general discussion
The general aim of this thesis was to contribute to a better understanding of how mothers who can become and remain confident in themselves as a parent despite difficulties rather than doubt their parenting abilities when faced with similar challenges. Understanding increased by investigating level, strength, and the moderating role of parenting self-efficacy. Level has predominantly been studied in mediator models that predicted parenting behavior. The current thesis applied a mediator model of parenting self-efficacy (both prenatal and postnatal) to the hypothesized effect of mood symptoms, birth experiences, and perceived child temperament on expanding the family beyond the first child. This mediator model provided some insight into why some mothers may feel more up to the task of parenting two young children than others, although parenting self-efficacy was not found to mediate the effect of mood symptoms on having a second child. The use of level of parenting self-efficacy in a mediator model may not have been the optimal approach to answering the question why some mothers may feel more up to the task to face a particular challenge than other mothers. Besides level and mediation, three relatively understudied approaches to parenting self-efficacy were addressed, in particular to address why some mothers may be more resilient in the face of difficulties than others. This thesis included two studies that examined combinations of difficulties to test strength of parenting self-efficacy beliefs. First, by using a cry response task, it was shown that parents subjected to positive verbal persuasion and subsequently predominantly failure experiences were most susceptible to parenting self-efficacy decreases. Second, by investigating family conflict and self-control in a sample of mothers with a history of secure residential care for severe behavioral problems in adolescence, mothers with lower self-control were found to have lower parenting self-efficacy in the face of family conflict, whereas this effect was not found for mothers with higher self-control. Also, parenting self-efficacy as a moderator remains relatively understudied. This thesis demonstrated that greater partner dissatisfaction was associated with specific infant-mother attachment classifications depending on the level of parenting self-efficacy. This finding supported Bandura’s (1997) suggestion that self-efficacy beliefs are not just antecedents or consequences, but together with other factors parenting self-efficacy helps shape motherhood experiences and mother-child relationships as well as Coleman and Karraker’s (1998) suggestion that parenting self-efficacy could act as a moderator of social factors on mother-child relationship quality. These understudied approaches (i.e., strength, and parenting self-efficacy as a moderator) to explore parenting self-efficacy in challenging parenting situations contributed to a broader perspective on resilience in parenting self-efficacy, specifically, and parenting-related resilience, in general.
This thesis tested the more commonly used approach of level and mediation in a novel outcome (i.e., family size) and expanded on this with three studies on understudied moderation mechanisms of parenting self-efficacy (i.e., strength and as a moderator). In this General Discussion the findings of these four studies are recapitulated and integrated in current parenting self-efficacy research. Strengths and limitations, directions for future research, and practical implications are discussed.

**Level of Prenatal Parenting Self-Efficacy**

According to Bandura (1997), people with high parenting self-efficacy beliefs are expected to set more challenging goals for themselves and are more motivated to achieve those goals. Having more than one child may be considered by some parents as more of a challenge than having one child (Gameiro, Moura-Ramos, & Canavarro, 2009; Kohler, Behrman, & Skytthe, 2005), which raises the question whether mothers’ perceptions about their abilities to parent successfully play a role in having or not having a second child. Chapter 2 investigated whether level of prenatal and postnatal parenting self-efficacy differentiated between mothers who gave birth to a second child and mothers who stated they wanted, were undecided about, or not wanted a second child 2.3 years after birth of the first child. Also, Teti and colleagues (1996) suggested that parenting self-efficacy functions as a gateway for the effect of intra- and interpersonal factors to parenting outcomes, which is in line with Bandura’s (1977) idea that self-efficacy mediates the effect of experiences on behavioral outcomes. Therefore, in Chapter 2 it was hypothesized that prenatal and postnatal mood symptoms (i.e., pregnancy anxiety and depressive and anxiety symptoms), childbirth expectations, and child negative reactivity could directly as well as indirectly via parenting self-efficacy impact having a second child. The results showed an association between prenatal, not postnatal, parenting self-efficacy and having (versus wanting) a second child. Also, postnatal trait anxiety symptoms were lower for mothers who had (compared to wanted) a second child, childbirth expectations were often unmet for mothers who did not want a second child (compared to mothers who had and wanted), and, surprisingly, perceived child negative reactivity was lower for mothers who did not want a second child (compared to mothers who had and wanted). However, there was no indirect pathway via parenting self-efficacy. Most importantly, mothers who had a second child had higher prenatal parenting self-efficacy than mothers who wanted a second child, although this was a weak effect. Some studies (e.g., Verhage, Oosterman, & Schuengel, 2013) have demonstrated the advantages of studying individual differences in response to challenges and difficulties in motherhood and showed how some mothers were more resilient against obstacles than others. Persistently high parenting self-efficacy or only small decreases, compared to larger declines of parenting self-efficacy, in response to earlier challenges may
provide more information on why some mothers, subsequently, may feel more up to the challenging task of parenting two young children whereas other mothers may feel discouraged and vulnerable.

**Individual Differences in Strength of Parenting Self-Efficacy**

Strength of parenting self-efficacy is a feature that has received little attention, which is unfortunate given that it may provide crucial insight into the factors that contribute to resilience in parenting. The thesis included two approaches to parenting self-efficacy strength. The first study (Chapter 3) included a computerized cry response task in which parents were subjected to two trials. In the first trial, parents listened to cry sounds and had to correctly interpret the meaning of the cry, after which parents received either positive or negative verbal persuasion and subsequently rated their parenting self-efficacy. In the second trial, parents listened to cry sounds and had to choose the appropriate response to stop infant crying. After each cry sound parents received a green or red smiley as part of a preset ratio of success and failure experiences (20%, 40%, 50%, or 80% success experiences) and rated their parenting self-efficacy after all cry sounds. Parents who received the combination of positive verbal persuasion and 20% success experiences had the largest decline in parenting self-efficacy. Thus, the larger mismatch (Donovan, Leavitt, & Walsh, 1990; Harwood, McLean, & Durkin, 2007) between sources of self-efficacy feedback resulted in the fact that mothers dropped in their conviction about themselves as a good parent. Another explanation is that the induction of a fixed-ability conception (i.e., parents’ mindset that the abilities they needed in order to do well on the computerized cry task were fixed instead of malleable; Wood & Bandura, 1989) affected parents to be more vulnerable and less resilient in their parenting self-efficacy beliefs. The second study (Chapter 4) used a different approach to parenting self-efficacy strength, by investigating the role of two factors that were hypothesized to play an important role in the specific sample under study. In a sample of mothers who received secure residential care during adolescence for severe behavioral and emotional problems, a moderation effect of current family conflict and maternal self-control was tested. Family conflict was found associated with lower parenting self-efficacy. Further analyses revealed that this effect was not found for mothers with high self-control. These findings suggest that parenting self-efficacy was lower when family conflict was higher. However, mothers with higher self-control were able to remain positive about their abilities to parent despite experiencing the difficulties and strain of family conflict.

**Parenting Self-Efficacy as a Moderator**

The third approach to parenting self-efficacy as studied in this thesis, besides level and strength, was parenting self-efficacy as a moderator. The notion that parenting self-efficacy may buffer
or exacerbate direct factors of parenting has not received much attention, although some studies showed the protective role of parenting self-efficacy for the negative effect of difficult child behavior on parents (Hastings & Brown, 2002; Leerkes & Crockenberg, 2002). Coleman and Karraker (1998) proposed that parenting self-efficacy may play an important role in the effect of environmental difficulties on the quality of the relationship between parent and children. In Chapter 5, this was tested for the effect of partner relationship dissatisfaction, which was regarded as particularly important (e.g., Atkinson et al., 2000), on infant-mother attachment quality. As hypothesized, parenting self-efficacy acted as a moderator for the effect of partner dissatisfaction on infant-mother attachment quality. Mothers who reported more partner dissatisfaction and high parenting self-efficacy were more likely to have an infant classified as avoidant as compared to disorganized. Mothers who reported more partner dissatisfaction and low parenting self-efficacy were less likely to have an infant classified as avoidant as compared to secure, resistant, and disorganized. The findings contribute to a better understanding of the role that individual differences in parenting self-efficacy, in combination with perceived partner relationship difficulties, may play in infant-parent attachment relationships. Studying parenting self-efficacy and partner (or broader social) factors in a moderator model should be further considered in future research on attachment quality specifically and parent and child outcomes more generally.

**Integration of Findings in Parenting Self-Efficacy Research**

The current thesis outlined three approaches to parenting self-efficacy (i.e., level, strength, and as a moderator) to provide insights into how mothers deal with challenges in the parenting domain. Previous research has often studied level in mediation models (see in Figure 2) as a result of Teti and colleagues’ (1996) conceptual model of parent and child factors that impact parenting behavior via parenting self-efficacy, which was based on Bandura’s (1977) notion that factors impact behavioral outcomes via self-efficacy.

![Figure 2. Expanded conceptual model based on Teti, O’Connell, and Reiner (1996). The numbers in this figure refer to the specific chapters in which the factors were examined.](image-url)
This focus on level in mediator models has left the strength feature of self-efficacy and moderation mechanisms relatively understudied. The current thesis’ exploration of level, strength, and the moderating role of parenting self-efficacy provided additional insights into the operationalization and usability of these approaches and their importance for understanding to what extent some mothers feel that they can handle parenting challenges and difficulties that may be experienced as insurmountable by other mothers. Chapter 2 (see \( \text{Fig. 2} \)) reported a small effect of prenatal parenting self-efficacy on having a second child, and no indirect effect of prenatal mood symptoms on having a second child via prenatal parenting self-efficacy. An explanation for these findings could be that either parenting self-efficacy is not the candidate factor to examine in relation to having additional children, or that the examination of level and mediation does not provide enough insight into the underlying mechanisms. The conceptual model in Figure 2 shows that the hypothesized mediation model of level of parenting self-efficacy provides some insight into why some mothers may feel up to the task of parenting two young children, but does not include more nuanced ways of assessing why some mothers may have more confidence in their skills and abilities to parent successfully than others and how this may relate to having a second child. An individual’s level of self-efficacy is measured against how difficult that person judges the task (Bandura, 1997). An easy task results in high self-efficacy for most people, however, if the task demands increase individual differences in self-efficacy can become clear. For a difficult task, some people may still hold positive thoughts about their capabilities (i.e., high self-efficacy) where others may be less convinced about their capabilities to be successful on the task (i.e., low self-efficacy). Mothers judge the level of their parenting self-efficacy against how difficult they judge the demands of parenting to be. Level of parenting self-efficacy may provide insight into how mothers judge their parenting self-efficacy against their own perception of how hard parenting is, however, it does not provide much insight into why some mothers still perceive themselves as efficacious under difficult parenting circumstances whereas other mothers decrease in their parenting self-efficacy under similar circumstances. Studies on strength in parenting self-efficacy provide insight into the characteristics of mothers who can handle challenges in the parenting domain better than others. For example, more positive perceptions of infant crying (Verhage et al., 2013) and employment of single mothers (Jackson & Huang, 2002) contribute to more increase or less decrease in parenting self-efficacy. Also, a study by Kunseler, Oosterman, De Moor, Verhage, and Schuengel (2015) showed that there was no difference in parenting self-efficacy for abused women measured before a parenting task as well as after predominantly positive experiences; however, only after predominantly negative experiences it became apparent that abused women decreased more in parenting self-efficacy than non-abused mothers. Studying why some mothers are more positive or decrease less
in their perceived efficaciousness as a parent in the face of parenting difficulties than other mothers, instead of merely assessing how high or how low parenting self-efficacy is, may give better insights into why some mothers feel more equipped to take on the challenging task of parenting two young children than other mothers.

Chapter 3 provided an investigation of verbal persuasion and performance feedback to explain why some mothers are better able to deal with parenting challenges whereas other mothers feel less confident in the parenting role. Using a computer task, parents were subjected to two trials of cry sounds. In the first trial, parents listened to cry sounds and had to correctly interpret the meaning of the cry, after which parents received either positive or negative verbal persuasion and subsequently rated their parenting self-efficacy. In the second trial, parents listened to cry sounds and had to choose the appropriate response to stop infant crying. After each cry sound parents received a green or red smiley as part of a preset ratio of success and failure experiences (20%, 40%, 50%, or 80% success experiences) and rated their parenting self-efficacy after all cry sounds. The combined effect of positive or negative verbal persuasion and one of four preset ratios of success and failure experiences (20%, 40%, 50%, and 80% success experiences) was tested on changes in parenting self-efficacy (see 3 in Figure 2). Results indicated that positive verbal persuasion followed by 20% success experiences resulted in the largest decline in parenting self-efficacy. The findings of this study added to existing studies on processes involved in strength or weakness in parenting self-efficacy. Also, this study explored two important sources of self-efficacy beliefs, namely verbal persuasion and performance feedback (Bandura, 1977), showing that (a combination of) these sources for parenting self-efficacy are both relevant. Chapter 4 provided a different operationalization of strength in parenting self-efficacy (see 4 in Figure 2) by considering the combined effect of two factors salient (i.e., family conflict and self-control) in that sample (i.e., mothers with a history of secure residential care). Family conflict was negatively associated with parenting self-efficacy, except for mothers with high self-control. This suggests that despite the challenge of having to deal with family conflict, high self-control may make parenting self-efficacy stronger whereas low self-control may make parenting self-efficacy weaker against the deleterious impact of family conflict. This study contributed to parenting self-efficacy research by exploring the understudied approaches of a moderator variable that impacted parenting self-efficacy indirectly. Both Chapter 3 and 4 investigated strength in parenting self-efficacy using two different operationalizations and demonstrated the importance of including moderator variables when studying the effect of parent and child factors on parenting self-efficacy or parenting self-efficacy changes, as the effect of parenting challenges on parenting self-efficacy may differ based on characteristics of the mother, child, or situation.
Chapter 5 considered the role of parenting self-efficacy as part of a resilience mechanism in parenting. According to Bandura (1977; 1997), self-efficacy beliefs are complexly determined, meaning that parenting self-efficacy is part of a larger context, not only a gateway for parenting outcomes. Parenting self-efficacy was tested as a moderator for the effect of partner dissatisfaction on infant-mother attachment. Results showed that greater parent dissatisfaction was associated with infant-mother quality based on high and low levels of parenting self-efficacy. This study indicated that parenting self-efficacy can be considered part of the parenting domain not only as a gateway for social-contextual factors on parenting behavior, but as a factor that may strengthen or weaken the effect of other factors on parents and children. This mechanism had not been included in Teti and colleagues’ (1996) conceptual model of parenting self-efficacy; this thesis demonstrated that it is a crucial mechanism to consider for gaining a better understanding of resilience and vulnerability in challenging parenting situations.

**Strengths and Limitations**

This thesis contributed to parenting self-efficacy theory by focusing on understudied approaches (i.e., strength and the moderating role) of parenting self-efficacy mechanisms in challenging parenting situations. A strength of this thesis is that various methodological approaches were used to study parenting resilience in the face of challenges. In Chapter 2, several questionnaires on psychosocial experiences with first-time motherhood, such as childbirth, mood symptoms, parenting self-efficacy, and child temperament, were administered throughout pregnancy of the first child and after birth and, then, related to whether mothers decided to have a second child two years after birth of the first child. In Chapter 3, a computerized parenting task was used in which parents were randomly assigned to different conditions thought to differentially impact their parenting self-efficacy. Experimental approaches targeting parenting self-efficacy are relatively novel, although, group randomized experiments have received more attention. For example, a group randomized experiment by Roskam, Brassart, Loop, Mouton, and Schelstraete (2015) showing that enhancing parenting self-efficacy positively affected more features of difficult child behavior than enhancing parental verbal responsiveness. Experimentally controlled parenting studies are crucial for the investigation of the impact of theorized risk and protective factors in relative isolation of other intervening variables, which may contribute to the efficaciousness of parenting interventions (Leijten et al., 2015). In Chapter 4, three questionnaires were used in a difficult-to-reach sample to investigate risk and resilience despite parenting challenges that were salient in that specific sample. Chapter 5 used mixed methods of questionnaires and an observational measure to assess the impact of a challenging partner relationship on the quality of the mother-child relationship. Another
strength is that the four studies that form this thesis were conducted within various populations. As can be seen in Table 2 in the Introduction, the study in Chapter 2 was conducted in a low-risk cohort study of first-time mothers who were followed from pregnancy to toddlerhood. The sample in Chapter 3 consisted of mothers and fathers (although parental gender comparisons could not be made) of a low-risk sample. The study in Chapter 4 was conducted in a high-risk sample of mothers with a history of institutionalization for severe psychosocial problems during adolescence. In Chapter 5, the sample was comprised of low-risk and at-risk mothers. By studying different approaches to parenting self-efficacy (i.e., level, strength, and as a moderator) in different populations using different methods, the current thesis demonstrates the wide applicability of parenting self-efficacy as a concept.

A limitation of this thesis is that bidirectional effects were not taken into account. According to Bandura (1997), personal factors, behavior, and environmental factors impact each other over time. Kunseler, Willemen, Oosterman, and Schuengel (2014) demonstrated this in a bidirectional model of anxiety symptoms, depressive symptoms, and parenting self-efficacy that affect each other in the transition to parenthood. The studies in this thesis did not allow testing of directional causal hypotheses. A second limitation is that this thesis applies to mothers’ parenting self-efficacy, not fathers’. There are differences in parenting self-efficacy mechanisms between mothers and fathers, which limit generalizability of the current findings to all parents. For instance, Hudson, Elek, and Fleck (2001) reported that fathers had significantly lower infant care self-efficacy at 4, 8, 12, and 16 weeks after birth that increased up to 12 weeks compared to an increase to 16 weeks for mothers. Gross and Tucker (1994) reported that paternal parenting self-efficacy was not associated with depressive symptoms whereas for mothers it was. Sevigny and Loutzenhiser (2009) demonstrated that fathers’ parenting self-efficacy was related to parenting stress and relationship factors whereas mothers’ parenting self-efficacy was related to general self-efficacy and relationship factors. Hypotheses in this thesis would need to be tested among fathers as well. A third limitation is that predictors of strength in parenting self-efficacy were studied, however, not in association with parenting outcomes. It would be informative for the parenting intervention field to know more about the short-term and long-term effects of strength and weakness of parenting self-efficacy for parents and children. A fourth limitation is that, as seen in Figure 2, parenting self-efficacy is part of a larger conceptual model; however, studies often investigate parts of this model. Although studying parts of this model first to investigate the separate mechanisms is a logical step, parenting self-efficacy research would benefit from testing path models to better approach the complexity of parenting and parenting challenges. This General Discussion has argued that not only level in mediation models but strength and moderation are also important
to investigate to better understand resilience in parenting. However, in a more complex model changes in parenting self-efficacy may still mediate social-contextual factors on parenting outcomes and this may be different for some mothers compared to others.

**Directions for Future Research**

Bandura (2005b) stated that, “because efficacy strength incorporates efficacy level as well as gradations of certainty above any threshold value, efficacy strength is generally a more sensitive and informative measure than efficacy level” (p. 314). Parenting self-efficacy research may benefit greatly from a move from level assessed in mediation models to resilience processes and moderation models. Studies on level of parenting self-efficacy may conceal the fact that there could be differences between mothers in how confident they feel about themselves in the parenting role in a challenging parenting situation. Parenting challenges come in all shapes and sizes and may become increasingly difficult at times (e.g., terrible twos, toilet training, the transition to school, child emotional and behavioral difficulties). Parenting is a dynamic process involving parents, children, other adults, institutions (e.g., child care or school), and the broader environment (Belsky, 1984). Parenting may thus be seen as a complex of changing dimensions, in which mothers need to navigate and balance their resources with the final goal of raising a socially competent and self-reliant adult. Taking this perspective in mind, assessing how much confidence a mother has in herself as a parent at a given moment in time is an important first step, especially when applying parenting self-efficacy theory to less explored research fields (e.g., stepfamilies or kindergarten teachers). However, crucially, this thesis demonstrated that, after this first assessment of level, parenting self-efficacy should be assessed based on the notion that parents’ confidence in themselves as a parent is part of a larger dynamic of factors that influence each other in multiple ways. Relative understudied approaches to parenting self-efficacy may provide important insights into the dynamics of parenting and, consequently, provide more attuned information which is crucial to assist stressed mothers in challenging parenting situations.

In this General Discussion, it was argued that more knowledge on how and why mothers respond differently to challenges in parenting and parenthood may provide better predictions of how mothers will respond to novel and future challenges than studies on how high parenting self-efficacy is. Future research on parenting self-efficacy would therefore benefit from assessing the characteristics of strength in parenting self-efficacy of mothers in challenging parenting situations and, subsequently, should test whether they also do well in a novel stress-inducing parenting situation. There is one study, by Verhage and colleagues (in press), that found that mothers with a larger decline in parenting self-efficacy during a challenging task
during pregnancy also were more vulnerable to larger declines of parenting self-efficacy in response to their own babies’ difficulty. More knowledge should be obtained on the long-term advantages of resilient parenting self-efficacy beliefs which help to understand why some mothers face and seek more challenges in parenting whereas others are more hesitant to subject themselves to hurdles and obstacles. In line with this, it could be important to include level and strength in parenting self-efficacy research as it is largely unknown whether changes from high baseline levels would be more meaningful than from low baseline levels or the other way around in relation to risk and protective factors salient in that sample (Luthar et al., 2006).

The use of an experimental approach is advantageous as it holds the demands of the task stable, making it possible to study individual difference in response to the same stimuli. However, there are other factors that may vary that were not taken into account in Chapter 3, which can in part explain the variability in change of parenting self-efficacy for mothers exposed to positive verbal persuasion in combination with predominant failure experiences. For instance, mothers may have varying levels of social support, which can be considered an important factor to consider as it may limit the negative effect of challenges (Cohen & Ashby Wills, 1985; Robles, Slatcher, Trombello, & McGinn, 2014).

Currently, little is known about the development of parenting self-efficacy and thus also about what prenatal parenting self-efficacy encompasses. Leerkes and Burney (2007) found that remembered maternal warmth impacted mothers’ prenatal parenting self-efficacy via self-esteem and experiences with other children directly impacted prenatal parenting self-efficacy. Also, Kunseler and colleagues (2014) found that prenatal depressive and anxiety symptoms were associated with prenatal parenting self-efficacy. More research should explore whether prenatal parenting self-efficacy is more a trait-like factor that may actually represent self-esteem and how it develops over time, maybe even from before pregnancy.

Bandura (1977) stated that four sources of self-efficacy are important (i.e., performance feedback, emotional arousal, vicarious experiences, and verbal persuasion). Chapter 3 explicitly considered the role of performance feedback and verbal persuasion; however, the exploration of other sources is to be recommended as well. According to Kunseler and her colleagues (2015), mothers may be more inclined to use vicarious experiences when challenged by a difficult baby. A more distinct investigation of the sources of self-efficacy is important for future research on parenting self-efficacy.
Within the parenting domain, researchers have differentiated between three types of operationalization of parenting self-efficacy (Jones & Prinz, 2005). The first operationalization is general parenting self-efficacy, which refers to a broad sense of competence in oneself as a parent. The second is task-related or task-specific parenting self-efficacy, which also refers to global parenting self-efficacy by assessing parenting self-efficacy over multiple parenting tasks such as disciplining the child, feeding, and toilet training. The third operationalization is narrow-domain parenting self-efficacy, which only focuses on one parenting task. Besides level and strength, differentiating between general parenting self-efficacy or parenting self-efficacy with regard to a specific task may also be informative to explicitly study with regard to causality and whether parenting self-efficacy is a predictor or an outcome (see Table 1 of the Introduction).

**Practical Implications**

The findings from Chapter 3 indicated that verbal persuasion with regard to parenting skills was able to change parents’ parenting self-efficacy. Positive verbal persuasion seemed to increase parenting self-efficacy, crucially however, subsequent predominance of failure experiences after positive verbal persuasion resulted in the largest decline in parenting self-efficacy. Although in general high parenting self-efficacy has been associated with positive parent and child outcomes (Coleman & Karraker, 1998; Jones & Prinz, 2005), the negative effects of too high or unrealistic parenting self-efficacy have been demonstrated by several studies (Donovan, Leavitt, & Taylor, 2005; Donovan et al., 1990; Wilson, Gettings, Guntzviller, & Munz, 2014). Chapter 3 complemented previous findings by demonstrating that verbally enhanced parenting self-efficacy beliefs may actually destabilize parenting self-efficacy. The combination of the newly instilled expectations of themselves as a competent parent may put parents who encounter many difficulties at home at risk for experiencing decreases in parenting self-efficacy. An important implication is that practitioners should be careful using verbal encouragement and persuasion as a tool to enhance parenting self-efficacy. Professionals would rather guide the process of exposure to challenges which would have to include verbal encouragement for parents to practice newly acquired parenting skills and techniques and, crucially, make sure parents manage their failures by helping them recover from setbacks (Bandura, 2005a).

In Chapter 4 it was demonstrated that mothers with a history of secure residential care in adolescence are at risk for experiencing lower parenting self-efficacy due to more family conflict, however, if mothers had high self-control their parenting self-efficacy was not impacted. The concept of self-control has not received much attention in parenting research,
and even less in combination with parenting self-efficacy, but holds much promise with regard to intervention efforts. In high-risk samples, early interventions for girls have been successful with increased levels of self-control and decreased delinquency problems (Piquero, Jennings, & Farrington, 2010) and even affected a broader range of developmental domains, such as physical and emotional factors (Diamond & Lee, 2011). Even for high-risk adult women intervention on self-control may help parenting self-efficacy as in low-risk samples self-control has been found malleable (Baumeister, Gailliot, DeWall, & Oaten, 2006) and high-risk women have been found more sensitive to self-control interventions than men (Piquero et al., 2010). Chapter 4 points towards the relevance of including self-control elements (e.g., attention, inhibition, and working memory; Deater-Deckard, Chen, Wang, & Bell, 2012; Deater-Deckard, Sewell, Petrill, & Thompson, 2009; Deater-Deckard, Wang, Chen, & Bell, 2012) in parenting interventions, which is in line with Luthar, Sawyer, and Brown’s (2006) suggestion that studies on resilience in at-risk samples should be aimed at risk and protective factors that are malleable for the purpose of including them in interventions.

The findings from Chapter 5 demonstrated the importance of taking into account the mother’s perception of satisfaction derived from the relationship with her partner and how this, in combination with different levels of parenting self-efficacy, impacts the relationship with her child. Chapter 5 pointed towards the role of greater partner dissatisfaction and different levels of parenting self-efficacy for an avoidant infant-mother relationship. Importantly, partner dissatisfaction and parenting self-efficacy were associated with avoidance in infants without an assumed direction of effects, therefore, many other factors should be taken into account for intervention efforts aimed at attachment security as an outcome (e.g., sensitive parenting behavior; Bakermans-Kranenburg, van IJzendoorn, & Juffer, 2003). Organized insecure patterns of attachment have been said to be the result of “good enough” parenting (George & Solomon, 2008). However, whether parenting can be labeled “good enough” also has moral and social ramifications (Taylor, Spencer, & Baldwin, 2000). The complexity of operationalizing good enough parenting is reflected by empirical evidence demonstrating that health care professionals were well capable of recognizing poor and good parenting, but good enough parenting was hard to determine (Taylor, Lauder, Moy, & Corlett, 2009). Also, Dutch youth services and protection guidelines for problematic attachment (i.e., organized insecure and disorganized attachment; De Wolff, Dekker-van der Sande, Sterkenburg, & Thoimes-Vreugdenhil, 2014) state that for disorganized attachment intervention is indicated, but while organized insecure attachment patterns in children can be described as unfavorable, on its own the potential benefits of intervention may not justify the risks and costs involved. They also describe that children with problematic attachment may show different symptoms, which may
play a role in receiving intervention. Some children may direct their feelings of insecurity inwards, showing little problem behavior but being less aware of the feelings they experience. However more often, children with problematic attachment show overt symptoms by being, among other things, controlling, demanding, dominant, aggressive, or manipulative. The Dutch guidelines state that in case of problematic behavior, professionals should be aware of problematic attachment. It seems that when observing problematic child behavior, starting an intervention for organized insecure patterns of attachment may be obvious to professionals, however, families of children with internalizing problems may not find their way to professional support so easily. In sum, clear guidelines of what good enough parenting constitutes are not available and good enough parenting is difficult to observe by practitioners. Also, mothers of avoidant infants are not the type of mothers that readily seek help due to their defensive strategies (Vogel & Wei, 2005). At this point, professional support aimed to support mothers and children of organized insecure dyads may be most practicable for children showing overt problem behavior.

A recommendation for parenting interventions that include parenting self-efficacy measures is to not only assess parenting self-efficacy increases from baseline to after treatment and follow-up, but to analyze when parents change over time (moderators) and whether decreases of parenting self-efficacy from after treatment to follow-up were related to characteristics of the parents, child, or environment. This information would provide detailed information on factors to target with the aim to not only reach high levels but maintain high levels of parenting self-efficacy beliefs.

**General Conclusion**

The aim of this thesis was to contribute to a better understanding of mothers who are able to feel confident in themselves as a parent despite challenges, obstacles, and hurdles compared to mothers who may feel discouraged or dispirited facing similar challenges. Level, strength, and the moderating role of parenting self-efficacy were tested and the findings suggested that including moderator effects on and of parenting self-efficacy widens perspectives on coping of and resilience in stressed parents. Together, the four studies that form this thesis provide evidence for the suggestion that level of parenting self-efficacy can provide valuable information and thus collecting assessments of how high or low parenting self-efficacy levels are is a crucial first step. Moreover, this thesis argued that an investigation of the role of parenting self-efficacy in resilience processes may provide more attuned information and a better prediction of the way mothers handle parenting difficulties. Knowledge on why some mothers can handle the challenges of parenting difficulties whereas others feel helpless and
overwhelmed by the demands of parenting seems crucial with regard to subsequent challenges inevitable in parenting. This thesis contributed to a broader perspective on parenting self-efficacy by including moderator effects that are important to include in parenting self-efficacy research and consider in parenting interventions.