

Research Paper

## A Qualitative Study on Lived Experience of Sibling Adjustment in Families with A Child Diagnosed with Autism Spectrum Disorder

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### ABSTRACT

The objective of the present study was to *Objective 1-* to explore and understand the lived experience of adjustment of typically developing siblings in families where one child has been diagnosed with Autism Spectrum Disorder (ASD)., *Objective 2 -*To understand how having a sibling with Autism Spectrum Disorder affects the emotional, social, and psychological adjustment of typically developing siblings., *Objective 3-*To examine the impact of family dynamics and parental stress on sibling adjustment in families affected by ASD. The researcher first conducted an in-depth review of literature to collect the already existing knowledge and findings on the given topic, then the researcher established a semi-structure interview questionnaire. The researcher selected a targeted population on which the interview was conducted, the researcher opted for a qualitative research under which the researcher selected purposive sampling for gathering the sample, and opted for a semi-structure interview as the medium of data collection. The researcher selected thematic analysis as a method for the analysis and interpretation of the gathered data. After the thematic analysis the seven main theme that emerged were established were; The Nature of the Sibling Relationship, Impact on Family Dynamics, Emotional Landscape of Siblings, Growth & Personal Development. Understanding & Education about ASD, Future Concerns & Aspirations and. Advice & Wishes for Others.

**Keywords:** *The Nature of the Sibling Relationship, Impact on Family Dynamics, Emotional Landscape of Siblings, Growth & Personal Development, Understanding & Education about ASD*

Autism Spectrum Disorder (ASD) is a neurodevelopmental condition that significantly affects communication, social interaction, and behavior across various contexts. It is marked by persistent challenges in social communication and the presence of restricted, repetitive behaviors, interests, or activities (American Psychiatric Association, 2013). Over the years, the prevalence of ASD has increased, positioning it as a critical public health issue. While a considerable body of research has explored the experiences of individuals with ASD and their parents, the perspective of siblings remains comparatively undiscovered.

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ASD is a multifaceted developmental disorder characterized by variations in social interaction, communication, and sensory processing. The term “spectrum” reflects the wide range of symptoms and severity observed among individuals. According to the DSM-5-TR (Diagnostic and Statistical Manual of Mental Disorders, 5th Edition, Text Revision), ASD includes:

### *A. Persistent deficits in social communication and interaction, such as:*

- Challenges in social-emotional reciprocity (e.g., reduced interest in shared activities or emotions),
- Difficulties with nonverbal communication (e.g., limited eye contact, gestures),
- Trouble forming and maintaining relationships (e.g., disinterest in peers, lack of adaptability in social settings).

### *B. Restricted and repetitive behaviors, interests, or activities, which include:*

- Repetitive movements or speech (e.g., echolalia, hand-flapping),
- Rigid adherence to routines or rituals,
- Highly focused interests with unusual intensity,
- Unusual sensory responses (e.g., hypersensitivity to sound or textures, or insensitivity to pain).

*C. Symptoms must be observable in early childhood, even if they become more apparent later when social demands rise.*

*D. These symptoms must lead to significant impairment in daily functioning.*

### **Common Symptoms**

1. **Social Communication Difficulties-** ASD is often characterized by notable challenges in how individuals communicate and relate to others socially. These difficulties can present in a range of ways, depending on the individual's developmental level and support needs.
2. **Problems with understanding and engaging in reciprocal social interactions-** Individuals with ASD often struggle to engage in typical back-and-forth social interactions. They may not instinctively respond to greetings, questions, or emotions expressed by others. For example, a child might not smile back when someone smiles at them or may have difficulty taking turns in conversations. This can create obstacles in building friendships and participating in social settings.
3. **Struggles with interpreting nonverbal cues like facial expressions or body language-** Many individuals on the autism spectrum find it difficult to read and respond to nonverbal social signals such as facial expressions, gestures, tone of voice, or posture. This can make it hard for them to understand how someone is feeling or to recognize social cues like when someone is bored, upset, or wants to speak. As a result, their responses might seem inappropriate or out of sync with the social context.
4. **Limited sharing of interests or emotions-** Children and adults with ASD may not spontaneously share their achievements, discoveries, or feelings with others. For instance, a child may not point out a toy to show their excitement or may not express joy when accomplishing a task. This limited emotional sharing can make interactions feel one-sided and impact relationship building.

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5. Literal interpretation of language, with difficulty understanding metaphors or sarcasm- People with ASD often interpret language in a very literal way. Figurative expressions, jokes, sarcasm, or idioms (like “break a leg” or “spill the beans”) may be confusing. They may not grasp the intended meaning unless it is explicitly explained, which can affect classroom learning, social communication, and emotional understanding.
6. Trouble adhering to social norms and expectations- Social conventions—such as taking turns in conversations, using polite greetings, or maintaining appropriate physical space—may not come naturally to individuals with autism. They might interrupt, speak in a tone that seems overly formal or blunt, or behave in a way that is considered socially inappropriate. This is often due to a lack of intuitive understanding of unwritten social rules, rather than willful defiance.
7. Repetitive Behaviors and Interests- A hallmark feature of ASD is a pattern of restricted or repetitive behaviors, interests, or activities. These behaviors often serve as coping mechanisms, sources of comfort, or ways to self-regulate in an overwhelming environment.
8. Engaging in repetitive movements or routines- Individuals with ASD may engage in repetitive physical behaviors such as hand-flapping, rocking, spinning objects, or repeating phrases (echolalia). These actions can help them manage anxiety, focus attention, or create a sense of predictability. While some of these behaviors are subtle, others can be more noticeable and may affect social interactions.
9. Resistance to Changes in Environment or Schedule- Many people with autism find comfort in consistency and predictability. Sudden changes in routine—like an unexpected school schedule, rearranged furniture, or a different route home—can be deeply distressing. This resistance is often linked to difficulty in processing new information or fear of the unknown, which can lead to anxiety or meltdowns when routines are disrupted.
10. Obsessive focus on specific topics or items- Children and adults with ASD often develop intense, narrowly focused interests. These might include topics like trains, dinosaurs, maps, or numbers. They may spend significant time talking about or engaging with their preferred subject, sometimes to the exclusion of other activities. While these focused interests can be a strength, they may also limit social interaction when others don't share the same enthusiasm.
11. Sensory processing issues, either heightened sensitivity or lack of response- Sensory sensitivities are common in individuals with ASD. Some may be extremely sensitive to stimuli like loud noises, certain textures, bright lights, or strong smells, causing discomfort or distress. Others might be under-responsive and seem indifferent to pain, heat, or cold. Some children may seek out sensory input—like spinning, touching objects, or watching moving lights—to regulate their sensory experience.

### *Other Features:*

- Possible delays in language or cognitive skills,
- Behavioral challenges such as anxiety, difficulty concentrating, or tantrums,
- Irregular eating and sleeping patterns.

### **Causes of ASD**

ASD does not have one specific known cause. It likely results from a combination of genetic and environmental influences:

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- *Genetic factors:* In some cases, ASD is linked to genetic conditions like fragile X syndrome or Rett syndrome. Other genetic mutations may affect brain development or neural communication and can be inherited or occur spontaneously.
- *Environmental factors:* Researchers are investigating the impact of prenatal complications, certain medications, viral infections, and environmental toxins on the development of ASD.

### ***Risk Factors and Complications***

Several risk factors are associated with a higher likelihood of developing ASD:

- *Gender:* Boys are diagnosed with ASD more often than girls.
- *Family history:* Families with one child diagnosed with ASD have a higher risk of having another affected child.
- *Medical conditions:* Conditions such as tuberous sclerosis, fragile X syndrome, and Rett syndrome increase ASD risk.
- *Premature birth:* Babies born before 26 weeks of gestation are at higher risk.
- *Parental age:* Advanced parental age has been linked to increased risk, though more research is needed.

Complications related to ASD can include academic challenges, difficulty securing employment, limited independence, social isolation, family stress, and vulnerability to bullying or exploitation.

### ***Sibling Adjustment in Families with a Child Diagnosed with ASD***

Siblings of children with ASD face a unique and often complex adjustment process shaped by emotional, social, and psychological factors. These siblings may encounter a wide array of feelings, including confusion, frustration, jealousy, guilt, and empathy. The unpredictable nature of their sibling's behavior, communication difficulties, and increased caregiving roles can sometimes lead to strained relationships and feelings of being left out. On the other hand, many siblings report growth in emotional intelligence, compassion, and resilience as a result of their experiences.

Sibling adjustment is significantly influenced by the quality of family dynamics, especially parental support and communication. When parents are attentive to all their children's needs and create an inclusive, emotionally supportive environment, siblings are more likely to thrive. Access to external resources such as therapy, peer support groups, and educational interventions can also enhance sibling well-being. Additionally, cultural views on disability, the family's coping strategies, and the severity of the autistic child's symptoms play a crucial role in shaping the sibling experience.

Siblings of children with ASD often live in a family setting marked by significant parental focus on the child with special needs, adjusted daily routines, and potential social withdrawal. While this environment can increase stress or emotional burden, it can also promote personal strengths like patience and adaptability.

Understanding sibling adjustment is vital because:

1. Siblings often provide long-term support to individuals with ASD,
2. Their mental health directly affects family dynamics,
3. Addressing sibling needs can improve the overall quality of life within the household.

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While quantitative research has offered important findings about sibling adjustment, qualitative approaches provide richer insights into their real-life experiences, emotional responses, and coping mechanisms. This study aims to explore these personal narratives to understand the nuances of sibling adjustment in families with a child on the autism spectrum.

### ***Rationale***

The diagnosis of Autism Spectrum Disorder (ASD) in a child has far-reaching implications for the entire family, particularly for typically developing siblings. While parents often serve as the main caregivers and decision-makers, siblings are deeply impacted by the presence of a child with autism in the household. Despite this, their experiences are frequently overlooked in both research and support services. Living in the same family system, these siblings encounter unique emotional, social, and developmental challenges that stem from their relationship with their brother or sister with ASD. These challenges may include increased caregiving responsibilities, emotional stress, reduced parental attention, feelings of social embarrassment, and confusion surrounding the sibling's behavior or communication difficulties.

However, the effects are not exclusively negative. Many siblings also develop enhanced qualities such as empathy, patience, maturity, and a strong sense of responsibility. Their experiences can shape their personality, worldview, and interactions with others in both positive and adverse ways. Still, most existing support systems primarily focus on the child with ASD and the parents, often neglecting the needs of siblings, who are left to navigate their roles and emotions with limited support or guidance.

Sigman and the Baby Siblings Research Consortium (reviewed in Messinger, 2024) reported on high-risk infant siblings longitudinally. Their consortium-based studies revealed 10–20% recurrence of ASD in siblings and highlighted subclinical phenotypes emerging early in life, shaping later sibling relationships and adjustment.

Sibling adjustment outcomes. Hastings & Petalas (2021) systematically confirmed that siblings of children with ASD often exhibit lower psychosocial functioning than peers, with elevated depression and anxiety—factors exacerbated by behavioral problems in the autistic sibling and differential parental attention toward them. Similarly, Green (2013) reported both positive and negative psychosocial outcomes among siblings, with increased internalizing/externalizing issues in some but also enhanced maturity and empathy in others. Thomas, Reddy, & Sagar (2016) found that psychosocial intervention programs significantly improved sibling relationships, autism understanding, and adjustment, with sustained effects post-intervention.

Schmeer, Harris, Forthun, Valcante, & Visconti (2021) conducted a qualitative study comparing Latino/a/x and White non-Latino siblings. They found cultural differences in how siblings conceptualize autism: Latino/a/x siblings emphasized caregiving and protection roles, while White siblings emphasized sensitivity and fairness.

Systematic review of sibling experiences. Holt & Dorris (2021) synthesized fifteen qualitative studies and found that ASD-siblings experience identity shifts, personal growth, relational strain, and emotional complexity. Coping strategies ranged from strategic

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accommodation (adapting behavior to avoid conflict) to internalizing concerns to shield parents from additional burden.

Rosen, Schiltz, & Lord (2022) explored sibling influences on maladaptive behavior trajectories in individuals with ASD. Their multi-informant longitudinal study (ages 9–18) showed that when siblings themselves had emotional or behavioral disorders (including ASD), hyperactivity and irritability in the target child worsened over time.

Risk & protective factors via cluster analysis. Smith et al. (2022) used cluster analysis to examine sibling adjustment across varying ASD-needs. While emotional and behavioral risks were common, there was high variability—some siblings exhibited resilience, highlighting that individual traits, family stress, and BAP characteristics can moderate outcomes.

Cross-cultural psychosocial adjustment. Li et al. (2017) explored sibling outcomes in Hong Kong, analyzing 116 families with ASD children comorbid with learning disabilities. They found no major deficits in emotional and behavioral adjustment per parent reports, but noted concerns about peer relationships and prosocial conduct. Importantly, factors like healthy family functioning and maternal quality of life strongly predicted sibling adjustment.

Kovshoff et al. (2017) proposed the "Siblings Embedded Systems Framework," integrating individual, relational, familial, and cultural influences on sibling adjustment. They highlighted the importance of culturally-sensitive sibling support, noting that interventions must consider ethnic and family values.

McHale, Updegraff, & Feinberg (2016) outlined a theoretical framework linking sibling relationships and individual adjustment in ASD families. They emphasized sibling role delineation, relationship quality, and individual well-being as interdependent system-level processes.

Intervention efficacy. Thomas et al. (2016) reviewed eight studies on psychosocial interventions (sibling support, group therapy), consistently showing improved sibling knowledge, relational warmth, and adjustment maintained at follow-up. Godara, Patil & Phakey (2023) conducted a narrative review revealing positive psychological and functional gains for siblings aged 4–16, including better autism awareness and emotional well-being.

Jones et al. (2020) RCT of sibling support groups found mental health improvements post-intervention.

Large-scale review of sibling interventions. Thomas, Reddy & Sagar (2016) reviewed eight psychosocial intervention studies and reported consistent improvements in siblings' autism understanding, relational intimacy, and long-term adjustment, reinforcing the importance of structured support.

Totsika et al. (2015, 2018) examined prosocial skills and maternal well-being in families with a child with autism. Longitudinal data revealed that higher maternal well-being supported better sibling prosocial behaviors, but early adversity predicted later problem behaviors in siblings.

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Sibling relationship quality. Hastings & Petalas (2014) compared 69 ASD-siblings with 93 controls, finding similar levels of overall emotional adjustment but ASD-siblings displayed less aggression, more avoidance in sibling relationships, and older males were especially vulnerable. Broader autism phenotype traits only predicted psychosocial issues in the presence of family stress, supporting a diathesis-stress model.

Family systems perspective & contextual factors. Buist, Dirks & Dore (2013) emphasized family systems theory: sibling adjustment is jointly influenced by autism traits and family dynamics. Social context matters: studies across UK, Singapore, and US settings illustrate that parental support, community resources, and socioeconomic status significantly shape sibling outcomes. Work by Leedham et al. (2020) also underscored how siblings strategically navigated roles, coping, and resources amidst family complexities.

Coping struggles and self-isolation. Angell et al. (2012) and Benderix & Sivberg (2007) identified maladaptive coping, including self-isolation and “giving in” to autistic siblings to avoid conflict, yet also noted development of negotiation and compromise abilities, showcasing nuanced sibling coping and resilience.

Genetic and developmental considerations. The broader autism phenotype (BAP) in siblings—subclinical traits linked to ASD—can influence sibling adjustment both psychologically and relationally. Orsmond & Seltzer (2009) highlighted that genetic predispositions may compound stress and social challenges within families.

Empirical behavioral assessment. Ross & Cuskelly (2006) administered the Child Behavior Checklist to ASD-siblings and found 40% to be in borderline or clinical range for internalizing symptoms. Interestingly, there was no direct link between ASD knowledge or coping strategies and adjustment outcomes.

Video-modeling interventions. Studies by Reagon et al. (2006) and Rayner (2011) employed video modeling with siblings to aid ASD children in tasks such as shoelace-tying and social interaction. Results were mixed but promising, indicating preliminary gains in imitation and joint commitment skills.

### **METHOD**

- *Objective 1-* to explore and understand the lived experience of adjustment of typically developing siblings in families where one child has been diagnosed with Autism Spectrum Disorder (ASD).
- *Objective 2 -*To understand how having a sibling with Autism Spectrum Disorder affects the emotional, social, and psychological adjustment of typically developing siblings.
- *Objective 3-*To examine the impact of family dynamics and parental stress on sibling adjustment in families affected by ASD.

#### ***Inclusion criteria***

The targeted population for the present research is, in gender only male and female, ranging from age group of 13- 21 years of age, living in Delhi NCR with their family, having one or both parents employed.

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### ***Research design***

A qualitative method was employed in which samples was selected through purposive and snow- ball sampling, and data was collected through **semi- structured interview**- A semi-structured interview is a qualitative data collection method that uses a flexible interview guide with pre-determined open-ended questions, allowing the interviewer to explore emerging themes or topics in more depth during the conversation. The semi- structured interview helped in gathering in-rich data on the lived experiences of the siblings, providing with an in- depth understanding and the gathered data was analyzed using the technique of **thematic analysis**- Thematic analysis is a method for identifying, analyzing, and reporting patterns or themes within qualitative data. It organizes and describes data sets in rich detail and interprets various aspects of the research topic.

### ***Participants details***

The researcher selected five participants for the purpose of conducting semi- structured interview, the participants details includes. First, a male, who is 14 years old currently lives in Delhi, and is studying in DPS [Delhi public school, Vasant Kunj]. Second, participant was a female who is 17 years old, currently living in Delhi and is studying in Springdales school [Pusa road], third participant was a male, who was 20 years old, currently living in Delhi and is pursuing biomedical from Hansraj college, Delhi university. The fourth, participant was a female who is currently 19 years old, is living in Delhi and currently got enrolled in Indraprastha College for women, Delhi University and is pursuing her BA. In Sanskrit. The fifth participant was a male, who is currently 22 years old and is currently living in Delhi, he recently completed his B.Tech from IIT Delhi, and now is working as a software developer in Gurgaon.

### ***Procedure***

The researcher first conducted an in-depth review of literature to collect the already existing knowledge and findings on the given topic, then the researcher established a semi- structure interview questionnaire. The researcher selected a targeted population on which the interview was conducted, the researcher opted for a qualitative research under which the researcher selected purposive sampling for gathering the sample, and opted for a semi-structure interview as the medium of data collection. The researcher selected thematic analysis as a method for the analysis and interpretation of the gathered data.

On the day of conduction, the researcher first successfully gathered informed consent from the participants parents as well as from the participants. The researcher successfully formed the rapport with the participants, making sure that the participant is comfortable and less anxious. The researcher asked the participant to be as comfortable as possible and that the participant should try to answer the questions as honestly as possible, the researcher also mentioned that the participant can take their time answering each question as there was no time limit. The researcher successfully followed all the necessary ethical guidelines.

### ***Ethical guidelines***

- **Informed Consent**

Explained Clearly: Before anyone agrees to be part of your study, you must tell them everything they need to know in plain, understandable language. This includes the purpose of the study, what they'll be asked to do, how long it will take, any potential risks or benefits, and their right to stop participating at any time without penalty. Make sure they truly understand and freely agree.

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- **Voluntary Participation**

No Pressure: People should never feel forced or pressured to join the study. Their decision to participate (or not) must be entirely their own. They must be willing to participant

- **Confidentiality and Anonymity:**

Researchers have a responsibility to protect the privacy of participants. Confidentiality means that identifying information will not be shared with anyone outside the research team, and efforts will be made to disguise identities in any publications or presentations. Anonymity means that even the researchers cannot identify individual participants. While true anonymity is often difficult in qualitative research, it should be strived for where possible, or robust confidentiality measures should be in place.

- **Right to Withdraw:**

Participants must be free to choose whether or not to participate, and they should be informed that they can withdraw from the study at any point, for any reason, without consequence or penalty. Coercion or undue influence is strictly prohibited.

- **Privacy:**

Respecting participants' privacy extends to their personal space, beliefs, and behaviors. Researchers should only collect information that is directly relevant to the research question and avoid intrusive or unnecessary inquiries. The personal information of the participant must be protected and should not be disclosed without the permission of the participant.

### RESULT

Major Theme (Category)	Sub-Themes (Key Patterns)	Description	Illustrative Quotes
1. Unique Sibling Relationship	1.1 Unconventional Connection	Bonds differ from typical siblings, relying on non-verbal cues and shared presence.	"We can't really have a back-and-forth conversation. But there are times when he'll just come and sit next to me." "It's more about managing his anxieties and trying to engage with his interests on his terms." "We don't have conversations, obviously, but we have our own ways of interacting."
	1.2 Protective & Advocative Role	Siblings naturally assume a significant responsibility and advocacy for their brother/sister.	"I feel a sense of responsibility for him. Especially when we're out, I'm always looking out for him." "I feel like I'm his protector and advocate. I often step in to explain his behavior to others." "I feel a deep sense of responsibility to ensure her well-being, both now and in the future."
2. Impact on Family Life	2.1 ASD-Centric Dynamics	Family routines, activities, and focus are largely dictated by the needs of the sibling with ASD.	"Our whole family's rhythm changed to accommodate him." "Spontaneous plans are almost impossible. We have to prepare him weeks in advance for any change." "Our family life has always revolved around Varun. His routine dictates our schedule."

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<b>Major Theme (Category)</b>	<b>Sub-Themes (Key Patterns)</b>	<b>Description</b>	<b>Illustrative Quotes</b>
	<b>2.2 Uneven Parental Attention</b>	Siblings perceive a disproportionate amount of parental focus on the child with ASD.	"Honestly, sometimes I feel a bit overlooked... it can sting sometimes, especially when I achieve something big, and it feels a bit overshadowed." "Diya consumes most of their attention and energy, understandably... I've grown up knowing that her needs come first."
<b>3. Sibling's Emotional Landscape</b>	<b>3.1 Mixed Emotions &amp; Guilt</b>	A complex mix of love, pride, frustration, and sadness, often accompanied by guilt for negative feelings.	"Sometimes I feel frustrated or even resentful, which makes me feel guilty later." "I feel a profound sadness for the struggles he faces... But I also feel immense love and admiration for his resilience." "I feel a mix of awe and sadness."
	<b>3.2 Need for Personal Space/Coping</b>	Siblings actively seek personal space and activities to manage stress and recharge.	"I usually retreat to my room. I'll put on my headphones and listen to music." "I usually go for a walk or put on some loud music with my headphones." "Losing myself in a complex problem or physical exercise helps me process stress."
<b>4. Personal Growth &amp; Resilience</b>	<b>4.1 Enhanced Maturity &amp; Empathy</b>	Experiences foster accelerated maturity, patience, and a deeper understanding of differences.	"It's made me more patient, more understanding, and probably more resilient." "Definitely more mature than my peers. I've had to navigate complex emotional situations from a young age." "It's made me incredibly compassionate, patient, and resilient."
	<b>4.2 Unique Perspective</b>	They gain a distinct worldview, appreciating small victories and different forms of connection.	"I appreciate her unique way of connecting and her pure spirit more than ever." "It's made me realize that everyone has their own struggles, and we should be kind." "Her way of seeing the world, her logical brilliance, and her pure heart are truly inspiring."
<b>5. Future Outlook &amp; Responsibility</b>	<b>5.1 Long-Term Worry</b>	A consistent concern about their sibling's future well-being and care, especially as parents age.	"I worry about what will happen to him when my parents are no longer around. I know I'll always have a role in his life." "The thought of his long-term care and financial security is a constant worry." "I feel a deep sense of commitment. I know I will always be a part of her life and her care."
	<b>5.2 Influence on Life Choices</b>	The sibling's needs often subtly or overtly influence educational and career paths.	"It's pushed me towards wanting to study psychology, because I want to understand more about the human mind and help others." "My career choices will likely be influenced by the need for flexibility or the desire to work in a field that supports individuals with disabilities."

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Major Theme (Category)	Sub-Themes (Key Patterns)	Description	Illustrative Quotes
			"It influenced my choice of engineering stream and my interest in AI, as I see how technology can be leveraged to support individuals with unique needs."

**DISCUSSION**

The present qualitative study explored the lived experiences of typically developing siblings aged 13 to 21 residing in Delhi NCR, who have a brother or sister diagnosed with Autism Spectrum Disorder (ASD). Using purposive sampling, the researcher selected participants from families with at least one working parent and employed semi-structured interviews for data collection. The objective was to examine how these siblings adjust emotionally, socially, and psychologically, and to understand the role of family dynamics and parental stress in shaping their experiences. Thematic analysis was used to interpret the data, revealing a complex and nuanced picture of sibling adjustment that extends beyond basic caregiving roles.

Participants described their sibling relationships as unconventional yet deeply meaningful. Many highlighted the lack of typical communication patterns and shared activities, instead learning to rely on non-verbal cues and quiet companionship. A strong sense of responsibility and protectiveness emerged, with siblings often acting as informal caregivers, mediators, and advocates. This role became a defining part of their identity, shaping how they interacted with the world. Although they experienced moments of connection and joy, they also navigated the emotional toll of feeling overlooked by parents whose attention was largely directed toward the sibling with ASD. Despite this, many felt acknowledged and validated when parents expressed appreciation for their understanding and support.

Emotionally, these siblings faced a mix of love, empathy, frustration, guilt, and anxiety. The burden of caregiving and the unpredictable nature of ASD often left them feeling emotionally stretched. To cope, they adopted strategies like spending time alone, engaging in hobbies, or seeking conversations with friends or counselors. Many also developed a deeper understanding of ASD over time, which helped reduce confusion and resentment. Their knowledge evolved from simple childhood explanations to informed insights shaped by lived experience and independent learning. This growing awareness not only enhanced their coping mechanisms but also inspired a strong desire to advocate for acceptance and neurodiversity in society.

Finally, the study highlighted the long-term concerns that weigh heavily on these siblings, particularly about future caregiving responsibilities as parents age. They strive to balance personal goals with a commitment to their sibling's well-being, often making career or lifestyle choices that align with these responsibilities. Despite the challenges, the siblings displayed remarkable resilience and personal growth, developing empathy, maturity, and a broadened perspective on life. They offered advice to others in similar situations, emphasizing the importance of emotional honesty, self-care, and embracing the unique strengths of their sibling with ASD. Collectively, their narratives reflect a powerful story of adaptation, love, and enduring support within families impacted by autism.

## CONCLUSION

The objective of the present study was to *Objective 1-* to explore and understand the lived experience of adjustment of typically developing siblings in families where one child has been diagnosed with Autism Spectrum Disorder (ASD)., *Objective 2 -*To understand how having a sibling with Autism Spectrum Disorder affects the emotional, social, and psychological adjustment of typically developing siblings., *Objective 3-*To examine the impact of family dynamics and parental stress on sibling adjustment in families affected by ASD. After the thematic analysis the main theme that were established were; The Nature of the Sibling Relationship, Impact on Family Dynamics, Emotional Landscape of Siblings, Growth & Personal Development. Understanding & Education about ASD, Future Concerns & Aspirations and Advice & Wishes for Others.

### Limitations

- 1. Limited Sample Diversity:** The sample was confined to male and female participants aged 13 to 21 residing in the Delhi NCR region. This geographical and demographic focus, while deliberate, restricts the generalizability of findings to broader populations across different cultural, socioeconomic, or rural backgrounds. Variations in societal norms, access to services, and family structures in other regions could yield different sibling experiences.
- 2. Small Sample Size:** Given the qualitative nature of the research and its reliance on in-depth interviews, the number of participants was relatively small. While rich in detail, the limited sample size may not capture the full spectrum of sibling experiences, particularly across diverse family constellations and developmental stages.
- 3. Exclusion of Non-Binary Perspectives:** The study only included male and female participants, potentially overlooking the unique experiences and emotional landscapes of non-binary or gender-diverse siblings, whose perspectives might differ due to social positioning and identity formation.
- 4. Potential for Social Desirability Bias:** Since interviews were the primary data collection method, participants may have withheld more negative or complex emotions, consciously or unconsciously, due to social desirability or fear of judgment. This could result in an underreporting of distress, resentment, or ambivalence, skewing the narrative toward resilience and responsibility.
- 5. Focus on One Sibling Per Family:** The research engaged only one typically developing sibling from each family. Including multiple siblings from the same household could have offered a more layered understanding of intra-family differences in perception, role negotiation, and coping.

### Future Directions

- 1. Broaden Geographic and Cultural Scope:** Future research should include participants from diverse geographical regions, cultural backgrounds, and socioeconomic settings to explore how local beliefs, resources, and support systems influence sibling adjustment. This would enhance the transferability of findings.
- 2. Include Gender-Diverse Participants:** Expanding the gender scope to include non-binary and gender-fluid individuals would contribute to a more inclusive understanding of sibling experiences, capturing how gender identity intersects with family roles and emotional coping.
- 3. Employ Longitudinal Methodologies:** Long-term studies could track sibling adjustment over several years, capturing developmental transitions, changes in

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family roles, and evolving perceptions of autism. This would provide deeper insight into how adjustment processes unfold and mature over time.

4. **Incorporate Triangulated Data Sources:** Including perspectives from parents, professionals, or even the siblings with ASD themselves (when possible) would provide a more comprehensive and triangulated view of family dynamics and sibling relationships.
5. **Examine Impact of Support Systems:** Future research could explore the role of formal and informal support systems—such as counseling services, peer groups, school accommodations, or community initiatives—in shaping sibling adjustment and mental well-being.

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