Family-centered practice is being promoted within the practice of speech-language pathology (Crais, Poston Roy, & Free, 2006; Watts Pappas, McLeod, McAllister & McKinnon, in press) as well as in other areas of health (e.g., Hanna & Rodger, 2002; O’Neil, & Palisano, 2000; Paliadelis, Cruickshank, Wainohu, Winskill, & Stevens, 2005) and education (e.g., McKeand, 2003). One of the key concepts of family-centered practice is the acceptance of the family as the client, rather than just the child. In family-centered practice, the individuality and diversity of families is recognized and services are adapted to take into account each family’s different beliefs and culture as well as the environment (Law et al., 2003). Additionally, family-centered practice acknowledges the interrelated nature of family relationships. Consequently, intervention focuses not only on the child, but on the child’s entire family (Dunst, 2002). To date, the major focus of family-centered practice has been the parents and the child with the impairment. Other family members, notably siblings, have received much less attention.

The relationship that siblings share is significant to the development of children, providing children with the opportunity to build the foundations of important social and emotional skills such as sharing and conflict resolution (Dunn, 1988; Powell & Gallagher, 1993; Santrock, 2001). Although siblings generally share similar genes, they rarely possess the same aptitude or ability level (Strohm, 2002). When a child in a family has a disability, these differences between siblings may be heightened, and an atypical sibling relationship may develop (Gibbs, 1993). Powell and Gallagher (1993, p. 3) assert:

> There is something unique, something special, about growing up in a family in which a brother or a sister has a disability. Sibling relationships, normally critical to a child’s overall development, take on special significance when one of the siblings has a disability.

When a child has a sibling with a disability, he or she may exhibit feelings that are similar to parental feelings yet, as children, they may be given little opportunity to have their concerns heard (Powell & Gallagher, 1993; Strohm, 2002). Siblings of children with disabilities may feel guilt, emotional distress, and anxiety (Featherstone, 1980; McHugh, 2003; Naylor & Prescott, 2004; Nixon & Cummings, 1999; Strohm, 2002). They have been

**ABSTRACT:** Purpose: The purpose of this article was to examine the experiences of siblings of children with speech impairment, an underresearched area of family-centered practice.

Method: Using naturalistic inquiry, we interviewed 6 siblings and 15 significant others. Interview transcripts were analyzed for meaning statements, and meaning statements were coded and organized thematically.

Results: Four major themes emerged as significant in these children’s experiences. The first theme described the typically positive relationship when siblings were together. The second theme related to the siblings’ relationship in the context of outsiders, when the sibling of the child with speech impairment frequently undertook the roles of protector and interpreter. Exemplifying this, 1 mother described her daughter as the *cavalry on the hill*. In the third theme, the impact on self, siblings expressed jealousy and resentment as well as worry and concern toward the child with speech impairment. In the fourth theme, the impact on parent–child relationships, siblings expressed an awareness that they experienced less parental attention, had concerns regarding the impact of the circumstances on their parents, and took on a parent-like role toward the child with impairment, and for some, toward their parents.

Conclusion: As part of family-centered practice, speech-language pathologists need to be aware of the important roles that siblings play and should routinely include siblings in assessment and intervention.

KEY WORDS: siblings, qualitative research, interpreting, parent, communication disorder
reported to withdraw from peers and extracurricular activities (Naylor & Prescott, 2004; Nixon & Cummings, 1999; Strohm, 2002) and be under pressure to achieve academically in order to “make up” for their sibling’s disability (Crnic & Leconte, 1986; Gibbs, 1993; McHugh, 2003; Naylor & Prescott, 2004; Powell & Gallagher, 1993; Strohm, 2002). It has been proposed that children may internalize feelings such as guilt and grief associated with their siblings’ disability (Strohm, 2002) and suppress their own needs (Naylor & Prescott, 2004; Siegel & Silverstein, 1994). In contrast, siblings may also externalize behaviors such as overachievement (Russell, Russell, & Russell, 2003) and negatively reacting to conflict (Phillips, 1999).

Being the sibling of a child with a disability or chronic illness has a lifelong impact (Parker & Stimpson, 2002). This impact begins in childhood where children often choose their friends on the basis of those who accept their sibling (Crnic & Leconte, 1986) and moves into adulthood where partners may be selected on the same basis (McHugh, 2003; Parker & Stimpson, 2002). Moreover, it has been suggested that siblings of children with disabilities tend to undertake careers in helping professions such as nursing, counseling, and special education (Featherstone, 1980; Marks, Matson, & Barraza, 2005; McHugh, 2003).

Ecological models of child development (e.g., Bronfenbrenner, 1994) indicate the impact of the entire family on the development of the child: It is likely that disabilities and intervention will have an impact on the client’s family, including his or her siblings. Siblings of children with disabilities may encounter less parental attention than the child with the disability (Gibbs, 1993; Naylor & Prescott, 2004; Powell & Gallagher, 1993; Strohm, 2002). The amount of attention that parents divide between their children with disabilities and their nondisabled siblings may be seen as disproportionate by siblings who feel as though they are left out or unloved (McHugh, 2003; Strohm, 2002). Greenspan also discussed the incidence of siblings of children with learning disabilities using attention-seeking behaviors, such as being dominant in social situations, to counteract their perceived lack of attention. According to Greenspan (2001), such attention-seeking behaviors may be a child’s way of exemplifying his or her unfulfilled need for nurturance.

Most research into the effects of children’s disabilities on siblings has focused on children with severe disabilities that affect a number of different domains including motoric, cognitive, and communicative. Much of this research has examined sibling experiences of children with developmental and physical disabilities such as Down syndrome, Asperger’s syndrome, and autism spectrum disorder. Some comparative research into the effect of these different disabilities on siblings suggests that disability type affects the sibling relationship differently, whereas other research has found similar impacts on these relationships. Pilowsky, Yirmiya, Doppelt, Gross-Tsur, and Shalev (2004) explored the social and emotional adjustment of siblings of children with autism. When the adjustment of these siblings was compared to the social and emotional adjustment of siblings of children with developmental language disorders and developmental delay, it was found that the majority of siblings, regardless of the type of disability encountered, were well adjusted. In contrast, Fisman, Wolf, Ellinson, and Freeman (2000) suggested that siblings of children with pervasive developmental disorders (such as Asperger’s syndrome and autism) were more likely to be reported by teachers and parents as exhibiting more internalizing and externalizing behavior problems than were siblings of children with Down syndrome.

One unexplored area in the literature is that of siblings of children with a disability in a single domain, such as a speech impairment of unknown origin. The high prevalence of children with speech impairment (Law, Boyle, Harris, Harkness, & Nye, 2000; McKinnon, McLeod, & Reilly, 2007; McLeod & McKinnon, 2007), and the educational, occupational, and social outcomes of having a speech impairment (Felsenfeld, Broen, & McGu, 1994; Lewis & Freebairn, 1992), as well as knowledge of the effects on siblings of having a brother or sister with a disability, indicate a need for research on the effects of speech impairment on siblings and sibling relationships. Current research with siblings of children with disabilities is limited to, and largely based on, third-party reports from adults such as teachers and parents (Moore, Howard, & McLaughlin, 2002; Naylor & Prescott, 2004). This research is further limited by its focus on adult siblings and their memories of their childhoods in relation to their sibling’s disability (e.g., McHugh, 2003; Strohm, 2002) as well as a focus on the negative impact of these experiences (Hodapp, Glidden, & Kaiser, 2005).

Most studies have relied on quantitative methods of data collection (e.g., Fisman et al., 2000; Nixon & Cummings, 1999; Phillips, 1999; Pilowsky et al., 2004; Wolf, Fisman, Ellinson, & Freeman, 1998), with few having employed qualitative methodologies (McHugh, 2003; Strohm, 2002). Qualitative research methodologies offer insight into the worlds of people and glimpses of their lives as lived (Crotty, 1998; van Manen, 2000). These inquiries rely on observation or interview data to explore participants’ experiences of phenomena in their worlds. Qualitative methodologies are considered effective in examining research areas about which little is known (Gay & Airasian, 2003); they offer us a richer picture of the complex social world (Crotty, 1998) and the realities of those we may be seeking to work with in our professions (van Manen, 2000). In speech-language pathology services, such knowledge can allow greater insights into the interrelationships between clients and their families, and into the needs of family members in relation to the child’s speech impairment, thereby enhancing family-centered practice. In qualitative research, the notion of context forms a key feature (Patton, 2002). Thus, qualitative research concentrates on the study of social life in natural settings (Punch, 1998). Naturalistic inquiry (Erlandson, 1993; Lincoln & Guba, 1985) is a qualitative research design that is concerned with the study of phenomena in natural settings and the exploration of the perceptions of participants within these settings. Naturalistic inquiry is thus a suitable methodology for understanding the experiences of siblings of children with a disability, in this case, speech impairment.

The aims of this investigation were to:

- explore the experiences of siblings of children with speech impairment;
- develop an understanding of the impact on siblings of living with children with speech impairment; and
- explore the understandings of family, friends, caregivers, and educators regarding the significant experiences of siblings of children with speech impairment.

**METHOD**

**Participants**

Six siblings of children with speech impairment served as the focus and primary source of data for the present investigation: Ursula, Kelsey, Oscar, Oliver, Vincent, and Eric (see Table 1).
Note. * denotes the child with a speech impairment.

In addition, data were gathered from their siblings with speech impairment, their parents, and significant adult others such as grandparents, teachers, and family friends. All of the children with speech impairment were boys. The siblings of these children ranged in age from 5 to 14 years; 4 were male and 2 were female. Five of the siblings were older than the child with speech impairment, with the sixth sibling being her brother’s twin sister. All of the participants involved in this investigation were given pseudonyms to protect their identity. Each of the siblings had a brother with a speech impairment of unknown origin, reflecting the prevalence of speech impairment in boys (Campbell et al., 2003). The boys had speech impairments of varying degrees, ranging from difficulty saying a few sounds to severely unintelligible speech; 1 child also had a language impairment. The boys had no cognitive or hearing difficulties. In order to assist readers, within this article, the children with speech impairment are differentiated from the other participants by an asterisk.

Data Collection

The data for the current investigation emerged from a larger investigation considering the impact of having a speech impairment on a child’s life (McLeod & Daniel, 2005). This larger project included a number of aspects of the lives of children with speech impairment and involved interviews with participants from a range of categories, including teachers and family members as well as the children with the speech impairment and their siblings. Data on siblings’ experiences were gathered for analysis as one part of this larger project and formed the subset for analysis in this study. The McLeod and Daniel data set included interview transcripts from 6 boys with speech impairment and the significant people in their lives (e.g., siblings, parents, grandparents, teachers, and friends). For the present study, semistructured interviews were conducted using questions outlined in the Speech Participation and Activity of Children Checklist (SPAA-C; McLeod, 2004). The SPAA-C contains a list of questions that were designed to assist speech-language pathologists (SLPs) to explore children’s activity and participation in society (concepts defined by the World Health Organization, 2001). Semistructured interviews are interviews that are based on a specific set of questions that are used to compare and contrast information between participants (Fraenkel & Wallen, 2006). Thirty-two semistructured interviews were completed in total, with interviews predominantly conducted in the homes and schools of the participants. The duration of each interview varied from 10 min to 1 hr. Variation in the length of interviews was the result of the number of participants being interviewed at one time (e.g., sometimes both parents were interviewed together) and the age of the participants (the interviews with children were shorter than the interviews conducted with adults).

All interviews were tape recorded and then transcribed by the first author. Once complete, the transcripts were sent to the participants for review. Participants were given the opportunity to modify (i.e., add and/or delete) their transcript as they felt necessary to ensure that the transcript reflected their thoughts and experiences accurately, a process used to ensure the validity of data gathered when using qualitative methods. Where child participants (including siblings) had been interviewed, it was advised that they review the transcript with their parent/caregiver. Most participants did not request changes; a few requested minor wording changes for a small number of answers.

Interviewing children required additional consideration of ethical and methodological procedures. Child participants included

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**Table 1. Description of siblings and transcripts used in the present study.**

<table>
<thead>
<tr>
<th>Sibling</th>
<th>Transcripts used from the original data set (McLeod &amp; Daniel, 2005)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ursula</td>
<td>Ursula Mother Grandmother</td>
</tr>
<tr>
<td>Kelsey</td>
<td>Kelsey Parents Grandmother Teacher</td>
</tr>
<tr>
<td>Oscar &amp; Oliver</td>
<td>Oscar Oliver Mother Vincent’s friend</td>
</tr>
<tr>
<td>Vincent</td>
<td>Vincent Parent’s friend</td>
</tr>
<tr>
<td>Eric</td>
<td>Eric Parents Paul* (6 years) Olivia (significant other)</td>
</tr>
</tbody>
</table>

In addition, data were gathered from their siblings with speech impairment, their parents, and significant adult others such as grandparents, teachers, and family friends. All of the children with speech impairment were boys. The siblings of these children ranged in age from 5 to 14 years; 4 were male and 2 were female. Five of the siblings were older than the child with speech impairment, with the sixth sibling being her brother’s twin sister. All of the participants involved in this investigation were given pseudonyms to protect their identity. Each of the siblings had a brother with a speech impairment of unknown origin, reflecting the prevalence of speech impairment in boys (Campbell et al., 2003). The boys had speech impairments of varying degrees, ranging from difficulty saying a few sounds to severely unintelligible speech; 1 child also had a language impairment. The boys had no cognitive or hearing difficulties. In order to assist readers, within this article, the children with speech impairment are differentiated from the other participants by an asterisk.

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Interviewing children required additional consideration of ethical and methodological procedures. Child participants include
the siblings, their brothers with speech impairment, and their friends (see Table 1). Written informed consent was gained from the parents/guardians of all child participants. At the time of the interview, child participants were informed about the nature of the research and were asked to give their assent to participate (Hurley & Underwood, 2002) both verbally and by signing a form that was explained to them. When interviewing children, a parent/caregiver was within close proximity. Additionally, the interviewers asked all questions in a positive manner (see McLeod, 2004) to ensure that the relationship between the interviewee and the child with the speech impairment was not negatively impacted. It was believed that directly asking children about speech impairment may have altered the children’s relationships with and perceptions of one another. Siblings and friends were given the opportunity to discuss speech difficulties at many points during the interview via open-ended questions such as “Tell me about your brother,” “Is there anything your brother has trouble with?” “Is there anything else that’s important for us to know about your brother?”

**Data Analysis**

All 32 transcripts from McLeod and Daniel’s (2005) data set were reviewed for this study, and 15 contained information pertaining to the experiences of siblings (see Table 1). Once selected, the relevant transcripts were analyzed using the technique of identifying “meaning statements” by the researcher. Meaning statements are defined as “significant statements … that have particular relevance to the phenomenon being studied” (Johnson & Christensen, 2004, p. 367) and are identified in a process of ongoing review of the transcripts individually and as a body of data.

Data analysis involved identifying and color coding meaning statements from each sibling (i.e., a different color for each of the siblings) and identifying the position of each meaning statement in the transcript. Meaning statements from the additional interviews relating to these children were then identified and coded with reference to the participant category and the position of the data in their transcript. This coding allowed the data to be read in relation to its larger context to ensure that the meaning identified was consistent with the participant’s comments, thus addressing issues of misunderstanding and overinterpretation. Returning to the context from which statements were drawn provided a process of ensuring the “truthfulness” of the researcher’s interpretation to the data (Patton, 2002). These additional meaning statements provided information regarding something that the sibling had said (triangulation) or information that the sibling had not provided.

The second step in analyzing the data involved organizing the coded meaning statements into various themes using the process of manual thematic analysis (Guba, 1978; Patton, 2002). This thoughtful analysis involved identifying similarities, differences, contradictions, and common themes (van Manen, 2000). While conducting the thematic analysis, the complete transcripts were regularly checked to ensure that the intended meanings of the statements were maintained. To be included, however, meaning statements did not always require several references from differing sources. Single statements from participants referred to as “key informants” (Patton, 2002) were also included. Key informants are “people whose insights can prove particularly useful in helping an observer understand what is happening and why” (Patton, 2002, p. 321). Key informants can offer specific data, significant statements that are highly pertinent to the phenomenon but which others may not have experienced in their particular circumstances or refer to in their interview. These statements can also offer greater understanding of the experiences expressed by other participants, who may have not spoken as clearly of these views. Such statements can also inform future directions for investigation.

Four main themes emerged (see Table 2). Once themes were established, they were reviewed using a three-step framework provided by Guba (1978). First, the categories had to be consistent and provide the whole picture of the data and thus the participants’ experiences. Second, the data set had to be reasonably inclusive of the data and information, that is, the data had to be covered by the category set. Third, the categories had to make sense to another judge. Checking the analysis against the data and between the three researchers provided a process of implementing this framework for this research.

**Trustworthiness and creditability.** In qualitative research, reliability and validity are reconceptualized as “trustworthiness” (Lincoln & Guba, 1985, pp. 76–77) and “creditability” (Patton, 2002, p. 552). Trustworthiness is established by criteria that focus the researcher’s attention on rigorous application of the selected methods and processes of ensuring the creditability of the findings against the data and with participants and researchers (Denzin & Lincoln, 2005; Patton 2002). Creditability is established in a number of ways, including the creditability of findings with the data or the participants—a process referred to as triangulation (Denzin & Lincoln, 2005; Guba & Lincoln, 1989) where there is a “convergence among sources of information,” (Cresswell, 1994, p. 158). Trustfulness in qualitative research may also be established through the use of multiple methods of data gathering from a single source and by the researcher or participants establishing the “faithfulness” of the findings to the data and the participants’ experiences. In

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**Table 2. Four main themes regarding the siblings of children with speech impairment.**

<table>
<thead>
<tr>
<th>Theme</th>
<th>Statement</th>
<th>Subtheme</th>
</tr>
</thead>
<tbody>
<tr>
<td>Theme 1: Impact on the sibling relationship</td>
<td>“When it’s just you and me, everything is OK. I know you have a problem but it doesn’t matter”</td>
<td>Personal relationship</td>
</tr>
<tr>
<td>Theme 2: Impact on relationships with outsiders/others</td>
<td>“When others are around things change because I have to look after you”</td>
<td>Understanding speech impairment</td>
</tr>
<tr>
<td>Theme 3: Impact on self</td>
<td>“Even though I love you, you change how I feel about my world”</td>
<td>Protector</td>
</tr>
<tr>
<td>Theme 4: Impact on the parent-child relationship</td>
<td>“My relationship with Mom and Dad is different because of you. Sometimes I have to be more grown up than I really am”</td>
<td>Interpreter</td>
</tr>
</tbody>
</table>

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RESULTS AND DISCUSSION

Presentation of the findings aimed to provide a rich picture of the participants’ experiences, thus both interpretation and quotations from the participants are provided to illustrate the findings of the research project. This presentation of description along with quotation encourages the reader to “enter into the situation and thoughts of the people represented” (Patton, 2002, p. 503). The intention in reporting in this way is to enable readers both with and without experience of the phenomenon to gain an insight into the participants’ experiences and to support understanding of the conclusions of the study.

The interviews in this study depicted a range of significant experiences that were encountered by the siblings of children with speech impairments and are discussed under four main themes: impact on the sibling relationship, impact on relationships with outsiders/others, impact on self, and impact on the parent–child relationship (see Table 2). Within the presentation of the themes, the age of the sibling will be discussed as a factor in the sibling relationship. Developmental psychologists such as Piaget (1954), Erikson (1950), Kohlberg (1969), and others suggest that our understanding of the world differs as we progress through childhood. This development of understanding was evident in the siblings’ experiences.

Theme 1: Impact on the Sibling Relationship

**Personal relationship.** Lobato (1990) proposed that one possibility for sibling relationships being instrumental in the development of social skills in children lies within the notion of siblings having and exerting a relative amount of power within the relationship and being equal participants within the relationship. Given the impact of other disabilities on sibling relationships discussed earlier, it might be assumed that the relationship between a child with a speech impairment and his or her sibling/s may result in different experiences. However, the experiences of the participants in this investigation indicated that when alone together, there was little disturbance to the sibling relationship. When initially asked to tell the interviewer about their brothers, many siblings spoke about the time spent with the child with the speech impairment and the activities that they enjoyed doing together; others spoke about positive attributes of their brother’s personality. Kelsey, Vincent, and Oscar, who were aged between 5 and 9, described the games and activities that they liked doing with their brothers; the older siblings, Ursula, Eric, and Oliver, who were between the ages of 11 and 14, described attributes of their brothers’ personalities that they liked.

Kelsey  He [brother*] [pause] plays with me.
Ursula  Like, like he’s [brother*] cool. He’s a cool kid. Like he’s fun to hang out and stuff when he’s not being naughty. Like, me and him have fun together.

Eric  And I also like him [brother*] because he is really, really kind.

In Oscar’s case, it became evident that he had a very strong and reciprocal relationship with his brother with a speech impairment. When his brother was asked what his favorite thing to do was, he responded:

Brother*  Goin’ out playin’ with Oscar.
Interviewer  Going out playing with Oscar? Like what type of things?
Brother*  Like playin’ in the pool … And we [long pause] sometimes play together at school … and … sometimes we go and go to the park.

Many parents and significant others also spoke about the relationship between the sibling and the child with the speech impairment, indicating that the sibling and the child with the speech impairment had a strong relationship and enjoyed being together. For instance, Olivia, a close family friend and work colleague of Eric’s mother, indicated her perception of the relationship that Eric shared with his brother with a speech impairment, stating:

Olivia  … usually they [Eric and his brother*] get on like a house on fire. He might have, you know, a wrestle with him sort of thing, he might come up and yeah. Eric [pause] Eric will play.

**Understanding of speech impairment.** When describing the child with the speech impairment, only 1 of the siblings (Oliver) mentioned the speech impairment. However, in the later stages of the interview, siblings were asked if there was anything that their brother had trouble with, potentially prompting them to mention and discuss the speech impairment. Responses to this question varied, with older siblings indicating greater awareness of their brothers’ speech and its implications. One participant, Oliver, was able to name his brother’s speech impairment. Oscar, Eric, and Vincent were able to explain characteristics of the child’s communication skills, and 1 participant (Kelsey) did not mention the speech impairment at all. To illustrate, quotes from Eric and Oliver are provided to indicate the range of responses given by siblings. It is also relevant to note that these siblings were of a similar age (11 and 12, respectively); however, there is a difference in the depth of their understanding of their brothers’ speech impairments.

Interviewer  OK, is there anything your brother* has trouble with?
Eric  Hmm, speech.

Oliver  Well, the little one, has dys [pause] praxia?
Interviewer  Yeah.
Oliver  Dyspraxia, and he just finds it a little bit troubling to talk a lot and sometimes he gets words mixed up.

It is possible that Eric and Oliver, although close in age, had differences in their amount of knowledge regarding speech impairment. Featherstone (1980) suggested that differences in children’s knowledge and understanding of their sibling’s impairment, such as displayed by Eric and Oliver, may be attributed to the amount of discussion and explanation given by their parents. Strohm (2002) proposed that child siblings also have difficulty asking questions about their sibling’s disability, possibly leading to the sibling reaching confused notions of disability.

When 8-year-old Vincent was asked if there was anything his brother had difficulty with, he responded by saying “spelling”
and then “sometimes with his speech.” However, further comments indicated that Vincent was aware of his brother’s speech impairment, as he made comparisons between the abilities of his brother with a speech impairment (6) and his youngest brother (3).

Vincent He [3-year-old brother] can spell a bit too.

Interviewer Really? Even though he’s 3?

Vincent His [3-year-old brother] speech is very good. He knows a lot of words.

Five-year-old Kelsey did not mention in her interview that her brother had any sort of difficulty or problem in any area; rather, she was more concerned with explaining the games that they enjoyed playing together. However, Kelsey’s mother indicated that Kelsey had some awareness of her brother’s speech impairment:

Mother Yeah. And she’s [Kelsey] even said to me at times … she can get into arguments with him and she’s trying to explain and he just doesn’t get it … And she gets quite frustrated and she will say, she will come to me and sometimes say “What’s the matter with [brother*]? Why can’t he understand what I’m saying?”

Many of the siblings within this investigation had some form of understanding about their brothers’ speech impairment, with these understandings appearing to be dependent on age. In relation to Kelsey’s mother’s comment, McHugh (2003, p. 18) suggested that “children younger than 8 years especially need information about their siblings with a disability because they interpret everything personally.” Younger siblings, such as Kelsey and Vincent, appeared to have a limited understanding of the speech impairment in comparison to Oliver, who was able to use the label that had been given to his brother’s speech impairment and simplistically describe what this label meant. As Lobato (1990) suggested:

[Children between the ages of 3 and 8] … focus on children’s actions, appearances and their own gut emotional reactions. This is not to suggest that [these children] are unaware of or insensitive to their brothers’ or sisters’ problems. It simply indicates that the intensity and range of emotions that siblings feel towards one another during their early childhoods is not yet measurably or consistently affected by the child’s illness or disability. (pp. 18–19)

Theme 2: Impact on Relationships with Outsiders/Others

Many siblings felt the need to protect the child from others who may or may not understand their sibling’s speech impairment. It also appeared that when the sibling acted as the child’s “protector,” the child with the speech impairment became reliant on the sibling, and a codependence of reliance and protection occurred. It appeared that changes in the experiences described by the siblings were influenced by changes in context. When the sibling and the child moved out of their private relationship and others got involved, the sibling was more aware of the speech impairment and altered his or her role in order to accommodate the needs of the child with the impairment.

Protector. Many siblings and others spoke of the ways in which siblings protected the child with the speech impairment. Protection included guarding the child from bullying and undesirable friends. Two participants described watching over siblings to ensure that they were not bullied by other children.

Ursula Yeah like it’s just I get really upset about it … Like one of my really good friends, her little brothers, like, they didn’t know that I was his [brother*’s] sister but they used to, you know, pay him out and stuff and bully him. And … I had a go at ‘em one day and they don’t do it any more. They’re friends with him and stuff.

Mother He, Oliver is a bit of a … the lovey-dovey child of the family … even if he’s playing with his own friends, I can … imagine him keeping an eye [on him], you know, even if they were right over the other side of the [playground], just, you know, half an eye on them. And I can imagine him doing that.

Oliver’s mother indicated the ways in which Oliver protected his brother with a speech impairment from others by watching over him, especially at school. Similarly, Ursula mentioned how she had to protect her brother from other children, although Ursula was also able to describe the personal impact (i.e., feeling upset) of seeing other children tease her brother. In relation to the literature that surrounds the topic of siblings, it has been suggested that siblings between the ages of 8 and 12 are highly conscious of the ways in which others react and act toward the child with a disability (McHugh, 2003). Comments from peers have been suggested to have a greater effect on siblings than on the child him- or herself as they provide evidence of the rejection of the child that the sibling feels a close connection to (Siegel & Silverstein, 1994).

Interpreter. A form of protection that was verbalized by many of the participants and significant others in their lives was that of the sibling talking for the child with the speech impairment, or wanting to be available to do so in times of need. Many of the siblings either described, or were described by others as playing an integral role in interpreting the needs and wants of the child with the speech impairment.

Interviewer But what, what about if other people don’t understand?

Oscar Well I just tell them what he [brother*] said.

Interviewer And what do you do if you don’t understand what [brother*]’s saying?

Brother*’s friend I just ask Kelsey.

Interviewer You ask Kelsey and she helps?

Kelsey ‘Cause I know what he says.

Both Kelsey and Oscar indicated an understanding of the important role they play in interpreting their brothers’ needs to others who may not understand. It may be that the awareness of the special role that both Kelsey and Oscar play in the lives of their brothers is due to their desire to protect their brothers from others. Greenspan (2001) asserted that some siblings of children with disabilities may become overly protective of the disabled child, possibly leading the sibling to worry about the child’s welfare. Furthermore, the protective strategy of interpreting for others may be a response to the worry and guilt that Kelsey and Oscar feel in regard to their limited understanding of speech impairment (Featherstone, 1980; Moore et al., 2002; Siegel & Silverstein, 1994).

Olivia, a close friend of Eric’s family, commented that Eric also played a large role in interpreting for his brother, although she believed that it was “second nature” for Eric rather than a direct response to Eric’s brother’s speech impairment.

Olivia There’s a lot of times when I’ve, when I’m over there, you know, I can pick up a lot of what he’s [Eric’s
In the interviews that were conducted with 2 of the children with speech impairments, their siblings, Oscar and Eric, overtly displayed the way in which they protected their brothers by either speaking for them, or in Oscar’s case, whispering answers.

Interviewer: So what are you good at?
Brother*: Riding motorbikes.
Oscar: (whispering) Riding.
Interviewer: Yep.
Interviewer: When you’re not sad? What sort of things make you sad?
Eric: Being teased.
Brother*: Being teased (laughs).
Interviewer: Oh! Is your brother giving you the words, all the hints? (laughs). You’ve already told me what you think he’s good at, it’s his turn! (laughs).
Oscar: Yeah, I know.

In answering for or providing their brothers with answers to the interviewer’s questions, both Oscar and Eric indicated their awareness that the interviewer, who was a stranger to both of their families, may have had difficulty understanding what the child with the speech impairment was saying. Moreover, although Oscar and Eric were the only siblings to demonstrate this form of protection in the interview situation, both Kelsey’s teacher and mother described incidences of interpreter behavior in a similar role.

Teacher: Lots of times when I question him [Kelsey’s brother*] about something he will look to Kelsey firstly, if she’s nearby … to get a clue as to what I’m wanting him to do. She often whispers answers to him.

Mother: … because he [Kelsey’s brother*] had his sister, I think, as such a close friend, and they are very close. She’s sorta like the cavalry on the hill I say (laughs). She comes and rescues him a lot and will explain things and he relies on her heavily.

It is interesting to note that the act of interpreting for the child with a disability is not mentioned in the literature concerning the siblings of children with other disabilities. It may be that the role of interpreter is unique to the relationship between a sibling and a child with communication difficulties.

Theme 3: Impact on Self

The third theme is the impact of having a brother with a speech impairment on these siblings themselves. In contrast to the experiences of playing and having fun with the child with the speech impairment, some siblings and the others within their lives spoke of changes that the sibling experienced personally as the result of being the sibling of a child with a speech impairment. Many siblings indicated that they felt jealousy and resentment toward, and worried about, the child with the speech impairment.

Jealousy and resentment. It has been suggested that the siblings of children with disabilities may feel jealousy and resentment toward the child with a disability due to the amount of time parents spend with the child in relation to the time spent with the sibling (Russell et al., 2003). For the siblings of this investigation, feelings of resentment and jealousy were highlighted as impacts 2 siblings, Eric and Ursula.

Father: Because Eric is very jealous of [his brother*].
Interviewer: Yeah, OK … So what makes him jealous of [his brother*]?
Father: He seems to think [his brother*] gets more attention than he does.

Grandmother: Because [Ursula’s brother*] will have some terrible tantrums at different times and because [mother] gets so frustrated with [brother*] she’ll take it out on Ursula. And you know, Ursula gets quite upset about it. She loves [her brother*] but, in some ways, she resents him too. You know, because it does affect all of them.

Both Eric and Ursula were described as possessing feelings of jealousy and resentment toward their brothers; however, these were the only 2 siblings within this investigation to be described in this way. Russell et al. (2003) suggested that siblings of children with disabilities may experience resentment and jealousy toward the child with a disability in response to the disproportionate amount of parent attention that is divided between the children with and without disabilities. It is also interesting to note that Eric and Ursula were 2 of the older siblings interviewed for this investigation. They verbalized their resentment of the child with the speech impairment, suggesting that resentment may be linked to age.

Interviewer: And tell me about his personality.
Eric: Hmm, he’s a real pain in the rear! (laughing)
Interviewer: Oh dear! (laughs)
Eric: He’s a real pain in the rear if you’re his brother.
Interviewer: Ah, yeah. OK.
Eric: Uh ha.
Interviewer: But if you weren’t his brother, how ‘bout that?
Eric: He’d be quite nice.

Ursula: Nah, I hate it sometimes like, I don’t like him sometimes because he, he gets all the attention … I just despise him sometimes because he gets all of the attention.

Furthermore, Eric’s resentment of his brother was also shown in his explanation of the situation that occurred when his brother started school.

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Eric would follow me around everywhere, “he would follow me around everywhere, everywhere, everywhere I tell you!”

Interviewer So why? What happened?

Eric After a while he slowly and slowly made friends. I started off actually making him friends, like I got him, took him up to his class, found a kid inside his class that was outside the door and I asked him if he’d play with my little brother … So he’d get off my back and stop asking me.

Although Eric expressed resentment at not being able to “scrape him off,” he also showed the way in which he handled the situation by finding other children for his brother to play with. Eric’s parents also indicated other roles that Eric undertook during his brother’s transition to school:

Mother Yeah, I’m afraid Eric did take on a lot [at school]. If anything went [wrong] and got him [brother*] upset in class or something, they used to go and get Eric out of his class to try and sort it out.

Although acknowledging the important role that Eric played in his brother’s transition to school, Eric’s parents did not ascribe the same level of personal impact to this role. For example:

Interviewer Mm. And how did Eric react to that role?

Mother Oh, he loved it actually (laughs).

Father Yeah. Initially he loved it.

Mother I think he was in his element.

Father Yeah.

Mother He got a bit tired of it after a while.

Father Yeah.

Mother Which you do.

Interviewer Yeah.

Father About half way through second term, he got a bit tired of it.

Eric’s resentment of the integral role that he played in his brother’s transition to school may have been heightened by a limited understanding that his parents showed in relation to the impact of Eric’s role as protector and interpreter. As Strohm (2004) proposed, parents of children with disabilities frequently find it difficult to hear the concerns of siblings, decreasing the sibling’s ability to express his or her needs and leading to the suppression of negative emotion (Strohm, 2002).

Worry and concern. In contrast to feelings of jealousy and resentment, the data indicated that many of the siblings also worried about the child with the speech impairment. Worry is also a theme within the literature regarding siblings with disabilities (e.g., Featherstone, 1980; Greenspan, 2001; McHugh, 2003; Moore et al., 2002). In relation to the siblings of this investigation, the following examples were given:

Mother She [Kelsey] does find him [her brother*] a worry in a way I think. She, she said something to me one day that she worries about [her brother*] all the time.

Grandmother Yeah.

Ursula No, but like, I know, like I cry about it sometimes like because I know that it [brother*’s speech] has to be fixed.

Kelsey’s mother and grandmother and Ursula demonstrate the ways in which both sisters worry about their brothers, although in different ways. Kelsey’s mother stated that Kelsey worries about her brother “all the time.” Kelsey did not formally say that she worries about her brother; however, her comments below indicate that Kelsey checks that her brother is OK in order to deal with the concern that she feels toward him.

Mother Do they play with [brother*] at lunch time? At morning tea?

Kelsey Mm. I don’t know. He plays by himself.

Mother Does he?

Kelsey He likes it. Sometimes I say “Can I play?” and he says “No,” so I find my other friends.

Thus, when comparing the quotes from Ursula and Kelsey regarding their concern for their brothers, it becomes evident that there is a difference in the intensity of the worries that are experienced by both of these siblings. Ursula indicates that she is upset by her brother’s speech impairment and understands that it “has to be fixed,” whereas Kelsey’s worry appears to be less intense. As Strohm (2002, p. 55) asserted, “siblings often worry about the safety of a brother or sister with special needs, and feel powerless to help them.” In relation to Kelsey and Ursula, it is possible that age plays an important role in the intensity of the worry that siblings feel and that older siblings feel less capable of altering the situation, thus intensifying the worry that they experience.

Theme 4: Impact on the Parent–Child Relationship

The fourth theme describes the change in the relationship between parent and child. It appeared that the experience of being a sibling of a child with a speech impairment also led to changes in the relationship that siblings had with their parents. Siblings and others also spoke of the siblings having concerns for their parents, taking on a parent-like role toward the child with the speech impairment and receiving less parental attention.

Concerns regarding parents. Fourteen-year-old Ursula spoke about how her brother’s speech impairment impacted her mother and the concern that she felt for her.

Ursula I know that it [brother*’s speech impairment] stresses Mom out a lot … because [brother*’s] Dad doesn’t help out with money a whole lot so you know? You know, it stresses Mom as well ’cause she doesn’t want him to be like this when he gets older and neither do I.

Ursula’s comments demonstrate her understandings of the impact of her brother’s speech impairment on their mother. McHugh (2003, p. 6) proposed that “for a sibling, there is nothing more painful than watching your mother’s heart break because one of her children is wounded.” Ursula seems to be attuned to the stress and worry that her mother feels in regard to her brother’s speech impairment and his future prospects as well as the financial burden that her single mother faces due to the cost of speech-language pathology services.

Parent-like role. Another change in the parent–child relationship that was evident in the data was that of some of the siblings taking on a parent-like protective role toward the child with the speech impairment. This seemed to be especially evident in the school context. For example, Kelsey’s mother and grandmother...
illustrated the ways in which Kelsey tends to mother her brother by watching over him.

Grandmother: The couple of times I’ve been to school, you know, when I’ve been there with them I’ve noticed that Kelsey still looks over for him.

Mother: She does.

Grandmother: She still looks out and makes sure he’s got his lunch.

Mother: Yeah.

Grandmother: And puts it in front of him or makes sure he puts it back in that little thing outside down near the steps.

Mother: They don’t do that any more.

Grandmother: They don’t do that any more? She used to just make sure that he’s put it back in there. But she, she was letting him do it himself which was good. But she’s sorta watching over him.

When siblings take on a parent-like role toward their sibling with a disability, they are at risk of parentification. Parentification can be defined as a role reversal where a child sacrifices his or her own needs in order to accommodate the emotional or functional/logistic needs of an overtaxed parent (Chase, 1999; Lamorey, 1999). This parentification involves children taking on responsibilities that are normally taken by adults, particularly parents, in relation to the care of their disabled siblings (Siegel & Silverstein, 1994). Fourteen-year-old Ursula seemed to mother her brother, but also seemed to become the parent by giving her mother instructions on how best to ensure that her brother is understood by strangers.

Ursula: Yeah but I like get worried when Mom sends him into a shop and stuff to like buy something and like the people, who, you know, are in the shop might not understand him and he’ll just, you know? And it’s hard for other people. I always like say to Mom, like, Mom, you know, “You’ve gotta go with him.”

In protecting their brother’s interests, watching over them, and, in Ursula’s case, intervening in her mother’s parenting of her brother, both children took on parent-like roles. Five-year-old Kelsey seemed to take a more reactive approach to her brother’s needs, responding to immediate demands or threats in the situation such as making sure that he had his lunch and, as was mentioned by her teacher, whispering answers to him in class. In contrast, however, Ursula tended to be more proactive, analyzing the situations her brother was to become involved in and pre-empting potential as well as addressing actual immediate threats in order to ensure that he would be “safe” and that someone familiar would be available to interpret if he encountered difficulty.

It is also interesting to note that the only comments within the data set regarding siblings taking on a parent-like role made reference solely to sisters. This reflects the research regarding siblings of children with disabilities, which suggests that females are more likely than males to adopt a caretaking and parent-like role toward their siblings with disabilities (Damiani, 1999; Schilling, Schinke, & Kirkham, 1988; Siegel & Silverstein, 1994). It has also been suggested that older female siblings of children with disabilities are more likely than other siblings within the family to become parentified (Siegel & Silverstein, 1994). Ursula’s descriptions were indicative of the emotionally and functionally supportive role that she played toward her brother and her mother. This role included Ursula interpreting her brother’s needs to others when her mother was not available to do so and having a mature understanding of the financial and emotional burden that her mother experienced as a result of her brother’s impairment. Ursula’s intervention when she perceives that her mother has not fully accounted for the needs and potential problems for her brother are also indicative of this parentification process.

**Less parental attention.** It was apparent in this research that some of the siblings received less parental attention due to their parents’ focus on the needs of the child with the speech impairment. Eric’s family’s friend, Olivia, commented on the amount of attention that Eric received from his parents compared to his brother; however, she saw this as being the result of Eric being the oldest child in the family and not due to his brother’s speech impairment.

Interviewer: So he’s [brother*] getting more attention from both?

Olivia: Yeah, way more attention from both.

Within families of children with disabilities, it has been suggested that it is often the mother who is unaware of the fact that she spends more time with the child with a disability (McHugh, 2003). In Eric’s case, it was observed by a family friend that he was receiving less attention from both of his parents as a result of the time his parents spent with his brother. It has also been proposed that a lack of attention from parents can lead siblings to feel isolated within their families (McHugh, 2003; Strohm, 2004) and to suffer from adjustment problems (Nixon & Cummings, 1999). It has also been asserted that although children may not enjoy the disproportionate amounts of time that their parents divide between siblings within a family, generally, children understand the reasons for these differences (Kowal & Kramer, 1997). In this study, however, Ursula was the only sibling within this investigation who verbalized for herself that she received less attention from her mother due to her brother’s needs.

Ursula: Mom’s always, you know, going to things for his speech and stuff.

Ursula’s mother also spoke of how she planned to move interstate with Ursula’s brother to enable him to attend a special school for children with speech impairments. She briefly outlined her awareness of the impact that this would have on Ursula.

Mother: And that’s why, to me, the only solution in our life is [name of fee-paying school that caters for children with speech impairment] … No other, there’s no other option for me … Which is hard because Ursula will still have to go to high school at [name of home town] and we’ll only be coming home of a weekend.

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**CLINICAL IMPLICATIONS**

SLPs perform an important role in the development of effective communication skills in children with speech impairment. This role has been expanded to consider the needs of the entire family through family-centered practice. One implication of this investigation revolves around SLPs routinely acknowledging the important role that siblings play in the lives of children with speech impairment. As this investigation has shown, siblings of children with speech impairment play an integral role in their siblings’ lives, particularly in relation to interpreting the needs of the child with the speech impairment in situations where parents may not be available, such as at school. By being aware of this role, SLPs can include siblings in the provided programs, facilitating their
family-centered practice in intervention services. Trent, Kaiser, and Wolery (2005), for example, found that by training older siblings of children with Down syndrome in responsive interaction strategies, there were modest changes in the communicative abilities of the children with Down syndrome. Further research in speech-language pathology services may also identify gains for clients as well as for their families through such practices.

SLPs can also assist parents to be aware of the feelings and experiences of siblings of children with speech impairment, such as jealousy, resentment, worry, less parental attention, and the protective strategies that siblings employ to accommodate the needs of the child with the speech impairment. Parents can be encouraged to ensure that the siblings of their children with speech impairment are given the opportunity to discuss their feelings and concerns about their brother or sister in order to identify and address the particular needs of these children. Furthermore, parents can become aware of the added responsibility that the siblings of children with speech impairment may face, ensure that this responsibility is age appropriate, and address any difficulties that may arise from these additional roles of siblings in their particular circumstances.

One practical implication of this research is that it provides impetus for the consideration of sibling support groups to be accessible to the siblings of children with speech impairment. Research surrounding sibling support groups (e.g., Naylor & Prescott, 2004; Phillips, 1999) indicates the benefits of siblings being able to interact with other children in similar situations. These benefits include decreases in stress, anxiety, and depression; improved self-esteem (Phillips, 1999); and improved coping strategies (Naylor & Prescott, 2004). Currently, there are limited support services and groups for siblings of children with disabilities, and there are no organizations where the primary focus is the needs of siblings of children with communication impairments.

LIMITATIONS

It is acknowledged that the present investigation is bound by limitations. These limitations include that the purpose of the interviews conducted by McLeod and Daniel (2005) were not to explore the experiences of the siblings of children with communication impairments, though sibling experiences were repeatedly mentioned. When the interviewers realized that the lives of siblings were also affected by the communication impairment, subsequent interviews elaborated on the questions outlined in the SPAA-C (McLeod, 2004). Elaboration of these questions allowed data regarding the experiences of siblings to be gathered, thus allowing the importance of this relationship to be investigated further. This limitation may also be seen as a strength. Although it was not the initial intention of McLeod and Daniel to collect data regarding the experiences of siblings, the recurrence of sibling issues and experiences indicated that this topic was of importance to participants.

Furthermore, the number of siblings investigated was small, so the findings are bound to the data, making them ungeneralizable to the wider population. However, research conducted within the naturalistic framework does not intend to make broad generalizations about the research findings, as it is acknowledged that the findings are bound to the data. Rather, it is the intention of the naturalistic investigator to explain the occurrence of a phenomenon within the particular setting of the investigation (Lincoln & Guba, 1985). Future directions warrant research to be conducted on a larger sample size with the specific intention of exploring the experiences of siblings of children with communication impairments.

SUMMARY

This study explored the experiences of siblings of children with speech impairment. To date, no other study has explored this group of children. Interviews with siblings and other significant children and adults revealed four themes:

- **Theme 1.** These siblings had a positive relationship with one another.
- **Theme 2.** With the entry of others, siblings undertook the roles of protector and interpreter. It appeared that these siblings interpreted and spoke for the children with speech impairment as a way of protecting them from being misunderstood and possibly embarrassed.
- **Theme 3.** Siblings described personal challenges, including jealousy and worrying about their sibling with the speech impairment.
- **Theme 4.** Finally, there were a number of changes within the relationship between the parent/s and the sibling, with 1 sibling describing the concern that she held for her mother and others describing the unequal amount of time that they were able to spend with their parent/s as the result of the needs of the child with the speech impairment.

The findings of this research link strongly to the body of literature that surrounds the siblings of children with other disabilities; with the exception of the role of interpreter as being unique to the present study. This research has implications for SLPs and educators who are engaging in family-centered practice as well as for parents.

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