Family Dynamics:
Socioemotional development in autistic and neuro-typical siblings.

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Like all areas of human evolvement, socio-emotional development is not predetermined, fixed, or linear (Osher et al., 2020 p. 23) but is instead, an ongoing, individual process constructed by reciprocal interactions between a child's biological, physical, and social contexts (Ibid). Whilst it is acknowledged that there are numerous demographic characteristics that influence development including, but not limited to, family structure, culture, and socioeconomic status (Repetti et al., 2015), it is widely agreed that early relationships shape a child's social and emotional behaviour and understanding (Hartup,1989; Mulder, 2008; Nagaoka et al., 2015). These complex, transactional relationships within the microsystem (Perolli-Shehu, 2019) play a vital role in social and emotional development and, considering the family functions as a dynamic whole (Repetti et al, 2015), it is understandable that a special life situation such as disability (Jagla et al., 2017) can impact on these relationships. Although the whole family system (Green, 2013) faces challenges, the generally supportive and mutually beneficial (Kaplan et al., 1991) sibling relationship, can be particularly sensitive to the underlying pervasive impairments of autism spectrum disorder (Petalas et al., 2015). First experiences of sharing, companionship (Turnbull et al., 2006), cooperation and competition (Hartup, 1989) may not provide the same context for prosocial empathetic skills, social understanding, and emotional regulation (Repetti et al., 2015) and consequently, social and emotional development can be disrupted. Notwithstanding and for balance, it should be acknowledged that autism spectrum disorder (ASD) can positively influence nondisabled siblings, and the potential risk factor to their development (Macks and Reeve, 2007) does not mean it is predestined. Furthermore, the impact of caring for an autistic child and how this influences parents' ability to support socio-emotional adjustment requires due attention, and perhaps, in some cases, be considered the determining factor for social and emotional outcomes.

Although each microsystem provides opportunities for social and emotional learning (Osher et al, 2020), each person's developmental history will be unique (Osher et al., 2020), as it depends upon the quality of their early experiences and connectedness. Considering then, that all parts of the family system are influenced by each other (Lask, 2015), the impact ASD has on typically developing siblings (hereafter TD-Sibs) has been widely researched yet has resulted in inconsistent and mixed findings (Benson and Karlof, 2008; Mascha and Boucher, 2006; Meadan et al., 2010). It is acknowledged that ASD presents challenges and disrupts family functioning (Lucero, 2018) but, this does not automatically result in TD-Sibs who are emotionally illiterate and maladjusted. Undeniably, writers report a plethora of negative outcomes for TD-Sibs, including developmental differences in social communication and competence, lower levels of pro-social behaviour and withdrawal (Ferraioli and Harris, 2010; Green, 2013; Kaminsky and Dewey, 2001; Mascha and Boucher 2006). To understand these poorer outcomes, the differences between typical sibling relationships, and one where ASD is involved must be examined. Green (2013) postulated that during childhood, children rely heavily on siblings for a multitude of functions, including the development of theory of mind, socialisation skills and developing a sense of identify and niche within the family. The intense sibling relationship generally shares a world of play, helping to develop valuable social skills such as learning how to appreciate another person's perspective (Dunn, 2007), and to how to resolve conflict (Boyd and Bee, 2014; Sheehan, 2007). The limited verbal communication and social interaction (Meadan et al., 2010) of ASD can however, result in less opportunities for social learning, as siblings spend less time together (Knott et al., 1995), and their relationship is often characterised by less intimacy and nurturance (Kaminsky and Dewey 2001). The atypical behaviour of ASD can be difficult for a TD-Sib to interpret (Ferraioli and Harris, 2010), with rejected or ignored social advances limiting social reinforcement, potentially leading to feelings of fear or frustration (Ibid). Compounded by their sibling's 'mind blindness' (Baron-Cohen, 1995 p.2) the lack of quality interaction during early childhood may contribute to TD-Sibs poor social skills, understanding (Ben-Itzchak et al., 2019) and antisocial behaviour (Green, 2013).

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Consequently, their limited ability to accept and understand their peers (Slaughter et al., 2002), precipitates further exclusion from positive interactions (Perolli-Shehu, 2019), increasing the TD-Sibs feelings of alienation (Mandleco and Web, 2015). Moreover, Petalas et al. (2009) postulated that TD-Sibs may feel socially awkward because of experiencing teasing and prejudice (Petalas et al., 2009, 2012). This may be especially true in adolescence when children have a greater social awareness, wherein they are conflicted between their desire to fit in, and loyalty to their sibling (Green, 2013). Whilst ensuing feelings of anxiety, bitterness, and resentment (Mandleco and Webb, 2015) may be true of some TD-Sibs, it would be inaccurate to suggest that ASD is automatically a precursor to developmental 'tragedy' (Ibrahimi et al., 2019).

Although ASD does influence TD-Sibs, it is not necessarily psychologically harmful (Ferraiolo and Harris, 2010). On the contrary, some studies postulate no differences in adjustment (Kaminsky and Dewey, 2002), with others postulating TD-Sibs are, in fact, more well-adjusted and socially competent, than the general population (Macks and Reeve, 2007; Pilowsky et al., 2004). The determining factor here, aside from limited demographic factors (Macks and Reeve, 2007; Tarafder et al., 2004), seems to be growing up in optimal environmental conditions (Quintero and McIntyre, 2010; Verte et al., 2003). Whilst acknowledging that individual coping skills and resilience (Jagla et al., 2017) may be partly responsible for the positive outcomes of some TD-Sibs, there is a wealth of literature that suggests that parent-child relationships and parenting styles can act as a protective factor for social and emotional development and well-being. Because children learn basic social skills from their vertical attachments (Hartup, 1989), parents' play a vital role in helping TD-Sibs develop acceptance, patience, and tolerance (Green, 2013). Through modelling positive appraisals of disability (Ibid) in a developmentally appropriate way (Ferraiolo and Harris, 2010), parents can help TD-Sibs process the emotionally sensitive (Piaget, 1929, cited by Ibid) topic of autism, and learn positive coping strategies. This parental influence over socio-emotional development is especially true in the preoperational stage (Ibid) where children's thinking is based on what they can see and hear.

Despite recognising that it can be difficult to balance the individual needs of their children (Sheehan, 1997), it is important that parents uphold fairness (Ross et al., 1994), to reduce tension (Valsiner and Cairns, 1992) and buffer the effects of adversity (Osher et al., 2020). When this is not achieved and despite parents' best intentions, they run the risk of differential parenting (Sheehan, 1997), which can result in poor social and emotional wellbeing. Howlin's (1988) study highlighted this when it found many TD-Sibs felt they were unfairly treated and did not receive the same amount of parental attention (Mandleco and Webb, 2015; Rodrigue and Geffken, 1993). Commonly, it has been found that TD-Sibs, adolescent girls especially, are expected to take on caring responsibilities and extra household chores (Cridland et al., 2016; Hartup, 1989; Randall and Parker, 1999). Not only does this limit opportunities for respite (Petalas et al., 2015), recreational activities and vocational opportunities (Macks and Reeve, 2007), but some TD-Sibs begin to make comparisons of their own, versus their siblings' treatment by parents' (Shanahan et al, 2008). Feinberg et al. (2000) postulated that comparison processes are particularly strong between siblings, especially in terms of parental treatment. Consequently, perceptions of favoritism (Garrido et al., 2020) may be common amongst TD-Sibs, with Adler (1930, cited by Adler, 2013 p. 84) recognising that feelings of inferiority within the family may be difficult to bear. Based on Festinger's (1954) theory, this constant awareness of inferiority (Jiang, and Wang, 2020) and desire to have the same attention as their sibling may cause TD-Sibs to feel envious. Already a painful emotion (Smith and Kim, 2007), envy evokes feelings of guilt and regret (White et al., 2006), exacerbating their low-self-esteem (Appel et al., 2016). Moreover, chronic upward

social comparison (Smith et al, 1999) is closely linked with depression (Appel et al., 2016) or 'an emotional expression of a state of ego powerlessness' (Bibring, 1953, cited by Jiang, and Wang, 2020 p. 1). Therein, feelings of subordination may leave TD-Sibs prone to learned helplessness (Rotenberg et al., 2005) and can lead to loss of motivation to achieve desired outcomes (Miller and Seligman, 1975).

Notwithstanding the TD-Sibs need for attention, the intensive parenting required (Woodgate et al., 2008) can ultimately lead to stress, fatigue, and preoccupation with the demands of ASD. Understandably, the National Survey of Children's Health (2003) reported a higher incidence of poor mental health amongst ASD parents, however, Siller and Sigman (2002) found there is still evidence of high levels of good parenting. Together with the psychological resources of the parents', Belsky (1984) suggested that positive parental functioning, may be in part, due to ecological factors such as the support system of marital relationships, and the parents' wider social network. Not only can these principal support systems reduce contextual sources of parental stress (Ibid) and lower incidences of maternal depression, in particular (Meadan et al., 2010; Rutgers et al., 2007), but they can also be effective in 'buffering the parent-child relation from stress' (Belsky, 1984, p. 91). In addition, Belsky (1984) considered the attributes of children themselves to be another determinant of parenting, for, as Scholte et al. (2007) proposed, they are not passive recipients of parental treatment. Parenting is, therefore, a bilateral, transactional process (Maccoby, 2007) where each member of the dyad influences the behaviour of the other (Repetti et al., 2015). When the family is ecologically stable, the parents' generally display more positive parenting; when TD-Sibs then respond with cooperation and mutual reciprocity (Cantor et al., 2019; Harrist and Waugh, 2002; Repetti et al., 2015), strain on the parents is reduced and, consequently, their capacity to engage and show affection increases. Not only can this help develop strong parent-child coalitions (Sheehan, 1997), but this can also help support positive sibling interactions (Brody, 1998). This high-level responsiveness from caregivers plays a crucial role in creating and maintaining a secure attachment (Nanu and Nijloveanu, 2015), which is crucial for a child to develop a positive internal working model (Bowlby, 1973, cited by Ben-Itzchak et al., 2019), be socially well adjusted, and emotionally resilient to the challenges of ASD. Such authoritative parenting (Baumrind, 1966) means that, even when parents are pre-occupied with their sibling, TD-Sibs know they remain sensitive to their individual needs (Ferraioli and Harris, 2010), and have their best interests at heart (Grusec and Davidov, 2016). By taking the time to help the TD-Sib understand and accept that any differences in parental treatment or attention is legitimate, equitable, and based on the developmental needs and temperament of their sibling (Sheehan, 1997; Sheehan and Noller 1998), parents can reduce jealously and the likelihood of their children internalising or externalising problems (Green, 2013; Hartup, 1989; Ross and Cuskelly, 2006). That said, despite the benefits of authoritative parenting, some research suggests that parents of ASD children are more likely to display authoritarian parenting (Gau et al., 2010; Rutgers et al., 2007), owing to their need to maintain structure and order in an otherwise chaotic environment (Mensah and Kuranchie, 2013). This high demanding parenting is perhaps not surprising considering Dillenburger (2010) found that most parents agreed having a child with ASD causes significant restriction on parental activities and opportunities for employment. It is inevitable that, at times, stress may 'spillover' on to the TD-Sib (Repetti, 1989). Not only can this negatively impact TD-Sibs internal working model, but parental bio-synchrony and attunement is disrupted, reducing their sensitivity to their child's social and emotional cues (Kim and Watamura, 2015).

Providing family interventions are implemented to buffer stress, parents are more likely to identify their child's social and emotional cues. Being able to respond to the TD-Sibs mental state can help build shared experiences and emotions (Bornstein, 2015; Siegel, 2012) in a way that may

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not have been possible without experiencing the complexities of ASD. Not only can this help develop self-regulation (Main, 1991), but the parental validation of emotions surrounding ASD can provide opportunities for 'emotional coaching' (Repetti et al, 2015 when TD-Sibs display distress (Morris et al., 2007). By labelling and responding to emotions (Ibid), reassuring TD-Sibs that they are common, and that support is available (Bloch and Weinstein, 2010), parents can positively influence socio-emotional development. This greater validation and reciprocation of positive emotion (Lambie and Lindberg, 2006; Repetti et al., 2015) has been reported to increase levels of understanding and empathy, reduce behavioural problems (Repetti et al, 2015) and increase social competence (Harrist and Waugh, 2002). Furthermore, if parents continually educate TD-Sibs about ASD as their developmental lens matures (Piaget, 1929, cited by Ferraioli and Harris, 2010), they can support their understanding, and enhance their compassion (Mandleco and Webb, 2015) and warmth towards their sibling. Whilst parents must be careful not to overestimate their child's understanding and overwhelm them with information (Glasberg, 2000) Piaget (1929, cited by Ferraiolo and Harris, 2010) postulated children's capability for increasingly abstract knowledge as their cognitive skills develop. It could be argued, that having an autistic sibling may result in a more persuasive parenting style, providing empathic-emotional dialogue (Hoffman 1988), increasing the TD-Sibs emotional intelligence (Green, 2013). Not only can TD-Sibs learn compassion (Kaminsky and Dewey, 2001), altruism (Bartholomeu et al., 2016), and kindness (Mandleco and Webb, 2015) towards their sibling, but this is said to be extended to all their interactions. Thereby, in opposition to the earlier suggestion of TD-Sibs being rejected by peers, it has been argued that the positive socio-emotional attributes of TD-Sibs may make them more popular, not less popular with peers (Harrist and Waugh, 2002; Mayeux and Cillissen, 2003).

This social competence and emotional maturity (Gray, 1998) may be owing to their sense of responsibility, as the usually horizontal relationship with their sibling, transforms into a vertical (Hartup, 1989), quasi- parent one (Boyd and Bee, 2014). It has therefore been argued that, rather than be a burden (Gold, 1993), the TD-Sibs caretaker and domestic responsibilities enhances their self-concept (Hartup, 1989; Macks and Reeve, 2007) and instils greater independence (Mandleco and Webb, 2015) in comparison to siblings of nondisabled children. However, whilst writers are increasingly highlighting the positive outcomes for TD-Sibs, Green (2013) speculated the possibility that, rather than no experiencing no ill effects, the TD-Sibs might be simply not reporting them due to empathy for their sibling and desire to assist their parents. Furthermore, despite the many documented positive impacts of ASD, there remains a plethora of evidence to suggest there is still significant differences in groups on family quality of life, between Sibs-TD and Sibs-ASD (Garrido et al., 2020). Acknowledging that to date, many studies have been conducted from the parent or professional perspective (Mandleco and Webb, 2015), Green's (2013) theoretical consideration does indicate the need for further, longitudinal research to evaluate TD-Sibs perspectives against control groups.

Nonetheless, TD-Sibs do generally report less quarrelling and competition (Pilowsky et al., 2004) with their ASD siblings and, in accordance with attachment theory (Bowlby, 1973 cited by Ben-Itzchak et al., 2019), a loving bond between siblings reinforces positive internal working models of self and others. Moreover, ASD seems to reduce the rivalry that is otherwise common amongst siblings, especially between typically developing brothers (Stewart et al., 1995 cited by Boyd and Bee, 2014). Subsequently, the intense, poorly resolved conflicts (Siddiqui and Ross, 2004) that can result in less close relationships (Cicirelli, 1994 p. 11) are minimised, along with the discordant interactions that negatively contribute to a child's emotional competence and social cognition (Repetti et al., 2015). For parity, there is however an argument that the frequent nature of sibling conflict provides important opportunities to learn how to compromise and negotiation (Sheehan, 1997).

In conclusion, creating an environment that caters for the complex needs of ASD requires a commitment from the whole family (Green, 2013). Parents are tasked with the challenge of balancing the individual needs and differences of their children, and TD-Sibs often experience additional challenges. Whilst every child, parent and family are unique, and parenting may evolve over time (Lucero, 2018), the consensus is that children growing up in optimal environmental conditions are at a lower risk of maladjustment. Although many studies posit the negative impact ASD has on TD-Sibs social and emotional development, others highlight the 'noteworthy' adjustment and attributes of TD-Sibs, especially considering the characteristics of autism (Pilowsky et al., 2004 p. 855). This suggests that the focal mechanism for poor outcomes may not be the ASD itself but rather on family variables such as love, warmth, and sensitivity (Green, 2013).

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