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DEPARTMENT OF HUMAN DEVELOPMENT AND FAMILY STUDIES

PARENTS' MARITAL QUALITY AND ITS ASSOCIATION WITH ADOLESCENT
SIBLINGS' REPORTS OF PARENTAL DIFFERENTIAL TREATMENT

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ABSTRACT

To date, few studies have examined how family-level qualities are related to parents' differential treatment of siblings. This study explores associations between parents' marital qualities, i.e. love and conflict, and differences in siblings' reports of the quality of their parent-adolescent relationships. Data were drawn from 196 families that included mothers, fathers and adolescent-aged siblings, of which firstborn and secondborn siblings were the target youth in this analysis. The assessment occurred at the seventh phase of a longitudinal study on family relationships in middle childhood and adolescence. Results revealed that fathers' reports of marital conflict were significantly negatively related to youths' reports of mothers' differential treatment. No association was found between maternal reports of marital love and conflict, or paternal reports of love and siblings' reports of parental differential treatment. Discussion draws from a family systems perspective (Minuchin, 1985) and highlights the importance of examining how subsystems within a family are mutually influential (Minuchin, 1985).

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Chapter 1

Introduction

Equal treatment of individuals is a central value in democratic societies (Parsons, 1942). Though parents in the U.S. often report that they treat their children similarly, they also acknowledge that their children are sometimes quite different from one another (Dunn & Plomin, 1991). Parental differential treatment (PDT) has been defined as children within the same family being treated differently by their parents or perceiving their treatment as different. Most research on PDT has focused on exploring the aspects of parenting that may be different for two children within a family, and testing whether PDT explains sibling differences (Turkheimer & Waldron, 2000). Research indicates that PDT often occurs within families, given such factors as sibling differences in age, gender and temperament (Brody, Stoneman, & McKoy, 1992) or special needs (McHale & Pawletko, 1992). Further, studies have revealed that differential treatment is associated with younger children's and adolescent's externalizing problems, such as antisocial behavior (Neiderhiser, Reiss, Hetherington, & Plomin, 1999; Reiss et al., 1995). In the face of its significance for youth adjustment, however, we know little about the antecedents of PDT.

Family systems theory holds that the family is comprised of interconnected subsystems that influence one other (Minuchin, 1985). The processes and mechanisms that occur within these subsystems drive the larger functionality of the family. In

addition, each family member is influenced by prior and current relationship experiences and by the characteristics of other individual family members. The marital dyad, for example, may influence other relationships within the family such as those that parents have with their children (Belsky, 1981). For example, stressors and negativity in the spouse sub-system may have consequences that reverberate in parent-child relationships (Deal, 1996).

The primary goal of the current study was to examine whether aspects of parents' marital quality were associated with adolescents' reports of PDT. Data for the project were drawn from a longitudinal sample of 196 families with always-married parents that included at least two children in middle and late adolescence. We tested the predictions that marital love would be negatively related to PDT and that marital conflict would be positively related to PDT.

Chapter 2

Background

Parents are the central influence of their children's development. Parents' treatment of their children has been widely researched, and a body of evidence has linked associations between parenting and youths' internalizing and externalizing behaviors. Siblings who share the same biological parents are 50% genetically similar, on average, and share the same parents and home environment. Yet on average, siblings' personal attributes and behaviors are no more similar to one another than they are to unrelated children (Dunn & Plomin, 1991; Shebloski, Conger, & Widaman, 2005). Beyond individual differences in youths' individual characteristics, PDT may be a family factor that contributes to dissimilarities between siblings raised in the same household (PDT).

As noted, PDT refers to children from the same family being treated differently by their parents or perceiving differential treatment (Daniels, Dunn, Furstenberg, & Plomin, 1985). Parents' often differentiate between their children based on individual characteristics such as personality, interests, abilities, and maturity level (McHale, Updegraff, Crouter, & Killoren, 2005). These child specific characteristics are often justified by parents for the use of PDT, though the negative consequences are causes for concern, particularly when the child views the PDT as unfair (Kowal, Krull, & Kramer, 2004). This directs researchers' attention towards uncovering the family factors that lead to PDT, though this issue has not received much attention from researchers.

The negative effects of differential treatment during childhood can manifest throughout the life course both externally and internally (Suitor, Sechrist, Plikuhn, Pillemer, & Pardo, 2008). Elevated levels of PDT have been associated with lower self-esteem and more internalizing problems for adolescents (Daniels et al., 1985). PDT is also linked to poorer sibling and parent-child relationship quality. Negativity in individual family members has consequences for the entire family, with spill-over to both the sibling dyad and parental dyad (Feinberg, Reiss, Neiderhiser, & Hetherington & 2005). Research has also extended the connection of differential parental treatment with problem behavior and correlated gender composition and birth order of sibling pairs, facilitating the link between both differential parental treatment and adolescent adjustment. PDT also has been associated with parent-child relationship quality due to higher delinquency reports in adolescence for youth of both genders (Scholte et al., 2007). To help understand why PDT may be linked to problems in sibling relationships, social comparison theory holds that individuals are inclined to compare their situations to those of others within the family (Festinger, 1954). Sibling reporting of PDT may be influenced when their own abilities and behaviors are not compatible and are compared to their sibling.

PDT is a phenomenon that not only has negative implications to the individual in childhood and adolescence but its implications also can extend through the life course and to the larger family system. Boll, Ferring, and Filipp (2005) hypothesized that being a disfavored child reduced adult children's willingness to care for their aging parents, and conversely being the favored increased it. The retrospective study examined if middle-

aged adults' justice evaluations acted as the mediators of PDT in middle adulthood in affecting relationship quality with adult sibling and aging parents. PDT was evaluated as unjust when respondents perceived that they were either disfavored or extremely favored. Justice evaluations significantly predicted parent-child relationship quality, beyond PDT itself. Due to the negative implications of PDT for both the individual and other family members, it is important to understand potential correlations to PDT.

Research suggests that it is normative for parents to increase their attention towards the younger sibling and that difficulty with individual child adjustment and family relationships appear to be associated with higher levels of PDT (Brody et al., 1992). Plomin and Daniels (1987) conducted some of the earliest research on PDT. They argued that despite being 50% similar genetically, on average, siblings are often as different from one another as they are from unrelated individuals in areas such as personality and psychopathology. Such findings suggest that sibling differences may arise due to environmental forces. Daniels and Plomin (1987) parsed these environmental associations into two categories; shared and nonshared. Their article fueled the next decade of research on nonshared environmental or child specific experiences such as differential parenting (K. Conger & Conger, 1994). Shared family environment characteristics such as socioeconomic status (SES), child rearing practices, and marital quality were presumed to affect siblings similarly (Turkheimer & Waldron, 2000). Recent research has begun to examine the bidirectional influences of both the shared and nonshared environments. The quality of the parent-child relationship may

depend on how the shared and nonshared characteristics are mutually exclusive (Jenkins, Rasbash, & O'Connor, 2003).

Family system theory holds that families are comprised of interconnecting subsystems that influence each other (Minuchin, 1985). Family subsystems, such as parent-child relationships and sibling relationships, are not independent entities but are interconnected and simultaneously affect individual family members (Minuchin, 1985). Parents are the executive subsystem, responsible for family management (Minuchin, 1985). This theory directs us to consider how inter-parental dynamics such as marital quality may spill over into parent-child dynamics. This perspective served as the framework for our study of marital quality and its relation to PDT.

Specifically, in the present study we tested the hypothesis that marital quality would be associated with PDT during adolescence. This prediction is grounded in prior research (Deal, 1996) that point to contextual sources of stress from shared variables within the family (Belsky, 1984). It is necessary to continue to determine the relationship between shared and nonshared sources of influence on child development (Browne, Meunier, O'Connor, & Jenkins, 2012). Belsky (1984) applied Bronfenbrenner's (1977) framework in his parenting process model and targeted three domains, personal psychological resources of parents, characteristics of the child, and contextual sources of stress and support, as important for understanding parental influences. This framework helps to lay the groundwork for the current research's focus on the marital relationship as a first-order support system for parents: Positive marital relationships may serve to lower the rate of differential treatment of siblings within the family whereas marital conflict

may have both immediate and short-term negative effects on differential treatment (Deal, 1996).

Chapter 3

Methods

Participants

Data were drawn from the seventh phase of a longitudinal study of family relationships in middle childhood and adolescence. The 196 participating families included mothers, fathers, first and secondborn adolescent-aged siblings ($M = 17.34$ $SD = 0.79$ years of age for firstborn siblings; $M = 14.79$ $SD = 1.14$ years of age for secondborn siblings) whom were the targeted children in the selected families. Recruitment for the study was accomplished by sending letters that included criteria for participation to the homes of all fourth and fifth grade students in 16 rural school districts in a northeastern state. Families that were interested in participating, returned a self-addressed postcard to the project and were then contacted by project staff to assess if they met project criteria. Eligibility requirements included having families with always-married parents, a firstborn child in fourth or fifth grade, and at least one younger sibling who was two to three years younger than the firstborn.

The demographic characteristics of the families in the study reflected those of the region, which included primarily European American working and middle class families. On average, mothers had completed 14.63 years of education ($SD = 2.22$ years) and fathers, 14.79 ($SD = 2.50$ years), with 12 years being equivalent to a high school degree and 16 years being equivalent to a bachelor's degree. In the current analysis, we used

data from the firstborn and secondborn siblings as well as both parents. There were 49 girl-girl sibling dyads, 52 girl-boy dyads, 49 boy-girl dyads, and 46 boy-boy dyads within the sample.

Procedures

Data were collected through home interviews that were led by teams of two or three interviewers. After reviewing the study's procedures and obtaining informed assent/consent, family members were interviewed separately. Family members were asked about their own personal characteristics as well as about the relationships that they had with other family members in the household. After completing their home interviews, the participating families received an honorarium of (\$200).

Measures

Parental differential treatment was calculated as the absolute difference score between older siblings' reports of parent-child intimacy and younger siblings' reports of parent-child intimacy. Parent-youth intimacy was rated by youth using an 8-item scale adapted from Blyth, Hill, and Thiel (1982) for the present study. Siblings rated items (e.g., "How much do you share your inner feelings or secrets with her/him?") on a scale from 1 (*not at all*) to 5 (*very much*). Scores were coded such that higher scores indicated more intimacy. Youth reported on their intimacy with mothers and fathers separately and thus they are treated as separate outcome variables in the present study. Experiences with mothers and fathers were rated at different time points in the interview.

Marital conflict and marital love were measured using the Relationships Questionnaire developed by Braiker and Kelley (1979). The marital conflict scale consisted of 5 items on a scale from 1 (*very infrequently*) to 9 (*Frequently*). Example items included, “How often do you and your spouse argue with one another?” Marital love was measured on a 9-item index. An example was, “To what extent do you love your spouse at this stage?” Responses were rated on a scale from 1 (*not at all*) to 9 (*very much*). Items for both scales were summed, with higher scores indicating higher *marital love* and higher *marital conflict*.

Control variables. *Financial Strain* was reported by both mothers and fathers about their current overall family economic situation. Both parents rated the single item index adapted from Conger and Elder (1994) for the present study (e.g. “How difficult is it for you to pay your family’s bills each month?”) on a scale from 1 (*no difficulty*) to 5 (*a great deal of difficulty*). Mother and father scores were averaged to create a composite measure for overall family financial strain. Mothers also reported on child gender, child age, and parents’ ages, which were included as covariates in all analyses.

Chapter 4

Results

Analysis Plan

Analyses were conducted using SPSS version 22.0. In order to test the association between marital quality and PDT, separate regression analyses were conducted on siblings' reports of maternal PDT and siblings reports of paternal PDT.

Preliminary Analysis

Table 1 shows the means and standard deviations of, as well as the correlations between the study variables. Siblings' reports of maternal PDT ($M = 4.87$, $SD = 4.16$) and paternal PDT ($M = 4.98$, $SD = 4.10$) had similar means and standard deviations. Both mothers ($M = 66.21$, $SD = 12.50$) and fathers ($M = 65.63$, $SD = 11.89$) generally reported a high level of marital love (this scale can range from 9 to 81). In addition, mothers ($M = 20.17$, $SD = 6.66$) and fathers ($M = 18.56$, $SD = 5.84$) reported generally low levels of marital conflict (this scale can range from 5 to 45). Most of the significant correlations were in the expected directions, except in the case of marital conflict, as described below.

Links between Marital Qualities and PDT

Marital Conflict. It was hypothesized that more marital conflict reported by parents would be related to more child-reported PDT. Results from the regression analysis, however, (see Table 2) revealed that there was a significant negative association between fathers' reports of marital conflict and youths' reports of mothers' PDT. That is,

the more marital conflict fathers perceived, the less maternal PDT reported by siblings. There were no links between fathers' marital conflict and fathers' PDT not between mothers' marital conflict and siblings' reports of PDT.

Marital Love. It was expected that more marital love reported by parents would be associated with lower levels of PDT reported by siblings. This prediction was not supported: There were no significant links between marital love and siblings' reports of PDT.

Table 4.1
Means, Standard Deviations and Correlations between Parental Differential Treatment and Martial Love and Conflict

Constructs	1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.
1. Sibling report of mothers' PDT	1.00										
2. Sibling report of fathers' PDT	0.18*	1.00									
3. Mothers' education	-0.11	-0.09	1.00								
4. Fathers' education	-0.15*	-0.10	0.54**	1.00							
5. Older sibling age (years)	0.00	-0.06	0.03	-0.07	1.00						
6. Younger sibling age (years)	0.02	-0.11	0.11	-0.02	0.66**	1.00					
7. Mothers' marital love	-0.12	-0.12	-0.01	0.06	0.010	-0.09	1.00				
8. Fathers' marital love	-0.01	-0.10	0.02	0.03	-0.06	-0.06	0.54**	1.00			
9. Mothers' marital conflict	-0.05	-0.00	-0.02	-0.06	-0.03	-0.06	-0.49**	-0.40**	1.00		
10. Fathers' martial conflict	-0.16*	-0.04	-0.07	-0.03	-0.01	0.04	-0.42**	-0.56**	0.50**	1.00	
11. Financial strain	0.09	0.14 [†]	-0.17*	-0.12	0.00	-0.06	-0.08	-0.07	0.24**	0.20**	1.00
Mean	4.87	4.98	14.63	14.79	17.35	14.80	66.21	65.63	20.17	18.56	2.00
Standard Deviation	4.16	4.10	2.22	2.50	0.79	1.15	12.50	11.89	6.66	5.84	1.03

[†] $p < .10$, * $p < .05$, ** $p < .01$

Table 4.2
Multiple Regression Analyses Predicting Parental Differential Treatment

Construct	Children's report of mother's PDT		Children's report of father's PDT	
	<i>B</i>	<i>SE B</i>	<i>B</i>	<i>SE B</i>
Intercept	19.24*	8.55	22.52**	8.37
Mother marital love	-0.16	0.03	-0.05	0.03
Father marital love	-0.44	0.04	-0.05	0.03
Mother marital conflict	-0.22	0.06	-0.05	0.06
Father marital conflict	-0.19**	0.07	-0.11	0.07
Mother education	-0.08	0.18	-0.10	0.17
Father education	-0.20	0.15	-0.09	0.15
Financial strain	0.47	0.34	0.41	0.33
Older sibling age (years)	-0.36	0.54	-0.06	0.53
Younger sibling age (years)	0.21	0.38	-0.33	0.37
<i>R</i> ²		0.08		0.07

* $p < .05$, ** $p < .01$.

Chapter 5

Discussion

The present study contributes to the literature on PDT by focusing on the association between marital quality and PDT during adolescence. Existing research has indicated that PDT is more likely to occur in stressful situations (Atzaba-Poria & Pike, 2008; Jenkins, Rasbash, & O'Connor, 2003). That is, parental resources may be unevenly distributed when they are cognitively and emotionally exhausted due to reduced capability, attention span, and capacity for emotional support (Henderson, Hetherington, Mekos, & Reiss, 1996). This research established links between fathers' reports of conflict and siblings' experiences of differential treatment by their mothers. Contrary to the study hypothesis, however, fathers' reports of marital conflict were linked to *lower* levels of maternal differential treatment, and no other significant associations emerged. The following discussion will begin by reviewing the theoretical basis for this study along with the contextual framework for the main hypotheses.

Family systems theory (Minuchin, 1985) served as the study's theoretical framework. This theory posits that the marital relationship is integral to other family relationships and that all are in constant fluctuation within a family. According to family systems theory, marital relationships are just as important as parent-child relationships or siblings' relationships for youth adjustment (Minuchin, 1985). Further, the dyadic and triadic relationships that exist within each family have implications for the behavioral

outcomes for each family member. Previous research documented correlations between sibling and marital negativity (Feinberg et al., 2005). In the current study, we speculated that parents' marital quality would have spillover effects to increased levels of PDT. Contrary to the hypothesis, however, mothers' marital love and conflict and fathers' love were not linked to PDT. Further, links between fathers' conflict and PDT were the inverse of the expected direction. These findings may indicate that when fathers experience more conflict in their marriage, both children become closer to the mother. This was not an anticipated result but an interesting finding and should be an area of exploration in future research.

The motivation for this study was to examine marital quality, a shared family factor, and its potential effects on parenting. Although therapists have noted that problems in the parent-child relationship are often associated with marital distress (Helms, 2013), research has shifted away from shared family variables such as socioeconomic class, child-rearing practices, and marital quality (Cox & Paley, 2003). Nonshared events like birth order, peer relationships, and teacher relationships are unique to each sibling and hypothesized to be an important cause of sibling differences in behavioral outcomes (Plomin & Daniels, 1987). There has been more attention on the individuals' genetic contribution and the non-shared environment because investigators have assumed that the shared environment is relatively unimportant in children's outcomes, a presumption that may not be correct (Rutter, Siberg, O'Connor, & Simonoff, 1999). Although our examination of marital love and conflict in the shared environment

showed only one significant relation to PDT, it is important to continue research on how the shared family context is connected to PDT.

The present analyses did not address possible moderating factors that might influence the relations between marital quality and PDT. In addition, other potential associations, such as the four main parenting styles (e.g. authoritative, authoritarian, permissive and uninvolved) and child temperament, were not taken into consideration in the present study and may influence PDT. One probable factor that may escalate PDT is child characteristics, as when child behaviors elicit harsh or less positive parenting relative to siblings' experiences.

Chapter 6

Limitations

This study had several limitations that restrict the generalizability of the findings and should be addressed in future work. It also is important to note that, due to the design of this study, inferences of causality were not possible. Indeed, direction of effects between marital relationships and PDT may be the opposite of what was proposed here. In addition, this study used only difference scores for youths' reports of PDT in association to marital quality, gender of the child, birth rank and gender constellation of the sibling was not examined. For future research, the study design should have a broader longitudinal scope by using data from different waves of the study to compare both firstborns' and secondborns' experiences with their parents when they were of equal age. Marital quality may have been more accurately measured through multiple waves to compare its association to the varying levels of PDT. The use of multiple waves of data may help produce a clearer picture of the family processes that are associated with PDT. Further, other dimensions of marriage such as satisfaction with partner, marital harmony and marital commitment may be domains that warrant future research endeavors

Finally, the generalizability of the findings is limited given that the sample was not economically or racially diverse; instead, all of the participants of the study came from the same general area of the Northeastern United States. In order to improve upon

this study, future research should use a more heterogeneous sample that includes participants at higher risk and the diversity of the US.

In sum, most prior research focused on the youth adjustment outcomes of PDT, whereas the present study explored factors that may lead to siblings' report of PDT. Research should continue to explore the direction of these effects by examining parent-child shared processes. The current study provides evidence to suggest links between fathers' experiences of marital conflict and sibling adolescents' reports of lower levels of maternal PDT. Future research should also elaborate upon the father-child relationship. Human relationships are complex, and understanding parent and child relationships in various contexts will require taking multiple approaches.

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