general introduction
Parents’ convictions about their own abilities to parent successfully (i.e., parenting self-efficacy) have been recognized as a core component of parental functioning as well as optimal context for child development (Coleman & Karraker, 1998; Jones & Prinz, 2005). The concept of parenting self-efficacy has been widely accepted in the field, including in interventions aimed to support mothers and children in challenging parenting situations (Evans et al., 2003; Gross, Fogg, & Tucker, 1995; Hoza et al., 2000; Miller-Heyl, MacPhee, & Fritz, 1998; Sanders & Woolley, 2005; Sanders, 2008; Sanders, Montgomery, & Brechman-Toussaint, 2000; Sofronoff & Farbotko, 2002; Spoth, Redmond, Haggerty, & Ward, 1995; Tucker, Gross, Fogg, Delaney, & Lapporte, 1998). Despite a large body of evidence suggestive of beneficial effects of high levels of parenting self-efficacy for mothers and children, questions remain about how individual differences in mothers’ confidence in their parenting skills help shape motherhood experiences and the circumstances under which mothers are able to remain positive about their functioning in this role despite the challenges that parenting may present. The remaining gaps in our knowledge on parenting-related resilience concerns important individual differences in parenting self-efficacy, such as in level, and in strength (Bandura, 1977), and the various roles played by these individual differences (Coleman & Karraker, 1998). The current thesis turns the kaleidoscope not only on level, but also on strength and the moderating role of parenting self-efficacy in various challenging parenting situations.

Parenting self-efficacy as a concept is derived from Bandura’s social cognitive theory (1977). According to Bandura (1997), self-efficacy, “defined as beliefs in one’s capabilities to organize and execute the courses of action required to produce given attainments” (p. 3), affects behavior through motivational, cognitive, affective, and selective intervening processes. Bandura (1997) distinguished between three features of self-efficacy beliefs: generality, level, and strength. The feature generality refers to how capable people may judge themselves across a wide range of domains (Bandura, 1997); this feature was not addressed in this thesis given our specific interest in the parenting domain. The feature level of self-efficacy is used to describe someone’s perceived capability measured against the (perceived) level of task demands (Bandura, 1997). The feature strength of self-efficacy refers to persistence of belief in capabilities despite failures and setbacks (Bandura, 1997), or in other words self-efficacy beliefs that remain high in the face of obstacles. This chapter will discuss level and strength of self-efficacy within the context of complex models regarding parenting and parenthood.

**Level of Parenting Self-Efficacy**

People with higher levels of self-efficacy beliefs are more inclined to successfully deal with difficulties and set more challenging goals for themselves, whereas people who feel inefficacious tend to avoid threatening situations (Bandura, 1977). Parents with low parenting
self-efficacy have been found to be less involved in parenting, for instance in helping children with their homework or participation in children’s activities, and to be less aware of their children’s whereabouts (Jones & Prinz, 2005). While some degree of parenting self-efficacy may be involved in deciding to have a first child (Bruning & McMahon, 2009), even a greater challenge than parenting one child is to parent two young children (Gameiro, Moura-Ramos, & Canavarro, 2009; Kohler, Behrman, & Skytthe, 2005). Mothers who plan to have two or more children within two years after birth of the first child may therefore be hypothesized to feel more up to the task of parenting than mothers planning only one child, but it is to this point unknown whether this is really the case and how this association holds up against the many other factors that are likely to play a role.

Besides having direct effects, parenting self-efficacy may mediate the impact of psychosocial and contextual factors on behavioral outcomes (Bandura, 1977). For example, Teti and Gelfand (1991) found that the number of depressive symptoms showed a negative association with parenting competence, which was mediated by the level of parenting self-efficacy. Reversed models have also been proposed, from negative child behavior to maternal mood problems via low levels of parenting self-efficacy (Cutrona & Troutman, 1986; Hastings & Brown, 2002). There have also been studies that failed to find a mediation effect (e.g., Corapci & Wachs, 2002). Nevertheless, Teti, O’Connell, and Reiner (1996) proposed a conceptual model in which parenting self-efficacy functions as a gateway for the effects that mother, child, and contextual factors may have on parenting outcomes. Therefore, Chapter 2 of this thesis tests a mediation model via parenting self-efficacy of the effect of mood symptoms (i.e., depressive and anxiety symptoms, including pregnancy related anxiety), birth experiences, and perceived child temperament on having a second child by the time that the first child was two-years-old.

Importantly, parenting self-efficacy can be assessed during pregnancy. Prenatal parenting self-efficacy has been associated with postnatal parenting self-efficacy and mood symptoms in the transition to parenthood (Kunseler, Willemen, Oosterman, & Schuengel, 2014; Leerkes & Burney, 2007; Porter & Hsu, 2003; Verhage, Oosterman, & Schuengel, 2013; Zayas, Jankowski, & McKee, 2005). With regard to prenatal parenting self-efficacy, Leerkes and Burney (2007) found that prenatal parenting self-efficacy partially mediated the relation between self-esteem and postnatal parenting self-efficacy, but not for prenatal depressive symptoms to postnatal parenting self-efficacy. By including postnatal as well as prenatal assessments, Chapter 2 provides more insight into psychosocial experiences with first-time pregnancy and motherhood, fostering our understanding of mothers who may feel less competent to face the challenge of expanding the family beyond the first child.
Strength of Parenting Self-Efficacy

Another approach to challenges in the parenting domain is to explore the feature strength of self-efficacy beliefs (Bandura, 1977; 1997). Strong self-efficacy beliefs are thought to determine whether people persevere during difficult times and exert coping efforts despite obstacles whereas people with weak self-efficacy become discouraged more easily when confronted with challenges that tax their capabilities (1977; 1997), irrespective of the starting level of their self-efficacy. As Bandura (1989) stated, obstacles, frustration, failure, and hurdles are inevitable in life, and therefore self-doubt is at some point unavoidable. The question therefore becomes relevant to what extent short-term or long-term dynamic changes in parenting self-efficacy can be observed in response to difficulties and strains that presumably could give rise to such doubts.

Strength (e.g., Luszczynska, Scholz, & Schwarzer, 2005), changes (e.g., Lorig, Chastain, Ung, Shoor, & Holman, 2005), malleability (e.g., Gist & Mitchell, 1992), robustness (e.g., Cervone & Wood, 1995; Stone, 1994), vulnerability (e.g., Ozer & Bandura, 1990), and resilience (e.g., Verhage et al., 2013) of self-efficacy are all terms in various research fields that have been used to describe how challenges affect self-efficacy and to what extent strain and difficulty affects self-efficacy. Research on the circumstances under which self-efficacy remains high or decreases gives a better understanding of situations in which problems are perceived as exceeding one’s abilities to cope. This strength feature of self-efficacy may provide more insight into resilience of parenting and therefore deserves more attention in parenting research (Luthar, Sawyer, & Brown, 2006). Luthar and colleagues (2006) emphasized that “in future research it must be a priority to understand how parents, particularly mothers who are usually primary caregivers, are able to do well despite considerable odds” (p. 111).

Strength in parenting self-efficacy has been assessed in several ways, and not always specifically from a resilience perspective. The first example of such an approach is that some studies have measured parenting self-efficacy at multiple time points with an experiment or questionnaires. Then, correlates of change in parenting self-efficacy between time points were investigated. An example is a study by Verhage and colleagues (2013) who assessed changes in parenting self-efficacy across three time points using a parenting task in which pregnant women had to choose the “correct” response to stop infant crying. Feedback was manipulated, resulting in 80% success during the first trial of cries and 80% failure during the second trial. Results indicated that the amount of decrease in parenting self-efficacy from the first to the second trial was associated with mothers’ negative perceptions of infant crying. Another example comes from a study using the same experiment as Verhage and colleagues (2013). Kunseler, Oosterman, De Moor, Verhage, and Schuengel (2015) found
that decreases in parenting self-efficacy after the second trial of 80% failure were related to reports of childhood abuse, suggesting abused mothers had less resilient parenting self-efficacy beliefs. An example of multiple measures over time is a study by Jackson and Huang (2002), who showed that an increase of single mothers’ self-efficacy was associated with being employed. Bryanton, Gagnon, Hatem, and Johnston (2008) found that an increase in parenting self-efficacy from 1-2 days after giving birth to 1 month postpartum was associated with positive perceptions of child birth. Both types of studies (i.e., experiment and questionnaires) demonstrated that changes in self-efficacy beliefs in the parenting domain can be associated with other factors (e.g., negative perceptions of infant crying, childhood abuse, employment, child birth), and thus parenting self-efficacy beliefs can become less resilient in response to difficulties. Chapter 3 of this thesis describes an experimental approach for operationalizing strength in parenting self-efficacy. Bandura (1977) stated that parenting self-efficacy beliefs are formed by performance feedback, verbal persuasion, vicarious experiences, and emotional arousal. Thus far, there are no studies on the relative impact of these sources on parenting self-efficacy and how these sources may contribute to strength or weakness in parenting self-efficacy beliefs. Chapter 3 explored the relative impact of verbal persuasion and performance feedback by using a simulated cry response task. In doing so, this chapter contributed to more insight into the relative contribution of different self-efficacy sources to strength in (parenting) self-efficacy as well as to parenting-related resilience more generally.

A second approach to study strength in parenting self-efficacy is to investigate the moderation of risk and protective effects on parenting self-efficacy. This approach is in line with Teti and colleagues’ (1996) description of “double jeopardy” (p. 244); two risk factors in combination may especially place mothers at risk for experiencing low parenting self-efficacy, even more so than the sum of the independent effects of those risk factors. An example of this mechanism comes from a study by Leerkes and Crockenberg (2002), who showed that infant difficulty impacted parenting self-efficacy negatively, but not for mothers who experienced their child as easy to soothe. According to Luthar and colleagues (2006), it is crucial to study risk and protective factors that are salient in a particular context, given the fact that separate factors and mechanisms are thought to be at play in low-risk and high-risk samples. Chapter 4 assesses a protective and risk factor that would be salient for risk populations, that is the combination of family conflict and self-control as a predictor of parenting self-efficacy of mothers with a history of secure residential care. Chapter 3 and 4 both contribute to a better understanding of strength in parenting self-efficacy using two approaches that investigated, first, the combined impact of verbal persuasion and performance feedback on change in parenting self-efficacy and, second, parenting self-efficacy as predicted by the interaction of a risk and protective factor.
Parenting Self-Efficacy as a Moderator

Importantly, people are not just part of and defined by social structures. People are active agents who shape their environment (Bandura 1997). People exercise control over what they do, which is part of what Bandura (1997) described as “triadic reciprocal causation” (p. 6). This means that there is a mutual effect between someone’s behavior, personal characteristics, and environmental factors (Bandura, 1986; 1997). Thus, parenting self-efficacy beliefs are not solely affected by intra- and interpersonal factors, but together with other factors parenting self-efficacy helps shape motherhood experiences and mother-child relationships.

The early review on parenting self-efficacy by Coleman and Karraker (1998) concluded that parenting self-efficacy could exacerbate or ameliorate the effect of environmental difficulties on mothers and children. This sparked research investigating the moderating role of parenting self-efficacy in the relation between interpersonal factors and parents and children. Kwok and Wong (2000) found that parenting self-efficacy moderated the effect of parenting stress on parents’ mental health. Also, Hastings and Brown (2002) found that for fathers of autistic children, low parenting self-efficacy exacerbated the negative effect of child behavior problems on their anxiety symptoms whereas high parenting self-efficacy seemed to ameliorate this negative effect.

More specifically, parenting self-efficacy may be especially important for the quality of the mother-child relationship when the parenting environment is perceived as stressful, as “stressful circumstances draw more heavily on all parental resources, including those of a cognitive nature; therefore, logically one would expect that, under duress, self-efficacy would exert a greater influence on parenting quality” (Coleman & Karraker, 1998, p. 62). Evidence suggests that having an unsupportive partner is highly important for the quality of the infant-mother attachment relationship (e.g., Atkinson et al., 2000), however, no studies have yet investigated the synergetic effects of partner relationship dissatisfaction and parenting self-efficacy on infant-mother attachment. To our knowledge, there is one study that examined the buffering role of parenting self-efficacy in the association between risk factors and parenting behavior. Leerkes and Crockenberg (2002) found that mothers who rated their infant’s behavior as more difficult were more sensitive when their parenting self-efficacy was moderately high and less sensitive when their parenting self-efficacy was low or extremely high (which was argued to be maladaptive). Chapter 5 of this thesis examines whether high parenting self-efficacy may ameliorate the negative effect of partner relationship difficulties on the quality of infant-mother attachment relationship and whether low parenting self-efficacy may exacerbate this effect. Chapter 5 thus contributes to a better understanding of
risk and resilience mechanisms associated with infant attachment, which is important given the possible negative effects of an insecure infant-mother attachment on child development (Fearon, van IJzendoorn, Bakermans-Kranenburg, Lapsley, & Roisman, 2010; Groh, Roisman, van IJzendoorn, Bakermans-Kranenburg, & Fearon, 2012; Groh et al., 2014).

This thesis aims to broaden the scope of research on parenting self-efficacy by investigating the level, strength, and the moderating role of parenting self-efficacy in challenging parenting situations. Importantly, parenting challenges come in all shapes and sizes, therefore, a better understanding of why some mothers are better able to deal with parenting dilemmas and obstacles than other mothers requires research designs tailored to investigate hurdles and advantages salient in that specific context (Luthar et al., 2006).

**Conceptual Model of Parenting Self-Efficacy**

As mentioned before, parenting self-efficacy has been amply studied in mediator models, usually with a single assessment of the level of parenting self-efficacy. A focus on level of parenting self-efficacy in mediator models has been a consequence of the conclusion drawn by Teti and colleagues (1996) that parenting self-efficacy functions as a “final common pathway” (p. 237) for parenting behavior (see 2 in Figure 2). Teti and colleagues (1996) also noted a moderator effect of social-contextual factors on the association between parent and child factors and parenting self-efficacy (see 3 in Figure 2) as part of their conceptual model (see Figure 1, in black), however, this moderator effect remains relatively understudied. As argued in this Introduction, besides the level of self-efficacy assessed in a mediator model, the feature strength of parenting self-efficacy and parenting self-efficacy as a moderator are thought to provide important information and thus demand further attention. Chapter 2 (see 2 in Figure 2) investigates prenatal and postnatal parenting self-efficacy as a direct predictor and mediator of mood symptoms, birth experiences, and perceived child temperament on whether mothers had or wanted a second child two years after birth of the first child. Therewith, Chapter 2 applied the more often used mediator model to a novel outcome (i.e., family size). Chapter 3 (see 3 in Figure 2) included an experimental approach to strength of parenting self-efficacy in parents subjected to either positive or negative verbal persuasion and subsequently either 20%, 40%, 50%, or 80% success experiences in a cry response task. An experiment to study strength of parenting self-efficacy is an underused but valuable approach to parenting-related resilience. Chapter 4 (see 4 in Figure 2) uses an ecological perspective to examine the moderating role of maternal self-control in the association between family conflict and parenting self-efficacy of high-risk mothers. Chapter 4, as Chapter 3, also tests the relatively underexplored strength feature of parenting self-efficacy. Chapter 5 (see 5 in Figure 2) investigated the potential
buffering role of parenting self-efficacy on infant attachment security in the face of partner relationship dissatisfaction, thereby expanding (see Figure 1, in grey) Teti and colleagues’ (1996) conceptual model of parenting self-efficacy.

**Parenting Self-Efficacy Research**

The different approaches to explore parenting self-efficacy in challenging parenting situations as done in this thesis (i.e., mediation of level, strength, and parenting self-efficacy as a moderator) relate to different research questions, although this distinction has not always been clearly made by previous researchers. Studies on level of parenting self-efficacy have emerged quickly and covered much ground, evidenced by a review of Jones and Prinz (2005) on the abundance of correlates associated with parenting self-efficacy, possibly also due to the easy administration of questionnaires. Subsequently, many studies have focused on testing main effects of parenting self-efficacy on parenting outcomes in mediation models (e.g., Hastings & Brown, 2002). In doing so, studies on mediation models (Frazier, Tix, & Barron, 2004) using main levels of parenting self-efficacy explain the relation between a predictor (e.g., depressive symptoms) and an outcome (e.g., parenting behavior). This more commonly used approach may have led to a relative lack of attention to other important combinations of features of parenting self-efficacy (i.e., level and strength; Bandura, 1997), causality (i.e., mediation and moderation), and whether parenting self-efficacy is assessed as an outcome or predictor. More explicit consideration of these additional approaches is crucial with regard to the research question and would enhance parenting self-efficacy theory as well as the applicability of empirical findings in clinical practice (Jones & Prinz, 2005).

A growing number of studies have included multiple measures of parenting self-efficacy, using questionnaires (e.g., Zayas et al., 2005) as well as experiments (e.g., Verhage et al., 2013) to understand the circumstances under which parenting self-efficacy changes. These studies have focused on the strength feature of parenting self-efficacy, addressing the question of changes...
in parenting self-efficacy as a result of changes in stimuli or experiences and thereby gaining a better understanding of the strain parenting self-efficacy beliefs can or cannot endure. Compared to questionnaires, using a controlled test setting by subjecting women to the same challenges offers the opportunity to investigate the effect of women's individual differences, which would be difficult to achieve in a natural setting as the challenges women run into may differ in, for example, exertion or threat (Bandura, 1997). Two studies (Kunseler et al., 2015; Verhage et al., 2013) indicate that an experimental approach to strength of parenting self-efficacy reveals unique and relevant insights. Both studies used the same experiment; pregnant women were first subjected to a trial run of 80% success experiences in trying to soothe a crying infant, and, second, a trial run of 80% failure experiences. Decreases in parenting self-efficacy from predominant success to predominant failure experiences were related to more negative perceptions of infant crying (Verhage et al., 2013) and to whether women had experienced child abuse (Kunseler et al., 2015). Importantly, Kunseler and colleagues (2015) did not find a difference between abused and non-abused women in level of parenting self-efficacy after 80% success or using questionnaires, suggesting that meaningful individual differences may exist between women that are measurable specifically when exposed to difficulties or challenges. This experimental approach seems to be a fruitful way to tap into factors explaining why some mothers' parenting self-efficacy decreases whereas other mothers are able to remain convinced about their ability to parent successfully. Besides multiple measures, moderator models assessing combinations of intra- and interpersonal difficulties also give more insight into what Teti and colleagues (1996) called “double jeopardy” (p. 244). The experience of one risk may not be so detrimental for parenting self-efficacy beliefs, however, an additional risk factor may tip the balance towards vulnerability of parenting self-efficacy. Given the fact that on average mothers from normative samples rate their parenting self-efficacy as relatively high (Verhage et al., 2013), it may be useful to assess these questions in at-risk or high-risk populations, as in these populations more mothers may face two or more risk factors that synergistically affect parenting self-efficacy.

The moderating role of parenting self-efficacy itself has received little attention from parenting self-efficacy researchers, which is unfortunate given the insight it provides into the interplay of parenting self-efficacy with other factors in affecting parenting, mothers, and children. Bandura (1997) described self-efficacy beliefs as multiply determined, meaning that behavior, personal factors, and the environment impact each other. In line with this, Coleman and Karraker (1998) suggested that the impact of parenting self-efficacy becomes more evident under difficult environmental circumstances. Also, these more interpersonal problems in combination with parenting self-efficacy were suggested to be associated with the quality
Table 1. Overview of approach to parenting self-efficacy as studied in this thesis.

<table>
<thead>
<tr>
<th>Level</th>
<th>Predictor</th>
<th>Outcome</th>
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<tr>
<td>Mediation</td>
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<td>Moderation</td>
<td>Chapter 5</td>
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<td>Chapter 4</td>
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of the mother-child relationship (Coleman & Karraker, 1998), a suggestion that has not yet been tested empirically. More studies on the buffering role of parenting self-efficacy, and an integration of this in Teti and colleagues’ (1996) more commonly used mediator model, would be an important advancement of parenting self-efficacy theory. In addition, clinical practice would benefit from this knowledge as interventions for these mothers do not take place for isolated reasons; rather, in at-risk parenting situations, multiple reciprocal effects may be presumed between personal and environmental factors.

Table 1 provides an overview of the combinations of feature, causality, and whether parenting self-efficacy was an outcome or predictor investigated in each chapter of this thesis.

Research Design

This thesis consists of four studies conducted in three research projects. The studies from Chapter 2 and 5 were conducted within the project Generations², which is a large cohort study focused on psychosocial changes across pregnancy and the transition to parenthood. Chapter 2 included a longitudinal study on questionnaires of the larger cohort and Chapter 5 consisted of a subsample of women who participated more extensively with home and lab visits. Chapter 3 and Chapter 4 were conducted in two different research projects.

Longitudinal (Chapter 2) and observation (Chapter 5) study. The longitudinal (N = 795) and observational (N = 270) study were conducted within the larger cohort study Generations², for which women were recruited in and around Amsterdam via midwives, a website (www.generaties2.nl), and an annual pregnancy fair. The time line for both studies was similar, such that women filled in questionnaires during pregnancy at 12, 22, and 32 weeks and after birth at 3 months and 1 year. Parenting self-efficacy was measured with a prenatal and postnatal Dutch version of the Self-Efficacy in the Nurturing Role questionnaire (SENR; Pedersen, Bryan, Huffman, & Del Carmen, 1989). During all pregnancy time points, pregnancy anxiety was measured with the Pregnancy Related Anxiety Questionnaire (PRAQ-R; Huizink, 2000; Huizink et al., 2004). Measures of depressive symptoms (BDI-II; Beck, Ward, Mendelson,
Mock, & Erbaugh, 1961; Van der Does, 2002) and anxiety symptoms (STAI; Spielberger, Goursuch, & Lushene, 1970; Van der Ploeg, Defares, & Spielberger, 1980) were also collected at each time point. Infant negative reactivity was measured with the IBQ (Rothbart, 1981) and partner dissatisfaction was measured with the Spouse/Parenting Partner Relationship subscale of the Dutch Parenting Stress Index (PSI; De Brock, Vermulst, Gerris, & Abidin, 1992). Although not included in this thesis, additional questionnaires assessed, among other things, social support, prenatal care, breast feeding, parenting stress, and child care.

Women in the observational study consisted of a normative subsample and an at-risk subsample which were recruited in several ways. The at-risk subsample consisted of women from the larger cohort study who received professional support from child protection services, a psychologist, or psychiatrist before the age of eighteen and/or women who had elevated depressive and/or anxiety symptoms during pregnancy. Additionally, women were recruited who received professional care for psychosocial difficulties during their pregnancy, ranging from outpatient short-term care to residential long-term care. Women from the larger cohort study who could not be contacted for the at-risk subsample were contacted for the normative subsample up to the point that 180 participants were included. Normative mothers and at-risk mothers from the larger cohort received questionnaires via postal mail. If questionnaires were not completed within two weeks, women were sent a reminder by e-mail and two weeks later they were contacted by phone. At-risk mothers recruited via professional support filled in the questionnaires after the home and lab visit.

**Experimental study (Chapter 3).** For this experimental study 55 parents (44 mothers and 11 fathers), who were recruited via primary schools in the Netherlands, filled in a questionnaire on parenting self-efficacy (Parenting Sense of Competence Scale; Johnston & Mash, 1989) after which they participated, first, in a cry interpretation task and, second, in a task in which parents had to choose the “correct” response to stop infant crying. After the first task parents received either positive or negative verbal persuasion and during the second task parents received either 20%, 40%, 50%, or 80% success experiences. Parenting self-efficacy scores after verbal persuasion and after failure experiences were measured with a Visual Analogue Scale (VAS; Wewers & Lowe, 1990).

**High-risk sample (Chapter 4).** Mothers from this high-risk sample were part of a larger study that contacted 270 formerly institutionalized female adolescents, who were discharged from a judicial treatment institution for juveniles in the Netherlands between 1992 and 1998. Placement was indicated by a combination of psychosocial and emotional risk and problems, often including delinquency. Between the end of 2010 and the beginning of 2012, women
Chapter 2
Low-risk
(N = 795)

Chapter 3
Low-risk
(N = 55)

Chapter 4
High-risk
(N = 104)

Chapter 5
Low-risk + at-risk
(N = 270)

Table 2. Overview of measures and samples

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<tr>
<th>Questionnaires</th>
<th>Chapter 2</th>
<th>Chapter 3</th>
<th>Chapter 4</th>
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<td></td>
<td>postnatal</td>
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<td>Family conflict</td>
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<td>Pregnancy anxiety</td>
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<td>Childbirth expectations</td>
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<td>Infant negative reactivity</td>
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<td>Partner dissatisfaction</td>
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<tr>
<td>Cry response task</td>
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<td>Strange situation procedure</td>
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were followed up using interviews and questionnaires of which 104 mothers were included in this study. Questionnaires measured parenting self-efficacy (Parenting Sense of Competence Scale; Johnston & Mash, 1989), family conflict (Dahlberg, Toal, Swahn, & Behrens, 2005), and self-control (Grasmick, Tittle, Bursik, & Arneklev, 1993).

Table 2 provides an overview of the measures used in the separate chapters.

**Thesis Outline**

In sum, this thesis aims to broaden the scope of research on the level of parenting self-efficacy, first, by assessing the role of prenatal and postnatal parenting self-efficacy, directly and indirectly, to better understand women who may feel more and less up to the task of parenting two young children (Chapter 2). Second, two studies focus on strength of parenting self-efficacy by assessing changes in parenting self-efficacy using an experiment in which parents are subjected to challenges in the form of positive or negative verbal persuasion and subsequent success and failure experiences (Chapter 3) as well as by investigating the idea that experiencing family conflict and low self-control may be a “double jeopardy” (Teti et al., 1996, p. 244) for parenting self-efficacy of mothers with a history of secure residential care (Chapter 4). Third, the final study explores the buffering role that parenting self-efficacy may
play for the possible negative effect of partner relationship dissatisfaction on infant-mother attachment (Chapter 5). Chapter 6 integrates the results of the four studies and discusses directions for future research and practical implications. The current thesis aims 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, which is crucial with regard to interventions efforts. Another aim of this investigation of level, strength, and the moderating role of parenting self-efficacy in challenging parenting situations is to contribute to existing parenting self-efficacy theory and develop theory and research on parenting self-efficacy features beyond level and mediation, by also investigating strength and moderation.