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I am not the parent I should be: Cross-sectional and prospective associations between parental self-discrepancies and parental burnout

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ABSTRACT

Because research has shown systematic associations between self-discrepancies and several psychological disorders, self-discrepancy is considered as a transdiagnostic factor in psychopathology. The current research contributes to the literature by testing both cross-sectionally and longitudinally the role of self-discrepancies in parental burnout, an exhaustion disorder in the parenting domain where standards are high and prescriptions numerous. In three studies (including a prospective one; $N_1 = 109$, $N_2 = 1689$, N_3 Third measurement time = 553 parents), we showed that self-discrepancies are strongly associated with parental burnout, and Study 3 showed that they even predict rank-order increases in such burnout. These results have implications for research on self-discrepancies, parental burnout and psychopathology more broadly.

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Gap; self; exhaustion; psychopathology; psychological disorder

"I should be more patient", "I should be more attentive", "I would like to be more successful", "My children would like me to be more available for them", "My boss expects me to perform better than I do", "In my situation, people expect me to feel happier than I am" (...). These few examples illustrate a common phenomenon in humans: the perception of gaps between who they believe they actually are, and who they would ideally like to be or who they think others want them to be. The notion of such gaps between different "selves" has been investigated in social psychology under the concept of self-discrepancy (for a review, see Hardin & Lakin, 2009). Higgins (1987), the founding father of Self-Discrepancy Theory (SDT), distinguished between two types of discrepancies: the discrepancy between the actual self (the kind of person an individual believes he or she is) and the ideal self (the type of person he or she aspires to be), and the discrepancy between the actual self and the socially prescribed self (the type of person someone believes others aspire for him or her to be).

Over the past three decades, studies have shown significant associations between self-discrepancies and mental health problems (Mason et al., 2019). Compared to the general

population, discrepancies are more prevalent in populations suffering from depression (Fairbrother & Moretti, 1998; Philippot et al., 2018; Scott & O'Hara, 1993), anxiety (Philippot et al., 2018), alcohol dependency (Poncin et al., 2015), eating disorders (Mason et al., 2016), borderline personality disorder (Parker et al., 2006), paranoia (Hartmann et al., 2014), and suicidal behaviors (Cornette et al., 2002). A recent meta-analysis of 70 studies on self-discrepancy and psychopathology confirmed a small-to-medium association of $r = .25$ (Mason et al., 2019).

Regarding the question which specific aspects of self-discrepancies are associated with psychopathology, Higgins (1987) had initially proposed that the discrepancy between the actual and socially prescribed selves would be uniquely related to anxiety, while the discrepancy between the actual and the ideal selves would be uniquely related to depression. Research has demonstrated that, indeed, actual versus ideal self-discrepancy was more prevalent in depression. In contrast, actual versus socially prescribed self-discrepancy seems to be equally associated with depressive and anxious mood (for a review and discussion, see Philippot et al., 2018). Recent evidence also suggests that the actual versus socially prescribed self-discrepancy would be more prevalent in co-morbid conditions, i.e. conditions associating depression and anxiety (Philippot et al., 2018). The same authors also reported data showing that the distress associated with a specific type of discrepancy is a much better predictor of psychopathology than the magnitude of the discrepancy itself.

Although SDT itself was not unidirectional (i.e. the original work on self-discrepancy presumed that the associations among social interactions, affective and motivational states, and self-discrepancies would be multidirectional and dynamic (e.g., Higgins, 1987)), most published studies have been interested in one potential direction, with mental health problems being viewed as the result of self-discrepancies. Accordingly, self-discrepancy has been presented as a transdiagnostic factor in psychopathology (Mason et al., 2019). Our study aimed to contribute to the literature by empirically examining if self-discrepancies apply in the case of the context-specific disorder parental burnout and if it plays a prospective role.

Self-discrepancy and parental burnout

To the best of our knowledge, the associations between self-discrepancy and burnout, either in the work or in the family sphere, have never been tested. However, there are reasons to expect that self-discrepancy is closely associated with parental burnout. The perception of gaps between different selves may be even more likely to occur in domains where social prescriptions are numerous and explicit, and one of these socially constrained domains is undoubtedly parenting.

In Western countries, parenting has become a matter of ever-increasing normative prescriptions (Faircloth, 2014). How parents feed their children, how they discipline them, when they put them to bed, how they play with them: all of these issues have become politically, and morally, charged questions. The expectations toward parents have increased over the last 50 years, resulting in growing psychological pressure on many parents (Rizzo et al., 2013) and intensification of parental involvement (Faircloth, 2014; Geinger et al., 2014; Glausiusz, 2016; Hays, 1996; Nelson, 2010). According to some scholars, Western countries have entered the era of what Hays called "intensive

parenting”, a child-centered, expert-guided, emotionally absorbing, labor-intensive, and financially expensive approach to parenting (Hays, 1996). And because of enduring essentialist beliefs that women are inherently better at parenting than men (Hays, 1996), and dominant ideologies of perfection associated with motherhood (Henderson et al., 2016), mothers are even more subject to these normative prescriptions (César et al., 2018; Meeussen & Van Laar, 2018; Roskam & Mikolajczak, 2020). Interactions with children remain an integral part of women’s identity and mothers are still the primary parent responsible for children’s upbringing (Renk et al., 2003).

In such constrained conditions, parents may easily be exposed to excessive demands, resulting in stress in the parental role. When there are insufficient resources to cope with these demands, a chronic imbalance between stressors and resources may occur (Mikolajczak & Roskam, 2018). It has recently been demonstrated that such imbalance leads to parental burnout, a context-specific syndrome characterized by intense exhaustion related to parenting, emotional distancing from one’s children, and a loss of pleasure and efficacy in one’s parental role (Mikolajczak et al., 2019, 2020). Parental burnout has serious consequences in terms of parental mental health and even suicidal ideations, parental neglect and violence toward offspring (see e.g., Brianda, Roskam, Mikolajczak et al., 2020; Mikolajczak et al., 2019). While parental burnout was mainly considered as a continuum, a recent multi-informant, multi-method approach has established clinical thresholds (Brianda, Mikolajczak et al., 2020). With these thresholds, the prevalence of the disorder can be assessed. In a study conducted in 42 countries around the world, the prevalence of parental burnout in Western countries reached rates of 5 to 8% (Roskam et al., 2021). This disorder affects both genders, although it is more prevalent in mothers than fathers (Roskam & Mikolajczak, 2020), probably given the gender inequality in parenting, as previously described.

The prospective role of self-discrepancy in parental burnout

In addition to examining whether self-discrepancies are related to parental burnout at any given point in time, it is important to examine whether individual differences in self-discrepancies predict rank-order changes in parental burnout, and/or vice versa. Do individual differences in self-discrepancy predict relative increases across time in parental burnout or do, conversely, individual differences in parental burnout predict increases in self-discrepancy? This question is important from a fundamental point of view but also from an applied perspective. Depending on the direction of associations obtained in longitudinal research, either parents scoring relatively high on self-discrepancy or parents scoring higher than other parents on burnout should be identified as potential participants in prevention programs.

Previous research on the association between self-discrepancy and psychopathology and in general is mostly correlational in nature (94% in the meta-analysis of Mason et al.) and usually assumes a pathway from individual differences in self-discrepancies to the onset and maintenance of psychological disorders. The assumption that self-discrepancies predict changes in risk for psychopathology also forms the basis of Self System Therapy, a form of cognitive therapy specifically targeting self-discrepancies (Strauman & Eddington, 2017). Two randomized controlled trials using Self System Therapy supported the hypothesis of a causal role of self-discrepancies in depression

(Eddington et al., 2015; Strauman et al., 2006). In line with the original SDT (Higgins, 1987), however, it is still possible that associations between self-discrepancies and psychopathology are bidirectional, with individual differences in self-discrepancies not only affecting the onset and maintenance of psychopathology but also being the *result* of susceptibility to psychological disorders. In particular, individuals suffering more strongly from psychological disorders may have less resources available for achieving their goals and ideals, resulting in more pronounced gaps between these goals and their present state.

In this bidirectional view, individual differences in self-discrepancies could be viewed as both an antecedent and consequence of individual differences in parental burnout. On the one hand, as a typically constrained domain, parenting may easily expose mothers and fathers to excessive demands from themselves or others. Parents who feel less able to meet high standards than other parents may then experience comparatively more self-discrepancies and distress as a result of these discrepancies. Although the association between self-discrepancies and parental burnout has never been tested before, previous work showing that self-oriented, socially prescribed perfectionism and social pressure to be a perfect parent are related to higher levels of parental burnout (Kawamoto et al., 2018; Meeussen & Van Laar, 2018; Sorkkila & Aunola, 2020), is of particular relevance. On the other hand, because in a typically constrained domain individuals have little freedom to revise and adapt their personal goals and ideals even when they feel troubled, burned-out parents may maintain their ideals even though they have become unable to attain them (Meeussen & Van Laar, 2018). We can then reasonably assume that parents who experience more burnout than other parents are more likely to display relative increases in self-discrepancies across time.

The current study

Based on the foregoing, we expected that parental burnout would relate positively to discrepancies between the parent's actual parental self, and both his/her ideal parental self (the good parent s/he ideally aspires to be) and/or his/her perceived socially prescribed parental self (the good parent that the parent's partner, his/her friends, teachers, healthcare professionals, and society in general, want him/her to be). Following the observations of Philippot et al. (2018), we expect that these correlations will concern the two types of self-discrepancies as both depression and anxiety are related to parental burnout (Sánchez-Rodríguez, Orsini et al., 2019). On the same basis, we also expected the emotional distress associated with social prescribed self-discrepancies (such as guilt) to be more strongly associated with parental burnout.

The following specific hypotheses were tested in the current paper:

Hypothesis 1a: Parental burnout is associated with actual:ideal discrepancies.

Hypothesis 1b: Parental burnout is associated with actual:socially prescribed discrepancies.

Hypothesis 2a: The mean level of both parental burnout and parental self-discrepancies is higher among mothers than fathers.

Hypothesis 2b: The associations between parental burnout and parental self-discrepancies are stronger among mothers than fathers.

Hypothesis 3a: Associations between parental self-discrepancies and parental burnout are reciprocal in nature, with individual differences in self-discrepancy predicting relative increases in parental burnout, and vice versa.

Hypothesis 3b: Associations between guilt associated with parental self-discrepancies and parental burnout are reciprocal in nature, with individual differences in guilt predicting relative increases in parental burnout, and vice versa.

These hypotheses were investigated in three studies relying on the two gold measures of parental burnout (i.e. the Parental Burnout Inventory (PBI, Roskam et al., 2017) and the Parental Burnout Assessment (PBA, Roskam et al., 2018)), and various measures of parental self-discrepancies derived from the Self-Discrepancies Scale (S-DS, Philippot et al., 2018) including both nomothetic¹ (in Study 1 and Study 3) and idiographic² (in Study 2) components. The first hypothesis was tested in a cross-sectional study conducted among primiparous mothers. A second cross-sectional study sampled matched groups of mothers and fathers. This study aimed to replicate Study 1's results on a larger and more diverse sample and to test the hypotheses regarding gender differences (i.e. 2a and 2b). The hypothesis about the predictive associations between parental burnout and parental self-discrepancies was examined in Study 3, a cross-lagged longitudinal study including both mothers and fathers. Note that existing research on parental burnout does not yet allow us to detail specific hypotheses as to the associations between the sub-dimensions of parental burnout and the different types of self-discrepancies. The associations between exhaustion related to parenting, emotional distancing from one's children, and a loss of pleasure and efficacy in one's parental role, were tested in Study 1 and Study 2 in an exploratory way. In Study 3, only the total parental burnout score was used to avoid complexifying the model tested in the absence of a specific hypothesis concerning the sub-dimensions.

General method

Overview

The three studies reported here are part of the BParent research program conducted at UCLouvain in Belgium. BParent is a research program focusing on the nature, antecedents, consequences and treatment of parental burnout. It received the approval of the Ethics Committee of the Psychological Sciences Research Institute. The three studies were conducted online on Qualtrics, with the "forced choice option" to ensure a dataset with no missing values. All participants gave informed consent. They were told that they could withdraw at any point and were also assured that data would remain anonymous.

All data and syntaxes are available on Open Science Framework (<https://osf.io/5u6h2/>)

Study 1

Participants and procedure

The participants were 109 primiparous French-speaking mothers aged 18 to 44 years ($M = 27.30$; $SD = 5.07$). The children were between 0 and 12 months old. The mothers came from Belgium (30.3%), and other French-speaking European (62.4%) and non-European countries (7.3%). Most mothers were in a relationship (92.7%) but 3.7% were single mothers or were separated from the baby's father (2.8%). The majority returned to work within the first year after the birth of their child (77.5%). The educational level of the mothers (i.e. highest degree obtained was as follows: 27.5% were educated to secondary level, 45.9% had a first degree from university or college, and 26.6% had a Master's degree, a PhD or an MBA degree.

Participants were informed about this study through their gynecologist or midwife or by word of mouth. Mothers could participate only if they had just given birth to their first child. In order to avoid (self-)selection bias, participants were not informed that the study was about parental burnout.

Measures

Parental burnout

Parental burnout was assessed with the Parental Burnout Inventory (PBI, Roskam et al., 2017), a 22-item questionnaire consisting of three subscales: Emotional Exhaustion (8 items) (e.g., "I feel emotionally drained by my parental role"), Emotional Distancing (8 items) (e.g., "I sometimes feel as though I am taking care of my children on autopilot"; "I can no longer show my children how much I love them"), and Feelings of Inefficacy (6 items) (e.g., "I accomplish many worthwhile things as a parent"; reverse-scored). PBI items were rated on a 7-point Likert scale ("never", "a few times a year or less", "once a month or less", "a few times a month", "once a week", "a few times a week", "every day"). For the study purposes, we replaced "my children" with "my baby". For example, "I can no longer show my baby how much I love him/her". The total score was computed by summing the item scores after reversing the Feelings of Inefficacy items so that higher scores indicated greater burnout. Cronbach's alphas in the current sample were .75 for the total score, .85 for Emotional Exhaustion, .71 for Emotional Distancing, and .53 for Feelings of Inefficacy. We will come back to the subscales' alphas in the discussion.

Parental self-discrepancies

The discrepancy between parental selves was measured through an adaptation of the Self-Discrepancies Scale (SDS, Philippot et al., 2018). The questionnaire was divided into two sections. The first section measured the actual:ideal discrepancy; the second section measured the actual:socially-prescribed discrepancy. Both sections were organized into six steps. (1) The respondents were shown 10 positive characteristics (e.g., "patient", "sensitive", "loving"). They were then invited to rank them in terms of how much they personally (i.e. first section) or the society in which they live (i.e. second section) considered that an ideal parent should possess each characteristic. (2) They assessed the extent to which they personally displayed each of these characteristics (on a scale from 0

to 100%), allowing us to compute an index of *wanted traits endorsement* corresponding to the mean of how much they personally displayed the 10 positive characteristics. (3) The respondents were shown 10 negative characteristics (e.g. "anxious", "angry", "irritable") and were asked to rank them in terms of how much they personally (i.e. first section) or the society in which they live (i.e. second section) considered them as characteristics that an ideal parent should not possess. (4) They assessed the extent to which they personally displayed each of these characteristics (on a scale from 0 to 100%), allowing us to compute an index of *unwanted traits endorsement* corresponding to the mean of how much they personally displayed the 10 negative characteristics. (5) They evaluated the *actual:ideal discrepancy* and the *actual:socially-prescribed discrepancy* on the following two items: *What is the discrepancy between your parenting ideal and the way you see yourself as a parent?* (i.e. first section) and *What is the discrepancy between society's parenting ideal and the way you see yourself as a parent?* (i.e. second section), rated on a 5-point scale ranging from "I feel very close to that ideal" to "I feel very far from that ideal". (6) They evaluated the *distress* associated with their *actual:ideal discrepancy* and *actual:socially-prescribed discrepancy* on the following two items: *Does the discrepancy between your parenting ideal and the way you see yourself as a parent cause distress?* (i.e. first section), and *Does the discrepancy between society's parenting ideal and how you see yourself as a parent cause distress?* (i.e. second section), rated on a 5-point scale ranging from "I don't feel any distress about this discrepancy" to "I feel significantly distressed about this discrepancy".

Data analyses

We first checked for outliers and extreme values were removed from the dataset as it was more than three interquartile ranges from the end of the boxplot (Hoaglin & Iglewicz, 1987). Assessment of normality was based on skewness and kurtosis values. Values of asymmetry and kurtosis between -2 and +2 were considered sufficient to assume a normal univariate distribution (George & Mallery, 2010). Skewness and kurtosis indicated that parental burnout and self-discrepancy indices displayed some deviations from normality. Conceptually, these deviations made sense: like most mental health indicators, parental burnout and self-discrepancies are expected to present an asymmetric distribution (i.e., to be positively skewed). Accordingly, we used non-parametric tests or corrections for non-normal data in the subsequent analyses. In order to examine the association between parental burnout and parental self-discrepancies, we computed Spearman correlations. We used the Z test statistic to compare correlation coefficients.

Results

Table 1 presents the means, standard deviations and observed range of parental burnout scores and parental self-discrepancy indices. Table 2 presents the correlations between parental burnout scores and self-discrepancy indices. All self-discrepancy indices are significantly related to the three subscales and to the parental burnout global score, except for the associations between Emotional Distancing and the distress associated with actual: socially-prescribed discrepancy, and between Feelings of Inefficacy and actual:socially-prescribed discrepancy. Considering the associations between the three parental burnout

Table 1. Means, standard deviations, and range of the variables (Study 1).

	M	SD	Range
Emotional Exhaustion	15.90	9.96	0–48
Emotional Distancing	3.95	4.85	0–48
Feelings of Inefficacy	2.62	3.09	0–36
Parental burnout (global score)	22.48	13.59	0–132
Wanted traits endorsement	81.13	1.34	0–100
Unwanted traits endorsement	18.72	10.90	0–100
Actual:Ideal discrepancy	2.10	.99	1–5
Distress associated with Actual:Ideal discrepancy	1.94	1.45	1–5
Actual:Socially-prescribed discrepancy	3.31	1.61	1–5
Distress associated with Actual:Socially-prescribed discrepancy	1.86	1.38	1–5

Table 2. Correlations between parental self-discrepancy indices and parental Burnout (Study 1).

	1	2	3	4	5	6	7	8	9	10
1. Emotional Exhaustion	-	.28**	.32**	.91***	-.25**	.49***	.52***	.43***	.34***	.28**
2. Emotional Distancing	-	.30***	.57***	-.26**	.43***	.21*	.21*	.24*	.12	
3. Feelings of Inefficacy	-	.53***	-.37***	.35***	.29**	.20*	.13	.22*		
4. Parental Burnout (global score)	-	-.36***	.57***	.49***	.44***	.36***	.33***			
5. Wanted traits endorsement	-	-.41***	-.27**	-.19	-.28**	-.18				
6. Unwanted traits endorsement	-	.44***	.41***	.40***	.25**					
7. Actual:Ideal discrepancy	-	.46***	.42***	.32***						
8. Distress associated with Actual:Ideal discrepancy	-	.35***	.53***							
9. Actual:Socially-prescribed discrepancy	-	.21*								
10. Distress associated with Actual:Socially-prescribed discrepancy										-

* $p < .05$ ** $p < .01***$ $p < .001$. Significant differences between correlation coefficients are in bold. .52 (Emotional Exhaustion/Actual:Ideal discrepancy) is significantly different from both .21 (Emotional Distancing/Actual:Ideal discrepancy) and .29 (Feelings of Inefficacy/Actual:Ideal discrepancy); .43 (Emotional Exhaustion/Actual:Ideal discrepancy) is significantly different from both .21 (Emotional Distancing/Actual:Ideal discrepancy) and .20 (Feelings of Inefficacy/Actual:Ideal discrepancy); -.36 (Parental Burnout (global score)/Wanted traits endorsement) is significantly different from .57 (Parental Burnout (global score)/Unwanted traits endorsement).

subscales and the self-discrepancy indices, Emotional Exhaustion is related most strongly to both actual:ideal discrepancy, $Z = 2.91$, $p = .002$ and distress associated with actual:ideal discrepancy, $Z = 1.95$, $p = .026$, as compared to Emotional Distancing and Feelings of Inefficacy. Considering the associations between the parental burnout global score and the self-discrepancy indices, the unwanted traits endorsement is related more strongly to the parental burnout global score than wanted traits endorsement, $Z = 1.97$, $p = .024$.

Discussion

Overall, the correlations support the hypotheses (1a and 1b) of an association between parental burnout and both actual:ideal and actual:socially-prescribed discrepancies. They also show an association between parental burnout and the distress associated with parental self-discrepancies. The pattern of correlations is not homogeneous, however, and shows interesting disparities. Among primiparous mothers, emotional exhaustion is particularly related to the actual:ideal discrepancy, and the parental burnout global score is closely related to the endorsement of unwanted parental traits. This suggests that burned-out mothers may see themselves as “bad” mothers, a harsh label used by mothers themselves: they characterize themselves in terms of unwanted parental traits, and exhaustion goes hand in hand with feeling estranged from their own parental ideal. The fact that exhausted mothers perceive themselves as “bad” mothers, and that this perception is related to feelings of self-hatred, has already been shown (Hubert & Aujoulat, 2018). On a psychometric note, the low alpha of the Feelings of Inefficacy subscale suggests that it is not well suited to parents of babies. Whereas exhaustion as well as emotional distancing are highly relevant experiences in the context of parents of babies, this seems to be less the case for the feeling of inefficacy. Results regarding the Feelings of Inefficacy subscale should therefore be interpreted with caution in Study 1.

Study 2

Participants and procedure

We used the Belgian dataset of the International Investigation of Parental Burnout project (Roskam et al., 2021), consisting of 1,457 mothers and 232 fathers (13.7%) from French- and Dutch-speaking parts of Belgium. We reduced gender-related sampling bias by data matching using the *ccmatch* command in Stata 16 (StataCorp, 2019). Based on preliminary analyses identifying parents' age and the youngest child's age as variables differing between mothers and fathers, we specified these two variables as criteria for matching fathers and mothers. 151 mother-father matched pairs were identified ($N = 302$). Parents were aged 26 to 58 years ($M = 37.87$; $SD = 6.51$). Most of them were in a relationship (83.8%), but 7.6% were single parents, 6% were in step-families, 1% were in same-sex families, another 1% were in multigenerational families and for 0.7% information was missing. The number of children who were still living at home varied from 1 to 12 ($M = 1.99$; $SD = 1.03$). Their age range was from 0 to 22 years for the youngest child ($M = 5.15$; $SD = 5.52$) and from 0 to 26 for the oldest child ($M = 7.56$; $SD = 6.34$). The majority of parents had a professional paid activity (94.4%). The educational level of the parents (i.e. highest degree obtained) was as follows: 8.6% were educated to secondary level, 26.2% had a first degree from university or college, and 65.2% had a Master's degree, a PhD or an MBA degree.

Participants were informed about this study through social networks, websites, schools or pediatricians, or by word of mouth. Parents could participate in the studies only if they had (at least) one child still living at home. In order to avoid (self-)selection bias, participants were not informed that the study was about parental burnout. It was presented as a study about factors involved in parental satisfaction and exhaustion.

Measures

Parental burnout

Parental burnout was assessed with the Parental Burnout Assessment (PBA, Roskam et al., 2018), a 23-item questionnaire assessing the four core symptoms of parental burnout: Emotional Exhaustion (9 items) (e.g., "I feel completely run down by my role as a parent"), Contrast with Previous Parental Self (6 items) (e.g., "I tell myself I'm no longer the parent I used to be"), Feelings of Being Fed Up (i.e. loss of pleasure in one's parental role) (5 items) (e.g., "I don't enjoy being with my children"), and Emotional Distancing from one's children (3 items) (e.g., "I am no longer able to show my children that I love them"). PBA items were rated on a 7-point Likert scale as in the PBI ("never", "a few times a year or less", "once a month or less", "a few times a month", "once a week", "a few times a week", "every day"). The total score was computed by summing the item scores so that higher scores indicated greater burnout. Cronbach's alphas in the current sample were .97 for the global score, .95 for Emotional Exhaustion, .93 for Contrast, .92 for Feelings of Being Fed Up, and .81 for Emotional Distancing.

Parental self-discrepancies

The discrepancy between parental selves was measured using a variation of the S-DS (Philippot et al., 2018), here with an idiographic component. The questionnaire was divided into two sections. The first section measured the actual:ideal discrepancy and the second section measured the actual:socially prescribed discrepancy. Both sections were organized into three steps: (1) The respondents were invited to freely name five characteristics that they personally (i.e. first section) or society (i.e. second section) considered that an ideal parent should possess. (2) They evaluated the *actual:ideal discrepancy* and the *actual:socially-prescribed discrepancy* through the following two items: *To what extent are you like this ideal parent?* (i.e. first section) and *As a parent, do you behave the way society expects you to?* (i.e. second section), rated on a scale from 0 to 100% ranging from "I'm not like this ideal parent at all" to "I'm exactly like this ideal parent" (i.e. first section) or from "I don't behave in this way at all" to "I behave exactly in this way" (i.e. second section). Note that for the readability of the results, we reversed the score so that the higher the score, the higher the parental self-discrepancy. (3) The respondents who rated themselves at less than 80% on the scale in the previous step evaluated the *guilt* associated with their *actual:ideal discrepancy* and *actual:socially-prescribed discrepancy* using the following two items: *Do you feel guilty about not being like this ideal parent?* (i.e. first section), and *Do you feel guilty about not behaving the way society expects you to?* (i.e. second section), rated on a scale from 0 to 100% ranging from "I never feel guilty" to "I always feel guilty". Respondents who scored higher than 80% in the second step of the questionnaire were assimilated to 0% guilt, as this was lower than the minimum score (i.e. 5 in the first section and 1 in the second section) of parents who scored lower than 80%.

Data analyses

We first checked for outliers and normality. No extreme value was found. Values of asymmetry and kurtosis indicated that parental burnout and self-discrepancy indices

Table 3. Means, standard deviations, range of the variables, mean comparisons and effect-sizes (Study 2).

	Total sample (N = 302)		Mothers (n = 151)		Fathers (n = 151)		<i>C</i> 95%		
	M	SD	M	SD	M	SD	<i>t</i> (301)	<i>p</i>	<i>d</i>
Emotional Exhaustion									
Contrast With Previous Parental Self	14.88	12.64	0-54	17.79	12.99	12.01	11.63	-4.08	<.001
Feelings of Being Fed Up	6.05	7.61	0-36	7.91	8.21	4.22	6.49	-4.33	<.001
Emotional Distancing	5.49	6.43	0-30	7.06	6.84	3.94	5.59	-4.34	<.001
Parental Burnout (global score)	3.37	3.73	0-18	3.81	3.75	2.93	3.67	-2.04	.042
Actual:ideal discrepancy	29.79	27.75	0-132	36.57	29.66	23.11	25.19	-4.25	<.001
Guilt associated with Actual:ideal discrepancy	72.72	15.95	1-100	29.51	16.21	25.07	15.53	-2.43	.016
Actual:Socially-prescribed discrepancy	26.52	31.85	1-100	36.17	33.86	16.99	26.58	-5.48	<.001
Guilt associated with Actual:Socially-prescribed discrepancy	59.49	21.98	1-100	40.09	18.96	40.93	24.65	-3.33	.738
Guilt associated with Actual:Socially-prescribed discrepancy	21.03	25.94	1-100	31.42	27.92	10.78	18.94	-7.53	<.001

displayed some deviations from normality (George & Mallery, 2010). Accordingly, we used non-parametric tests or corrections for non-normal data in the subsequent analyses. In order to examine the association between parental burnout and parental self-discrepancies, we computed Spearman correlations like in Study 1, for replication purposes. The same analysis was then performed separately for mothers and fathers. We used the Z test statistic to compare correlation coefficients. We also compared the mean levels of mothers' and fathers' parental burnout and parental self-discrepancies.

Results

Table 3 presents the means, standard deviations, range of parental burnout scores and self-discrepancy indices; mean comparisons between mothers and fathers are also provided. As expected, mothers scored significantly higher on all parental burnout scores than fathers. For self-discrepancy indices, there was a gender difference for actual:ideal discrepancy, with fathers displaying lower discrepancy than mothers, but no difference for actual:socially-prescribed discrepancy. Interestingly, the results show that mothers displayed higher scores on the two guilt indices associated with parental self-discrepancies. Compared to fathers, mothers felt guiltier about not being close to their parenting ideal and about not being what they thought society expected them to be as parents.

Table 4 presents the correlations between parental burnout scores and self-discrepancy indices. All self-discrepancy indices were significantly related to the four subscales and to the parental burnout total score. The results for mothers exactly replicate the correlations observed in Study 1 between parental burnout and both actual:ideal and actual:socially-prescribed discrepancies. And, just as parental burnout was moderately correlated to the distress associated with both actual:ideal and actual:socially-prescribed discrepancies in Study 1 for mothers, parental burnout was moderately to highly correlated to the guilt associated with the actual:ideal and actual:socially-prescribed discrepancies in Study 2 for mothers and fathers.

Considering the associations between the four parental burnout subscales and self-discrepancy indices in the total sample, Emotional Exhaustion, Contrast, Feelings of Being Fed Up, and Emotional Distancing were equally related to actual:ideal and actual:socially-prescribed discrepancies, and to the two guilt indices associated with parental self-discrepancies. With regard to the guilt associated with the actual:ideal discrepancy, Contrast was related more strongly to guilt than both Emotional Exhaustion, $Z = 2.11$, $p = .017$, and Emotional Distancing, $Z = 1.95$, $p = .025$. Considering the associations between the parental burnout total score and self-discrepancy indices, correlations were higher for the actual:ideal discrepancy and the guilt associated with it than for the actual:socially-prescribed discrepancy and the guilt associated with it, $Z = 3.40$, $p < .001$ and $Z = 2.14$, $p < .016$, respectively.

Comparing the association between parental burnout and self-discrepancy indices between genders, we found significantly stronger associations between mothers' burnout (i.e. Emotional Exhaustion, Feelings of Being Fed Up and the global score) and the actual:ideal discrepancy and the guilt associated with it: $Z = 2.10$, $p = .018$ (Emotional Exhaustion and actual:ideal discrepancy), $Z = 1.67$, $p = .047$ (Feelings of Being Fed Up and actual:ideal discrepancy), $Z = 1.70$, $p = .045$ (Emotional Exhaustion and guilt associated with actual:

Table 4. Correlations between self-discrepancy indices and parental Burnout in the total sample and separately for Mothers and Fathers (Study 2).

	Total sample (N = 302)									Mothers (n = 151) and fathers (n = 151)								
	1	2	3	4	5	6	7	8	9	1	2	3	4	5	6	7	8	9
1.Emotional Exhaustion	-.72***	.85***	.65***	.96***	.45***	.49***	.26***	.37***	-.72***	.87***	.69***	.94***	.52***	.51***	.24***			.32***
2.Contrast With Previous Parental Self	-.76***	.73***	.85***	.54***	.61***	.31***	.45***	.70***	-.81***	.78***	.88***	.57***	.62***	.34***	.34***	.44***		
3. Feelings of Being Fed Up	-.69***	.92***	.50***	.56***	.27***	.44***	.78***	.68***	-.74***	.95***	.55***	.59***	.26***	.39***				
4.Emotional Distancing	-.78***	.50***	.50***	.24***	.35***	.60***	.67***	.64***	-.81***	.54***	.52***	.29***	.36***					
5.Parental Burnout (global score)	-.52***	.57***	.57***	.29***	.44***	.95***	.81***	.87***	.75***	.59***	.60***	.30***	.30***	.41***				
6.Actual:ideal discrepancy	-.77***	.44***	.44***	.39***	.32***	.46***	.40***	.44***	.41***	-.78***	.49***	.39***						
7.Guilt associated with Actual:ideal discrepancy	-.34***	.53***	.35***	.52***	.44***	.44***	.44***	.44***	.44***	-.72***	-.37***	.54***						
8.Actual-Socially/prescribed discrepancy	-.37***	.23***	.27***	.26***	.17*	.25***	.40***	.30***	.30***	-.37***								
9. Guilt associated with Actual:Socially-prescribed discrepancy	-.25**	.31***	.32***	.27***	.31***	.27***	.31***	.29***	.39***	.37***								

* p < .05 * p < .01 *** p < .001; Correlations for mothers are above the diagonal; Correlations for fathers are below the diagonal. Significant differences between correlation coefficients are in bold. In the total sample, .61 (Contrast With Previous Parental Self/Guilt associated with Actual:ideal discrepancy) is significantly different from both .49 (Emotional Exhaustion/Guilt associated with Actual:ideal discrepancy) and .50 (Emotional Distancing/Guilt associated with Actual:ideal discrepancy); .52 (Parental Burnout (global score)/Actual:ideal discrepancy) and .57 (Parental Burnout (global score)/Guilt associated with Actual:ideal discrepancy) are significantly different from both .29 (Parental Burnout (global score)/Actual:Socially/prescribed discrepancy) and .44 (Parental Burnout (global score)/Guilt associated with Actual:Socially-preserved discrepancy). For cross-gender comparisons, .52 (mothers' Emotional Exhaustion/Guilt associated with Actual:ideal discrepancy) and .51 (fathers' Emotional Exhaustion/Guilt associated with Actual:ideal discrepancy) are significantly different from .32 (mothers' Emotional Exhaustion/Guilt associated with Actual:ideal discrepancy) and .55 (mothers' Feelings of Being Fed Up/Guilt associated with Actual:ideal discrepancy), .55 (mothers' Feelings of Being Fed Up/Guilt associated with Actual:ideal discrepancy) and .51 (mothers' Feelings of Being Fed Up/Guilt associated with Actual:ideal discrepancy) are significantly different from .40 (fathers' Feelings of Being Fed Up/Guilt associated with Actual:ideal discrepancy) and .44 (fathers' Feelings of Being Fed Up/Guilt associated with Actual:ideal discrepancy), .59 (mothers' Parental Burnout (global score)/Guilt associated with Actual:ideal discrepancy) are significantly different from .41 (fathers' Parental Burnout (global score)/Guilt associated with Actual:ideal discrepancy) and .44 (fathers' Parental Burnout (global score)/Guilt associated with Actual:ideal discrepancy).

ideal discrepancy), $Z = 1.78, p = .039$ (Feelings of Being Fed Up and guilt associated with actual:ideal discrepancy), $Z = 2.08, p = .019$ (global score and guilt associated with actual:ideal discrepancy), $Z = 1.90, p = .029$ (global score and actual:ideal discrepancy).

Discussion

As in Study 1, the correlations support the hypotheses (1a and 1b) of an association between parental burnout and parental self-discrepancies. Again, the pattern of correlations is not homogeneous and displays interesting disparities. Parental burnout is more related to the actual:ideal discrepancy than to the actual:socially-prescribed discrepancy, and the extent of this actual:ideal discrepancy seems to be particularly relevant for mothers. Moreover, we found an interesting association between the Contrast with Previous Parental Self and the guilt associated with the actual:ideal discrepancy. This suggests that parents feel all the more guilty about not being an ideal parent when their current state contrasts with the parent they used to be. As regards gender differences, the mean level of parental burnout and self-discrepancies is higher among mothers than fathers, except for actual:socially-prescribed discrepancy which did not differ (Hypothesis 2a). And Exhaustion (like in Study 1) but also Feelings of Being Fed Up and parental burnout total score, are more strongly associated with guilt and estrangement feelings for mothers than for fathers (Hypothesis 2b). The gender differences we reported are consistent with the idea that parenting would play a more central role in women's identity than in men's (Fadjukoff et al., 2016; Roskam & Mikolajczak, 2020). Mothers would be all the more sensitive to high standards in the field of parenting, which they would appropriate in their personal ideal, which would explain why we found gender-related differences for the actual:ideal discrepancy and the guilt indices, but not for the actual:socially-prescribed discrepancy.

Given that both Study 1 and Study 2 showed that parental burnout is associated much more strongly with the actual:ideal discrepancy ($> 25\%$ variance explained) than with the actual:socially-prescribed discrepancy ($< 10\%$ variance explained), Study 3 focused solely on the actual:ideal discrepancy. This choice was also based on the fact that longitudinal research requires shorter questionnaires.

Study 3

Participants and procedure

The data used in Study 3 came from a longitudinal study originally conducted to examine the consequences and specificity of parental burnout (Mikolajczak et al., 2019, 2020). In the context of the current project, we used the data pertaining to the PBI and to self-discrepancy indices, which had not been used in previous publications. The study was conducted within a French-speaking sample with three waves 5.5 months apart. At Time 1, a sample of 918 parents (78.9% women) completed the questionnaires used in the current study (i.e. sociodemographic characteristics, parental burnout and self-discrepancy questionnaires). The mothers' ages ranged from 22 to 64 years ($M = 39.39; SD = 7.13$); the fathers' ages ranged from 27 to 69 years ($M = 43.02; SD = 9.52$). The majority came from Belgium (96.9%), a minority from other French-speaking European

Table 5. Means, standard deviations, and reliabilities (Cronbach's alpha) of the variables (Study 3).

	Range	Time 1		Time 2		Time 3				
		M	SD	α	M	SD	α	M	SD	α
Emotional Exhaustion	0–48	15.58	11.72	.93	14.92	11.43	.93	14.31	11.25	.95
Emotional Distancing	0–48	9.81	8.93	.90	9.67	8.84	.90	9.73	9.23	.94
Feelings of Inefficacy	0–36	8.21	6.71	.88	8.23	6.36	.86	7.81	6.19	.88
Parental Burnout (global score)	0–132	33.62	22.29	.94	32.82	22.15	.94	31.86	22.51	.95
Ideal (low) discrepancy	0–100	72.96	13.64	-	73.13	13.97	-	73.37	14.03	-
Guilt associated with Actual:Ideal discrepancy	1–7	3.68	2.16	-	3.49	2.13	-	3.50	2.16	-

countries (2.3%), and the remaining 0.8% from non-European French-speaking countries. Overall, the participants had from 1 to 7 children living at home ($M = 2.24$; $SD = 1.10$), aged from 0 to 35 years ($M = 8.97$; $SD = 6.81$). The sample was relatively representative of the Belgian population: 13.6% of the participants were educated to secondary level, 37.8% had a first degree from university or college, 36.6% had a master's degree, and 12% had a PhD or an MBA degree; 20.3% had a net monthly household income lower than €2 500, 44.2% between €2 500 and €4 000, 25.4% between €4 000 and €5 500, and 10.1% higher than €5 500.

At Time 2 (5.5 months later), 896 parents (79.02% women) completed the questionnaires. At Time 3 (another 5.5 months later, i.e., 11 months after Time 1), 553 parents (80.29% women) completed them.

Participants were informed about this study through social networks, websites, schools or pediatricians, or by word of mouth. Parents could participate in the studies only if they had (at least) one child still living at home. In order to avoid (self-)selection bias, participants were not informed that the study was about parental burnout. It was presented as a study of parental well-being and exhaustion. For purposes of anonymity, participants identified themselves via a code on the different measurement occasions. The participants had the opportunity to enter a lottery with a chance of winning €300, a stay for two persons in a hotel, or amusement park or wellness center tickets. Participants who wished to participate in the lottery had to provide their e-mail address. At each wave, participants could also leave their e-mail address if they agreed to be contacted to participate in the next wave. An electronic procedure ensured that the e-mail addresses were automatically disconnected from the questionnaires and directly encoded in separated data files (one for the lottery and one for the next wave).

Measures

The following variables were included at all measurement times. Means, standard deviations, and reliabilities in the current sample are reported in [Table 5](#).

Parental burnout

Parental burnout was measured as in Study 1 (PBI, Roskam et al., 2017).

Parental self-discrepancy

The discrepancy between parental selves was measured using a simplified version of the self-discrepancy questionnaire used in Study 2, but here with a nomothetic component. It

was organized into three steps. (1) The respondents were invited to select the ideal parent traits that they personally tried to display from a list of 14 characteristics derived from the concept of positive parenting (e.g., "warm", "available", "sensitive") (Daly, 2007). (2) They evaluated the *actual:ideal discrepancy* with the following item: *How successful are you in achieving the parenting ideal you described above?* rated on a 0–100% scale ranging from "not at all" to "perfectly". Note that for the readability of the results, we reversed the score so that the higher the score, the higher the parental self-discrepancy. (3) Respondents who rated themselves at less than 80% on the scale in the previous step were asked to evaluate the *guilt* associated with the *actual:ideal discrepancy* using the following item *To what extent do you feel guilty about not achieving this ideal?*, rated on a 7-point scale ranging from "Not at all" to "A lot". Respondents who scored higher than 80% in the second step were assigned to "Not at all" for guilt.

Data analyses

We first checked for outliers and normality. No extreme value was found (Hoaglin & Iglewicz, 1987). Values of asymmetry and kurtosis indicated that parental burnout and self-discrepancy indices displayed some deviations from normality (George & Mallery, 2010). Accordingly, we used non-parametric tests or corrections for non-normal data in the subsequent analyses. We examined the bivariate correlations between all variables under consideration. We then examined the prospective reciprocal associations between parental burnout and parental self-discrepancy over time by performing cross-lagged panel analyses using Stata 16 (StataCorp, 2019). Although it does not account for stable between-person differences, the cross-lagged panel is appropriate to investigate how individual differences in one variable can predict the change in individual differences in another variable (Usami et al., 2019). We tested a transactional model involving bidirectional and recursive associations among observed variables at the three measurement occasions, as well as autoregressive paths and cross-sectional correlations.

In order to examine longitudinal associations between self-discrepancy indices (i.e. actual:ideal discrepancies and guilt associated with parental self-discrepancies) and parental burnout, we constrained the cross-lagged coefficients to be equal. We then compared the two models, the model with and without constraints, conducting a $\Delta\chi^2$ test. If $\Delta\chi^2$ is significant, the constraints significantly reduce model fit. If $\Delta\chi^2$ is not significant, we then retain the constraints for the sake of parsimony. Moreover, we used Wald χ^2 to test for a difference between the paths from self-discrepancy indices to parental burnout and parental burnout to self-discrepancy indices.

In order to maintain as much statistical power as possible, we used maximum likelihood with missing data as the method of estimation, which uses all available data to compute the parameter estimates of a model (Acock, 2013). The maximum-likelihood estimation used in the current study has been shown to be fairly robust even with some violation of normality (Acock, 2013). We relied on standard fit indices to ascertain the adequacy of the model: the chi-square statistics, the Tucker-Lewis index (TLI), the comparative fit index (CFI), the root mean square error of approximation (RMSEA). Should the CFI and TLI values reach .90 or more, they are considered adequate. Values of RMSEA and SRMR ≤ 0.8 are preferred (Hu & Bentler, 1999). Finally, we checked the R^2 values (i.e.,

Table 6. Correlations between parental self-discrepancy indices and parental Burnout (Study 3).

	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18
1. Time 1																	
1. Emotional Exhaustion	—	.61	.31	.86	-.39	.40	.76	.49	.28	.67	-.34	.33	.72	.48	.25	.62	-.41
2. Emotional Distancing	—	.47	.83	-.44	.35	.48	.69	.43	.63	-.38	.30	.48	.64	.37	.60	-.42	.30
3. Feelings of Inefficacy	—	.66	-.50	.42	.26	.39	.63	.47	-.43	.35	.28	.41	.63	.48	-.43	.22	.20
4. Parental Burnout (global score)	—	.52	.47	.66	.63	.49	.74	-.45	.38	.65	.61	.45	.70	-.50	.29		
5. Ideal (low) discrepancy	—	.72	-.33	-.40	-.44	-.45	.60	-.47	-.35	-.41	-.41	-.46	.61	-.34			
6. Guilt associated with Actual:ideal discrepancy	—	.34	.31	.38	.40	-.49	.52	.32	.28	.34	.38	-.47	.32				
Time 2																	
7. Emotional Exhaustion	—	.60	.35	.87	-.42	.39	.78	.54	.30	.68	-.41	.30					
8. Emotional Distancing	—	.48	.82	-.48	.37	.54	.71	.43	.67	-.44	.22						
9. Feelings of Inefficacy	—	.67	-.53	.44	.29	.42	.66	.49	.49	-.47	.23						
10. Parental Burnout (global score)	—	.56	.49	.71	.67	.51	.77	.52	.52	.31							
11. Ideal (low) discrepancy	—	.76	-.38	-.43	-.43	-.48	.67	-.33									
12. Guilt associated with Actual:ideal discrepancy	—	.40	.34	.37	.43	-.54	.34										
Time 3																	
13. Emotional Exhaustion	—	.67	.35	.87	-.48	.47											
14. Emotional Distancing	—	.53	.88	-.52	.40												
15. Feelings of Inefficacy	—	.67	-.49	.39													
16. Parental Burnout (global score)	—	.59	.50														
17. Ideal (low) discrepancy	—	-.76															

All correlations are significant at $p < .001$

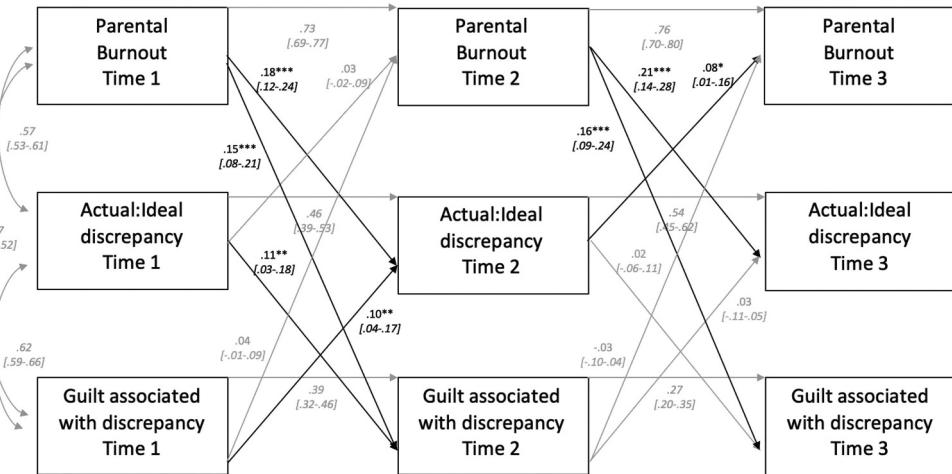


Figure 1. Study 3: Full cross-lagged panel model. Autoregressive paths and covariances are in gray italics; all coefficients are significant at $p < .001$. Significant cross-lagged paths are in bold. Non-significant cross-lagged paths are in gray. ** $p < .01$ *** $p < .001$.

Bentler-Raykov squared multiple correlation coefficient) for each dependent variable in the model as well as the overall R^2 .

Results and discussion

Preliminary analyses

Missingness analyses were carried out to examine the nature of drop-out. Drop out analyses (i.e., binary logistic regressions) showed that participants who dropped out between Time 1 and Time 2 did not differ from those who completed the survey at both of these times. However, participants who dropped out between Time 2 and Time 3 were slightly more highly educated ($B(1) = -.21$, $p = .008$). As shown in Table 5, reliability estimates were good to excellent at all times.

Main analyses

As in Study 1 and Study 2, the correlations presented in Table 6 support the hypothesis of an association between parental burnout and parental self-discrepancies indices, i.e. actual:ideal discrepancies and the guilt associated with parental self-discrepancies. The results of the full cross-lagged panel model are presented in Figure 1. The high and significant autoregressive coefficients (β of $.73$ and $.76$, $p < .001$) showed that individual differences in parental burnout were relatively stable at 5.5-month intervals. The stability of actual:ideal discrepancy and the guilt associated with it was moderate (β between $.27$ and $.54$, $p < .001$). The cross-sectional covariances replicated the moderate to high correlations between parental burnout and self-discrepancy indices observed in Study 2. Among the cross-lagged path coefficients, 7 were significant. We found a predictive association between parental burnout at Time 1 and actual:ideal discrepancy at Time 2 ($\beta = .18$, $p < .001$), and between parental burnout at Time 2 and actual:ideal discrepancy at

Time 3 ($\beta = .21, p < .001$). Also, we found a predictive association between parental burnout at Time 1 and guilt at Time 2 ($\beta = .15, p < .001$), and between parental burnout at Time 2 and guilt at Time 3 ($\beta = .16, p < .001$). Actual:ideal discrepancy at Time 2 was prospectively associated to parental burnout at Time 3 ($\beta = .08, p = .03$). Finally, a cross-lagged effect was found between actual:ideal discrepancy and guilt between Times 1 and 2 ($\beta = .11, p = .005$ and $\beta = .10, p = .002$). This model obtained adequate fit ($\chi^2(9) = 74.25$, CFI = .98, TLI = .93, RMSEA = .08 95% CI [.07, .10]. Overall R^2 was of .73. At Time 2, it was of .59 for parental burnout, .42 for actual:ideal discrepancy, and .31 for guilt. At Time 3, it was of .62 for parental burnout, .43 for actual:ideal discrepancy, and .16 for guilt.

Constraining the cross-lagged coefficients to be equal resulted in reduced model fit ($\Delta \chi^2(7) = 91.78, p < .001$). Therefore, we did not retain the constraints. We found differences between the paths from the self-discrepancy indices to parental burnout and the paths from parental burnout to the self-discrepancy indices. The predictive association between parental burnout at Time 1 and actual:ideal discrepancy at Time 2 was significantly stronger than the association between actual:ideal discrepancy at Time 1 and parental burnout at Time 2, $\chi^2(1) = 10.13, p = .001$. The predictive association between parental burnout at Time 2 and actual:ideal discrepancy at Time 3 was significantly stronger than the association between actual:ideal discrepancy at Time 2 and parental burnout at Time 3, $\chi^2(1) = 4.93, p = .026$. The predictive association between parental burnout at Time 1 and guilt at Time 2 was significantly stronger than the association between guilt at Time 1 and parental burnout at Time 2, $\chi^2(1) = 5.50, p = .019$. And the predictive association between parental burnout at Time 2 and guilt at Time 3 was significantly stronger than the association between guilt at Time 2 and parental burnout at Time 3, $\chi^2(1) = 14.17, p < .001$.

In summary, the findings provide additional support to Hypotheses 1a and 1b. They also suggested that individual differences in parental burnout predict relative increases in both actual:ideal discrepancy and guilt over time. No evidence was obtained for the reverse longitudinal pathways: individual differences in parental self-discrepancy did not predict a rank-order increase in parental burnout.³ Overall, the results partly support Hypotheses 3a and 3b.

General discussion

The present research aimed to investigate the associations between parental burnout and parental self-discrepancies. Based on the literature in these two fields that have never been considered together before, we expected that the two constructs would be related, and that the associations would be stronger in mothers than in fathers. We also investigated longitudinal and potentially bidirectional associations between parental burnout and self-discrepancies.

The results of the three studies reported in this paper confirm the association between parental burnout and parental self-discrepancies. In particular, the first hypothesis (i.e. Parental burnout is associated with actual:ideal discrepancies (1a) and with actual:socially prescribed discrepancies (1b)) was supported by the findings of both Study 1 and Study 2. All the correlations were found to be significant except two in Study 1 which were under the statistical threshold. The bivariate associations displayed in Study 3 replicated the correlations between parental burnout and both actual:ideal discrepancies and the guilt

associated with parental self-discrepancies. The concurrent associations between parental burnout and self-discrepancy indices were also evident in the cross-lagged model in Study 3 at Time 1. Concerning gender differences, the second hypothesis (i.e. The mean level of both parental burnout and parental self-discrepancies is higher among mothers than fathers (2a) and the associations between parental burnout and parental self-discrepancies are stronger among mothers and fathers (2b)) received support for actual:ideal discrepancies and the guilt indices but not for actual:socially prescribed discrepancies. As regards the longitudinal (cross-lagged) associations (Hypothesis 3a and 3b), the results suggest that individual differences in parental burnout predicted relative increases across time in the self-discrepancy indices, but not the other way around. The fact that the three studies relied on different measures of parental burnout and of parental self-discrepancies and on different samples (i.e. primiparous mothers on the one hand, mothers and fathers having at least one child still living at home on the other hand) shows that the associations are robust and to some extent generalizable. The fact that the results held up both cross-sectionally and prospectively increases their reliability.

While self-discrepancies are often regarded as a transdiagnostic mechanism in psychopathology, our results suggest that self-discrepancies can also be the consequence of psychological disorders. We expected a bidirectional association between parental burnout and self-discrepancies. Although we cannot completely rule out from our results that self-discrepancies also play an antecedent role toward parental burnout, we actually found that when controlling for bidirectionality of effects, relative increases in self-discrepancies are driven by individual differences in parental burnout rather than the other way around. Our results suggest that in domains like parenting, in which standards and normative prescriptions are very important (Faircloth, 2014; Geinger et al., 2014; Glausiusz, 2016; Hays, 1996; Nelson, 2010), individuals may not have the opportunity to revise their personal standards and to adapt their own goals and ideals (i.e. to be less demanding on themselves) when they feel troubled. It is also possible that parents in burnout no longer have the energy to strive for their standards, resulting in failure and subsequent experiences of discrepancy. It should be noted, however, that the cross-lagged effects of parental burnout on self-discrepancies did not replicate at the level of within-person change (see Footnote). Given these results and because the current study was the first to examine bidirectionality in associations between parental burnout and self-discrepancies, it is important that future longitudinal research replicates and extends our findings at both the between-person and within-person level of change.

The findings of our research contribute to both the field of self-discrepancies and that of parental burnout. In the field of self-discrepancies, our results suggest that researchers should not automatically consider self-discrepancies as a mechanism directionally involved in the onset or maintenance of psychological disorders. Because this assumption is intuitively appealing, future studies would benefit from relying on longitudinal data or experimental designs to test the direction of associations between self-discrepancies and different types of disorders. Self-discrepancies may sometimes result from individual differences in disorders, and this may be especially true for disorders that affect domains where standards and normative prescriptions are very important and that lead to people falling short of these standards. This could be the case for hyperphagia, for example, especially when it leads to obesity. Therapies focused on self-discrepancies, such as the Self System Therapy (Strauman & Eddington, 2017), would be expected to be much more

effective in disorders in which self-discrepancies are a driving force rather than a consequence.

Beyond their contribution to the field of self-discrepancies, our results also contribute to the burgeoning field of parental burnout. The current findings specifically contribute to knowledge about the consequences of this condition. Recent studies have begun to show that parental burnout has severe consequences for parents themselves (i.e., dysregulation of the HPA axis and mental health deterioration, Brianda, Roskam, Mikolajczak et al., 2020; Hubert & Aujoulat, 2018; Mikolajczak et al., 2019; Sánchez-Rodríguez, Perier et al., 2019), for their children (i.e., child neglect and violence against children, Brianda, Roskam et al., 2020; Mikolajczak et al., 2018, 2019; Szczęgiel et al., 2020) and for the couple (i.e., conflicts, Blanchard et al., 2021). The present research adds to this knowledge by demonstrating that parental burnout may lead to discrepancies between parental selves which, in turn, foster negative emotions such as distress and guilt. Knowing that discrepancies in parental selves are a consequence of parental burnout gives us the opportunity to test the effectiveness of parental burnout treatments by evaluating their effect on the reduction in these discrepancies, just as the reduction of child neglect and violence was used to demonstrate the effectiveness of two treatments for parental burnout (Brianda, Roskam et al., 2020).

Finally, our research contributes more generally to the field of psychopathology and clinical psychology. First, our results underline the importance of differential assessment. Depending on whether self-discrepancies are more a cause or a consequence of a psychological disorder, it will be more or less crucial to address them in the treatment of that disorder. In the context of parental burnout, the aim would be to prevent self-discrepancy rather than to use it as a direct therapeutic lever as has been done for serious depression (Eddington et al., 2015; Strauman et al., 2006). Our study also sheds light on this issue of comorbidities by uncovering one of the pathways by which one disorder may lead to another: if self-discrepancy is a consequence of some disorders but a driving force behind others, a disorder may give rise to self-discrepancy, which in turn increases risk for another disorder. This could explain why and how parental burnout could lead to depression. This observation is supported by a study based on cluster analysis reporting different profiles of burnout among mothers with varying levels of depression suggesting phases in terms of severity in the burnout process (Sánchez-Rodríguez, Orsini et al., 2019).

Despite the strengths of this research (three studies, including a one-year cross-lagged longitudinal study), a number of limitations must be acknowledged. First, the internal consistency of the Feelings of Inefficacy subscale of the PBI adapted for primiparous mothers in Study 1 was low. The results obtained with this subscale should be considered with caution. But insofar as the associations between parental burnout and self-discrepancies were replicated in the other two studies, where the consistency indices were high, this limitation does not question the robustness of our conclusions. Second, whereas idiographic and nomothetic measures were considered as comparably valid in measuring self-discrepancies, nomothetic measures were also claimed to be unable to assess the likelihood that a particular self-guide will come to mind spontaneously. Indeed, the respondents may easily consider a predetermined list of trait attributes and then answer the researchers' questions, but their answers would not tell us how they spontaneously think about themselves or whether those traits carry any

particular motivational significance for them (McDaniel & Grice, 2008). The measurement used in Study 2 may therefore be considered more robust than the one used in Study 1 and Study 3. But the replication of the results across the three studies compensates for this potential limitation. Third, the participation rate of fathers in Study 2 and Study 3 was quite limited. In Study 2, we fixed sampling bias by working on two matched samples controlling for confounding variables. However, in Study 3, the number of fathers did not allow us to carry out a multi-group analysis. Future studies should therefore examine which paths, if any, differ significantly between genders. Fourth, although they provide directional hypotheses, cross-lagged designs cannot be used to ascertain the direction of causation once and for all. Showing that a validated intervention for parental burnout (e.g., Brianda, Roskam et al., 2020) reduces parental self-discrepancies but that, on the other hand, a validated intervention for self-discrepancies (Strauman & Eddington, 2017) does not reduce parental burnout, would constitute decisive evidence that self-discrepancies are a consequence rather than a cause of parental burnout.

Beyond the foregoing, this study opens up several other exciting research directions. Because this study focused on domain-specific (i.e., parental) self-discrepancies, we cannot completely rule out that the direction of effects depends on the level of analysis. The current study shows that domain-specific parental self-discrepancies are a consequence (rather than a cause) of parental burnout. However, more general (i.e., trait-like) self-discrepancies may be more stable over time and exert directional effects on parental burnout. The latter expectation is consistent with research suggesting that the broader trait of parental perfectionism is a risk factor for parental burnout (Kawamoto et al., 2018; Sorkkila & Aunola, 2020). Trait-like self-discrepancies may render parents more vulnerable to parental burnout which, in turn, increase self-discrepancies in the parental role. By considering self-discrepancies at different levels of analysis, future research may unravel the complex and possible bidirectional associations between parental burnout and self-discrepancies in greater depth.

Notes

1. Nomothetic measures are based on a general listing of possible adjectives that are rated by participants to establish actual, ideal and ought self-discrepancies.
2. In idiographic measures, participants generate lists of attributes that describe the person they believe they actually are, would ideally like to be or ought to be.
3. In this study, we relied on traditional cross-lagged panel analyses because these analyses allow for an estimation of rank-order change. As explained in the Introduction, we were indeed primarily interested in the question whether parents who experience relatively higher levels of burnout than other parents would display a rank-order increase in self-discrepancies across time (and vice versa). However, these longitudinal associations can also be examined at the level of within-person change. Therefore, we also tested our model using random-intercepts cross-lagged analyses (Hamaker et al., 2015). Detailed results from this model are available on Open Science Framework (<https://osf.io/5u6h2/>). Results from the random-intercepts model were quite different from the results obtained with the traditional cross-lagged model. Whereas the traditional cross-lagged model mainly showed systematic longitudinal effects from parental burnout to self-discrepancies, the random-intercepts yielded only few significant effects. The only significant paths were from guilt associated with discrepancy at T1 to parental burnout and actual discrepancy at T2. A within-person elevation of guilt at T1 predicted within-

person increases in parental burnout and experiences of increased discrepancy between T1 and T2. These paths did not replicate between T2 and T3. The observation that findings obtained at the level of rank-order change are different from findings obtained at the level of within-person change is consistent with previous research showing that these two levels of change are essentially orthogonal (Dietvorst et al., 2018; Keijsers, 2015). Still, these findings underscore the need to replicate the current findings and to further examine the bidirectionality of associations between parental burnout and self-discrepancies at both the level of rank-order change and at the level of within-person variation in future research.

Disclosure statement

M.M. and I.R. founded the Training Institute for Parental Burnout (TIPB) which delivers training on PB to professionals. The TIPB was founded after the completion of the study. The institute did not participate in the funding of this study nor did it influence the process or the results in any manner.

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Data availability statement

All data are available on Open Science Framework (<https://osf.io/5u6h2/>)

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