Shared Understanding of Parental Differential Treatment in Families

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Abstract

This study examined the extent to which children and parents have concordant views about parental differential treatment (PDT) and whether such concordance is linked with variations in sibling relationship quality. Seventy-four 11- to 13-year-old children, their older siblings, and their parents were interviewed about their experiences with PDT and the quality of the children's sibling relationships. Levels of agreement about the magnitude, direction, and fairness of PDT were generally low to moderate. However, sibling agreement about the magnitude of parental differential affection and the fairness of maternal control and affection were associated with more positive sibling relationships. Whereas family members were more likely to agree that parental behaviors were fair when they were concordant about the extent to which differential affection occurred, agreement about controlling behaviors was associated with lower levels of agreement about fairness. In addition, the frequency of family discussions about parental behaviors was not linked to shared perceptions of fairness. Results emphasize that capturing the multiple perspectives of family members is crucial for obtaining a comprehensive portrayal of family relationships.

Keywords: Siblings; parental differential treatment; shared understanding; parent–child relationships

A general assumption held in Western societies is that parents' unequal treatment of their children has unfortunate outcomes for sibling relationships. Indeed, a host of studies has identified inverse associations between the magnitude of parental differential treatment (PDT) and the quality of children's sibling relationships (Brody, Stoneman & Burke, 1987; Brody, Stoneman & McCoy, 1992; Bryant & Crockenberg, 1980; Furman & Buhrmester, 1985; McHale & Pawletko, 1992; McHale, Crouter, McGuire & Updegraff, 1995; McHale, Updegraff, Jackson-Newsom, Tucker & Crouter, 2000; Robinson, Case & Corley, 1990; Stocker & McHale, 1992; Stocker, Dunn & Plomin, 1989). However, recent research has gone further to show that the effects of PDT are actually quite complex as they are moderated not only by the amount of PDT that occurs, but also by children's understanding about *why* PDT

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occurs and whether it is fair. Thus, children may not be adversely affected by PDT (and may even enjoy more positive family relationships and socioemotional outcomes) if they view differential treatment as fair (Kowal & Kramer, 1997; Kowal, Krull & Kramer, 2004; McHale *et al*., 2000). Findings such as these highlight the fact that children are active constructors of their social environments and emphasize the importance of considering children's viewpoints about disparities in parental behaviors.

Although some research has been conducted examining similarity in siblings' reports of relationship quality (e.g., Feinberg, McHale, Crouter & Cumsille, 2003; Furman, Jones, Buhrmester & Adler, 1989) and interactional behaviors (e.g., Stocker & McHale, 1992), little is known about whether different children in the same family share a similar understanding of their parents' differential practices. This is an important limitation of the literature to date as recent research has emphasized the developmental significance of siblings' shared and unique experiences (Feinberg, Neiderhisen, Howe & Hetherington, 2001). We advance that the quality of children's sibling relationships may vary in accordance with their shared understanding of PDT. As discussed below, children who view PDT in similar ways may enjoy better sibling relationships because they share a common understanding of this important family process. Thus, the primary objective of this research was to assess the degree to which children hold similar perceptions about PDT. Specifically, the study aims to find out how often parents treat them and their siblings alike and differently (the magnitude of PDT), which sibling is generally subject to preferred or nonpreferred treatment (the direction of PDT), and whether such treatment is judged to be fair (perceived fairness). Because under certain circumstances, children may view being treated the same as a sibling to be unfair, we also assess perceptions of parents' equal treatment.

Previous research has also devoted little attention to whether parents view their own differential behaviors in ways that are consistent with those of their children. Just as children have a multifaceted understanding of PDT, it is likely that parents also have a complex rationale for their differential behaviors. This, too, is a critical oversight, as children's understanding of PDT and its association with their socioemotional well-being and sibling relationship quality may be influenced by parents' beliefs, behaviors, and explanations of their differential behavior. Therefore, the second objective of this research was to assess the degree to which parents and children hold concordant views of parents' differential (and equal) practices, particularly in terms of the magnitude, direction, and perceived fairness of these practices.

Little is known about the benefits of a shared understanding of parents' differential and equal behaviors among family members. Both family stress (e.g., McCubbin & Patterson, 1983) and attribution (Doherty, 1981) theories suggest that levels of family conflict are reduced when family members form similar conceptions of particular family processes. Indeed, Carlson, Cooper, and Spradling (1991) found that less conflict was reported when parents and adolescents shared similar perceptions about particular issues, such as the importance of academic achievement. Alessandri and Wozniak (1987) suggested that a consensus about key beliefs may 'bind' family members together and promote more positive family relationships; families that are unable to reconcile the perceptions of individual family members tend to be more disorganized and less effective. Agreement about family processes can also be considered as a type of shared conception of reality (Reiss, 1987). A shared reality is likely to contribute to more harmonious family interaction and to more effective problem solving and coping with life stressors (Reiss).

Despite the apparent advantages of shared views, previous research suggests that family agreement about interpersonal behaviors occurs relatively infrequently. According to Feinberg, Neiderhiser, Simmens, Reiss, and Hetherington (2000), and Richmond and Stocker (2003), it is not uncommon for older and younger siblings to develop different perceptions of family processes. Disparities among parents' and children's perceptions of family members' behaviors are observed with great regularity (Larson & Richards, 1994; Noller, Seth-Smith, Bouma & Schweitzer, 1992). Thus, in the current study we expect to find low levels of within-family agreement about the magnitude, direction, and perceived fairness of parental behaviors.

Although overall levels of agreement about differential processes may be low, families that develop a shared understanding of parents' differential practices may differ from those who do not. We hypothesize that positive sibling relationships may be more likely to occur when there is agreement, rather than disagreement, between siblings and between parents and children about the magnitude, direction, and perceived fairness of parental behaviors. This hypothesis is consistent with the conceptual framework offered by Fivush, Bohanek, Robertson, and Duke (2004), which contends that children's emotional well-being is more positive when family members validate their perceptions of specific family processes and events—even negative processes. Siblings who agree that one of them is being treated unfairly may be unhappy about these events, but may be partially assuaged by the knowledge that their perception of this inequitable family process is at least recognized and validated by a family member who is also affected by this pattern of behavior. Further, siblings may view their parents' inequitable behavior as the source of the problem and hold their parents—rather than each other—as responsible for this situation. In line with Boer, Goedhart, and Treffers' (1992) finding that children who experience harsh or neglectful parenting often turn to each other for support, siblings may elect not to allow their relationship to suffer because of their parents' insensitive and unwarranted behaviors. In contrast, siblings who disagree about the occurrence or fairness of their parents' differential treatment are more likely to feel that their perception of a key family process is denied, refuted, or minimized by their sibling. As a result, they may experience resentment, which may be expressed in conflict and lower levels of sibling warmth and involvement.

Similarly, agreement between children and parents about the magnitude, direction, and fairness of PDT is also expected to be associated with more positive sibling relationships. Following Fivush *et al.*'s (2004) conceptual model, we expect that parents and children who agree that parents treat siblings differently, but in a fair or legitimate manner, are likely to experience low levels of resentment and conflict. Parents and children who agree that parents engage in PDT but do so unfairly or without adequate justification may at least have the satisfaction of knowing that their perceptions of a family problem are validated. In contrast, parent–child disagreement about PDT is likely to be linked with disparate perceptions of the family that are not validated. Feelings of isolation and low regard for particular family members may accompany this disagreement. Thus, the third objective of this research was to test the hypothesis that sibling relationship quality is more positive when siblings, and when parents and children, have a shared understanding of the magnitude, direction, and fairness of parental behaviors.

Perceptions of the fairness of differential (and equal) treatment play an important role in our conceptual framework. More positive outcomes are expected when family

members agree that parental behaviors are fair. However, little is currently known about the factors that lead family members to agree that particular parental behaviors are legitimate. The extent to which family members agree about the direction and magnitude of differential and equal parental behaviors that occur in their homes may be one factor. Children and parents may be more likely to have similar views about the fairness of parental behaviors if they are in agreement about whether, and to what extent, these behaviors occur.

In addition, consensus that PDT is performed fairly may emerge through family discussions about differential treatment (Kowal *et al*., 2004). Family discussions about PDT may provide children with plausible explanations for parental behaviors, thereby allowing them to appreciate, challenge, or perhaps accept their parents' position. Personal interpretations, attributional biases, and perceptions of fairness may also be corrected through family discussions. In general, open and communicative family interactions are associated with more positive family relationships (Beavers & Hampson, 2003). Fivush *et al*. (2004) advanced that, '[f]amilies that are able to talk about emotionally complex and difficult events in more open, integrated, and coherent ways may help provide children with the resources to cope with and resolve adverse experiences' (pp. 55–56). With respect to sibling relationships, lower levels of sibling conflict have been found in families that allowed children to contribute to problem-solving discussions (Brody, Stoneman, McCoy & Forehand, 1992). In addition, Haverans and Eiser (1994) demonstrated that the negative impact of having a sibling with a disability can be lessened for nondisabled children if parents openly discuss their practice of differential treatment. Thus, family discussions about PDT may help children understand why their parents treat siblings differently, thereby promoting the perception that differential treatment is fair. In the current study, we hypothesized that greater agreement about the fairness of PDT will emerge when family members report that that they hold discussions about differential processes.

The present study investigates the shared understanding of differential processes in families with adolescents. This developmental period was selected because, as Paikoff (1991) pointed out, the realignment of roles, rules, and relationships during children's entrance into adolescence may represent an important context for studying shared and divergent views. Divergent views are most likely to arise during times of family transition (Collins, 1990). Adolescents and parents often demonstrate different interpretations of family rules and expectations (perhaps marking adolescents' healthy and appropriate striving for autonomy), which may contribute to increased levels of parent–child conflict (Smetana, 1991).

In summary, the purpose of this study was to investigate the extent to which children and parents (living in the same household) form concordant perceptions about the degree to which differential parental treatment occurs, the direction of this treatment (i.e., which child receives preferred or nonpreferred treatment), and whether parental behaviors are judged to be fair. We hypothesize that agreement between sibling– and parent–child dyads will be low with regard to each of these family processes but that sibling relationships will be more positive when family members agree more frequently about the magnitude, direction, and fairness of PDT. We also investigate the degree to which perceptions of fairness are associated with greater agreement about the magnitude and direction of parents' differential behaviors as well as the extent to which families discuss differential practices.

Method

Participants

Participants were drawn from 74 two-parent, middle-class families composed of one child between the ages of 11 and 13 years (mean [*M*] = 12.45, standard deviation [*SD*] = 1.58) and one sibling who was 2 to 4 years older (*M* = 15.58, *SD* = 1.87). The average age disparity between the target siblings was 3.13 years (*SD* = 1.43). The average number of children per family was 2.64 (*SD* = .07) and 65 percent of the families included only two children. The 74 sibling pairs consisted of the following gender 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. Ninety-eight percent of the families were Caucasian.

On average, mothers were 42.28 years of age (*SD* = 4.14), had completed 16.14 years of education (*SD* = 2.54), and worked outside of the home an average of 28.90 hours per week (*SD* = 17.44). Fathers were 44.37 years of age (*SD* = 4.18), had completed 17.63 years of education (*SD* = 4.03), and worked outside of the home an average of 47.31 hours per week (*SD* = 14.73). Parents had been married an average of 19.17 years (*SD* = 3.34). Median income level was in the $40,000–50,000 range. Families were recruited through newspaper ads and were paid $15.00 for their participation.

Procedures

Children and parents were individually interviewed in their homes about their family relationships. Participants were informed that their answers would be audiotaped and were assured of the confidentiality of their responses. Each interview was prefaced with a statement explaining that all families interact differently and that as there is no 'right' or 'wrong' way for a family to behave, there are no wrong or unacceptable answers.

In addition, each child was presented with two hypothetical scenarios in which parents engaged in blatant PDT with their children who were the same age and gender as the respondent and his or her sibling. An example of a hypothetical scenario is:

> I am going to ask you some questions about things that happened in a pretend family. In this family, there is a mother and father and two kids, Kyle, who is a 12-year-old boy, and Bryan, who is a 15-year-old boy. One day the family was eating dinner. The mother and father talked to Bryan a lot. They asked him all about his day and how he was doing, but they didn't talk to Kyle very much. Why do you think the parents talked to Bryan more than they talked to Kyle?

The purpose of these scenarios was to minimize socially desirable responding by promoting the idea that PDT is a normative part of family life that one can talk about.

Using a set of standardized instruments, each child and parent was then interviewed about the quality of the relationship between siblings, the degree to which differential and equal treatment occurred in the family, its perceived fairness, their reasoning about why it occurred, and the frequency with which it was discussed. Parents also provided demographic information about the family. The administration of the children's questionnaires was counterbalanced so that half of the children responded to questions about their fathers' behaviors first, and half of the children responded to questions about their mothers' behaviors first.

Measurement of Constructs

Magnitude of Perceived PDT

Child and parent versions of the Sibling Inventory of Differential Experiences (SIDE; Daniels & Plomin, 1985) were used to assess the amount of PDT each family member experienced. The SIDE consists of nine items that represent two scales: affection and control. The affection scale contains five items tapping relative parental pride, interest, favoritism, enjoyment, and sensitivity. The control scale includes four items that measure relative parental strictness, punishment, blame, and discipline. For each item, the adolescents used a 5-point Likert scale to rate the degree to which their mother and father, respectively, treated them and their sibling differently (−2 = much more to younger sibling; −1 = a bit more to younger sibling; 0 = equal treatment; +1 = a bit more to older sibling; +2 = much more to older sibling). Parents rated their own behaviors using the same items.

The internal consistency of the SIDE scales for the current sample were .79 and .84 (alpha), for control and affection, respectively, for children, and .54 and .76 for control and affection, respectively, for parents. Daniels and Plomin (1985) reported that the test–retest reliability of the SIDE subscales ranged from .77 to .85, $p < .001$.

One earlier-born child and five fathers did not complete all of the self-report instruments. As such, their responses are not represented in the analyses reported below.

Family Members' Perceptions of the Fairness of PDT

After the participants had responded to the presence or absence of differential treatment for each of the control and affection items, they were asked whether they felt the treatment was fair. For example, if a child reported that she received a bit more [much more, the same amount of] praise from her mother relative to a sibling, she would be asked, 'Do you think it is fair that your mother praises you a bit more than [much more than, the same amount as] your brother'? Following Kowal and Kramer (1997), each family member's response about the fairness of the control and affection items on the SIDE was coded as 0 ('unfair') or 1 ('fair'). These responses were summed to produce a continuous measure of the perceived fairness of differential and equal affection and control. Inter-rater agreement for coding perceptions of fairness was 1.00 (kappa).

Family Discussions about Differential and Equal Treatment

Each family member was asked two questions to determine the extent to which they believed their families discussed issues relevant to parental differential treatment and equal control and affection. Children were asked, 'In your family, how often does your mom or dad talk with you about why they might discipline, punish, be strict with or blame [listen, favor, care about, praise, or enjoy] you more, less, or the same as your brother/sister'? Children's responses were indicated on a 5-point Likert scale (1 = hardly at all or never; 5 = extremely often). Parents were asked parallel questions about their own behavior.

Sibling Relationship Quality

Child and parent versions of the Expectations and Perceptions of Children's Sibling Relationship Quality Questionnaire (Kramer & Baron, 1995) were used to assess each

respondent's view of current sibling relationship quality. Using a 5-point Likert scale (1 = never; 5 = always), respondents rated the extent to which 27 behaviors, representing scales of warmth, agonism, and rivalry/competition, currently occur in their sibling relationship. The warmth scale consists of 15 items: feeling proud of one another, looking out for one another, helping one another feel better, loyalty, helping each other, kindness, respecting each other's things, sharing secrets, sharing worries, giving advice, shared activities, sharing, hugging, teaching, and conversing. The agonism scale consists of nine sibling behaviors: fighting over objects, fighting over territory, arguing, hitting and/or pushing, angry feelings, issuing threats, unresolved arguments, attempts to control one another's behavior, and name calling. The rivalry/competition scale consists of three items: rivalry, competition, and jealousy. Indices of internal consistency (alpha) for warmth, agonism, and rivalry/competition with the current sample were .95, .90, and .72 using children's reports, and .92, .86, and .73 using parents' reports, respectively.

Results

We first presented descriptive information about the extent to which family members present congruent reports of: (1) the magnitude and direction of parental control and affection; and (2) the fairness of parental control and affection. We then tested the strength of the associations between sibling relationship quality and dyadic family agreement about the magnitude, direction, and perceived fairness of parental behaviors. Finally, we examined the extent to which agreement about the fairness of equal and differential parental behaviors is predicted by reports about the magnitude and direction of these behaviors as well as by the frequency of family discussions.

Dyadic Agreement about Perceptions of Differential Treatment

Concordant Perceptions of the Magnitude and Direction of Parental Behaviors. Table 1 shows the extent to which family dyads were concordant in their views about the magnitude and direction of differential and equal parental control and affection. In these and the following analyses, agreement was assessed on an item-by-item basis, indexing the number of items in which dyads agreed that a specific form of differential or equal treatment occurred. The direction of PDT was taken into account when assessing agreement. Responses were considered in agreement when both members of the dyad reported that a particular child received more, less, or the same amount of a particular parental behavior.

Initially, percent agreement was computed by tabulating the number of times each dyad agreed about particular items divided by the number of times it was possible for the dyad to agree. These percent agreement scores are presented in the first and third columns of Table 1. Subsequently, paired *t*-tests were performed to determine whether dyads were more likely to agree about items that reflected equal versus differential treatment. These analyses revealed similar levels of agreement for dyads reporting about differential versus equal control. However, dyads were significantly more likely to agree that parental affection was directed to the siblings equally rather than differentially (t values ranged from 8.08 to 11.07, $p < .001$).

Intraclass correlations (ICCs) were then computed to index the proportion of variability in the directional differential and equal treatment scores that could be attributed to within-dyad similarity. Higher ICCs indicate that more of the obtained

Table 1. Family Members' Agreement about the Magnitude and Direction of Parental Treatment Indexed with Percent Agreement Coefficients and Intraclass Correlations

	Parental Control		Parental Affection	
	Percent Agreement	ICC	Percent Agreement	ICC
Younger sibling/Mother	47	.52	62	.27
Younger sibling/Father	44	.59	57	.31
Older sibling/Mother	36	.46	63	.21
Older sibling/Father	40	.36	60	.17
Younger/Older siblings, reporting about mother	46	.25	65	.51
Younger/Older siblings, reporting about father	52	.52	62	.11

Note: $N = 74$ families.
ICC = intraclass correlations pool agreement for differential and equal treatment.

variability was caused by within-dyad similarity (i.e., individuals in the dyad tend to agree). The resulting ICCs, which pooled differential and equal treatment, indicate that levels of dyadic agreement about the magnitude and direction of parental behaviors was relatively low for reports of parental affection (with the exception of sibling agreement about maternal affection), but were in the moderate range for reports of parental control (see Table 1).

Concordant Perceptions of the Fairness of Parental Behaviors. Percent agreement, in this case, was assessed by determining the number of times (indexed on an item-by-item basis) that family dyads reported that parental treatment was fair or unfair, divided by the total number of items in which it was possible for them to agree about the fairness of equal or differential treatment. The resulting percent agreement statistics are shown in the first and third columns of Table 2. Subsequently, descriptive analyses were performed to examine perceptions of fairness about equal treatment separate from perceptions about the fairness of differential treatment. These analyses indicated that when dyads agreed that parental behaviors were equal, they also agreed that it was fair 96 percent of the time. When dyads agreed about the direction of PDT (e.g., that a particular child was favored), they agreed that it was fair in 59 percent of the items.

Next, ICCs were computed to assess dyadic concordance about the perceived fairness of parental control and affection. As shown in Table 2, ICCs were close to zero, indicating that levels of dyadic agreement did not exceed chance levels. However, inspection of the raw data revealed that the ICCs might be constrained because of limited variability in family members' reports of the fairness of equal treatment. Measures of association like ICCs adjust for high base rates in responding and examine whether conditioning on one dyad member's response helps determine the other dyad

Table 2. Family Members' Agreement about the Fairness of Parental Treatment Indexed with Percent Agreement Coefficients and Intraclass Correlations

	Fairness of Parental Control		Fairness of Parental Affection	
	Percent Agreement	ICC	Percent Agreement	ICC
Younger sibling/Mother	79	.02	89	.00
Younger sibling/Father	80	.00	86	.13
Older sibling/Mother	72	.00	90	.02
Older sibling/Father	75	.00	87	.08
Younger/Older siblings, reporting about mother	74	.09	90	.04
Younger/Older siblings, reporting about father	78	.18	89	.18

Note: $N = 74$ families.
ICC = intraclass correlations pool agreement for differential and equal treatment.

member's response, beyond what would be expected by chance. In this case, the low ICCs tell us that even though family members generally view parental behaviors as justified, dyads within families are no more or less likely than any two people, each from a different family, to agree about the fairness or unfairness of specific parental behaviors.

Predicting Sibling Relationship Quality from Dyadic Agreement about PDT

Dyadic Agreement about the Magnitude and Direction of PDT. The next set of analyses tested the hypothesis that levels of agreement between children and parents about the magnitude and direction of PDT may be associated with variations in sibling relationship quality. Although each respondent evaluated sibling relationship quality, the agreement variable was a characteristic of the dyad, not the individual. Thus, these data were multilevel in nature, and appropriate analytic techniques (i.e., random coefficient multilevel models) were necessary to model the associations among these variables. In the current study, multilevel analyses were conducted using the Proc Mixed routine of the SAS system, with variance components estimated at the individual and dyad level. Among the parameter estimates in such a model were coefficients that were 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). The coefficient of interest from these analyses was the extent to which dyadic agreement about magnitude and direction of parental behaviors relate to sibling relationship quality, after controlling for individual family members' reports about the magnitude of PDT. Variables such as age, birth order, age difference between siblings, gender of parent, and gender constellation of the sibling dyad, which could have been included as covariates, exhibited

no consistent effects in preliminary analyses and were therefore excluded from the set of final models presented here.

Table 3 contains the multilevel coefficient estimates relating dyadic agreement about the magnitude and direction of PDT to sibling relationship quality in 36 separate analyses representing all possible combinations of six dyad types, two PDT scales, and three sibling relationship quality scales. Sibling agreement about the magnitude and direction of maternal affection predicted parent and child reports of more positive sibling relationship quality on all three dimensions of sibling warmth, agonism, and rivalry/competition. Sibling agreement about the magnitude or direction of paternal affection was also linked with less sibling agonism and rivalry/competition, and was marginally associated with sibling warmth. Agreement between older siblings and mothers about maternal affection was associated with lower levels of sibling agonism. In addition, younger sibling–mother agreement about maternal affection was associated with lower levels of agonism whereas younger sibling–father agreement about paternal affection was associated with higher levels of sibling warmth. Agreement about the magnitude or direction of differential maternal control, or differential affection or control as practiced by fathers, did not play a consistent role in predicting the quality of children's sibling relationships.

Taken together, these results suggest that more positive sibling relationships are reported when siblings have a shared view of the degree to which their parents differentially direct affection to them.

Dyadic Agreement about the Fairness of PDT. Similar to the previous set of analyses, multilevel analyses were conducted to examine the extent to which parent and child reports of sibling relationship quality were predicted by within-dyad agreement about the fairness of PDT, controlling for individual reports of the magnitude of PDT. The results, shown in Table 4, illustrate that all three dimensions of sibling relationship quality were predicted by sibling agreement about the fairness of maternal affection. Further, sibling agreement about the fairness of maternal control predicted sibling warmth and agonism and marginally predicted sibling rivalry. Older sibling agreement with both fathers and mothers about the fairness of parental control was linked with lower levels of sibling agonism. Younger sibling–father agreement about the fairness of paternal affection was associated with higher levels of sibling warmth and marginally associated with sibling agonism. Younger sibling–mother agreement about maternal affection was associated with lower levels of agonism. Sibling agreement about the fairness of fathers' behaviors was not related to sibling relationship quality. Taken together, these results suggest that sibling relationship quality is more positive when siblings have a shared view of the fairness of mothers' differential and equal affection and control.

Predicting Shared Perceptions of Fairness

The above sets of analyses highlighted associations between children's shared perceptions of the magnitude or direction and fairness of PDT and sibling relationship quality. To address the factors that contribute to family members' shared perceptions of fairness, simple linear regression analyses were performed to assess the extent to which agreement about the fairness of parental behaviors were predicted by: (a) dyadic agreement about the magnitude and direction of differential and equal treatment; and (b) family discussions of differential and equal treatment.

Table 3. Multilevel Estimates (Standard Errors) of Dyadic Agreement about the Magnitude and Direction of Parental Treatment as Predictors of Sibling Relationship Quality

	Sibling Agreement about			
	Paternal Treatment		Maternal Treatment	
Sibling Relationship Quality	Control	Affection	Control	Affection
Warmth	−.02	.27*t*	.14	.39**
	(.14)	(.15)	(.18)	(.14)
Agonism	.04	−.49**	−.03	−.37**
	(.15)	(.15)	(.18)	(.14)
Rivalry	.00	−.34*	.09	−.30*
	(.13)	(.13)	(.16)	(.12)
	Older Sibling–Parent Agreement about			
	Paternal Treatment		Maternal Treatment	
Sibling Relationship Quality	Control	Affection	Control	Affection
Warmth	.11	.06	−.11	.19
	(.15)	(.12)	(.18)	(.14)
Agonism	−.06	−.07	−.07	−.32*
	(.14)	(.12)	(.08)	(.13)
Rivalry	−.02	.19	−.29*t*	−.00
	(.16)	(.13)	(.16)	(.13)
	Younger Sibling–Parent Agreement about			
	Paternal Treatment		Maternal Treatment	
Sibling Relationship Quality	Control	Affection	Control	Affection
Warmth	.19	.28**	.22	.20
	(.17)	(.11)	(.16)	(.15)
Agonism	−.22	−.22	−.00	−.29*
	(.15)	(.11)	(.14)	(.13)
Rivalry	−.21	−.07	−.07	−.21
	(.17)	(.12)	(.14)	(.13)

Note: $N = 74$ families.
*$p < .05$, **$p < .01$, ***$p < .001$.

Table 4. Multilevel Estimates (Standard Errors) of Dyadic Agreement about the Fairness of Parental Treatment as Predictors of Sibling Relationship Quality

Sibling Relationship Quality	Sibling Agreement about the Fairness of			
	Paternal Treatment		Maternal Treatment	
	Control	Affection	Control	Affection
Warmth	.18	.02	.41*	.65**
	(.07)	(.22)	(.16)	(.22)
Agonism	−.25	−.10	−.53**	−.82***
	(.17)	(.23)	(.15)	(.21)
Rivalry	−.14	−.08	−.27*t*	−.46*
	(.15)	(.20)	(.14)	(.19)
Sibling Relationship Quality	**Older Sibling–Parent Agreement about the Fairness of**			
	Paternal Treatment		Maternal Treatment	
	Control	Affection	Control	Affection
Warmth	.19	.22	.13	−.00
	(.14)	(.18)	(.16)	(.24)
Agonism	−.31*	−.08	−.34*	−.16
	(.13)	(.17)	(.15)	(.22)
Rivalry	.03	.12	−.06	.08
	(.15)	(.19)	(.15)	(.21)
Sibling Relationship Quality	**Younger Sibling–Parent Agreement about the Fairness of**			
	Paternal Treatment		Maternal Treatment	
	Control	Affection	Control	Affection
Warmth	−.12	.32*	−.12	.40*t*
	(.17)	(.17)	(.18)	(.21)
Agonism	−.10	−.28*t*	−.06	−.42*
	(.15)	(.15)	(.16)	(.19)
Rivalry	.04	−.13	.09	−.24
	(.17)	(.17)	(.15)	(.18)

Note: $N = 74$ families.
*$p < .05$, **$p < .01$, ***$p < .001$.

Predicting Agreement about the Fairness of PDT from Agreement about the Magnitude and Direction of PDT. We first investigated whether family members were more likely to agree about the fairness of parental behaviors when they agreed about the magnitude and direction of these behaviors. The results (see Table 5) revealed that sibling agreement about the magnitude and direction of maternal and paternal affection was predictive of higher levels of agreement about the fairness of these differential behaviors. Siblings who viewed their mothers' and fathers' differential affection similarly were more likely to agree that it was fair. However, the opposite pattern of results was found for differential controlling behaviors performed by mothers. Siblings who agreed that one of them received more maternal control were less likely to agree that this form of PDT was fair. Comparable results were not significant for sibling agreement about paternal differential control.

Older sibling–father agreement about the magnitude or direction of paternal controlling behaviors was associated with lower levels of dyadic agreement about the fairness of these paternal behaviors. Younger sibling–father dyads that agreed about the magnitude or direction of paternal control were also unlikely to agree about the fairness of these paternal behaviors.

Finally, younger sibling–parent dyads that agreed about the magnitude or direction of both maternal and paternal affection were more likely to agree about the fairness of the affection. Thus, younger children who agreed with both their mothers and fathers about which child received more affection from them were likely to agree that this behavior was fair. Taken together, these results suggest that shared perceptions of fairness are more likely to emerge when siblings, and when younger siblings and their parents, agree about the extent to which children in the family are treated differently

Table 5. Unstandardized Regression Coefficients (Standard Errors) for the Prediction of Dyadic Agreement about the Fairness of Parental Treatment from Agreement about the Magnitude and Direction of Parental Treatment

	Dyadic Agreement about Fairness		
Dyadic agreement about the direction of PDT	Sibling	Older Sibling–Parent	Younger Sibling–Parent
Paternal			
Control	−.03	−.30*	−.32**
	(.10)	(.13)	(.12)
Affection	.17*	.15	.25**
	(.07)	(.09)	(.09)
Maternal			
Control	−.36**	.02	−.15
	(.13)	(.13)	(.10)
Affection	.22**	.11	.27***
	(.07)	(.07)	(.07)

Note: $N = 74$ families.
*$p < .05$, **$p < .01$, ***$p < .001$.

with regard to affection. However, less agreement about the fairness of PDT is associated with agreement about the presence of differential control.

Predicting Agreement about the Fairness of PDT from the Frequency of Family Discussions about Differential Treatment. The next set of analyses centered on familial reports about the occurrence and frequency of discussions about differential parental control and affection. Sixty-four percent of older siblings and 54 percent of younger siblings reported that discussions about control took place. Discussions about affection were reported slightly less often, with 45 percent of older siblings and 44 percent of younger siblings acknowledging such conversations. Eighty-one percent of mothers and 87 percent of fathers reported that the family engaged in discussions about control whereas 54 percent of fathers and 61 percent of mothers reported that discussions about affection occurred. Parents reporting that discussions of differential and equal treatment occurred more often than did their children (F[1,73] ranged from 2.86, $p <$ .01, to 5.06, $p < .001$).

A series of Pearson correlations were conducted to assess the strength of associations between the reported frequency of family discussions about PDT and agreement about the magnitude or direction and fairness of such treatment. These analyses revealed no significant associations. Thus, the frequency of family discussions about PDT was not linked to shared perceptions of fairness.

Discussion

The results of the current study highlight the fact that despite living in the same family and experiencing many of the same events, children and parents often develop distinct perceptions of parental behaviors. In particular, family members often hold unique views about when differential treatment occurs and whether it is fair. In addressing the significance of shared versus divergent views of PDT for children's sibling relationship quality, the results of this study add to a growing body of research that highlights the ways in which family members are active constructors of their social environments. It is becoming increasingly clear that understanding the amount of PDT that children experience tells us only part of the story about how PDT affects family relationships. Family members' constructions of the meaning and legitimacy of parental behaviors—not only the frequency of these behaviors—contribute to the quality of children's relationships with siblings (Kowal & Kramer, 1997; McHale & Pawletko, 1992) and parents (Kowal *et al*., in press) as well as to their personal well-being (Kowal, Kramer, Krull & Crick, 2002; McHale *et al*., 2000).

The main goal of this study was to investigate the degree to which family members share similar perceptions of different dimensions of differential processes and to explore the implications of holding shared perceptions for sibling relationship quality. Although numerous researchers have studied the perceived magnitude of PDT, few studies have coordinated the responses of multiple family members (see work by McHale and her colleagues for notable exceptions). Capturing the multiple perspectives of family members is crucial for obtaining a comprehensive and accurate portrayal of family relationships.

In the current study, we examined family agreement by assessing convergent responses at the level of specific items. Such an approach was preferable to correlational analyses that provide only a general index of the degree to which family members report similar total levels of differential processes. In addition, the per-item

agreement approach was preferable to analyses that assess between-group differences by indexing discrepancies in mean levels of responses. Using this approach, we learned that concordant reports of the magnitude and direction of differential and equal treatment occurred to a low to moderate degree but that dyadic within-family agreement about perceived fairness did not exceed chance levels.

The current results suggest that it may be more common for parents and children to perceive events more differently than alike where the differential treatment of siblings is concerned. Although our focus on families with adolescents may have increased the likelihood of nonshared perceptions as adolescents and parents may be most likely to develop distinct views of the same family processes (Collins, 1990), our findings are consistent with past research (Feinberg *et al*., 2003; Noller *et al*., 1992). Using an experiential sampling method, which allowed for the examination of convergence at the item level, Larson and Richards (1994) demonstrated that children and parents routinely perceive the same family life events in unique ways. Furthermore, Furman *et al*. (1989) stated that intrafamilial concordance may not be high, even with perfectly valid instruments, because discrepant views may truly exist.

According to Furman *et al*. (1989), there are at least five reasons why individual family members (and outside observers) may develop divergent views: '(1) the extent of exposure to the relationship or the amount of information one has about the relationship; (2) the degree of awareness of the context of the behavior; (3) the influence of attitudes, feelings, and ego involvement; (4) the reference points used for interpreting the information; and (5) the competence and motivation of the reporter' (pp. 170–171). All of these factors might play a role in explaining low rates of intrafamilial agreement about the occurrence and legitimacy of parents' differential treatment. Family members may lack full knowledge of each other's relationships. They may not always have complete information to help them understand the circumstances of certain behaviors that they do observe. Particular family members may possess strong feelings, attitudes, or expectations about fair and unfair parental behaviors, which may sensitize them to these events (e.g., some members may be more outraged than others when a parent engages in PDT). Reference points may differ (e.g., one child may view his mother's attendance at his sister's soccer game but not his own as an extreme example of differential treatment whereas his sister sees it only as a minor infraction). In addition, some family members may simply be more accurate observers of family interaction. There is no research to date that helps us determine which of these reasons are most relevant to the shared understanding of PDT. Nonetheless, Furman *et al*.'s possible explanations of low intrafamilial concordance provide fertile ground for future research on family perceptions of differential processes.

This study does shed light on some of the implications divergent realities have for promoting harmonious sibling relationships. Although shared conceptions of PDT may be uncommon, families that do hold shared views may have unique characteristics, such as having children who get along well with one another.

Agreement between siblings about PDT appears to be more significant for sibling relationship quality than agreement between children and either of their parents. Whereas sibling agreement about the magnitude or direction of PDT and its fairness was consistently associated with sibling relationship quality, parent–child agreement was not. Children's perceptions of differential processes appear to be a more powerful correlate of family relationships than parents' perceptions. Perhaps this is because PDT is more salient to children than to parents. Children often actively monitor their parents' behaviors and engage in social comparisons processes as a way to understand

their relationships with their parents and to define their status in the family *vis-à-vis* their siblings (Feinberg *et al*., 2000).

Different patterns of results emerged when maternal rather than paternal PDT was under consideration. Although sibling agreement about the magnitude and direction of maternal and paternal differential affection was closely related to sibling relationship quality, corresponding associations for the perceived fairness of PDT were found only with respect to maternal treatment. Sibling agreement about the fairness of maternal PDT was linked with greater sibling warmth and less sibling agonism and rivalry. These results suggest that discrepancies in siblings' judgments about the fairness of their fathers' behaviors may be less tied to the quality of their sibling relationship than their judgments about their mothers' behaviors. Larson and Richards (1994) described relationships between mothers and adolescents as being more intense (characterized by 'love and conflict') than those between fathers and adolescents, which tend to be characterized by 'fun and avoidance'. Consistent with these qualitative differences, perceptions of the fairness of maternal treatment may be relatively more integral to siblings' feelings about each other. This possibility should be examined in future research.

Three dimensions of PDT (i.e., magnitude, direction, and perceived fairness) were examined in this study. Interestingly, higher levels of within-family agreement were found with regard to the magnitude and direction of differential treatment as opposed to judgments about its fairness. This discrepancy may have emerged because decisions about the existence and direction of PDT may be simpler and more straightforward than those about fairness. That is, it may be easier to reach agreement that children in the family are treated differently than to agree about whether such treatment is fair. Previous research (Kowal & Kramer, 1997) has demonstrated that as children reach a judgment about whether PDT is fair, they form attributions to explain why such treatment may be occurring. For example, children may reason that their parents treat them and their siblings differently because they are of different ages or genders, have different needs or personality characteristics, or behave in ways that elicit different responses from parents. The relative importance, salience, and meaning each family member gives the various attributions contributes to their judgment about the legitimacy of PDT. Given the variety of attributions that family members may draw upon to understand PDT, it is not surprising that greater agreement was found about the magnitude and direction of PDT than its appraised fairness.

This study represents an initial attempt to understand the family processes that determine whether family members agree that particular parental behaviors are fair. The extent to which family members agree about the direction and magnitude of differential behaviors does appear to be one contributing factor. Whereas agreement about the magnitude and direction of parental affection was generally linked with shared views of fairness, the opposite was true for parental control. In addition, sibling agreement about the magnitude or direction of differential affection was associated with sibling relationship quality, but agreement about differential control was not. The findings of different results for differential control and affection are in line with previous studies (McHale *et al*., 1995; Volling, 1997). Adolescents may experience differential parental control and affection differently, and the attributions they form to understand these parental behaviors, which help shape perceptions of fairness, may differ as well. For example, acknowledging that one sibling receives more affection and care from a parent than another may be qualitatively different (and possibly, more painful) than acknowledging that one sibling receives more discipline and control.

Siblings who share a view of how parents distribute affection may be more likely to develop a shared view of its fairness. For example, siblings who agree that parents are more proud of one of them may agree that this child has a special talent or has a compelling need that merits additional affection. Alternatively, the siblings may agree that their parents are out of line for demonstrating more affection to one of them, as it violates a need for equity. In either case, a shared view of magnitude and direction of differential affection may contribute to a shared view of its fairness. In contrast, siblings who adopt a shared view of the magnitude and direction of differential control may not necessarily agree about the fairness of such treatment. For example, although Johnny and Joey agree that Johnny is more 'out of control' and requires greater discipline, out of self-interest, Johnny may not agree with his brother about the fairness of this treatment. Although future research is needed to test these hypotheses, the current results suggest that differential affection and control should be studied as distinct, but related, processes.

Contrary to our hypothesis that individual family members' reports of discussions about differential and equal treatment would be linked with shared perceptions of the fairness of PDT, we found no consistent associations among these variables. These results run contrary to previous literature suggesting that communication among family members is one way in which families create a shared reality (Broderick, 1993). Family members who talk with one another about the occurrence and significance of parents' differential behaviors would be expected to have a greater knowledge of other dyadic relationships in the family, a more complete understanding of the circumstances and personal factors that might lead parents to treat children differently, and a better appreciation of how others in the family experience differential treatment. A more thorough exploration of family discussions about PDT is needed. For example, we need to understand what children and parents mean when they do say that they discuss differential treatment, recognizing that these discussions may take a variety of forms and durations. The fact that parents report engaging in these discussions more than children suggests that children may not recognize when their parents are talking about differential issues. These conversations may be very brief and may not be explicitly labeled as discussions about differential treatment. Further, what is considered to be a 'discussion' by one family member (e.g., a complaint about unfair treatment or an explanation of why a parent treated a child in a particular fashion) may not be considered to be a discussion of PDT by another family member. Intrafamily discrepancies about the occurrence of discussions about PDT may indicate that children are not 'receiving' whatever messages their parents think they are 'transmitting' during these conversations.

It is important to consider the following caveats when interpreting the results of this study. First, the participants tended to be demographically homogeneous (e.g., 98 percent were Caucasian, all families were maritally intact, and income level was relatively high). Although these characteristics are roughly representative of the county in which the data were collected, the homogeneity of the sample clearly limits the generalizability of the results. Different results may be obtained from families that come from a different ethnic background, socioeconomic status, or family structure. Cultural factors may have a significant influence on perceptions about the magnitude and fairness of PDT, and the investigation of these effects merits systematic research. Second, the children who were interviewed in this study were, in several cases, not the only children in their families. Very little is known about differential processes in families with more than two children, and expanding our understanding of differen-

tial processes in larger family systems should be a goal for future research. Third, the correlational design leaves questions about causality unanswered. For example, we cannot speak to whether agreement about differential processes sets the stage for, or result from, positive sibling relationships.

Although the Sibling Inventory of Differential Experiences (Daniels & Plomin, 1985) has been used frequently in previous research to index differential treatment, particularly among adolescents, we found relatively low levels of internal consistency for parents' (but not for children's) reports of differential affection. The fact that significant results were limited to sibling agreement only may be due, in part, to the low levels of internal reliability for parents' reports of differential affection. It may be that instruments routinely used to assess the magnitude of PDT need to be revised to better represent parents' perceptions of their own behaviors.

Future research should also use a broader lens to study PDT and the shared understanding of differential processes. Whereas previous research was based on the assumption that children expect and strive for equal treatment from their parents, we now appreciate that children and parents accept that some PDT is likely to occur, if only in recognition of children's unique needs and interests. Family members regularly form elaborate understandings about the reasons PDT occurs and its legitimacy. We need to know more about what the practice of PDT means to children and parents as well as the processes by which the perceptions of different family members may grow into a shared understanding versus a divergent reality.

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