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ORIGINAL PAPER

Professionals' and Mothers' Beliefs About Maternal Sensitivity Across Cultures: Toward Effective Interventions in Multicultural Societies

Hatice Ekmekci · H. Melis Yavuz-Muren · Rosanneke A. G. Emmen · Judi Mesman · Marinus H. van IJzendoorn · Bilge Yagmurlu · Maike Malda

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Abstract Interventions for parents of young children often focus on enhancing parental sensitivity. A cognitive match on treatment goals has been shown to relate to the quality of the relationship (or alliance) between a therapist and the person receiving intervention, which in turn predicts the effectiveness of interventions. However, in multicultural societies therapists and patients do not always share the same ethnic background, which could influence their match on treatment goals. The aim of this study was to test the hypothesis that there is a cognitive match regarding the importance of sensitivity in early childhood parenting across Dutch and Moroccan, Turkish, Surinamese, and Antillean ethnic minority mothers and youth mental health professionals in the Netherlands and Turkish mothers and youth mental health professionals in Turkey. A total of 105 mothers with at least one child between the ages of 6 months and 6 years and 98 female professionals described their views about the ideal sensitive mother using the Maternal Behavior Q-Sort (Pederson et al. in Manual maternal behavior Q-sort version 3.1, 1999). Both professionals' and mothers' beliefs about the ideal mother converged strongly with the concept of sensitivity and within and across cultural groups of mothers and professionals. These findings point to a cognitive match on sensitivity beliefs between mothers and professionals with different cultural backgrounds. Our findings suggest that early childhood parenting interventions focused on enhancing sensitivity fit the beliefs of mothers of young children in different cultural groups.

Keywords Alliance · Maternal sensitivity · Beliefs · Culture · Socioeconomic status

H. Ekmekci · R. A. G. Emmen · J. Mesman (✉) · M. H. van IJzendoorn · M. Malda
Centre for Child and Family Studies, Leiden University, Wassenaarseweg 52, 2333 AK Leiden, The Netherlands
e-mail: mesmanj@fsw.leidenuniv.nl

H. M. Yavuz-Muren · B. Yagmurlu
Department of Psychology, Koc University, Rumelifeneri yolu, 34450 Sariyer, Istanbul, Turkey

Introduction

In multicultural societies, the effectiveness of parenting interventions can be compromised by diverging ideas about 'good parenting' of the professional providing treatment and the parent seeking support (e.g., Karlsson, 2005; Maramba and Hall 2002; Sue 1998). Many parenting interventions aimed at improving early childhood parent–child interactions focus on increasing the sensitivity of parents towards their young children (e.g., Heinicke et al. 1999; Marcynyszyn et al. 2011; Van Zeijl et al. 2006). Sensitive parenting as indicated by appropriate responsiveness to child signals (Ainsworth et al. 1974) predicts secure attachment (Bakermans-Kranenburg et al. 2003) and other positive child outcomes (e.g., Bernier et al. 2010; Eisenberg et al. 2001; Kochanska 2002). Although the predictive value of sensitive parenting has been found across cultures (Mesman et al. 2012), it is unclear whether mothers and professionals with different cultural backgrounds agree on the importance of sensitivity in child rearing. This issue is of particular importance for designing culturally sensitive intervention and prevention programs for parents of young children in societies with multiple cultural groups.

Posada et al. (1995) showed that beliefs about secure-base behavior of children converge across groups of mothers and experts from different cultures. In a recent study that also included the current sample of mothers,

strong convergence was found on sensitivity beliefs between Dutch, Turkish-Dutch and Moroccan-Dutch mothers in the Netherlands and academic experts on parenting (Emmen et al. 2012). In addition, analyses including the current sample of mothers showed strong convergence regarding sensitivity beliefs between different countries such as Chile, China, the Netherlands, Turkey, and Zambia (Mesman et al. 2013). These findings show that the main tenets of attachment theory regarding child and maternal behavior are seen as important across different groups. This in turn suggest that this may also be the case when comparing sensitivity beliefs of mothers and youth care professionals, but this has not yet been examined.

A crucial requirement for effective interventions is the formation of a positive alliance between the treatment provider and the person receiving treatment. In the literature on treatment effectiveness, "alliance" refers to the collaborative nature of the interaction between the patient and therapist or counselor, the affective bond between them, and the ability to agree on treatment goals and tasks (Kazdin et al. 2005). Studies have shown that the stronger the alliance, the greater the therapeutic change (Kazdin et al. 2005; Knipscheer and Kleber, 2004).

In addition to the importance of alliance to enhance treatment success, it has been suggested that for therapists working with patients from different cultural backgrounds, knowledge of the culture of the patient is important for the effectiveness of the therapy (Knipscheer and Kleber, 2004; Sue 1998). Cross-cultural competence on the part of the therapist may enhance the quality of alliance with these families (Sue 1998), which in turn predicts better treatment outcomes. The ethnic-similarity hypothesis suggests that ethnic-minority patients will prefer a therapist with the same ethnic background in therapy (Knipscheer and Kleber 2004). Not matching therapist and patient on ethnicity may cause problems in establishing rapport and trust (Zane et al. 2005), and it is currently considered good practice to strive for shared culture and language of the patient and therapist (American Psychological Association 1993). However, in reality it is not always possible to match patient and therapist on ethnicity (Knipscheer and Kleber 2004).

Interestingly, in a study among Asian-, African-, Mexican-, and Caucasian-American patients, ethnic matching failed to be a significant predictor of mental health treatment outcomes for most ethnic groups (Sue et al. 1991). In addition, Turkish and Moroccan ethnic minority patients in the Netherlands have been found to value similarity in attitudes and beliefs more than they valued an ethnic match in therapy (Knipscheer and Kleber 2004). It has been argued that the *cognitive* match is the most important, referring to the match between therapists and patients in how they conceptualize treatment goals and means for resolving problems (Sue, 1998). This is consistent with the fact that shared goals are a key component of alliance between therapist and patient.

Maternal sensitivity refers to a mother's ability to perceive child signals, to interpret these signals correctly, and to respond to them promptly and appropriately (Ainsworth et al. 1974), and is related to positive child outcomes in several domains (e.g., Bakermans-Kranenburg et al. 2003; Bernier et al. 2010; Eisenberg et al. 2001; Kochanska 2002). Indeed, early parenting interventions often focus on enhancing sensitivity, and several evidence-based interventions with this focus have been developed (e.g., Heinicke et al. 1999; Van Zeijl et al. 2006; Webster-Stratton and Hammond 1997). The Video-feedback Intervention to promote Positive Parenting and Sensitive Discipline (VIPP-SD) is an example of such an intervention (Van Zeijl et al. 2006). The aim of this intervention is to increase sensitive behavior by giving mothers positive feedback on videotaped interactions of themselves with their children. A process evaluation of the VIPP-SD program showed that greater alliance between the intervenor and the mother predicted stronger intervention effectiveness (Stolk et al. 2008). However, process evaluations of parenting interventions focusing on sensitivity have so far not included ethnic minority parents.

A recent literature review (Mesman et al. 2012) showed that the relation between maternal sensitivity and positive child outcomes also applies to ethnic minority families, although several studies have shown lower maternal sensitivity for minority families than for majority families (Leseman and Van den Boom 1999; van IJzendoorn 1990; Yaman et al. 2010). This discrepancy mainly seems to reflect differences in socioeconomic status (SES) rather than cultural differences (Mesman et al. 2012); in studies in which the SES of participants is controlled for and in studies in which participants are matched on SES, the ethnic differences in sensitivity decreased substantially. A possible explanation for the association between SES and sensitivity (beliefs) can be found in the Family Stress Model (Conger and Donnellan 2007). This model describes that stressors such as socio-economic strains lead to family stress (e.g., depression and family dysfunction), which in turn leads to non-optimal parenting (e.g., lack of warmth and support). Given that ethnic minorities are generally overrepresented in low-SES populations, minority parents could benefit from parenting interventions with the focus on enhancing sensitivity and reducing family stressors. In addition, minority status could be related to different kinds of stressors, such as acculturation processes (Berry 1997). Acculturation stress is not only seen in first- but also in second-generation immigrants (Crockett et al. 2007).

Religiosity, referring to the extent to which parenting is guided by religion, could be another predictor of sensitive parenting beliefs and practices. Religiosity of parents helps

to shape parental values and practices (Petts 2007). For instance, in a meta-analytic review it was found that greater parental religiousness relates to more positive parenting (Mahoney et al. 2001). Snider et al. (2004) found that parents who were perceived as more religious by their adolescent children were also perceived as more supportive. Also, positive relations between authoritative parenting and religiosity of parents have been shown (Gunnoe et al. 1999). In contrast, some studies found no or only a weak relation between religiosity and parenting style (Vermeer 2011). Methodological problems such as using single-item measures for religious domains and small effect sizes of studies on this topic have been reported (Mahoney et al. 2001).

Turkish, Moroccan, Surinamese, and Antillean groups represent the largest ethnic minority groups in the Netherlands [Centraal Bureau voor de Statistiek (CBS), 2012]. The CBS defines a second-generation immigrant as a person born in the Netherlands with at least one parent born in the country of origin and the second generations of these ethnic minority groups are the fastest growing ethnic minority populations in the Netherlands. The Turkish and Moroccan immigrants first came to the Netherlands as invited guest workers in the period 1960–1970. Their intention was to make a living and return to their countries of origin, but many stayed in the Netherlands. The Surinamese migrants share a diverse Caribbean cultural and ethnic background with other former Dutch West Indies colonies. The migration of Surinamese people happened mostly after Surinam became independent in 1975 and continued over the next two decades because of political and economic instability. Of the Antilleans, the first wave came to the Netherlands in the 1960s and 70s in order to study and many stayed and there are still Antilleans migrating to the Netherlands. The Netherlands Antilles has been recently dissolved as a country but is still part of the Kingdom of the Netherlands under a different legal status.

It has been shown that first and second-generation immigrants identify themselves more with their own ethnic culture than with that of the host society (Phinney et al. 2001). About 30–40 % of first-generation and 10–20 % of second-generation Turkish and Moroccan immigrants are never in contact with members of the Dutch majority in their leisure time. Both groups are mostly in contact with persons with a similar ethnic background and Turkish and Moroccan ethnic minorities rarely marry Dutch majority group members [Sociaal en Cultureel Planbureau (SCP) 2009, 2011].

The mentioned ethnic minority groups are considered to have a more collectivistic cultural background compared to the individualistic cultural background of the Dutch majority ethnic group. In earlier studies it has been shown that there are differences in parenting between individualistic and collectivistic cultures. For instance, parents from collectivistic cultures tend to be more authoritarian, use more restricting behaviors during social play and they expect more obedience from their children (Ispa et al. 2004; Rubin 1998). These parenting practices are generally related to lower levels of sensitivity (Ispa et al. 2004). In more individualistic cultures self-interest, autonomy, and self-reliance are more valued in the socialization process. Parents from these cultures tend to be more authoritative, promote independence, self-reliance, and exploration of the environment, and put less emphasis on obedience and sociability (Harwood et al. 1995; Tamis-LeMonda et al. 2007). This pattern of socialization goals is largely consistent with sensitive parenting.

The design of the current study was modeled according to the widely cited study by Posada et al. (1995) in which mother's descriptions of an ideal child in terms of secure base behavior were compared across seven countries representing different socio-cultural contexts using the Attachment Q-Set (Waters 1987). Whereas Posada and colleagues investigated beliefs about the child's contribution to secure base behavior, in this study the aim is to examine beliefs about the caregiver's contribution to this relationship, i.e., sensitive parenting. The goal of the current study is to test the hypothesis that the beliefs about the ideal mother of both mothers and professionals with different cultural backgrounds converge with the notion of the highly sensitive mother. Mothers are compared to professionals with a different cultural background. In the Netherlands, Dutch majority and Turkish, Moroccan, Surinamese, and Antillean minority mothers and professionals were included. Additionally, Turkish majority mothers and professionals in Turkey were included to be able to make a comparison with Turkish minorities in the Netherlands. Because studies on the relation between religion and parenting show diverging results, religiosity was included in this study from an exploratory perspective.

Method

Participants

The sample consisted of 150 mothers with at least one child between the ages of 6 months and 6 years, and 98 female mental health professionals (e.g., child psychologists, parenting counselors, family therapists) working with children younger than 12 years and their parents.

Mothers

The sample with mothers consisted of five subsamples from the Netherlands and one from Turkey: Dutch majority, Moroccan minority, Turkish minority, Surinamese

minority, and Antillean minority in the Netherlands and Turkish majority in Turkey (Table 1). In both Dutch and Turkish majority groups, 45 mothers were included and stratified by educational level (low, middle, high). The Dutch minority groups consisted of 15 participants each. The sample in the Netherlands included second-generation immigrant mothers who were born in the Netherlands (with at least one of their parents born in the country of interest), and first-generation immigrant mothers who migrated to the Netherlands before the age of 11. This was done to ensure the homogeneity of the immigrant sample of mothers, and to make sure they all completed at least some years of education in the Netherlands and were able to speak and read Dutch. Because of the recent history of migration of the Antillean group, it was not possible to select only Antillean second-generation and first-generation mothers who migrated to the Netherlands before the age of 11 years, therefore four first-generation Antillean mothers were also included (migrated when they were 12, 19, 21 and 23 years old). Thirty mothers were first-generation immigrants. The first-generation mothers who immigrated to the Netherlands before the age of 11 years (N = 25) had a mean immigration age of 5.16 (SD = 3.39) years and had been living in the Netherlands for 25.48 (SD = 6.54) years on average. The first-generation mothers who immigrated after the age of 11 years (N = 4) had a mean immigration age of 18.75 (SD = 4.79) years and had been living in the Netherlands for 11.00 (SD = 3.83) years on average. For one first-generation mother the age of migration was missing. The number of children of the participating mothers ranged from one to five, with an average of 1.87 (*SD* = .75). The mother's average age was 31.97 years (*SD* = 5.37, range = 19–46).

Professionals

The sample of professionals also consisted of five subsamples from the Netherlands and one from Turkey, representing the same ethnic groups as those included in the mother sample. Within the Netherlands, the Dutch majority, Turkish minority, and Moroccan minority subsamples consisted of 11 professionals each. The Surinamese minority and Antillean minority subsamples consisted of 10 professionals each. In Turkey 45 professionals participated. All professionals had at least two years of experience in working with children younger than 12 years and their parents. In addition, only female professionals were selected to facilitate comparisons with mothers. In contrast to the minority mother sample in the Netherlands, the minority professional sample ($n = 42$) consisted of both first-generation ($n = 22$) and second-generation ($n = 20$) women. It was not possible to include only second-generation minority professionals, because of the small number of professionals with an ethnic minority background in the Netherlands. In the group of professionals 59 (60 %) had children. The number of children ranged from zero to five, with an average of one (*SD* = 1.15). The average age of the professionals was 38.01 years (*SD* = 9.79, range = 25–65). Their experience as child care professionals was on average 11.31 years (*SD* = 7.11, range = 2–30). Of the 98 professionals 4 (4 %) had completed secondary education, 55 (56 %) had obtained a bachelor's degree and 39 (40 %) had obtained a master's degree.

Procedure

The Dutch high-educated mothers and the ethnic minority mothers were recruited by providing verbal and written information about the study to any potential participant within the authors' and research assistants' networks. Dutch low- and middle-educated mothers were drawn from a sample of a previous observational study on early childhood parenting conducted by our research team (Joosen et al. 2013). Dutch, Turkish minority, and Moroccan minority mothers participated in our earlier study on sensitivity beliefs (Emmen et al. 2012). In the current study the findings are extended by adding Antillean minority, Surinamese minority, and Turkish mothers and by adding professionals from all mentioned cultural groups. The professionals were recruited by providing verbal and written information about the study to any potential participant within the authors' and research assistants' networks. In addition, different psychological health care services were called to ask whether they were interested in the study and had potential participants. All mothers received the same folder which included information about the study. Professionals received the same folder with minor changes to suit the target audience. The folders were sent or personally handed to potential participants before the home visit. In addition, the folders were given to the participants at the beginning of the home visit. All mothers gave written consent and were visited at home by one of six trained students (undergraduate and graduate) in the Netherlands and by one of eight trained students (undergraduate and graduate) in Turkey. The home visits in the Netherlands were conducted in the Dutch language and in Turkey they were conducted in the Turkish language.

All mothers in the Netherlands indicated that their spoken Dutch language ability was fluent ($n = 98$) or sufficient ($n = 7$). In the Netherlands the mothers received a gift coupon of 10 Euros, and in Turkey the mothers received a gift coupon of 30 Turkish Liras (approximately 11 Euros). Professionals did not receive any financial compensation. All professionals were recruited by providing verbal and written information about the goal of the study to any potential participant within the authors' and

Table 1 Mean (standard deviations) and ethnic group differences for mothers (M) and professionals (P)

	Dutch (D) M ($n = 45$) P ($n = 11$)	Turkish minority (TM) M ($n = 15$) P ($n = 11$)	Moroccan minority (MM) M ($n = 15$) P ($n = 11$)	Surinamese minority (SM) M ($n = 15$) P ($n = 10$)	Antillean minority (AM) M ($n = 15$) P ($n = 10$)	Turkish (T) M ($n = 45$) P ($n = 45$)	F	Post hoc
Educational level								
Professionals ($n = 98$)	4.55 (0.52)	4.00 (0.77)	3.91 (0.30)	4.10 (0.32)	4.20 (0.42)	4.60 (0.49)	6.07**	MM < D, T; SM < T
Mothers ($n = 150$)	3.16 (1.19)	2.93 (0.88)	3.33 (0.82)	3.60 (0.74)	3.00 (0.76)	2.67 (1.35)	2.12	
Family income								
Mothers ($n = 137$)	5.51 (1.22)	3.92 (1.38)	4.92 (1.38)	4.67 (1.49)	3.93 (1.53)	3.58 (1.74)	8.30**	TM, AM, T < D; T < MM, SM
Age								
Professionals ($n = 98$)	42.09 (9.15)	35.45 (8.00)	34.73 (8.11)	39.50 (13.15)	43.00 (11.91)	37.00 (9.09)	1.48	
Mothers ($n = 147$)	33.11 (5.04)	29.80 (4.36)	32.20 (4.79)	30.53 (4.02)	26.53 (4.45)	33.90 (5.49)	6.23**	TM < D; TM, SM < T; AM < D, MM, SM, T
Number of children								
Professionals ($n = 98$)	1.82 (1.08)	1.45 (1.29)	1.27 (1.74)	0.90 (1.52)	0.90 (0.99)	.91 (0.82)	1.52	
Mothers ($n = 150$)	2.11 (0.53)	2.13 (0.74)	2.40 (1.06)	1.40 (0.63)	1.33 (0.49)	1.69 (0.70)	7.37**	D > AM, SM, T; MM > AM, SM; TM > AM
Religion in child rearing (whole sample)								
Professionals ($n = 98$)	7.73 (5.41)	15.00 (5.22)	17.18 (2.23)	10.50 (7.29)	13.20 (6.49)	9.36 (4.32)	7.09**	D, T < TM, MM
Mothers ($n = 142$)	8.78 (6.07)	18.17 (2.12)	17.00 (2.37)	10.54 (5.35)	13.67 (4.12)	12.58 (4.78)	10.74**	D < TM, MM, AM, T; SM, AM, T < TM; SM, T < MM
Religion in child rearing (if religious)								
Professionals ($n = 81$)	12.20 (5.22)	15.00 (5.22)	17.18 (2.23)	13.29 (7.04)	17.14 (1.68)	9.93 (4.21)	7.62**	T < MM, AM
Mothers ($n = 116$)	13.68 (5.28)	18.17 (2.12)	17.00 (2.37)	11.73 (4.92)	13.67 (4.12)	12.77 (4.61)	4.67*	D, SM, AM, T < TM

* $p < .05$; ** $p < .01$

research assistants' networks and within different psychological health care services. All professionals gave written consent and were visited at home or at their institution by one of the (under)graduate research assistants in the Netherlands and in Turkey. The visits were conducted in the Dutch language in the Netherlands and in the Turkish language in Turkey. With four Turkish minority professionals the visits were conducted in the Turkish language, since these professionals indicated that their language ability was better for the Turkish language than for the Dutch language.

Measures

Views of the Ideal Mother

The Maternal Behavior Q-Sort (MBQS; Pederson et al. 1999) was used to assess views about the ideal sensitive mother. The MBQS consists of 90 cards with statements about maternal behaviors that mothers and professionals sorted into nine stacks from '*least descriptive*' (1) to '*most descriptive*' (9) of the ideal mother. Because the original items were designed to be evaluated by professionals rather than mothers, the behavioral descriptions were simplified for the present study to make them more understandable for mothers. For example, the item "Provides B with little opportunity to contribute to the interaction" was simplified into "Gives her child little opportunity to play along or to respond". The simplified version was also used for professionals to make their scores comparable to those of the mothers. In Turkey, the simplified version was only used for mothers. The participants were first asked to sort the cards into three stacks from 'do not fit the ideal mother at all' to 'fit the ideal mother really well'. The participants were explicitly told that there are no correct or incorrect answers and mothers were told that it is not about their own parenting behavior, but about what the ideal mother should or should not do. The professionals were told that it is not about the behavior of their clients or about their own parenting behavior (if they had children), but about what the ideal mother should or should not do. The construct of sensitivity was not explicitly mentioned to the mothers or to the professionals. Any question participants had concerning the meaning of an item was answered according to the item explanations in the protocol. When the participants distributed the cards across the three stacks, they were asked to sort each stack into three smaller stacks. After the participants distributed all cards across nine stacks, they were asked to evenly distribute the cards across the stacks until each stack consisted of 10 cards (Emmen et al. 2012). Sensitivity belief scores were derived by correlating the resulting profiles with the criterion sort provided by the authors of the MBQS (Pederson et al. 1999).

Religion in Child Rearing

The importance of religion in child rearing was measured with four self-developed items for mothers as well as professionals, with or without a religion. The answer categories ranged from (1) '*totally disagree*' to (5) '*totally agree*'. Also a (6) *'not applicable'* answer category was included for the participants who did not have a religion. The items were "I use my religion as a guideline for the parenting of my child", "My religion helps me to raise my child good", "I learn my child a lot about my religion", and "I learn my child that my religion plays an important role in our life". Most of the participants without a religion filled in 'not applicable' for the items. A total score was computed by summing item scores. The (6) *'not applicable'* scores were transformed into (1) *'totally disagree'*. The internal consistency of the scale was high for mothers (Cronbach's $\alpha = .98$) as well as professionals (Cronbach's $\alpha = .97$). In the analyses two versions of religion in child rearing were used, the variable 'religion in child rearing (whole sample)' refers to the views of all participants on the importance of religion in child rearing (with non-religious mothers all receiving the lowest score), whereas the variable 'religion in child rearing (if religious)' refers only to the views on the importance of religion in child rearing of participants who indicated having a religion.

Educational Level and Family Income

Educational level was measured on a scale from 1 to 5: *primary school* (1), *vocational school* (2), *secondary school/middle vocational education* (3), *high vocational education* (4) and *university or higher* (5). Annual gross family income was measured on a 7-point scale ranging from (1) '*no income*' to (7) *50.000 euro/10.000 Turkish lira or more*', for mothers only.

Results

Preliminary Analyses

The results of the ANOVAs to test whether there were significant differences between groups of mothers in background variables are shown in Table 1. For post hoc comparisons, Games and Howell's test for unequal variance and sample size was used for the variables 'number of children', 'religion in child rearing (whole sample)' and 'religion in child rearing (if religious)'. For the other variables LSD post hoc tests were used. The groups of mothers were similar in education level, but were different regarding family income. Turkish mothers had the lowest income and Dutch mothers had the highest income.

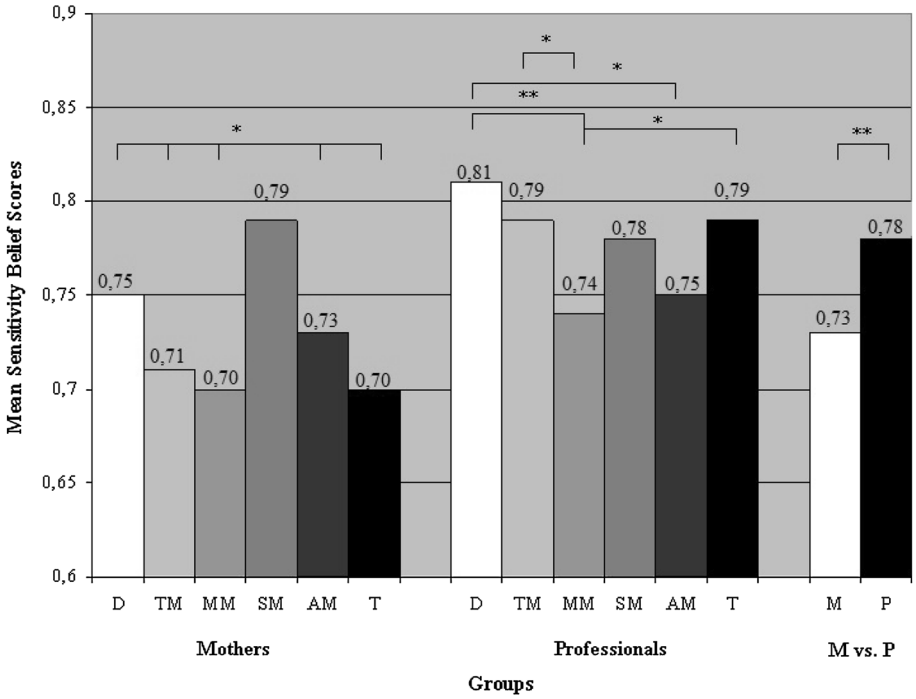

Fig. 1 Differences in sensitivity belief scores between Dutch (D), Turkish minority (TM), Moroccan minority (MM), Surinamese minority (SM), Antillean minority (AM), and Turkish (T) mothers (M) and professionals (P) separately, and between all mothers versus all professionals

Table 2 Correlations between sensitivity belief score and background variables for mothers (below diagonal) and Professionals (above diagonal)

	1.	2.	3.	4.	5.	6.	7.
1. Sensitivity belief score	–	.24*	–	.02	.08	−.11	−.11
2. Educational level	.48**	–	–	−.10	−.18	−.19	−.24*
3. Family income	.43**	.55**	–	–	–	–	–
4. Age	.11	.24**	.30**	–	.54**	−.09	−.01
5. Number of children	−.19*	−.15	.08	.27**	–	−.01	.08
6. Religion in child rearing (whole sample)	−.18*	−.18*	−.27**	−.14	.16	–	–
7. Religion in child rearing (if religious)[a]	−.13	−.16	−.15	−.21*	.25**	–	–

Range of *n* mothers: 134–150

n professionals: 98

[a] Range of *n* mothers: 108–116, *n* professionals: 81

* $p < .05$; ** $p < .01$

Concerning the age of mothers, Antillean minority mothers were the youngest and Turkish mothers were the oldest. Antillean minority mothers had the lowest number of children, whereas Moroccan minority mothers had the highest number of children. Among religious mothers, Dutch, Surinamese minority, Antillean minority, and Turkish mothers found religion less important in child rearing than Turkish minority mothers. In addition, Surinamese minority and Turkish mothers found it less important than Moroccan minority mothers. If non-religious mothers were included in analyses as well, Surinamese minority mothers found religion least important and Turkish minority mothers found religion most important in child rearing.

Differences between professionals in background characteristics were tested with ANOVAs and are shown in Table 1. For post hoc comparisons Games and Howell's test for unequal variance and sample size was used for the variables 'educational level', 'religion in child rearing (whole sample)', and 'religion in child rearing (if religious)'. For the other variables LSD post hoc tests were used. Professionals differed in mean education level. Turkish professionals had the highest education level and Moroccan minority professionals had the lowest education level. The groups were similar in age and average number of children. Among religious professionals, Turkish professionals found religion less important in child rearing than Turkish minority, Moroccan minority, Surinamese

Table 3 Mean correlations among mother's and professional's 90-items Q-sort descriptions of the ideal mother both within and across groups

	Mothers					
Professionals	Dutch	Turkish minority	Moroccan minority	Surinamese minority	Antillean minority	Turkish
Dutch	.80 (.62–.93)	.76 (.55–.91)	.76 (.34–.87)	.81 (.65–.91)	.77 (.60–.90)	.72 (.35–.88)
Turkish minority	.79 (.65–.90)	.75 (.57–.86)	.75 (.36–.89)	.80 (.68–.92)	.76 (.54–.88)	.73 (.35–.89)
Moroccan minority	.76 (.55–.80)	.74 (.53–.85)	.74 (.28–.87)	.78 (.63–.89)	.75 (.57–.84)	.69 (.26–.86)
Surinamese minority	.78 (.64–.89)	.75 (.57–.87)	.75 (.27–.88)	.80 (.70–.89)	.76 (.59–.85)	.64 (.36–.83)
Antillean minority	.78 (.57–.90)	.74 (.43–.89)	.74 (.25–.87)	.79 (.61–.88)	.76 (.60–.85)	.64 (.34–.83)
Turkish	.73 (.40–.88)	.69 (.36–.83)	.69 (.24–.86)	.74 (.46–.87)	.70 (.41–.86)	.68 (.19–.88)

minority, and Antillean minority professionals. If non-religious professionals were included in analyses as well, Turkish professionals found religion least important and Antillean minority professionals found religion most important in child rearing.

Sensitivity Beliefs

ANOVAs were conducted to test the extent to which mothers with different cultural backgrounds agreed with the criterion sort of the ideal mother. The results are shown in Fig. 1. For post hoc comparisons Games and Howell's test for unequal variance and sample size was used for mothers and LSD post hoc tests were used for professionals. For the comparison of all mothers with all professionals LSD post hoc tests were used. The average sensitivity belief scores of mothers in all ethnic groups were very high (.70–.79), indicating strong convergence between their views regarding the ideal mother and expert views about sensitive parenting. Some group differences were found, $F(5,144) = 4.04$, $p < .01$, $\eta_p = .12$. The views of Dutch, Turkish minority, Moroccan minority, Antillean minority and Turkish mothers were significantly less similar to the MBQS criterion sort than those of Surinamese minority mothers (all $p < .05$).

Again ANOVAs were conducted to test the extent to which professionals with different cultural backgrounds agreed with the criterion sort of the ideal mother. These results are also shown in Fig. 1. The average sensitivity belief scores in all ethnic groups were very high (.74–.81). In the group of professionals some differences were found as well, $F(5,92) = 2.36$, $p < .05$, $\eta_p = .11$. The views of Dutch professionals were significantly more similar to the MBQS criterion sort than those of Moroccan minority ($p < .01$) and Antillean minority professionals ($p < .05$). Besides, the views of Turkish and Turkish minority professionals were significantly more similar to the MBQS criterion sort than those of Moroccan minority professionals (all $p < .05$).

A comparison of the average sensitivity belief score of all mothers with the average of all professionals, also presented in Fig. 1, showed that the mean sensitivity belief scores of professionals (.78) were significantly higher than the mean sensitivity belief scores of mothers (.73), $F(1,246) = 31.31$, $p < .01$, $\eta_p = .11$. In addition, the same pattern was found for all comparisons between professionals and mothers with the same ethnic background.

Background Variables and Views of the Ideal Mother

Because differences in sensitivity belief scores of different cultural groups of mothers and professionals were found, bivariate correlations between background variables and sensitivity belief scores were calculated (Table 2). For mothers, educational level, family income, number of children, and religion in child rearing (whole sample) were significantly correlated with sensitivity belief scores. Higher educational levels, higher income, fewer children, and lower perceived importance of religion in child rearing (including non-religious participants) were related to higher sensitivity belief scores. Maternal age and religion in child rearing (in the subgroup of religious participants) were not associated with maternal sensitivity belief scores. In professionals, higher educated participants had higher sensitivity belief scores.

A one-way between-groups ANCOVA was conducted to explore the differences between the ethnic groups of mothers while statistically controlling for immigration status (i.e., not migrated, first-generation immigrant, or second-generation immigrant) and the variables that were significantly correlated with the sensitivity belief scores in mothers, namely educational level, income, number of children, and religion in child rearing (whole sample). After controlling for these variables, the group differences in sensitivity belief scores of mothers disappeared, $F(5, 127) = 1.33$, $p = .26$, $\eta_p = .05$. The remaining significant predictors were educational level ($F(1, 127) = 7.07$, $p < .01$, $\eta_p = .05$), family income [$F(1, 127) = 5.65$, $p < .05$, $\eta_p = .04$] and number of children [$F(1, 127) = 4.64$, $p < .05$, $\eta_p = .04$].

A second one-way between-groups ANCOVA was conducted to explore the differences between ethnic groups of professionals while statistically controlling for educational

level, which was significantly correlated with sensitivity belief scores in professionals, and immigration status. When controlled for these variables, the group differences in sensitivity belief scores of professionals disappeared, $F(5, 91) = 1.38$, $p = .24$, $\eta_p = .07$. Education [$F(1, 91) = 2.76$, $p = .10$, $\eta_p = .03$], and immigration status [$F(1, 91) = .38$, $p = .54$, $\eta_p < .00$] did not remain significant as predictors.

Views of the Ideal Sensitive Mother Within and Across Groups

To investigate differences and similarities in sensitivity beliefs of mothers and professionals, correlations were computed between groups of mothers and professionals, both within and across ethnic groups. The correlations were converted into Fisher's z, averaged within and across samples and then converted back to correlations (see Posada et al. 1995). The averages and ranges of the correlations between MBQS profiles for mothers from different ethnic groups revealed high average agreement within groups (.67–.82) and between groups (.68–.80). The averages and ranges of the correlations between MBQS profiles for professionals from different ethnic groups also revealed high average agreement within groups (.75–.82) and between groups (.70–.81). Table 3 shows the averages and ranges of the correlations between MBQS profiles for mothers and professionals from different ethnic groups and reveals high average agreement between groups (.62–.80). In all of these analyses, the lower ends of the ranges of correlations between groups were lower than those found within groups, but the higher ends of the ranges of correlations were very similar within and between groups. Table 3 also shows high average agreement between Dutch professionals and mothers with different cultural backgrounds in the Netherlands (.76–.81). It should be noted that the ranges in agreement between those groups are also comparable, i.e., the range of agreement between Dutch professionals and Dutch mothers was similar to the agreement range between Dutch professionals and ethnic minority mothers. The range in agreement between Moroccan minority mothers and Dutch professionals (.34–.87) is the largest, which is due to one Moroccan minority participant with a lower sensitivity belief score (.36) in comparison to the other Moroccan minority participants. We also conducted analyses on item level differences between groups of mothers and professionals, however, none of the differences were significant after Bonferonni correction.

Discussion

Views about the ideal sensitive mother were highly similar across cultural groups of mothers and professionals in The Netherlands and Turkey. Although some differences were found, the sensitivity beliefs of all groups converged highly with the views of experts. Across different cultural groups, mothers' and professionals' views on sensitivity were consistent with behaviors that are considered indicative of sensitivity by experts. This is in line with the study by Posada et al. (1995) in which mothers' descriptions of the ideal child in different sociocultural groups and professionals' descriptions of the hypothetical securely attached child were consistent with behavioral patterns that are considered as indicative of attachment security by experts. In addition, high agreement within and across groups of mothers and professionals was found. Of particular interest is the agreement between Dutch professionals and ethnic minority mothers, because this mismatch in cultural background is commonly encountered in youth care settings in the Netherlands and other multicultural societies. Our data show that there is a cognitive match between mothers and professionals with different cultural backgrounds regarding the importance of sensitivity related behaviors in child rearing. Given that studies have shown the importance of the cognitive match instead of the ethnic match in forming therapeutic alliance (Knipscheer and Kleber 2004), our findings suggest that parenting intervention and prevention programs focused on sensitivity would be applicable in cross-cultural therapeutic settings. However, it remains important to adapt the delivery of intervention and prevention programs for different SES groups.

There are some examples of early childhood parenting interventions that have been successfully applied to different ethnic groups. For instance, a recent study on the effectiveness of the Video-feedback Intervention to promote Positive Parenting and Sensitive Discipline (VIPP-SD) adjusted for Turkish minorities in the Netherlands, VIPP-Turkish Minorities (VIPP-TM), showed an increase in sensitive parenting of second-generation Turkish mothers in the Netherlands (Yagmur et al. in press). Minor adaptations in the VIPP-SD program were made, such as the use of certain play materials and having interveners with the same cultural background and language skills in Dutch and Turkish, whereas the core aspects of the program were not adapted. The Incredible Years Program (Reid et al. 2002) that was originally developed for a majority group and includes a focus on sensitivity, was found to be effective in increasing positive parenting across different ethnic groups. The few studies with parenting interventions in ethnically diverse families showed that not only the underlying principles but also the more specific content of such interventions are generally applicable across different cultural groups (Reid et al. 2002), although some procedural or methodological aspects of these programs may require cultural adjustment, such as using

bilingual assistants and making more use of role play (Bjørknes and Manger 2013; Yagmur et al. in press). The current study provides a contribution to the literature on cross-cultural similarities in sensitivity beliefs, but because sensitivity is a core construct in child rearing prevention and intervention programs aimed at families with young children, more studies are needed to replicate our findings to find out whether this construct is indeed valued and operationalized similarly in different cultural groups.

The Turkish, Moroccan, Surinamese and Antillean ethnic minority groups in the Netherlands are considered to have a more collectivistic cultural background, compared to the individualistic cultural background of the Dutch ethnic majority group. A recent report about minorities in the Netherlands (SCP 2012), showed that being young, being a member of the second generation, and having a higher educational level are related to more contact with the native population. This makes it plausible that the minorities in our study could have adopted some values from the Dutch society, whereby their sensitivity belief scores highly converge with each other and with the Dutch mothers and professionals (Emmen et al. 2012). However, Turkish mothers and professionals from Turkey were also included in the present study and their sensitivity belief scores also converged highly with those of all groups of mothers and professionals, which suggests universality of the sensitivity construct.

In the current study educational level, income, and number of children of mothers were significant predictors of maternal beliefs about sensitivity, indicating that demographic factors, and especially SES, play an important role in beliefs about maternal sensitivity. These factors could play a role in the success of parenting interventions. The finding that SES is negatively related to convergence of maternal and expert beliefs about sensitivity may reflect the Family Stress Model (Conger and Donnellan 2007), in that higher stress levels due to economic pressures are related to a decreased ability to respond sensitively to children, and as a result sensitivity could be seen as less ideal (i.e., less important). Given the high convergence between SES groups on sensitivity beliefs, psycho-education aimed at enhancing sensitivity has the potential to effectively support mothers across SES groups.

The finding that a higher number of children relates to lower convergence between maternal and expert beliefs about sensitivity may be similarly explained. Having more children can cause more stress and less time to invest in each individual child, which can result in less sensitivity-orientated parenting beliefs. Among professionals educational level did not predict sensitivity beliefs, which is due to the fact that nearly all professionals were highly educated. The influence of SES on actual parental sensitivity has been documented in several studies (Mesman et al. 2012), and apparently also applies to parental beliefs about sensitivity.

Some limitations of the study need to be noted. A convenience sample was used and the sample size was small, which may limit the representativeness of the target population. Comparison of beliefs of mothers and professionals sharing the same ethnic background but living in different countries was only made for the Turkish. To assess whether the views of mothers and professionals living in host societies are just as similar to the views of mothers and professionals living in their country of origin, such a comparison needs to be made for each ethnic group. In addition, participating mothers were not selected for their need for professional assistance or support in child rearing. Parental views of sensitivity may be more distorted in distressed families than in the current sample. Future research is needed to make a distinction between dyads in need of support and dyads who are not to find out whether our results can be generalized to distressed mother–child dyads in need of support. Moreover, there is a lack of studies assessing both sensitivity behaviors and sensitivity beliefs together, whereas this combination could provide important insights into the translating of beliefs into practice, and thus warrants future research attention. Finally, we only focused on mothers' and female professionals' views of the ideal mother. Future research should include fathers and male professionals as well.

The current study contributes to the growing evidence that sensitivity is a cross-culturally applicable concept in early childhood parenting. In our study no evidence is found for differences in sensitivity beliefs between ethnic groups of mothers and professionals within a country or between countries. We found a cognitive match regarding the importance of sensitivity as reflected in the high convergence between mothers and professionals with different cultural backgrounds. This match is of major importance for scientists and professionals working with minority families. Our findings suggest that early childhood parenting interventions focused on enhancing sensitivity could be successfully applied in programs for minority families.

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