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Original Article

You're Just Like Your Dad: Intergenerational Patterns of Differential Treatment of Siblings

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Abstract

Objectives: Past work highlights that parents' differential treatment has implications for offspring's mental and relational health across the life course. Although the current body of literature has examined offspring- and parent-level correlates of differential treatment, research has yet to consider whether and how patterns of differential treatment are transmitted across generations.

Method: As part of a two-wave longitudinal study of 157 families, both grandparents (*M* age = 76.50 years, *SD* = 6.20) and parents (*M* age = 51.10 years, *SD* = 4.41) reported on differential treatment of their own offspring at both phases.

Results: A series of residualized change models revealed support for both continuity and compensation hypotheses. Middle-aged parents tended to model the patterns of differential treatment exhibited by their fathers, but middle-aged men who experienced more differential treatment from their own parents in recent years tended to subsequently exhibit lower levels of differential treatment to their offspring.

Discussion: These findings suggest that patterns of differential treatment both continue and diverge across generations, and those patterns vary by gender. On a broader level, these results also suggest that siblings not only impact one another's development, but in adulthood, they may indirectly influence their nieces' and nephews' development by virtue of their influence on their siblings' parenting.

Key Words: Adult siblings—Families in middle life and later life—Family process—Intergenerational transmission—Parenting—Sibling relationships

Research suggests that parents' differential treatment of their offspring is linked to individual and relational development across the life course. Specifically, past work indicates that when parents treat siblings differently, they foster feelings of injustice, competition, and comparison among siblings, with both favored and less favored offspring exhibiting poorer mental health and experiencing less supportive familial relationships as a result (Boll, Ferring, & Filipp, 2003; Pillemer, Suitor, Pardo, & Henderson, 2010; Shanahan, McHale, Crouter, & Osgood, 2008). Because of these long-standing implications, it is critical to discover the reasons why parents treat their children differently. Past work has uncovered characteristics and behaviors of both offspring (Brody, Stoneman, & McCoy, 1992; Tucker, McHale, & Crouter, 2003) and parents (Browne, Meunier, O'Connor, & Jenkins, 2012; Crouter, McHale, & Tucker, 1999) that are linked with the parents' differential treatment. To date, however, scholarly efforts have not considered how parents' receipt of differential treatment from their parents may be linked to their expression of differential treatment toward their own offspring. Following the notion of intergenerational consistency in parenting (Bailey, Hill, Oesterle, &

Hawkins, 2009; Conger, Neppl, Kim, & Scaramella, 2003; DeGregorio, 2013), we examined whether grandparents' differential treatment (oldest generation; G1) of their grown children (middle generation; G2) influenced the differential treatment expressed by that generation toward their young adult offspring (youngest generation; G3).

Correlates/Predictors of Differential Treatment

As mentioned, characteristics of both offspring and parents are linked to parents' differential treatment. Research focused on childhood and adolescence highlights the importance of structural characteristics such as age spacing and gender composition of offspring. For example, when offspring are farther apart in age, parents may be inclined to treat them differently as a result of developmental differences (Dunn & Plomin, 1990). Additionally, some research suggests that parents treat mixed gender offspring more distinctly (Crouter et al., 1999; Tucker et al., 2003) than siblings of the same gender, although evidence for this effect is mixed (Brody, Copeland, Sutton, Richardson, & Guyer, 1998; McGuire, Dunn, & Plomin, 1995).

Into adulthood some characteristics still matter and new ones may be introduced. For example, gender still plays an important role as older mothers tend to favor grown daughters over sons (Suitor & Pillemer, 2006). Additionally, parents may also be likely to provide more support to biological offspring (compared with step-children; Ward, Spitze, & Deane, 2009), those who are not married, and those who live closer (Spitze, Ward, Deane, & Zhuo, 2012). Other research in adulthood suggests that it is important to account for the life situations of offspring, as that may spur parents to treat their children differently. Some parents may simply treat their offspring differently because they have varying needs as a result of the different life difficulties they individually face (Fingerman, Miller, Birditt, & Zarit, 2009).

In addition to offspring characteristics, several person- or parent-level factors are also associated with the expression of differential treatment. For instance, parents of young children tend to show more differential treatment when they experience higher levels of stress or have life circumstances that may foster stress (Atzaba-Poria & Pike, 2008). Moreover, parents who are more depressed, even at subclinical levels, are likely to be more discrepant in their treatment of their offspring than are less depressed parents (Meunier, Wade, & Jenkins, 2012; Tarullo, DeMulder, Ronsaville, Brown, & Radke-Yarrow, 1995). Stress linked with single parenthood (Atzaba-Poria & Pike, 2008), and low socioeconomic status (Jenkins, Rasbash, & O'Connor, 2003), may also be associated with higher levels of parents' differential treatment. Although scholars have yet to consider these parent-level correlates when offspring have reached adulthood, these same factors may also play a role later in life.

Despite the work done on offspring- and parent-level correlates of differential treatment, scholars have yet to consider the possible link between the differential treatment parents experience in their family of origin with their expression of differential treatment toward their own adult offspring. Although it is possible that patterns of differential treatment may extend from experiences parents (G2) had as children (Davey, Tucker, Fingerman, & Savla, 2009), differential treatment continues to play a role in life-span development after adult siblings no longer reside with one another or their parents (Jensen, Whiteman, Fingerman, & Birditt, 2013; Suitor, Gilligan, & Pillemer, 2013; Suitor & Pillemer, 2007). Links with more recent differences in treatment may extend across generations. Thus, in the current study, we took advantage of a unique longitudinal study that examined patterns of treatment across multiple generations when all of those generations had reached adulthood.

Intergenerational Transmission of Differential Treatment

Past work highlights that parenting behaviors can be transmitted across generations (Bailey et al., 2009; Chen & Kaplan, 2001; DeGregorio, 2013), with two main hypotheses about the continuity or discontinuity of behaviors. The first hypothesis, founded on principles of social learning, suggests that parents (G2) learn and model the parenting behaviors of their own parents (G1), thus parenting across generations will be positively correlated. For example, research highlights that parents who experience higher levels of warmth and positive support in their families of origin are more likely to be warm and supportive toward their own offspring (Belsky, Jaffee, Sligo, Woodward, & Silva, 2005; Belsky, Youngblade, & Pensky, 1989; Neppl, Conger, Scaramella, & Ontai, 2009). Negative behaviors may also carry across generations. For example, when the oldest generation of parents (G1) are harsh in their treatment of the middle generation (G2), then the middle generation is likely to display harsh treatment to their own offspring (G3; Bailey et al., 2009; Conger et al., 2003; Simons, Whitbeck, Conger, & Wu, 1991). Therefore, consistent with these social learning patterns, it is possible that parents (G2) who experience greater levels of differential treatment from their parents (G1) may subsequently exhibit greater amounts of differential treatment to their own offspring (G3).

An alternate hypothesis suggests that instead of modeling the parenting of their own parents (G1), the next generation (G2) will compensate for the parenting they received, particularly if the parenting was less than optimal. For example, those who receive lower levels of affection in their family of origin may be inclined to be more affectionate to their own offspring (Beaton & Doherty, 2007; Beaton, Doherty, & Rueter, 2003; Floyd & Morman, 2000). Following these notions of compensation, it is possible that parents who experience greater levels of differential treatment from their parents may subsequently exhibit

lesser amounts of differential treatment toward their own offspring.

A limited number of studies on parental differential treatment (PDT) and intergenerational transmission of parenting suggest that the transmission of PDT across generations may vary based on gender. For example, recent work suggests that daughters may be more reactive to differences in treatment than are sons (Gilligan, Suitor, Kim, & Pillemer, 2013), perhaps because sisters engage in more sibling social comparison than do brothers (Jensen, Pond, & Padilla-Walker, 2015). Other work on intergenerational transmission of parenting, however, suggests that men are more likely to adjust their parenting based on experiences with their own parents than are women (Beaton & Doherty, 2007). Gender of the oldest generation may also matter, as some work suggests that transmission is more likely to occur from the parenting of a mother than that of a father (Simons, Beaman, Conger, & Chao, 1992), perhaps because for middle-aged adults their mother took a more active role in parenting than their father. Taken together, this research highlights several potential moderating roles of gender for each generation. The present study explores this possibility by considering G1 and G2 parent gender as a moderator of the intergenerational transmission of PDT.

Assessing Differential Treatment in Adulthood

Any study on differential treatment needs to take careful consideration of the domains of treatment being assessed. Many studies using child or adolescent samples have explored areas such as differences in chores (e.g., Shanahan et al., 2008; Tucker et al., 2003) or conflict over school work and behavior at home (e.g., Jensen & Whiteman, 2014; Kowal & Kramer, 1997). Studies on samples where the offspring are middle aged and are often in the stage of providing care for their own parents have assessed differences in mothers' preferences for caregiving from their children (Suitor et al., 2013; Suitor & Pillemer, 2007). Other adult studies have examined differences in pride, disappointment, closeness, and conflict (Suitor, Gilligan, Peng, Jung, & Pillemer, 2015). Although intergenerational patterns of differential treatment may exist across different domains, in a three-generation study, it is important to select a domain of treatment that would be salient for all the generations from young adults to older adults. In particular, support from parents is an important domain of treatment in adulthood (Jensen et al., 2013) because it is related to adults' well-being and adjustment (Aquilino, 2006). Thus, we focused on two specific dimensions: tangible (e.g., financial, practical assistance) and intangible (e.g., advice, emotional) support (Fingerman et al., 2009).

The Present Study

In the present study, we examined intergenerational patterns of differential treatment from grandparents (G1) to parents (G2), and from parents (G2) to young adult offspring (G3). Following past work on intergenerational patterns of parenting (Bailey et al., 2009; Chen & Kaplan, 2001; DeGregorio, 2013), we explored two competing hypotheses. Based on ideas of social learning (Bailey et al., 2009; Conger et al., 2003; Simons et al., 1991), we examined whether middle-aged adults (G2) who received greater amounts of differential treatment from their parents (G1) at Time 1 would subsequently express higher levels of differential treatment to their own young adult offspring (G3) at Time 2. Rooted in work on compensation of parenting across generations (Beaton & Doherty, 2007; Beaton et al., 2003; Floyd & Morman, 2000), we also explored whether parents (G2) who experienced higher levels of differential treatment (i.e., poorer parenting) from their parents (G1) at Time 1 would subsequently show lower levels of differential treatment toward their own young adult offspring (G3) at Time 2. Following past, yet limited, work suggesting that intergenerational transmission of parenting may vary based on gender (Beaton & Doherty, 2007; Belsky et al., 2005; Simons et al., 1992), we asked whether patterns varied by gender of the oldest generation (G1) as well as the gender of the middle generation (G2), but we did not form any hypotheses about these effects.

Method

Participants

Data were drawn from Waves 1 and 2 of the Family Exchanges Study. Time 1 data were collected between January and September 2008, and Time 2 data were collected between January and October 2013. Parents (G2) with at least one child older than 18 years (G3; 18 was used as the cutoff to focus on support provided to adult offspring) in 2008 were recruited from the Philadelphia Metropolitan Statistical Area (PMSA) via information purchased from the Genseys Corporation. The PMSA covers several urban, suburban, and rural counties in Pennsylvania and New Jersey. Participants then provided contact information for their parents (G1) who were then recruited for participation. Data for this study were limited to families where a middle-aged parent (G2) and one of their parents (G1) participated in both the first and second waves, and both G1 and G2 had at least two offspring each (N = 157 families). Demographic information is presented in Table 1.

Procedure

Grandparents (G1) and parents (G2) were interviewed using computer-assisted telephone interviews. On average, surveys took about 1 hour to complete, and each section of the survey was presented in a randomized order. Grandparents (G1) reported on their own demographic information, their offspring's (G2) needs, and levels of intangible and tangible support they provided to their offspring. Parents (G2) reported on their own and their

Table 1. Demographic Characteristics of Participants (N = 157 families)

Variable	Grandparents (G1)	Parents (G2)	Offspring (G3)
	M (SD) or proportion	M (SD) or proportion	M (SD) or proportion
Age	76.50 (6.20)	51.10 (4.41)	23.42 (5.09)
Income[a]	2.23 (3.12)	4.26 (2.33)	3.77 (1.61)
Years of education	12.85 (2.55)	14.35 (2.01)	13.81 (2.10)
Number of offspring	4.03 (1.99)	3.34 (1.77)	0.48 (1.11)
Women	0.68	0.64	0.47
Married	0.48	0.76	0.18
Ethnicity			
Caucasian	0.62	0.64	0.68
Minority	0.38	0.36	0.32

Note. [a]Household income in 2008: 1 = *less than $10,000*, 2 = *$10,001–$25,000*, 3 = *$25,001–$40,000*, 4 = *$40,001–$75,000*, 5 = *$75,001–$100,000*, 6 = *more than $100,000*.

offspring's (G3) demographic variables, their own mental health, their offspring's needs, and levels of intangible and tangible support they provided to their offspring. Following completion of their interviews, participants received an honorarium of $50.

Measures

Demographic information

Grandparents (G1) and parents (G2) reported on demographic information, including age, gender (0 = *female*; 1 = *male*), years of education, ethnicity (0 = *European American*; 1 = *minority*), marital status (0 = *not married*; 1 = *married*), number of offspring, and the ages and genders of their offspring.

Intangible and tangible support

At Time 1 and Time 2, grandparents (G1) and parents (G2) each reported on the levels of intangible and tangible support they provided to each of their offspring older than 18 years using four items from the Intergenerational Support Index (Fingerman et al., 2009). Intangible support was measured with two items that assessed the frequency of emotional support and the frequency of listening to their grown offspring talk about their day. Tangible support was measured with two items that assessed the frequency of financial and practical support (e.g., helping around the house, running errands, giving rides). Items were based on an 8-point scale, ranging from 1 (*less than once a year or never*) to 8 (*daily*), and the items for each scale were averaged together. Intangible support from grandparents (α = .64, .75) and parents (α = .84, .83) was adequately reliable at Time 1 and Time 2, respectively. Tangible support from grandparents (α = .61, .58) and parents (α = .71, .62) was also adequately reliable at Time 1 and Time 2, respectively.

Differential treatment

The level of differential treatment was calculated using grandparents' (G1) and parents' (G2) reports of support provided to each of their offspring. Two methods are available to calculate this: (a) the range of support given to the most supported to least supported offspring or (b) the standard deviation of mean support. Although the two metrics are highly correlated, we opted to use standard deviation because it has more commonly been used (Meunier et al., 2012) and it is less susceptible to the influence of outliers or extremes. Because a standard deviation is a measure of the amount of variation around an estimate, lower values reflected less variation in the amounts of support parents provided their offspring. In other words, lower values reflected more equal treatment. Higher values on a standard deviation reflect greater variation around the estimate, so in our case larger values reflected higher amounts of differential treatment. Because the support scale was on an 8-point scale, the possible range of values for differential treatment ranged from 0 (*all offspring given equal amounts of support*) to 5 (*greatest possible discrepancy in support*).

Offspring life difficulties

At Time 1, grandparents (G1) and parents (G2) reported on whether each of their offspring experienced 10 life problems in the past 2 years (developmental delay, physical disability, health, emotional, alcohol/drug, financial, trouble with law, victim of crime, divorce/relationship problems, and other). The items were summed for each child (Grandparents' offspring, M = 0.64, SD = 1.04; Parents' offspring, M = 0.79, SD = 1.14), and then the standard deviation of the mean number of difficulties was calculated. Lower values reflected similar levels of difficulties among siblings and larger values reflected greater variation in life difficulties.

Depression

At Time 1, parents (G2) reported on their own depressive symptoms using the five-item depression subscale from the Brief Symptom Inventory (Derogatis & Melisarator, 1983). Items assessed the extent to which participants

felt hopeless, lonely, blue, worthless, and not interested in things in the past 7 days. The scale ranged from 1 (*not at all*) to 5 (*extremely*). On average, participants rated few depressive symptoms (M = 1.48, SD = 0.62, α = .83).

Results

Bivariate correlations and descriptive statistics for dependent, independent, and control variables significant in either regression model are presented in Table 2.

Analytic Strategy

In order to examine intergenerational patterns of differential treatment, we employed two sets of hierarchical ordinary least squares residualized change models, one set for each dependent variable (G2 differential intangible support and G2 differential tangible support). Each dependent variable was from Time 2, and all control and predictor variables were from Time 1. Each set of models was tested in two steps. In the first step, we entered demographic and family-related controls for both grandparents (G1; number of offspring, age spacing of offspring, gender, variation in offspring's life difficulties) and parents (G2; number of offspring, gender, age, years of education [income was initially included but was not significant, nor did it alter the findings, so it was removed for parsimony], marital status, ethnicity, depression, variation in offspring's needs, and the gender composition of offspring, 0 = *all same gender*, 1 = *mixed genders*). Because patterns of differential treatment may vary based on the overall level of support provided, we also controlled for the family average level of intangible and tangible support that grandparents (G1) and parents (G2) provided their offspring at Time 1. In the first step, we also included the predictors of grandparents' (G1) differential intangible and tangible support from Time 1. Lastly, in the first step, we included the lagged (from Time 1) dependent variable to control for parents' (G2) previous levels of differential treatment. The inclusion of the lagged dependent variable allowed us to examine the residualized change by accounting for more of the residual error not accounted for by our control variables and more accurately infer that variation in grandparents' (G1) differential treatment at Time 1 is linked to variation in changes in parents' (G2) differential treatment. In order to test whether intergenerational patterns of differential treatment varied by gender, we entered four 2-way interactions in the second step: Grandparents' differential intangible support × Parents' gender, Grandparents' differential intangible support × Grandparents' gender, Grandparents' differential tangible support × Parents' gender, and Grandparents' differential tangible support × Grandparents' gender (simple slopes were tested for each significant interaction). Three-way interactions of Differential treatment × Grandparents' gender × Parents' gender could not be tested due to insufficient sample size.

Intangible Support

Analysis of parents' (G2) differential intangible support at Time 2 (Table 3) revealed several significant associations. Regarding the control variables, greater number of parent offspring, being unmarried, larger age spacing among parents' offspring, and having offspring who were not all the same gender, were associated with higher levels of parents' (G2) differential intangible support at Time 2. The lagged effect of parents' (G2) differential intangible support at Time 1 was also positively linked to differential intangible support at Time 2. Inconsistent with both social learning and compensation perspectives, there were no intergenerational associations between grandparents' (G1) differential treatment at Time 1 and parents' subsequent differential treatment at Time 2, nor were there any significant interactions.

Tangible Support

Models examining parents' (G2) differential tangible support at Time 2 (Table 4) also revealed significant links for the control variables. Higher average levels of tangible support by parents (G2), being younger, being more educated, being unmarried, and having offspring with a greater variation in life difficulties, were all associated with higher levels of parents' (G2) differential tangible support at Time 2. There were no main effects of grandparents' (G1) differential treatment, but two significant interactions did emerge. First, an interaction between grandparents' (G1) differential tangible support and parents' (G2) gender (Figure 1) revealed that for middle-aged fathers, their own parents' (G1) earlier provision of differential tangible support was negatively associated with their subsequent expression of differential tangible support (b = −0.60, SE = 0.22, p < .01, β = −0.43). For these fathers, their own parents' differential treatment explained more than 18% of the variation in their own subsequent differential treatment of their offspring. The association was not significant for mothers (b = −0.12, SE = 0.15, n.s., β = −0.09). Analysis further revealed a significant association between grandparents' (G1) differential tangible support and grandparents' gender (Figure 2). Testing of the simple slopes revealed a positive trend for differential treatment of tangible support from grandfathers (b = 0.48, SE = 0.26, p = .07, β = 0.34) but no association with differential treatment from grandmothers (b = −0.12, SE = 0.15, *n.s.*, β = −0.09).

Discussion

Past work highlights negative implications of differential treatment for offspring's mental health and relational qualities (Boll et al., 2003; Kowal & Kramer, 1997; Shanahan et al., 2008) and that the level of differential treatment a parent exhibits is linked to both offspring (Brody et al., 1992; Tucker et al., 2003) and parent (Browne et al., 2012; Crouter et al., 1999) characteristics. The current study built upon this literature as well as literature on the continuity

Table 2. Correlations and Descriptive Statistics for Study Variables ($N = 157$)

Variables	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
1. G2 DT intangible T2	—																
2. G2 DT intangible T1	.31***	—															
3. G2 avg. intangible support T1	−.20**	−.32***	—														
4. G2 DT tangible T2	.26***	−.03	.16	—													
5. G2 DT tangible T1	.08	.38***	.05	.11	—												
6. G2 avg. tangible support T1	−.17*	−.18*	.53***	.22**	.11	—											
7. G1 DT intangible T1	−.03	.14	.05	.15	.05	.04	—										
8. G1 DT tangible T1	−.01	.20*	−.13	−.04	.03	.01	.29***	—									
9. G1 gender	−.01	−.14	−.04	−.16*	−.12	−.08	−.14	−.12	—								
10. G2 number of offspring	.33***	.29***	−.30***	.11	.10	−.23**	.13	.12	−.13	—							
11. G2 gender	−.03	−.01	−.39***	−.05	−.11	−.12	−.24**	−.07	.05	.05	—						
12. G2 age	.00	.13	−.06	−.24**	.17*	−.20**	−.09	−.15	−.02	−.16*	−.07	—					
13. G2 education	−.10	−.09	.04	.11	.01	.07	.06	−.12	−.04	−.20**	−.10	.16*	—				
14. G2 marital status	−.16*	−.13	.19**	−.16*	.09	.19*	.02	−.12	.12	.00	−.11	−.04	.17*	—			
15. G3 age spacing	.19*	.13	−.19**	.06	.16*	−.26***	.05	.00	−.11	.36***	.11	−.05	−.11	−.05	—		
16. G3 life difficulties	.27***	.11	−.09	.23**	.00	.04	−.01	.09	−.12	.16	.12	−.04	−.11	−.14	.04	—	
17. G3 gender composition	.00	.21**	−.12	.04	.09	−.06	.11	.11	−.04	.33***	.02	−.13	−.05	.02	.17*	.05	—
Variables	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17
M	1.18	1.02	5.53	.98	1.12	3.72	1.11	.78	.32	3.34	.36	51.10	14.35	.76	4.28	.85	.67
SD	0.84	0.89	1.52	0.91	1.03	1.46	0.80	0.65	0.47	1.77	0.48	4.41	2.01	0.43	2.77	0.71	0.47
Range	0–5	0–5	1–8	0–5	0–5	1–8	0–5	0–5	0, 1	2–11	0, 1	40–60	10–17	0, 1	0–13	0–3	0, 1

Notes. G1 = grandparents; G2 = parents; G3 = offspring; T1 = Time 1; T2 = Time 2; DT = differential treatment; Gender, 0 = female, 1 = male; Marital status, 0 = unmarried, 1 = married; Controls omitted from this table: G1 number of offspring, G1 offspring age spacing, G1 gender, G1 offspring life difficulties, G1 avg. intangible support T1, G1 avg. tangible support T1, G2 ethnicity, G2 depression.
*$p < .05$. **$p < .01$. ***$p < .001$.

Table 3. Hierarchical Regression Models for Time 1 Variables Predicting Parents' (G2) Differential Intangible Support at Time 2 ($N = 157$)

	Model 1			Model 2		
	b	*SE*	*β*	*b*	*SE*	*β*
Intercept	1.84***	0.22	0.00	1.82***	0.23	0.00
Lagged dependent variable						
G2 DT intangible	0.23**	0.08	0.25	0.23**	0.08	0.24
Controls						
G1 number of offspring	0.02	0.03	0.05	0.03	0.04	0.07
G1 offspring age spacing	0.00	0.02	−0.01	−0.01	0.02	−0.03
G1 gender	0.15	0.14	0.08	0.15	0.14	0.08
G1 offspring life difficulties	−0.10	0.12	−0.07	−0.09	0.13	−0.06
G1 avg. intangible support	0.04	0.06	0.07	0.04	0.06	0.08
G1 avg. tangible support	−0.09	0.07	−0.14	−0.09	0.07	−0.15
G2 avg. intangible support	−0.04	0.05	−0.08	−0.06	0.05	−0.12
G2 number of offspring	0.11*	0.04	0.23	0.11**	0.05	0.24
G2 gender	−0.27	0.15	−0.15	−0.27	0.15	−0.15
G2 age	−0.01	0.02	−0.05	−0.01	0.02	−0.07
G2 education	0.00	0.03	0.00	0.00	0.04	0.00
G2 marital status	−0.34*	0.17	−0.17	−0.33	0.17	−0.17
G2 ethnicity	−0.22	0.16	−0.13	−0.17	0.17	−0.10
G2 depression	0.05	0.10	0.04	0.06	0.11	0.04
G3 age spacing	0.26**	0.09	0.22	0.24**	0.09	0.21
G3 life difficulties	0.04	0.03	0.14	0.04	0.03	0.14
G3 gender composition	−0.29*	0.14	−0.17	−0.31*	0.15	−0.18
Predictors						
G1 DT intangible	−0.08	0.09	−0.08	−0.09	0.11	−0.08
G1 DT tangible	−0.05	0.12	−0.04	0.08	0.15	0.06
G1 DT intangible × G2 Gender				0.12	0.20	0.06
G1 DT intangible × G1 Gender				−0.05	0.21	−0.02
G1 DT tangible × G2 gender				−0.36	0.22	−0.16
G1 DT tangible × G1 gender				−0.18	0.25	−0.07
R^2		.30			.32	

Notes. G1 = grandparent; G2 = parent; G3 = offspring; DT = differential treatment; G1 level variables reported by grandparents; G2 and G3 level variables reported by parents; Gender, 0 = female, 1 = male; Marital status, 0 = unmarried, 1 = married.
*$p < .05$. **$p < .01$. ***$p < .001$.

Table 4. Hierarchical Regression Models for Time 1 Variables Predicting Parents' (G2) Differential Tangible Support at Time 2 ($N = 157$)

	Model 1			Model 2		
	b	*SE*	*β*	*b*	*SE*	*β*
Intercept	1.59***	0.24	0.00	1.59	0.25	0.00
Lagged dependent variable						
G2 DT tangible	0.09	0.07	0.10	0.10	0.07	0.11
Controls						
G1 number of offspring	−0.03	0.04	−0.07	−0.02	0.04	−0.05
G1 offspring age spacing	−0.01	0.02	−0.05	−0.01	0.02	−0.04
G1 gender	−0.08	0.16	−0.04	−0.03	0.16	−0.02
G1 offspring life difficulties	−0.18	0.14	−0.11	−0.17	0.14	−0.10
G1 avg. intangible support	0.01	0.06	0.02	0.02	0.06	0.03
G1 avg. tangible support	−0.06	0.07	−0.09	−0.09	0.07	−0.13
G2 avg. tangible support	0.14**	0.05	0.22	0.13*	0.05	0.21
G2 number of offspring	0.07	0.05	0.13	0.07	0.05	0.13
G2 gender	−0.15	0.15	−0.08	−0.15	0.15	−0.08
G2 age	−0.05**	0.02	−0.25	−0.05**	0.02	−0.26
G2 education	0.08*	0.04	0.18	0.09*	0.04	0.19
G2 marital status	−0.47**	0.19	−0.22	−0.47**	0.19	−0.22
G2 ethnicity	0.07	0.18	0.04	0.16	0.18	0.08
G2 depression	0.06	0.11	0.04	0.11	0.11	0.08
G3 age spacing	0.02	0.03	0.06	0.02	0.03	0.05
G3 life difficulties	0.25*	0.10	0.19	0.24*	0.10	0.19
G3 gender composition	−0.10	0.16	−0.05	−0.16	0.16	−0.08
Predictors						
G1 DT intangible	0.14	0.09	0.13	0.11	0.11	0.10
G1 DT tangible	−0.13	0.13	−0.09	−0.12	0.15	−0.09
G1 DT intangible × G2 Gender				0.26	0.21	0.12
G1 DT intangible × G1 gender				−0.20	0.23	−0.08
G1 DT tangible × G2 gender				−0.47*	0.24	−0.20
G1 DT tangible × G1 gender				0.60*	0.26	0.21
R^2		.30			.34	

Notes. G1 = grandparent; G2 = parent; G3 = offspring; DT = differential treatment; G1 level variables reported by grandparents; G2 and G3 level variables reported by parents; Gender, 0 = female, 1 = male; Marital status, 0 = unmarried, 1 = married.

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

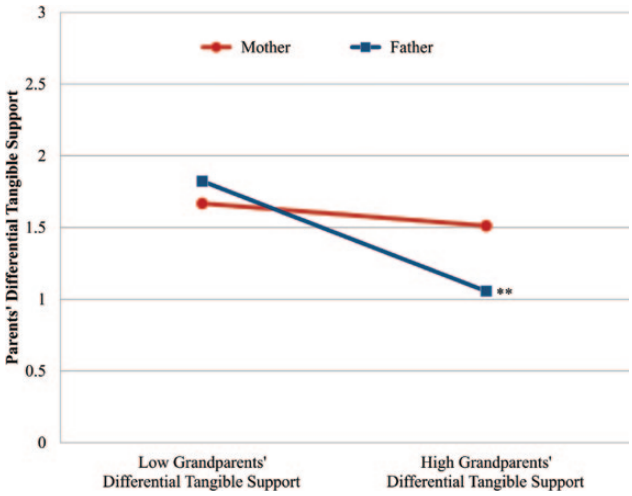

Figure 1. The association between grandparents' differential tangible support at Time 1 and parents' differential tangible support at Time 2 as moderated by parents' gender. $^{**}p < .01$.

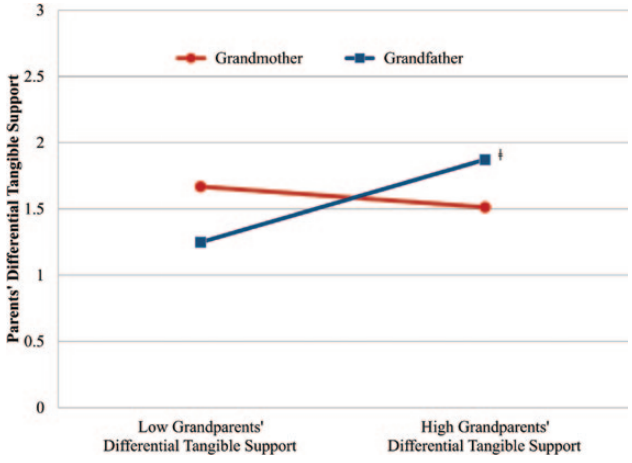

Figure 2. The association between grandparents' differential tangible support at Time 1 and parents' differential tangible support at Time 2 as moderated by grandparents' gender. $^{ǂ}p < .10$.

of parenting across generations (Bailey et al., 2009; Conger et al., 2003; DeGregorio, 2013) to examine the possibility that the differential treatment parents (G2) experience among their own siblings from their parents (G1) may be linked with the amount of differential treatment they exhibit toward their own offspring (G3). Our findings indicated that indeed, in some situations differential treatment is linked across generations.

We examined two competing hypotheses. On the one hand, the social learning hypothesis suggested that differential treatment would be similar across generations; on the other hand, the compensation hypothesis posited that differential treatment would be discontinuous across generations. We found evidence for both hypotheses. Consistent with social learning, middle-aged parents (G2) whose own fathers (G1) exhibited higher levels of differential tangible support, subsequently expressed higher levels of differential treatment toward their own offspring (G3) 5 years later. Importantly, these findings controlled for middle-aged parents' (G2) earlier differential treatment suggesting that grandparents' (G1) differential treatment was associated with change in parents' (G2) expression of differential treatment. Given that support from fathers in adulthood occurs at lower rates than does that from mothers (Fingerman et al., 2009; Rossi & Rossi, 1990) and thus is more scarce, it is possible that discrepancies in that treatment are especially salient for the parenting of the next generation.

Consistent with the compensation hypothesis, we also found that middle-aged fathers' (G2) experiences of differential tangible support from their parents (G1) at Time 1 were negatively associated with their subsequent expression of differential tangible support toward their offspring at Time 2. In line with some past work (Beaton & Doherty, 2007), fathers may be particularly sensitive or reactive to the unjust and discrepant treatment among their siblings. As a consequence, fathers may be particularly concerned about reducing those behaviors in their own family of creation. Given that this finding only emerged for tangible support, it is possible that men in particular are concerned about the equity of financial and practical differential support. Being more sensitive to the issue may lead men to be more equitable in the treatment of their offspring in similar matters. Future work should also consider the ways in which offspring who receive favored treatment (relatively greater levels of support) vary compared with those who receive less favored treatment (relatively lower levels of support). Just as men may be more sensitive to differences in tangible support, as suggested by our findings, less favored offspring may also be more sensitive to those differences and more likely to compensate by treating their own offspring more equitably.

Beyond support for the social learning and compensation hypotheses, our findings provide interesting insights into the salience of the domain of treatment. Results only indicated significant links for differential tangible support, which included financial and practical help, and not intangible support that included emotional support. It is possible that as families develop and grow and siblings move into middle adulthood, their individual and separate lives pull them in different directions and thus they may be less aware of discrepant treatment based on communication or emotional closeness. But, differences based on money and practical support may still be apparent despite their diverging lives from their siblings. Alternately, it is possible that parents truly may be trying to meet the divergent needs of their offspring who are sometimes in seemingly different life stages and in need of varying levels of support. Because G3 variation in life difficulties was not significantly associated with differential treatment, but age was, it is possible that parent adaption to needs is based more on varying life circumstances (i.e., being a student, marital status etc.). Indeed, the lack of a significant correlation between

parents' (G2) differential tangible support at Time 1 and Time 2 suggests adaptation occurs over time. Regardless of the reasons for differences in treatment, it appears that middle-aged adults may be reacting to differences from their own parents as they are engaged in helping their own offspring launch into adulthood.

Despite the uniqueness of the sample and the interesting findings, this study had several limitations. Overall the sample was small, and this limited our ability to test important interactions and limited our statistical power. Specifically, it will be important for future studies to examine whether differential treatment from a grandmother or grandfather (G1) is different for a mother or father (G2). Although the study included a large proportion of minorities and the full distribution of income for the Philadelphia area, the sample size did not allow us to fully explore these variables as additional moderators of differential treatment. An increased ability to appropriately test meaningful interactions could be obtained by collecting data from more than on child from the middle generation (G2) in each family.

Future research could also improve study design and measurement. Our findings are compelling in that differential treatment from the relatively recent past is linked to future variation in treatment, but we were unable to examine whether differential treatment experienced in childhood and adolescence is linked to later treatment of their own children. This would best be achieved with a long-term prospective study, rather than a retrospective design. Future studies will also want to consider other types of differential treatment, such as the magnitude of support and warmth and conflict.

Despite these limitations, the current study contributes to the literature in meaningful ways. To our knowledge, this is the first study to examine patterns of differential treatment across generations, and findings suggest that these patterns do exist. Although the sample was small, we employed reports from multiple generations and controlled for important factors that may have explained significant links, including parents' (G2) differential treatment at the first time point as well as their overall average levels of support. Despite the stringent controls, we still found evidence that patterns of differential treatment both continue and diverge across generations. Overall, these findings suggest that siblings not only impact one another's development through childhood and adolescence (Kowal & Kramer, 1997; Shanahan et al., 2008) but they indirectly impact the way parents treat their own offspring because they serve as a relative comparison for how one is treated or supported by their parents.

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