

PARENTAL DIFFERENTIAL TREATMENT FOR ADULT CHILDREN:
INTERACTIONS, IMPLICATIONS AND INTERVENTIONS

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Chelsey Dawn Beres, candidate for the degree of Master of Social Work, has presented a thesis titled, ***Parental Differential Treatment for Adult Children: Interactions, Implications and Interventions***, in an oral examination held on April 17, 2014. The following committee members have found the thesis acceptable in form and content, and that the candidate demonstrated satisfactory knowledge of the subject material.

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ABSTRACT

Parental Differential Treatment (PDT) is the conscious or unconscious action of providing one sibling more favorable treatment over another. PDT has consequences for children's lives. Several consequences have been identified for children who experience PDT; however there is a dearth of literature exploring the effect of PDT on adult life. This qualitative, phenomenological study is an effort to better understand the lived experiences of adult children with PDT, and its effect on their current adult life. Four people, between the ages of 25-55 who have experienced, or continue to experience PDT participated in this study. The "Modification of the Stevick-Colaizzi-Keen" method of analysis was utilized, extracting common themes. Findings indicated that there were many similarities between the participants and the literature review. It also uncovered that there is an essence, essentially various principles to understanding the lived experience of adult children with PDT. Essentially, PDT is either practiced or perceived due to specifics such as: personality, responsibility and expectations. Findings from this study cannot be generalized, as there were only four participants and they were not randomly chosen. The implications of this research in relation to the experiences of PDT are discussed. Directions for future research are also addressed.

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DEDICATION

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1. INTRODUCTION

“That is not fair – Why was he allowed and not me”? The common question asked by children to their parents in regards to a sibling. This common question is often followed by the parental responses, “Life is not fair. Accept it. Worry about yourself”.

As a social work clinician, I have the opportunity to meet with countless families. I find it fascinating that parents, grandparents or other caregivers will often attempt to focus the majority of their discussion and attention to a “selected child”, while the entire family is supposed to be participating in the session. The parents boast about this “selected child”, while he or she looks on with either pride or embarrassment, while the other child sits quietly with noticeable feelings of loneliness, pilfered self-esteem and disassociation. Likewise, meeting individually with children often leads to interesting conversations, specifically with regards to their perceived role in the family. Children do not hesitate to tell a clinician that they are their parents, grandparents or caregivers “favourite” or let you know that they think they are treated unfairly in respect to chores, curfew and consequences. Regardless of whether or not their views are accurate, it is their perceived view – their view of perceived parental differential treatment (PDT).

Research Goals

The research goals focus on what the experiences of individuals were like who have experienced and/or continue to experience perceived PDT. What influences some to experience PDT over others; specifically do personality, familial relationships and attachment play a role? It was hoped that connections between the experiences of the participants and its effect on their existing outlook on life, family and friends. In addition, it was hoped that the outcome of this research would provide suggestions to individuals who have experienced PDT. The research question, then, came to be: What

are the lived experiences of adult children with PDT and its effect on their current adult life?

This research study allows an opportunity to implement change in regards to how parents treat their children differently, or how PDT is currently understood. In addition, it could benefit children, adults and parents by strengthening and maintaining solid, understanding family units.

Focus of Study

A qualitative, phenomenological study was completed with four Caucasian adults who have experienced parental differential treatment as children or have continued to experience parental differential treatment as adults. Semi-structured interviews were used to interview the participants. Essentially, it is the goal of this study to find out what their experience of PDT was like, how their personality contributed, in addition to how it affected their familial relationships, attachment, their outlook on life, family and friends. In essence, I wanted to become cognizant of helpful responses to the outcomes for perceived PDT for adult children, in an effort to alleviate the issues associated with it.

2. LITERATURE REVIEW

2.1 Introduction

The study of parent-child relationships has undergone dramatic changes over time. Emphasis on parents as the primary agents of socialization can be traced back to Freud (1949). He postulated that the significant aspects of personality take shape during the early years of life, when children spend much of their time at home under their parents close supervision (Brody, Stoneman & McCoy, 1992). On the contrary, associations have been found between child temperamental styles (behaviour issues) and compromised parent-child interactions (Buss, 1981; Campbell, 1979; Gordon, 1983; Maccoby, Snow & Jacklin, 1984; Milliones, 1978). These researchers suggested that the parent-child relationship is best described by a dual-process reciprocal influence model, which deemed that exchange between parent and child is governed by both parental behavior and child characteristics. Regardless of the outcome, it is mutually agreed upon that parent-child interactions can either hinder or enhance a child's character and essentially, outlook on life (Buss, 1981; Campbell, 1979; Gordon, 1983; Maccoby, Snow & Jacklin, 1984; Milestones, 1978).

This literature review will examine the phenomenon of Parental Differential Treatment (PDT). Information about the issue of PDT is presented and described to provide context for what people have said about their experiences. Summaries of the implications of the effects of PDT throughout childhood and adolescence have been well documented in studies that been done over the past two decades. In addition, theoretical frameworks will be presented to further provide readers with context. Topics most often covered in the literature review will be used to guide interviews in this study in an effort to better understand the impact of perceived PDT for adult children.

2.2 Parental Differential Treatment

Literature on family differences has convincingly demonstrated that parental differential treatment has consequences for children's lives (Sutor, Sechrist, Plikuhn, Pardo, Gilligan & Pillemer, 2009). Freud (1961) and Adler (1956) indicated that being the disfavoured child in a family is associated with decreased well-being, whereas being the favored child is associated with increased well-being. According to Hertwig, Davis and Sulloway (2002) and Steelman and Powell (1991), favored children are also more likely to garner their parent's interpersonal and financial resources, thus increasing their likelihood to succeed as an adult over their siblings. According to Boll, Michels, Ferring and Filipp (2010), research on PDT is related to negative outcomes: first for the individual siblings and second for the quality of relationship between siblings.

Studies confirm that parental behaviors differ towards children in the same family (Abramovitch, Pepler & Corter, 1982); Brody, Stoneman & Burke, 1987); Brody Stoneman & McCoy, 1992; Dunn & Kendrick, 1982; Heatherington, 1987. In these studies, parents were observed interacting with their two children in naturalistic and semi-structured contexts. Results indicated that higher rates of affectionate, controlling and responsive behavior were directed towards the younger child. Subsequently, Brody, Stoneman and McCoy (1992) indicated that parents' direct different rates of behavior towards siblings during parent-sibling interactions, and that high levels of differential treatment are linked with variations in child adjustment and sibling relationships. In summary, even though the literature indicates that the youngest child is usually the recipient of higher rates of affectionate, controlling and responsive behavior from their parents, it does not take into consideration the variable of gender difference, ability level (does a child require increased attention due to a special need, etc.) or specific role in the family.

2.3 Impact of Parental Differential Treatment

2.3.1 Implications for Parental Relationships

Many researchers have concluded that one's perception and reaction to PDT is derived from early parent-child interaction, attachment and relationships. Baldwin and Dandeneau (2005) determined that perceived PDT results from "relational schemas" developed and consolidated in previous repeated interactions with the parents. These schemas may lead an individual to perceive PDT of the self and siblings in rather similar ways across extended periods of time. Furthermore, Bowlby (1979) indicated that the role of behavior of the attachment figure should be complementary to that of the attached person if a strong bond is to be maintained. Simply put, if the attachment figure is both available and receptive, amounts of PDT can be limited (Cicarelli, 1989).

Parental favoritism and disfavouritism are linked to relationship quality between children and their parents (Boll, Ferring & Phillip, 2001b). Common sense suggests that parental favoritism improves and disfavouritism deteriorates the quality of relationship with parents. However, it is unclear whether parents anticipate the kind of effects that disfavouritism may have (Boll, Ferring & Phillip, 2003). According to Lollis and Kuczynski (1997), disfavoring a child may produce more negative reactions of that child towards the parents, which in turn may lead the parents to further disfavor that child.

2.3.2 Verbal Aggression

Infante, Myers and Buerkel (1994) argued that verbal aggression is common in family relationships, specifically where PDT is present as family members have less pressure to communicate in socially desirable ways. Verbal aggression is linked to less satisfaction in family relationships and often leads to less communication in future years (Infante, Chandler & Rudd, 1993; Sabourin & Stamp, 1995). Verbally aggressive messages are most hurtful when the source and receiver are in a close relationship (Infante, Riddle, Horvath & Tumlin, 1993; Martin, Anderson & Horvath, 1996; Martin,

Anderson, Burant & Weber, 1997).

Verbally aggressive communication between a parent and child not only has possible negative short-term effects, but has the possibility of leading to long-term problems in this and in other relationships (Martin, Anderson, Burant & Weber, 1997). Parents who show higher verbal aggressiveness are most hostile and share fewer positive affect messages with their children than parents who are low in verbal aggressiveness (Martin et al., 1997; Bayer & Cegala, 1992). In studies completed by Beatty and Dobos (1992) and Sabourin (1996), children have lower relationship satisfaction when they perceive their parents as being critical, sarcastic and hesitant to initiate conversation. The literature reviewed on verbally aggressive communication is not clear in indicating whether parents had a tendency to target a specific child or all children in the family. In addition, it is also not clear whether the verbal aggression was used in appropriate situations, where the child would have benefited from being scolded rather than random verbal aggression.

In studying the effects that parent-child communication has on the communication that occurs between relational partners and adult children, Beatty and Dobos (1993a, 1993b) and (Boll, Ferring & Fillip, 2005) confirmed that children's perception of their parents criticism and sarcasm may be a contributing factor in perceptions of future relationships. In addition, it is assumed that verbally aggressive messages cause emotional hurt.

Baron and Richardson (1994) argued that a verbally aggressive message is only harmful when the receiver perceives the message as being hurtful. Vangelisti (1994) agrees with this view, indicating that the judgment of whether a message is 'hurtful' or not is made by the receiver. As result, when looking at verbally aggressive messages and the hurt they may cause, it could be assumed that these types of messages coming from

parents and siblings could be hurtful, specifically if individuals perceive their relationship to be good. In summary, the literature did not discuss labelling to any extent, which is often accompanied by verbally aggressive messages. In addition, the literature did not investigate whether there is a possibility that the person being targeted with the verbally aggressive message can become immune and conditioned to the message over time.

2.3.3 Difference of Familial Responsibility for Adult Children

There has been an absence of information of within-family differences in parents' relationships with their children during adulthood (Suitor et al., 2009). Adult children are known to be among the most important providers of support for aging parents. If the parents have more confidence in one child than in another, the increased need for support may lead to an increased amount of differential demand for assuming familial responsibility being addressed to their various children (Boll et al., 2010). One may argue that whether older parents currently treat their children differently in adulthood is not an important issue, because adult children usually have separated from their parents and acquired functional and residential independence (Lawton, Silverstein & Bengston, 1994). Regardless, there are some reasons to assume that PDT remains to be an important issue in later life, given there are a variety of occasions which parents generally interact with their children and potentially behave differently towards them (Boll, Ferring & Phillip, 2003).

According to Suitor et al. (2009), it is not known whether similar processes occur across the lifespan, as there has been little attention to parental favoritism in adulthood. The literature lacks explanations as to why PDT is important later in life. Previous research indicated that PDT is not important in later life as more often than not, adult children have separated from their parents and created their own life; whether or not an

adult child “successfully separates” from their parents in later life can be partially attributed to previous PDT (Boll, Ferring & Phillip, 2003). “Successfully separates” can be defined as the adult child having a secure sense of belonging, not longing for one and being able to identify with and practice healthy family values (Boll, Ferring & Phillip, 2003). The current literature suggests that having a strong sense of belonging and family values is imperative to a successful adult life (Boll, Ferring & Phillip, 2003).

2.4 Impact on Sibling Relationships

The sibling relationship is an important component of the family system (Brody & Stoneman, 1990). Subsequently, the communication that takes place in the sibling relationship impacts not only the relationship between the siblings, but also other family relationships (Cicirelli, 1995). Literature, history and popular culture abound with stories of siblings vying for their parents’ attention. Such rivalry is fuelled by a concern that some children receive an unfair share of their parent’s emotional or instrumental resources and attention (Suitor et al., 2009).

Studies shows that adolescents and young adults believe that they experience different interfamilial environments than their siblings in a variety of areas (Hertwig, Davis & Sulloway, 2002), and that parents perceive differences in their own treatment of their children (Daniels, Dunn , Furstenburg & Plomin (1985). Children aged 5-6 (Koch, 1960) and 9-11 (Brody & Stoneman, 1990) also perceived differences in their parent’s behavior towards themselves and their siblings. Though the current literature identifies that children of various ages are able to identify differences in treatment of their parent’s behavior towards themselves and their siblings, there is limited research that explores the effect of PDT on an adult sibling relationship.

2.4.1 Diminished Relationship Quality

Various studies have found that parental differential treatment often goes hand in

hand with diminished relationship quality between siblings (Boll, Ferring & Fillip, 2003). Studies of young children have demonstrated that siblings feel and express less warmth and more hostility towards one another when parents favour one child over others in the family, regardless of which child is favoured (Brody, Stoneman & McCoy (1994); McHale, Crouter, McGuire & Updegraff 1995). Similar findings were found when the siblings researched were preschoolers or adolescents (Suitor et al, 2008).

There are age differences in the consequences of PDT, generated by the difference of cognitive processes between age groups (Boll, Michels, Ferring & Filipp, 2010). The age of sibling, either older or younger, is a strong predictor for conflict. When researching siblings, attention is often paid to conflict and sibling rivalry, as most people report being satisfied in their relationships with their siblings (Floyd & Parks, 1995). In addition, families with a greater number of siblings reported greater closeness (Bedford, 1992; Cicarelli, 1995, 1996; Suitor et al, 2009), but the reason was not identified.

People chose to communicate (or not) with their siblings based on past shared experiences, perceptions of their sibling's personalities, and their current situational circumstances (Martin, Anderson & Mottet, 1997; Rocca & Martin, 1998). In addition, the communication that takes place between siblings would influence the quality of the sibling relationship. The sibling relationship changes over time. As siblings become older, the relationship becomes less obligatory and more voluntary (Martin, Anderson & Rocca, 2005). When people feel that their siblings are supportive and understanding, they are more likely to communicate with those siblings (Martin, Anderson & Rocca, 2005).

The sibling relationship is a forced relationship that is often later maintained by the participants to create a life-long relationship (Cicarelli, 1995; Fitzpatrick & Badzinski, 1994; Noller & Fitzpatrick, 1993). Brothers and sisters play various roles for their

siblings, including the roles of a friend, competitor, manager and teacher (Buhrmester, 1992). Additionally, people look towards their siblings to provide companionship, comfort, affection and friendship (Goettig, 1986). Often, when siblings do not provide the security needed to each other, they tend to seek it out elsewhere. As result, the sibling with the unmet need is left with a void. The literature reviewed did not discuss the perceived emptiness felt by siblings nor the healthy ways the feeling of emptiness can be remedied.

When people perceive their sibling relationships as credible, they have more communication satisfaction and trust in the relationship (Martin, Anderson & Rocca, 2005). Perceptions of credibility are important. Whether people perceived their siblings as knowledgeable, trustworthy and caring could be related to how people feel about their relationships. The more emotional closeness shared between siblings, the greater the contact and commitment the siblings will have during their lifetime (Lee, Mancini & Maxwell, 1990).

Relationships between siblings are typically maintained throughout life and often assume renewed significance in later years (Allan, 1977; Cicirelli, 1980a, 1980b, 1985; Goetting, 1986; Gold, 1987; Ross & Milgram, 1982; Troll, 1971). Cicirelli (1980a) found that elderly persons who interacted more frequently with siblings showed greater well-being, meaning they maintained a greater sense of control in their lives. Preserving the bond becomes increasingly important as the siblings grow older. There is evidence that people become closer as they age, and the quality of relationships improve (Cicirelli, 1980b, 1985; Gold, 1987). Over the lifetime, the type of contact, problems and support that siblings will experience with one another will change (White & Riedmann, 1992).

For some, the sibling relationship intensifies in post-adolescence, while for others the amount of contact and intimacy decreases significantly (Cicirelli, 1980b, 1985;

Gold, 1987). The importance of studying the sibling relationship goes beyond studying siblings as children, as people often provide companionship, emotional and financial support to their adult siblings (Cicirelli & Nussbaum, 1989). There is limited research that examines the effects of perceived parental favouritism in sibling relationships in adulthood (Boll, Ferring & Phillip, 2005). They found that the greatest closeness and least tension exists in relationships with their siblings when parents treated them equally, compared to favouring one of their siblings.

Favouritism plays a diminishing role in sibling relations as the offspring advance through adulthood (Suitor et al., 2009). A study found that mothers' favouritism from childhood was the only factor that affected both closeness and conflict among sibling relations in adulthood (Suitor et al., 2009). Previous studies such as (Brody et al., 1994; McHale et al., 1995; Suitor et al., 2008) indicate similar findings. According to Martin, Anderson & Rocca (2005) there is limited research that investigates the perceptions of sibling credibility, or if a perceptions of a sibling can change over time

2.5 Implications of Parental Differential Treatment throughout the Lifespan

Childhood favouritism is more pronounced and visible to all of the siblings, as they co-reside and interact frequently. Under such circumstances, it is likely that siblings develop a shared perception regarding favouritism, thus reinforcing the individual child's perceptions (Suitor et al., 2009). It is normative for parents to direct higher rates of behavior to the younger, less developmentally able sibling (Brody, Stoneman & McCoy, 1992), but difficulties with individual child attachment and family relationships are associated with adolescent's reports of lower self-esteem and internalizing problems (Daniels et al., 1985).

As individuals age, their perceptions of control in relationships increase, and they appear to regulate their emotions more effectively within relationships (Suitor et al.,

2009). As a result, age plays a role in sibling recollections from childhood, as time moves individuals further from having experienced this form of favouritism (Coats & Blanchard-Fields, 2008; Hay & Fingerman, 2005; Lang & Cartensen, 2002).

Interestingly, when people move across the life-course, they increasingly attempt to reduce or avoid conflict and emphasize harmony in their relationships (Charles & Cartensen, 2008; Coats & Blanchard-Fields, 2008; Lefkowitz & Fingerman, 2003). On the contrary, adult siblings may attempt to maintain harmony, despite negative feelings emanating from perceptions that their parents in the past, or currently favour another child (Suitor et al., 2009).

Middle-aged adult's memories of PDT in childhood and adolescence as well as their present perceptions of PDT are systematically related to their relationship quality with their siblings and parents (Boll, Ferring & Filipp, 2003, 2005). Adult children who consider themselves as having been disfavoured report a more negative relationship with their parents and with their siblings, than those who feel having been treated equally or even favoured (Bedford, 1992; Ferring, Boll & Filipp, 2003). Adult children's perceptions of their parent's current favoritism are often inconsistent with the parent's own reports (Suitor, Sechrist & Pillemer, 2006).

It is highly likely that adult children compare themselves with their sibling on several levels such as: availability, perceived similarity to self, role and competition (Wood, 1989). Interestingly, with respect to how one is treated by their parents, siblings are the only probable comparison (Feinberg, Neiderhiser, Simmens, Reiss & Hetherington, 2000). Besides this argument, few studies exist that provide empirical evidence for a substantial proportion of middle-aged adults either reporting memories of PDT in childhood or adolescence (Bedford, 1992) or perceiving PDT at present (Boll, Ferring & Filipp, 2001a).

There are additional developmental issues that refer to the relevant areas of PDT of adult children opposed to younger children. Affection, control and assignment of duties seem to be important in childhood, adolescence and adulthood (Boll, Ferring, Filipp, 2003). However, the particular ways in which PDT manifests itself should differ between the various age periods on account of developmental changes in children, aging parents and in their respective developmental context. For example, in childhood and adolescence the differential assignment of familial duties among siblings refers to household chores (Daniels, Dunn, Furstenberg & Plomin, 1985; McHale & Pawletko, 1992), while a parallel during middle adulthood appears to be the demands for assuming filial responsibility for older parents.

One might argue that whether older parents currently treat their children differently in adulthood is no longer an important issue, as adult children have usually separated from their parents and have acquired both functional and residential independence (Lawton, Silverstein & Bengston, 1994). Regardless, there are some reasons to assume that PDT remains to be an important issue later in life, given there are a variety of occasions on which parents generally interact with their children, and potentially behave differently towards them (Boll, Ferring & Filipp, 2003). Future research can explore adult siblings and their experiences with being disfavoured in comparison to their siblings, as well as which interventions can be affective, both in childhood and adulthood (Boll et al., 2010).

The literature does not identify whether or not receiving more of a given type of parental treatment is evaluated positively or negatively by the child receiving PDT. One can expect that adult children appreciate parental affection, support and dislike parental criticism, though the affective quality of parental demands for assuming filial responsibility seems to be an open question. On one hand, they are positive such as

promoting adult children's feelings of competence and receiving appreciation from their parents. On the other, there are negative ones such as the interruption of daily routines, restriction of activities and the physical and emotional strain on the part of the children (Blieszner & Hamon, 1992). Therefore, having more demands placed on oneself as compared to a sibling can be evaluated as either receiving more parental benefit or honour, or on the contrary, having to carry a larger burden.

The stability of perceived PDT can be conceived as reflecting the degree of stability of actual PDT as assessed by external observers. This, in turn, can be seen as being related to the amount of stability of the personal, environmental and relationship conditions of parents and their offspring (Boll, Michels, Ferring & Filipp, 2010). These conditions may differ between childhood, adolescence and adulthood. People's personalities and environments are more stable in middle and late adulthood, compared to prior phases of life (Roberts & DeVecchio, 2000). The degree of stability can be conceived as reflecting social-cognitive processes that stabilize the children's perceptions even though there may be change in the magnitude and or the directions of actual PDT (Boll et al., 2010).

Data for the stability of PDT in adulthood does not yet exist. Few longitudinal studies refer to PDT solely in adulthood. As result, they do not allow for valid conclusions concerning the stability and change of perceived PDT in adulthood (Conger & Conger, 1994; McGuire, Dunn & Plomin, 1995; Richmond, Stocker & Rienks, 2005; Sheblonski, Conger & Widaman, 2005).

Existing research on differential treatment of both young and adult children leaves open the question of whether there are differential effects of either being disfavoured or being favoured on one's experienced relationship quality with siblings. This is, in part, due to the fact that only the extent and not the direction of PDT (ie. who is favoured,

disfavoured) has been assessed in most studies (Stocker, Dunn & Plomin, 1989; Stocker, Lanthier & Furman, 1997).

2.6 Theoretical Frameworks

Equity Theory, Social Comparison Theory, Family Systems Theory and Attachment Theory have all been used to explain PDT and its disruption to relationships in childhood as well as adulthood, though the theories predict different patterns.

2.6.1 Equity Theory

Equity theory suggests that PDT reduces the quality of parental and sibling relationships, regardless of which children in the family are favoured (Suitor et al., 2009). It proposes that individuals who receive excessive benefits in relation to their significant others experience guilt, whereas the person who feels under-benefited experiences disappointment and anger (Walster, Walster & Berscheid, 1978). Essentially, if favouritism is apparent, people will experience discomfort in their relationships with their parents and siblings, leading to greater conflict and less closeness.

As previously discussed, limited studies have been documented that examined the effects of perceived PDT in adulthood (Boll, Ferring & Phillip, 2005). The study documented that the greatest closeness and least tension exists in relationships with their siblings when parents treated them equally, compared to favouring either of their siblings. As result, Boll, Ferring and Phillip (2005) suggest that the effects of PDT on adult children and their relationships with siblings can be best explained by equity theory. Though the study showed interesting results, it has yet to be followed up by another study to confirm these findings.

2.6.2 Social Comparison Theory

Social comparison theory (Festinger, 1954) refers to the idea that individuals tend to examine others to evaluate their own opinions and abilities (Kothari, 2011). This is a

seemingly natural tendency, though the comparison can have negative effects. The effects of PDT on parental and sibling relationships vary, depending on which child in the family is favoured (Brody, Stoneman & McCoy, 1994; Crouter, McGuire & Undergraff, 1995; Sutor et al., 2009). Regardless, unfavourable social comparisons tend to result in negative self-evaluations.

Social comparison theory suggests that individuals engage in comparisons with others as a way of gathering information about and evaluating their social position (Festinger, 1954). This theory further suggests that perceptions of one's position relative to others results in differential behaviours, depending upon whether the individual believes that she has greater or fewer resources than to whoever she is being compared to (Salovey, 1991; Cicarelli, 1996; Martin, Anderson & Rocca, 2005). As result, if one feels that they are not receiving similar benefits to their sibling, there may be hostility and anger and they will withdraw from the relationship. In addition, it will transform into decreased feelings of closeness and greater feelings of hostility toward the more favoured sibling or parent enhancing the preferred treatment (Salovey, 1991). The favoured sibling would feel more warmth towards the not favoured siblings, as there would be not be a perceived threat to their position within the family (Sutor et al., 2009).

Over the past thirty years, this theory has been popular in social psychological literature, specifically around peer groups (Ruble & Frey. 1987; Santrock, Smith & Bourbeau, 1976), but it has not been applied as widely to family or sibling groups. Those people involved in social comparisons are usually those who are within regular close proximity and have similar attributes such as age and gender (Wills, 1991).

Studies have indicated that comparisons often start within the family context (Boll et al., 2010; Dunn & McGuire, 1994; Santrock, Readdick & Pollard, 1980). These studies further show that children begin to perceive parental and sibling relationships at a

young age (Boll et al., 2003). Children who either consciously or unconsciously perceive treatment as differential will demonstrate unfavourable adjustment outcomes. According to some researchers, small differences in children's perceptions may lead to large differences in their development (Plomin & Daniels, 1987; Sutor et al., 2009). Interestingly, other researchers believe that children's perceptions may be more important than the actual behaviour especially since children are sensitive to perceived injustices (Martin, Anderson & Rocca, 2005; Kothari, 2011).

2.6.3 Family Systems Theory

Family systems theory is derived from the work of individuals such as Ackerman (1959), Jackson (1965) and Minuchin (1974). It has been used in an attempt to understand the various issues people have in relation to school, work and social settings (Kraus, 1998; Sawatzky, Eckert & Ryan, 1993; VanVelsor & Cox, 2000; Wideman & Wideman, 1995). This theory follows the simple idea that to study a system, researchers must study the "wholes" instead of the "parts". As result, it is understood that the home environment greatly influences other domains of a person's life, including work, school and social settings (Christian, 2006). Family systems theory focuses on family behaviour, rather than on individual behaviour. The theory considers communication and interaction patterns, separateness and connectedness, loyalty and independence and adaptation to stress in the context of the whole as opposed to an individual in isolation (Fingerman & Bermann, 2000). Family systems theory can help to explain why members of a family behave the way to do in a given situation (Fingerman & Bermann, 2000).

Family Systems Theory encompasses standard assumptions and concepts. The primary concept is that the family includes interconnected members, and each member influences the others in predictable and recurring ways (Bochner & Eisenberg, 1987; Van Velsor & Cox, 2000). Skills are learnt from our families that enable us to function (or

not) in larger and more formal settings. Family experiences also shape our expectations of how the larger world will interact with us (Kern & Peluso, 1999; Nieto, 2004). Issues such as inappropriate parental differential treatment are seen as a system dysfunction and are not located within any one individual (Kern & Peluso, 1999; Nieto, 2004).

In the past twenty years, this theory has only begun to be directly applied to encompass all family members. Even though many researchers have recognized this theory as valid and essential when studying siblings and family processes (Fingerman & Bermann, 2000; Minuchin, 1974; Walsh & Giblin, 1981), few studies have studied both the attributes and behaviour of all siblings within the family. As result, understanding family systems theory and PDT have been underscored by many researchers. Currently, there is a limited amount of research that directly addresses understanding family systems as a key component of PDT (Bredenkamp & Copple, 1997; Couchenour & Chrisman, 2005).

2.6.4 Attachment Theory

Attachment Theory is grounded in the writings of John Bowlby (1969). It attempts to explain developmental changes, but predominantly attempts to explain individual differences in social relationships (Whiteman, McHale & Soli, 2011). This idea focuses on the early bond between infants and their primary caregiver, believing it is imperative for survival. According to Bowlby (1969), the concept of attachment refers to an emotional or affection bond between two people. It is essentially identified with having love for and the desire to be with the other person (Cicirelli, 1989, 1995).

It is believed that by crying and clinging, infants and young children stimulate closeness in the first years of life. As result, an attachment relationship becomes bonded, though this relationship varies in degree of security, subjective to the sensitivity and responsiveness of the child's caregiver (Bowlby, 1969; Tinbergen, 1951;Whiteman,

McHale & Soli, 2011). As the child develops, the attachment relationship can be secured, which the child will trust and return to in a stressful circumstance for comfort and security. Subsequently, a child that is separated from or experiences the loss of an attachment relationship can promote distress and anxiety.

According to the attachment theory perspective, the nature of the relationship with a primary attachment figure (frequently, the mother) becomes the basis for an internal working model for relationships (Whiteman, McHale & Soli, 2011). Simply put, one's expectations, understanding, emotions and behaviours used to interpret their own interpersonal relationships are projected from their initial primary caregiver and the type of attachment that was formed. As result, a child's relationship with their primary caregiver has long-term implications or benefits towards the quality of sibling and other interpersonal relationships. Emotionally secure child-caregiver relationships are believed to facilitate close and trusting extended relationships, while insecure relationships with caregivers are believed to lead to conflictual, distant and less satisfying extended relationships, with siblings (Abbey & Dallos, 2004; Benenson, 1996; Bullock & Dishion, 2002).

It is known that in addition to forming attachments to their primary caregiver, children can form attachments to a range of other familiar people in their social worlds (Bowlby, 1969; Elder, 1996; Whiteman, McHale & Soli, 2001). As result, siblings are leading candidates for attachment relationships. For young children, the need for security or the perceived sense indicates that attachment relationships are based on others responsiveness to children's needs; therefore, older siblings who are helpful and sensitive may become objects of attachment. As result, attachment is not equivalent to relationship satisfaction and siblings may not necessarily exhibit attachment relationships.

The role of attachment throughout the lifespan has been well studied (Jenkins,

1992). Results indicated the role of siblings as sources of emotional security throughout the lifespan (Voorpostel & Blieszner, 2008). Understanding the dynamics that explain why siblings form or lack forming attachment relationships is an important direction for future research. The majority of work in siblings within an attachment model has compared parent-child attachment bonds across sibling pairs, and most studies have found only moderate rates of concordance (between 40% and 70%) between parent's attachment classification with multiple offspring (Caspers, Yucuis, Troutman, Arndt & Langbehn, 2007; O'Connor & Croft, 2001; Rosen & Burke, 1999; van Ijzendoorn et al., 2000).

2.7 Summary

The study of parent-child relationships has undergone dramatic changes over time. It is known that the type of relationship a parent has with their child has an impact on various domains in that child's life, specifically their emotional well-being. Subsequently, literature on family differences has convincingly demonstrated that PDT has consequences for children's lives (Suitor et al., 2009). These consequences are primarily related to negative outcomes for all family members, including parents, siblings and the individual. One of these negative outcomes is the increase of verbal aggression, specifically when PDT is present. Verbal aggression is linked to less satisfaction in family relationships and often leads to less communication in future years (Infante, Chandler & Rudd, 1993; Sabourin & Stamp, 1995).

The impact of PDT has been well documented though childhood and adolescence, as studies show that adolescents and young adults believe that they experience different interfamilial environments than their siblings in a variety of areas (Hertwig, Davis & Sulloway, 2002). In addition, it is believed that as time goes by, individuals are further removed from experiencing favouritism in their family. Interestingly, as people move

across the life-course they tend to reduce or avoid conflict and emphasize harmony in their relationships (Charles & Cartensen, 2008; Coats & Blanchard-Fields, 2008; Lefkowitz & Fingerman, 2003).

Equity Theory, Social Comparison Theory, Family Systems Theory and Attachment Theory have all been used to explain PDT and its disruption to relationships in childhood as well as adulthood, though the theories predict different patterns. Regardless of the theory, it is believed that emotionally secure child-caregiver relationships are believed to facilitate close and trusting extended relationships, while insecure relationships with caregivers are believed to lead to conflictual, distant and less satisfying extended relationships, with siblings (Abbey & Dallos, 2004; Benenson, 1996; Bullock & Dishion, 2002).

3. PHILOSOPHICAL ASSUMPTIONS

According to Creswell (2013) researchers make assumptions that consist of a position towards the nature of reality and how the researcher knows what he or she knows, the role of values in the research, the language of the research and the methods used in the process (Creswell, 2013). These assumptions are defined as the ontological, epistemological, axiological, rhetorical and methodological assumptions. These five philosophical assumptions have led to a personal choice to conduct qualitative research.

3.1 Ontological Assumptions

Ontology is the starting point of all research. As previously indicated, ontology is defined as the nature of reality. Essentially, ontology answers the question, “What do you believe constitutes social reality”? According to Grix (2002) a constructivist assumes a position that emphasizes social phenomena and their meanings are continually being accomplished by social actors. In addition, it implies that social phenomena and categories are not only produced through social interaction, but that they are in a constant state of revision (Bryman, 2001). This study is based upon a constructivist approach.

A constructivist approach was used in this study, as I believe the nature of reality is subjective and experiential, and that people create their own social realities in relation to one another. For example, a person’s understanding of PDT is essentially based upon their particular experience of it. Individual experiences are based upon personal actions and ideals. An experience is absolutely real to the person experiences it, though another person with contrasting ideals will interpret the same situation differently. (Grix, 2002). As result, I believe that human beings construct their own social realities, regardless of their experiences.

3.2 Epistemological Assumptions

Epistemology logically follows ontology within the research process.

Epistemology has deep philosophical roots, and concentrates on the theory of knowledge, specifically regarding its methods, validation and “the possible ways of gaining knowledge of social reality” (Grix, 2002, p.64). Essentially, epistemology responds to the question, “What is the relationship between the researcher and that being researched” (Creswell, 2013). Interpretivism is predicated on the view that a strategy is required that respects the differences between people and the objects of the natural sciences and, therefore, requires the social scientist to grasp the subjective meaning of social action (Bryman, 2001). Practically defined, interpretivists believe in subjectivity and that there is a clear distinction to be made between the natural and social world (Grix, 2010). Interpretivists do not strive to create fundamental explanations; rather, they place their emphasis on understanding. By using an interpretivist approach, the objective is to make sense of the meanings that others have about the world. This study utilizes an interpretivist approach.

An interpretivist approach was used in this study, as I believe that it is important to seek understanding within the specific contexts in which people live, in an effort to understand the historical and cultural settings of the participants. In addition, as a researcher I realize the importance of separating myself from the research to acknowledge how my own experiences shape my interpretation.

3.3 Methodological Assumptions

Methodology logically follows both ontology and epistemology. It describes the process of research and how knowledge is acquired. According to Grix (2002) a researcher’s methodological approach, reflected by both ontological and epistemological assumptions, denotes a choice of approach and research methods in a study. Specifically, a researcher will use inductive logic, study the topic within its context, and use an emerging design (Creswell, 2013).

A qualitative research approach will be used in conducting this study in an effort to better understand the lived experiences (Creswell, 2013; Miles & Huberman, 1994) of adult children who have experienced PDT throughout their lives. Qualitative research begins with assumptions, a worldview, the possible use of a theoretical lens, and the study of the research problem (Creswell, 2013). Nonetheless, qualitative research is a vast method that engages various methods including ethnography, phenomenology, case study research, grounded theory and narrative inquiry. Denzin and Lincoln (2002) define qualitative research as:

...a situated activity that locates the observer in the world. It consists of a set of interpretive, material practices that make the world visible. These practices transform the world. They turn the world into a series of representations, including field notes, interviews, conversations, photographs and memos to the self. At this level, qualitative research involves an interpretive, naturalistic approach to the world. This means that qualitative researchers study things in their natural settings, attempting to make sense of, or interpret phenomena in terms of the meanings people bring to them. (p.3)

A qualitative research approach was chosen as I feel it could best answer the research question, “What are the lived experiences of adult children with PDT and its effect on their current adult life?” In addition, it is also parallel with my beliefs regarding the nature of reality, based upon the constructivist paradigm, which is in contrast to the quantitative or positivism paradigm (Lincoln & Guba, 1985). I share a common belief with the constructivist paradigm that reality is subjective and experiential.

The goal of the research is to develop, with the participants, a greater understanding of the phenomena of the lived experiences of adult children with PDT. It is believed that only through a qualitative approach could the depth of information and thick description needed to gain an understanding of the realities of the participants be obtained (Rubin & Rubin, 1995; Tutty, Rothery & Grinell, 1996). As result, the process of inquiry will be inductive rather than deductive, and no hypothesis will be tested.

3.4 Overview of Phenomenology

This research study will be a phenomenological study in an effort to uncover the “essences” of the lived experiences of adult children who experienced PDT. A phenomenological study describes the meaning for individuals and their lived experiences of a concept or a phenomenon that is universally experienced. Essentially, the basic purpose of phenomenology is to reduce individual experiences with a phenomenon to a description of a universal essence (a “...grasp of the very nature of the thing,” van Manen, 1990, p. 177). As stated in Creswell (2013), qualitative researchers identify a phenomenon as an object of “human experience”. The description consists of “what” the participants experienced and “how” they experienced it (Moustakas, 1994).

Phenomenology employs various strong philosophical components, resulting in several philosophical arguments existing for the use of phenomenology today. Despite looking across the various philosophical arguments, it is agreed upon that the philosophical assumptions rest on some common grounds: the study of lived experiences of persons, the view that these experiences are conscious ones (van Manen, 1990) and the development of descriptions of the essences of these experiences, not explanations or analyses (Moustakas, 1994).

4. METHODS

This chapter will present an overview of Parental Differential Treatment, in addition to the research methods used regarding the recruitment of the participants, data collection and analysis.

4.1 Overview

The study of parent-child relationships has undergone dramatic changes over time. It is known that the type of relationship a parent has with their child has an impact on various domains in that child's life. Subsequently, literature on within family differences has convincingly demonstrated that Parental Differential Treatment has consequences for children's lives (Sutor et al., 2009). These consequences are primarily related to negative outcomes for all family members, including parents, siblings and the individual. One of these negative outcomes is the increase of verbal aggression, specifically when PDT is present. Verbal aggression is linked to less satisfaction in family relationships and often leads to less communication in future years (Infante, Chandler & Rudd, 1993; Sabourin & Stamp, 1995).

The impact of PDT has been well documented though childhood and adolescence, as studies show that adolescents and young adults believe that they experience different interfamilial environments than their siblings in a variety of areas (Hertwig, Davis & Sulloway, 2002). In addition, it is believed that as time goes by, individuals are further removed from experiencing favoritism in their family. Interestingly, as people move across the life-course they tend to reduce or avoid conflict and emphasize harmony in their relationships (Charles & Cartensen, 2008; Coats & Blanchard-Fields, 2008; Lefkowitz & Fingerman, 2003).

4.2 Research Methods

4.2.1 Recruitment and Participants

A nonprobability purposive sampling strategy was used to recruit participants for this research study (Rubin & Babbie, 2005). Purposive sampling selects participants based on a specific characteristic or experience (Creswell, 2013) and was used as I believe it allowed me to “use my own knowledge of the community to obtain a fairly representative portrayal who would best meet the needs of the study” (Rubin & Babbie, 2005). This qualitative study looked at the lived experiences of adult children with PDT throughout the Province of Saskatchewan. I also intended it to be purposeful as there were only four participants, and wanted to encompass both urban and rural experiences of PDT.

In addition to a purposive sampling strategy, the study is criterion and convenience based. It was criterion based in that all participants must: be between the ages of 25-55, have at least one sibling, have experienced or perceived to experience PDT throughout their lifetime and live in Saskatchewan. There was no gender specifications. It was convenience based in that I contacted people I knew who have experienced PDT.

According to Polkinghorne (1989) and Creswell (2013), it is recommended that researchers interview between 5-25 participants who have all experienced the same phenomenon. The sample included 4 Caucasian participants, 3 women and one man, all of whom were raised in Saskatchewan. The youngest female participant (27) pseudonym, Jane is the oldest out of a sibling group of two. She was raised in rural Saskatchewan and is not married, nor does she have any children. Another female participant, pseudonym Debbie (33) is the youngest out of a sibling group of three, and grew up in an urban setting. She is married and has one child. The last female participant, Mary (55), is the middle child of a sibling group of seven, and grew up in a rural setting. She is married and has two adult children. The only male participant, pseudonym, Rick (29) is the second child in a sibling group of four and grew up in a rural setting. He is married with

one child.

After approval was received from the University of Regina Research Ethics Board, I contacted the participants that I knew who met the study criteria. Each participant was mailed or hand-delivered a letter of introduction, as well as a consent form. When the consent forms were returned, I contacted the participant and arranged for an interview at a time and place of their convenience. It was stressed that participants may withdraw from the research study at any time. See Appendix C.

4.2.2 Data Collection

Creswell (2013) indicates that “Data collection in phenomenological studies often consists of in-depth interviews with participants” (p. 61). As result, semi-structured interviews were utilized, as according to Tutty et al. (1996) “these types of interviews are particularly appropriate when you want to compare information among people while at the same time you want to more fully understand each person’s experience” (p.56). This design also allows for follow-up questions to be asked if clarification is required, in addition to gaining a greater understanding regarding each participant’s experience. The data was collected between September 6 and October 10, 2013.

An interview guide was utilized that placed emphasis on key words that ensured that the topics raised in the literature. The interview guide possessed two questions at the beginning of the interview, and additional questions were utilized if they were not uncovered within the interview (see Appendix E). Grix (2010) notes that the number of questions used should not exceed ten in total, for manageability purposes. Ideally, the interview consisted of the participants being asked two broad questions (Moustakas, 1994). They include: What have you experienced in terms of the phenomenon of PDT? What contexts have typically affected your experiences of PDT? As indicated, other questions were asked, though it is through the data received through these two questions

that led to a textural description and a structural description of the experiences, ultimately providing an understanding of the common experience of PDT among the participants.

As previously indicated, each participant was mailed or hand-delivered a letter of introduction, as well as a consent form. When the consent forms were returned I contacted the participant and arranged for an interview at a time and place of the participant's convenience. It was stressed that participants may withdraw from the research study at any time. At the time of the interview, I placed strong emphasis on confidentiality. Each interview took between 40 minutes – 2 hours. The participant was informed that hand-written notes and an audio recording would be taken during the interview, and would be kept in a secure place only accessible to this researcher following the interview. In addition, the participant was notified that they would be given a section of the document where they would be quoted, prior to it being finalized, so they may change or delete the quote if they felt their confidentiality was being compromised.

The possible risks and benefits of the study were discussed with the participants. Risks that were discussed included: a family member may become upset if they learn the participant contributed to a study regarding PDT; it may contribute to the participant having difficulty and/or increased difficulty connecting and interacting with family members and, discussing childhood memories of PDT may trigger negative memories, causing the participant to become emotionally upset. In an effort to alleviate any such stressors or negative outcomes, all participants were asked if they had positive support systems in place. In addition, this researcher provided the name of an agency that will provide counseling if the participant wishes to further seek assistance and support.

The benefits of the study include: an opportunity for the participant to reflect upon their personal experiences of PDT that may be helping in understanding their past experience, and an opportunity to implement change in regards to how parents treat their

children differently, or how PDT is currently understood. In addition, this could benefit children, adults, parents and professionals by building a greater understanding of family relationships in conjunction with strengthening and maintaining solid, understanding family units.

4.2.3 Data Analysis Procedures

Data analysis was conducted using a method widely used by Moustakas (1994), identified as the “Modification of the Stevick-Colaizzi-Keen” method. The steps used in this procedure include the following:

- 1) Using a phenomenological approach, obtain a full description of your own experience of the phenomenon.
- 2) From the verbatim transcript of your experience, complete the following steps:
 - a) Consider each statement with respect to significance for descriptions of the experience.
 - b) Record all relevant statements.
 - c) List each non-repetitive, non-overlapping statement. These are the invariant horizons or meaning units of the experience.
 - d) Relate and cluster the invariant meaning units into themes.
 - e) Synthesize the invariant meaning units and themes into a *description of the textures of the experience*. Include verbatim examples.
 - f) Reflect on your own textural description. Through imaginative variation, construct a *description of the textures of the experience*.
 - g) Construct a *textural-structural description* of the meanings and essences of your experience.
- 3) From the verbatim transcript of the experience of *each* of the other *co-researchers*, complete the above steps, a through g.

- 4) From the individual textural-structural descriptions of all co-researchers' experiences, construct a *composite textural structural descriptions of the meanings and essences of the experience*, integrating all individual textural-structural descriptions into a universal description of the experience representing the group as a whole (p. 122).

Phenomenological data analysis steps are frequently similar for all psychological phenomenologists (Moustakas, 1994; Polkinghorne, 1989). As a result, four major steps need to be accepted and practiced. These processes are identified as: “the epoche process”, “phenomenological reduction”, “structural description” and “essential invariant structure”, also identified as “essence”.

Phenomenology is considered to be a “philosophy without presuppositions”. It attempts to suspend all judgments about what is real, until they are founded on a more certain basis (Creswell, 2013). This suspension is identified as the “epoche” (Creswell, 2013), a Greek word meaning to stay away from or abstain (Moustakas, 1994). For a successful phenomenological study, it is imperative for the researcher to set aside personal views and attempt to “freshly perceive” the phenomenon being researched. It is widely acknowledged that the “epoche” process is seldom ever perfectly achieved, though the researcher must make an honest and sincere attempt.

Following the “epoche” process, the researcher needs to engage in the progression of phenomenological reduction. According to Moustakas (1994) in phenomenological reduction, the task is that of describing in textural language just what one sees, not only in terms of the external object, but also the internal act of consciousness, the experience as such, the rhythm and relationship between phenomenon and self (p. 90). This task requires taking what others have indicated and considering it time and time again in an effort to appreciate a new and heightened awareness of it. “Bracketing” the phenomenon is an additional process that should be considered in an effort to focus specifically on the

phenomenon, and that each perception adds something to one of the horizons of the phenomenon (Moustakas, 1994). Essentially, the non-overlapping statements are clustered into themes, eventually described and presented as “textural descriptions”.

Structural description is the next step in the process of analysis. The “textural descriptions” are used to further reduce the themes from all perspectives and condense them into the structural themes of a phenomenon. It is here that Moustakas recommends that researchers write about their own experiences and the context and situations that have influenced their experiences (Creswell, 2013). Marshall & Rossman (2006) indicate that this step can also be included in methods section that discusses the role of the researcher. Alas, all descriptions are an imperative part in forming meaning of the phenomenon.

The essential invariant structure is the final phase of the process of analysis. The researcher gathers meanings from the structural and textural descriptions and composes a description that expresses the “essence” of the phenomenon. Moustakas (1994) and Polkinghorne (1989) tell us that after reading the “essence”, the reader should come away from the phenomenology with a feeling that depicts, “I understand better what it like is for something to experience that “(p. 46).

4.2.4 Limitations

The sample size of the study could be seen as a limitation, as I interviewed 4 participants. According to Polkinghorne (1989) and (Creswell, 2013) it is recommended that researchers interview between 5-25 participants who have all experienced the same phenomenon. The sample size had the potential to be larger, though many individuals indicated they were not comfortable discussing their family experiences and dynamics.

A factor in the study that is a limitation is that the findings cannot be generalized as the participants were not randomly chosen. All participants were sought out and

individually selected based on my past knowledge of their experiences with PDT. In addition, all participants were on the “undesired” side of PDT. No participant indicated that he or she was on the “desired” side of PDT.

A factor in the study that could be viewed as either a limitation, strength or possibly both is that I knew all the participants to some extent, either professionally or by collegial association. This can be seen as a limitation as the participants may have been influenced by what they thought I wanted to hear or assuming they knew my personal beliefs regarding PDT. Essentially, knowing the participants to some extent could also be strength, as less time was spent building rapport and more time focusing on the participant’s experience with PDT.

4.3 Role of the Researcher

It is imperative for a researcher to be present within a phenomenological study. As previously discussed; Moustakas recommends that the researcher write about their own experience, the context and situations that have influenced their experiences (Creswell, 2013). According to Marshall & Rossman (2006) that this be included in methods section that discusses the role of the researcher.

I believe that parents have the best of intentions for each of their children. Unfortunately, some children seem to be “pushed to the side” or “forgotten” as one of their siblings may have an increased need. In my professional role as a clinical therapist, I have had the opportunity to view families in various settings. I have had the opportunity to watch parents interact with their young children, and became accustomed to seeing them provide more attention to a specific child. In my experience, a child that is not provided with sufficient parental attention or treatment respond by becoming aggressive or exceptionally quiet.

It was not uncommon for a parent to bring a child into my office, who they suspect

has behavioural issues. Upon assessment, the parent would make comparisons between his/her children, boasting about one's accomplishments, while the other sat in the office with noticeable looks of disappointment and frustration. In these cases, it became obvious that there was not an undiagnosed behavior issue, rather the child was behaving in a certain way to attract the attention of their parents. I empathize with these children, as they want nothing more than to garnish more of their parents attention.

As a child, I believed that my brothers received preferential treatment from my parents. I am the oldest out of a birth order of three. I recall many days, becoming upset and saying, "That's not fair! He gets everything! What about me?" As I grow older, I believe that personal perception defines the outcome of PDT. My brothers and I require our parents support in different ways - I have come to understand that experiences with my siblings are always different, but they are equal.

4.4 Summary

This chapter discussed a purposive sampling strategy, utilizing criterion, convenience and opportunistic strategies were used in conducting this research to access and obtain research participants. Four participants were recruited to participate in this study. The study is focused on males or females between the ages of 25-55 who have experienced PDT. In-depth, semi-structured interviews, with use of an interview guide were utilized to gather data. Data analysis was conducted using Moustakas' (1994) "Modification of the Stevick-Colaizzi-Keen Method". This method encompasses three major steps which includes: the "epoche" process, structural description and essential invariant structure, also known as the "essence".

5. FINDINGS

In this chapter I will provide an analysis of the data I collected when I interviewed four participants – three women and one man, who shared their experiences of parental differential treatment. What are the lived experiences of adult children with PDT and its effect on their current adult life?

A description and explanation of the participant's definition of PDT is presented first, to provide context for the analysis. The similarities and differences of the participants are presented in terms of ten themes: concept of parental differential treatment, perception of self, familial perceptions, parental relationships in childhood, sibling relationships in childhood, characteristics of parental differential treatment, consequential impacts of parental differential treatment, familial impacts of parental differential treatment and coping. It will conclude with recommendations for parents to prevent or minimize the effects of PDT.

5.1 Concept of Parental Differential Treatment

It is difficult to create a single, universal definition of PDT that is able to encompass each participant's experience, as each experience is unique. Interestingly, each participant struggled to characterize their own definition of PDT. The definitions varied and highlighted favouritism, need and treatment. Mary and Debbie provided definitions based on favouritism, indicating that PDT can be defined as "favouritism" and "favouring one child over another, either consciously or unconsciously, and "expectations for one child to be like the others". Rick indicated that PDT is based solely on need, and indicated that "PDT is the attention given by a parent to a "more needy child". A child who requires a parent's constant attention to "feed their needs", therefore reducing the time and attention spent with the other children". He further offered this explanation,

As a parent, I think you just try to do the best you know how, with what you have...I don't think that a parent intends to treat one child better than the other, but I think maybe in a parent's eye's, they are able to see that one child may need more nurturing over the others.

Lastly, Jane discussed that PDT was the way in which parents treat each child based on their relationship.

Regardless of each participant's definition, it is clear to see that all agree that PDT lingers in a noticeable imbalance of parental attention towards a specific child, for reasons that are either conscious or unconscious.

Three out of the four participants indicated that their first conscious encounter with PDT did not occur until they were teenagers or entered into early adulthood. Debbie participant recalls the single event (which led to many others) that defined her first experience with PDT.

As teenagers, my sisters were pretty ambitious people. They both found jobs when they were 16, joined specific clubs and played certain sports...I feel that my parents expected me to follow in their footsteps. The day I turned 16, my parents were asking me if I dropped any resumes off yet. Not that I wasn't ambitious, I just didn't want to drop off resumes on my birthday...Also, I didn't want to join the same clubs and play the same sports as they did...I don't know if it is really there, or I'm just creating it, but it feels like they (my sisters) were granted special privileges over me for being "more ambitious". Even now, it seems that if one of my sister's does something, my parents will quickly ask me if I have done that, or have thought about doing it..

Even though three out of the four participants noted they did not consciously encounter PDT until their teenage years or early adulthood, they did indicate that looking back and reflecting upon their childhood, they are able to find numerous examples where they experienced PDT. Essentially, these participants felt that their siblings were "favourites".

Interestingly, Rick also recollects one point in his childhood where he was treated

better than his siblings; he said,

...See, as a child I think I got the better end of things. I was the “golden boy”, I guess... I wanted to play hockey, they signed me up, put a rink in the back yard and would drive me all around. My brothers participated in activities too, but it seemed that I was always priority #1... That was when I was a child though...

Mary, who became consciously aware of PDT in childhood, indicated that she recalls several occasions where she would compare herself to what her siblings received. She described many memories of her older and younger siblings receiving new clothes and being able to participate in various activities, where she would get “hand-me-downs” and did not have the same opportunities to participate in activities, compared to her siblings. Essentially, her siblings received more parental attention. The participant offers her first cognizant memory of PDT. She said,

I remember my parents getting company, friends of theirs. I walked into the living room, I was maybe 10. All of a sudden they said, “Who’s this? I didn’t know you had another child. I thought it was just the two older girls, the boys and the twins”. I felt really defeated. How did they not know who I was? Obviously, my parents didn’t talk about me. I always felt invisible, but that definitely confirmed it.

5.2 Perception of Self

Self-perception determines the outcome of many situations. All participants defined themselves as being self-aware from a young age, consequently forming “perceptions of self”, that have remained unchanged to present day. The participants described how they view their personalities, responsibility and roles in connection to their family. Essentially, how these three areas interconnect to form their “perception of self”.

What participants had most strikingly in common were specific aspects of personality. They all indicated that while growing up, they experienced feelings of insecurity and low self-esteem. All participants indicated that they did not recall a time in

their childhood where they felt a genuine sense of confidence. They all spoke to how their insecurities and diminished self-esteem prompted reaction or lack thereof, to the PDT they experienced. All participants reported recognizing they had low self-esteem prior to being able to recollect experiencing PDT. As result, it is assumed that PDT has influence over self-esteem, though could not be confirmed in this study.

Mary and Rick discussed how as children and into adulthood, they were quiet, shy and had difficulties voicing their opinions at home, school and/or work. They do not recall ever arguing with their parents or siblings, rather just watched if chaos ever erupted within the home. Both of these participants also indicated that they “never really opened up” to their parents or siblings”, as they believed that if they did, their opinion would not have been heard or valued. They described themselves as having “go with the flow, easy going” personalities.

Debbie and Jane discussed how they also battled insecurities and low self-esteem, though described themselves as being “outgoing, outspoken, combative” and not scared to “stomp on their parent’s ideals”. Debbie talked about how she relished in her ability to challenge her parents:

I never really was a confident person, but if I knew that my parents believed strongly in something, I would think or do the exact opposite. I would also advocate strongly for any point of view that was in contrast to theirs. The more my parents discussed their views and ideas, and how they thought I “should” be, the more overwhelmed and pressured I felt. The more they did this, the more I would rebel.

Another, in talking about combativeness said:

If I did not agree with something my parents or sibling said or did, I was aggressive...I was reactive...I would get mad very easily....my brother and I have definitely thrown some punches over the years. I am very opinionated. My parents always said that I needed to have the last word. I definitely did!
(Jane)

All participants described themselves as being very responsible. For all

participants, this began at a young age and carried on into adulthood. Their views on responsibility were shaped by comparing themselves to the capabilities, or absence of capabilities that their siblings displayed. The responsibilities discussed were vast and included: the ability to complete homework without assistance as a child, the ability to ask for assistance if needed, the ability to complete chores and delegate tasks if required, the ability to want to pursue a post-secondary education, the ability to complete a resume, and seek employment without assistance and make responsible financial decisions. Rick recalls his mom having to complete his brother's homework on a regular basis. He indicated,

She just wanted him to pass...for him to get through...just so *she* wouldn't have to do it again next year. That happened day after day, year after year. It would be my mom and I sitting at the table doing homework...She was doing my brother's. I always did my own thing, but they always had to help my brother out. If I didn't finish my homework, I failed. That's just how it was...So I just did it.

Rick further explained a benefit he obtained through PDT. He believed his parents helped him learn accountability by not "coddling" him, like they did his siblings.

Jane discussed how she was able to complete a resume, seek out employment and complete interviews on her own, while her brother always had a job on the farm or was "hooked up" with a job through family or friends. She indicated that her brother has,

...never had a boss that he had to be...in the truest sense of the word, "responsible to". My dad is his boss. My brother could do whatever he wanted and be ok. If anyone else, or if I pulled some of that stuff at my job, I would be fired.

Additionally, responsibility was described as something that Jane has "taken on", rather than pursued. She explained that she internalized anything that may have went wrong at home, whether it was a broken doorknob, someone coming home late, or a sibling getting into trouble. "I always felt that I was taking on responsibility for things

that weren't really even my problem".

Essentially, all participants believed that having responsibility assisted them in becoming independent and accountable. The participants all shared the common belief that learning responsibility from a young age assisted them in learning many skills, where their sibling "lost out on various skills", as a result of their parents enabling their behaviours.

All the participants had difficulties defining their roles within their families. Two participants indicated they took-on roles similar to that of a "peace keeper" and "mediator" within their families. The other two described their roles as "active family members" who contributed by completing chores and assisting with the other siblings.

5.3 Familial Perceptions

Similar to self-perception, familial perceptions of an individual can largely impact situations. Consequently, self-perception is often influenced by familial perceptions. Whether it be positive or negative, familial perceptions often linger into adulthood. Participants discussed how they are perceived within their families, both through labels and differing expectations.

Three out of four participants indicated that they have experienced "labelling" within their families. Three of the four participants described having comparable experiences. They discussed that from a young age they were labelled as being an "instigator", "someone always going against the grain" and an "odd person out". They felt that they were labelled as a result of their personalities and how they reacted to issues within the home. Jane defined her experience as such,

I was always looked at as being the instigator...for having too much of a temper, for getting too mad about stuff...even though there could have been all this other stuff happening. I always felt I was blamed and lumped into whatever was going on. They always thought I was hotheaded and

outspoken, but really they just didn't listen to what I was saying. They were too focused on making sure my brother was happy, so he wouldn't get upset.

Although, these three participants admit that the labels they received as children were justified, they noted that these labels have become permanent fixtures within their families. The participants found this frustrating, as they indicated that they no longer consider themselves to be an "instigator" or "go against the grain".

Mary did not feel that she was given a label with a negative connotation; rather her twin sisters were characterized as being "special", and that people viewed them differently. She said,

The twins were special. They were "the twins". Everyone knew the twins. They were so cute. They were always together. They were always dressed alike. They were the twins. They always got their way, since they were the twins.

Mary further explained that she was not given a "label". She was unable to discern whether this was respectable or not. In one way, she felt it was good as she was not being held to certain expectations, in another she felt that this further promoted and validated her "invisibility".

The participants all discussed expectation, though with conflicting experiences. Rick and Jane indicated that their parents had set high expectations for them, compared to their siblings. For these participants the bar was set high, with the expectation that they attend university, seek employment, live independently and create an independent life. If these expectations were not met, or not met in a timely manner, disappointment was expressed and consequences were given by the parents. For these participant's siblings, there were minimal expectations set-out for them. If these siblings did not meet the "modified expectations", they were not scolded, nor were any consequences given.

Debbie indicated that her expectations were created based on their oldest sibling. These expectations revolved around the interests and accomplishments of her oldest

sibling. Essentially, the participant believed that her parents “set her up for failure”, as she did not want to pursue the same path as her sisters. As result, she believes her parents feel disappointment towards her, as she did not “meet *their* expectations”.

5.4 Parental Relationships in Childhood

All participants discussed their relationships with their parents in childhood, though had differing accounts. Those who reported having a positive relationship with their parents in childhood, indicated that their relationship deteriorated as they moved closer to adulthood. In contrast, those who reported have strained relationships with their parents indicated that the relationship improved as they moved closer to adulthood. Despite having either a positive or strained relationship with their parents, the issues that shaped them were the same. They include: attachment, communication, interests and lack of effort.

Participants discussed having “good” and “typical” relationships with their parents in childhood, though indicated an increased sense of attachment with their mothers, compared to their fathers. They specified that their mothers were “more present” and “involved” within the home, as their fathers worked away, had extensive extra-curricular commitments or were farmers who worked outside from early morning to late evening.

The disciplinary role was predominately assumed by the mother, though was instantaneously transferred to the father, when he was present. When the disciplinary role was transferred, dynamics within the home changed. Jane describes her experience this way,

It was an interesting dynamic. My mom was a stay-at-home mom. My dad is a farmer, but he also had a business that required him to be away a lot. For the majority of my childhood, my mom was our main parent, my dad wasn't as much. ..He would come home from being away, and wouldn't really know or understand the dynamic we had going on prior to him being there...It would bug me when he would get upset about something that happened when

he wasn't there...I think I was maybe a little territorial, maybe because he wasn't always there.

Verbal aggression was a commonality amongst all four participants, in regards how their families communicated and handled conflict. It was emphasized that their fathers were more likely to respond in a verbally aggressive manner to conflict, as their mothers carried a more passive demeanour. Rick recollects how his father would never attempt to solve problems in a healthy manner, rather "just yell". He said, "Someone was always sent crying...There was never a healthy discussion to see how the issue could be solved".

All participants indicated that they had "good" relationships with their parents. The felt that their basic needs were met, were never abused or "put into harm's way". Debbie and Jane indicated that they had good relationships with their parents and felt that they were able to have "good, deep conversations with them", while Mary and Rick do not recall having many meaningful conversations with their parents, specifically their fathers. They specified that it was difficult for them to "be open" and share any "personal" information with them. Rick offered this insight,

I would say that I have always gotten along with my parents, but we don't have a meaningful relationship. We have always seemed to struggle with conversation, especially with my dad. My mom and I can talk...she will bring random stuff up; never anything important to me...she just tells stories, or says this or that. With my dad, it's almost stressful to have a conversation with him. It's very hard to have a conversation with him.

Participants discussed how their siblings seemed to share more common interests with their parents. In turn, it is believed that the interests shared between a parent and child creates a closer relationship and the potential to set the stage for future positive interactions. Jane revealed that she believes that there was "more of a strain" on her relationship with her father growing up, as he and her brother shared many interests,

specifically farming. This participant further explains that she was never interested in farming, but was often jealous of the time spent between her father and brother. She said, “My brother spent the majority of his time with my dad. I lacked that...I wasn’t interested in farming”.

Rick indicated that as a child, he and his parents shared more common interests than they do now. This was evident as he discussed his parent’s participation with sports teams. He noted that,

As a kid, I played many sports. I was lucky...I was able to play whichever sport I wanted, since my parents were interested in that. My dad would coach; drive me all over for practices and games...I never had to find my own ride. Looking back, it was my siblings who were always “on their own” for activities. I guess that’s because my parents and I had similar interests at that point. When I no longer played hockey, that common interest was gone... Things changed.

Some participants indicated that during childhood they did not participate in any extra-curricular activities, though their siblings did. As previously discussed, this can be attributed to lack of common interests, but also lack of effort from a parent. Mary recalled her siblings being able to participate in various activities, though she was not able to. She offers this memory,

Growing up I didn’t participate in any activities for the longest time, because, there again the older ones got it all. Dad took them to piano, hockey, figure skating. He took them to different things. I was too young. By the time I was old enough to be able to participate in these activities, he would say, “I don’t have time to take you to figure skating. I just can’t”. By the time my younger siblings wanted to do stuff, the older ones were gone already, so if they wanted to figure skate, then they could. My parent’s asked me, “Do you want to go figure skating?” I would say, “That was 5 years ago. I don’t want to figure skate with the grade ones when I’m in grade 6.

5.5 Sibling Relationships in Childhood

All participants discussed their relationships with siblings in childhood, though had differing accounts. Those who reported having a positive relationship with their siblings

in childhood, indicated that the relationship deteriorated as they moved into adulthood. In contrast, those who reported having strained relationships with their siblings indicated that the relationship improved as they moved closer to adulthood. Despite having either a positive or strained relationship with siblings, the issues that shaped them were the same. They include issues pertaining to interest and age, difference in personal values, experiences and communication.

Those who indicated that they enjoyed positive childhood relationships with their siblings indicated that these relationships revolved mostly around shared interests. Rick indicated that he and his older brother shared many common interests as children, though as they grew older, these interests changed. When this occurred, the participant indicated he sought friendship from his younger brother, who was beginning to have similar interests. He offers this account,

My older brother and I had lots in common as kids, and we got along really good. As we grew up, his interests changed...he started hanging out with his friend's more. He would hide in his room, listen to music. He would do what teenagers were supposed to do. I wasn't a teenager yet, so didn't quite understand. When my relationship with my older brother deteriorated, my younger brother and I started hanging out. He seemed to have similar interests to mine. I grew older, and wanted to hang out with my friends, hang out in my room, listen to music...When I graduated, I moved away to go to school and then to work. I haven't really been close with my siblings since. Funny how that happens...We kind of went "down the line" with our interests...I think that when I moved out my younger brother "befriended" my younger sister...They were closer in age and had more common interests.

Those who indicated that they experienced strained childhood relationships with their siblings indicated they felt that it was largely due to the absence of common interests and difference in age. These participants noted that even though they had siblings they could have interacted with, they regularly played alone and "did their own thing". Mary discussed her experience with her siblings during childhood,

There were seven of us. I was set right in the middle. Everyone else seemed to be partnered up. Therefore, I was a loner. I was always by myself. I didn't really do anything with any of them. We weren't close; we really didn't have any interaction. It was almost like I was an only child in a house with a bunch of other people, because I didn't do anything with them. I would sometimes play with my younger sisters, but usually not since they were 4 years younger than me, and they were always together. My older sisters were 6-7 years older than me. They had nothing to do with me, so I didn't do anything with them.

Children acquire personal values based on the practices and beliefs of their family.

The participants believed that all children in the same family are taught the same values from their parents, though how these values are interpreted and practiced throughout the years can be influenced by a multitude of outside factors. Some participants expressed frustration when discussing their family's values. Specifically the values practiced by their siblings during childhood and teenage years were different than what they were taught. Rick discussed how he and his siblings were taught the importance of healthy friendships, respect for yourself and others. He said,

My sister caused a lot of issues within my family when she started dating this guy in high school. He was trouble. He didn't have respect for my sister, or my family. I had heard him say horrible things about my family. I wasn't sure what to do, but I eventually confronted my sister and told my parents. My sister was upset with me, and my parent's didn't react. They refused to listen to me. What happened was that they (my parents) would run off, hang out with this guy and pretty much take his side. That hurts! How can you let some guy walk all over the stuff [morals] that you taught your children and be ok with it?!

The participant further discussed this and indicated that in the past, he had friends who were not "good influences" and were "disrespectful". He recalls his parent's having no issues forbidding further contact with them, and to this day wonders why it was ok for his sister to have contact.

Jane echoed this experience and described how her brother has always treated her

parents with a “lack of respect”. She noted that her brother was never received any consequences for his actions, thus continued this behaviours. She continued,

If that was me, I would be in so much trouble. Not that I would ever be that disrespectful to my parents, but if I was, I would be in so much trouble. I never quite understood why my parents were ok with my brother treating them that way...over and over again.

5.6 Characteristics of Differential Treatment

The participants discussed strikingly similar explanations of the root causes of PDT within their families. The time in life when participants became consciously aware of PDT did not alter their perception as to why they experienced different treatment. The participants defined an overwhelming need, proximity, birth order and parental comparison as the characteristics that have led to PDT within their families.

Overwhelming need necessitates assistance from a parent to a child in order to complete various tasks. All participants indicated that their parent’s attention was frequently focused on their sibling that required assistance, in regards to some aspect of their life. Rick described his brother needing constant help from his parents, regardless of what he was doing. He noted that this began early in his life and still continues today. As he tells us,

I remember my brother doing stupid things...and my parents would just cover for him. As a child, I had seen that day after day. Even as an adult, it’s my mom that covers for him. If he needs something, even the simplest thing...I never had those issues. I always did my own thing, but with them, they always had to help him out, help him figure things out. I think that now it has just carried into his adult life...Whether he needs it or not, it’s a comfort zone for him, maybe for all of them. They do everything for him.

Participants discussed their ability of being able to “figure things out for themselves” during childhood and adolescence. If they wanted or needed something, they would “figure some way to get it”, without relying on their parents. Self-sufficiency in childhood often transfers to independence in adulthood, thus generating productive

individuals. In contrast, children who require regular assistance from their parents for insignificant tasks, often lack independence and self-sufficiency in adulthood.

Some participants discussed how their siblings' reliance on their parents has transferred into their adult life, through means of excessive phone, email and text conversations. These participants indicated that their siblings contacted their parents numerous times per day to ask "pointless" questions. In addition, it was noted that these parents would make regular contact with these siblings and lesser with the participants.

Jane said,

They could talk to him up to five times per day...I rarely talk to my parents on the phone, which is fine with me...I don't need to. I could talk to my mom on the phone maybe once per week...I can go home whenever I want, and it's not an issue. They are definitely more sensitive to my brother though. When they go away, they are concerned about calling my brother to see what's going on there. Whereas with me, they know I will call them if I want to talk. They just don't call...Even as an adult. This still bugs me sometimes. I say jokingly, but will question them, "Why don't you call me... Why don't you come see me?" My mom's answer always is the same...It's the same for anything I ever question them on..."I just know if you want to talk, you will call me, or if you want me to visit, you will let me know.

Having little contact with their parents, compared to their siblings was confusing for some participants and uncovered feelings of disappointment and rejection, specifically when they were aware that their parent's would initiate the majority of these conversations. Though these participants did not require daily contact with their parents, they noted that they have told their parents that "it would be nice if you wanted to talk to *me*, or come see *me!*" The response given to this was similar for each participant, with the parents noting that they "didn't worry about" the participant as they believe they "had a good head on [their] shoulders".

Proximity is defined as closeness in a relationship. For the participants, proximity carries multiple meanings as they associate proximity with the increased closeness of a

relationship. All participants indicated that after graduating high school, they moved away from their childhood homes, as they wanted to “become their own person” and “create their own life.” The sibling or siblings who they identified as receiving “preferential treatment” continued to live in the same town, or have moved away, but returned a short while later.

Participants described similar experiences, as the sibling they perceive as “receiving differential treatment”, lives in the same town/city as their parents. Jane indicated that her brother attempted to move away, several times, though always returned as he was unable to “function on his own”. Rick offered a similar account, noting that his brother and family “needed more help”, so they moved back to the town where their parents live. These participants indicated that they believe “moving away” has improved their relationships with their families, as they are “removed from the chaos” and do not have to “experience the chaos first hand.”

Mary indicated that one of her siblings, who is the “perceived favourite” currently resides in the same town as her mother. She noted that,

...at one point, my mother did a lot for my sister, but as my mother is getting older, my sister is helping her out more and more. I definitely think my mom treats my sister different than she treats me. She is the favourite... That’s ok, because I feel equal with my other siblings.

All participants agree that birth order played a significant factor of determining which sibling received preferential treatment within their families. They all offered different accounts as to which position in birth order received preferential treatment. Participants, who were the youngest in their families, believed that their oldest sibling received preferential treatment. It was felt that the oldest sibling “set the stage” as what was acceptable or not. As the youngest, these participants felt that they were never a priority, and whatever they attempted could never live up to the expectations the oldest

sibling created. These participants felt the youngest child was always in the shadows of the older siblings. By the time the youngest child did something notable, it was not a big deal to the parents, as another sibling had already “been there, done that”.

Jane who was the oldest child in the family, felt that her younger siblings were given preferential treatment. As the oldest, she was given many responsibilities, expectations, expected to be independent and had many rules to follow. She recalls being blamed for many things, since “she was the oldest and knew better”. In addition, she indicated as her younger sibling grew up, rules that were created when she was that age and suddenly became more lenient.

Rick and Mary, who were middle children felt that both their older and younger siblings received preferential treatment compared to them. They indicate that the attention they received from their parents was minimal. They indicated that as middle children they were “never given any big responsibilities within the home compared to their older siblings”, though they “weren’t babied like the younger ones”.

5.7 Consequential Impacts of PDT

PDT has had lasting effects on each participant’s life. These effects have been both conscious and unconscious. As people age, they become more conscious of the effects PDT has had on their life. The effects of PDT have consequential impacts on the individual, parental, sibling and marital relationships, and have the potential to affect future generations.

Stress is the most common side-effect experienced by those who experienced PDT. As result, the stress experienced by those witnessing PDT has resonate into other areas of their life. Rick said this of his experience of PDT and stress,

When I think about it [PDT], it causes me quite a bit of stress. When I am feeling stressed out, it not only affects me, but my family. There is only so much of it I can take...When I hear about something my parents did for my

brother, or see it myself, especially as an adult, I find it revolting. For some reason it bothers me. It shouldn't. It's like a bucket that keeps filling up with water, and every new thing I hear about them... Eventually, it is going to spill over. I found that I would take stuff out on my own family, but it wasn't fair to them. I realize that now. It had nothing to do with them... It's more to deal with my brother and parents. This stuff shouldn't even be concern in my life.

The stress generated from PDT has the potential to make an individual uncomfortable at a family function or prevent their attendance altogether. For these individuals, PDT related stress is triggered by observing "preferential treatment of siblings" firsthand. In addition, individuals who experience PDT often feel they are the target of jokes or are "picked-on" within their families. This creates additional stress and further hinders their desire to attend family events. Debbie said,

My oldest sister's personality is more in line with my dad's. When we get together as a family, I always perceive that they pick on me. They seem to make jokes at my expense, and think I am oversensitive, because I will get upset and angry. I may be sensitive, but at the same time, I think they are targeting me. It stresses me out, because I sometimes would rather not be there. I always go though, because I would feel bad disappointing my mom. The holidays and big family events are stressful.

Discussions or general conversation surrounding the sibling who receives "preferential treatment" habitually create stress, specifically if these discussions take place with a parent. These conversations are comprised of events of the past, though continue to contribute to the present day stress of an individual. Jane supported this. She said,

There are a lot of things that still work me up to this day. If I get upset, it's usually because of a conversation with my mom. The stress always surrounds conversations about my brother. A lot of the things we talk about come back to our childhood, and more so our teenage years. That's where I really think.... The things he did, and still does, really does have a big impact on me.

The participant accounts of PDT, from their first conscious recollection to present

day, describe rejection to some extent. Individuals experienced one of two types of rejection: inattention or comparative. Participants define inattention rejection by feeling excluded by the lack of consideration or attention. Rick describes an experience with inattention rejection,

It really bothers me how they don't come...how my parents don't visit us. Weeks will go by before they will even call. Months will go by before they make an effort to even see us...They live a few hours away, then all of a sudden you find out there were "in the area"...they don't let you know...they don't even have time to stop and say "hi". I think, "What is wrong with me"? Why don't they want to see me? When that regularly happens, you feel excluded.

Comparative rejection can be defined as feeling that your ideals, thoughts and goals are not accepted or praise worthy compared to those of a sibling. Debbie, who said she did not feel that her ideals were "accepted" by her parents, said that she felt left-out because of her own aspirations. She explained,

My sister is very smart, organized, but stubborn...She always knew what she wanted in life. At a young age she was a very distinguished student...along with everything else she did. I felt I was very distinguished at a young age too, but no matter what I did, to my parents...It didn't seem to compare to my sister's accomplishments. Everything I did always felt like it was second best. I could uncover one of the world's biggest mysteries, but if it wasn't on my sister's "to-do list", it wouldn't be a big deal for my parents. It never felt like my goals and accomplishments were good enough.

Those who experienced inattention or comparative rejection react in one of three ways. Participants indicated that they either overcompensate or form feelings of resentment or guilt.

Feelings of resentment towards parents, and siblings, specifically the one who received preferential treatment was common. As a child, these feelings can be characterized as "thinking things were unfair", but as an adult they harbour dislike towards either a parent or sibling. Similar to stress, resentment initiates anger that is

inappropriately directed, often towards someone who is within the individual's support system.

Jane said,

As an adult, the more I think about things, I realize that there's more resentment there that I even thought there was. I always knew there was some there, but didn't see it as resentment... When I get upset about something in my family, I need to really think about what I'm upset about... It is the thing that just happened that I'm mad about? Or am I upset just *he* said it?

Similar to stress, feelings of resentment can also lead to avoidance of family functions, or avoidance of the individual whom they resent. Jane who said her brother receives an "unfortunate amount of preferential treatment" said that she often dislikes being around him. She indicated,

Nothing will have happened for a while... It's just that sometimes being around him makes me upset. I think about how "easy" he has had things, especially when I feel that I am struggling with something... When that happens I feel so angry and just want to go home.

Some participants indicated that they have attempted to "suck up" to their parents, or the preferred sibling. Rick indicated that in the past he has attempted to call his parents "very regularly" in an attempt to "feel closer" and "in the loop".

Jane indicated that she has "faked through" her feelings of anger towards her brother by "making a good attempt". Both these participants indicated that it "didn't feel right," therefore, discontinued the practice.

Some participants discussed harbouring feelings of personal guilt in regard to the PDT they experienced. They discussed "internalizing" and "assuming responsibility" for how they are treated within their families. Most participants indicated that at one point in their lives, they have considered themselves to be the "root cause" of the PDT they experienced, and felt that perhaps they have not lived up to their parent's expectations, or

had a characteristic that was not desirable to their parents or siblings. Jane recalls asking herself, “What’s wrong with me”? She said,

If I was having a really rough day with my parents I would question myself...give myself a real good look...Did I cause this...Am I to blame for the way things are?

Rick indicated he has thought to himself,

Maybe I am the issue...Maybe I am the one that’s “out to lunch” and this is the way it is. He further indicated that at times he felt he “normalized” the situation, believing that it is common and “everybody’s family is like it.

5.8 Familial Impacts of PDT

In addition to individual impacts, PDT also permeates significant effects on family life. The participants discussed similar experiences regarding the impact of PDT within their families, some impacts being more desirable than others. Regardless, participants discussed the impact PDT has had on future generations within their families and how it contributed to an improvement with parental relationships.

Participants who have their own children, nieces and nephews indicated that the PDT within their families has been “passed down” a generation. They said that they are able to see their own child/children are treated differently than their nieces or nephews. Essentially, if a sibling was the recipient of “preferential treatment,” it is common that their children will similarly receive “preferential treatment.” Mary thought,

I think my mom has “favourites” among her grandchildren. My mom’s favourite child’s children are definitely her favourite. Other than that, I think it is pretty even amongst the grandchildren.

Rick said,

I can see how my brother’s kids are treated different than my daughter. So, it’s no longer just about me and my siblings, but it’s going down a generation. They are treating their grandchildren differently...Maybe it’s because they need the extra attention...Maybe they feel they owe them since

my brother has so much difficulties...I don't know...Whatever the reason, it's upsetting to me.

It is worth noting that despite the many negative familial interactions experienced, most participants indicated that they presently have healthy relationships with their parents and siblings. The participants indicated that as they matured, their relationships with their parents and siblings strengthened. Debbie said,

It's not that things were ever horrible with my parents; our relationship just had more potential...I became much closer to my parents than what I was when I was growing up.

Mary indicated that,

When we became adults...When I moved away and got married...When everyone became adults, we all became closer. As we got older, the age gap didn't matter...We began to have a lot more in common...It doesn't matter if you one or 10 years apart...Once you're an adult, you're an adult.

5.9 Coping

All participants have experienced PDT for a large part of their lives. As previously discussed, the effects of PDT are multiple and cause issues in many aspects of a person's life. The participants discussed ways in which they cope with the PDT they experience. The ways they cope include a combination of multiple approaches: enlisting the support of a spouse or friends, ignoring the situation, precipitating guilt and acceptance.

Consistent support is pertinent in any difficult situation, and coping with the effects of PDT is no different. All participants indicated that when they recall PDT they confide in their spouse or close friend. Being able to confide in a spouse or friend has been vital for the participants to continue maintaining civil relationships with their families. Mary, who indicated she had "lacked a relationship" with her parents while growing up, said her husband is a significant reason as to why her relationship with her parents has improved. She went on to explain,

My husband shares many similar interests with my parents. My parents were interested in music, so is my husband. Not that it was ever “horrible” with my parents and me, but when it was the four of us, it was just better. My husband has been that link between my family and me...It’s nice to have someone who can see what I have seen my own life...Especially when we first got married, he was able to see the imbalances between my siblings and me. He never made an issue out of it, but it felt good to know I had an ally.

Debbie said,

Well, sometimes like I said, I don’t feel like going to family functions, just because I know I will probably be “picked on”. We always end up going through...My husband has seen what goes on... He validates how I feel...At the end of the day, he is my confidant...He will listen to what I have to say, about how I feel...I am so thankful for that!

Some participants described attempts to discuss the situation with their parents in hopes of improving it, though the effort led to feelings of defeat, as their parents were not receptive. Participants talked about their parents “not worrying about the situation”, and felt that it isn’t worth “worrying about” if the person who can change it does not care. Essentially, participants have trained themselves to “ignore” the negativity. Debbie who attempted to discuss the situation with her parents said,

Whenever I talk to talk to them about something that is bothering me...they don’t really seem to care...Now I’m back at square one...They know about it, but they’re not doing anything about it...They don’t ever seem to do anything to help the situation. Now my issues with my family are just “kind of there”...I’ve laid a blanket over it so it doesn’t affect me too much anymore. Now I just let the issues “stay in my head”, I don’t act on them anymore. I don’t let it affect me anymore.

Rick echoed this by saying,

I just think I swept things under the rug...I’m started to take my mom’s approach to the family and try to swept everything under the rug...I don’t like that approach, but I had to change it up. What I was doing before wasn’t helping. Years ago I started coping by telling myself, “That’s not true” or “That’s not right”... Things like that...Then I finally realized how much

things have changed...I guess I normalized the dysfunction for a while. Right now, it's just easier to sweep things under the rug, to keep the peace...I'm not that kind of guy...Sometimes I don't want to, but in the past I have been vocal...Nothing ever changes...

Feelings of guilt are commonly experienced by those who have familiarity with PDT. Interestingly, most participants indicated that they have attempted to “guilt” their parents into “fixing” the situation. Jane indicated that in recent years, she has “become better at coping and seeing things”. She noted that in years past, she would “direct blame at her parents” and use guilt as a “tactic”. She explains,

I would always try to guilt them into feeling bad for how they have dealt with my brother, or for making me feel bad or whatever...I'd always blame them for things, which isn't necessarily fair.

Rick indicated he would frequently call his parents, and “treat them like children” to get his point across. He says,

I've phoned them on several occasions. I have asked them what they think of the situation...what their plan is, and how we can make things better. I've asked them to let me know when they thought of something and to get back to me. I told them I will follow-up in a week. I don't hear back from then, so I would call back and say...Ok...It's been over a week since we talked...What did you guys come up with?! The answer is always the same, “We haven't had time to discuss it”. Like really?! Your family is falling apart and you “didn't have time”? It would really bother me, but then I started to feel embarrassed. How can I treat my parents like children? It isn't fair. It wasn't right, so I quit with that...

All participants unanimously agreed that as they become older, it becomes easier for them to “accept” how things are, rather than “criticize”. Participants indicated that they do not necessarily agree with how their families function, though they have chosen to “accept the situation”, rather than create more chaos. According to Jane,

As I get older, I can see that they do treat us different, but it just doesn't bother me as much. I think now, I deal with it a lot better. I think now it

doesn't bug me as much either and I can see that my brother does need more of the attention. He does need the things that they give him, even though my parents do it to the point of enabling his behaviour. He does need more than I do.

Debbie discussed how she "reached a point in her life" where she just needed to accept it. She indicated,

I was tired of constantly struggling...trying to convince my parents to see it the way I did...One day I told myself...I can't live like this anymore...This is sucking the life out of me. I don't know how I did it, but just came to terms with it. I have thought about discussing it with them, but I never do. I guess I just came to a point where the past is the past...I was sick of it determining my future.

5.10 Recommendations

Participants provided recommendations for both reducing the occurrences of and minimizing the effects of PDT. All participants indicated that it is impossible to completely prevent PDT as each child is unique and has different needs based on strengths and weaknesses. Participants placed profuse emphasis on recommendations regarding identifying individual needs, fairness and attempt at equalization. Essentially, all these topics go hand-in-hand.

As previously indicated, participants agreed that all children are unique and have different needs, based on their individual strengths and weaknesses in a multitude of areas. As a parent it is imperative to identify each of their children's strengths and weaknesses at a young age, and reassess them accordingly. Rick specified that as a child, he was able to recognize where his brother was "deficient". That being said, he noted he was also able to identify his own "deficiencies", though indicated they [the deficiencies] were in other areas. When asked for clarification he said,

Every child is different. Of course each child has strengths, but everyone struggles in one area or another. It just really depends what a parent sees as a "priority weakness", if that makes sense...I just think that some child's

weaknesses are more visible than others...I guess it just depends on where that parent's priority is and what they are looking for. In my case, my brother struggled academically, so that was "more visible" to my parents...He got more help in that area... I was a quiet kid, but did well academically. I didn't need help with my homework, I just figured it out...I'm sure I had other issues that needed some "parental attention", but they were overlooked since it wasn't a priority to my parents. I guess because I was quiet my "issues" weren't really seen as a problem...I think my parents had the "out of sight, out of mind" mentality. Really, that was me. So I guess one of my strengths was that I was independent...I guess I was, or sometimes I think...maybe I just had to be independent since my brother "used up" all their attention. If my parents said, you know, we spend more time with your brother because he needs our help or whatever, I would be ok with it. I think I know that's the reason now, but it would help things if they would have just acknowledged that is how things are.

Jane discussed the importance of identifying each child's strength and weaknesses, but spoke of it in a different light. She discussed the "uniqueness" of all children based on needs, but also personality. She shared,

Each child has their own personality, so you have to treat them different. It wouldn't make sense to treat everyone the same...I guess what I'm saying that it isn't about being treated differently, as much as it's about making sure that every child is treated equal. There is a big difference there for me. What is "equal" would be different for each family...I think that's the key...Equality. It's about learning about and from each other's strengths and weaknesses and not inadvertently "pitting" one child against each other by an imbalanced attention.

Debbie emphasized the importance for parents to see their children as individuals and not "expect the one to follow in the other's footsteps". She said,

People have different strengths and talents...Kids should be allowed to choose their own path, rather than having one built for them.

The participants who discussed "fairness" did so in respect of their own children. They discussed it in terms of what they have learnt from their own experiences of PDT and how they have applied it to their own children. Mary reflected upon her experience with PDT as a child and vividly remembers people not knowing that she existed, as result

of her parents never talking about her. She said,

Today when I talk to people, if I talk about one of my girls, I always try to talk about the other. You just don't talk about one. They both have accomplished so much in different areas of their lives. I am so proud of both of them! I would never want to boast about the accomplishments of one and not the other. They both worked so hard to get where they are. They both deserve recognition.

Rick indicated that as a teenager and into early adulthood, his parents seemed "disinterested" in "whatever he was doing". He felt that their "over the top" interest in his brother and "lack of interest and conversation" with him created "disassociation". He said,

I want to be able to discuss and have an open relationship with my children... Whatever it may be... homework, social life... I want to know what's going on in their life... the good, the bad and the ugly... By doing that I am hoping I can treat my children as fair as possible and give each of them a fair opportunity in life. I have only the best of intentions for them.

All participants indicated that if attempts would have been made at "equalization", they never would have experienced PDT. Jane previously indicated, "It isn't about being treated differently, as much as it's about making sure that every child is treated equal".

Mary said,

My husband and I have two daughters. One lives in the same city as we do and the other lives several hours away. We attempt to keep things fair. Of course we see our daughter who lives in the same city more, though our visits are shorter, while with our daughter who lives away, we see her less, but the visits are definitely longer.

Rick discussed how as a parent you "never want to see your child struggle in life". He believes that a child's accomplishments or lack thereof can sometimes be a "reflection on the parents". He said,

I think as a parent, you never want to see your child fail. It's a sense of pride to see your child succeed, and often embarrassing if they do not. As a parent, you don't want your children thinking the other is "smarter than the other".

So, you try to level the playing field. Build on each of their strengths...By building on their strengths, it will eliminate, or at least minimize their weaknesses.

5.11 Minimizing PDT Effects

When asked what is important for parents to know in an attempt to minimize the effects of PDT, the participants offered the following. It is important for parents to:

- Become interested in your child's activities,
- Recognize each child's strengths,
- Recognize each child's weaknesses,
- Understand that it isn't about treating each child differently, but focus on treating each child equal,
- Recognize each child's unique needs,
- Be honest with yourself and with your children,
- See your children as individuals,
- Allow your children to choose their own paths. Don't create one for them,
- Assess personality, responsibility and expectations,
- Invite healthy communication, and
- Listen to and validate your child's concerns.

5.12 Summary

The findings of this study proved to be interesting and thought-provoking. Despite the different experiences of the participants, it was found that there is an essence to understanding the lived experience of adult children with PDT. Essentially, PDT perceived due to specifics in personality, responsibility and expectations. While all participants had much in common in their experiences of PDT, there were also significant differences.

6. DISCUSSION

In this chapter, I will facilitate discussion regarding the commonalities and differences between the data collected regarding life experiences of PDT and the literature previously reviewed. While reviewing the findings, it was found that there were significant similarities between the data and that of the literature review, though there were also notable differences.

6.1 Commonalities

There were many commonalities found between the data and the literature review. This is significant as the literature review was composed of data that focused on childhood through adulthood, in addition to including several age groups. The commonalities will be presented in the following themes: Parental Differential Treatment, perceptions of self, implications for parental relationships, verbal aggression, implications for sibling relationships and theoretical frameworks.

Parental Differential Treatment is a unique phenomenon that is difficult to universally define as each experience is unique and based on a multitude of factors that can include favouritism, expectations, need and comparison. Regardless of the definition, all participants of this study and Abramovitch, Pepler and Corter (1982); Brody, Stoneman and Burke (1987); Brody Stoneman and McCoy (1992); Dunn and Kendrick (1982); Heatherington (1987) confirm that parental behaviors differ towards children in the same family.

Differential Treatment towards children in the same family produces a multitude of consequences for children's lives (Suitor et al., 2009). According to the participants in the study, they also indicated that their experiences of PDT have impacted their lives. In addition, the participants noted that at one point or another in their lives, it has negatively impacted the quality of relationship between their siblings. Boll, Michels, Ferring &

Filipp (2010) confirm this indicating that PDT is related to negative outcomes, not only for individuals, but also impacting siblings and families.

Baldwin and Dandeneau (2005) determined that perceived PDT results from “relational schemas”, which are developed and consolidated in previous repeated interactions with the parents. These schemas may lead an individual to perceive PDT of the self and siblings in rather similar ways across time. Findings from this study indicated that from a young age, the participants developed their own “relational schemas” about themselves, as well as their siblings. Interestingly, these “relational schemas” were comprised mostly of how the participants viewed themselves and their siblings in terms of personality, expectation and need.

The way in which the participants viewed their families or how they were viewed by their families did not change over time. Rather, they were labelled at a young age and it continued on through adulthood. The literature reviewed indicated that labels are common in families, though did not discuss it in terms specific to PDT.

All participants indicated that though their parental relationships are “good”, they lack a variability of constructive components. They indicated that they felt increased closeness with their parents, specifically their mother’s when interactions were positive and common interests were shared. Interestingly, they noted that that relationship quality was “good” when they were treated equal with their siblings. Similarly, Boll, Ferring and Phillip (2001b) suggested that favouritism and disfavouritism are linked to relationship quality between children and their parents.

Familiarity of verbal aggression was a commonality amongst all participants and the literature reviewed, specifically in how their families communicated and handled conflict. According to Infante, Myers and Buerkel (1994), verbal aggression is common in PDT family relationships, as family members have less pressure to communicate in

socially desirable ways. Interestingly, both the literature reviewed and participants indicated that their fathers were more likely to respond in a verbally aggressive manner to conflict. The literature review did not provide reasoning for this finding, though the participants felt that their mothers all carried a more passive demeanour.

All participants indicated their siblings garnered an unfair amount of their parent's attention. Interestingly, they did not use the term "sibling rivalry", though it was implied through various other terms including favouritism and sibling comparison. Previous literature is abounding with stories of children vying for their parent's attention. Such rivalry is fueled by a concern that some children receive an unfair share of their parent's emotional or instrumental resources and attention (Suitor et al., 2009).

Participants described their sibling relationships, both as children and adults. Their experiences were consistent with previous studies that found that PDT often goes hand in hand with diminished relationship quality between siblings (Boll, Ferring & Phillip, 2003). Though all participants experienced diminished relationship quality with their siblings, this occurred at varying times throughout their lives.

The literature indicated that parents are more likely to direct higher rates of behaviours to the younger, less developmentally able sibling (Brody, Stoneman & McCoy, 1992). Though participants did not all agree that these higher rates of behavior were directed towards the younger child, it was undisputed that more attention was given to those siblings who were less developmentally able. The term "less developmentally able" does not signify a cognitive disability, rather describes a child's ability to become independent.

The literature indicated that children who have difficulties with attachment and family relationships experience lower self-esteem and the tendency to internalize problems (Brody, Stoneman & McCoy, 1992). However, the participants described

limited difficulties with attachment, though all experienced low self-esteem from a young age. They indicated that this issue has continued into their adult lives. In addition, some participants also indicated that as children and sometimes as adults they tend to internalize problems.

The sibling relationship is a forced relationship that is often later maintained by the participants to create a life-long relationship (Cicarelli, 1995; Fitzpatrick & Badzinski, 1994; Noller & Fitzpatrick, 1993). Most participants indicated that even in childhood, their siblings relationships were not maintained due to lack of common interests and age differences. Respectively, most participants indicated that their sibling relationships experienced renewed significance as they became older. This is consistent with the literature, which described that siblings become closer as they age (Cicarelli, 1980b, 1985a, Gold, 1987).

Participants indicated that as they became adults, their sibling relationships grew stronger and closer due to growing commonalities including: marriage, having children and employment. According to White and Riedmann (1992), over the lifetime, the type of contact, problems and support that siblings will experience with one another will change. Most participants viewed this change as positive and indicated that this change promoted closeness, as it endorsed similarities between siblings.

The participants indicated that as they grew older, they were able to acquire coping skills to assist in dealing with the PDT they experienced. In turn, this assisted in mending their once difficult sibling relationships. This is consistent with the literature reviewed, which indicated that as individual's age, their perceptions of control in relationships increase, and they appear to regulate their emotions more effectively within relationships (Suitor et al., 2009). In addition, some participants described attempting to "keep the peace" in their family to avoid parental disappointment. Essentially, they were

attempting to reduce conflict. Interestingly, the literature described that when people move across the life-course, they increasingly attempt to reduce or avoid conflict and emphasize harmony in their relationships (Charles & Cartensen, 2008; Coats & Blanchard-Fields, 2008; Lefkowitz & Fingerman, 2003).

As participants discussed their experiences with PDT, there were striking similarities between their experiences, social comparison theory and family systems theory. Though these two theories are based on different principles and patterns, it is believed that they occur simultaneously.

Social Comparison Theory (Ferstinger, 1954) refers to the idea that individuals tend to examine others to evaluate their own opinions and abilities (Kothari, 2011). All participants indicated that at one point or another they have compared themselves to their siblings, and used the result to interpret whether or not they are treated differently than a sibling. Participants indicated they compared themselves to siblings based on parental expectations, material gains, privilege and need. Wood (1989) explained how it is highly likely that both adolescent and adult children compare themselves to their siblings on various levels including: perceived similarity to self, role and competition.

In analyzing the experiences of the participants, all described their roles within their families. They indicated that they identified their role based cooperatively on their siblings and their own personalities, needs and accomplishments. In some cases, the participants indicated that even though their siblings received preferential treatment, they believed that they acquired increased life skills compared to those of their siblings. This understanding is confirmed by Ferstinger, (1954) who indicated that individuals engaged in comparisons with their siblings as a way of evaluating their social position. This is further confirmed by Martin, Anderson & Rocca (2005) who specify that a person evaluates their own position based on whether the individual believes she

has greater or fewer resources than of with whom the comparison is being made.

Family Systems Theory can explain why members of a family behave the way they do in a given situation (Fingerman & Bermann, 2000). All participants indicated that they reacted (or not) to the PDT they have experienced. In turn, this created a “trigger effect”. For example, one participant indicated when she witnessed her brother receiving preferential treatment, she would react, often in an aggressive manner. This continually prompted her one of her parents to react (usually her father). A single event can trigger multiple reactions from individuals. Findings in the literature review describe an identical concept, indicating that the primary concept of family systems theory is that the family includes interconnected members, and each member influences in predictable and recurring ways (Bochner & Eisenberg, 1987; Van Velsor & Cox, 2000).

PDT and family systems theory can be compared in another context. The findings of this study suggest that siblings, who receive preferential treatment, are often enabled by their parents. Essentially, if they display a need or deficiency, a parent would always “rescue” them, whether it be completing the task for them or creating a different expectation to allow for a more desirable result. As consequence, this prevents an able individual from learning a required skill. This is consistent with the literature, which indicates that family experiences shape our expectations of how the larger world will interact with us (Kern & Peluso, 1999; Nieto, 2004). Fundamentally, skills are learnt from our families that enable us to function or not in a larger and more formal setting.

6.2 Differences

Though there were many similarities, the experience of the participants and the data in the literature review had several distinct differences. The differences will be presented using the following themes: parental differential treatment, implications for parental relationships, implications for sibling relationships, theoretical frameworks and

adverse childhood experiences.

Previous literature indicated that PDT is less important in later life as more often than not, adult children have separated from their parents and created their own life (Lawton, Silverstein & Bengston, 1994a). Participants of the study disagree, indicating that experiencing PDT throughout their lives continues to be important, as its effects and the negative feelings associated it continue to linger. In addition, they agreed that even though they have “successfully separated” from their parents, the “perceived favorite” did not. They attribute this to the “specialized treatment” and coddling the sibling received while growing up.

The literature reviewed indicated that the youngest child is usually the recipient of higher rates of affectionate, controlling and responsive behaviour from their parents (Brody, Stoneman & McCoy, 1992). The experience of the participants in this study is not consistent with this. Participants ranged from oldest, middle, to youngest child in their families. Consequently, the child who received preferential treatment was not always the youngest, rather it ranged from the oldest, middle to youngest child.

The literature reviewed indicated that parents place more confidence in their child to who they give preferential treatment. According to (Boll et al., 2010) as parent’s age they require increased support. The increased need for support may lead to an increased amount of differential demand for assuming familial responsibility, being addressed to preferred child. Participant’s observations were not consistent with this. First, they did not discuss any aspect of familial responsibility. In addition, they described the sibling who received “preferential treatment” as needing increased support themselves, from their parents. Thus, it would be impossible for these siblings to assume both the responsibilities for themselves and their parents.

The literature reviewed discussed the regularity of verbal aggression in family

relationships, specifically where PDT is present. As previously discussed the experience of the participant's is consistent with this view, indicating that they experienced frequent verbal aggression. Though the participant's experience with verbal aggression is consistent with that of the literature, the long-term effects stated are not. According to the participants, they noted that as they became older, communication strengthened within their families. In contrast, the literature indicated that verbal aggression is linked to less communication in future years (Infante, Chandler & Rudd, 1993; Sabourin & Stamp, 1995)

The literature stated that families with a greater number of siblings reported a greater closeness (Bedford, 1989; Cicarelli, 1995, 1996; Stewart et al.; Sutor, 2009). This was inconsistent with the experiences of the participants, specifically if they have three or more siblings. The participants who had more than two siblings reported less closeness with their siblings in childhood, as they believed common interests in addition to common responsibilities were not shared.

The participants did not indicate whether or not PDT was more pronounced and visible to all siblings during childhood. Sutor et al., (2009) identified that PDT is more visible between siblings in childhood as they co-reside and frequently interact. In addition, he believed that siblings would develop a shared perception regarding favouritism. Participant's views contrast this, indicating that they do not believe their siblings "realized they received preferential treatment," rather believed it was an expectation.

Equity theory suggests that PDT reduces the quality of parental and sibling relationships, regardless of which children in the family are favoured (Sutor et al., 2009). Essentially, it is proposed that individuals who receive excessive benefits in relations to their siblings experience guilt, whereas the person who feels under-benefited

experiences disappointment anger (Walster, Walster & Berscheid, 1978). In addition, if favouritism is apparent, those garnishing the most attention will experience discomfort in their parental and sibling relationships. Similar to Suitor et al., (2009), they suggested that PDT is more pronounced and visible to all siblings in childhood. Participants offered contrasting views. They indicated that they did not believe their siblings were aware they received “preferential treatment,” rather it was an expectation that was placed on their parents. Basically, the “preferential treatment” was normalized by the sibling and the parents; therefore, no guilt was experienced.

7. SUMMARY

This study was conducted in an attempt to better understand the lived experiences of adult children with PDT and its effect on their current adult life. This section will provide an overview of the completed study, and discuss the literature review, methodology and limitations. In addition it will discuss implications for social work theory, practice and research, as well as possible future directions.

A literature review was completed prior to this research being conducted to provide a context for participant responses, in addition to providing assistance as to which common topics should be included in the interviews. The study of parent-child relationships has undergone dramatic changes over time. It is known that the type of relationship a parent has with their child has an impact on various domains in that child's life. Subsequently, literature on within family differences has convincingly demonstrated that PDT has consequences for children's lives (Suitor et al., 2009). These consequences are primarily related to negative outcomes for all family members, including parents, siblings and the individual. One of these negative outcomes is the increase of verbal aggression, specifically when PDT is present. Verbal aggression is linked to less satisfaction in family relationships and often leads to less communication in future years (Infante, Chandler & Rudd, 1993; Sabourin & Stamp, 1995).

The impact of PDT has been well documented though childhood and adolescence, as studies show that adolescents and young adults believe that they experience different interfamilial environments than their siblings in a variety of areas (Hertwig, Davis & Sulloway, 2002). In addition, it is believed that as time goes by, individuals are further removed from experiencing favouritism in their family. Interestingly, as people move across the life-course they tend to reduce or avoid conflict and emphasize harmony in their relationships (Charles & Cartensen, 2008; Coats & Blanchard-Fields, 2008;

Lefkowitz & Fingerman, 2003).

7.1 Implications

The fundamental objective of conducting this research was to gain a better understanding of the lived experiences of adults who have experienced PDT throughout their lives. As result, the objective was to gain a concrete understanding, rather than place blame. The implications relevant to social work theory, practice and research will be presented and discussed.

From this study, it becomes apparent that social workers, specifically those involved in direct practice must be aware of PDT, how it may be disguised, and its possible effects. To achieve this, social workers must listen and be attentive to an individual's needs. They must explore family dynamics, as PDT is often concealed within negative or aggressive behaviors, or misdiagnoses of both children and adults alike. In addition, social workers are responsible to alter their practice based on the needs of the individuals they are working with.

When working with individuals who have experienced PDT, it is imperative not to allocate blame, rather assist parents in learning to assess each individual child's needs, by identifying strengths and deficiencies. By identifying and building on each child's strengths, this will in turn, diminish deficiencies. In addition, it is important to advocate for those who experience PDT, assist them in finding their voice, as often these individuals lack assertiveness skills.

Social workers involved in direct practice are aware of the power of self-awareness and self-determination, though it is imperative that social workers are cognizant of the underlying dynamics that each family presents with. The experiences of the participants provide great insight into the importance and power of both. Social workers should attempt to incorporate the views of those who have personally

experienced PDT into direct practice, as it will assist them in achieving a better understanding of the current issue. Subsequently, this will lead to better models of practice and resources for not only individual's accessing services, but also the professionals assisting them.

This study offers a variety of implications for social work research. The literature review described an absence of research regarding the effects of PDT in adulthood, which demonstrates an ongoing need for further exploration in this area. The data collected from this study offers a small glimpse into the experiences of PDT, which appears to quite common in families. This study described how from a young age, each participant experiences low self-esteem and lack of assertiveness. It is imperative that more research be completed in this area, as often low self-esteem and lack of assertiveness can manifest into mental health issues such as anxiety and depression.

As the study revealed, PDT is predicated on personality, responsibility and expectations. Social work research could benefit from further exploring the connection between personalities, responsibility, expectations and PDT. If further connections are made in regards to this, parents would be better able to identify which children may be "put at risk" of PDT. In addition, it would stress the importance of equality amongst all siblings. As indicated in the findings, there is a difference between being treated differently and equally, as each child has unique needs. In addition, it was found that there are benefits to be treated differently, as it assists an individual in becoming independent.

PDT appears to be quite common in families, whether is it conscious or not. Social work research may benefit from quantitative studies to determine to regularity of PDT amongst families. In addition, as this study was not gender specific, social work research would benefit from exploring the experiences and occurrences of PDT amongst either

males or females.

7.2 Concluding Remarks

Whether it is conscious or not, PDT appears to be common among families residing in both urban and rural settings. Regardless of the intention, PDT is hurtful and has lasting negative effects on both the individual and their family. Unfortunately, the effects of PDT can trickle into the next generation for a multitude of reasons. As result, this further produces the negative effects of PDT.

I wholly admire each participant for sharing their experiences of PDT with me. Regardless of the effects each participant experienced as result of PDT, I admire the respect they continue to show towards their parents and their willingness to continue to build healthy relationships within their families.

The issues raised in this study affect all families, not just the four that participated. Building healthy families is a complicated process and each family member brings unique and special properties to this process.

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Appendix A: Interview Guide

Key Words

- Early parental interaction, attachment and relationships
- Birth Order
- Gender
- Verbal Aggression vs. Healthy Communication
- Role within Family
- Personality
- Rural or Urban Upbringing?
- Cultural Upbringing
- Relationship with Parents
- Relationship with Sibling/s
- Impact of Parental Differential Treatment

Questions

- 1) How do you define “Parental Differential Treatment”?
- 2) Describe what you consider to be the root causes of your experience with “Parental Differential Treatment”.
- 3) When did you first become aware of “Parental Differential Treatment”? What is your earliest memory of it?
- 4) Do you consider your experience of “Parental Differential Treatment” to have been stressful or traumatic? Why or why not?
- 5) Do you think experiencing “Parental Differential Treatment” as a child has in any way affected your current adult life?
- 6) What did you do, or do you use/cope when experiencing “Parental Differential Treatment”?
- 7) What needs to happen in order for parents to become consciously aware and limit the effects of “Parental Differential Treatment”?

Appendix B: Letter of Consent

I, _____, agree to participate in the study titled “Understanding the Impact of Perceived Parental Differential Treatment for Adult Children – Interactions, Implications and Interventions”, which is to be conducted by Chelsey Beres with the University of Regina. My decision to participate in the study is informed by the following:

- This project has been approved on ethical grounds by the University of Regina Research Ethics Board. Any questions regarding your rights as a participant may be addressed to the committee at (306) 585-4775 or by email: research.ethics@uregina.ca. Out of town participants may call collect.
- The purpose of this research is to gain a greater understanding of the lived experiences of adult children who have experienced “Parental Differential Treatment” and it’s effect of their current adult life, and to afford the opportunity to those who have experienced it to share their perspectives.
- The research document will be a thesis and will give license to the University of Regina to use it and store a copy.
- I will have the opportunity to see draft copies of the sections of the thesis in which I am quoted and to suggest changes in that copy for reasons pertaining to concerns about my confidentiality. I will have access to the final copy of the thesis.
- I will participate in one 1-1 interview with the researcher. This interview will last approximately one and a half hours. Reviewing a draft copy of the sections of the thesis in which I am quotes will take approximately one hour of my time.
- Notes will be taken by the researcher during the interview, in addition to them being audio taped.
- The following measures will be taken to maintain confidentiality:
 - 1) Only the researcher and supervisor will have access to my interview audiotapes, notes and transcripts where I am identified as the interviewee. The transcripts with coded identification may be shown to members of the thesis committee. Transcripts and audiotapes will be kept by the researcher and stored in a locked cabinet for five years; then destroyed.
- Participation may lead to emotional upset and/or discomfort during the interviews. For this or any other reason, I am free to withdraw from this research at any time with no threat or penalty of any kind. I am also free to not respond to any specific questions during the interview. Refusal to participate would not result in any penalty to me.

- The researcher and/or thesis supervisor may be contacted regarding procedures and goals of this study.

Researcher

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Your signature below indicates that you have read and understood the description provided; I have had an opportunity to ask questions and my/our questions have been answered. I consent to participate in the research project. A copy of this Consent Form has been given to me for my records.

Dated this _____ day of _____, 2013.

Signature

Appendix C: Ethics Approval



OFFICE FOR RESEARCH, INNOVATION AND PARTNERSHIP
MEMORANDUM

DATE: May 31, 2013

TO: Chelsey Dawn Beres
#20 – 1600 Muzzy Drive
Prince Albert, SK S6X 0A2

FROM: Dr. Larena Hoeber
Chair, Research Ethics Board

Re: **Understanding the Impact of Perceived Parental Differential Treatment for Adult Children - Interactions, Implications and Interventions (File # 861213)**

Please be advised that the University of Regina Research Ethics Board has reviewed your proposal and found it to be:

1. APPROVED AS SUBMITTED. Only applicants with this designation have ethical approval to proceed with their research as described in their applications. For research lasting more than one year (Section 1F). **ETHICAL APPROVAL MUST BE RENEWED BY SUBMITTING A BRIEF STATUS REPORT EVERY TWELVE MONTHS.** Approval will be revoked unless a satisfactory status report is received. Any substantive changes in methodology or instrumentation must also be approved prior to their implementation.
2. ACCEPTABLE SUBJECT TO MINOR CHANGES AND PRECAUTIONS (SEE ATTACHED). Changes must be submitted to the REB and approved prior to beginning research. Please submit a supplementary memo addressing the concerns to the Chair of the REB.** Do not submit a new application. Once changes are deemed acceptable, ethical approval will be granted.
3. ACCEPTABLE SUBJECT TO CHANGES AND PRECAUTIONS (SEE ATTACHED). Changes must be submitted to the REB and approved prior to beginning research. Please submit a supplementary memo addressing the concerns to the Chair of the REB.** Do not submit a new application. Once changes are deemed acceptable, ethical approval will be granted.
4. UNACCEPTABLE AS SUBMITTED. The proposal requires substantial additions or redesign. Please contact the Chair of the REB for advice on how the project proposal might be revised.

Dr. Larena Hoeber

cc: Dr. Brigette Krieg – Social Work

** supplementary memo should be forwarded to the Chair of the Research Ethics Board at the Office for Research, Innovation and Partnership (Research and Innovation Centre, Room 109) or by e-mail to research.ethics@uregina.ca

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