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Body perception and emotional control ability and parental burnout in women - a pilot study

Percepcja własnego ciała oraz zdolność do kontroli emocji a wypalenie rodzicielskie u kobiet – badanie pilotażowe

Abstract: The experience of parenthood significantly affects various aspects of psychosocial functioning of mothers and fathers. Its quality and the related feeling of satisfaction from being a parent are determined by multiple and diverse determinants. Problems, challenges and relations tend to be gender-specific to some extent, which is due to biological and socio-behavioural factors. The objective of this study was to investigate correlations in two areas: 1) correlations between demographics such as the mother's age and the number of children as well as the child's/children's health and the household members' support, and the level of parental burnout; 2) potential correlations between the mother's emotions (Emotional Attitude to the Body and Control of Emotions) and the level of parental burnout. Seventy eight women (N=78), aged 22-59, participated in the study. The study was conducted as an online survey consisting of the demographics developed by the authors for this study, two subscales from the Body Self Questionnaire and the Parental Burnout Assessment (the Polish version of PBA). The results

show that parental burnout correlates positively with a negative attitude toward one's own body and a low ability to control emotions. Demographic and practical aspects related to childcare are not significantly related to burnout in women.

Keywords: parental burnout, perception of one's own body, control of emotions, motherhood.

Introduction

The issue of the Body Self has been the focus of academic research in recent years in many contexts that directly refer to various aspects of being a woman. Examples include analyses of the relationship between the Body Self and the experience of menopause (Włodarczyk and Dolińska-Zygmunt, 2017), the importance of the Body Self for the psychosocial functioning of young women (Wiśniewska, 2014) or the relationship between the body image and physical activity of women during pregnancy and postpartum (Ziółkowska, 2020). Sometimes, when a woman experiences changes – such as motherhood – her perception of various dimensions of the Body Self is also altered. It can therefore be assumed that this theoretical construct and its individual components are related to the quality of experiencing motherhood.

The Body Self

The very concept of *corporeality* seems to be so complex that it is hard to offer a universal definition, therefore psychology has not developed a comprehensive and coherent description of this construct (Mirucka, 2003, 2005, 2013; Sakson-Obada, 2009). A particularly important challenge is the complexity and heterogeneity of the concept of corporeality and Body Self, because "very different aspects of corporeality are conceptualised (appearance, cognitive representation of the body, a way of experiencing the body), and their approach is derived from different paradigms (neurophysiological, cognitive, or psychodynamic)" (Sakson-Obada, 2009, p. 97).

Moreover, two different constructs are often confused, i.e., the body image and Body Self, the latter of which is a much broader concept (Mirucka and Sakson-Obada, 2013). For the purposes of this paper the following definition was adopted: "The Body Self is an element of the Self – a structure that arranges bodily experiences as representations, the quality of which determines the way of experiencing oneself, i.e. the physical sense of one's own identity" (Sakson-Obada, 2009, p. 98). Yet, the term *sense of physical identity* (a regular one, related to optimal functioning) is understood as

a preconscious state of well-being related to *feeling at home in one's own body* (Sakson-Obada, 2009, p. 98). The Body Self construct, seen as a component of identity, is also analysed in terms of body dysmorphic disorders, eating disorders, mental disorders (e.g. schizophrenia) and the parent's role in supporting proper development of the child's Body Self (Sakson-Obada and Mirucka, 2017).

Parental burnout

The phenomenon known as *parental burnout* is a construct inspired by the concept of professional burnout and the Maslach Burnout Inventory (MBI) by Christina Maslach (1986). The Parental Burnout Assessment (PBA) questionnaire, based on the MBI (Roskam, Brianda and Mikolajczak, 2018), examines the level of parental burnout and offers an opportunity to analyse potential relationships between aspects of the Body Self and women's parental self-fulfillment.

Research on parental burnout has gained popularity in recent years. Piotrowski et al. (2022) present a comprehensive review of the theory of parental burnout, the questionnaires used to measure it, and the latest research on this phenomenon.

Parental burnout has been also associated with low self-esteem, a high need for control (Lindstrom, Norberg, 2011), an emotion-focused coping strategy (Lebert-Charron et al., 2018) and parental perfectionism, including parents' use of maladaptive emotion regulation strategies (Lin and Szczygieł, 2022a). Gender, parents' age, employment status, financial situation, and having children with special needs had a unique impact on parental burnout (Sorkkila and Aunola, 2020; Furutani et al, 2020, p. 7). However, an even more important risk factor for burnout was socially imposed perfectionism: the higher the level of expected perfectionism was reported by parents, the higher was their parental burnout. The correlation between gender and parental burnout resulting from perfectionism was confirmed: mothers more frequently than fathers reported perfectionism (Sorkkila and Aunola, 2020; Furutani et al, 2020). Parental burnout was more frequently manifested by single parents (Arikan et al, 2020). Moreover, previous studies have found a weak correlation between parental burnout and socio-demographic characteristics (St˘anculescu, 2020), and a moderate correlation between parental burnout and professional burnout, neuroticism, misunderstandings between parents and family disorganisation (Furutani et al, 2020).

Although the issues discussed are well rooted in psychological research, recent years have brought the development of more reliable and

accurate tools to measure this construct (Mandecka, 2019, p. 25). In the process of developing research tools, alternative versions of questionnaires (PBI, PBA) were tested, adding to the concept devised by Maslach the dimensions specific to the experience of parenthood (Mandecka, 2019; Roskam, Brianda and Mikolajczak, 2018, p. 3). The PBA, which was used in this study, proved to be more reliable and accurate (Roskam, Brianda and Mikolajczak, 2018).

There are no studies in the field literature analysing the inter-correlations of aspects of the Body Self and parental burnout, which may be due to the fact that the Polish adaptation of the burnout assessment tool (the Polish version of the PBA) was published only as late as in 2020.

Methodological assumptions of the authors' own research

The research problem is a potential correlation between selected socio-demographic aspects (Age, Education, Place of residence, Number of children, Children's health, Support in childcare) and two aspects of the Body Self (Emotional attitude towards the body and Control of emotions), and parental burnout in women. Four sub-dimensions of parental burnout were also considered: Exhaustion in parental role, Feeling of being fed up with being a parent, Contrast in parental self, and Emotional distancing.

The aim of this study was to verify whether burnout depends on the mother's age and education, the number of children and the fact whether they require specialist medical care, as well as on the mother's perception of and emotional attitude towards her body and control of emotions.

An ex-post facto survey was conducted, the aim of which was to determine whether any correlations exist between individual socio-demographic data regarding mothers, circumstances of experiencing motherhood, the attitude towards one's own body and control of emotions in the women under study, and the level of parental burnout and its subdimensions.

The following research questions and hypotheses were formulated in this study:

General research question: Are there any correlations between selected circumstances of experiencing motherhood and parental burnout?

General hypothesis: There are correlations between selected circumstances of experiencing motherhood and aspects of women's perception of their own body, and parental burnout.

Question 1: Is there a correlation between the number of children and parental burnout in women and individual subdimensions of this variable?

Hypothesis 1: The number of children correlates positively with parental burnout in women and individual subdimensions of this variable.

It can be assumed that the more children women have, the more duties and responsibilities they are burdened with, which is potentially related to parental burnout.

Question 2: Is the health of the child/children related to the level of parental burnout and exhaustion in parental role in women?

Hypothesis 2: Mothers whose children require special additional care have higher levels of parental burnout and exhaustion in parental role. Burnout may be caused by additional workload related to, e.g., the need for rehabilitation, seeking additional therapies, or regular follow-ups to specialists.

Question 3: Is household members' support associated with reducing parental burnout and exhaustion in parental role?

Hypothesis 3: The presence of household members' support correlates negatively with the level of burnout and exhaustion in parental role. This support unburdens the mother, thus facilitating mental and physical regeneration.

Question 4: Is there a correlation between the emotional attitude towards one's own body and the level of burnout and its individual subdimensions?

Hypothesis 4: A negative emotional attitude towards one's own body is associated with a high level of parental burnout and high scores in its subdimensions.

Question 5: Is there a correlation between the ability to control one's own emotions and the level of burnout and its individual subdimensions?

Hypothesis 5: Low ability to control one's own emotions is associated with a high level of parental burnout and high scores in its subdimensions.

Question 6: Is age related to the level of parental burnout in women?

Hypothesis 6: The level of parental burnout increases with age.

Question 7: Is education related to the level of parental burnout in women?

Hypothesis 7: Higher education levels are associated with higher levels of parental burnout. It can be assumed that educated women have greater ambitions and broader horizons, and they do not limit themselves to starting a family and raising children. Thus, they may be more susceptible to burnout resulting from the inability to fulfill themselves in other areas.

Question 8: Is the place of residence related to the level of parental burnout in women?

Hypothesis 8: The size of the place of residence is related to the level of parental burnout.

Research methodology and selection of the research sample

In the study, non-probability purposive sampling was used to select 78 respondents. The data were collected in a systematic and comprehensive manner for three months. The study covered participants who responded to calls on interest groups for parents on social networking sites (Rodzice pomagają rodzicom *[Parents help parents]*, Mama+ dziecko w Polsce *[Mom + child in Poland]*, Mama w Toruniu *[Mom in Toruń]*, etc.) and on internet forums offering mutual assistance in completing questionnaires. Some of the data were obtained using the so-called *snowball effect*; individual invitations to take part in the study and requests to forward the survey were sent. It is highly probable that among the latter group persons with higher education prevailed.

Due to pandemic restrictions, the survey was conducted only online via a Google Form and it was fully anonymous.

The study included women with at least one child (N = 78). No age limit was applied while selecting the sample. The number of women whose results were analysed is N = 78, aged 22 to 59 (M = 37.54, SD = 7.99). The vast majority of respondents N = 54 (69.2%) have higher education. The next largest group (N = 17) (21.8%) of women participating in the study had vocational, secondary or post-secondary education. Some of the respondents (N = 6) (7.7%) were students. N = 1 (1.3%) of the surveyed women had primary education.

Three groups of variables were studied: socio-demographic variables (age, education, number of children, health of the child/children); two subscales from the Body Self Questionnaire (Emotional attitude towards the body and Control of emotions) (Sakson-Obada, 2) and the Parental Burnout Assessment (PBA-PL, 2020) along with its four subdimensions. The indicators of the variables Emotional attitude towards the body and Control of emotions are the sum of scores in these subscales, with a view to reverse coding. Due to the fact that two of the seven subscales of the Body Self questionnaire were selected, they were treated as two separate variables and no common indicator was developed for them. The indicator of the Burnout variable is the sum of the results from individual questions. In addition, indicators for the four sub-dimensions of this assessment (Exhaustion in parental role, Feeling of being fed up with being a parent, Contrast in parental self and Emotional distancing) were calculated by summing up responses in each subdimension, respectively. Specific numerical data on the variables can be found in Table 1 in the Score section.

Tools

The survey conducted online via Google Form consisted of the demographics, developed by the authors for this study, two subscales of the Body Self questionnaire (Emotional attitude towards the body and Control of emotions) and the Polish adaptation of the Parental Burnout Assessment (the Polish version of the PBA, 2020). The study used a demographics tool developed for the needs of this paper, which included questions about age, education, place of residence, number of children, age of the child/children, health of the child/children (lack or need for specialist therapeutic support) and support in childcare (the child's father and family members).

Subscales of the Body Self questionnaire

The Body Self Questionnaire (Sakson-Obada and Wycisk, 2015) is a complex tool that includes ten subscales: Raised sensory thresholds; Lowered sensory thresholds; Interpretation of sensations in terms of emotions; Interpretation of sensations in terms of physical states; Sense of physical identity; Regulation of emotional states; Regulation of physical states; Emotional attitude towards the body; Comfort with closeness with others; Assessment of physical fitness; Biological gender acceptance and Body protection. Cronbach's alpha coefficient for individual subscales is between 0.74 and 0.87 (Sakson-Obada and Wycisk, 2015, p. 85). The tool has two versions: one for women and one for men. The subscales Emotional attitude towards the body (Cronbach's alpha = 0.84) and Control of emotions (Cronbach's alpha = 0.86) from the version for women were selected for the study. The choice was motivated by a potential correlation of these variables and the level of parental burnout, and the wish to limit the number of questions so as to include those that would not discourage respondents from continuing to take part in the survey, which could negatively affect the outcome of completed questionnaires.

PBA-PL Parental Burnout Questionnaire

The PBA-PL questionnaire is the Polish adaptation of the Parental Burnout Assessment (Roskam, Brianda and Mikolajczak, 2018). It consists of four subscales: Exhaustion in parental role, Feeling of being fed up with being a parent, Contrast in parental self and Emotional distancing. Cronbach's alpha for women is 0.92, including 0.91 for the subscales Exhaustion in parental role, Feeling of being fed up with being a parent and Contrast in parental self and 0.79 for the subscale Emotional distancing, respectively.

Transparency and Openness

We provided above we report how we determined our sample size. A detailed description of the survey is presented above. Analyses were conducted using IBM SPSS Statistics, Version 27. The study design and analysis were not preregistered.

Analysis of the authors' own research results

IBM SPSS Statistics, Version 27, was used to analyse the data, and conventional tests of statistical significance were used to verify the hypotheses. The Shapiro-Wilk test was used to assess the normality of variable distributions.

To analyse the correlations between the main scale score and subscales score from the two questionnaires used in the study and the socio-demographic data from the demographics, the Spearman rho correlation test was used, as the criteria for the Pearson r-test were not met.

Table 1. Basic descriptive statistics of the analysed variables along with the Shapiro-Wilk test

Variable	M	Me	SD	Sk.	Kurt.	Min.	Max.	Shapiro-Wilk score	p
Age	37.54	37.00	7.99	0.50	0.06	22.00	59.00	0.97	0.046
Education	3.67	4.00	0.55	-1.90	5.41	1.00	4.00	0.59	<0.001
Place of residence	3.18	4.00	1.46	-0.48	-1.26	1.00	5.00	0.82	<0.001
Number of children	1.88	2.00	1.16	2.17	5.93	1.00	7.00	0.71	<0.001
Support in childcare	0.81	1.00	0.40	-1.59	0.55	0.00	1.00	0.48	<0.001
Health	0.17	0.00	0.38	1.82	1.36	0.00	1.00	0.45	<0.001
Emotional attitude towards the body	22.50	22.00	8.38	0.36	-0.71	8.00	40.00	0.96	0.014
Control of emotions	19.60	19.00	5.53	0.27	-0.89	10.00	32.00	0.96	0.027
Parental burnout	55.32	47.00	30.19	1.54	1.91	22.00	154.00	0.83	<0.001
Exhaustion in parental role	26.23	23.50	13.22	1.09	0.64	9.00	63.00	0.90	<0.001

Feeling of being fed up with being a parent	11.41	8.50	7.50	1.68	2.23	5.00	35.00	0.78	<0.001
Contrast in parental self	11.74	9.00	7.49	1.61	1.80	5.00	35.00	0.79	<0.001
Emotional distancing	5.94	5.00	3.68	1.70	3.06	3.00	21.00	0.78	<0.001

M = mean, SD = standard deviation.
Source: Data from own research

The analysis of basic descriptive statistics of the analysed variables is presented in Table 1. On the basis of the Shapiro-Wilk tests, it was found that the data deviated from the normal distribution. The skewness of all variables ranged between -2 and +2, which means a right-skewed distribution.

The variables from the demographics that were analysed were the following: Number of children, Children's health and Support in childcare. The demographic variables considered are Age, Education and Place of residence. The statistical analysis demonstrated that the data are symmetrical in the case of such variables as Age and Place of residence. Other variables have asymmetrical distribution.

Distributions of the variables described above deviate from normal distributions, therefore a non-parametric Spearman's rho correlation analysis was performed as the assumptions of the Pearson's r-statistical significance test were not fulfilled.

Spearman's rho correlation analysis (Table 2) was performed on the correlation between the number of children and the level of parental burnout, and the four subdimensions of this variable. The statistical analysis showed no statistically significant correlation in all configurations. Only the correlations between individual burnout subdimensions turned out to be statistically significant.

Table 2. Spearman's rho correlation results for the variables Number of children and Parental burnout and its subdimensions

Variable	1	2	3	4	5
1. Number of children	-	-			
2. Parental burnout	-0.03	-			
3. Exhaustion in parental role	-0.30	0.94**			
4. Feeling of being fed up with being a parent	-0.06	0.94**	0.83**		
5. Contrast in parental self	-0.053	0.85**	0.70**	0.86**	
6. Emotional distancing	0.061	0.74**	0.59** 0.66**		0.74**

**p<0.001.
Source: Data from own research

Spearman's rho correlation analysis (Table 2) was performed to examine the correlation between the variable Children's health and the general level of burnout and the score on the subscale Exhaustion in parental role. The analysis showed no statistically significant correlation between these variables.

Table 3. Spearman's rho correlation results for the variables Children's health and Parental burnout, and Exhaustion in parental role

Variable	1	2
1. Children's health	-	
2. Parental burnout	0.175	-
3. Exhaustion in parental role	0.135	0.94**

**p<0.001.
Source: Data from own research

The Spearman's rho correlation analysis (Table 3) was performed to examine the correlation between having childcare support and the level of burnout, and the score on the Exhaustion in parental role subscale. The statistical analysis demonstrated no statistically significant correlation between these variables.

Table 4. Spearman's rho correlation results for the variables Support in childcare an Parental burnout and Exhaustion in parental role

Variable	1	2
1. Support in childcare	-	
2. Parental burnout	0.102	-
3. Exhaustion in parental role	0.038	0.94**

Source: Data from own research

The rho-Spearman correlation analysis (Table 5) was performed to analyse the correlation between the emotional attitude towards one's own body and the level of parental burnout, and the four subdimensions of this scale (Exhaustion in parental role, Feeling of being fed up with being a parent, Contrast in parental self and Emotional distancing). The statistical analysis showed a statistically significant positive correlation between the variables. This means that the more negative the emotional attitude towards one's own body, the greater the level of burnout and its individual components such as a sense of exhaustion, feeling of being fed up, a perceived contrast in parental self and emotional distancing towards child/children.

Table 5. Spearman's rho correlation results for the variables Emotional attitude towards the body and Parental burnout, and its subdimensions

Variable	1	2	3	4	5
1. Emotional attitude towards one's body					
2. Parental burnout	0.35**				
3. Exhaustion in parental role	0.30**	0.94**			
4. Feeling of being fed up.with being a parent	0.40**	0.94**	0.83**		
5. Contrast in parental self	0.41**	0.85**	0.70**	0.86**	
6. Emotional distancing	0.33**	0.74**	0.59**	0.74**	0.66**

**p<0.001.
Source: Data from own research

Another analysis of Spearman's rho correlation (Table 6) examines the correlation between controlling one's own emotions and the level of parental burnout, and the four subdimensions of this scale (Exhaustion in parental role, Feeling of being fed up with being a parent, Contrast in parental self and Emotional distancing). Similarly to the Emotional attitude towards the body variable, the statistical analysis showed a statistically significant positive correlation between the variables. The lower the ability to regulate one's own emotions, the higher the level of parental burnout and the sense of exhaustion, feeling of being fed up, contrast in parental self and emotional distancing towards the child/children.

Table 6. Spearman's rho correlation results for the variables Control of emotions and Parental Burnout and its subdimensions

Variable	1	2	3	4	5
1. Control of emotions					
2. Parental burnout	0.49**				
3. Exhaustion in parental role	0.45**	0.94**			
4. Feeling of being fed up with being a parent	0.46**	0.94**	0.83**		
5. Contrast in parental self	0.45**	0.85**	0.70**	0.86**	
6. Emotional distancing	0.36**	0.74**	0.59**	0.74**	0.66**

**p<0.001.
Source: Data from own research

Spearman's rho correlations (Table 7) were also investigated between basic demographic variables (Age, Education and Place of residence) and the overall score on the parental burnout scale. The statistical analysis presented no correlations between the variables.

Table 7. Spearman's rho correlation results for demographic variables and emotional attitude towards the body, control of emotions, parental burnout and its subdimensions

Variable	1	2	3
1. Age	-		
2. Education	0.89	-	
3. Place of residence	-0.05	0.06	-
4. Parental burnout	-0.21	0.17	

Source: Data from own research

Discussion of results

The results of the research conducted partially corroborate the general hypothesis assuming that correlations between parental burnout and certain circumstances and aspects of the experience of parenthood can be identified. The analysis of individual non-parametric correlations showed that in the women under study no significant correlation between the number of children and the general level of parental burnout or any of its four subdimensions can be identified. This is confirmed, e.g., in studies on the Romanian parents, where socio-demographic characteristics (i.e. age, educational level, family type, number of children, children's age, number of women in the household, number of men in the household, hours spent with children, having paid professional activities, and neighbourhood) were poorly correlated with parental burnout (St˘anculescu, 2020).

The statistical analysis did not confirm the second hypothesis as no correlation was found between the child's health and the level of burnout, and exhaustion in parental role. One can assume that caring for a child with health problems poses more serious challenges for the parent. Ruth Sullivan (1979) noted that the overload of long-term care faced by parents of children with developmental difficulties or chronic illnesses can lead to mental or physical exhaustion. Recent research on the Polish population confirms these results (Dzielińska et al. 2023). This study has not confirmed this statement. It can be assumed that no such cases occurred in the study sample or that health problems in the respondents' children did not exacerbate or were short-term. It should be stressed that the above was not taken as a variable in this study. The research conducted also demonstrated that mothers whose children require specialist medical care, rehabilitation, etc., do not manifest higher levels of burnout. This attitude can be accounted for by the fact that women may be more willing to face the tasks and responsibilities. They adapt to new difficult situations and acquire skills in solving difficult problems. Another potential factor that may be important are social expectations and peer pressure. Similarly, no correlation was found between the presence or absence of household members' support and the level of parental burnout, and exhaustion in parental role. Moreover, these results are consistent with other empirical analyses which demonstrate that socio-demographic factors are significantly related to parental burnout, but these correlations are significantly weaker than personality factors (Blanchard et al. 2006; Mikolajczak et al. 2018b).

It has been observed in this study that a negative emotional attitude towards one's own body is associated with a high level of parental burnout

and high scores in its subdimensions. This may result from feeling constant pressure and stress regarding social requirements and the demands placed on oneself, lack of time and willingness to maintain good looks, from low self-esteem, attempts at replicating certain patterns present in the media, from the lack of relevant skills and competences. It should be recognised that parental burnout is primarily related to the individual resources of the parent. Thus it would be worthwhile to consider the need to raise awareness and educate Polish mothers to be self-accepting, self-caring, and self-compassionate. Creating conditions for regaining mental and physical balance seems essential as well. These can be important elements in mental regeneration that can provide some resources to help individuals in dealing with burnout.

The correlation between controlling one's own emotions and the level of burnout and its individual subdimensions was also confirmed. The lower the ability to control emotions, the higher the level of parental burnout and the higher the scores in its subdimensions. It can therefore be concluded that in the parent – child interaction, it is important to control one's own emotions and have sufficient resources to effectively counteract the outcomes of negative behaviours. This includes being able to identify emotionally burdensome situations, one's emotions, to understand their causes and consequences in order to strive for changes. This can be crucial for the well-being of both the parent and child. This is also related to the increase in cultural and social demands imposed on parents nowadays who often undertake a lot of effort to fulfill their role, which results in fatigue, stress and exhaustion.

The study did not confirm the hypotheses regarding the impact of demographic data on the level of burnout. The analysis did not include a comparison of the level of burnout in mothers whose children were born from single pregnancies and those who gave birth as a result of multiple pregnancies due to the size and disproportion of these two groups; only 3 respondents (5.3%) declared that they belonged to the group of mothers of twins, triplets, etc. Taking into account the diversity of the entire sample in terms of mothers' age (22-59 years) and the wide range of children's ages, it would be worth conducting further analyses divided into subgroups and compare the level of burnout in parents of younger children, teenagers and adult children, assuming appropriate age ranges.

Conclusion

In the case of circumstances related to practical aspects of everyday experience of motherhood, such as taking care of special needs resulting from the child's health or the presence or absence of support from household members, no significant correlation was identified between the variables Children's health and Support in childcare, and the level of burnout (along with the result on the Exhaustion in parental role subscale). Only the correlations of two variables regarding mothers' emotions with the level of burnout and all its subdimensions turned out to be statistically significant. The more negative the emotional attitude towards one's own body and the lower the ability to control one's own emotions were, the higher the level of burnout in the women under study was observed. Moreover, it is associated with a greater sense of exhaustion and feeling of being fed up with being a parent, as well as a more significant contrast in parental self and greater emotional distancing towards children.

These results undoubtedly constitute an inspiration for further research, as they indicate the predominance of the correlation between the level of burnout and aspects related to emotions and corporeality. However, practical aspects of parenting that could potentially seem significant for parental burnout turned out to be secondary.

These results suggest that working on improving self-acceptance and the ability to cope with emotions may help reduce parental burnout. It indicates the need for further exploration of the role of emotions and self-esteem in the context of parental burnout. Future research could focus on developing interventions that help mothers cope with emotional and bodily challenges, which may contribute to reducing burnout. It is important to organize workshops or informational meetings for parents where the symptoms, causes, and consequences of parental burnout are discussed. Raising awareness about this phenomenon could help mothers recognize the early signs of burnout and undertake appropriate actions. Support programs and groups, as well as psychological counseling, can also help alleviate the symptoms of burnout, and it is important to support parents in building a social support network, both within the family and beyond. Developing skills for recognizing, naming, and managing emotions can help mothers deal with challenging parenting situations. Educational programs should include emotional literacy and emotion regulation techniques which can reduce the risk of burnout.

It should be remembered that there are still few reports on research conducted in this area in Poland, given the fact that the Polish adaptation

of Parental Burnout Questionnaire was published in 2020. Certainly, the conclusions drawn from the presented research should be taken into account and be gradually verified.

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