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How the Differential Treatment of Siblings Is Linked With Parent–Child Relationship Quality

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Little is currently known about the significance of parents' unequal treatment of siblings and their relationships with their children; for example, are high levels of differential treatment consistently indicative of poorer parent–child relationships? Associations among differential parenting practices, perceptions of the fairness of these practices, and parent–child relationship quality were assessed from the perspectives of adolescent siblings and their parents in 74 maritally intact families. Multilevel random coefficient modeling revealed that the magnitude of differential treatment was associated with more negative parent–child relationships only when adolescents perceived differential treatment to be unfair. Differential treatment judged to be fair is not linked with negative parent–child relationships. Results highlight the importance of examining all family members' viewpoints about the legitimacy of differential treatment and of encouraging family members to discuss their understanding of these events.

keywords: parental differential treatment, siblings, parent–child relationships, fairness

Research on complex relational processes within families has revealed that parents' differential treatment of siblings is consistently linked with negative outcomes, such as children's poorer socioemotional well-being (McGuire, Dunn, & Plomin, 1995; Stocker, 1995) and less positive sibling relationships (Brody, Stoneman, & McCoy, 1992; McHale, Crouter, McGuire, & Updegraff, 1995). However, what is not yet fully understood is how differential treatment relates to the quality of parent–child relationships. For example, do children or adolescents who feel they receive less favored treatment than a sibling develop feelings of resentment toward this parent, setting the stage for poor parent–child relationships? Or, do children understand and perhaps "forgive" unequal treatment as warranted for particular reasons? Clarifying associations between differential treatment and parent–child relationship quality will illuminate the potential impact of these differential practices as well as shed light on how these practices become initiated and maintained. This information will be critical for guiding parents toward child-rearing strategies that encourage family harmony. Thus, the current study investigated linkages between differential parenting practices and parent–child relationship quality, assessed from the perspectives of adolescents and their parents.

Previous research suggests that more frequent occurrences of parental differential treatment are associated with more detached and hostile parent–child relationships. For example, McHale and Gamble (1989) studied family processes in families with and without a disabled child and found that 12-year-old children with nondisabled siblings reported more hostile interactions with their mothers when they believed that this parent favored their siblings. Negative consequences for parent–child relationships have been shown even when children believe that they themselves are the recipients of preferential treatment; Boer, Goedhart, and Treffers (1992) reported that 9-year-old children who felt favored over their siblings viewed their parents as engaging in detached and hostile behavior. In general, parents and children tend to be more satisfied with their relationships under conditions of equal treatment (McHale et al., 1995). However, these studies are limited in that they rely primarily on children's perspectives of both differential practices and parent–child relationship quality. Understanding parents' perspectives is critical, as mothers and fathers are likely to view their child-rearing behaviors, and their motivation and goals for these be-

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haviors, in ways that differ substantially from their children.

Perceptions of Fairness

Recent studies have emphasized the importance of considering not only how much differential treatment occurs in a family but also the degree to which children feel that the differential treatment that does occur is warranted or fair (Kowal & Kramer, 1997; Kowal, Kramer, Krull, & Crick, 2002; McHale & Pawletko, 1992; McHale, Updegraff, Jackson-Newsom, Tucker, & Crouter, 2000). As Kowal and Kramer pointed out, some forms of differential treatment may be unavoidable—and perhaps even necessary—as parents recognize and act in accordance with their children's differing needs, characteristics, and abilities. Kowal and Kramer demonstrated that children regularly form attributions to explain their parents' differential behaviors, reasoning that parents treat them and their siblings discrepantly, for example, because of differences in their sex or other personal characteristics, ages, needs, interests, or behaviors. These attributions contribute to children's appraisal of whether parents' unequal treatment of them and their siblings is fair or legitimate. Children's perceptions that parents' differential practices are generally fair tend to be linked with more positive sibling relationships, even when levels of differential treatment are relatively high (Kowal & Kramer, 1997; McHale et al., 2000).

Thus, perceptions of fairness are likely to moderate the association between the amount of differential treatment that occurs and parent–child relationship quality. For instance, children who perceive that their parents treat them and their siblings differently, but believe that the discrepancy is fair, may nonetheless report having warm relationships with parents. Alternately, children who perceive differential treatment as unjust or unfair may feel less close, more hostile, or both toward their parents. This moderation hypothesis is tested in the current research.

Multiple Perspectives

Previous research on the legitimacy of parental differential treatment has concentrated primarily on adolescents' appraisals of fairness; parents have rarely been asked to discuss the rationale behind their own differential practices. It is quite possible that parents intend their behaviors to be fair even though their children do not agree. Because parental perceptions of differential treatment are likely to advance researchers' understanding of this phenomenon, the current study assessed both parents' and adolescents' perceptions of the occurrence of parental differential treatment, perceived fairness, and the quality of parent–child relationships. This assessment of multiple perspectives is expected to produce a more complete picture of differential treatment/parent–child relationship quality linkages than relying on single informants (Feinberg, Neiderhisen, Howe, & Hetherington, 2001).

However, the assessment of multiple perspectives presents particular challenges for statistical analysis. The study of sibling and parent–child relationships is complicated by the fact that family members' reports about particular relationships and events are not independent. Traditional statistical approaches (such as simple analyses of variance or regression), which assume independence of errors, produce artificially low estimates of standard errors. Alternate statistical strategies that call for conducting separate analyses of older or younger siblings, mothers and fathers, or both can also be problematic, as the power to detect significant differences in any given analysis may be low, resulting in an inconsistent pattern of results across the set of analyses. To avoid these difficulties, multilevel random coefficient modeling (Snijders & Bosker, 1999) was used in the current study to appropriately model sibling and parent similarity. This approach capitalizes on the statistical power that is available with a sample of modest size by combining responses from various family members.

In summary, this study extends previous research on associations between parental differential treatment of siblings and parent–child relationship quality by assessing both parents' and adolescents' views of these family processes. We hypothesize that family members' perceptions of the fairness of differential treatment moderate the association between the amount of unequal treatment that occurs and parent–child relationship quality. That is, the expected negative association between the magnitude of differential treatment and parent–child relationship quality will be significantly stronger when family members perceive the differential treatment to be unfair versus fair. Furthermore, given their unique vantage points in the family, different patterns of association among these variables are expected for adolescents and parents.

Method

Participants

The sample included mothers, fathers, and 2 adolescents from 74 maritally intact families. Participating families lived in one of two small adjoining Midwestern cities (combined population 120,000) or a suburban or rural area proximal to the two cities. Participating families were recruited using newspaper ads and through flyers distributed at local schools. Families were offered $15 for their participation.

Families selected for inclusion in the study had a younger sibling between the ages of 11 and 13 years ($M = 12.45$, $SD = 1.58$) and an older sibling who was 2 to 4 years older ($M = 15.58$, $SD = 1.87$). Although 2 of the 148 children in the sample were adopted, the remaining offspring were biologically related to both of their parents. Parents had been married an average of 19.17 years ($SD = 3.34$). Ninety-eight percent of the families were Caucasian. The average number of children per family was 2.64 ($SD = 0.07$), and 65% of the families included only 2 children. When more than 2 children in the family were eligible for participation in the study in that they met the age criteria outlined above, the 2 who were closest in age were selected. The resulting 74 sibling pairs consisted of the following sex constellations: 21 older sister–younger sister dyads, 20 older sister–younger brother dyads, 15 older brother–younger sister dyads, and 18 older brother–younger brother dyads.

On average, mothers were 42.28 years of age ($SD = 4.14$) and

had completed 16.14 years of education ($SD = 2.54$). Fathers were 44.37 years of age ($SD = 4.18$) and had completed 17.63 years of education ($SD = 4.03$). All fathers and 80% of the mothers worked outside of the home on at least a part-time basis. Participating families were middle to upper middle class; the median family income was in the $40,000–$50,000 range. These demographic characteristics are representative of the targeted Midwestern community in which the study was conducted.

Procedure

The procedures of the study were approved by the University of Illinois Institutional Review Board. Children and parents were interviewed privately and individually in their homes about their perceptions of differential treatment in their family. Prior to the interviews, each family member was asked to sign an informed consent form that described the purpose of the study and outlined its procedures. Participants were also informed that the interviews would be audiotaped. Next, each family member was asked to complete a questionnaire assessing the quality of parent–child relationships. Parents also completed a brief questionnaire assessing demographic characteristics.

Measures

Magnitude of perceived parental differential treatment. A modified version of the Sibling Inventory of Differential Experiences (SIDE; Daniels & Plomin, 1985) was administered to assess adolescents' and parents' perceptions of the amount (i.e., magnitude) of differential treatment occurring in their families. The SIDE was modified in two ways: First, two hypothetical scenarios were presented in which parents were portrayed as engaging in blatant unequal treatment with children who were the same age and sex as the participating siblings. The respondents were asked to discuss the fairness of these parental behaviors. As previous research suggests that children may be reticent to discuss parental differential treatment (McHale et al., 2000), the purpose of the hypothetical scenarios was to lessen socially desirable responding by promoting the idea that differential treatment is a normative aspect of family interactions. Second, the SIDE was presented in an interview format so that we could follow each of the items with probe questions to assess perceptions of fairness.

The SIDE consists of nine items that tap two dimensions of parental differential treatment: differential affection (five items) and control (four items). The Affection scale assesses relative parental pride, interest, favoritism, enjoyment, and sensitivity. A sample item from the Affection scale is as follows: "When your father is sensitive to you and (your sibling) is he more sensitive to (your sibling), or you, or is he equally sensitive to both of you?" The Control scale targets parental strictness, punishment, blame, and discipline. A sample item from the Control scale is as follows: "When your mother punishes you and (your sibling) does she punish you both the same amount, or does she punish you more or (your sibling) more?"

Adolescents responded to the nine items once with respect to their mothers, and again with respect to their fathers (in counterbalanced order). Mothers and fathers responded to the nine items in terms of their relative treatment of the 2 children participating in the study. Each item was rated using a 5-point Likert scale with responses ranging from −2 (*much more to younger sibling*), −1 (*a bit more to younger sibling*), 0 (*equal treatment*), +1 (*a bit more to older sibling*), to +2 (*much more to older sibling*). Because the research questions addressed in this study are not concerned with which specific child in the family receives better or worse treatment, the ratings were recoded to absolute values that indexed the overall magnitude of differential treatment: 2 (*much more to an older or younger sibling*), 1 (*a bit more to an older or younger sibling*), and 0 (*equal treatment*). Summary scores were computed by aggregating the 3-point ratings for the Control and Affection scales.

Internal consistency of the Affection scale for the current sample was .76 (alpha) for adolescents and .57 (alpha) for parents; internal consistency of the Control scale was .81 for adolescents and .62 for parents (alphas again). Daniels and Plomin (1985) reported that the test–retest reliability of children's reports on the SIDE scales ranged from .77 to .85, $p < .01$.

Perceptions of the fairness of differential treatment. After adolescents and parents rated the magnitude of each of the affection and control items, they were asked whether they believed that the parental behavior was fair (coded as 1) or unfair (coded as 0). Scores for each item were subsequently aggregated to yield summary measures of the frequencies of fair and unfair parental control and affection. As in previous studies utilizing this methodology (Kowal & Kramer, 1997; Kowal et al., 2002), family members' summary reports of fairness were nonnormally distributed; participants were more likely to report that differential behaviors were fair than unfair, resulting in a highly skewed distribution. Therefore, consistent with previous research, summary reports of the fairness of parental behaviors were recoded, with 1 representing reports that all instances of parental treatment for a subscale (all five affection or all four control items) were fair and 0 representing reports that at least one parental behavior discussed was unfair.

Parent–child relationship quality. Parallel parent and child versions of the Parent–Child Relationship Questionnaire (PCRQ; Hetherington & Clingempeel, 1992) were administered individually to respondents. The presentation of the adolescents' questionnaires was counterbalanced so that half of the adolescents responded to questions about their fathers first, and half responded to questions about their mothers first. Similarly, the administration of these questionnaires to mothers and fathers was counterbalanced such that half answered questions about their relationship with their older child first and half about their younger child first.

Both parent and child versions of the PCRQ contain two scales tapping parent–child hostility (11 items) and warmth (18 items). Sample items from the Hostility scale administered to children include "How much do you criticize your dad?" and "How much does your dad criticize you?" Sample items from the Warmth scale administered to parents include "How much do you enjoy spending time alone with your older child?" and "How much does your older child enjoy spending time alone with you?" Adolescents rated each item using a 3-point Likert scale with responses ranging from 1 (*not at all/a little)* to 3 (*very/extremely*), whereas parents used a 5-point Likert scale with responses ranging from 1 (*not at all*) to 5 (*extremely*). To facilitate comparisons between parent and adolescent reports, parents' responses were rescaled such that the maximum response was equal to 3. Summary scores were derived by aggregating the 3-point ratings. In the current study, internal consistency of the Hostility scale was .86 (alpha) for adolescents and .87 (alpha) for parents; internal consistency of the Warmth scale was .86 for adolescents and .86 for parents (alphas again). Hetherington and Clingempeel (1992) reported that test–retest reliability, assessed over a 2-week period, ranged from .87 to .91.

Results

This section begins with an exploration of reporter agreement for each of the main variables under study. The results

Table 1
Correlations Between Family Members' Reports of the Magnitude of Differential Treatment, Perceptions of Fairness, and Parent–Child Relationship Quality in Dyadic Relationships

Family member	Differential parental affection	Differential parental control	Fairness: Parental affection[a]	Fairness: Parental control[a]	Parent–child hostility	Parent–child warmth
Younger sibling and mother	.27*	.19	−.08	.06	.45**	.48**
Younger sibling and father	.14	.15	.21†	.25*	.25*	.20
Older sibling and mother	.22†	.25*	.06	−.20†	.45**	.40**
Older sibling and father	.18	.06	.10	.11	.29*	.48**
Younger and older sibling reporting about mother	.29*	.28*	.04	.21†		
Younger and older sibling reporting about father	.40**	.37*	.10	.10		

Note. $N = 74$ families.
[a] Entries in these columns are kappa values.
† $p < .10$. * $p < .05$. ** $p < .01$.

of multilevel analyses are then presented to evaluate hypotheses about whether perceptions about the fairness of differential treatment moderate associations between the magnitude of differential treatment and parent–child relationship quality.

Table 1 presents the Pearson correlations that assess agreement between different family members' reports of the continuous variables (i.e., the magnitude of differential treatment and parent–child relationship quality) and kappa values that similarly assess agreement for the categorical variables (i.e., the fairness of differential affection and control). Examination of the correlations between different family members' reports of the magnitude of differential affection and control indicates poor to modest agreement about these variables between the members of parent–child dyads. Stronger agreement was found between siblings' reporting about the magnitude of differential treatment from the same parent. Kappa values show that agreement about the fairness of differential treatment is low to moderate within parent–child dyads and between siblings. Thus, family members tend to have unique perceptions about the fairness of differential treatment. Correlations between parent and adolescent reports of parent–child relationship quality indicate slightly stronger agreement between parent–child pairs for the hostility and warmth variables (in the moderate to good range) than for the differential treatment variables.

The primary hypothesis, that perceptions of fairness moderate associations between the magnitude of differential treatment and parent–child relationship quality, was tested in four sets of analyses. Each analysis examined the effects of the predictor variables (i.e., magnitude of differential treatment, perceptions of fairness, and their interaction) on a criterion variable (i.e., parent–child hostility or warmth). The sets of analyses are distinguished by which reporters (parents or adolescents) provide predictor and criterion data. Within each set of analyses, four models were estimated, each including one of the two measures of the magnitude of differential treatment (i.e., affection or control) predicting one of the two measures of parent–child relationship quality (i.e., hostility or warmth). These analyses allowed us to examine the moderating role that perceptions of fairness play in the association between the magnitude of differential treatment and parent–child relationship quality. In all, 16 analyses were conducted.

To maximize the power to detect the hypothesized interactions, each analysis included multiple reports from and about each family member. For example, in the analyses examining adolescent reports about the fairness of differential treatment and relationship quality, both younger and older siblings provided reports about both maternal and paternal treatment (giving four reports of predictor measures per family). Similarly, each sibling provided reports of relationship quality with both mother and father, resulting in four reports of the criterion measure as well. To control for possible similarity in reports (a) made by the same sibling, (b) made about the same parent, and (c) made by/about members of the same family, cross-classified multilevel random coefficient models (Snijders & Bosker, 1999) were used. The models included variance components (random effects) to appropriately model the effects of rater, ratee, and familial similarity. In addition, these models included fixed effects of adolescent sex (female/male), sibling birth order (older/younger), and parent sex (mother/father) to assess and control for any systematic effects in relationship quality that were due to adolescent sex, birth order, or reporting parent.

Adolescent Reports of the Magnitude and Fairness of Differential Treatment

Table 2 presents the results of multilevel models in which adolescent reports of the magnitude of differential treatment, fairness, and their interaction were used to predict adolescent and parent reports of parent–child relationship quality, after controlling for the effects of the covariates. Significant interactions were followed with separate tests of simple effects of differential treatment on parent–child relationship quality for treatment viewed as fair and unfair.

Predicting adolescent reports of parent–child relationship quality. The hypothesized magnitude by fairness interaction effect did emerge in the two analyses involving differential affection. Thus we examined the simple effects of differential affection separately for those instances in

Table 2
Multilevel Modeling of Adolescent Reports of the Magnitude and Fairness of Differential Affection and Control as Predictors of Parent–Child Relationship Quality

Predictor	Adolescent report of parent–child		Parent report of parent–child	
	Hostility	Warmth	Hostility	Warmth
Adolescent reports of differential affection				
Adolescent sex	.05	−.06	−.03	.04
Birth order	.18*	−.05	.01	−.04†
Parent sex	.11*	.01	.07†	.09**
Differential affection	.07*	−.11**	.06**	−.04**
Fairness	−.01	−.14†	.12†	−.11*
Differential Affection × Fairness	−.05†	.08**	−.05*	.03†
Simple effect of unfair differential affection	.07*	−.11**	.06**	−.04**
Simple effect of fair differential affection	.02	−.03†	.01	−.01
Adolescent reports of differential control				
Adolescent sex	.04	−.05	−.03	.04
Birth order	.13†	−.01	−.02	−.02
Parent sex	.10*	.01	.06	.09**
Differential control	.05*	−.04*	.05**	−.04**
Fairness	−.13	.10	.02	−.10*
Differential Control × Fairness	.02	.00	−.03†	.05**
Simple effect of unfair differential control			.05**	−.04**
Simple effect of fair differential control			.01	.01

Note. $N = 296$ observations nested within 74 families.
† $p < .10$. * $p < .05$. ** $p < .01$.

which the affection was perceived to be fair and unfair. Adolescents' reports of the magnitude of differential affection were positively related to adolescent-reported parent–child hostility when differential treatment was believed to be unfair, but this relationship was not significantly different from zero when differential treatment was believed to be fair. Similarly, adolescent-reported differential affection was negatively related to adolescent-reported parent–child warmth only when differential treatment was believed to be unfair.

Examination of covariate effects revealed few significant findings. Older siblings tended to report more parent–child hostility than did younger siblings, and siblings reported more hostility in their relationships with their mothers than in their relationships with their fathers. No effect of adolescent sex was shown in these analyses (or in any of the analyses to follow).

The hypothesized interactions between differential treatment and fairness were not present in the two analyses involving adolescent reports of differential parental control. Thus, follow-up analyses of simple effects were not necessary. However, the main effect of differential control on adolescent-reported parent–child hostility and warmth was significant. Adolescents who reported higher levels of differential control also reported having less warm and more hostile relationships with their parents.

Predicting parent reports of parent–child relationship quality. Significant interactions emerged in all four analyses in which adolescent-reported differential treatment and fairness predicted parents' reports of parent–child hostility and warmth. Adolescent reports of differential affection were positively related to parent-reported hostility and negatively related to parent-reported warmth only when differential treatment was believed to be unfair.

Similarly, adolescent reports of differential control were positively related to parent-reported hostility and negatively related to parent-reported warmth only when the differential control was believed to be unfair. No significant associations were apparent when differential control was believed to be fair.

An examination of the effect of the covariates revealed that mothers tended to report higher levels of warmth and marginally higher levels of hostility in their parent–child relationships than did fathers. Parents reported more warmth in relationships with younger siblings than with older siblings.

Parent Reports of the Magnitude and Fairness of Differential Treatment

Table 3 gives the results of multilevel models in which parent reports of the magnitude of differential treatment, fairness, and their interaction were used to predict adolescent and parent reports of relationship quality, after controlling for covariate effects.

Predicting adolescent reports of parent–child relationship quality. The hypothesized interaction was not detected in any of the four analyses in which adolescent reports of parent–child hostility and warmth were used as criterion variables predicted by parent-reported variables. The only significant association to emerge from this set of analyses was a negative relationship between parent-reported differential affection and adolescent-reported warmth. Thus, when parents reported engaging in more

Table 3
Multilevel Modeling of Parent Reports of the Magnitude and Fairness of Differential Affection and Control as Predictors of Parent–Child Relationship Quality

Predictor	Adolescent report of parent–child		Parent report of parent–child	
	Hostility	Warmth	Hostility	Warmth
Parent reports of differential affection				
Adolescent sex	.01	−.04	−.04	.03
Birth order	.18*	−.06	.01	−.04*
Parent sex	.10*	−.01	.07†	.07**
Differential affection	.04	−.05*	.03	−.05**
Fairness	.16	−.08	.02	−.03
Differential Affection × Fairness	−.04	.03	−.01	.04†
Simple effect of unfair differential affection				−.05**
Simple effect of fair differential affection				−.02
Parent reports of differential control				
Adolescent sex	.02	−.04	−.04	.04
Birth order	.18*	−.06	.01	−.04*
Parent sex	.10*	−.01	.05	.09**
Differential control	.01	.01	.05*	−.02
Fairness	−.02	.01	.06	.01
Differential Control × Fairness	−.01	−.02	−.04	.01
Simple effect of unfair differential control				
Simple effect of fair differential control				

Note. $N = 296$ observations nested within 74 families.
† $p < .10$. * $p < .05$. ** $p < .01$.

differential affection, their children were more likely to perceive less warmth in the parent–child relationship. Covariate effects were similar to those reported in the previous set of analyses involving adolescent reports of criterion variables.

Predicting parent reports of parent–child relationship quality. The predicted interaction between the magnitude of differential treatment and fairness was not apparent in the analysis in which parent reports of differential affection were used to predict parent reports of hostility. However, a marginal interaction was found in the analysis in which parent reports of differential affection were used to predict parent reports of warmth. Differential affection was negatively related to parent-reported warmth when differential treatment was believed to be unfair, but not when such treatment was believed to be fair. The hypothesized interactions in the two analyses involving the effects of parent-reported differential control on parent-reported hostility and warmth were similarly nonsignificant. The only significant effect to emerge from these analyses was a positive main effect of differential control on hostility. Covariate effects were similar to those reported in the previous set of analyses involving parent reports of criterion variables.

Discussion

The results of the current study indicate that sibling reports about the magnitude of differential parental treatment tend to be associated with both their own and their parents' reports of parent–child affection, but only when adolescents appraise the unequal parental treatment as unfair. In addition, adolescents' reports of higher levels of differential control were related to parents' (but not their own) perceptions of less warm and more hostile parent–child relationships when this form of differential treatment was perceived to be unfair. Such moderating effects were generally not found when examining parents' own reports of how they treat their children differently and the extent to which they believed such treatment was fair versus unfair.

These findings are consistent with previous research (Kowal & Kramer, 1997; Kowal et al., 2002; McHale et al., 2000) in demonstrating the significance of perceptions of fairness for family relationships. Whereas previous research has identified associations between perceptions of fairness and children's sibling relationship quality and individual well-being, the current results extend these findings to show that perceptions of fairness are also associated with the quality of relationships that parents and children establish. These results suggest that studies of differential treatment should not be limited to assessing the degree to which siblings are treated differently—they should also address family members' understanding of whether such treatment is warranted or deemed fair. Furthermore, both parents' and children's appraisals of differential processes should be taken into consideration.

We expected to find different patterns of associations among the differential treatment and relationship variables for adolescents and their parents. Indeed, adolescents' perceptions about the magnitude and fairness of parental differential behaviors were more consistently, and more robustly, associated with parent–child relationship quality (utilizing both sibling and parent reports of this measure) than parallel reports by parents. Some caution is necessary

when interpreting these data: A larger sample size or constructs with less measurement error may have allowed for the detection of smaller effects based on parental reports of the magnitude and fairness of differential treatment. Nevertheless, these findings are consistent with previous studies that found low levels of parent–child agreement when reporting on the same constructs (Aquilino, 1999; Feinberg et al., 2001; Larson & Richards, 1994). Adolescents' perceptions that differential treatment is unfair may be more strongly associated with the quality of parent–child relationships than parents' perceptions because differential practices may be more salient to adolescents than to parents. Children consistently engage in social comparison processes (Feinberg et al., 2001) in which they compare the amount and type of attention they receive from parents, relative to their siblings, as a way to gauge the quality of their relationship with their parents. Although parents also monitor their behavior toward different children, they may make allowances to engage in some forms of differential treatment to meet their children's unique characteristics and needs. However, children may be unaware of their parents' rationale for treating them and their siblings differently (Kramer, Kowal, & Krull, 2004).

The finding that the magnitude of differential treatment was consistently unrelated to parent–child relationship quality when this treatment was viewed as fair suggests that parents do not always need to treat their children "the same" in order to enjoy positive relationships. Differential treatment is a common, and often necessary, event in family life; the different attributes of siblings—expressed in their diverse ages, sex, interests, needs, and behavior—make it appropriate that they be treated differently by parents at least on some occasions. In fact, equal treatment directed to siblings with disparate characteristics and needs may be experienced as unfair. Children in Kowal and Kramer's (1997) study who believed that their parents engaged in unequal treatment in the service of meeting a sibling's needs reported having more positive sibling relationships. Thus, differential treatment performed in a way that is judged as fair does not appear to have negative consequences for parent–child relationships.

The results of this study suggest that, rather than striving to treat children exactly equally, parents should attempt to communicate with their children about differential, and equal, treatment in their efforts to facilitate children's understanding of the reasons underlying parental behaviors. Explicit family discussions may be required in which parents explain their rationale for engaging in differential treatment while children explain their understanding and experience of these behaviors. This can be a tall order, as researchers are learning that families rarely discuss their practice of differential affection and control and, further, that family members are extremely unlikely to form the same attributions about why particular forms of unequal treatment occur (Kramer et al., 2004). Thus, children are likely to be unaware of why parents treat them and their sibling(s) differently unless parents directly communicate their reasoning. Children's lack of understanding in this area may precipitate more negative perceptions about their relationship with their parent(s). Increased communication about differential treatment may be an important route toward clarifying children's possible misconceptions about differential treatment, altering parents' unfair behaviors, and, optimally, leading to more positive parent–child relationships.

Associations between differential treatment and parent–child relationship quality are likely to be bidirectional. The current study does not resolve whether differential processes cause or come about as a result of poorer parent–child relationships. Although differential treatment may play a significant role in shaping the quality of parent–child relationships, it is also possible that variations in the quality of these relationships may influence differential practices. For example, parents may feel closer to, or more comfortable with, a particular child, and it may be these feelings of warmth that precipitate different treatment (Larson & Richards, 1994). Alternately, guilt induced by a preference for one child may cause a parent to "overcompensate" and be more punitive with that child. Furthermore, a third variable such as family stress, which may encompass factors such as marital strife, financial concerns, and parental distress, may influence both parent–child relationship quality and parents' differential treatment of children (Crouter, McHale, & Tucker, 1999; Deal, 1996; Henderson, Hetherington, Mekos, & Reiss, 1996). In fact, some researchers have suggested that differential processes may simply reflect parent–child conflict (Brody, 2003). Longitudinal research is needed to help untangle the question of directionality.

The families in the current study were demographically, ethnically, and structurally similar. Whereas homogenous samples are important for testing hypotheses under controlled conditions, the lack of diversity in ethnicity and family form limits the generalizability of our results to other types of families. Family members' perceptions of the legitimacy of parental differential treatment and the quality of parent–child relationships may vary significantly in accordance with family structure. Further research is needed to examine how parental differential treatment experiences may vary in single-parent, step-, and multigenerational families as well as in families that represent different socioeconomic and ethnic groups.

The sample size of the current study was modest. Although multilevel modeling allowed us to make full use of the 296 reports gathered from four family members in the 74 families, it will be important to replicate these findings, particularly the null findings with regard to parent reports, with a larger sample. A related limitation of this study is that only two children in each of the participating families were interviewed regardless of the number of children in the families. Studying all children in large family systems may provide more complex, but also more comprehensive, results.

The current study examined only two forms of parental differential treatment: affection and control. McHale and her colleagues (McHale & Pawletko, 1992; McHale et al., 2000; Tucker, McHale, & Crouter, 2003) have emphasized the importance of expanding this line of research to examine additional different forms of differential parental treatment

that may be salient to children. We agree that adopting a more multifaceted conceptualization of differential treatment will be useful in future research.

Our interest in family members' perceptions about familial interactions and relationships led us to use self-report measures to assess differential treatment and parent–child relationship quality. Our decision was based on previous research and theory suggesting that it is children's construction of the meaning of parental behaviors, rather than specific parental behaviors themselves, that influence children's reactions (Kagan, Kearsley, & Zelazo, 1978). However, the adoption of a more multifaceted assessment approach, which includes observational measures of differential treatment and family interactions, will be useful in future studies to advance our understanding of these complex family processes.

In summary, this study extends previous research on associations between parental differential treatment of siblings and parent–child relationship quality by considering both parents' and adolescents' views of these family processes. We learned that the negative association between the magnitude of differential treatment and parent–child relationship quality is generally stronger when family members perceive differential treatment to be unfair versus fair. We now need to know more about what leads family members to consider forms of unequal treatment to be fair or unfair. We also need to better understand how children and parents communicate, or fail to communicate, about differential processes—their occurrence, rationale, and legitimacy. Experimental intervention studies could play a valuable role in advancing knowledge in this area (Kramer, 2004). For example, experimental interventions could be designed to test whether increased communication about differential treatment enhances parent–child relationships by clarifying possible misconceptions about their parents' differential practices, sensitizing parents to children's feelings about unequal treatment or reducing the occurrence of unfair differential behaviors. This information will be critical for guiding parents toward child-rearing strategies that promote family harmony.

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