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Self-Esteem, Socially Prescribed Perfectionism, and Parental Burnout

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Abstract

Socially prescribed perfectionism (SPP) has been shown to be a risk factor for parental burnout (Sorkkila & Aunola, 2020). In the present study, we investigated the moderating role of self-esteem in this association. A total of 479 Finnish mothers of infants filled in questionnaires measuring their self-esteem, SPP, and symptoms of parental burnout. The results of structural equation modelling (SEM) showed that mothers' self-esteem moderated the effect of SPP on parental burnout: Mothers with high self-esteem were at lower risk of showing burnout symptoms even when SPP co-occurred, whereas for mothers with low self-esteem, the effect of SPP on burnout symptoms was further strengthened. The results can be applied when aiming to improve maternal well-being by recognizing the risk factors of parental burnout and by offering counseling for parents at high risk.

Keywords Parental burnout · Self-esteem · Socially prescribed perfectionism

Highlights

- Mothers' self-esteem moderated the relationship between parental burnout and socially prescribed perfectionism (SPP).
- Mothers with high self-esteem were at lower risk of burnout than mothers with low self-esteem even when SPP co-occurred.
- For mothers with low self-esteem, the effect of SPP on burnout symptoms was further strengthened.

Most new parents experience high levels of distress during the early parenting period (Emmanuel & St John, 2010; Law et al., 2018). This distress arises from the demanding nature of practical caregiving for the baby, as well as from the need to reflect one's new role and related demands in a changing social environment. Parents sometimes report being ill-prepared for the demands of parenting and finding it unexpectedly hard (Barclay & Lupton, 1999; Read et al., 2012). Elevated stress levels for a prolonged time can result in parental burnout (Mikolajczak & Roskam, 2018), a relatively common phenomenon with a prevalence between 2 and 12% in general populations of parents (Roskam et al., 2017; Roskam & Mikolajczak, 2020). Psychologically and physically exhausted, burned-out parents no longer feel joy when interacting with their children (Hubert and Aujoulat 2018). They feel overwhelmingly guilty and incapable of fulfilling the expectations of themselves or others (Mikolajczak et al., 2018). Parental burnout has detrimental effects on parental well-being and the marital relationship; it also increases the likelihood of abuse and neglect toward children (Mikolajczak et al., 2018).

Parental burnout has been conceptualized by four dimensions: (1) an overwhelming exhaustion in relation to the parental role; (2) contrast with previous self-as-parent (feelings that one is not as good a parent as before and shame related to it); (3) feelings of having had enough of parenting and not being able to stand it anymore; and (4) emotional distancing from children (which means that one is investing the minimum effort to get crucial tasks done, and nothing more; one is also avoiding emotional contact with children) (Roskam et al., 2018). Following the demands-resources model of job burnout (Demerouti et al., 2001; Schaufeli & Bakker, 2004), it has been proposed that parental burnout is also caused by overwhelming demands that exceed parental resources (Mikolajczak & Roskam, 2018). Parenting-related demands, which are risk factors for burning out, consist of parental personality factors, poor

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childrearing practices, practical parenting duties, and lack of support (Mikolajczak & Roskam, 2018). Resources, in turn, are protective factors for parental burnout, and they consist of parental self-compassion, childrearing skills, time for leisure, positive co-parenting, and external support. In this model, the balance between demands and resources is crucial; even if one suffers from many demands, if the resources outweigh them, one may still avoid burning out (Mikolajczak & Roskam, 2018). In the present study, we focus on maternal burnout during the postpartum period. Postpartum period itself poses challenges that might be risk factors for parental burnout in the long run – especially for mothers who experience the physical changes of pregnancy, childbirth and postpartum, and who generally spend more time caring for babies and managing housework than fathers do (Ascigil et al., 2021). Even though parental burnout can occur at any stage in parenting (Mikolajczak et al., 2018), we wanted to explore the first year postpartum, since its effects could accumulate and pose a risk for later coping with parenting demands. The demanding nature of the postpartum period may, furthermore, provide understanding on the reasons why parental burnout is more common in women than in men (Mikolajczak et al., 2018).

In previous research, background variables such as female gender, parental inconsistent discipline, lack of support from spouse, and reduced marital satisfaction have been related to parental burnout (Mikolajczak et al., 2018). However, personality factors seem to be stronger predictors of parental burnout than background factors (Mikolajczak et al., 2018; Sorkkila & Aunola, 2020). One specific risk factor is multidimensional perfectionism (Hewitt & Flett, 1991; Hill & Curran, 2016), which includes self-oriented perfectionism (SOP) and socially prescribed perfectionism (SPP). SOP means that a person has high standards for oneself and uses harsh self-criticism in face of errors; SPP, in contrast, means that a person expects high standards from others. It has been found that SPP is a stronger predictor of parental burnout than various background variables or SOP (Sorkkila & Aunola, 2020), suggesting that particularly perceived demands and expectations from others, when not buffered, are crucial risk factors for parental burnout.

One protective factor from parental burnout, and from the detrimental effects of SPP on parental well-being, could be the general level of self-esteem, since it is shown to protect from many other life difficulties (Orth & Robins, 2014). Self-esteem is defined as "a global evaluation of the value of the self or self-worth" (Jordan et al., 2015, p. 522). Self-esteem is often considered a continuum with low self-esteem at one end and high self-esteem at the other (Jordan et al., 2015). High self-esteem has been shown to be associated with many positive outcomes, such as good interpersonal relationships (Orth & Robins, 2014), successful occupational paths (Baumeister et al., 2003; Kuster et al., 2013), well-being at work (Kuster et al., 2013), and good physical and mental health (Jordan et al., 2015; Orth & Robins, 2014; Stinson et al., 2008). Low self-esteem, in turn, is associated with less satisfying social networks (Marshall et al., 2014; Stinson et al., 2008), rumination after failures (Brown, 2010; Jordan et al., 2015), depression (Sowislo & Orth, 2013), and poorer physical health (Pruessner et al., 1999; Stinson et al., 2008). Furthermore, low self-esteem has also previously been identified as a risk factor for parental burnout (Aunola et al., 2020; Mikolajczak et al., 2018).

Nevertheless, it is unknown how these effects of self-esteem develop in the parenting context. Self-esteem has been found to be negatively associated with SPP (Flett et al. 1991; Klibert et al., 2005), and it is possible that self-esteem and SPP has interactive effect on parental burnout. For example, it is possible that when facing high expectations from others (e.g., high expectations for one's parenting; Jordan et al., 2015), it is easier to ignore or diminish those expectations if one has high self-esteem. In contrast, low self-esteem and SPP together might reinforce the adverse effects of each other on parental well-being. Parents with low self-esteem may also perceive environmental cues in generally more negatively than those with high self-esteem and, consequently, perceive higher levels of SPP (i.e., those with low self-esteem may be vulnerable not only to the negative impacts of criticism from other people, but also to perceive criticism from others; see, for example, Jussim et al., 1987), which then increases the risk of parental burnout). We therefore hypothesized, in line with the demands/resources model (Mikolajczak & Roskam, 2018), that high self-esteem would be one resource factor for parent and protect against parental burnout, whereas SPP would increase the likelihood of parental burnout, but only when it exceeds protecting factors (i.e., in the case of the present study, when it is combined with low self-esteem). To the best of our knowledge, the effects of self-esteem and SPP on parental burnout have not been studied together in previous research. We wanted to examine whether self-esteem modifies the relationship between SPP and burnout.

We restricted the sample to mothers of infants to be able to concentrate on this high-risk period in the lives of women (Apter et al., 2011; Stowe et al., 2005). Even though the transition to parenthood may be experienced as challenging by mothers and fathers alike, the stressors are partly different in important ways. Because parenting a baby is a highly gendered activity with sex-specific physical experiences and gendered social expectations (Tummala-Narra, 2009), mothers and fathers should be studied separately to adequately address risk and protective factors of parental well-being in this period. Women go through the physical changes of pregnancy, childbirth, and postpartum, and various psychosocial changes that accompany those bodily

events. Furthermore, societal beliefs expose women to high expectations in early motherhood and beyond (Hays, 1996) and this may make the postpartum period even more challenging, predisposing mothers to low self-esteem, high expectations, and possibly contributing to the development of parental burnout.

Research questions

We aimed to answering the following research questions:

(1) To what extent is mothers' self-esteem associated with parental burnout over and above SPP? Because self-esteem is related to psychological well-being (Orth & Robins, 2014), we hypothesized that the higher the self-esteem, the less mothers reported parental burnout (Hypothesis 1).
(2) To what extent does self-esteem moderate the effect of SPP on parental burnout? Based on the demands-resources model of parental burnout (Mikolajczak & Roskam, 2018), we hypothesized that high self-esteem could also reduce the adverse effects of SPP on parental burnout and that low self-esteem could further amplify the effect (Hypothesis 2).

Method

Participants

The data were obtained from a larger study regarding Finnish parents' demands and resources (see Aunola & Sorkkila, 2018). Ethical approval for the study was obtained from the Ethics Committee of University of Jyväskylä before the data collection (23/2/2018). Prior to participation, all the participants provided informed consent to confirm their voluntary involvement in the study.

The sample for the present study comprised 479 mothers (all women with a one-year-old or younger child; age $M =$ 32.45 years, $SD = 4.97$ years; number of children $M = 2.14$, $SD = 1.48$). A total of 32% of the mothers were first-time mothers, and 68% had several children. A total of 74% of the participants had a university or college degree, 23% had a technical college degree, and 3% had a vocational school degree or no formal education after compulsory schooling. The educational level of participants was higher than in the general population (44.4% university/college degree; Official Statistics of Finland, 2018a), and the number of children was somewhat higher (the average number of children was 1.85 in families with children; Official Statistics of Finland, 2018b). A total of 4% of the sample estimated the financial situation of their family to be poor, 21% reported it to be less than average, 55% as average, and 20% as better than average. Different family types were represented: 88% of the mothers represented nuclear families, 2% single-parent families, 9% blended families, and 1.6% other. Participants completed the research questionnaire in 2018, either online (79.5%) or by paper-and-pen (20.5%), submitted by Child Health Care Centers' nurses in three cities in Finland. The participating Child Health Care Centers were geographically representative of the Finnish population since they are located in the Southern, Middle, and Northern parts of the country. All answers were transferred into IBM SPSS statistical software program (version 24), including answers to open-ended questions.

Measures and Procedures

Parental burnout

Parental burnout was measured with the Parental Burnout Assessment (PBA; Roskam et al., 2018), a questionnaire validated in Finnish (Aunola et al., 2020). The questionnaire consists of 23 items measuring different symptoms of parental burnout. Nine of the items measured exhaustion in one's parental role (e.g., *I feel completely run down by my role as a parent*), six measured the contrast with the previous parental self (e.g., *I don't think I'm the good father/mother that I used to be to my children*), five measured feelings of being fed up as a parent (e.g., *I can't stand my role as a father/mother anymore*), and three measured emotional distancing from one's children (e.g., *I do what I'm supposed to do for my children but nothing more*). Parents answered all items using a Likert scale with seven options (0 = *never* – 6 = *daily*). In the present sample, the Cronbach's alpha reliability for the mean score calculated based on all 23 items was 0.97. The Cronbach's alpha reliabilities for the four subscales of parental burnout were 0.94, 0.89, 0.89, and 0.74.

Self-esteem

Self-esteem was assessed with four items (e.g., *I take a positive attitude toward myself; I am able to do things as well as most other people*) from the Rosenberg Self-Esteem Scale (Rosenberg, 1979). The items were rated on a five-point Likert scale (1 = *not at all true of me;* 5 = *very much true of me*). The Cronbach's alpha reliability for the four-item scale was 0.80.

Socially prescribed perfectionism

SPP was measured with three items (e.g., *People expect too much from me*) derived from the Big Three Perfectionism

Table 1 Correlations, means (M) and standard deviations of observed variables

	1	2	3	4	5	6	7	8	9	10	11
1. Exhaustion (PB)	1.00										
2. Contrast (PB)	0.86	1.00									
3. Feelings of being fed up (PB)	0.82	0.80	1.00								
4. Emotional distancing (PB)	0.72	0.68	0.70	1.00							
5. Item 1 / SPP	0.35	0.32	0.28	0.22	1.00						
6. Item 2 / SPP	0.39	0.37	0.32	0.28	0.65	1.00					
7. Item 3 / SPP	0.21	0.22	0.18	0.16	0.50	0.50	1.00				
8. Item 1 / S-E	−0.23	−0.30	−0.23	−0.19	−0.14	−0.17	−0.11	1.00			
9. Item 2 / S-E	−0.31	−0.31	−0.27	−0.22	−0.17	−0.20	−0.06	0.43	1.00		
10. Item 3 / S-E	−0.44	−0.43	−0.38	−0.24	−0.27	−0.33	−0.12	0.51	0.46	1.00	
11. Item 4 / S-E	−0.45	−0.48	−0.44	−0.28	−0.25	−0.32	−0.13	0.43	0.39	0.73	1.00
M	16.52	8.93	5.93	3.54	2.61	2.65	2.11	4.38	3.85	3.71	3.45
SD	13.28	8.69	6.22	3.52	1.04	1.12	1.03	0.74	0.99	0.95	1.03

PB Parental burnout, *SPP* Socially prescribed perfectionism, *S-E* Self-esteem

Scale (Smith et al., 2016), where the items of Hewitt and Flett (1991) are modified into a general context. Answers were placed on a five-point Likert scale ranging from 1 (completely disagree) to 5 (completely agree). Cronbach's alpha reliability for the scale was 0.80.

Statistical Analyses

The research questions were analyzed using structural equation modelling (SEM). In the first model, each latent parental burnout variable (the four subscales of parental burnout as observed indicators) was predicted by two latent variables: SPP (see also, Sorkkila & Aunola, 2020) and self-esteem. Then, in order to examine the extent to which the level of mothers' self-esteem would moderate the association of SPP with parental burnout, a second model was constructed, including an interaction term of two independent latent variables, self-esteem and SPP, as a predictor of parental burnout.

The analyses were performed using the Mplus 8.0 statistical software program (Muthén & Muthén, 2017). The models were estimated using a maximum likelihood estimation with robust standard errors (MLR). By using the standard missing-at-random (MAR) approach, the parameters of the models were estimated with the full information maximum likelihood (FIML) estimation with standard errors that are robust to non-normality (MLR estimator; Muthén & Muthén, 1998–2010). By using this method, all available data (proportion of data present in terms of covariance coverage being 0.990–1.00) was used to estimate the parameters of the models without imputing missing values (i.e., each parameter of the model was estimated directly without filling in missing data values for each individual). The fit of the models was evaluated using four indices: Bentler's (1990) comparative fit index (CFI), the Tucker Lewis index (TLI), the standardized root mean square residual (SRMR), and the root mean square error of approximation (RMSEA). CFI and TLI values greater than 0.95 and RMSEA and SRMR lower than 0.06 were considered to indicate that the model fits the data well (Muthén & Muthén, 2017). The means (*M*), standard deviations (*SD*), and correlations between the latent study variables are shown in Table 1.

Results

The fit of the model, including latent self-esteem and SPP as predictors of latent parental burnout, was: $\chi^2(41)=101.758$, RMSEA = 0.056, CFI = 0.975, TLI = 0.966, SRMR = 0.038. The results showed that in addition to the expected positive effect of SPP (standardized estimate = 0.273, $p < 0.001$; see also, Sorkkila & Aunola, 2020), mothers' self-esteem was negatively related with parental burnout (standardized estimate = −0.427, $p < 0.001$): the higher the level of maternal self-esteem, the lower the level of reported parental burnout, and the lower the level of maternal self-esteem, the higher the level of parental burnout. Overall, SPP and self-esteem explained 35% of the variation in parental burnout ($p < 0.001$). The correlation between latent self-esteem and latent SPP was −0.400 ($p < 0.001$).

Next, an interaction term of two latent independent variables was included in the model as a predictor of parental burnout. The results of the model are shown in Fig. 1. The results showed that the interaction term was statistically significant (standardized estimate = −0.208, $p < 0.001$), suggesting that the association of SPP with parental burnout is dependent on the level of maternal self-esteem. A visual

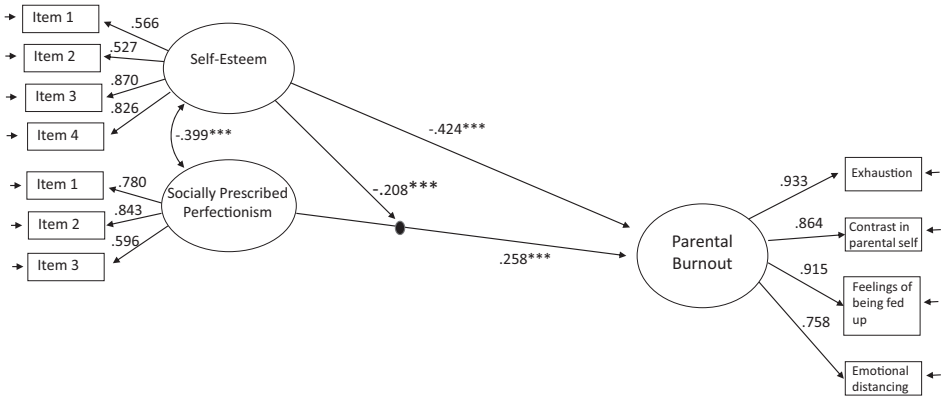

Fig. 1 The Results of Structural Equation Model (*Note*. ***$p < 0.001$)

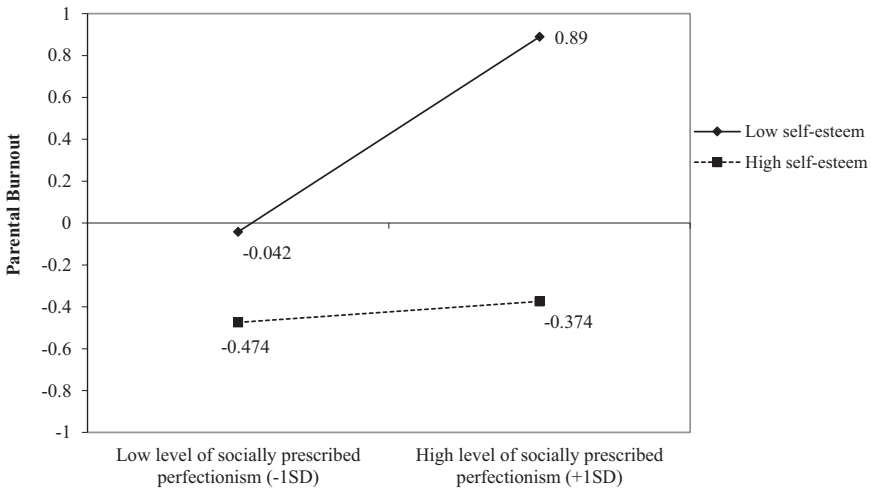

Fig. 2 The role of socially prescribed perfectionism in parental burnout among parents reporting low (−1 *SD*, low) and high (+1 *SD*, high) levels of self-esteem

representation of the moderating role played by mothers' self-esteem in the association of SPP and parental burnout is presented in Fig. 2.

To further test the effect of SPP on parental burnout among mothers with low and high self-esteem, median split was first used to divide the data into two groups according to the level of self-esteem. Then, multigroup model testing the effect of SPP on parental burnout among these two groups of mothers was estimated. In the tested model, factor loadings of the latent SPP and latent parental burnout were set equal across the two groups but path from SPP to parental burnout was freely estimated within groups. The model constraint command was used to test the statistical difference between the groups in the effect of SPP to parental burnout. The results (χ^2 (36)= 66.518, RMSEA = 0.060, CFI = 0.979, TLI = 0.975, SRMR = 0.059) showed that among mothers with low self-esteem ($n = 287$), SPP was positively associated with parental burnout (standardized estimate = 0.453, $p < 0.001$): the higher the level of SPP, the higher the level of parental burnout. However, among mothers with a high level of self-esteem ($n = 191$), the association of SPP with parental burnout was positive but weaker (standardized estimate = 0.220, $p < 0.05$). The found difference between the two groups was statistically significant (estimate = −4.880, S-E. = 1.523, $p < 0.001$). In other words, high self-esteem protected mothers from the negative impacts of SPP (see also Fig. 2).

In order to test whether the pattern of results would remain the same after controlling for the impact of different background variables, additional analysis was carried out where maternal education (a university or college degree vs. others) and age, number of biological children, and family type (single parenthood vs others) were included to the model and paths from them to latent parental burnout estimated. The results revealed that the main effects of SPP and self-esteem, as well as their interaction effect on parental burnout, remained all statistically significant even after taking into account the effects of the tested external variables.

Discussion

We aimed to investigating whether self-esteem is related to parental burnout among mothers of infants and, particularly,

whether it moderates the relationship between parental burnout and SPP. It has been previously found that low self-esteem (Aunola et al., 2020; Mikolajczak et al., 2018) and high level of SPP (Sorkkila & Aunola, 2020) both increase the likelihood of parental burnout. The results of the present study showed that the association of SPP with parental burnout was particularly strong for respondents with low self-esteem and statistically significantly lower for those with high self-esteem. It seems that high self-esteem may serve as a protective factor from the detrimental effects of SPP on parental burnout. The results confirmed our hypothesis that self-esteem moderates the effect between SPP and parental burnout. The findings are in line with the previous literature, suggesting that self-esteem could have severe effects on well-being, either strengthening the effect of adversities or protecting from them (Orth & Robins, 2014). Through lenses of the demands and resources model (Mikolajczak & Roskam, 2018), self-esteem may be a protective factor that outweighs some of the risk factors of parental burnout. However, as we do not yet know the relative counteractive effect of self-esteem in relation to other variables than SPP, future studies are needed to better understand the counterbalancing role of self-esteem in relation to different risk factors.

Our finding that general self-esteem is so clearly related to a context-specific disorder such as parental burnout is somewhat surprising. One explanation could be that parenting is generally relatively important aspect of mothers' self-concept (Nentwich, 2008) and struggling with parenting may be particularly detrimental for those mothers who doubt their worth already. It might feel like failing in life's most important task and that would explain why low self-esteem is so detrimental. On the other hand, high self-esteem might protect from feelings of failure and help finding other attributions to the difficulties than those related to the mother herself. The main finding of our study was that SE protected from the negative effects of SPP on parental burnout, indicating that parents with high self-esteem may be less vulnerable to other people's expectations and therefore, be less burned out as parents (i.e., their self-esteem and confidence in their own performance acts as a buffer). In addition, reminding herself of her own worth in other domains in life, a mother may better cope with difficulties with her baby.

While the present study shows evidence for the moderating role of self-esteem on the relationship between perfectionism and parental burnout, there are also limitations that need to be considered when interpreting the results. First, we studied mothers of babies during their first year after delivery, which is an especially vulnerable period due to hormonal changes, psychological transitions, and practical changes in life. We do not know if the results would hold for a longer period in life or if they are typical for the first year after the baby is born. Second, we measured self-esteem at one time point and did not investigate possible daily fluctuations that have been shown to be important for psychological postpartum morbidity (Franck et al., 2016). Longitudinal studies with fine-tuned means to measure self-esteem are needed to examine the role of self-esteem in the development of parental burnout over a longer time frame. The transitional period from late pregnancy to the end of the first year is a stage of complicated psychological processes that are yet to be fully discovered. Third, this study focused only on mothers. However, it is known that also fathers can burn out (Roskam & Mikolajczak, 2020) and, therefore, future studies should also assess the role of fathers' self-esteem on SPP and burnout. Finally, the sample of our study represented mostly highly educated mothers. Thus, we do not know if the reported findings are specific for highly educated mothers in particular. In future studies, the results should be replicated among different socio-economical groups before making generalizations and to better understand differences in trajectories of well-being during the transition to motherhood.

Overall, personality-related risk factors, such as multidimensional perfectionism, are important for the development of parental burnout. Our results suggest that it is important to recognize mothers with low self-esteem before childbirth or immediately after. It would be beneficial to pay attention to mothers' self-esteem in, for example, birth preparation classes and child health centers in order to recognize mothers at risk and to offer self-esteem enhancing support (e.g., cognitive reframing). Furthermore, discussion of social expectations of motherhood should be initiated with all mothers. From policy perspective, it would be important to change the culture of discussing childbirth and motherhood to be more open and less demanding in order to protect mothers from overwhelming stress. Future research should explore the role of self-esteem in a longitudinal setting where multiple time points and daily fluctuations are taken into account. It should verify the results in other populations and discover ways to overcome the effects of low self-esteem and SPP on parental burnout. For example, designing specific support programs for expecting mothers with low self-esteem and following up their possible effects could be possibilities in clinical practice and research. In order to avoid adverse effects accumulating in the postpartum year, it is also crucial to regularly screen parental burnout symptoms for early detection and prevention.

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Compliance with Ethical Standards

Conflict of Interest The authors declare no competing interests.

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