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Parental Differential Treatment and its Impact on the Sibling Relationship: A Literature Review

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Abstract

Parental differential treatment (PDT) may happen for a number of reasons. Each child is different; therefore, each child has their own individual personality and may differ developmentally or in temperament. These differences can make parenting individual children challenging. These differences can cause some parents to show preference toward one child over another because their behavior may be easier to handle. While the difference in treatment due to varying situations and developmental needs is understandable, children may still be sensitive to the increased parental attention shown to another child and be negatively affected by it. PDT explores the differences in parenting experienced by siblings and has been linked to negative adjustment outcomes in children. The contents of this literature review will examine how differential treatment impacts sibling relationships and how art therapy can be used as a positive resource to improve familial relationships and better parenting skills.

Keywords: PDT (Parental Differential Treatment), Art therapy, Parenting, Siblings

The author identifies as a straight, Black woman of Haitian descent.

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Introduction

When it comes to influential factors that impact children's healthy development and psychological well-being, family relationships are among the most significant. Past research primarily focused on parent-child interaction, but there is rarely much to be said regarding siblings. It is a relatively common assumption that all other children within the home are exposed to similar family and environmental factors, and therefore generates a narrative that these children are affected in the same way. Family studies have made a notable contribution to the literature by examining the effect parents have on child behavioral outcomes, but they do not account for the problems that exist when additional children are present in the families. Parental differential treatment (PDT) of siblings appears to be an overlooked topic, and within the scope of researching family relations it is important to generate a better understanding of differences that may exist between individuals in a given family.

A desire to be more knowledgeable about family systems in its entirety has encouraged researchers to examine sibling relations. More than 80% of families in the United States have more than one child (Kothari, 2010). It is important to point out that although parenting is experienced by both siblings, research has demonstrated that siblings may experience and/or perceive parenting, or certain domains of parenting very differently. It is unlikely that children raised in the same family will turn out the same. PDT is an area of research that has been shown to help explain the reasoning behind those differences.

Nevertheless, research has found that differential treatment has caused detrimental effects on children, particularly on the disfavored child. PDT can result in lower self-esteem, more depressive symptoms and more frequent occurrences of anxiety and aggression (Meunier et al.,

2012). It has been difficult to get a clear understanding of the ways in which PDT operates. Some results have been convincing, but inconsistencies are still present across studies due to the many characteristics at play within the family. It is not possible to account for every contributing factor.

The purpose of this study is to examine the impact of PDT on sibling relationships. More specifically, the emotional component that emerges within the sibship and how that can be expressed artistically. This will be examined through the review of relevant literature on the topic. The goal of this literature review is to fill in some of the gaps in current literature. No known study has examined PDT from an arts-based approach. Information from this study will extend the current literature and add to the utility of this work. Scholars in the field are neglecting the importance of siblings and given that most people within the population have siblings, this is a topic that is relatable to many.

It is reasonable to assume that when parents increase their knowledge, attain parenting skills, and practice those parenting skills, the treatment of their children will improve. Parent skills training has demonstrated improvements in family interactions and a decrease in maladaptive behaviors and delinquency (Kothari, 2010). Family practitioners and other helping professionals should also be aware of the existence of PDT, the damaging effects it can have on children, as well as ways in which they can help to reduce PDT within families. Gaining more information will allow researchers and practitioners to work with these families in a more appropriate fashion and develop the skills necessary to address the root of the problem.

This thesis will review the theoretical frameworks associated with children and families, but more specifically Parental Differential Treatment, identify the strengths and limitations of

previous research about PDT, and highlight some of the gaps in the literature base. This thesis concludes with a discussion of the findings and recommendations for future research.

Method

Resources for this literature review were acquired via Lesley University's digital database, Ebsco, as well as Google Scholar search engine and video files (podcasts, YouTube, etc.). This writer chose to narrow the topic down to focus on the effect PDT has on the sibling relationship. Since there isn't much research on this subject, it took time to find relevant resources that would support this topic. To fill in some gaps, this writer decided to implement research targeting family systems as well. Some key words/phrases utilized during this process included, "parental differential treatment," "effects of PDT," "sibling dynamic," "parenting styles," and "benefits of art therapy with families." All resources were broken up into sub-sections and organized by subject matter. References for these resources were gathered on a separate Word document and formatted in proper APA format to ensure proper citation and stored in a digital folder. Inspiration for this research paper stemmed from direct quotes during an interview with Canadian physician, Gabor Maté, who has a background in family practice and a special interest in childhood development, trauma and potential lifelong impacts on physical and mental health. These quotes have been cited and documented. The passion behind this topic also comes from the writer's personal experiences with navigating sibling relationships, as this writer is the oldest of two siblings.

Literature Review

The literature supporting this study is based on theoretical frameworks related to children and families. More specifically, well explained theories that discuss the impact of PDT. This

review will cover various frameworks, illustrate what is known in reference to PDT, and evaluate the mixed results that have been found in previous research. The ways in which this thesis aids in filling particular gaps in the literature and how a parenting intervention may have a positive influence on PDT will also be addressed.

The Parental Subsystem

The parental subsystem is the organized communication and role patterns between a child and a parent. In other words, parents serve as models and agents of socialization, and whatever parenting style is practiced determines the impact on the child's health and development (Kothari, 2010). Since parents tend to dictate the direction of the parent-child relationship, there are fundamental differences in how parents raise and relate to their infants versus their adolescents. Those deemed as successful parents are noticeably more sensitive to the developmental and changing needs of their children (Bornstein, 1995).

Parents have a certain collection of skills that often result in certain styles (e.g., parenting styles: permissive, authoritative, neglectful and authoritarian). These styles can significantly influence a child's development, behavior, and overall well-being.

1. Permissive:

    Permissive parents are described as being more lenient. They tend to be very responsive and affectionate but may have few or inconsistent rules and boundaries. While this parenting style can foster a close parent-child relationship, it may lead to children lacking discipline, struggling with self-control, and having difficulty respecting authority (Boyle et al., 2004).

2. Authoritative:

Authoritative parents are warm, nurturing, and responsive to their children's emotional needs. They set clear and reasonable expectations and rules for their children but also encourage independence and individuality. They are supportive but also assertive when necessary, and they allow their children to express their opinions and feelings. This parenting style tends to promote confident, socially competent, and responsible children (Boyle et al., 2004).

3. Neglectful:

Neglectful parents provide little emotional support and are disengaged from their child's life. They may be physically or emotionally absent and show minimal interest in their child's activities or needs. Children raised in this environment may experience feelings of neglect, low self-worth, and may have difficulties forming healthy relationships (Boyle et al., 2004).

4. Authoritarian:

Authoritarian parents are strict and demanding, with a focus on obedience and discipline. They prioritize rules and structure over nurturing their child's emotions. They expect their children to follow their instructions without question and often use punishment for non-compliance. While children raised under this style may display good self-control, they may also be more prone to anxiety, low self-esteem, and rebellious behavior (Collins et al., 2000).

Positive parenting qualities include warmth, responsiveness, support and engagement and are associated with positive child outcomes including competence, cognitive functioning, and behavior regulation. Negative parenting characteristics include disapproval, hostility, harshness and inconsistency (Collins et al., 2000), and tend to be associated with child outcomes such as

emotional and behavioral challenges as well as antisocial behavior and aggression (Kothari, 2010).

Parenting has great influence on one child, but it also impacts siblings and the sibling relationship. Studies have revealed that mothers who are attentive can lead to siblings having a close and affectionate relationship. Whereas parents who are uninvolved are correlated with sibling conflict (McHale, Updegraff, Tucker, & Crouter, 2000). It is important to note that even though certain parental actions have been linked to child outcomes, the parent-child relationship is bi-directional, meaning parents influence children and children influence parents (Brody, Stoneman, & McCoy, 1994).

The Sibling Subsystem

Sibling relationships are some of the longest lasting relationships (Bank, Burraston, & Synder, 2004). This relationship has the ability to influence social and emotional development. Siblings can serve as friends, advocates, allies, playmates, and models of positive and negative behavior (Brody et al., 1994). Despite the fact that sibling relationships change over time, studies have shown that during some life stages, children report spending more free time with their siblings than with friends, parents, or even by themselves (Kothari, 2010).

Furthermore, sibling relationships are generally involuntary. They do not choose each other and may not even like each other. Boyle et al. (2004) acknowledged how siblings can be born into a family with those of similar biological origin or they can become part of a family through the blending of families, such as adoption. Even when families undergo major change (e.g., divorce or death) siblings and whatever relationship they form, continues to exist (Bank, Burraston, & Synder, 2004). Elements that separate siblings such as physical distance and time spent without sibling interaction do not necessarily disrupt the sibling relationship either. Some

may argue that sibship is influential above and beyond that of the parent-child relationship (Boyle, Jenkins, Georgiades, Duku & Racine, 2004). Sibling researchers such as Dunn & Stocker (1989) and Hoffman (1991) have demonstrated numerous differences that exist between siblings in a family and have sought to figure out what accounts for those differences.

Shared and Nonshared Environment

In order to breakdown the differences in siblings' outcomes and experiences and clarify the dynamics occurring within the family, it is important to understand the environmental influences siblings share. Behavioral-genetics literature, where twin and adoption studies are very common, have helped identify some of the various influences on children's adjustment. These studies (Caspi et al., 2004; Pike Reiss, Hetherington, & Plomin, 1996) have examined the influence of genetic similarity among siblings but have demonstrated that genetics alone do not explain the differences in siblings' cognition, personality and psychopathology. For instance, a monozygotic twin study has shown that twins' antisocial behavior, their emotional distress, and their social-emotional adjustment (Deater-Deckard et al., 2001) are correlated with differences in parents' attitudes, treatment and behaviors toward their twins.

A shared environment includes elements such as the shared physical space that siblings may reside in together or the similar treatment they receive by parents. Genetics may play a role especially for certain forms of siblings (i.e., full siblings). More recent studies have also demonstrated that the shared environment can have differential effects (Jenkins, Rasbash, & O'Connor, 2003). This is in part because each sibling's interpretation or perception of the same event may be drastically different from one another. In addition to shared influences, researchers need to examine the environmental influences that are specific for each child and not general to the whole family (Plomin et al., 1994).

The nonshared environment exists both outside of the home and within the home. These factors contribute to the variance among members (Conger & Conger, 1994). A nonshared environment outside the home is relatively straightforward and includes factors such as different friends, classes, teachers, and general exposure to life events. A nonshared environment experienced by siblings within the home are less straight forward but can include factors such as events experienced by one sibling and not the other, sibling interactions, and differential treatment. A nonshared environment theoretical approach focuses on the environmental features that differ for children within a family and which lead to different outcomes for siblings (Feinberg & Hetherington, 2001). Researchers have concluded that the nonshared environment is what in large part accounts for sibling differences. Therefore, shared environment and shared genes help create similarities between siblings in the same household; whereas nonshared environmental factors and experiences help to explain the dissimilarities that may exist between siblings.

Mothers vs. Fathers

Early research focused on mother's differential treatment (MDT), and their affectionate and controlling behaviors towards their children (Brody, Stoneman, & Burke, 1987). Over time, studies (e.g., Harris & Morgan, 1991; Volling & Belsky, 1992) expanded this focus and examined fathers and their involvement, with the assumption that attachment history was also influential. For example, part of their analysis indicated sibling conflict was more prevalent when the older sibling had an insecure mother-child attachment at year one (Volling & Belsky, 1992). When mothers were more controlling towards the older sibling, more sibling conflict erupted. However, when fathers were more affectionate towards the younger sibling, there was less prosocial behavior between siblings (Volling & Belsky, 1992).

When parents show favoritism towards one child over another, it can create feelings of jealousy, resentment, and competition among siblings (Kothari, 2010). Unfavored children may feel the need to compete for their parents' attention and affection, while favored children may be engaging in behaviors that provoke their siblings, such as teasing, taunting, or gloating. Over time, these conflicts can negatively affect the sibling relationship, leading to decreased closeness and communication (Boyle et al., 2004).

PDT can also create a sense of unfairness among siblings. Unfavored children may feel that their parents do not love them as much as their siblings, while favored children may feel pressure to maintain their privileged position in the family (Kothari, 2010). These feelings can lead to long-term emotional distress and resentment towards parents and siblings (Jenkins et al., 2003).

There are patterns that have been examined between mothers' and fathers' differential treatment showing differences as well. A 2008 study conducted by Atzaba-Poria and Pike demonstrated that fathers reported relatively high in regard to consistency in their treatment of their children. These researchers speculated that fathers' role may be less scripted, and that mothers' more traditional role may have been the reason why they were viewed as more salient in regard to differential treatment (Atzaba-Poria & Pike, 2008).

Additionally, researchers have examined congruent (both parents displayed preferential treatment to same child), incongruent (one parent favors one child and the other reports equal treatment), and complementary (one parent favors one child and the other parent favors the other child) patterns (McHale et al., 1995). About 55% of families reported congruent patterns for differential affection and 63% for differential discipline, 42% exhibited an incongruent pattern for differential affection and 22% for differential discipline, and only 5% of families had a

complementary pattern for differential affection and 6% for differential discipline. They revealed that differential affection (a form of favoritism) almost always was toward the younger sibling (McHale et al., 1995).

Additional Factors to Consider

Numerous factors are continuously influencing the sibling subsystem, the parental subsystem, and the family system as a whole. From a developmental approach, researchers have started to determine when and how certain factors have an effect, although results across studies are not always consistent (Kothari, 2010). The following subsections will list these additional influences that may play a role, as well as some other findings from research.

Child-specific and sibling factors. Child factors include age, gender, gender socialization, sibling structure and constellation (number of siblings, age spacing, birth order, ratio of young to old, and ratio of male to female), temperament, skills or ability, and challenges or disability (Brody et al., 1994). These are just some of the child factors that may impact siblings and family dynamics.

Looking further into difficult temperaments as an example, Jenkins et al. (2003) manner than a child who is not exhibiting those same challenges. A child's negative affect, therefore, has the potential to evoke higher levels of negative parental behavior and less positive parental behaviors (Jenkins et al., 2003). These findings demonstrate the bidirectional nature of PDT.

Gender. Child gender has also been studied in relation to PDT. Parents (both mothers and fathers) reported that they had more conflictual relationships with their children from same-sex dyads than with children from opposite-sex dyads (Stocker,1995). Within this finding, Stocker (1995) suggested that parents may have expectations for same-sex children to act and develop similarly to one another. Meaning, when one child within a same-sex dyad is

less well behaved, parents may develop a more conflictual relationship with that particular child. Other researchers have suggested that parents are likely to admit to differential treatment with their children when the two children are noticeably different (e.g., boy and a girl) (Crouter, McHale, and Jenkins-Tucker, 1999). Children's gender may also influence the amount of time parents spend with their children. Harris and Morgan (1991) found that fathers are more likely to spend time with children if there is a boy in the sibship.

Age and age gap. Child age and sibling age gap has shown to be more consistently related to PDT (Dunn & Plomin, 1990). Due to children's different life stages, this can result in differential treatment. For example, a sibling in college will probably need more financial assistance than say a sibling who is in middle school. Or an older sibling who may be experiencing a bad break up may be in need of extra emotional support in comparison to a younger sibling who got a bad grade on a paper (Jensen, Whiteman, Fingerman, & Birditt, 2013).

Other contextual factors. Researchers have examined factors beyond the child that help explain the variance in PDT. It has been shown that if families and the family environment are rated as generally harmonious, conflicted relationships are less likely to emerge even in the presence of impartial parenting (Brody & Stoneman, 1994). Aztaba-Poria and Pike (2008) revealed that "single mothers were at higher risk for treating their children differently only in the presence of high maternal anger" (p. 229). On the other hand, being part of the two-parent family does not serve as a protective factor on its own, "mothers from two-parent families showed the lowest levels of differential hostility only when coupled with low household chaos" (Aztaba-Poria & Pike, 2008, p. 229). These potentially influential factors are not exactly simple and linear.

Financial and relationship strain including stressors like marital conflict or dissatisfaction (Jenkins, Rasbash, & O'Conner, 2003), and low socioeconomic status (SES) and economic pressure have also been proven to be related to PDT (Jenkins et al., 2003). Harris and Morgan (1991) also found an association between marital satisfaction and paternal involvement. Less marital conflict and higher marital satisfaction were linked to more paternal involvement with children. These findings reveal how parents' gender as well as the relationship with their partner may impact the differential treatment with their children. Chaotic household environments that include a lack of established routines, large family size, and mental health challenges (e.g., depression) have also been studied in relation to PDT (Tarullo, DeMulder, Ronsaville, Brown, & Radke-Yarrow, 1995). It had also been suggested that family stressors including marital conflict or dissatisfaction, low SES, and/or children in the home with disabilities may amplify PDT (Jenkins et al., 2003). Jenkins and colleagues (2003) proposed that the shared family context (e.g., SES, family size, chaotic environment) plays a role in differential parenting because it seems that these shared attributes influence nonshared effects.

Implications of PDT on Siblings' Relationships

In addition to examining how PDT relates to individual child outcomes, studies have also shown support for the idea that parental differential treatment of siblings is linked to more negative sibling relationships (Brody et al., 1994). Hetherington (1988) found that when "one sibling was treated with less warmth and affection and more coercion, punitiveness, irritability, and restrictiveness than the other, that sibling was more likely to behave in an aggressive, rivalrous, avoidant, and unaffectionate manner toward his or her sibling" (p. 45).

One factor that can play a large role in parental differential treatment among siblings is social comparison. Social comparison takes place when an individual compares themself to

another individual in order to evaluate who they are (Jensen, Whiteman, Fingerman, & Birditt, 2013). Social comparison can often result in more depressive symptoms and weaker bonds between individuals who engage in it (Butzer & Kuiper, 2006). Social comparison often occurs between similar individuals. This means that same gender individuals and those who have grown up in similar environments are more likely to engage in social comparison. Which is why siblings, especially same gender siblings, are more likely to engage in social comparison (Rolan, 2018). When parental differential treatment is present, siblings will often pick up on this treatment through social comparison - comparing the way their parents treat them versus how their parents treat their siblings.

Current treatment options that can support populations dealing with PDT include family therapy, group therapy, and expressive therapy.

Treatment Options

Family therapy

Family therapy is an extension of individual therapy that also includes family members that may benefit from discussing family dynamics. Whether it be a partner, spouse, child, siblings, or extended family, the goal is to seek understanding of how these dynamics impact each individual (Clarke, 2021).

In some cases, PDT can manifest into emotional and psychological trauma for a child. Trauma is often manifested in flashbacks or repetitive behavior. There are two types of traumas that can develop depending on circumstance. One being trauma that is "time-limited, public, and an unexpected stressor," such as experiencing a natural disaster. The other type of trauma is a stressor that is caused by long-term events, like repeated abuse (Carey & Frey, 2006).

Family art therapy allows artistic expression amongst families so they can learn to better communicate with one another, gain clearer perspective on individual roles, and identify their strengths and weaknesses. So, when dealing with traumatized clients it is important to use interventions or methods that allow the individual(s) to ease into discussing their thoughts, emotions, and experiences (Carey & Frey, 2006). Frey (2006) discussed the use of puppetry when working with traumatized individuals. The goal of puppetry is to help clients discuss trauma in a non-threatening way, by getting them to transition from symbolic play to "talk therapy." This can result in clients moving towards the therapeutic goal of being able to verbalize their experiences. Puppetry is one of the most useful approaches in play therapy because it is attractive and is associated with fun (Carey & Frey, 2006).

The benefit of puppet making is that it can work for a variety of theoretical approaches and is effective across a diversity of cultures (Carey & Frey, 2006). A wide range of expressions, interests, values & levels of maturity can be expressed through puppetry. Frey (2006) stated that "almost everyone has access to puppet making" (p. 182). This goes to show how universally acceptable an intervention like this can be. The best part is that puppets can literally be made from anything; socks, paper bags, popsicle sticks, and various randomly found objects within the individual's environment. All the client needs is a little imagination and creativity.

Combining puppetry with a narrative approach allows clients to tell their stories using a "distancing" method (Carey & Frey, 2006). Kerr (2015) addressed how narrative therapy separates problems from self. This can be seen as useful in family art therapy because it is a technique that depicts how individuals perceive and make meaning out of their experiences (Kerr, 2015). Essentially, the person becomes an observer to their story and can then work on identifying the problem within. Like puppetry this approach embraces the complexities of

different cultural backgrounds, intersectionality and what an individual recognizes as their truth. It also validates and encourages clients to acknowledge the thoughts and feelings that they are experiencing, and in return the therapist is not placing blame or finding fault with the roles that take place in these families' stories (Kerr, 2015).

Aside from puppetry, another intervention that can be used within family therapy is the creation of a genogram. A genogram is a visual tool which shows a family tree of at least three generations. It is used to give a pictorial representation of a family system (Burns, 2018). An example of this can be seen in Figure 2.

Gatfield (2017) talked about how Bowen family therapists operate from a neutral stance, helping families move beyond blame to face their own role in family problems. Gatfield also suggested the use of genogram maps to help visualize transgenerational patterns, roles, stories, etc. This tactic can aid in reshaping relationships and redefining boundaries (Gatfield, 2017). This is a useful exercise for families in therapy because of its verbal and visual components. Through the use of symbols, imagery, colors, and shapes, experiences can be deconstructed to help gain clarity.

Figure 2

Family Genogram
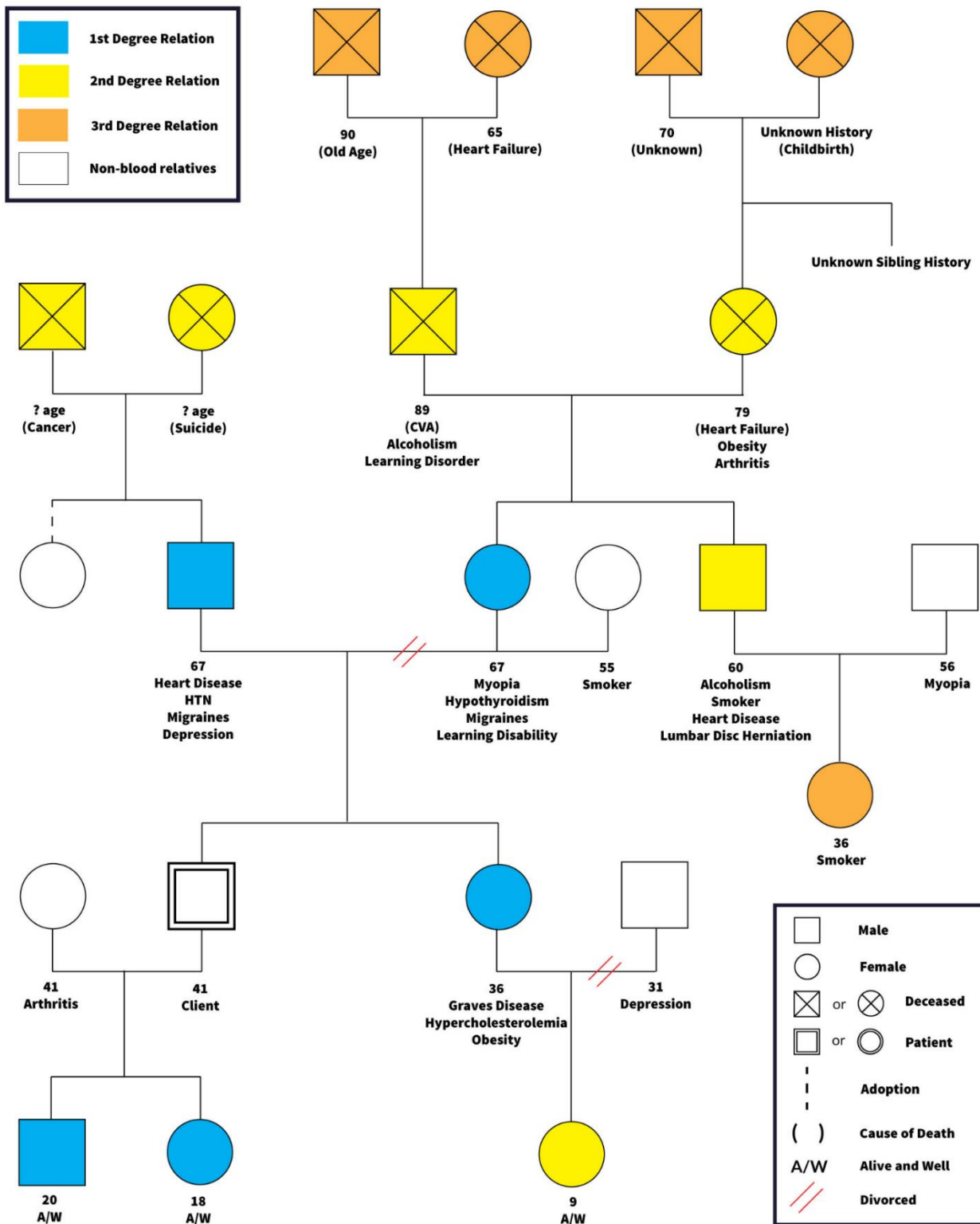
Some individuals have a hard time listening and processing the concerns being expressed by other family members. Seeing the patterns in front of them can be that needed wake up call to changing repetitive behaviors. Through these methods each family member has potential of becoming experts of their own lives, which can heavily influence how they see the world, themselves, and how they choose to interact with one another (Gatfield, 2017).

Group therapy

Group therapy has many advantages. It can help individuals develop communication and socialization skills and allows clients to better express themselves. Group members also experience accepting criticism from others and the development of self-awareness. Including artmaking in the group process can be an added benefit to an individual's experience. Giving group members the opportunity to explore their creativity can aid in how they choose to interact within the group (Kerr, 2015).

How parents can prevent or lessen the effects of PDT

It is important that parents do all that is in their power to ensure that parental differential treatment is prevented. This will help ensure that their children's development and the quality of sibling relationships does not suffer.

Open Communication. Parents should be willing to discuss with their children their reasoning for actions that may be seen as differential treatment. They should also be willing to hear their children's points of view and understand their feelings to make adjustments when needed. Open communication can be used to clarify or modify rules which may reduce conflict between parents and their children (Jensen, Whiteman, Rand, & Fingerman, 2017). Increased understanding can positively impact sibling relationships by creating a better environment for

these issues to be quickly dealt with and can put children's minds at ease regarding perceived parental differential treatment.

Care and Warmth. Parents need to make themselves emotionally available to each of their children. This availability could look like checking in with a child who is having a hard day and needs to talk, or respecting distance when a child needs to work out their frustrations on their own. When parents are emotionally available, the child can be confident that they have a strong connection with their parents. Parental care and warmth can also positively impact the strength of sibling relationships (Portner & Riggs, 2016). It can reduce the level of conflict in the home, which can then help to foster sibling relationships.

One-On-One Approach. Spending one-on-one time with each child can be another way to avoid parental differential treatment. This can create a solid foundation for a parent-child relationship. Through this individual one-on-one time, children can build a relationship with each parent. These individual relationships can help children know that their parents see their needs and hear their concerns apart from their other siblings (Boyle, 2004). This one-on-one time can be as simple as going on errands together and taking advantage of the time to talk about the child's experiences and concerns. Regardless of whether the time spent together is a small or large act, any time together is valuable to children. It can strengthen the parent-child bond and help prevent parental differential treatment (Bornstein, 1995).

Art Therapy

Justice and fairness are common goals within many families. There is also numerous anecdotal evidence about PDT and its negative impact on children. In several studies (Boyle et al., 2004; Singer & Weinstein, 2000), PDT has explained additional variance in children's adjustment beyond the effects of direct parenting. It is important that mental health professionals

continue to promote justice within families. PDT provides an avenue through which researchers and practitioners can explore injustices within the family and work to reduce and/or eliminate those inequalities within the home.

One of the ways families can be supported through this topic of discussion includes services such as art therapy. Art therapy is a form of therapy that utilizes creative processes to help individuals express themselves and explore their emotions (AATA, 2017). While there is limited research specifically on the use of art therapy to address parental differential treatment (PDT), there is evidence that art therapy can be beneficial for individuals who have experienced family stress, conflict, and trauma (Stuckey et al., 2010).

Art therapy can provide a safe and non-threatening space for children and families to express their emotions and experiences related to PDT. Through the use of art materials, individuals can explore their feelings of jealousy, resentment, and sadness, as well as develop coping strategies and communication skills to improve family relationships. In addition, art therapy can help to increase empathy and understanding among family members, as they gain insight into each other's perspectives and experiences (Stuckey et al., 2010). Art therapy can also promote positive interactions and shared experiences among family members, which can help to strengthen family bonds and reduce conflict (Kerr, 2015). An example of an artistic reflection of the sibling dynamic can be seen in Figure 1.

Figure 1

The Siblings

Note: A representation of the sibling dynamic in reference to PDT (Sample, 2023).

While art therapy may not directly address the underlying causes of PDT, it can be a useful tool to help families cope with the emotional impact of differential treatment and work

towards improving family relationships. It is important for families to work with a trained art therapist who has experience working with families and addressing issues related to PDT.

Discussion

PDT has captured the interest of researchers for years, but it has not been examined in the context of its effects on the sibling relationship. Thus, the purpose of this literature review is to bring awareness to the topic and potentially help improve parenting. It is important to avoid causing any trauma that can carry into adulthood, as well as open the dialogue between parents and children, to build stronger familial bonds.

Children should also be helped to understand that parents are doing their best to shape their parenting to individual needs. This can mean that to treat them fairly, parents may sometimes need to treat each child differently.

Recommendations

Sibling and family studies should incorporate diverse family populations within varied contexts. Studies should include all siblings and all parent figures and examine other contributing factors that may influence outcome differences including types and compositions of siblings (half-, step-, adoptive). Secondarily, researchers must continue to review and incorporate theoretical components in their research designs. From a systems perspective, research has demonstrated that one child's experience does not equate to the experience of others within the home. Researchers need to analyze data from each child in the home instead of just one particular child to avoid making fleeting generalizations about the individuals in the family and the family unit. Within this framework, the voice of everyone in the family is important, valued, and matters. Researchers should continue to assess the subjective evaluations of individuals' experiences to address the role of cognitive factors as well as how particular perceptions

influence child outcomes. Researchers should also begin to take into account the influence of culture and family values (Shanahan et al., 2008) for these aspects also influence parenting and individuals' perceptions.

Since numerous factors are present and may change over time, researchers should continue to examine PDT (as well as other related and influential factors) from a developmental perspective. Seeking to evaluate the impact of PDT at various child ages, among numerous contexts, and across time. As Shanahan, McHale, Crouter, & Osgood (2008) pointed out, little is still known about the links between differential treatment and both adjustment and sibling relationships over time. Future studies should continue to explore the similarities and differences that may exist between same-gender and mixed-gender sibling dyads, triads, etc.

To answer and address these concerns, researchers need to continue to design and implement diligent studies, collect data from multiple diverse family structures, and ensure that data are not only collected from the parent and child but also from each sibling and each parent figure. All these concerns, if addressed, have the potential to enhance what is already known about parental differential treatment, as well as other related factors, and its influence on children's adjustment.

Limitations

The findings in this literature help to illustrate that PDT is associated with and may have a unique influence on children's outcomes, and that PDT is at least one important factor in predicting children's behavior. However, these findings do not provide overwhelming evidence on PDT's impact on the sibling relationship due to lack of research on the subject matter. The literature does suggest that PDT reports are based largely on an individual's perceptions on whether or not PDT is present.

This literature review also makes one wonder if examining the link between PDT and child outcome should continue to be a principal research agenda among sibling researchers. PDT appears to explain only a small percentage of outcome variance. That has been a common finding in the PDT literature. Additionally, it has been shown that differential treatment seems to matter most when parenting is harsh.

It may be more resourceful, especially in these economic times, to examine the ways to reduce or eliminate PDT and teach parents and children ways to openly communicate as well as how to handle sibling specific issues. Expressive arts have proven to be effective in resolving family conflict and promoting insight. Perhaps sibling and family researchers should carefully evaluate what has been learned from the PDT literature including the factors that predict PDT and the ways in which PDT is associated with children's adjustment and the sibling relationship and explore related areas that may explain more variance in children's outcomes. There are many valuable characteristics and factors to study among siblings, parents and families; therefore, it is important to continue to evaluate research efforts and adjust attention to the factors that may matter most for children and families.

As previously stated, the literature on the use of art therapy specifically for treating parental differential treatment is limited. Art therapy is a therapeutic approach that uses creative expression and art-making processes to promote emotional healing and self-discovery. While art therapy has been studied and utilized in various therapeutic contexts, research on its direct application for treating PDT could use some extensive exploration.

Conclusion

The purpose of this literature review was to find the connection between the sibling dynamic and PDT, and how despite the lack of literature to support this topic, art therapy can

play a beneficial role in improving familial relationships. There is no art therapy literature that is directly correlated with PDT, but there is supportive literature that appears to be relevant because it discusses using art with families, siblings, and children to help them work through traumas and family conflict. The literature supports the findings that PDT is linked to children's adjustment, and that siblings sometimes struggle to differentiate the difference in treatment due to justifiable reasoning or simply parents being harsh. This literature review contributes to expanding the field of art therapy because it addresses the usefulness of art therapy in relation to PDT, and the need for a greater focus on the effects of PDT on the sibling relationship. It is the writer's hope that other pertinent factors will also surface as key research agendas among sibling and family researchers.

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In the judgment of the following signatory this thesis meets the academic standards that have been established for the above degree.

Lee Ann Thill

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