

## Children's Perceptions of the Fairness of Parental Preferential Treatment and Their Socioemotional Well-Being

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Being the recipient of favored parental treatment has been identified as a correlate of enhanced socioemotional well-being. However, knowledge of children's perceptions of the legitimacy of preferential treatment may provide a more complete understanding of associations between preferential treatment and children's socioemotional well-being. The current study investigated whether children's well-being varies in accordance with their views about the fairness of preferential parental treatment. One hundred thirty-five children ( $M = 11.74$  years) and their older siblings ( $M = 14.64$  years) were interviewed independently about parents' distribution of affection and control. Although the amount of preferential control children reported experiencing was related to more externalizing behavior problems, lower levels of internalizing behavior problems and greater global self-esteem were indicated when children perceived that such preferential behaviors were fair.

The assumption that parents should strive to treat their children equally is widely held in Western societies. This assumption has received support from research on family dynamics that links being the recipient of more favorable treatment (e.g., being the object of less parental control and more affection relative to a sibling) with higher self-esteem, fewer behavior problems, and more positive sibling relationships (Dunn, Stocker, & Plomin, 1990; Feinberg & Hetherington, 2001; McHale, Crouter, McGuire, & Updegraff, 1995; McHale & Gamble, 1989; McHale & Pawletko, 1992; Stocker, 1993, 1995; Stocker, Dunn, & Plomin,

1989). However, the associations between these variables are typically weak and inconsistent, suggesting that a simple and direct relationship between unequal parental treatment and sibling outcomes is unlikely. In fact, recent research has shown that stronger linkages between unequal treatment and sibling relationship quality emerge when children's understanding of parental behaviors are taken into account (Kowal & Kramer, 1997; McHale & Pawletko, 1992). This research emphasizes the importance of distinguishing between the extent to which siblings are treated differently and their subjective evaluations of their experiences (Kowal & Kramer, 1997; McHale, Updegraff, Jackson-Newsom, Tucker, & Crouter, 2000). The purpose of the current study is to investigate the ways in which children's subjective evaluations of unequal parental treatment are related to their socioemotional well-being.

Perceptions about the legitimacy of parental preferential treatment may be a rich source of information about how children conceptualize family relationships. Parents report that their children often complain that a sibling is receiving comparatively better treatment, despite extensive parental efforts to treat children equally (Kramer & Baron, 1995). However, little is known about the experience of children who are the recipients of preferred, or nonpreferred, treatment. Whereas some children may enjoy receiving preferred treatment from parents and use it to feel superior to, or to bully, a sibling, others may consider preferential treatment to be inappropriate – even when they benefit from it. Being the recipient of preferred treatment may be perceived by a child to be unjustified because it represents a benefit that they do not feel that they have fairly earned. In addition, children may potentially devalue preferred treatment because they are aware that the needs and feelings of a sibling are being overlooked or disparaged. As a result, the

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experience of being the recipient of preferred treatment from parents may paradoxically lead some children to feel more poorly about themselves. Moreover, children who do not receive preferred treatment may not necessarily experience poorer well-being if they believe that such treatment is fair. Thus, children's perceptions about the legitimacy of parental preferential treatment may reflect, or have repercussions for, their socioemotional well-being. We tested this hypothesis in the current study using the distributive justice framework as a theoretical foundation.

According to the distributive justice framework (Deutsch, 1985; Enright et al., 1984; Ihinger, 1975; Peterson, 1975), individuals regularly form judgments about whether resources are fairly distributed among themselves and their counterparts. These judgments are based on at least two factors. First, "rules of fairness" are applied in which the individual appraises whether the resources they receive, or the rewards they reap, are commensurate with the amount of time, effort, or other costs that they have provided. Although most individuals experience negative emotional reactions when they are granted fewer rewards than they feel would be justified, Deutsch emphasized that negative emotional reactions are just as likely to occur when individuals feel that they receive *more* rewards than they are entitled to.

Second, individuals typically compare the level of resources or rewards that they have received with those received by others when judging whether resources have been distributed fairly. Although the equal distribution of resources is often considered the epitome of fairness, Deutsch (1985) pointed out that this is not always the case and that equitable rather than equal distribution of resources may be considered most fair in certain situations. The degree to which children base their judgments on equity versus equality factors with regard to sharing resources with a sibling has received little empirical attention. Developmental research supports the notion that children do consider equity-based issues when appraising the legitimacy of different ways to distribute resources. For example, McGillicuddy-De Lisi, Watkins, and Vinchur (1994) demonstrated that children in middle childhood were more likely to make judgments about the fair distribution of resources on the basis of situational or contextual factors—such as the need that individuals have for particular resources—rather than to insist on equal treatment, especially when the recipients were family members or friends.

Bryant and Crockenberg's (1980) study also sheds light on the equity/equality issue as it investigated mothers' differential responsiveness to their individual children's expressed needs as a context for prosocial sibling behavior. Mothers who were equally responsive to their school-age daughters' expressed needs were likely to have daughters who engaged in prosocial sibling behaviors. In contrast, sibling disparagement and discomforting occurred more frequently when mothers were differentially responsive to their daughters' expressed needs. The fact that mothers were meeting different needs for each of their children (thereby treating them unequally) did not matter; rather, what was essential, according to Bryant and Crockenberg, was equi-

table responsiveness so that each child felt that her needs were met.

The notion that it is children's experience of being treated equitably, and not necessarily equally, that is significant for socioemotional well-being also receives support from McGuire and Dunn's (1994) longitudinal study. Repeated observations of mother-sibling interaction, conducted when each sibling was 7, 9, and 10 years of age, revealed that mothers treated their children similarly when they were the same age. However, differential maternal treatment was more likely to be detected when mother-sibling interaction was assessed at a single point in time, when siblings were of different ages. It was these contemporaneous examples of differential treatment, rather than measures of "direct" parenting behavior, that were linked with higher levels of externalizing behaviors. McGuire and Dunn (1994) explained, "Seeing your mother's evident affection for your sibling may override the impact of the affection you in fact received at the same age" (p. 12). These results support the notion that child behavior problems and poorer socioemotional well-being are more likely to arise when children perceive that parental resources are being distributed inequitably or unfairly.

Although studies such as Bryant and Crockenberg (1980) and McGuire and Dunn (1994) are suggestive of the significance of children's perceptions of parental differential treatment for shaping socioemotional well-being, these studies have not explicitly assessed children's perspectives. The importance of directly assessing children's point of view (even when it is a biased point of view) is supported by research indicating that children's perceptions and inferences about the causes of events influences their behavior in a wide variety of contexts (Kagan, 1984), including sibling relationships (Kowal & Kramer, 1997; McHale & Pawletko, 1992).

The application of the distributive justice framework allows us to more fully investigate the correlates of preferred parental treatment by taking into account children's perceptions of fairness. In line with this framework, we hypothesized in the current study that children experience poorer socioemotional well-being, regardless of how much preferred treatment they or their sibling experience, if they believe that such treatment is not warranted or is unfair. Alternatively, children experience better socioemotional well-being when they view the preferential treatment that occurs in their family as justified or fair. Similar to other studies of preferential treatment and children's well-being (McGuire, Dunn, & Plomin, 1995; Stocker, 1993, 1995), socioemotional functioning was conceptualized in terms of parents' perceptions of children's internalizing and externalizing behavior problems (Achenbach & Edelbrock, 1983) and children's perceptions of their global self-worth (Harter, 1982). The testing of these hypotheses allows us to move beyond early research approaches that unilaterally emphasized the benefits of receiving preferred treatment (and the disadvantages of receiving nonpreferred treatment) to also consider the potential downside of preferred treatment.

The current study is also consistent with newer research

paradigms that use more complex models to examine children's understanding of the reasons behind disparities in parental behaviors and their perceptions about the legitimacy of the parental behaviors (Kowal & Kramer, 1997; McHale & Gamble, 1989; McHale & Pawletko, 1992). In Kowal and Kramer's (1997) study, children justified differential parental behaviors by citing ways that they and their siblings differed from one another, that is, in terms of differences in their age, personal attributes, needs, relationship with parents, or in their performance of other strategic behaviors designed to elicit unique treatment from parents (e.g., asking to spend more time with a parent). Children who perceived their parents' differential behavior to be justified described their sibling relationship as more positive than children who judged it to be unfair, even when they experienced relatively high amounts of differential treatment. Similarly, McHale et al. (2000) investigated the significance of perceptions of fairness for children's personal adjustment and sibling relationship quality. Using a sample that included children in both middle childhood and adolescence, results indicated that personal self-esteem and positivity in the sibling relationship were more consistently related to perceived fairness of preferential treatment than to the magnitude of preferential treatment. Taken together, the findings of these studies support the further investigation of how children's perceptions about the legitimacy of preferential treatment have bearing on their socioemotional well-being.

In summary, theoretical perspectives relating to distributive justice issues, as well as inconsistencies and weak findings in existing research on preferential treatment, are at odds with the assumption that preferential treatment is consistently linked with more positive outcomes for children and that nonpreferred treatment is associated with poorer outcomes. The purpose of the present study was to examine whether children's perceptions about the legitimacy of preferential treatment is an important factor moderating associations between preferential treatment and children's socioemotional development. A major hypothesis tested in the current study is that perceptions of the fairness of preferred treatment are positively associated with children's socioemotional well-being, above and beyond the effects of the magnitude of differential treatment.

## Method

### Participants

Participants were 135 White families that had one child between the ages of 11 and 13 years ( $M = 11.74$ ,  $SD = 1.75$ ) and a sibling who was approximately 2 to 4 years older ( $M = 14.64$ ,  $SD = 1.85$ ). The average age disparity between the siblings was 2.90 years ( $SD = 1.18$ ). Families had, on average, 2.58 children ( $SD = 0.79$ ), and 57% of the families had only two children. Thirty-four percent of the families had 3 children, 5% had 4 children, and 4% had 5 children. The 135 sibling pairs consisted of the following gender constellations: 37 sister dyads, 33 brother dyads, 33 older sister–younger brother dyads, and 32 older brother–younger sister dyads.

All families were maritally intact and had been married an

average of 18.42 years ( $SD = 2.45$ ). Median income level was in the \$40,000–\$50,000 range. Participating families lived in one of two small adjoining Midwestern cities (combined population 120,000) or a suburban or rural area proximal to the cities. Families were recruited through newspaper advertisements. Each family received \$20 for participating in the study; children were also given small gifts.

### Procedures

A research assistant interviewed children privately and individually in their homes about their perceptions of preferential treatment in their family. To the degree possible, children were interviewed by same-sex interviewers. Because children may be reticent to report information that reflects parental favoritism or unfair treatment (McHale et al., 2000), we began the interview by emphasizing that the types of behaviors seen in families can be quite diverse and that there are no correct or incorrect ways for families to behave. To further convey the idea that preferential parental behavior need not reflect poorly on parents or children, we provided children with an opportunity to discuss parental preferential treatment separately from their own unique family circumstances. Two hypothetical situations that represented clear examples of preferential affection and control were presented to the children in random sequence. In one scenario, the hypothetical older child was portrayed as the beneficiary of preferred treatment; the younger child received preferred treatment in the other scenario. The age and gender of the hypothetical children mirrored those of the siblings being interviewed. After listening to these scenarios, we encouraged the children to speculate as to why the preferential behavior occurred and to discuss whether or not they thought the parental behavior was fair.

The Sibling Inventory of Differential Experiences (SIDE; Daniels & Plomin, 1985), a standardized questionnaire targeting the extent to which children perceive their parents as treating individual children in the family preferentially or equally, was then administered. The administration of the SIDE was counterbalanced so that half of the children received questions about maternal behaviors first and half received questions about paternal behaviors first. Following Kowal and Kramer (1997), we also asked the children to rate whether they felt that each instance of preferential or equal treatment was fair or unfair. The interviews were audiotaped.

Following the interview, children completed the Global Self-Worth subscale of the Perceived Competence Scale for Children (Harter, 1982). Mothers completed the Child Behavior Checklist (CBCL; Achenbach & Edelbrock, 1983), once with reference to their older child, and once with reference to their younger child. Mothers also provided demographic information about their family using a standard questionnaire.

### Measurement of Constructs

*Magnitude of parental preferential treatment.* The amount or magnitude of preferential treatment that children perceived was calculated from their reports on the Control and Affection scales of the SIDE. The Control scale includes four items measuring parental strictness, punishment, blame, and discipline. The Affection scale contains five items indexing relative parental pride, interest, amity (i.e., being nice to), enjoyment, and sensitivity. Thus, children responded to nine questions about their mother and nine questions about their father. Children responded to each item using a 5-point relative scale ( $-2 = \text{much more to sibling}$ ;  $-1 = \text{a bit more to sibling}$ ;  $0 = \text{equal treatment}$ ;  $+1 = \text{a bit more to self}$ ;  $+2 = \text{much more to self}$ ).



+2 = *much more to self*). These ratings were aggregated to create summary scores of the magnitude of preferred Affection and Control.

Previous studies using the SIDE have reported adequate internal consistency and test-retest reliability (Daniels & Plomin, 1985). With the current sample, indices of internal consistency for the Control and Affection scales were  $\alpha = .84$  and  $\alpha = .79$ , respectively.

*Children's perceptions of the fairness of parental preferential treatment.* Siblings' responses about the fairness of each of the control and affection items on the SIDE were coded as 0 ("unfair") or 1 ("fair"). Scores were aggregated to yield summary measures of the frequencies of fair and unfair parental control and affection.

*Children's socioemotional well-being: Maternal reports.* Children's internalizing and externalizing behavior problems were assessed through maternal reports on the CBCL (Achenbach & Edelbrock, 1983). Mothers rated the degree to which their child exhibited each of the 118 behaviors on a 3-point scale (0 = *not true of the target child*; 1 = *somewhat or sometimes true of the target child*; and 2 = *very true or often true of the target child*). The Internalizing scale assesses children's level of depression, social withdrawal, and somatic complaints. The Externalizing scale assesses aggressiveness, delinquency, and hyperactivity. Higher scores on each of these scales indicated higher levels of behavioral problems. Maternal ratings were summarized by computing absolute scores on the Internalizing and Externalizing Behavior Problem scales. The internal consistency of the Internalizing and Externalizing scales for the current sample was  $\alpha = .91$  and  $\alpha = .89$ , respectively.

*Children's socioemotional well-being: Children's reports.* We administered the Global Self-Worth subscale of the Perceived Competence Scale for Children (Harter, 1982) to assess the degree to which children held positive opinions of themselves. The six items of this subscale are presented in a structured alternative format designed to reduce socially desirable responding (Harter, 1982). Children were presented with a series of statements that include two opposing qualities, for example, "some kids are happy with themselves most of the time BUT other kids are often not happy with themselves." Children first decided which of these qualities best represented their self-perception. After making this choice, they checked one of two boxes indicating whether this selection was *sort of true for me* or *really true for me*. Items were scored on a 4-point scale where 4 signified a most positive sense of self-worth and 1 represented a most negative evaluation. Internal consistency for the Global Self-Worth scale for the current sample was  $\alpha = .92$ .

## Results

The results are organized with initial presentation of descriptive information about children's perceptions of the magnitude of preferential treatment, their reports of the fairness of preferential treatment, and indexes of their socioemotional well-being. We then tested whether children's appraisals about the magnitude and fairness of preferential treatment were differentially associated with indexes of socioemotional well-being.

### Descriptive Findings

*Perceived magnitude of parental preferential treatment.* Children reported receiving treatment equal to that of their sibling in 62% of the items on the SIDE. Some degree of

preferential treatment was reported in 38% of the items, with 30% of the items reflecting "a bit of difference" and 8% indicating "much difference" in the treatment children received from parents. These results are consistent with those obtained in previous research (Daniels & Plomin, 1985; Kowal & Kramer, 1997).

*Sibling agreement about the direction of preferential treatment.* Table 1 presents the number of sibling dyads whose members agreed and disagreed about the occurrence of equal and preferential affection and control as performed by their mothers and fathers. As shown in the top portion of this table, older and younger children in 62 (46%) of the 135 sibling dyads agreed about the occurrence and direction of preferential and equal maternal affection. (Twenty dyads agreed that siblings received equal levels of maternal affection, 18 dyads agreed that the older sibling received more maternal affection, and 24 dyads agreed that the younger sibling received more maternal affection.) With regard to maternal affection, chi-square analysis showed a significant association between younger and older sibling responses,  $\chi^2(4, N = 135) = 15.04, p < .01$ . The largest single cell contribution to the significant chi-square reflected agreement between siblings that higher levels of maternal affection were directed to younger siblings.

Fifty-two (38.5%) of the 135 sibling dyads agreed about the occurrence and direction of preferential or equal paternal affection. We did not find a significant association between the responses of older and younger siblings. Older and younger children tended to agree that younger siblings were the more frequent recipients of paternal affection and that younger and older siblings received equal levels of preferred paternal affection.

With regard to maternal control, chi-square analysis revealed a significant association between the reports of older and younger siblings,  $\chi^2(4, N = 135) = 17.01, p < .01$ . Sixty-eight (50%) sibling dyads agreed about the occurrence of preferential or equal maternal control. The single cell offering the greatest contribution to the significant chi-square indicated agreement that older siblings received more maternal control than younger siblings.

Seventy-eight (58%) sibling dyads agreed about the occurrence and direction of preferential or equal paternal control. Chi-square analysis revealed a significant association between younger and older sibling reports of paternal control,  $\chi^2(4, N = 135) = 31.85, p < .001$ . The cell that made the most significant contribution to the chi-square was agreement that older siblings received more control from fathers than did younger siblings.

*Magnitude of preferential treatment.* Children's mean ratings of the magnitude of parental preferential treatment are shown in Table 2. When interpreting this table, it is important to note that positive values indicate that children believed that they themselves were the recipients of more of this type of behavior (i.e., control or affection) relative to their sibling, whereas negative values reflect the perception that their sibling received more of this behavior than they themselves. Thus, a positive mean for an older sibling and a negative mean for a younger sibling (such as that found for maternal and paternal control), or vice versa, would

Table 1  
*Number of Sibling Dyads Who Agreed and Disagreed About the Occurrence of Equal and Preferential Affection and Control (N = 135 Dyads)*

Older siblings' reports	Younger siblings' reports					
	Equal		Older sibling received more		Younger sibling received more	
	Maternal	Paternal	Maternal	Paternal	Maternal	Paternal
Affection						
Equal affection						
Maternal	20		11		9	
Paternal		19		12		17
Older sibling received more affection						
Maternal	19		18		7	
Paternal		22		11		11
Younger sibling received more affection						
Maternal	19		8		24	
Paternal		16		5		22
Control						
Equal control						
Maternal	7		6		12	
Paternal		14		5		9
Older sibling received more control						
Maternal	15		43		17	
Paternal		15		47		13
Younger sibling received more control						
Maternal	9		8		18	
Paternal		9		6		17

indicate sibling agreement about which child in the family receives preferred treatment. Means close to zero indicate the perceived absence of preferential treatment.

The presence of birth order effects was next investigated. To facilitate the interpretation of mean differences between older and younger siblings, children's ratings of the magnitude of preferential control and affection were recoded for these analyses from relative to absolute scores (i.e., 0 = *no*

*differential behavior*, 1 = *a bit of differential behavior*, 2 = *quite a bit of differential behavior*). A series of paired *t* tests revealed no differences between older and younger siblings' reports of differential affection. However, older siblings ( $M = 2.95$ ,  $SD = 2.05$ ) reported more maternal control than younger siblings ( $M = 1.47$ ,  $SD = 1.57$ ),  $t(134) = 7.02$ ,  $p < .001$ . Similarly, older siblings reported higher levels of paternal control ( $M = 2.87$ ,  $SD = 2.24$ ) than younger siblings ( $M = 2.20$ ,  $SD = 1.83$ ),  $t(134) = 3.14$ ,  $p < .01$ . Tests of homogeneity of variance revealed that the standard deviation for older siblings' reports of paternal control was significantly higher than the standard deviation for younger siblings. Thus, there was greater variability in older siblings' reports of paternal control than younger siblings' reports.

Correlational analyses examining associations between siblings' age and the magnitude of maternal and paternal affection and control revealed only one significant effect. The age of younger siblings was positively correlated with the magnitude of maternal control ( $r = .26$ ,  $p < .01$ ). Thus, older later-born children perceived themselves to receive more maternal control, relative to their sibling, than younger later-born children.

A series of *t* tests performed to investigate gender differences in children's reports of maternal and paternal preferential treatment did not reveal any significant effects. Boys

Table 2  
*Means and Standard Deviations of Older and Younger Siblings' Reports of the Magnitude of Maternal and Paternal Preferential Treatment (N = 135 Dyads)*

Preferential treatment	Older sibling	Younger sibling
Maternal affection		
<i>M</i>	−0.20	−0.01
<i>SD</i>	1.99	1.71
Paternal affection		
<i>M</i>	0.09	0.32
<i>SD</i>	1.73	1.77
Maternal control		
<i>M</i>	1.11	−0.14
<i>SD</i>	2.81	2.51
Paternal control		
<i>M</i>	1.03	−0.22
<i>SD</i>	2.99	2.28

and girls in each birth-order group reported receiving similar levels of affection and control from their parents.

We next addressed whether children perceived their mothers and fathers to engage in different levels of preferential affection and control. A series of paired *t* tests, conducted with the means presented in Table 2, revealed no significant results, indicating that younger and older children perceived their mothers and fathers to engage in preferential affection and control to similar degrees.

*Perceived fairness of preferential treatment.* Children reported that preferential treatment was fair in 74% of the 1,838 instances in which some level of parental preferential treatment was reported to have occurred. Because children were more likely to report that parental preferential treatment was fair than unfair, a skewed distribution was produced for this measure. Thus, following Kowal and Kramer (1997), we assigned children to one of two "fairness" groups to represent: (a) respondents who reported that every instance of preferential treatment was fair and (b) respondents who reported that at least one instance of preferential treatment was unfair.

Table 3 provides a breakdown of the number of children who perceived parental treatment to be fair or unfair. This table is structured to contrast the fairness of preferential control and affection directed toward the self and preferential control and affection directed toward the sibling. Children who perceived an absence of preferred treatment in a particular category of parental behavior were excluded from this table.

We performed a series of chi-square analyses to test whether children were more likely to report that preferred treatment was more or less fair depending on whether they or their sibling were the beneficiary of preferred treatment. Although no significant results were found for children's reports of maternal and paternal affection, a significant chi-square was obtained for maternal control,  $\chi^2(1, N = 135) = 4.48, p < .05$ . The corresponding chi-square for paternal control was marginally significant,  $\chi^2(1, N = 135) = 2.72, p < .10$ . Inspection of the frequencies in Table 3 shows that children were more likely to perceive that parental control was unfair when it was directed toward themselves rather than toward their sibling. In contrast, children were unlikely to make distinctions about the fairness of parental affection on the basis of whether they or their sibling were the beneficiary of this treatment.

Table 3  
*Number of Children Who Perceived Parental Affection and Control to Be Fair or Unfair (N = 135 Dyads)*

Children's reports of affection and control	Parental behavior directed toward sibling			Parental behavior directed toward self		
	Fair	Unfair	%	Fair	Unfair	%
Maternal affection	69	20	78%	56	28	67%
Paternal affection	56	14	80%	66	30	69%
Maternal control	54	37	59%	55	68	45%
Paternal control	55	35	61%	57	58	50%

Next we examined potential associations between children's perceptions of fairness and sibling birth order, gender, and age. Chi-square analyses revealed no consistent associations between perceptions of fairness and birth order. Thus, older siblings were just as likely as younger siblings to perceive parental preferential treatment to be fair or unfair. The analyses of associations between parent gender and children's perceptions of fairness did not reveal any significant results. Thus, children perceived the preferential treatment engaged in by their mothers to be just as fair as the preferred treatment performed by their fathers.

*Socioemotional well-being.* Table 4 presents descriptive information about children's internalizing and externalizing behavior problems as reported by their mothers, as well as their own perceptions of global self-worth. This table also presents intercorrelations among children's internalizing and externalizing behavior problems and global self-worth. A large positive correlation is evident between externalizing and internalizing behavior problems, and sizable negative relationships are apparent between both CBCL subscales and global self-worth.

Paired *t* tests did not reveal birth order effects for any of the measures of socioemotional well-being. However, older siblings of more advanced ages tended to demonstrate more behavior problems ( $r = .20, p < .01$ ) and lower self-worth ( $r = -.23, p < .01$ ). No such associations were found for younger siblings. Further, there were no significant associations between older or younger siblings' gender and measures of socioemotional well-being.

#### *Associations Between the Magnitude and Fairness of Preferential Treatment and Socioemotional Well-Being*

The final set of analyses tested the associations between socioemotional well-being and children's reports of the amount of preferential treatment that occurs in their families and their perceptions of the fairness of this treatment. We began by calculating intraclass correlations (ICCs) to examine the similarity between the behavior problems of siblings in the same family. As shown in Table 4, the ICCs indicate a substantial amount of within-family similarity on externalizing and internalizing behavior problems, and a lesser but still non-negligible amount of similarity with regard to global self-worth. Unless specific corrective measures were taken, this level of positive ICC would tend to make significance tests for these variables too liberal. Hence, no significance values are reported for the correlation matrix in Table 4, and multilevel random coefficient models, which can appropriately accommodate the within-family similarity, were used in subsequent analyses. Multilevel models explicitly estimate error variances at both the sibling and family levels, appropriately modeling within-family similarity and producing unbiased estimates and standard errors for predictor effects. Among the parameter estimates in such a model are coefficients that are interpreted in the same manner as partial regression coefficients (i.e., the effect of a one-unit change in the predictor variable on the outcome variable, holding constant the other variables in the model).

Table 4  
Means, Standard Deviations, Intraclass Correlations (ICCs), and Standard Correlations Between Child Well-Being Variables ( $N = 135$  Dyads)

Well-being variable	Mean	Standard deviation	ICC	Externalizing	Internalizing	Self-worth
Externalizing	7.18	7.40	.40	—		
Internalizing	6.62	6.50	.48	.71	—	
Self-worth	3.22	0.59	.16	-.29	-.29	—

We carried out the multilevel analyses using the Proc Mixed routine of the SAS system (SAS Institute, 1996). These analyses assessed the degree to which child socioemotional well-being variables (i.e., externalizing behavior problems, internalizing behavior problems, and global self-worth) could be predicted from children's reports of the magnitude and fairness of preferential treatment as performed by their mothers and fathers. Because the preliminary analyses presented above indicated no consistent effects of birth order or gender, no such covariates were included in the set of final models presented here. Table 5 summarizes the results of these analyses. The coefficients reported in this table represent the unique contribution of a predictor variable (e.g., the perceived fairness of fathers' preferential affection) over and above the effects of other predictors in the model (e.g., the magnitude of fathers' preferred affection). We conducted additional analyses examining moderator effects involving preferential treatment and fairness, but these revealed no significant interactive effects and are not reported.

*Externalizing behavior problems.* As shown in Table 5, neither the amount of preferential affection nor the fairness of affection from either parent was significantly related to externalizing behavior problems. However, the amount of preferential control siblings reported experiencing from their mothers and fathers was positively related to externalizing behavior problems. Thus, children who reported receiving more control from either of their parents, relative to their sibling, exhibited higher levels of externalizing behavior problems, according to their mothers. In addition, the fairness of paternal (but not maternal) control was nega-

tively related to externalizing behavior problems when controlling for the effects of the magnitude of preferential control. Children demonstrated fewer externalizing behavior problems when they believed that their fathers' engagement in preferential control was fair.

*Internalizing behavior problems.* Neither the amount of perceived preferential affection nor the fairness of affection from either parent was significantly related to internalizing behavior problems. Similarly, siblings' reports of the amount of preferential control parents demonstrated were unrelated to internalizing behavior problems. However, the perceived fairness of maternal and paternal preferential control was negatively related to internalizing behavior problems.

*Global self-worth.* Siblings' reports of the extent to which parents engaged in preferential affection and control were not associated with child perceptions of self-worth. However, the fairness of preferential affection from both mothers and fathers, and the fairness of paternal (but not maternal) preferential control, were positively associated with global self-worth.

## Discussion

The results of this study reinforce the importance of considering children's perceptions of fairness when assessing the linkages between parental preferential treatment and children's socioemotional well-being. Whereas previous research emphasized the positive outcomes of receiving favored treatment and the negative outcomes of receiving unfavored treatment, the results of the present study indicate

Table 5  
Multilevel Parameter Estimates (and Standard Errors) for Effects of Preferential Treatment and Fairness on Child Well-Being

Preferential treatment	Child well-being measure		
	Externalizing	Internalizing	Self-worth
Maternal affection	-0.08 (0.21)	0.30 (0.17)	0.01 (0.02)
Fairness of maternal affection	-1.64 (1.06)	-0.60 (0.91)	0.26** (0.09)
Paternal affection	0.31 (0.22)	0.06 (0.19)	0.01 (0.02)
Fairness of paternal affection	0.82 (1.07)	-0.68 (0.92)	0.37*** (0.09)
Maternal control	0.50*** (0.14)	0.13 (0.12)	-0.01 (0.01)
Fairness of maternal control	-1.27 (0.83)	-1.97** (0.73)	0.03 (0.07)
Paternal control	0.64*** (0.13)	0.09 (0.12)	0.01 (0.01)
Fairness of paternal control	-1.71* (0.79)	-1.90** (0.73)	0.20** (0.07)

\* $p < .05$ . \*\* $p < .01$ . \*\*\* $p < .001$ .



that the situation is more complex. Although associations were identified between the magnitude of preferential treatment and children's externalizing problems, children's perceptions of the fairness of preferential treatment were more likely to be associated with children's internalizing problems and global self-worth.

The distributive justice framework (Deutsch, 1985; Ihinger, 1975; Peterson, 1975), which emphasizes that issues of justice and fairness are salient components of children's understanding of interpersonal events, provides an excellent theoretical foundation for understanding these results. In line with Deutsch's notion that individuals form judgments about the appropriateness of the rewards they receive on the basis of fairness and their appraisals of the rewards that others receive, we found that children make discriminations about who in their family is the recipient of preferential behaviors and whether this is to be considered legitimate. Interestingly, we found that younger and older siblings were very likely to have similar perceptions of these events. For example, children agreed that younger siblings were more likely to receive preferred maternal affection and preferred maternal and paternal control.

Furthermore, the results indicated that children do not always object to being treated differently from their siblings. The fact that 75% of the cases in which some form of preferential treatment was reported were rated as fair highlights the notion that children are generally tolerant of parents' unequal treatment of siblings. Thus, in accordance with the distributive justice framework, issues of equity rather than equality appear to be most salient to children, at least during early adolescence and where sibling issues are concerned.

It was notable that children did not simply view parental behaviors that benefited themselves as fair and those that benefited their sibling as unfair. On the contrary, 78–80% of children who reported that their sibling received more affection from their parents than they did thought that this situation was fair. To a lesser – but still substantial – degree, 45–50% of children felt that it was fair that they received more control from their parents than did their siblings. These results are similar to those of Enright et al. (1984) and McGillicuddy-De Lisi et al. (1994) who found that children are unlikely to insist upon equal treatment when family members are involved.

An additional tenet of the distributive justice framework is that individuals experience positive emotional reactions when they receive the types of rewards they feel they deserve and negative emotional reactions when they do not. Accordingly, we saw in the current study that children's perceptions of the fairness of preferential treatment were linked, with some regularity, to positive emotional responses in the form of greater self-worth and fewer internalizing behavior problems. Correspondingly, perceptions of unfair preferential treatment were linked with lower self-worth and more behavior problems over and above effects of the magnitude of preferential treatment. In particular, children's appraisals of self-worth were most closely linked with perceptions of the fairness of preferential affection. Internalizing behavior problems were most closely

associated with perceptions of the fairness of preferential control. However, externalizing behavior problems were most closely related to the magnitude of preferential control. Thus, similar to McHale et al. (2000), perceptions of fairness were more consistently linked with indices of socioemotional well-being than was the magnitude of preferred treatment.

Given the cross-sectional nature of this study, it is important to recognize the bidirectional nature of linkages between preferential treatment and child outcomes. Whereas it is possible that children experience enhanced socioemotional well-being when they believe that parents engage in legitimate forms of preferential behaviors, it is also possible that parents direct "fair" preferred affection and control toward children who demonstrate fewer behavior problems and higher self-worth. For example, parents may be less inclined to engage in "unfair" preferential treatment with children who exhibit few behavior problems and feel positively about themselves. In contrast, children who present behavior problems may frustrate parents, perhaps leading them to exert greater control in ways that their children view to be inappropriate or unfair. Longitudinal research is needed to further clarify the direction of these associations.

Given the correlational nature of the present study, it is important to recognize that enhanced socioemotional well-being is not ensured by children's perception that parental preferential treatment is fair. Although infrequent, McHale et al. (2000) pointed out that some children with low self-esteem view their nonpreferred treatment as fair. As discussed below, this may be a clinically significant phenomenon.

An important methodological issue relates to the statistical treatment of data provided by siblings. The study of children's sibling relationships is complicated by the fact that children in the same family are exposed to similar (but not identical) events, partake in similar social relationships, and in the case of biologically related siblings, share on average 50% of their genetic material. These similarities often contribute to analytical problems, as measures obtained from different siblings are often highly intercorrelated. Traditional statistical approaches that treat siblings as independent (including some forms of analyses of variance and regression) do not fully address these problems and produce artificially low estimates of standard errors, leading to overly liberal significance tests (Barcikowski, 1981). Alternative statistical strategies that involve separate analyses for older and younger siblings can also be problematic. With each analysis based on only half of the available sample, the power to detect significant differences may be low, and inconsistent patterns of results may emerge. The use of multilevel random coefficient modeling in this study allowed us to appropriately model sibling similarity in the full data set and avoid such analytic problems.

### *Limitations*

One limitation of this study was that the sample was not restricted to families with only two children. Target children were selected on the basis of their relative ages. Different results might have been obtained had we inquired about



different sibling relationships in the family. Replication of this study with children of different developmental levels would also be illustrative, as younger and older sibling dyads may have different opinions about the legitimacy of parental preferential treatment (McHale et al., 2000).

In addition, this study was limited in its examination of only two forms of preferential treatment: control and affection. Different findings emerged with respect to affection and control, so it was important to consider these two types of parental behaviors separately. Although these are the most popular types of preferential treatment studied in previous research, parents engage in other forms of preferential treatment, such as in the provision or restriction of privileges, spending time alone with children, and in the allocation of chores and responsibilities. These should be studied in future research.

Similarly, although it is not unusual for studies of children's socioemotional functioning to focus on a small subset of indexes, it is important that future research include additional measures of children's socioemotional well-being. In addition to studying children's behavior problems and perceptions of global self-worth, researchers should also assess the impact of preferential treatment on other dimensions of children's social competence such as the ability to form friendships, to regulate emotions, and to manage conflict.

In summary, as one initial step toward exploring how issues of justice may impact the association between parents' preferential treatment and children's socioemotional adjustment, the results of this study support the assertion that perceptions of fairness contribute significantly to children's socioemotional well-being, beyond those attributable to simply experiencing preferential parental treatment. Future studies in this area should continue to explore how children's development is related to preferential family experiences. Research that takes a longitudinal perspective will be most helpful for elucidating the directionality of associations.

### *Implications for Application and Public Policy*

On a practical level, the results of this study suggest that it is important for parents to understand children's views about the legitimacy of preferential treatment. Although parents may believe that their behavior is warranted or fair, they may not make their reasoning clear to their children. As a result, children may form attributions that are different from what parents intended. Parents need to know when their children possess a divergent view so that they may (a) adjust their parenting behavior to be more equitable or to treat children differently but in ways that children agree are fair; (b) provide clearer explanations to children about the reasons behind preferential treatment (e.g., explain that unequal treatment is necessary to meet children's unique needs); or (c) help children explore and perhaps modify their conception of what constitutes fair versus unfair treatment.

The result that perceptions of fairness, rather than the magnitude of preferential control, was related to children's

internalizing problems and self-worth suggests that parents and educators should not assume that a favored child in a family is reaping psychological benefits from that status. Although children who feel that they are entitled to preferred treatment might demonstrate few behavior problems and possess adequate self-worth, children who do not believe that their favored status is deserved might experience feelings of guilt, anxiety, or other internalizing types of distress. Parents may not draw a connection between these difficulties and their inequitable treatment of children, so a potential solution to these problems (e.g., engaging in equitable or preferred treatment that is viewed by children as fair) may be missed. Alternatively, children who receive nonpreferred treatment, and who think that their parents' treatment is fair, represent a group that merits closer attention (McHale et al., 2000). It is important to discern the reasons why children feel that they do not deserve equal or preferred treatment relative to their siblings. Perhaps their perceptions are "accurate" in that they present more behavior problems than their siblings. In this case, children may need assistance to develop greater control over problematic behaviors. Alternatively, these children's perceptions may be influenced by low self-esteem; again, professional assistance may be warranted to address this different set of issues.

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