaving me with full of information related to our subject.

3.2.2 P2 (27, elder sibling of an individual with ID)

P2 said that she was nervous for the interview from the beginning. She got used to the interview once she began talking. P2 is a recent university graduate and working as an intern pharmacist. One think that I noticed is that she had a great life change after her graduation. She moved to a different city where her family has a summer house and started working in a pharmacy located in that region. Thus, she was eager to talk about all of her career plans. She mentioned for several times about her career plans, her moving back to Istanbul and the possibility to open her own pharmacy next year. During those plans, she also mentioned that

these plans have to include the caregiving processes and well-being of her brother and her other family members.

I felt drifted at some point of the interview where she constantly talks about her career concerns. Then I understood that one of the greatest concerns of her future include caregiving her brother in the future. She explained how important it is to have a stable career and a solid finance in case she will remain the only one to look after her brother in the future. Throughout the interview, she noticed how much her brother with ID take part in all of her past life and future plans. Thus, when I understood that there was a link between her brother's condition and her future anxieties, it was easier for me to open up further sub-questions during the interview.

3.2.3 P3 (29, elder brother of an individual with ID)

P3 is by far one of the two participants who impressed me greatly. I reached him through a Facebook group for parents of individuals with special needs. He was a member of the group as a sibling who posts actively. Beforehand, he expressed his volunteer wish to participate to the study and told that he never heard of such a field of research before. So, he was willing to share his experiences with me in order to contribute to the field of research on the experiences of siblings with typical development of individual with special needs. Also, he is one of the two brothers among all the sister participants.

During the interview, it was evident that he was excited and yet hesitant whether he was explaining himself in the best way he could. In many parts of the interviews, he mentioned his experiences that could be seen as an example of parentification. He used great metaphors

to explain his situation in the family and the impact of the existence of his sister with ID. His opinions and expressions were pretty clear for me to follow.

3.2.4 Interview 4: P4 (27, elder sibling of an individual with ID)

P4 is a psychological counselor and she is very much involved with individuals with special needs as well as their family members as part of her work. She was very motivated to participate to the study. She is one of the participants where it is understood that all her life including her way of living and job are shaped around the needs of her brother with ID. Beginning her childhood, she was very much involved in her brother's caregiving activities. She often used a "we" pronoun to refer to the caregiving team in the family including her parents and herself in the same subsystem. She is included in each decision-making process regarding her brother's education and other needs.

It can be seen that she is very proud of her brother and the way they raised him. She explains that her brother with ID has more positive behavior and less challenging behavior. She thinks that the way "they" raised her brother enabled them to bring her brother into life enriched with functional skills. Hence, her aim is to disseminate her knowledge and experience into other families so that other individuals with special needs will also be as lucky as her brother. This wish is reflected on her character as a sense of advocacy.

After completing her studies in the mental health field, she teamed up with her parents and opened a counseling center to individuals and families with special needs. Over time, her advocacy to support the rights of individuals with special needs also increased. She works at the center together with her parents. When she noticed a lack of enough vacancy options for her brother, she decided to open a café where individuals with special needs were hired to work at. It can be seen that she is proud to come up with these ideas and she feels supported

by her family both emotionally and financially. One thing that I noticed is that she did not like to talk about the difficult aspects of having a sibling with special needs. Her explanations were tended to be more in their accomplishments. When I asked about the challenges of being a sibling with typical development, she cut her answer very short by referring to her sense of advocacy. She thinks she doesn't have the right to complain on anything, caregiving was her duty and having such a great brother is her reward. I can see that working in the field of special needs and providing counseling and psychological support to families added to her sensitivity of being a good and proud caregiver. Hence, I felt like her emotionally vulnerable side was pressured by her internalized role of caregiver and a mental health professional.

3.2.5 Interview 5: P5 (20, elder sibling of an individual with ASD)

My first impressions with this sibling was that she was felling shy and a little anxious at the beginning. So, I tried to calm her by ensuring that she could feel relaxed during the interview and all her responses would help a lot for the study. She opened herself better after these reassurances. Overall, the interview was conducted in a positive mood. In fact, when we were talking about the future expectations, there were emotionally loaded moments for her. Seeing her having drops of tears enabled me to understand that she became comfortable over time. She explained how satisfied she feels while helping her sibling's homework or engaging with leisure activities with him. Also, she is aware that by being involved with these activities, she also creates a recreation time for her parents, especially her mother. Thus, parentification could be sensed throughout the interview.

3.2.6 Interview 6: P6 (22, elder sibling of an individual with ASD)

According to my interpretations, I thought that this participant is by far the most negatively affected sibling with typical development of the study. She clearly explains the

difficulties of being a sibling with typical development. She thinks that the difficulty isn't because of the situation of her brother with ASD but mostly because of her parents' behavior. She gave insights of parentification such as not being able to feel like a child after the birth of her brother, feeling obliged to solve familial conflicts by herself and sooth their parents when they were under stress. She expressed the loneliness she felt by her parents due to them not being able to properly balance themselves. Hence, her frustration against her parents could be observed during the interview.

I felt indeed comfortable since she was openly expressing her thoughts and expressions. She also mentioned that she sees a psychologist to overcome some of her psychological problems. Hence, her psychotherapy journey might have an effect on the awareness of her situation and her reflections of her family and her personal qualities.

3.2.7 Interview 7: P7 (25, elder sister of an individual with ID)

This interview was also an easy and relaxed interview for me. The participant openly expressed her emotions without feeling shy. As the interview was progressing, I took notes on some of the key words I heard from the participant These key words were namely: "little mother", "raising a child rather than a sibling". I took notes of these key words which reminded parentification.

Overall, her experienced of being a sibling with typical development was a positive experience for her. Up to this interview, I had conducted six different interviews which enabled me to make a solid distinction between those who perceive parentification more positive and those who perceive it more negative. This participant was also a representing a more positive aspect of being a sibling with typical development. My perception is that a major component of this distinction is based on how parents cope with it. This participant

also confirms with this idea in which she nuanced how her family support each other during the difficulties in life. She feels like an important part of the caregiving team and takes actions accordingly. Her feelings of respect could be understood from the way she describes her parents.

3.2.8 Interview 8: P8 (21, elder sibling of an individual with ASD)

This participant's interview was one of the most emotionally loaded interviews for me. The participant openly expressed the good and challenging parts of her experience. She opened up easily, so it was easy for me to take elaborative answers for my questions. She also indicated that she was going through her own therapy sessions and she was used to talking about these subjects. She expressed her happiness about participating into this study because she thinks there exists a lack of emphasis to siblings with typical development in the society.

When she deeply explained her situation, it was understood that she had a frustration against her father not being sufficiently involved in the caregiving activities, especially emotional caregiving. She gave many example of how she felt unsupported by her father and how this situation could be handled better if her family was getting proper psychological support on raising a child with special needs. During the interview, I took notes emphasizing her skills of observation to her family. Also, the challenges she mentioned and her wishes for her future were great indicators of parentification which I noticed during the interview.

3.2.9 Interview 9: P9 (39, elder sibling of an individual with ID)

This participant is the second male participant who reached me through social media. He is also the eldest among the other siblings. During the interview, I felt a little distracted because his explanations to each question were long and a bit drifted from the essential

question. However, I did not want to interrupt him since I understood that he was willingly and openly expressing himself.

He shared how he feels more mature thanks to the existence of his sister with ID. Thus, I thought these were signs of parentification and took notes immediately. He frequently shared his wishes for the future which contains getting married to someone who will also like to live with his sibling with ID. He depicted his ideas of an ideal life with her sibling in detail. He also shared the stigma he experienced by the society towards his siblings with ID, while he was growing up. He shared many memories and gave solid examples which gave me a good vision of understanding signs of parentification.

3.2.10 Interview 10: P10 (19, twin sister of an individual with ASD)

This participant felt a little shy at the beginning of the interview. Thus, I explained her there is no correct or incorrect answer for the interview question and thanked her for her volunteer participation. Over the course of the interview, she felt more relaxed and gave in depth answers with examples and vivid memories.

Different than other participants, this participant is a twin sister of an individual with ASD. However, she said that she never felt like a twin sibling but instead she felt like an elder sister. This was because she thought that no twin sibling would take such roles and responsibilities for their twin. This was depicted as an example of parentification and noted to my notebook. It was also understood that she was proud of her brother's skills and accomplishments. She gave examples of her most valuable memories and proud moments of her sibling with special needs. She also mentioned the benefits of having such a sibling namely feeling empathetic and conscious which were noted as benefits of having a sibling

with special needs. I thought that the way she provided detailed and well-observed examples during the interview were representing her mature understanding of their situation.

Table 3 *Theme, themes and reoccurrence counts for the super-ordinate theme of Parentification*

Theme	Theme	Name	Reoccurrences in the 10 siblings
1		Lack of sufficient family support	7
	101	Conflict resolution roles	9
	102	Mothers' need for better support	7
	103	Showing emotional support to mother	6
		Feeling like a parent in the family	10
2		The difficulties of being parentified	6
	201	Putting one's own needs behind the needs of their sibling with special needs	7
	202	The emphasis on special days as a family)	9
3		Co-managing caregiving processes with parents	9
4		Perceived Positivity in Sibling Relationship Experience	8

	401	The relationship of siblings' social environment and the siblings with special needs	8
	402	Feeling like this is their way of normal	6
	403	Having a special way of communicating	8
	404	Spending a typical day together	7
	405	Development of empathy skills	7
	406	Efforts for the positive wellbeing of the siblings with special needs	6
5		Impact on the future decision making	6
	501	Anxiety on uncertainty	9
	502	Having positive feelings on marriage	7
	503	Having positive feelings on having children	7
6		Similar patterns of sibling relationship and romantic relationships	3/4
	601	Expecting the romantic partner to show empathy	7
	602	Expecting the romantic partner to be supportive	6
7		Difficulty in acceptance	8

3.3 Thematic Overview

3.3.1 *The Experiences of Parentification*

Once the interviews are transcribed, they are analyzed through MAXQDA software program and are assigned codes to their meanings. Then, codes that are occurred more than half of the participants are merged to create themes and their sub-themes. The first theme under parentification is “*The lack of sufficient family support*” which signifies the lack of co-parenting both in functional and emotional ways. This theme gave rise to four different subthemes: *Lack of sufficient family support*, *the difficulties of being parentified*, *Co-managing caregiving processes with parents*, *Perceived Positivity in Sibling Relationship Experience*, *Impact on the future decision making*, *Similar patterns of sibling relationship and romantic relationships*, *Difficulty in acceptance*. While “*Lack of sufficient family support*” refers to the unequal involvement of each individual in the family during the caregiving processes, “*the difficulties of being parentified*” covers the challenging aspects of parentification for siblings with typical development. “*Co-managing caregiving processes with parents*” underscores the siblings’ shared caregiving roles with their parents towards their siblings with special needs. “*Perceived Positivity in Sibling Relationship Experience*” express the positive aspects of their sibling relationship. “*Impact on the future decision making*” refers to the role of their siblings with special needs during their decision-making processes regarding issues such as marriage, having children or area of residency. Lastly, “*Similar patterns of sibling relationship and romantic relationships*” refers to the similarity in the roles that siblings with typical development acquire in their family and romantic relationship, “*Difficulty in acceptance*” covers the challenging sides of having a sibling with special needs.

3.3.2 Parentification – Theme 1: “The lack of sufficient family support”

This theme was mentioned by seven out of ten sibling participants to explain how family members do not support one another well. They frequently stated that, in addition to being a family member, they have a lot of responsibilities as a carer. Even if they are pleased with the quality of their sibling relationship, the challenges occur primarily as a result of their parents' lack of effort and support in the family. Insufficient support is mostly true in the case of fathers who do not provide adequate emotional support to their wives. When asked "How each member of the family supports one another?" the sibling P1 (31, elder sibling of an individual with ASD) recounted the situation.

"I believe my mother would have felt lot better if my father had provided her with stronger bond." Of course, I have other support mechanisms in mind for her, but none as effective as his... Everything would have been different if he had been able to take on more duties for my sibling. In our household, I am taking on the responsibilities that he is unable to."

Here, participant P1 discusses her observations of her mother's struggles and how their lives would have been made easier if their parents shared equal responsibility for the needs of the sister with ASD. This is an example of a parent who is not adequately responsible for his children's bodily requirements. However, several of the participants stated that while their fathers are adept at distributing chores, they still lack emotional support. P2 (27, elder sibling of an individual with ID) describes the incident as follows:

"As I grew older, my mother began to share her emotions with me more because I was always there for her." Nowadays, I am more aware of the fact that she finds it difficult to express

herself to my father and that she is unable to open up to him. When I was a kid, I didn't realize it, but now I'm more aware of it."

Another participant, P8 (21, elder sibling of an individual with ASD), indicated that his father is still having difficulty embracing the process in response to the question about how family members help one another. As a result, he finds it difficult to deal with the painful aspects of the problem and occasionally delegates responsibility to other family members. This is how the participant described the situation:

"We are a family, but my mother and I are the majority of our family." My father prefers not to go out with my sibling. They once went grocery shopping together, and my brother threw a tantrum. My father couldn't take my brother's tantrum because he was embarrassed by the people gazing at them, so he just left him in the middle of the grocery store. As if he were a stranger, he just stood outside the store and observed what was going on. We haven't let him go out with my brother alone since then. Most of the time, we deal with these behavioral issues jointly with my mother."

Other interviewees expressed similar sentiments about their family members' lack of support for one another. This support entails both physical and emotional ways of assisting and supporting one another, particularly during tough times.

3.3.3 Parentification – Theme 1: “The lack of sufficient family support” – Sub-theme 1

“Conflict resolution roles”

The roles that siblings with typical development play during family conflicts are captured in this sub-theme. During family disagreements, 9 out of 10 siblings with typical

development said that they tend to resolve family conflicts by calming down the parents and providing middle road options. These responses were obtained in response to the question, "How do family conflicts get resolved?" Participants discussed the frequently discussed topic of conflicts, as well as each family member's function in the family. Siblings with typical development take up conflict resolution duties in the family to reduce the intensity of the conflict. This was explained by participant P2 (27, elder sibling of an individual with ID) in the following way:

"If there is something I need to say to my brother, my mother and I will figure out a method to properly explain it to him." We know what he is capable of comprehending and what he finds more difficult to accept. My father doesn't get involved; instead, when he sees that the situation isn't being solved, he becomes enraged and begins shouting. Apart from that, it is up to us to keep the setting quiet."

This paragraph illustrates both the requirement for a sibling with typical development to calm down household problems and the lack of parental engagement in conflict resolution. This also demonstrates that the sibling feels lonely while resolving conflicts. Another participant, P6 (22, elder sibling of an individual with ASD), described how she behaved in conflictual family situations:

"Actually, I am the one who calms down every single member of the family. Unfortunately, none of them are in a healthy psychological state. I'm attempting to support everyone. I have a habit of getting dragged into every argument. I may be effective at times and not so successful at other times."

3.3.4 Parentification – Theme 1: “The lack of sufficient family support” – Sub-theme 2: “Mothers’ need for better support in the family”

The sub-theme "Mothers’ need for better support in the family" emerged from the question "Who do you believe could need the most support in the family?" These families have a member who need ongoing care and support at all levels of their lives, as is well known. Six out of ten participants, on the other hand, stated that their mother would require additional family help.

"If we had questioned the family, my father would say he needs the most support," P3 (29, elder brother of an individual with ID) responded. My mother, on the other hand, I believe, requires it more than anyone else."

This response reveals that he is observing both the demands and expressions of the family members as a sibling with typical development. His observations show that, despite the fact that his mother does not express her need, she is the one who needs to be supported by the other family members. P8 (21, elder sibling of an individual with ASD) also revealed why she believes her mother requires the greatest help in the family:

"I believe my mum requires the majority of the family's support. When there is a problem, my father threatens us by stating he will commit suicide. This is how he will be able to get out of his circumstances. As a result, my mother has to cope with him as well as my brother who has ASD. It's harder on her than for anyone else in the family."

P8's anger at her father's behavior could be heard in her voice as she explained her observation. She believes that her father is looking for a quick way out of the family's problems, leaving the

mother with the majority of the duties. Another participant, P2, believes that her mother is the one who would most benefit from increased family support. In addition to this reaction, it is also clear that the participants' responses contain a lack of paternal support in the couple/parent subsystem. P2 contributes to the sub-theme in the following way:

"Perhaps it's my mother." I'm not sure if it's my brother or my mother who has special needs. My mother, on the other hand, no longer has a social life. Rather than my father, she carries the entire responsibility and hardship. As a result, I feel she is looking for a better method to be supported inside the family."

3.3.5 Parentification – Theme 1: “The lack of sufficient family support” – Sub-theme 3: “Showing emotional support to mother”

Participants next stated how they express their emotional support to their mother after discussing the need for better family support for the mother. 7 participants stated that they primarily provide emotional support to their mother in order to comfort her and encourage her to continue working. In general, participants stated that they spend quality time with their mothers talking and listening to one another. During the interview, P3 (29, elder brother of an individual with ID) stated how he expresses his emotional support by praising and adoring his mother in detail.

"My mother is a wonderful listener that knows how to listen. She is interested in our life and never reacts aggressively, so we always tell her everything. So, on days when we are not working, we do enjoy such a conversation. She comprehends what I'm saying, and I comprehend what she's saying. I instantly inform her that she is accomplishing something

remarkable if she expresses feelings of inadequacy or cites my father's judgment of her, or even when she does not express these feelings. We are unable to take on all of her responsibilities, and she is handling everything on her own. I tell her all the time that we need to give her more freedom. I also tell her that, like her, her friends who are in the same circumstance are all excellent survivors and are doing a fantastic job of fulfilling their caregiving responsibilities."

3.3.6 Parentification – Theme 1: “The lack of sufficient family support” – Sub-theme 4: “Feeling like a parent in the family”

Feeling like a parent in the family is a sub-theme that surfaced in nearly all of the participants' shared experiences. All of the participants described feeling like a parent because of their caregiving activities, rather than just being a child or a regular sibling, at some point throughout the interview. During their interviews, they gave these comments in a variety of situations. P7 (25, elder sister of an individual with ID) expressed her thoughts as follows:

"I was accountable both as a sister and as a little mother in some ways." When we used to go out together, all I could think about was him. As if I'd packed my entire childhood into a corner and assumed all of his responsibilities like a tiny mother/sister. For a young person, this entails taking on far too many responsibilities."

When expressing her parenting roles and responsibilities, participant P7 frequently used the metaphor "little mother" to represent herself. P3 (29, elder brother of an individual with ID) stated that he considers his sister to be his child.

"I don't have a child, but it's like having one," he explained. "I have someone who is like a child to me."

Similarly, P2 (27, elder sibling of an individual with ID) said how it feels like she has a lifelong child that requires ongoing care. According to her, his desire to have a kid will grow in the future, when her parents are no longer able to care for the individual with special needs. This was explained by her as such:

“At some point, it is going to be like as if I also have a child. Since my brother has ID, his intellectual level will remain same no matter how much he grows in life. That is why, there will always be someone who will need to be cared by myself.”

P6 (22, elder sibling of an individual with ASD) mentioned how feeling like a parent during her childhood led to an anxiety. She both felt that she was more than a sibling considering her caregiving role in the family and also felt the difficulties of it. This is how she explained:

"As a child, feeling this sense of duty caused me a lot of anxiety. I've always felt compelled to learn everything I can about caring because it will be my obligation once my parents pass away. This made me feel like I wasn't able to live my childhood but rather had to live as a parent."

3.3.7 Parentification – Theme 2: The difficulties of being parentified

Participants inquired about the challenges of having a sibling with special needs. Six out of ten individuals acknowledged their difficulties, which can be attributed to parentification. Despite the fact that participants voluntarily undertook caregiving tasks for their siblings with special needs, they also indicated parental pressure. According to P3 (29, elder brother of an individual with ID), parents often force siblings with typical development

to behave in a certain way in order to keep the family disciplined. With a small smiley face, he indicated to his disciplined behaviour.

"Thankfully, my father was always saying that we weren't a conventional family. I thought and still think what he did was terrible. He made us feel that our family wasn't like everyone else's. We weren't permitted to hang around like other kids since my sibling had special needs. We weren't allowed to be as naughty as the other kids. You know how they say the same thing about teacher's children? For him, we were a unique and separate family from others."

In Turkish culture, what he meant by the metaphor of teacher families is a common example. It indicates that a teacher's child must act in a way that reflects the teacher's discipline. Similarly, he expressed the father's authority to conduct appropriately as a result of having a child with special needs in the household. He went on to say that after his sister with ID was born, his childhood was over.

"To put it another way, our childhood (his brother's typical development and himself) came to an end when our sister with ID was born. My sibling (with typical development) was 12 years old while I was 9 years old. After she was born, we began to strive and rush in order to assist our parents. We've always had a tendency to be more supportive of our parents. After the age of nine, I never felt like a child again. This is not a healthy condition, in my opinion. Of course, every child wishes to mature, but this was far too quickly. Without even saying it to my parents, I'd find out a method to solve all of my difficulties."

P6 (22, elder sibling of an individual with ASD) shared her difficulties experienced due to parentification as feeling guilty not to be successful at caregiving her sibling with special needs.

She expressed this as such:

"When things went wrong, we (her other sibling with typical development) were usually the ones to blame. They used to point the finger at us when we couldn't handle challenging caregiving situations. This made us feel bad about ourselves for not being excellent caregivers."

Another example of the pressure of parentification came from P7 (25, elder sister of an individual with ID) who said that she felt as she was an only-child in the family.

"I grew up in a family where I was the only child. As a result, all of the obligations were assigned to me. My parents delegated all of the responsibilities to me, claiming that I was the only one who could handle them, rather than my disabled sibling. This was putting a lot of pressure on my shoulders because I was carrying so much responsibility. My parents felt they were helping me psychologically, but they were actually placing me under a lot of stress and pressure. When they told me that I was the only one capable, not my sibling with special needs, I became more concerned about the risk of failing."

Lastly, P1 (31, elder sibling of an individual with ASD) mentioned the difficulty of caregiving a sibling with special needs before becoming mature enough to be able to provide caregiving to a child.

“I felt like I was raising a child, my sibling with special needs. That’s why I think it was growing up together since it was raising him as a child rather than sharing a sibling relationship. I was raising him while I was growing up and maturing at the same time.”

3.3.8 Parentification – Theme 2: The difficulties of being parentified – Sub-theme 1:

“Putting one’s own needs behind the needs of their sibling with special needs”

This sub-theme is about siblings with typical development who prioritize the needs of their sibling with special needs over their own. P6's (22, elder sibling of an individual with ASD) explanation suggests that she did not receive enough attention from her parents as a child.

"The attention, the warmth, and the love were all directed toward my brother because we were normal children for them," she says. That's why they focused all of their attention on him."

Another participant P8 (21, elder sibling of an individual with ASD) mentioned the difficulty to be spontaneous in decision making since the needs of the individual with special needs were always at the center of the concerns. Her experience is shared as such:

“There is always someone who requires constant caregiving in the house. You cannot immediately decide to go somewhere or do something. We always have to think about the child at home whether this plan fits for him or not.”

Self-sacrifice was a key word that most of the participants used to explain their feelings. Because it was difficult to manage his brother's behavioral difficulties outside, P8 (21, elder sibling of an individual with ASD) revealed that she spent most of her significant days alone.

She associates the concept of self-sacrifice with a loss of independence in her life. She was noted for using the term "half" frequently in her statements. "A sensation of remaining half," she remarks of her missing and incompleteness in these gatherings. The dependency stems not only from the requirements of the sibling with special needs but also from her desire to alleviate her mother's suffering.

"Take, for example, my graduation ceremony. One member of the family must always be left out. Alternatively, whenever we decide to go somewhere, one member of the family must stay at home to be with my brother. This frequently conveys the impression of being half-hearted."

"My mother is usually caring for my brother at home." That is why I am unable to leave the house on weekends. This is, without a doubt, my personal preference and choice. My mother will be able to go out for a change if I stay at home. This entails abandoning my own social agenda, as well as my social life. My mother, as far as I'm aware, has no social life. Our lives revolve around putting others' needs ahead of our own."

P8 (21, elder sibling of an individual with ASD) added that this dependency leads her to have something that solely belongs to herself. While she was mentioning her willingness to have something that only belongs to herself, she was actually describing a child. She meant that if she had her own child, this would be something that only belongs to her and not dependent to other circumstances. This way she would be the actual mother. She put these words while crying:

"I want something that is only related to me, only mine. Look at me, I am crying. I want interdependence because as I said, I always create opportunities for my mother."

While P8 (21, elder sibling of an individual with ASD) was expressing her self-sacrifice, she opened up herself deeply expressed a thought that she was not aware of before. This sharing was indeed valuable because it indicates the relation between her self-sacrifice and sensitivity in parental support studies. She said:

"I can't even admit it to myself," she says, "but I want to help other parents and families be better parents to all of their children." I suppose there's something deep down here. Parents will have more time and energy to care for their other children who are developing typically if I can help them manage better with the child with special needs. Otherwise, children with typical development are always left out. Their needs go unnoticed and unmet. This is something I find difficult to admit."

P1 (31, elder sibling of an individual with ASD) added to this experience and shared that the constant caregiving continues in adulthood as well. She said that she even has to allocate more time to her brother with ASD than to her romantic partner.

"I believe that I have some challenging sides to my romantic partner, I guess. It is because I feel tired and spare less time to him."

3.3.9 Parentification – Theme 2: The difficulties of being parentified – Sub-theme 2:

“The emphasis on special days as a family”

After talking about putting one's own needs behind the requirements of a child with special needs, the sub-theme "The emphasis on special days as a family" arose. They are explicitly questioned on how significant occasions are commemorated in the household. 9 out of 10 participants said their own special days aren't always treated as lavishly as their special-

needs sibling's. This question is being posed to see if there is a difference in the importance of celebration between siblings with special needs and siblings who are developing typically. This could be due to dealing with the siblings with special needs' behavioral issues at these occasions. It is, in fact, linked to a desire to make a child with special needs happier by celebrating their own birthday whereas the sibling with typical development can celebrate it easily with their friends. Two of these examples are stated as follows:

P3 (29, elder brother of an individual with ID)

“Honestly, we don’t celebrate any of the birthdays or special days in the family other than my sibling’s.”

P6 (22, elder sibling of an individual with ASD)

“My sibling’s birthday is always celebrated but our special days are not celebrated any more. It is because it became so suffocating for us now. We only celebrate it with our friends if we want.”

P7 (25, elder sister of an individual with ID)

“My brother’s birthday is celebrated with the most enthusiastic way in the family, compared to other family members’ days. He loves birthdays. In fact we sometimes create the same ambiance even when it is not his birthday because he loves birthday cakes and blowing candles. We invite some of our loved ones, listen to joyful music and enjoy our day all together.”

3.3.10 Parentification – Theme 3 – Co-managing caregiving processes with parents

Siblings with typical development often shared their experiences of co-managing the caregiving processes of their sibling with special needs. These co-managing activities are either experienced through taking their sibling to the doctor, assisting them in their education, caregiving in their daily routine activities of self-care. Some of the examples are as follows:

P2 (27, elder sibling of an individual with ID):

“If he (sibling with special needs) wants to go somewhere, we have to be the one to take him. He cannot express his boredom or his willingness to go and do a fun activity. He is dependent on us. So, we have to observe his needs constantly and provide sufficient care when he needs. That is challenging point at times because if we don’t understand his needs he gets bored and becomes irritable.”

P1 (31, elder sibling of an individual with ASD):

“All his caregiving duties are extra workload besides my own life. Even the smallest things are on me to take care of. The spectrum of my caregiving duties are varied such as beginning with making him wear the correct sock to taking a hospital appointment for him. As if it is expected from me to manage the life of my mother and my sibling with special needs.”

Participants talked about how they helped their siblings with their studies. Some of the siblings were assisting their siblings with their homework or concentrating on their schoolwork. P4 (27, elder sibling of an individual with ID) discussed how her involvement in her siblings' educational procedures influenced her future job. After finishing her psychology studies, she

teamed up with her parents and opened a special education facility in her hometown. She used the subject phrase "we" to express her caring actions, which is notable. This demonstrates how she works as a team with her parents to manage the caregiving process.

"Our main goal was for him to learn how to take care of himself. After that, we taught him how to read and write, which took us years. As a result, we realized how critical it is to equip them with a high-quality education without making them feel discriminated against. As a family, we think that all children in their hometown deserve equal access to education. Anadolu University in Eskişehir offers one of the most qualified special education programs. As a result, we decided to open a rehabilitation center in Sakarya under the supervision of Anadolu University professors. We realized when we first started the program that people with special needs don't have many job opportunities when they finish their studies. As a result, we created a café and hired disabled people to work there."

3.3.11 Parentification – Theme 4 – Perceived Positivity in Sibling Relationship Experience

This topic surfaced when participants were asked about the benefits of having a sister with special needs. Eight out of ten participants expressed satisfaction with their sibling relationship. Love, kindness, and a strong learning experience are common themes in these encounters. The most pleasant aspect of our interview, according to participant P9 (39, elder sibling of an individual with ID), was expressing his gratitude for having a sister in his life.

"Having a sibling makes me joyful. It would be even worse if she didn't exist because I've always desired a sibling. When my mother became pregnant, I was overjoyed. This is the

portion of the talk that makes me the happiest. I like him a lot, and it's partly because he's funny.”

P3 (29, elder brother of an individual with ID) expressed his gratitude in these sentences:

“Having known my sibling with special needs is really something else. I actually felt myself as a better person when I am with her. As much as I make her happy, I observe that she becomes happier. I am peaceful about being her brother. Thinking about our sibling relationship does not make me think of anything other than serenity.”

3.3.12 Parentification – Theme 4 – Perceived Positivity in Sibling Relationship Experience

– Sub-theme 1: The relationship of siblings’ social environment and the siblings with special needs

This sub-theme is created after the responses to the question “How is the relationship between your social environment and your sibling with special needs?”. While some participants shared their effort to put a distance into their own friends and their sibling with special needs, 8 out of 10 participants said that they proudly let their sibling meet their friends and spend good time. Some participants pay more effort into socialization of their sibling with special needs and let them meet with their own friends. For instance, P4 (27, elder sibling of an individual with ID) shared her own experience as follows:

“I never experienced neither a difficulty nor a discrimination from my friends because of my sibling with ID. I never had a difficulty in my work life as well. The place we live is a very small town. Everyone knows each other. I always tried integrating my brother with special needs to

my own social environment. If I go to a café, I take him with me so that he will learn how to behave in a social gathering near other people.”

P1 (31, elder sibling of an individual with ASD) said that her brother enjoys spending time with her friends, especially with her romantic partner.

“When I go to my hometown with my partner, my brother with special needs like spending time with us. He expresses his willingness to spend time together with my other friends as well, he wishes to come with me when I go out. He somehow gets used to our environment and hangs out with us.”

3.3.13 Parentification – Theme 4 – Perceived Positivity in Sibling Relationship Experience **– Sub-theme 2: Feeling like this is their way of normal**

This sub-theme is created while discussing their sibling relationship and adaptation to having a sibling with special needs in the family. Many of the participants perceive the experience of their sibling with special needs as their way of normal in terms of having a sibling. Since this is the family environment that they are used to living for many years, they cannot think of a different sibling relationship without having their caregiving responsibilities. Especially for siblings with typical development who don't have another sibling cannot imagine a life without their siblings having a special need.

Participant P8 (21, elder sibling of an individual with ASD) explained this way of normality in a descriptive narrative. Her brother with ASD has several behavioral problems so their house has many rules regarding safety and protection in the household. She is aware that these rules

are quite different than other households that she witnesses with her friends, she depicts this difference as their way of normal.

“Each house has their own scent. Or, they have their own way of cooking. Some cook the oil first and then boil the water in order to make pasta. Others boil the water before adding the oil. These are all different methods of cooking and each will find others’ methods weird. This is because, everyone has a way of their own normal. My way of normal is to lock our kitchen doors and windows.”

While she was telling about their way of normal, it was seen that her voice was cracked. Although she was used to this way of living, she is also thinking about a life where she did not have to lock any doors or live cautiously at all times. That’s why, she observes other ways of living curiously and dreams of having a different way of living in the future once she moves out from her family’s house.

Other participants also expressed their perception of normality based on not having any other sibling in their life. P9 (39, elder sibling of an individual with ID) said:

“My sibling is a normal person for me, I cannot think of her other than these behavior of her. In fact, she positively contributed a lot to my life.”

3.3.14 Parentification – Theme 4 – Perceived Positivity in Sibling Relationship Experience

– Sub-theme 3: Having a special way of communicating

This theme emerged through the discussion of their sibling relationship. Many siblings with typical development told that, they developed a special way of communication over time.

This special way of communication not only covers them understanding their sibling with special needs. In fact, their sibling with special needs is also good at understanding them. This makes both sides feel special.

P4 (27, elder sibling of an individual with ID) explains that her function is different than her parents, during the communication with her sibling with special needs. She thinks that she has a unique influence on her sibling.

“I am kind of his (sibling with special needs) weak point. That’s why, when there is problem or situation to talk about, I talk to him first. This is because, he listens to what I say carefully. Only if there is a situation where I am not enough, then my parents get involved.”

3.3.15 Parentification – Theme 4 – Perceived Positivity in Sibling Relationship Experience

– Sub-theme 4: Spending a typical day together

This sub-theme emerged to the question of “How is a typical day like for you?”. The aim of this question is to understand how much they get involved with their sibling with special needs during the daytime. Although some siblings work and some others study, the majority explained that they tend to spend as much time as possible with their sibling. Even though they cannot be at home all the time, there are constantly aware of their siblings and parents’ needs.

P5 (20, elder sibling of an individual with ASD) mentioned a division of labor at home with her mother. Since she goes to school during the weekdays, she spend more time with her sibling on the week-ends. She tends to take her brother out whereas her mother spends more time at home with the sibling with special needs.

“He gets bored at home and he cannot go out by himself. He is obsessed with bus and cars. He wants to get on a bus, so I take him. My mother spends time with him at all, I take him out. We take long walks.”

Siblings attempt to participate in activities that their sibling with typical development enjoys, such as pretend play, music, and dance. P1 (31, elder sibling of an individual with ASD) stated that she makes an attempt to find common interests with her brother. This is how she explained it:

"I strive to do things that pique his interest." For example, I borrow his guitar and attempt to play anything. Occasionally, he will teach me something he has learned. While he plays the guitar, I sing. That way, we may try to find some common ground."

3.3.16 Parentification – Theme 4 – Perceived Positivity in Sibling Relationship Experience **– Sub-theme 5: Development of empathy skills**

This sub-theme emerged after the answer to the following question: “How are the positive aspects of your sibling relationship?”. Siblings answered that, due to having a sibling with special needs, they are more aware of disabilities and develop a sense of empathy for others. They define themselves as more understanding, kind and positive to others due to the existence of their sibling.

P2 (27, elder sibling of an individual with ID) told that caregiving to her brother led her to observe his brother’s needs and wishes. This helped her to develop greater empathy skills in life. She explained this with these sentences:

“During the day times, my parents were working so I was caregiving to my brother. Thus, I was always observing each of his behavior trying to understand him. Similarly, I also observe other people around me, their mimics and facial expressions. I think, that’s why I am better than other people at understanding people’s intentions or emotions.”

Some siblings explained that having a sibling with special needs thought them not to be judgmental to others. P6 (22, elder sibling of an individual with ASD) explained her way of developing empathy skills as such:

“I am more acceptable to individual differences; I never judge people. This is a positive contribution of having him as my brother.”

P8 (21, elder sibling of an individual with ASD) said that the positive aspect of having a sibling with special needs is also understanding other siblings with typical development who are in a similar situation.

“I can understand the whole experiences when I look through the eyes of my friends who have siblings with special needs. I became to that level of understanding. Similarly, when I encounter a family who has a child with special needs, I just know everything they’ve been through. This is a high level of empathy. For instance, there are nine other participants in this study, and I am sure that I can understand each of them without even knowing them.”

3.3.17 Parentification – Theme 4 – Perceived Positivity in Sibling Relationship Experience

– Sub-theme 6: Efforts for the positive wellbeing of the siblings with special needs

This sub-theme covers that siblings with typical development pay effort to reduce conflicts or to increase positivity in the family for the wellbeing of their sibling with special needs. Often, during the conflicts, siblings with typical development take an important role to solve a conflict so that their sibling will not get negatively affected from the conflict.

P3 (29, elder brother of an individual with ID) shared that all the family members are careful not to have big conflicts in the house. His sentences are as such:

“When there is a sudden conflict or a raise in our voice, my sister gets negatively affected. We know this now, so we all pay a lot of attention not to create a scene in the house.”

P7 (25, elder sister of an individual with ID) said that as a family, they are aware that the sibling with special needs gets affected by the conflicts. That’s why, they all learned to solve their problems quietly without getting into a fight. Thus, having a child with special needs and maintaining his wellbeing contributed to their problem-solving skills as well.

“We try to avoid having too many disagreements in the family. We never say hurtful things or raise our voices. After all, we are human beings, thus disagreements are bound to arise. When my brother is not present, though, we have our disagreements. We’re cautious because we don’t want even the slightest chance of him hearing us. He is extremely sensitive, and his sleep is disrupted by what he hears in his sleep. We are now accustomed to being courteous and refraining from using foul language in the family, and we never do such things. All we do is dispute quietly and try to solve our problems.”

3.3.18 Parentification – Theme 5 – Impact on the future decision making

This theme arose in response to the question, "How do your future decisions get shaped?" Six out of ten individuals said they couldn't make future decisions without taking into account their sibling with special needs. Future decisions could include a variety of things, such as where siblings will live, their marriage, or any other significant life events. P3 (29, elder brother of an individual with ID) stated that he is currently residing in Germany. Moving to Germany was the biggest move he'd ever made, and he had to make sure his parents were on board. He promised his mother that he would return as soon as he had progressed far enough in his work. He made sure that his mother had enough help and sufficient resources on caregiving his sister with special needs. Even though he has both of his parents, many of his concerns were on his mother's wellbeing. He did not mention his father and his coping with the situation during this topic of conversation. He explained this in the following sentences:

"I came to Germany and the only person I was thinking was my sister with special needs. I can never go far away without thinking her. I cannot say that I will go the USA and live my life. Our circle is predestined, neither me nor my brother can decide to move far away. For example, my brother is also thinking about moving abroad nowadays so I am really worried about sister and my mother."

P4 (27, elder sibling of an individual with ID) explained similarly that she went back to her hometown after college. Even though she liked living in the big city, she came back to her hometown to look after her sibling and be close to her family.

“I cannot live somewhere other than Sakarya because my brother has a routine. This routine took 23 years of our lives. Moving to a different city and teaching him how to live in that city will take a lot of time. I don’t have that much time with him. That’s why every decision is based on him.”

3.3.19 Parentification – Theme 5 – Impact on the future decision making – Sub-theme 1:

Anxiety on uncertainty

This sub-theme emerged to the question on their future decision making. 9 siblings mentioned that there are various uncertainties in the situation of their sibling with special needs. These uncertainties are mainly around their future caregiving. This gives them anxiety which is difficult to think and talk about for the participants. Many participants are anxious when they think about the death of their parents and the future caregiving after their death.

P1 (31, elder sibling of an individual with ASD) shared her anxiety in these words:

“I feel trapped when I think about what will happen to my brother if my mother dies one day. I think this is something that my brother also thinks sometimes; what will happen to him or who will take care of him in the future.”

P6 (22, elder sibling of an individual with ASD) expressed a similar fear:

“If anything happens to a family member... What will happen to my sibling with special needs, I am really afraid of this possibility. Once they pass away, he will all be with me and am I eligible enough to take all the responsibility?”.

3.3.20 Parentification – Theme 5 – Impact on the future decision making – Sub-theme 2:

Having positive feelings on marriage

This sub-theme emerged around the conversation of their future decision making and expectations. Seven of the participants said that they have positive feelings of getting married and they are not afraid of it because of their sibling with special needs.

P8 (21, elder sibling of an individual with ASD) said that she was once afraid of getting married. Due to putting her sibling in front of every decision in her life, she thought having a romantic relationship or a marriage would not be appropriate together with her caregiving responsibilities. This opinion was changed after she received psychotherapy. She explained this change in these words:

“I used to avoid romantic relationships before starting to psychotherapy. I used to tell to myself that I already had so many responsibilities at home. Why would anyone be with me and get into all that trouble with me? That’s why I didn’t want anybody in my life. Then, I worked on this situation and understood that this was only my concerns. My brother’s situation and my responsibilities are all on me and won’t matter for anybody else.”

3.3.21 Parentification – Theme 5 – Impact on the future decision making – Sub-theme 1:

Having positive feelings on having children

This theme emerged while discussing the future plans and expectations. Seven participants out of ten, responded that they have positive feelings on having a child in the future. Siblings consider their sibling with special needs before having a child as well. Some

think about how to prepare their sibling with special needs to be familiar about this idea and others think whether their sibling like children.

P2 (27, elder sibling of an individual with ID) told that she would take all the precautions in order to avoid having a child with special needs.

“I want to have children of course I am never against the idea. However, I will make all the controls that are possible in medicine in order not to have a child with special needs.”

P7 (25, elder sister of an individual with ID):

“I don’t think my brother will get affected by me having a child. He already likes children, I don’t think he will get affected from this.”

3.3.22 Parentification – Theme 6 – Similar patterns of sibling relationship and romantic relationships

This theme emerged during the discussion on their romantic relationships. Participants who currently have a romantic relationship told the roles they acquire in a relationship that might be similar to the roles they have in the family. Three out of four participants who are currently involved in a romantic relationship told that there are similarities in their sibling relationship role and romantic relationship role.

P8 (21, elder sibling of an individual with ASD) shared her role in her relationship which could be seen as a parenting the romantic partner. She said that once she noticed that she was acting like the parent to her partner, she stopped and changed her behavior.

“I felt that there was a similarity of my role in the family and in my romantic relationship. I now have a romantic partner for ten months. I was acting like her mother at first. He is irresponsible with his assignments and schoolwork. I used to work for an exam while he wasn’t. I was forcing him to study more. Then, we broke up for two months. During that break-up, I learned that I had to let it go. I told to myself that I am not his mother but his girlfriend. Now, I only support him and tell that it is his own decision to study or not. I noticed that I was parenting him, and I changed this behavior.”

P1 (31, elder sibling of an individual with ASD) told that there is a similarity in her role as well. Just like she takes much responsibility in the family, especially to take heavy roles from her mother, she also takes roles and responsibilities of her own partner.

“I take roles way beyond my own borders. In order to avoid any problems or to make my partner happy, I take all the burden on my shoulders.”

3.3.23 Parentification – Theme 6 – Impact on the future decision making – Sub-theme 1:

Expecting the romantic partner to show empathy

This theme emerged during the discussion of the impacts of any future decision making. Participants shared their expectations from a romantic partner such as being empathetic and understanding of their roles and responsibilities regarding the sibling with special needs. Siblings expressed that they will not get married until their criteria of having a partner with empathy skills are not met.

P10 (19, elder sister of an individual with ASD) said that she feels young to think about getting married. However, if that happens one day in the future, she knows that the romantic partner has to be empathetic of her situation with her sibling with special needs.

“If one day, I’ll get married, one special criterion is important. He has to accept and show empathy to my sibling with ASD. I have to make sure I am marrying someone empathetic enough.”

3.3.24 Parentification – Theme 6 – Impact on the future decision making – Sub-theme 2:

Expecting the romantic partner to be supportive

This theme emerged while discussing the expectations of having a romantic partner in their lives. Siblings expressed that they would expect their romantic partner to be supportive with the responsibilities related with their sibling with special needs.

P3 (29, elder brother of an individual with ID) told that he clearly states his situation of having a sibling with special needs before beginning a serious romantic relationship. This way, he makes sure that the romantic partner would know the difficulties of being in a relationship with someone who has great responsibilities in life.

“If I ever get married, the person I will get married will not be responsible of my sibling. I will never have such an expectation. However, they have to know that I am different than others with my special responsibilities in life. But still, I never told the person I am seeing right now, about the worst scenario. I might look after my sibling if my parents pass away. This means my sister will have to stay with us.”

P4 (27, elder sibling of an individual with ID) told that she spent a lot of effort for her brother with special needs to love her romantic partner. They teamed up with her partner and prepared small games to increase the bonding between the sibling and the partner. She was relieved when her brother with special needs approved their decision of getting married.

“I thought a lot before getting married. My first criterion was to be with someone that my brother would like. It is not as easy as loving someone and getting married. We can be happy together, but we have to first see how my brother react to our relationship. I told my partner that if my brother will not accept you, we cannot get married.”

P5 (20, elder sibling of an individual with ASD) shared that she has less hope that her future romantic partner will demonstrate enough empathy to her brother.

“The person that I will date has to be understanding and has to like spending quality time with my brother. I am not sure how I can find someone like that in my life.”

P2 (27, elder sibling of an individual with ID) explains that she is a person who never has negative thoughts of individuals with special needs or disabilities. Thus, she would expect the same vision and empathy skills from her future romantic partner as well.

“I would not want to be with someone who cannot make good communication with my brother. Usually, I am against those who don't like or well behave to individuals with special needs. Even though, this wasn't the situation for my sibling, I would still not date someone like that. If I ever date someone, I would like him to be empathetic and understanding of my brother's condition.”

3.3.25 Parentification – Theme 7 – Difficulty in acceptance

This theme arose from a discussion about the challenges of having a sibling with special needs. Siblings stated that the most difficult part of the process was accepting the situation. Accepting the situation entailed attempting to comprehend the issue and accompanying parents to doctors and other professionals. The siblings frequently use the phrase "hopelessness" to describe their feelings. Siblings grew accustomed to the circumstance over time and formed a number of routines that made it simpler to deal with.

During the first few years, P1 (31, elder sibling of an individual with ASD) remarked that it felt impossible to cope with.

“Previously, he had various tantrums and behavioral problems which felt like unbearable. I don’t feel as hopeless as I used to feel in the beginning. When he was born, the age period of 0-3 years, it was a difficult period of time for our family. Getting the correct diagnosis, consulting one doctor after the other... We didn’t know how to approach him initially.”

P2 (27, elder sibling of an individual with ID) also shared a similar experience:

“It was way more difficult when my brother was a child. He had to see doctors all the time and I could understand that it was very difficult for my parents. So, I had no chance to complain about anything. I had to support my parents, so initially it was more tough.”

4 Is an important age.

CHAPTER 4: DISCUSSION

This qualitative work has studied the experiences of siblings with typical development having a sibling with special needs. The study is being conducted from a systemic perspective, ecological systems theory and the term parentification. The study explores the caregiving experiences of siblings with typical development and whether these experiences could be understood through parentification. In respect to their caregiving experiences, the other research questions are as such: “How they perceive their experiences of having a sibling with special needs?”, “How are the impacts of having a sibling with special needs on their future expectations and decisions in life?”.

Parentification is described in the literature as a reverse in the roles of a child in the family (Hooper, 2007a). It can have both positive and negative effects thus it is not experienced entirely good or bad. Having a sibling with special needs might not be the only reason for a person to be parentified but family dynamics are also effective on parentification. Families that handle the stressors coming from having a child with special needs might lead the process better resulting with fewer parentification towards parents. Research indicate that this is a better outcome for siblings with typical development since sibling-focused parentification is related with more positive outcomes whereas parent-focused parentification is associated with negative outcomes (Tomeny et al., 2017). Thus, this research seeks to understand how siblings with typical development perceive their caregiving experiences.

Having a sibling with special needs is a life-long experience, that’s why many participants of the study resembled their sibling relationships to having a child who never grows. So, it is possible that the decisions of siblings with typical development might get affected by their caregiving responsibilities. The research seeks to understand whether future

life-related decisions such as work, area of living and romantic relationships are influenced by their caregiving roles and responsibilities.

In order to understand this process, ten siblings with typical development were interviewed with a semi-structured method. The interview questions were created based on family systems theory, parentification and previous literature examples. Thematic analysis method was used to analyze the transcribed interviews which created one over-arching theme is parentification followed by seven theme and 17 subthemes.

4.1 Parentification

Parentification, being the major search of this qualitative study were apparent in all of the themes. That is why, it became the overarching theme of the study. All the answers that are provided by the siblings could be considered as a part of parentification.

The first theme “The lack of sufficient family support” entails the common experience among most of the siblings that family members do not support each other sufficiently. Evidentially, one or two of the family members take more role and responsibility on their shoulders. In many of the families, these are the mothers and the siblings with typical development. This leads the siblings with typical development to get in a role reversal and increase the parentification of siblings in the family. Below, all the themes and sub-themes will be explained in relation to the term parentification.

Conflict resolution roles refer to the ways siblings with typical development take part in the family conflicts. In respect to the ways, it also interrogates why the siblings take these roles. According to the answers, siblings with typical development tend to get in the middle of

a family conflict and find a solution. The reasons behind this motivation is to protect the sibling with special development from the conflictual environment in the family.

Mothers' need for better support and showing emotional support to mothers refers to mothers who need to be supported due to their caregiving load and especially emotional support in the family. Most of the participants reported that instead of their parents, its themselves who provide this support in the family which could be seen as an example of parentification. Feeling like a parent describes the way siblings with typical development feel in the family which represents parentification. Then, they also explain the difficulties of this feeling which could again be considered under the term parentification. Among these difficulties, they also express one of the difficulties being as putting their own needs behind the needs of their sibling with special needs.

The emphasis on special days as a family represents how all the members put more emphasis on celebrating the days that are related with the siblings with special needs. This shows a lack of being able to meet the needs of siblings with typical needs, which could also be seen as an outcome of parentification. Co-managing caregiving processes with parents also entails being a member of the parenting team as a sibling with typical development in the family. This also could be seen under parentification. Development of empathy skills and efforts for the positive wellbeing of the siblings with special needs are both outcomes of having a sibling with special needs in the family which contribute to parentification of siblings with typical development.

Impact on the future decision-making covers siblings' future decisions on marriage, country of residency and work choices which are all dependent on their siblings with special

needs and them being parentified in the family. Hence Having positive feelings on marriage and having children are also shaped around the fact that they have a sibling with special needs. Anxiety on uncertainty emerged due to the uncertainties of the future of the siblings with special needs.

Similar patterns of sibling relationship and romantic relationships covers the roles that siblings with typical development acquire in their romantic relationship similar to their caregiving roles in the family which could again be understood as part of the parentification term. Expectations from a romantic relationship are also related to parentification due to these expectations' relation with the needs of their sibling with special needs. Lastly, difficulty in the acceptance is a process that they experienced together with the parenting sub-system in the family.

4.1.1 Parentification – Theme 1: “The lack of sufficient family support”

The lack of adequate family support appears to be a significant element in participants' lives, indicating how they view their roles as family caregivers. The majority of interviewees stated that things would have been easier if their parents divided caregiving responsibilities for their special needs sibling. Participants who reported a lack of adequate family support, on the other hand, claimed that their father is generally to blame. They usually identify their father as the family's breadwinner who contributes little to the caregiving process. Another cause of this inadequacy is dads' incapacity to demonstrate emotional caregiving in the family. According to the theoretical literature, Minuchin et al. (1967) and then Hooper (2018) examined how children replace the gap in parental functioning. Children employ their executive functions to take responsibility of the family's absent members. Similarly, Jurkovic (1997) claimed that

parentification occurs when family members' tasks and responsibilities are unequally distributed.

According to Dial (2014), insufficient fathers' caregiving roles result in a role reversal in which siblings with typical development behave as caregivers and endure more challenges. In their study, Lara and Pinos (2017) found that families need to be taught and supported about the additional caregiving responsibilities that come with having a child with special needs; otherwise, other family members' needs may go unfulfilled. A better education for family support could improve life quality.

According to McCullough and Simon (2011), the difficulties faced by siblings of individuals with special needs stem from their parents' lack of care and attention for their siblings who are developing typically. Aykara (2015) noted that the family bond should be strengthened to reduce the challenges of having a child with special needs, which is consistent with the findings of this and previous studies.

Segal (2019) takes a holistic approach to discussing the necessity of assisting families of individuals with special needs and finds similar findings. A study participant highlighted how their family's lack of male support increased the degree of tasks and obligations that a sibling with typical development acquires in the household. In order to reduce the harmful consequences of parentification, Hooper (2018) emphasizes the importance of clinicians working with disengaged families.

4.1.2 Parentification – Theme 1: “The lack of sufficient family support” – Sub-theme 1 “Conflict resolution roles”

During family conflicts, siblings take on different responsibilities. There was a clear pattern of serving as a mediator during family conflicts for the majority of the participants.

Some of the siblings indicated that their parents are stressed and burdened to such an extent that managing a family quarrel is difficult for them. Others argue that when a family is in crisis, one individual must act soundly and logically in order to reduce the intensity of the fight and reach a clear resolution. They frequently try to resolve problems so that their sibling with special needs is not negatively affected. According to the siblings, this mediator action during the conflicts is both hard but also make them feel more responsible and powerful in the family.

Several researches have discovered a link between parentification and family conflict resolution involvement. According to the self-reported parentification outcomes of teenagers, young parentified persons are more likely to be involved in family conflicts, according to Peris et al. (2008). When a family member is ill, Hooper et al. (2011b) discovered that a healthy youngster can arbitrate disagreements in order to keep the system's equilibrium. Siblings with typical development are also more likely to act as a listener/therapist to their parents or to feel trapped in the middle of marital disagreements.

4.1.3 Parentification – Theme 1: “The lack of sufficient family support” – Sub-theme 2: “Mothers’ need for better support in the family”

Participants were asked to consider which family member would benefit the most from additional support. Despite the fact that each participant had a sibling who required continual care, the majority of the participants' answers were simple: their mothers. This is due to the fact that providing physical and emotional care to a person with special needs puts a lot of strain on the caretakers. Particularly in families with an imbalance of tasks and obligations among the members, the individual who bears the brunt of the responsibility also bears a significant emotional weight. As a result, especially in households with insufficient paternal caregiving, moms face a great deal of everyday stress. This tension, as well as the desire for

stronger support from others. This stress and the need for a better support by mothers are observed by the siblings with typical development.

A body of quantitative literature on parentification, defined this as the term parent-focused parentification and mentioned that siblings with typical development is a great source of support for parents dealing with their stress (Tomeny et al. 2017). A similar finding was underscored from a participant of the qualitative study of Segal (2019) in which the participant explains how she replaces the roles of her father due to his late working hours and often being away of the house. In this study, most of the participants explained that although they try to comfort their mother or provide more support to her, they are aware of the fact that they cannot entirely replace their fathers.

4.1.4 Parentification – Theme 1: “The lack of sufficient family support” – Sub-theme 3: “Showing emotional support to mother”

In respect to the previous sub-sub-theme, the siblings with typical development explained that they mostly show emotional support to their mothers. They observe that their mothers need to know that their efforts are acknowledged by others in the family. This way, their mothers may feel better supported. Thus, they often listen to their mothers’ problems, show support and their pride. Previous research on understanding emotional parentification, Schier et al. (2015) raised an important question and mentioned that it is important to look at the reasons why parents require support. In this study, participants’ shared experiences act as an answer to this question. They state that the even though their parents might be responsible in the caregiving activities of their child with special needs, they don’t see the emotional needs

of their wives. This puts an important role to the siblings with typical development and lead them to emotional parentification by verbally comforting their mothers.

A similar finding from a qualitative study was found by Segal (2019) which is defined as “parenting the parent”. A participant of the study said that she comforts her mother and tells her how resilient she is by being such a responsible mother. The participant indeed explains her emotional parentification as a challenge for her because even growing up, she found it difficult to have to role of soothing her mother.

4.1.5 Parentification – Theme 1: “The lack of sufficient family support” – Sub-theme 4: “Feeling like a parent in the family”

Feeling like a parent in the family is expressed by each participant at different parts of the interview. Most of their roles and responsibilities, their worries and concerns lead them to the feeling of being a caregiver in the family. It is noticed that participants did share this awareness without negatively complaining but in a manner to make me understand the seriousness of their duties. Their instrumental duties involved taking care of the physical needs, looking after while parents are working etc. but they also had unspoken duties. These duties cover emotional caregiving towards their sibling with special needs such as; showing love, comforting, worrying about their wellbeing. These are usually unspoken but siblings with typical development feel the urge to have these responsibilities as well. That is why, they often described themselves as little mother, young father or described their sibling with special needs as a child of them who will never grow.

Most of the participants shared that they never complained about this when they were a child but once they grew up, they understood that their caregiving roles and responsibilities

were beyond their age. Participants in the study also explained that they were not complaining about this because there was an evident reason for them being parentified in the family. Their sibling with special needs required more specific caregiving in the family and no one could have the blame for this situation.

Prior qualitative research found similar themes to this; Lara & de los Pinos (2017) share that (s)he was parenting the whole family when she was only 12 years old. A sibling with typical development who participated to the study of Benderix & Sivberg (2007) also explained how s(he) acts as a parent when (s)he notices the tiredness of their parents.

4.1.6 Parentification – Theme 2: The difficulties of being parentified

Siblings explained how being responsible of caregiving to their siblings with special needs affect their lives and mentioned several difficulties which are mostly common to all the participants. However, this difficulty is not expressed by a reason to protest their caregiving role. The difficulty they experienced derive from not being able to live their childhood. They had responsibilities beyond childhood and hence most of them thought that their childhood was ended once their sibling with special needs was born. Although participants explained that they were involved in all the caregiving activities willingly, they also mentioned a pressure that they felt coming from their parents. One participant especially shared this with sarcasm and told that their father was ultra-disciplined because of the sibling with special needs. That discipline also involved siblings with typical development to behave responsible and mature, inhibiting the childish naughtiness.

While some participants expressed the difficulties of caregiving a sibling with special needs, some other participants did not share much difficulty. This was an interesting part because, even though they were asked to think about any challenges they might experience in the past, they highlighted that they never see these difficulties as great challenges. This emphasis is interpreted as a way of coping with difficulties. This is because, these participants shared that it is normal to have problems in life and they overcome these problems with their problem-solving skills and adaptability. Since, they have a routine and they can overcome these problems and make their sibling with special needs live happily, they don't have the chance to express this as a difficulty out loud. Thus, it may be understood that seeing this as a challenge for themselves may demotivate them.

This finding could also be seen in the study of Yıldız (2020) where he explains siblings with typical development feel the urge to be perfect in the family due to a direct or indirect force coming from their parents. The qualitative literature on the experiences of siblings with typical development found that siblings experience a psychological pressure to appropriately provide care to their siblings with special needs (Luijkx et al. 2016). This pressure adds up to their stress and could be defined as a great challenge no matter how much they like their sibling with special needs.

4.1.7 Parentification – Theme 2: The difficulties of being parentified – Sub-theme 1: “Putting one's own needs behind the needs of their sibling with special needs”

Another difficulty that arose during the interviews is that the number of roles and responsibilities that siblings have led them to put their own agenda backwards. This agenda captures their own social life, their work life, their place of residency and their personal space. All these are shaped around the needs of their sibling with ASD or ID. Even though they are

not actual parents, they have to think just like as if they have a child to care. They are able to solve many problems and conflicts in the household which make them feel more mature, yet this also leaves them less time to their life other than with their sibling.

This maturity could be explained by a traumatic growth process in which siblings with typical development grow through their experiences over time Chu et al. (2021). Their stressful experiences lead them to better support the family and act more mature in order to increase family cohesion.

A body of quantitative and qualitative research found similar results and themes with the siblings with typical development in the families of individuals with special needs (de los Pinos, 2017; Luijkx et al., 2016; Hwang & Charnley., 2010; Schier et al., 2015). Similar to an explanation that was made by a participant in this study, a participant in the study of de los Pinos (2017) shared that (s)he preferred being known as just a regular person before being known as a caregiver in the family. The participant explained that over time, the responsibilities increase and (s)he only and this reinvents their sibling relationship and emerges a caregiving relationship.

The notion of feeling invisible despite all the efforts spent by the siblings with typical development is a result that is found in various studies. (Schier, 2015; Hwang & Charnley, 2010). Hwang & Charnley (2010) conducted an ethnographic study with families with individuals with ASD living in Korea. The central theme that arose between the shared experiences of siblings with typical development is sacrifice. They also investigated this theme under the cultural context of Korean Confucian familism where individuals may sacrifice in order to maintain a harmony in the family. It is also found that the sacrifices which are made

are usually invisible by outsiders. Our study does not include the experiences of parents of the participants; thus it is not quite possible to understand whether their caregiving experiences are taken for granted. However, looking through a cultural perspective, Turkish family culture is a collectivist culture. In the collectivist Turkish culture, each family member values the family welfare more than anything. Thus, caregiving activities of siblings with typical development are an essential part of the family cohesion which could also be explained with our culture.

4.1.8 Parentification – Theme 2: The difficulties of being parentified – Sub-theme 2: “The emphasis on special days as a family”

The question of understanding the ways of celebrating special days as a family is a question that does not exist in the literature of similar qualitative studies. However, it is asked based on the findings of the literature that claims that siblings of typical development lack sufficient attention from their parents (McCullough & Simon, 2011; Ferraioli & Harris 2010). They claim that due to extensive caregiving needs of siblings with special needs, parents seem to direct less attention to the siblings with typical development. They either cannot find enough time to allocate for both of the siblings or they see their child with typical development as mature enough who have required less attention.

Confirmatory with these findings, participants in this study explained that the special days related to them are less emphasized compared to their sibling with special needs. A major reason that is understood from the participants’ interviews is that siblings with special needs are considered as children no matter how aged they get. Hence, their birthdays or graduation

ceremonies are celebrated with more joy to make them feel happy. However, the birthdays or other special days of the siblings with typical development require more complications. For instance, if that special occasion is planned to be outside of the house, it is important to correctly arrange the caregiving processes of the sibling with special needs. If the sibling with special needs have behavioral problems that hinder the possibility to take him to outside gatherings, one family member may have to stay home with the sibling with special needs.

Walsh et al. (2006) found that positive outcomes of parentification include having increased individuation and differentiation. Thus, the participants in our study explain that over the time, they started celebrating their own special days more with their friends. They explained that a supportive social environment may act as a second family for them. Interestingly, one participant said that he doesn't give any importance to his own birthday however he believes that his mother deserves the best celebrations among the family members' special days. He shared that they should all be thankful for the mother's efforts and celebrate her birthday and mothers' day. He implicitly told that even though his father also does get involved in caregiving duties, mothers' day and maternal special days are still more important for him.

4.1.9 Parentification – Theme 3 – Co-managing caregiving processes with parents

Participants explained how they act as a member of the parent sub-system. In some participants, they mostly co-managed caregiving with one parent whereas in some cases, they co-managed all together. This theme both emerged through their oral explanations but also, they implied at various part of their sentences. These processes began way before, when they first got the diagnosis. Participants indicate that even when they did know only very few

information regarding their sibling's special condition, they would go to doctor appointments, special education centers all together. Once they grew up, they better understood the importance of their support to the family. These activities are mentioned by Hooper et al. (2011) as typically for adults and could be seen as an act of parentification for young children and adolescents. Similar results were also found by Lara & de los Pinos (2017) where siblings with typical development described attending doctor appointments and school-teacher appointments when they were at an early age.

The ethnographic study conducted by Hwang & Charnley (2010) mentioned these activities as filial obligations of siblings with typical development. Their participants explained how they were involved in cooking, feeding and managing daily tantrums together with their parents. The interviews conducted for this study also involves terms of them implying this notion during their interviews, they often used the pronoun “we” when they were talking about the caregiving efforts given by themselves and their parents. The usage of “we” indicated a parent team in which they also feel involved. These caregiving activities not only refer to instrumental caregiving activities but siblings with typical development also get an active role in the decision making related to their siblings' lives such as their education and profession. The co-managing caregiving activities are also explained by Segal (2019) as a reason to increase the level of parentification especially one parent take less responsibility in the family.

4.1.10 Parentification – Theme 4 – Perceived Positivity in Sibling Relationship

Experience

Among the benefits of having a sibling with special needs, the most mentioned topic is about the quality of a sibling relationship. Sibling relationship in the families of individuals

with special needs seem to be different than typical ones because they usually have less conflict. Due to the special needs of their sibling, even though siblings with typical development get angry time to time, they know that these difficulties have a solid reason not to get in conflict with. Their perception of this positivity could be explained by the conceptualization of Jurkovic (1997, 1998). He explains that parentification is experienced more appropriate and constructive if these caregiving activities are present due to a medical condition of a family member. Boszormenyi-Nagy & Spark (1973) states that parentification generally occurs due to unmet needs of parents deriving from their childhood which are met by younger generations. However, this is not the case for the situation of the families with special needs. Hence, the positive sides of parentification for the participants could be observed as having a good sibling relationship.

This theme emerged after questioning how they interpret their role of caregiving in the family in order to understand their perception of parentification. Participants did not entirely find it positive or entirely negative. Although great challenges are more experienced negatively, they also mentioned that they were lucky to have their siblings and their special relationship. This confirms with the parentification literature that parentification can have positive contributions such as binding the family members, creating closer relationships and adding a sense of loyalty to family members (Hooper, 2018; Boszormenyi-Nagy & Spark, 1973).

4.1.11 Parentification – Theme 4 – Perceived Positivity in Sibling Relationship

Experience – Sub-theme 1: The relationship of siblings' social environment and the siblings with special needs

The participants in this study mostly presented that they don't have any feelings of guilt and shame about introducing their sibling with special needs to their social environment. In fact, for most of them, having a good support and reaction from their social environment increase their bonding to their friends. Some participants explained that this was not the case for them when they were younger. Since it was difficult for them to explain the situation of their sibling when they were young, they were more afraid of others' reactions and possible stigmas. One participant explained that she overcome her fears of social stigma after taking psychotherapy. She mentioned that taking psychological help increased her confidence and she better understood the important gains of having a sibling with special needs into her life and personality.

Segal (2019) mentions that there are several social clubs in the USA for siblings with typical development of individuals with special needs. These clubs are created solely for siblings with typical development to socialize with their peers and hear other similar experiences. Regarding my research for the participants, I could not reach any societies for siblings with typical development in Turkey. Hence, some of the participants are members of social media groups that are originally created for parents of individuals with special needs. The siblings in the study are divided into two groups depending on their ages: 9-11 and 12+. For a minority group who felt embarrassed the distribution is as such; 9-11 age group who have

older siblings with special needs feel more embarrassed and 12+ age group who have younger siblings with special needs feel more embarrassed. Skotko et al. (2011) discusses that this seems similar to a usual sibling relationship but in this case the feelings of embarrassment are more pronounced.

The reason why the results of this study seem different in which participants shared positive comments about the interaction of their sibling with special needs and their social environment might be due to age differences. The siblings in our study are young adults who experienced difficulties in the past but overcome some of the difficulties and show proud. This proud might also emerged as a result of traumatic growth experience. One participant shared that she felt relieved once she processed and internalized that she had nothing to be ashamed of due to her brother's special condition. In fact, what she lived through in the past and how she embraced all the difficulties make her feel proud of her-self. Thus, she doesn't feel the need to hide anything about her brother anymore. As we can understand, age and maturing might have an effect on this result.

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1.1.Parentification – Theme 4 – Perceived Positivity in Sibling Relationship

Experience – Sub-theme 2: Feeling like this is their way of normal

Participants perceive having a sibling with special needs, being involved with such caregiving activities as their normality. Many participants explained that it is not possible to think about a different life. The responsibilities and daily workload are contributing to their personality qualities such as being more mature in life which could also be applicable in other areas of life. This way of thinking creates a positive perspective and might also be seen as a way of consolidation in life. This is because, siblings with typical development know that the situation requires extra effort, and they have to be involved to increase the healthy functioning of their family. This prevents them from perceiving the caregiving activities as a burden.

Lar & de los Pinos (2017) found similar results such as most siblings attempt to normalize their past caregiving experiences and try to remember the happiest parts of their childhood as much as they can. Whiteman et al. (2011) and Yacoub et al. (2018) discusses this as a common outcome of having a sibling with special needs. In these families, siblings with typical development strive to develop their own normalcy.

Aldridge (2006), Hooper (2007) and Minuchin et al. (1967) discusses that parentification does not have to have only negative aftereffects in adulthood and each individual does not regret being parentified. If children get some recognition in the family about their efforts, they feel more functional and essential for the family. In our case, siblings with typical development can see it clearly that their efforts pay back with better adjustment and

quality living conditions of their sibling with special needs. Still, it is important not to forget that these caregiving roles should not be extremely disproportionate.

4.1.12 Parentification – Theme 4 – Perceived Positivity in Sibling Relationship

Experience – Sub-theme 3: Having a special way of communicating

Participants explained that having spent so much time to understand the needs of their sibling with special needs, they created a special language between each other. This way they know that they are understood by their sibling with special needs. Similarly, they are able to notice the needs of their sibling with special needs through a small look on their face or a mimic. This leads them to feel special and increase their perception of positivity for having a sibling like theirs.

Luijkx et al. (2016), Lara & de los Pinos (2017) and Chu et al. (2021) found similar results in which siblings with typical development described that they are good at understanding the needs of their siblings from just observing their expressions. This special way of communicating includes comforting, using familiar words and repeating. It is discussed that this creates a life-long bond which feels rewarding considering their efforts spent.

4.1.13 Parentification – Theme 4 – Perceived Positivity in Sibling Relationship

Experience – Sub-theme 4: Spending a typical day together

Participants explained that a typical day would be spent with the needs of their sibling. Other than their school-related or work-related duties, one of the major duties cover caregiving their sibling, playing with them, cooking for them or helping them on their daily tasks. Another

reason for spending a typical day together is also to take some of the major roles and responsibilities from their parents' shoulders.

Chu et al. (2021) and Yavuz (2014) found similar findings that sharing an interest, spending quality time or being involved in siblings' classes contribute to their close sibling relationships. Siblings with typical development often get involved in their siblings' homework with or without any force from their parents. Involvement in caregiving activities may also be a result of being in a collectivist culture and the effects of culture's role in familism, caregiving expectations, and family-centered cultural approaches as it is found in the study conducted by Long et al. (2021).

4.1.14 Parentification – Theme 4 – Perceived Positivity in Sibling Relationship

Experience – Sub-theme 5: Development of empathy skills

Participants explained that they gained a high sense of empathy thanks to the existence of their siblings with special needs. Trying to understand the condition of their sibling with special needs, the stigma they experienced growing up made them more sensitive to others who have different qualities or several vulnerabilities. Participants explained that they both feel empathetic towards their siblings with special needs, but they are also proud that this quality is also present for others such as their parents and other people in life. For instance, one participant mentioned that when she sees a family member of an individual with special needs, she can easily understand all of their emotions without even speaking. Similarly, another participant shared that she is more empathetic for other differences and vulnerabilities. It is also understood that participants perceive this as a gain or a benefit for their life.

Skotko et al. (2007) found a theme of tolerance to others experienced by their participants. In addition to tolerance, siblings with typical development also experience a sense of advocacy for individuals with special needs. This is also found in this study in which participants feel the need to stand up for others' rights. This could also be explained by the theoretical literature of parentification which proposes that parentification may have beneficial payoffs to individuals' personalities (Hooper, 2018).

4.1.15 Parentification – Theme 4 – Perceived Positivity in Sibling Relationship

Experience – Sub-theme 6: Efforts for the positive wellbeing of the siblings with special needs

Participants express various activities that intend to make their sibling with special needs feel better. These activities vary such as being a moderator of family conflicts, try to increase the energy and positive mood in the family, helping their parents to better cope with stress etc. All these activities are different but could be gathered under one umbrella reason: to increase the well-being of their siblings.

Park et al. (2021) explains that siblings with typical development often found themselves in situations where they act as a mood-maker in the family. This is a way of caring their sibling with special needs by preventing them from getting harmed due to possible negativities and stress factors in the family. Salvador Minuchin explained individuals who are parenting their parents as a role reversal. The role of the parentified child is in a way to protect the homeostasis of the family. In the case of the participants of this study, parentified children try to solve conflicts or cheer up the family in order to maintain the homeostasis of the family. They are aware that their sibling with special needs may have disturbances in their sleep or may have

increased behavioral problems due to stress. This way, they avoid their siblings with special needs to get negatively affected from the stressful situations.

This could be discussed through family systems theory which proposes that patterns of interaction between family members are created in response to the needs of the system. Since family systems theory is not pathology oriented, it is important to understand why such behaviors are performed in the moment by those specific members. In this case, the participants' efforts for maintaining a peaceful environment or acting as a mediator of familial conflicts are to increase the wellbeing of their sibling with special needs (Bertalanffy, 1968).

4.1.16 Parentification – Theme 5 – Impact on the future decision making

When participants were thinking about their future decisions, most of their decisions contain the well-being of their sibling with special needs. Whether they should live close to their parents or not, whether they can marry someone they love or not are all related with their sibling with special needs. This is because, participants see themselves as one of the major caregivers of their sibling. Even though, it is not clearly discussed in the family whether they will look after their sibling with special needs in the future, the future is still shaped around this possibility. Thus, they are conscious to take their decisions based on this.

Lara & de los Pinos (2017) found similar results such as participants in their study mentioned that siblings feel the urge to live closer to their parents. They mentioned that they cannot feel relaxed unless they are sure that their sibling with special needs lives in good condition. It is also seen that being a young career might also have influences on career choices.

Some of the participants explained that having a sibling with special needs shaped their career today to be involved in the mental health or education majors.

These future decision making could be understood through ecological systems theory proposed by Bronfenbrenner (1979, 1986). He proposes that an individual's beliefs and behaviors are bi-directionally influenced by the microsystem which includes other family members, immediate surroundings such as caregiving environments. Thus, shaping one's future expectations based on the roles they acquired in the family (parentification) could be understood through their interaction with the microsystem.

4.1.17 Parentification – Theme 5 – Impact on the future decision making – Sub-theme

1: Anxiety on uncertainty

The biggest challenges seem to appear when they think about the future. The future may bring various difficulties such as aging of their parents and having an increase in the requirements of their siblings' caregiving. Although their parents might not directly impose the idea that the sibling with typical development of the family will have the whole caregiving responsibility in the future, this is definitely an uncertainty.

Yacoub et al. (2018) found similar negative aspects of the uncertainty related to future; anxiety. This uncertainty and the anxiety are related to various factors: concerns for care in the future, concerns for safety in daily lives. Additionally, Petalas et al. (2012) also discussed that family members might not agree on what is the best possible decision regarding the best outcome for the child with special needs. This disagreement also creates a potential problem and an uncertainty for the siblings with typical development.

According to the parentification literature, parentification has strong relations with anxiety disorders (Hooper et al., 2018). Thus, when the parentification is experienced too stressful, the individuals might have anxiety disorders.

4.1.18 Parentification – Theme 5 – Impact on the future decision making – Sub-theme

2: Having positive feelings on marriage

Many participants thought that their marriage would not be a problem for their sibling with special needs. Some participants felt that marriage is very important for them because they don't want to feel alone in the future once they become the primary caregiver of their siblings after the death of their parents. Some others felt more suspicious on getting married but concluded that it is their own life, and they have to find a partner that their sibling with special needs like and agree. In each case, the majority has positive feelings on marriage.

So far, only very few studies investigated the perspectives of young adult carers' opinions on marriage. A quantitative study conducted by Howlin et al. (2015) investigated the outcomes of having a sibling with special needs in adult life. They found that the intentions on getting married did not differ from the norms. Although, this study finds that siblings with typical development have positive feelings towards marriage, it still shows that they have a lot of concerns on marriage. They spend a special effort on minimizing any risk that could threaten the wellbeing of their sibling with special needs before deciding to get married. A qualitative study conducted by Segal (2019) found similar results where siblings with typical development have many considerations even though they are pro-marriage.

4.1.19 Parentification – Theme 5 – Impact on the future decision making – Sub-theme

1: Having positive feelings on having children

Similar to being married, the majority of the participants expressed their willingness to have a child in the future. Even though most of them think that they already own a child by having their sibling with special needs, they still think that having their own child would be a unique experience. They also think that their caregiving experiences might help them in becoming a good parent. Similar to their concerns of getting married, they also have various concerns for having a child in the future. Even though, the majority shared that they have positive feelings on having children, they are aware of the possible problems they might encounter in the future. Hence, just like preparing the child before having a second child, they shared the importance of preparing their sibling with special needs to the idea of having a child.

There are very limited findings on the recent literature which focuses on the feelings of having children for siblings with typical development. However, one finding by Segal (2019) proposes a different result. The participant in their study explained that having a child added additional responsibilities and a risk for the existing sibling with special needs. However, his study has a limited number of participants which makes it difficult to generalize the study's findings.

4.1.20 Parentification – Theme 6 – Similar patterns of sibling relationship and romantic relationships

Most of the participants had not thought about whether they had a similarity of roles between their couple relationships and sibling relationships. However, when they thought

about it, most of them expressed the existence of acting like a caregiver or being the more responsible one in their relationship. These were similar to the roles they are used to acquiring in their families. These roles could be seen as controlling behavior, caregiving behavior or taking more responsibilities in the romantic relationship. Only one participant immediately responded as parenting to her boyfriend because this was a subject that she was working on in her private therapy sessions, as she mentioned during the interview.

Lara & de los Pinos (2017) found that siblings with typical development feel lost between their caregiving responsibilities and other roles such as being a romantic partner or a friend. Similarly, they cannot find enough time to allocate to their romantic partner which is also seen in the participants of this study. That's why, an understanding partner becomes more and more important for siblings with typical development. Schier et al. (2015) found that siblings' roles as caregiver or dominant/controller could also be seen with the relationships with their romantic partners.

Although a broad area of research investigates the familial factors' effects on the couple's relationship, the effect of parentification on couples' relationship is very limited. Additionally, the effects of parentification resulting from caregiving a sibling with a disability is even more scarce. Baggett et al. (2015) investigated the association between parentification and young adult romantic relationship satisfaction. Their participants show parentification towards their father. Their results indicate that parent-focused parentification is negatively associated with romantic relationship satisfaction. However, the participants who show paternal parentification as a result of their fathers' medical condition do not experience low relationship satisfaction.

Hooper et al. (2007) describes that parentification also have effects on individuals' internal working models. Individuals may adopt the role of caregiving as a way to please others and feel loved by their surroundings which could also reflect at their roles in their romantic relationships. The participants of this study experience parentification due to their sibling with special needs, hence they don't entirely perceive it as negative. They are aware of the fact that there is a person who needs constant caregiving in the family. Majority of the participants explained that they have a tendency to adopt similar caregiving roles in their relationship.

4.1.21 Parentification – Theme 6 – Impact on the future decision making – Sub-theme

1: Expecting the romantic partner to show empathy

Among the siblings who have romantic relationships, the majority of the participants explained that their greatest expectancy would be to receive empathetic behavior from their romantic partners. As it is mentioned above, their primary responsibility in their life is their sibling with special needs. That's why, they have different roles and responsibilities than siblings without sibling with special needs. Hence, the time they spend for the needs of their sibling or their daily work should be understood by the romantic partner. Thus, majority of the siblings expressed that they would expect their romantic partner to be empathetic towards their role as a caregiver. Borchet et al. (2016) conducted a study with siblings with typical development in their late adolescence. They did not directly ask the participants about their expectations from their romantic partners. However, the some of the participants expressed that it is unacceptable to have an unempathetic partner in their life. Thus, this would be their major criteria before having a romantic relationship.

4.1.22 Parentification – Theme 6 – Impact on the future decision making – Sub-theme

2: Expecting the romantic partner to be supportive

The majority of the participants who are involved in a relationship expressed that they would expect their partner to be supportive. This support covers both psychological as well as instrumental ways. Some expect their partner to take some of her responsibilities and some others expect their partners to be understanding about the intensity of their roles.

4.1.23 Parentification – Theme 7 – *Difficulty in acceptance*

Among the difficulties, participants expressed that accepting the diagnosis, understanding it with all of its aspects and coping with it together with their parents were the most difficult aspects of it. While they were trying to understand the requirements of their siblings' condition, they were also trying to understand how to help or support their parents. This finding was also evident in the study of Luijkx (2016) in which the most difficult part was perceived as the acceptance part. This could also be seen from systems perspective as a change in the homeostasis. A new stress factor changes the routines of the family thus requires new ways of behaving in order to create a new homeostasis for the family.

5 Was the most difficult aspect.

CHAPTER 5: CONCLUSION

In conclusion, the siblings with typical development who have siblings with special needs experience various caregiving activities beginning from their childhood. These activities could be seen as parentification. Parentification is experienced both positively and negatively by the participants. The love and affect they have for their siblings lead the perception of parentification to be more positive. Even though they had challenges in the family, none of

them could think of a life without their sibling. Hence, they don't entirely regret having a sibling with special needs. Thus, when it has asked them to interpret their experience of parenting their sibling, they said it has both good and bad sides. This could be understood that participants are aware of the fact that their family is a unique family that contains its own challenges in its nature. There is no one to blame their sibling's condition and nothing can change their situation. Only, well-tailored efforts can ameliorate their living condition. So, their role is crucial and filling an important gap among other family members' roles.

The challenging aspects are found as difficulty in acceptance and putting their own needs behind the needs of their sibling with special needs. Acceptance period is difficult both for elder and younger siblings with typical development. However, elder siblings experienced more difficulty since it felt like a bigger change in their routine. Most of the participants explained the acceptance process as the end of their childhood no matter what age they were at. Putting their own needs behind is a way of sacrificing themselves for their siblings with special needs. Even though they know that this sacrifice is done for a good reason, it is difficult and challenging for them. So, it is important for the families to be aware of the ways to improve their experience of parentification by increasing the benefits and decreasing the losses.

Firstly, family support is an important factor that can enhance the experience of parentification. There are several ways for the families to show better support. Since, the workload is heavy for the caregiving activities of parents, it is important for the parent subsystem to be equally involved in the child and house management roles. This way, there will be an equal distribution among the roles in the family. Most of the participants observed a lack of paternal support in the caregiving activities which puts burden on their or the mothers'

shoulders. Another way to increase the family support is that parent sub-system should provide emotional support to each other. Both of the parents go through challenging emotions and they should give each other emotional support. Most of the participants observed the lack of emotional support their parents have from each other which makes it difficult to cope with.

Having a strong parent subsystem may take the urge to calm down parents and focus on the care requirements of siblings with special needs. In addition, family members should also provide emotional support to siblings with typical development by noticing and praising their efforts. Siblings with typical development feel more satisfied when they know that their efforts are seen by their parents. Parents should pay effort to observe their children with typical development in order not to miss their needs and feelings. While individuals with special needs show progress with their developmental phases, similarly their siblings with typical development also achieve their own developmental milestones. Thus, it is important for the parents to give equal importance to their achievements. Otherwise, siblings with typical development may experience a lack of affect and may feel lonely.

There are positive aspects of parentification which are also noticed by siblings with typical development. These are their enhanced skills of empathy, maturity and responsibility. These individuals are good at coping with challenges, solving conflicts and acting mature in life. These qualities are also disseminated into various aspects of life. They are happy to gain these good personality properties and grateful to have their sibling with special needs. Since they are used to their role of being a caregiver in the family for many years, they feel like this way of living is their normal.

Young adult siblings with typical development have major life-decision ahead. These decisions are related to their romantic relationships, marriage, education, place of living, having their own children. All these decisions are considered in detail knowing that they already have a major responsibility in their life. Having a sibling with special needs does not put a block on any of these decisions. However, they have to act maturely, responsibly and plan their life according to their sibling. This also involves the actions and behavior of others surrounding in their life such as their romantic partners. Whether their sibling with special needs is happy and satisfied in life is extremely crucial for the siblings with typical development.

This study has unique findings on the experiences of parentification of siblings with typical development. Although experiences of parentification is an existing area of research, most of the studies look at its effects on mental health outcomes through psychopathology. However, this study employs systemic perspective and emphasizes the positive and negative outcomes on the individuals without pathologizing. Moreover, most of the studies are conducted through quantitative methods with the usage of certain questionnaires. There is a need to understand the living experiences of individuals through qualitative studies. The parentification that is found in this study is present due to a medical condition in the family. This way, the study created an understanding of parentification through a unique form of siblinghood. The study also acts as a pioneer to the literature by investigating how parentification experiences of siblings with ASD and DS have effects on their romantic relationship, future opinions on marriage and children and other major life decisions.

5.1 Clinical and Policy-Making Implications

The findings show that it is important to have a family cohesion and support to better cope with difficulties of caregiving an individual with special needs. It can be seen that, for many reasons, the parents may also not cope with the stress related to caregiving or the diagnosis it-self. Thus, this may lead the sibling with typical development to experience the caregiving activities in a more stressful way. Although there are many family support programs on individuals with special needs, most of them are directed to train and educate parents. However, siblings with typical development carry important roles and responsibilities in the caregiving processes. These roles are usually beyond their age. The fact that they are able to manage these responsibilities as such young ages, does not mean that they don't get affected from. Their needs should be met by their parents and their difficulties should be noticed. This way, the parentification will contribute positively to their personal development. Appropriate family support programs including siblings with typical development and mental health support programs directed to siblings with typical development are crucial to better support the wellbeing of each family member. Sibling support groups should be held in order to let siblings with typical development hear one another and feel supported by similar peers.

Also, due to high amount of workload in the family, the needs of siblings with typical development as well as their own achievements and life-related milestones may seem left out. It is important for the parents to be engaged with their sibling with typical development and make sure not to neglect their feelings. As it is concluded in this study, being a sibling of an individual with special needs might have both positive and negative contributions. Hence, when working in the clinical settings, therapists should take the possibility of the existence of

parentification and may make a connection to its impacts on the person. Therapy services for siblings with typical development should include a systemic perspective through parentification when working with an individual who has a sibling with special needs. Additional to psychotherapists, schoolteachers should also be conscious if they have a sibling with typical development of individuals with special needs in their classroom. They should be aware that these students might have other important responsibilities at home. Hence, teachers should monitor these students' well-being and stay in collaboration with their families.

5.2 Limitations

Several limitations should be considered for this study. Firstly, two of the participants of this study are working as a mental health worker. Other six participants are already a part of a family support group for individuals with special needs. Thus, these participants are mostly involved with their sibling's caregiving activities or have increased knowledge in this field. A different group of individuals who are not involved much might show a difference. The participants might be subject to bias.

Secondly, most of the participants are female rather than male. Even though the two male participants in this study are as involved in the caregiving processes of their sibling with special needs, this might be related with other factors. A different study should consider having equal amounts of each gender to see the effect of gender on caregiving roles. Especially, understanding the difference between the caregiving roles of sisters and brother based on cultural factors and gender roles. Similarly, this study looked at the effect of elder siblings. Only one participant was a twin sibling. Hence, younger siblings who were born into a family with an existing sibling with special needs should also be looked at in terms of parentification.

Moreover, parentification might be perceived differently at different stages of life. This study looked at the experiences of young adult siblings with typical development. Future research should be conducted on different age groupings.



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APPENDIX A: Informed Consent Form

Dear participant,

This research is conducted by Özyeğin University Couple and Family Therapy graduate student Psychologist Lale Hanöz, Assistant Professor Senem Zeytinoğlu-Saydam and Assistant Professor Celia K. Naivar Şen. This research aims to investigate the experiences of siblings of individuals with special needs. There is no right or wrong answer in the study. What we want from you is that you try to express yourself as clearly as possible.

This study is carried out for scientific purposes. The data collected during the study will be evaluated anonymously and no names will be used at any stage of the research. Each participant will be given a code name and that code name and data will be collected. The results will not be matched with your personal information, and no personal evaluation will be made as a result of the research. Participation in the study is completely voluntary.

For more information about the study, you can contact Lale Hanöz (e-mail: ...). If you have questions, problems or suggestions regarding the ethical aspects of the research described in this form and / or research details, please contact Özyeğin University Ethics Committee on (216) 564 91 76.

I have read the details of the above mentioned research project and my questions about this project have been answered. I agree to participate in this study voluntarily.

Name-Surname

Date

E-mail

Signature

APPENDIX B: Demographic Survey

1) Date of Birth

2) Relationship status:

○ Married ○ Single ○ Divorced ○ In a relationship (not married) ○ Not in a relationship

3) Job: _

4) Education status (last school graduated):

○ Primary school ○ Middle school ○ High school ○ College

6) How many siblings do you have? How many of them have special needs?

7) Do you live with your siblings?

8) What is the special needs of your sibling?

9) When did you sibling get diagnosed? (Year)

10) Your siblings (s) with special needs:

Sibling 1 a) Year of birth: 2003____ b) Gender: __ ____

Sibling 2 a) Year of birth:____ b) Gender: _____

11) Who provides caregiving during the day? (Mother, father, extended family members, other carers or any school)

APPENDIX C: Interview Questions

1. Could you tell me about yourself?
2. How is the experience of being x's sibling?
 - How are the beneficial aspects?
 - How are the challenging aspects?
3. Could you describe me the family environment you were born?
 - Who were there?
 - What was your family like?
 - What is your brother like?
 - Does (s)he has any interests?
4. How are special days and occasions celebrated in the family?
5. "How are family conflicts solved in the family?"
 - Who takes which role during the conflicts?
 - What is your role?
 - What is the function of your role?
 - What challenges create your role?
6. Who needs to be supported the most in your family?
 - How do you provide this support?
 - How does your family support each other?"
7. How are your future expectations? (Having a child, getting married, career)
8. How are your worries and fears for the future?
9. How is the relationship between your sibling with special needs and your social environment?

10. (If you are currently in a romantic relationship) How does your partner define you?

- Did your sibling with special needs meet your partner?
- Does your partner take any role for the caregiving of your sibling with special needs?
- How would you describe the experience of having a sibling with special needs as positive or negative?

