

Science & Society

Beyond Job Burnout:
Parental Burnout!

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Here, we lift the veil on an existing but long taboo phenomenon: parental burnout (PB), an exhaustion syndrome related to the parenting role. PB is caused by a perceived gap between parenting resources and demands, and has a host of serious consequences for both parents and their children.

Beyond Job Burnout: Parental Burnout!

Parenthood can usher in the best of times. It can also usher in the worst of times. Parenting can be a life-affirming and deeply enjoyable experience, but it can also be a life-denying and deeply frustrating experience. When parents chronically face parenting stressors without the resources needed to handle them, they may develop PB. The parallels between parenting and the experience of work is obvious: work can be both gratifying and stressful, and can also lead to burnout. Interestingly, however, although humans have both parented and worked since the dawn of time, there have been thousands of publications on job burnout and <50 on PB. One explanation for this huge asymmetry is that people in power in science (historically men) have set the agenda, and work has traditionally been the domain of men and parenting the domain of women. Here, we draw attention to a problem that needs urgent attention and that affects millions of parents around the world (and not just women!): parental burnout [1].

What Is Parental Burnout?

While parenting stress is perfectly normal, PB occurs when there is a lasting mismatch

between perceived stressors and resources in the parenting domain [2]. The subjective phenomenology of PB is the result of this chronic and overwhelming stress, which leads parents to feel exhausted and run down by their parenting role. If you are experiencing PB, merely thinking about what you have to do with or for your children makes you feel as though you have reached the end of your tether. Over time, this leads you to detach yourself from your children and start acting on autopilot. You are 'in survival mode'. Outside the usual basic routines (lifts in the car, bedtime, meals, etc.), you are no longer able to invest in the relationship with your child(ren). You do not enjoy being with your children anymore and your lack of fulfillment in parenting is such that, sometimes, you cannot stand your role as parent anymore. In the end, you do not recognize yourself as the parent you used, and wanted, to be [3].

Of course, most parents occasionally experience these symptoms. However, PB is not ordinary transient parenting stress. It is chronic overwhelming stress. This is not only evident at the psychological level, but also in parents' bodies, where it is possible to trace the level of stress that an individual has experienced over the previous 3 months. Specifically, the level of hair cortisol in parents seeking treatment for PB was twice as high as that of demographically matched control parents [4]. This relation appears to be causal because psychological treatment for PB brought cortisol values back to normal [5]. The fact that the hair cortisol of parents in burnout is even higher than in patients with severe chronic pain [6] is a testament to the intense suffering experienced by these parents.

What Leads to Parental Burnout?

How can a parent become so tired of parenting? Counterintuitively, sociodemographic factors do not strongly predict PB. For example, although being a woman, having a large family, having

young children at home, and being a stay-at-home parent do increase the risk of PB, taken together, sociodemographic factors explain little variance in PB [2]. The strongest predictors of PB are related to: (i) the psychological characteristics of parents (such as being a perfectionist e.g., [7] or lacking emotion and stress-management abilities [8,9]); (ii) the characteristics of their children (e.g., children lacking conscientiousness [8] or children with special needs [10]); (iii) their child-rearing practices (e.g., being inconsistent [9]); (iv) the quality of the relationship with the coparent (e.g., being unsupported, not recognized, or denigrated by the other parent [9,11]); (v) the level of extrafamilial support (e.g., lacking support from extended family or friends [10]); (vi) the way that family life is organized (e.g., lacking routines or orderliness [9]) and the time available for leisure activities (e.g., lacking time for replenishing activities that allow to parents to take a break [9,11]), see [2] for a review of risk and protective factors for PB and their respective weights).

As the foregoing suggests, PB depends on not only the stressors that weigh on the parent, but also the perceived resources. Most parents have several risk factors (i.e., factors that increase parenting stress), but they also have several resources (i.e., factors that decrease parenting stress). For instance, Mary may be a perfectionist stay-at-home mother struggling with a young child with learning difficulties and with a difficult adolescent, but she benefits from the support of her husband and her mother, and she has a hobby (painting) that helps her breathe out and take distance from parenting. It is when the balance between perceived risks and resources chronically leans to the wrong side that PB occurs [2].

Why Does Parental Burnout Matter?

Some parents are exhausted. Big news. (Why) should we worry? What makes PB worrying is the combination of its relatively high prevalence and

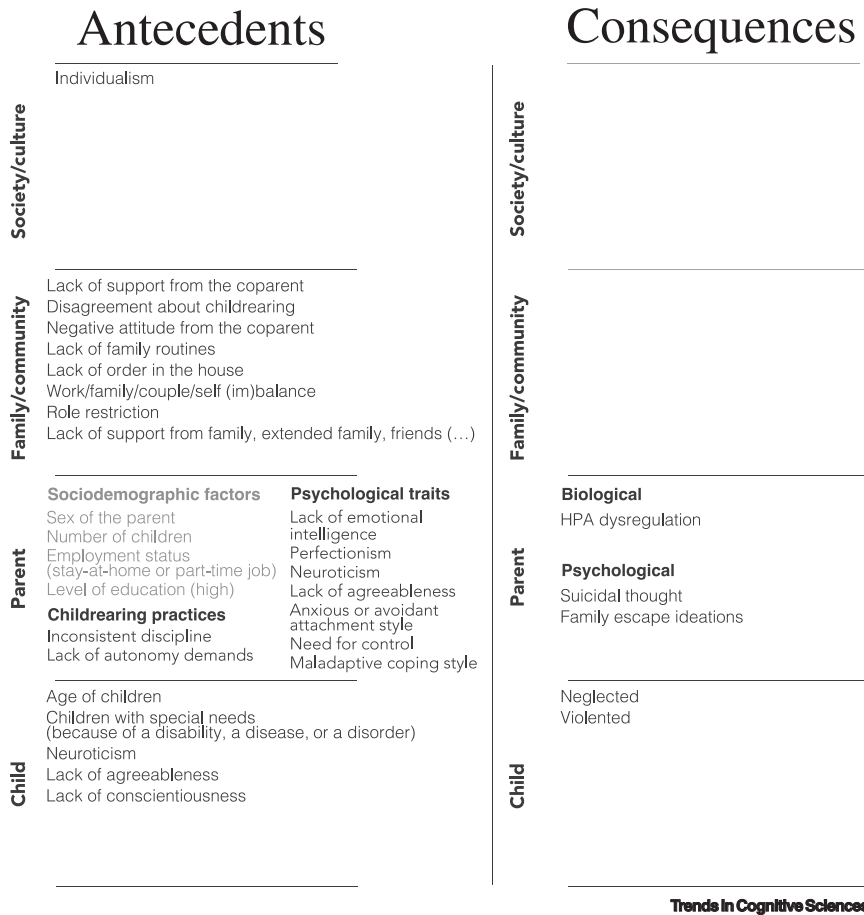


Figure 1. Antecedents and Consequences of Parental Burnout. Sociodemographic factors are in lighter gray because their predictive power of parental burnout is significantly lower than the other categories of factors. In the 'Consequences', we have listed only the variables that have been shown to be consequences (and not only correlates) of parental burnout. Empty boxes await investigation. Abbreviation: HPA, hypothalamic–pituitary–adrenal axis.

the seriousness of its consequences (Figure 1). At present, 5% of parents, a number that can rise to 9% in Western countries, have PB

(International Investigation of Parental Burnout [12]). In the USA, the prevalence rate is 8%, which means that >5.5 million parents are likely to have PB.

Box 1. The Cognitive Science of Parental Burnout

There is a critical dearth of cognitive studies in the field of PB. This is regrettable because there are good reasons to believe that cognitive processes (e.g., executive functions, attentional, appraisal, or memory processes) are involved in the onset or maintenance of PB. First, the fact that sociodemographic factors (e.g., number and age of children, or single parenthood) weigh so little in predicting PB suggests that cognitive factors are operative. Second, cognitive processes are known to have a crucial role in most psychological conditions. Here too, cognitive processes could moderate or mediate the impact of sociodemographic and situational stressors on PB. For instance, the impact of a child's difficult behaviors on PB might be stronger if the parent pays more attention to these behaviors (moderation), and the appraisal of these behaviors might be more negative if the parent receives no help from their spouse (mediation). Besides their role between objective circumstances and PB, cognitive processes may also moderate the impact of PB on its possible consequences (e.g., parents' level of inhibitory control could moderate the link between PB and parental violence). As these few examples show, there is much to do at the intersection of cognitive science and PB.

Parents in burnout are at risk for a host of negative consequences that affect not only themselves, but also their children. As regards the parents themselves, PB can give rise to severe suicidal and escape ideations [1], which are in fact much more frequent in PB than in job burnout or even depression [13]. This finding is not surprising considering that one cannot resign from one's parenting role or be put on sick leave from one's children. PB also appears to dysregulate the hypothalamic–pituitary–adrenal (HPA) axis [4,5], which may help explain the somatic complaints and sleep disorders reported by burned-out parents [13]. In addition to affecting the parents, PB can have serious repercussions for children. It strongly and linearly increases both parental violence and parental neglect [1]. All these effects are causal: when PB is treated via a targeted psychological intervention, parental violence and neglect decrease in a manner proportional to the decrease in PB, and HPA axis activity normalizes [5].

What Can Be Done to Reduce Parental Burnout?

PB leads to significant suffering for both parents and children and, given the life-long repercussions of parental distress and child neglect and/or maltreatment [14], there is an urgent need for steps to prevent and treat PB. The fact that PB results from a perceived mismatch between stressors and resources suggests that there are two intervention avenues at both societal and individual levels: (i) create a society with fewer stressors (e.g., less pressure on parents); (ii) provide parents with more external resources (e.g., greater supports from the state and the community); (iii) change individuals' perceptions to decrease perceived stress (see Box 1); and (iv) build individuals' internal resources to cope with parenting stress. Thus, reducing PB is both a collective and individual responsibility.

The huge variation in levels of PB across the world (some countries have a prevalence ten times greater than others) suggests that intervening at the societal level (the two first avenues) may be an efficient means to reduce PB. Interestingly, PB is much less common in Africa, where the average number of children in some countries is seven (but where a whole village participates in childcare) than in Western countries, where the average number of children is less than two (but where parents often run frantically from one extracurricular activity to another, seeking to 'optimize' the development of their two children) [12]. Although explanatory factors of these differences in prevalence have yet to be studied, it is possible that the Western demand for parenting perfection (fostered by individualism and performance values, state recommendations, and social comparison on social networks) has become particularly toxic.

Knowing that societal changes are often difficult and slow, it will likely be necessary to also intervene at the individual level (the third and fourth avenues). One framework for conceptualizing individual-level interventions to decrease stress is the process model of emotion regulation [15], which opens several perspectives to both reduce parenting stressors and/or build internal

resources to cope with them. As applied to PB, this framework suggests interventions at several complementary levels. For example, parents could be taught to better select the situations to which they expose themselves (e.g., decrease children's extracurricular activities), change situations so as to alleviate the associated burden (e.g., share rides with other parents), modify their attention (e.g., pay less attention to clutter in the rooms), reappraise difficult situations in a more positive way (e.g. reappraise difficult behaviors as a sign of a child's fatigue instead of provocation), or attenuate their physiological activation (taking time to relax and breathe away from parenting stress). As confidence in their use of these strategies grows, parents may come to feel more certain that they have the resources needed to manage the parenting stressors they face, tipping the balance away from PB.

Declaration of Interests

No interests declared.

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