IMPLICATIONS, LIMITATIONS AND SUGGESTIONS FOR FUTURE RESEARCH
CHAPTER VII

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Implications

The present study was an attempt to explore the impact of the handicapped child on their normal siblings. These normal siblings have a wide variety of physical, emotional, social needs and aspirations. Siblings without disabilities are affected by the presence of a handicapped child in both positive and negative ways. The study of normal sibling interactional processes with the handicapped child is useful to parents and practitioners alike. Community support services to families having a handicapped child can substantially lessen the stress faced by parents and siblings. Specific cognitive and social skills, and strategies could be taught to siblings in order to cope with the family environment. However, these should be developed with sensitivity and moderation. The implications of the variables selected for the study and found significant in the results are discussed in the following text.

An important finding in the case of siblings of handicapped child is their positive adjustment. Normal siblings have been found to have a positive temperament and good health adjustment. The positive temperament would lead
to a healthy attitude towards handicapped child and life in
general. Satisfied and integrated relations of siblings with
handicapped sibling can provide the favourable response
towards the caring and development of handicapped children.
In Indian families, where females are at subservient
position and girls have to suffer a lot it is heartening to
note that female normal sibling is not adversely adjusted,
as compared to normal male sibling. The result is a pointer
of changing sex roles developing in the society.

From the study of self concept, it is observed that
siblings of handicapped children have a higher self concept
as compared to siblings of the normal children. To get them
out of this trend, they may need short term
psychotherapeutic interventions. The therapist’s knowledge
of these characteristics would facilitate the treatment as
well as rehabilitation programmes. It should always be kept
in mind that these siblings of handicapped should be treated
differently as they are siblings with special needs. The
treating medical team could be given prior information about
these characteristics, which would help them not to react
negatively towards such special normal siblings.

In the present results a feeling of normlessness
particularly in the siblings of physically handicapped
child was also observed. This feeling of normlessness could
be cured by giving them recognition and respect as
individuals. They should be known for their own
accomplishments, their own characteristics, their own feelings and their own joys. They need not be pushed too hard in an attempt to compensate for lost parental hopes. Such high aspirations lead to a normless behaviour from the sibling of physically handicapped child. In the process they develop a habit of not caring for the norms of society for achieving aspirations and goals set for them by the parents.

At all stages of illness of handicapped child the parents and children have physical as well as psychological problems accompanied by social and occupational disabilities. A "total Care" in a comprehensive rehabilitation includes giving (i) the best scientific medical treatment, (ii) attention to the families where social and familiar relationships and sibling's adjustment had been disrupted by their handicapped brother or sister, (iii) providing a way to meet the financial needs caused by the expensive medical treatment, (iv) spiritual help through which both type of the handicapped children and their families find strength and hope in God and religion, when hope is lost under the impact of handicap and (v) information alongwith the sessions on early detection procedures about psychological and social consequences of siblings of handicapped child and how to handle them effectively.

In India, unfortunately, we have not been able to accord priority to the siblings of handicapped though it is
a significant area of concern. Diagnostic and therapeutic facilities for handicapped children are restricted to a few cities. The services available for handicapped children are not very satisfactory in other fields too, i.e. educational guidance, vocational guidance, residential guidance etc. In such situations both parents and normal siblings of the handicapped child may feel stress and coping problems. A combined effort by psychiatrists, psychologists, social workers and other health care personnel would be a tremendous support in the rehabilitation programmes for the siblings of handicapped children.

Limitations and suggestions for future research

All the aspects of siblings of handicapped children entail a vast area. Four aspects of personality of such siblings were studied in the present investigation. Some of the limitations which have been observed are listed below.

i) The sample was relatively small and not very heterogeneous, which means the generalisations should be made with caution. The sample has been taken from Chandigarh and nearby areas of the state which has its own culture, so there is clearly the need for such a study on another sample of the siblings of handicapped children of other places too.

ii) The age range of the children was also restricted from 8 to 19 years. It would be fruitful to conduct another study of adulthood also.
iii) Only siblings have been included in this study. It would be useful if peers of handicapped children too could be contacted and interviewed to get additional information on all the variables.

iv) Other variables like education of the siblings, parental attitudes towards the siblings of handicapped children, aggression need to be studied in relation to the variables undertaken in the present investigation.