

UDC 159.9

doi: 10.23951/2782-2575-2024-1-48-61

## IRRATIONAL ATTITUDES IN THINKING AND MATERNAL EMOTIONAL BURNOUT

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**Abstract.** The article describes the relationship between irrational attitudes in thinking and indicators of emotional burnout in mothers. The importance of the study arises from the need to provide psychological help to mothers facing the problem of parental burnout, the inability to fulfill their parental responsibilities in the upbringing and development of children, and coping with stressful situations associated with the peculiarities of irrational attitudes in thinking. The lack of a study on how mothers' emotional burnout is related to their irrational thinking attitudes was a problematic area of the study. The survey results of 108 mothers aged 20 to 36 raising children under seven are presented. The study used the following methods: A test for diagnosing irrational attitudes by A. Ilis, a Test for parental burnout by I.N. Efimova, and a Scale of subjective well-being by A. Perue-Badu, adapted by M.V. Sokolova). Associations were found between mothers' emotional burnout indicators and irrational attitudes, such as 'catastrophizing,' 'commitment to others,' 'commitment to oneself,' 'frustration intolerance,' and 'judgmental attitude.' The most significant associations for irrational attitudes are 'frustration intolerance' and 'judgmental attitude.' They reflect the mothers' intolerance of various frustrating situations and the tendency to evaluate their personalities based on their traits or actions. In practical terms, the study's results can be used in a psychologist's counseling, corrective, and preventive work, especially in preventing maternal burnout syndrome.

**Keywords:** *motherhood, emotional burnout, maternal burnout, irrational thinking, cognitive psychotherapy*

**For citation:** Suntsova Ya.S. Irrational attitudes in thinking and maternal emotional burnout. *Education & Pedagogy Journal*. 2024;1(9):48-61. doi: 10.23951/2782-2575-2024-1-48-61

The period in a woman's life during which she takes time off work for pregnancy and childcare is usually referred to as 'maternity leave,' 'parental leave,' or 'baby leave.' In terms of content, however, this type of maternal activity is comparable to the work of specialists in the helping professions. B. Burns writes: "If we want to understand child development and are convinced that the early years are important for a child's life, then it is probably important to review our ideas about the mother. If we want to understand human development, then of course motherhood is an important area of research" [1, p. 29].

In Russian psychology, parenting is often considered a separate type of activity [2], which has a number of characteristics, such as specific needs and motives, goals, and conditions for realization. Consequently, it encompasses all

the phenomena associated with work-related emotional burnout and highlights the intense emotional and physical demands it places on the individual.

Motherhood comes with physical, emotional, and material costs, so mothers often feel psychologically unprepared and do not always cope with their new functional responsibilities in parenthood. They develop symptoms such as Tiredness, absent-mindedness, irritability, indifference towards their child, gratuitous aggression, low self-esteem, constant anxiety, feelings of guilt, and disappointment in their role as parents. The symptoms listed, which impair the quality of life of mothers, are associated with a serious risk to their health and are part of the phenomenon of individual emotional burnout.

Research interest in maternal conditions that can be described as emotional burnout emerged in the first decade of the 20th century. Initially, scientific research was concerned with identifying symptoms of emotional burnout in parents whose children were seriously ill [3]. Mothers were found to be particularly at risk as they were in contact with the child most of the time.

Yu.V. Popov and K.V. Kmit [4], who studied the psychological state of mothers under chronic stress, concluded that the reason for the depletion of the mother's adaptive resources and burnout may be the subjectively perceived helplessness due to the futility of efforts, regular dissatisfaction with one's own needs and exhaustion due to a mismatch with the results of the efforts expended.

L.A. Bazalev defines the phenomenon of emotional burnout as a maladaptive state that occurs in the relationship between mother and child [5]. As a result of the study, the author discovered a number of symptoms of emotional burnout in mothers: affective (imbalance, irritability, aggressiveness, emotional exhaustion, constant worry about the child, anxiety, resentment, tearfulness); cognitive (feeling empty, powerlessness, decreased overall performance, feeling stuck, difficulty concentrating, memory impairment); physical (extreme fatigue, feeling stuck, feeling stuck in the middle); physical symptoms (extreme fatigue, inability to rest during sleep, headaches, general physical discomfort); behavioral symptoms (loss of appetite, decreased libido, crying, use of physical violence, accusations against the child and husband, pushing the child away, craving for the computer, reduced interest in one's appearance) [6].

G.G. Filippova has recently observed a trend in which women strive to be model mothers while at the same time displaying all the symptoms associated with emotional burnout [7]. According to Filippova, one of the leading causes of this condition in mothers is the high expectations and demands they place on themselves in their role as parents. These demands arose due to the penetration of ideas about the importance of the dyadic relationship 'mother-child' into the public consciousness at the end of the 20th – beginning of the 21st century and about the key role of the mother in developing and forming the child's personality. These mothers are exhausted from the constant care of the child, feel guilty for moments of emotional absence from the child, and are dissatisfied with the attitude of relatives towards them [8].

T.I. Ilyin and S.D. Guriev note that one of the factors for the development of emotional burnout in mothers is a crisis of female identity. Some mothers experience a new role with significant difficulties and experience it as a time of crisis. The functional tasks of motherhood are perceived as overwhelming, and a constant state of physical exhaustion leads to the depletion of emotional strength [9].

The phenomenon of emotional burnout, which has been studied extensively in connection with the professional sphere, is therefore also found in motherhood. Although there is still no official confirmation of the existence of this syndrome in mothers, practicing psychologists and psychotherapists regularly encounter mothers whose condition indicates the onset of physical and emotional exhaustion, depersonalization, cynicism towards their children, and a reduction in personal achievements (many mothers compare themselves to reference models from Instagram and find that they fall short of the ideal). Therefore, it is necessary to pay attention to this side of maternal existence if we want not only mothers but also children, and thus society as a whole, to be psychologically well.

L.A. Bazaleva notes that “timely diagnosis, correction and prevention of the development of burnout can help stop the process that has begun or prevent its occurrence in mothers, as well as prevent personality deformations not only in the mother but also in the child” [10, p. 182].

The concept of ‘irrational beliefs’ was introduced to modern science by the American psychologist and author of Rational Emotive Behavior Therapy (REBT), A. Ellis. According to her, irrational beliefs are the cause of dysfunctional emotions and ineffective behavior, while rational beliefs, in contrast, lead to functional emotions and adaptive behavioral responses. In examining the characteristics of irrational thinking, A. Ellis assumed that almost everyone is naturally inclined to think irrationally. This is favored by the cultural and historical context and the social environment in which the individual grows up and develops. Therefore, A. Ellis considered cognitive attitudes (beliefs, convictions, ideas) incompatible with reality as the main causes of people’s psychological difficulties [11].

Based on the understanding of emotional burnout and self-imposed demands, it is essential to consider the psychological theories of A. Ellis. Initially, Ellis identified thirteen different irrational beliefs that people can have. Over time, he refined his theory and divided these beliefs into four main categories: Entitlement thinking, which is characterized by rigid adherence to what one believes should or ought to happen; Judgment thinking, which involves harsh judgment or devaluation of oneself or others; Catastrophizing, or the tendency to imagine the worst possible outcomes; and Frustration intolerance, which is a low threshold for enduring discomfort or inconvenience. These irrational beliefs are inherently illogical and starkly contrasting balanced and rational attitudes.

Together with A. Ellis, the concept of cognitive distortions was investigated by A. Beck. He worked with patients suffering from mental disorders: severe depression, anxiety disorders, and schizophrenia. Based on

his experience working with such patients, A. Beck developed a generative cognitive model as a theoretical basis for understanding cognitive processes in psychopathology [12].

Extending Ellis' concept of beliefs, A. Beck, an American psychotherapist and pioneer of cognitive therapy, proposed a more comprehensive interpretation. Beck suggested that 'beliefs' include not only expectations and evaluations but also memories and images that significantly influence the development of a person's cognitive schemas. These schemas are mental frames that contain internalized voices and instructions from influential people such as parents and teachers, as well as vivid images in which one predominantly perceives oneself as powerless, unloved, disregarded, or insignificant. Such cognitive schemas become particularly active in moments of distress and trigger intense feelings of rejection, abandonment, and loneliness. [13].

According to A. Beck, beliefs that form the basis for the development of human behavior are either helpful or hindering for integration into the world around us; the negative content of ideas about the world distorts the ability to deal constructively with difficulties [14].

Positive beliefs in the form of an optimistic attitude towards the world, the notion of one's responsibility, and the ability to control life protect people from stress and enable them to maintain their mental health [15].

Thus, beliefs that reveal the image of the world and the interpretation of events that affect a person's life are the cognitive-emotional content of the evaluation of what is happening and reflect an understanding of the experience.

Extending the fundamental theories by A. Beck, his son J. Beck has enriched the field for practicing psychologists and psychotherapists by introducing the concept of 'cognitive distortions' to describe irrational beliefs [16]. This term emphasizes how people may misinterpret reality, leading to psychological problems.

In addition, the seminal ideas of A. Ellis have been further developed by his intellectual heirs, R. DiGiuseppe, K.A. Doyle, W. Dryden, and W. Backx [17]. W. Backx, in particular, defined irrational attitudes as the cognitive refusal to accept less desirable realities combined with a fervent desire to achieve positive or prevent adverse outcomes. These scientists agreed that denial of reality significantly exacerbates anxiety in people who hold irrational beliefs, underscoring the critical influence of cognitive processes on emotional health.

Scientists have characterized irrational thinking as absolute, dichotomous thinking that is not conducive to achieving goals and leads to unhealthy emotional responses. Rational thinking, on the other hand, can have the following characteristics: Flexibility, variability, logic, and consistency with the facts of reality. This type of thinking in the face of positive and negative events can lead to healthier functional responses.

Continuing the research on cognitive behavioral approaches, J. Young, who continued the work in this field, introduced schema therapy. This innovative form of therapy is based on the concept of 'early maladaptive schemas', i.e., enduring patterns encompassing cognitive, emotional, and

behavioral elements and forming a stable response within a person's personality. These schemas usually emerge in early childhood as a result of emotional or physical trauma and often become entrenched through harmful interactions with significant others such as family members or caregivers [18]. Early maladaptive schemas are central to understanding the persistent nature of certain maladaptive behaviors and thoughts and provide a framework for treating deep-seated psychological problems within cognitive-behavioral psychotherapy.

A.B. Kholmogorova explains that early maladaptive schemas reflect how past experiences are represented and determine emotions, behavior, and how information is processed in current events [19].

According to R. Leahy, there are many general and specific schemas in the cognitive domain of personality. Emotional schemas are specific and serve as the basis for interpretations, attributions, and selecting emotion regulation strategies that may or may not be useful [20]. Emotional schemas contain specific beliefs, but compared to other schemas, they are more narrowly defined and associated with emotions [21]. R. Leahy has identified and described 14 types of emotional schemas: Perception of a duration of emotions, control, comprehensibility versus incomprehensibility, degree of approval, guilt and shame, rationality, a simplistic view of emotions, values versus devaluation, degree of expression of emotions, validation, acceptance versus non-acceptance, blaming others, sensitivity versus insensitivity, and rumination. In particular, Leahy found that the perception of longer emotion duration is associated with the belief that emotions are incomprehensible, lower validation and approval, greater blaming, a tendency to blame others, a simplistic view of emotions, lower control, lower acceptance, and increased rumination [22].

A special contribution to the study of irrational beliefs is currently being made by scientists and psychologists such as D.V. Kovpak, A.G. Kamenyukin, M.A. Zryutin, et al. In his scientific work, D.V. Kovpak focuses on the fact that a person's belief system can include a number of dysfunctional schemas and beliefs of different levels, which have arisen as a result of the experience of traumatic events and significantly affect his perception, thinking, and behavior. Thus, deep-seated beliefs of rejection, worthlessness, or helplessness lead them to construct a system of rules and compensatory strategies designed to protect them from further pain, disappointment, and failure [23].

A.G. Kamenyukin, in his articles explaining the concept of irrational attitudes, uses the term 'fallacy,' which is based on thinking with distorted cause-effect relationships: "A clear understanding of the fallacy of existing dysfunctional cause-effect relationships and their transformation into functional relationships is the basis for forming an adaptive response to any stimulus" [24, p. 82].

M.A. Padun considers beliefs a hierarchy of ideas constituting a prism for perceiving and evaluating events [25].

In Russian psychology, scientific interest in irrational attitudes and their relation to psychological phenomena is growing yearly. P.S. Rogacheva [26] conducted a study that showed a relationship between subjective well-being and cognitive errors in women in the first year after childbirth.

Yu.A. Chupakhina [27] investigated the influence of the family on a child's irrational beliefs and showed the relationship between irrational beliefs and typological personality traits.

In the study by V.A. Stepashkina and N.R. Suleymanov, differences in psychological beliefs and early maladaptive patterns were found in groups of individuals with a high and low trauma index. It was found that people with a high trauma index are characterized by the expectation of catastrophizing, the notion of instability of relationships, and the experience of fear of abandonment and isolation [28].

In the study by I.V. Mikhailova and Yu.V. Legkova, an attempt was made to establish a connection between the individual's general emotional orientation, irrational attitudes, and psychological defense mechanisms. A negative correlation was found between the esthetic emotional orientation and the irrational attitude of "commitment to other people" [29].

The current developmental phase of cognitive psychotherapy concerns rumination, defined as judgmental, often irrational thoughts about oneself or focusing on discrepancies between current and desired outcomes or a reaction to negative emotional stimuli [30, p. 92]. Ruminative thinking as a dysfunctional pattern that becomes habitual for individuals has been shown to contribute to avoidance of active coping and problem-solving.

The growing scientific interest in investigating the influence of irrational attitudes on different areas of life has, therefore, determined the problematic field of research.

The study sample consisted of 108 mothers aged between 20 and 36 years with different social and marital statuses, raising children under seven.

The study used the following methods: A test for diagnosing irrational attitudes by A. Ellis, a Test of parental burnout by I.N. Efimova, and a Scale of subjective well-being by A. Perue-Badu, adapted by M.V. Sokolova.

The study data were processed using mathematical-statistical methods: descriptive statistics (analysis of average values) and correlation analysis according to Ch. Spearman (to examine the relationship between the variables studied).

In the study's first phase, the irrational attitudes in the mothers' thinking were examined following the objective. The severity of the indicators of the mothers' irrational attitudes is shown in Table 1.

Table 1

*The severity of mothers' irrational attitudes*

Indicators	Average value (degree of severity)
Catastrophizing	44.71 (medium level)
Commitment to oneself	44.99 (medium level)
Commitment to others	52.1 (low level)
Assessment of frustration intolerance	52.0 (high level)
Judgmental attitude	55.2 (low level)

The analysis of the results obtained has shown that in the group of mothers studied, two indicators of irrational attitudes have a low level of severity

(‘commitment to others’ and ‘judgmental attitude’), two indicators are at a medium level (‘catastrophizing’ and ‘commitment to oneself’) and one indicator is at a high level (‘assessment of frustration intolerance’). This suggests that the mothers in the study tend to experience a medium level of catastrophizing and impose a medium level of commitment on themselves, indicating a balanced but noticeable concern for their own expectations and the potential for negative outcomes.

The low severity levels for ‘commitment to others’ and ‘judgmental attitude’ indicate that these mothers are less likely to impose their expectations on others or to categorize people in a blanket way based on specific behaviors, suggesting a more open and less critical attitude toward interpersonal relationships. However, the high level of ‘assessment of frustration intolerance’ shows that it is a major challenge for mothers to deal with frustration. This indicates that they find it particularly difficult to deal with situations that do not meet their expectations or trigger negative emotions, which may lead to increased stress in difficult situations.

Following this analysis, the study examined mothers’ emotional well-being, focusing on parental burnout and subjective well-being. The results are shown in Table 2.

Table 2

*Significance of indicators of emotional burnout in mothers*

Indicators	Average Value (Significance of the indicators)
<i>Indicators for parental burnout</i>	
Emotional exhaustion	27.36 (highest level)
Depersonalization	6.73 (average level)
Reduction in the significance of parental achievements	34.34 (average level)
<i>Indicators of subjective well-being</i>	
General indicator of subjective well-being	59.2 (average level)
Assessment of tension and sensitivity	12.25 (average level)
Assessment of psycho-emotional symptoms	11.67 (average level)
Assessment of mood swings	5.62 (average level)
Assessment of the significance of the social environment	7.76 (average level)
Health self-assessment	7.68 (average level)
Assessment of the degree of dissatisfaction with daily activities	10.58 (average level)

According to the study results, one indicator of parental burnout in mothers was at a high level of ‘emotional exhaustion,’ and two were at an average level of ‘depersonalization’ and ‘Reduction in the significance of parental achievements.’

The mothers in the group studied were characterized by pronounced tensions in the emotional sphere, reduced interest and empathy for their children, family members, and friends, indifference to their problems, and a

feeling of inner emptiness. They no longer care about their children's needs, joys, and sorrows; the mothers do not have the strength to take care of them, to devote themselves to them with full dedication. Their general emotional background is reduced, their mood depends on the behavior of their children, and their smallest pranks trigger outbursts of uncontrollable emotional manifestations in the mothers, such as anger and rage, which are replaced by feelings of guilt, apathy, irritability, and a general state of fatigue.

The average severity of the 'depersonalization indicator' may indicate that the mothers have disturbed relationships with others. In some situations, the attitude towards the feelings and experiences of others is expressed in the form of insensitivity and cynicism. Mothers communicate with their children with average empathy, responsiveness, or complicity; they dress the children, feed them, and take them to kindergarten, but the desire to communicate with the child and spend weekends together is lower. Mothers often desire to be alone, send their children to grandparents, immerse themselves in pleasant activities, and quickly go to work. Negative attitudes that have developed towards their children can manifest in inwardly chastened anger, which regularly manifests itself in outbursts of rage and conflict.

The reduction of personal performance is one of the components of parental burnout in the mothers of the studied group, and it manifests itself in a reduction or reversal of actions related to the care of the children. Sometimes, mothers experience feelings of guilt and problems with self-esteem, but there is no significant decrease in the sense of their competence in the implementation of parental tasks. Under certain circumstances, mothers are overly critical of themselves in the mothering role, their ability to be excellent mothers to their children, and their success in accomplishing parenting tasks. Diminishing care for children, feelings of guilt, and inadequacy lead to the child's achievements losing importance.

The 'Subjective Well-being' technique made it possible to assess the quality of the mothers' emotional experiences (as an indicator of the frequency and intensity of positive and negative feelings). The severity of all scales of the method is in the average range. Based on the data obtained, we can say that an average severity of emotional discomfort characterizes the mothers of the studied group. They do not show serious problems in the emotional sphere, but we are not talking about pronounced emotional comfort. They may have pessimism, a state of anxiety, and isolation. The severity of the 'tension and sensitivity' scale indicates that mothers do not recognize the need for privacy; a subjective experience of the severity of the work performed characterizes them. Sometimes, psycho-emotional symptoms occur in the form of sleep disturbances, feelings of senseless anxiety, and absent-mindedness. The value of the 'mood swings' scale indicates a decrease in the optimism with which the mothers evaluate their own lives.

The mothers are characterized by a decrease in the 'importance of the social environment,' a focus on joint problem-solving, and a simultaneous distance from family and friends. The mothers are worried about their health and are not sufficiently satisfied with their physical condition (scale 'health



self-assessment') and daily activities (scale 'degree of dissatisfaction with daily activities'). They often feel bored during daily activities. To implement the study's second objective, a correlation analysis, according to Ch. Spearman was conducted, which revealed positive and negative correlations between emotional burnout indicators and mothers' irrational attitudes. The results of the study are shown in Table 3.

Table 3  
*Relationship between the indicators of emotional burnout and the indicators of irrational attitudes in mothers' thinking*

Indicators	Catastro- phizing	Commit- ment to oneself	Commit- ment to others	Assessment of frustration intolerance	Judgmental attitude
Emotional exhaustion	$r = 0.340$ $p = 0.0001$	$r = 0.302$ $p = 0.001$		$r = 0.544$ $p = 0.0001$	$r = 0.465$ $p = 0.0001$
Depersonalization				$r = 0.245$ $p = 0.011$	
Reduction in the significance of parental achievements				$r = 0.369$ $p = 0.0001$	$r = 0.421$ $p = 0.0001$
Overall assessment of subjective well- being	$r = 0.408$ $p = 0.0001$	$r = 0.454$ $p = 0.0001$	$r = 0.332$ $p = 0.0001$	$r = 0.622$ $p = 0.0001$	$r = 0.589$ $p = 0.0001$
Tension and sensitivity		$r = 0.335$ $p = 0.0001$		$r = 0.373$ $p = 0.0001$	$r = 0.401$ $p = 0.0001$
Signs accompanying the main psycho- emotional symptoms	$r = 0.401$ $p = 0.0001$	$r = 0.378$ $p = 0.0001$		$r = 0.541$ $p = 0.0001$	$r = 0.547$ $p = 0.0001$
Mood swings				$r = 0.417$ $p = 0.0001$	$r = 0.362$ $p = 0.0001$
Unimportance of the social environment	$r = 0.358$ $p = 0.0001$	$r = 0.307$ $p = 0.0001$	$r = 0.305$ $p = 0.0001$	$r = 0.430$ $p = 0.0001$	$r = 0.437$ $p = 0.0001$
Low self-esteem of health		$r = 0.394$ $p = 0.0001$		$r = 0.461$ $p = 0.0001$	$r = 0.434$ $p = 0.0001$
Degree of dissatisfaction with daily activities	$r = 0.326$ $p = 0.001$	$r = 0.389$ $p = 0.0001$		$r = 0.533$ $p = 0.0001$	$r = 0.545$ $p = 0.0001$

In the course of the study, it was thus found that the indicator 'catastrophizing' was positively related to the indicators of emotional burnout: 'emotional exhaustion,' 'subjective well-being,' 'signs accompanying the main psycho-emotional symptoms,' 'unimportance of the social environment,' 'degree of dissatisfaction with daily activities.' That is, the higher the degree of catastrophizing of mothers' mental activity, which is characterized by an exaggeration of the negative character of a phenomenon or situation, the higher their emotional exhaustion, the experience of subjective suffering, the higher the severity of psycho-emotional symptoms and the higher dissatisfaction with

daily activities and communication with the social environment (family, friends).

It was found that the indicator ‘commitment to oneself’ was positively related to the indicators ‘emotional exhaustion,’ ‘subjective well-being,’ ‘tension and sensitivity,’ ‘signs accompanying the main psycho-emotional symptoms,’ ‘unimportance of the social environment,’ ‘low self-esteem of health,’ ‘the degree of dissatisfaction with daily activities.’ Thus, the more pronounced the mothers’ obsessive attitude towards themselves, the more emotional exhaustion they typically experienced; the experience of adversity, higher level of tension and sensitivity due to the need to interact with others, higher subjective feeling of senseless anxiety and other psycho-emotional symptoms; higher level of worry about their health; and higher level of dissatisfaction with the demands of daily activities and relationships with family and friends.

The indicator ‘commitment to others’ was positively related to the indicators ‘subjective well-being’ and ‘unimportance of social environment,’ i.e., the lower the mothers’ commitment to others, the lower the subjective well-being and the lower the level of loneliness.

It was found that the indicator ‘assessment of frustration intolerance’ was positively related to the indicators ‘emotional exhaustion,’ ‘depersonalization,’ ‘decrease in parental performance,’ ‘subjective well-being,’ ‘tension and sensitivity,’ ‘signs of severe psycho-emotional symptoms,’ ‘mood swings,’ ‘unimportance of social environment,’ ‘low self-esteem of health,’ ‘degree of dissatisfaction with daily activities.’ That is, the higher the mothers’ frustration intolerance, which reflects the degree of intolerance to various frustrations, the higher their degree of emotional exhaustion; a more significant deformation of relationships with others, which manifests itself in insensitivity and cynicism; a greater sense of incompetence in fulfilling maternal duties; the experience of subjective discomfort is also higher; higher tension and sensitivity due to the need to interact with other people; higher severity of psycho-emotional symptoms (insomnia, anxiety); higher severity of negative perception of life; more elevated degree of concern about appearance and higher degree of dissatisfaction with the demands of daily activities and the need to build relationships with family and friends.

It was found that the indicator ‘judgmental attitude’ was positively related to the indicators ‘emotional exhaustion,’ ‘reduction in the significance of parental achievements,’ ‘subjective well-being,’ ‘tension and sensitivity,’ ‘signs accompanying major psycho-emotional symptoms,’ ‘mood swings,’ ‘unimportance of social environment,’ ‘low self-esteem of health,’ ‘degree of dissatisfaction with daily activities.’

That is, the higher the level of mothers’ judgmental attitudes, reflecting their tendency to evaluate not individual characteristics or actions of people but the personality as a whole, the higher their level of emotional exhaustion; the higher the feeling of incompetence in performing maternal duties; higher also the experience of subjective discomfort; higher levels of tension due to the need to perform work and interact with other people; higher levels of psycho-

emotional symptoms (insomnia, anxiety, distraction); higher levels of pessimism; concern about one's physical appearance and greater dissatisfaction with the pressure to perform daily activities and the need to build relationships with family and friends.

In summary, we find that irrational attitudes, whether we are aware of them or not, bring about adjustments in life through emotional state and physical or behavioral responses. Developing an awareness of your thoughts can help many mothers cope with life's challenges without experiencing symptoms of burnout.

The study found a correlation between irrational attitudes and indicators of emotional burnout in mothers. The strongest correlations between the indicators of emotional burnout in mothers were found for the two irrational attitudes, 'assessment of frustration intolerance' and 'judgmental attitude,' which reflect the degree of mothers' intolerance to various frustrations and the tendency to evaluate the personality as a whole based on individual characteristics or actions. Mothers' emotional exhaustion, sense of their psychological burden, dissatisfaction with daily activities, inability to solve problems together with other people, and psycho-emotional symptoms were found to be related to irrational attitudes such as 'catastrophizing,' 'commitment to oneself,' 'assessment of frustration intolerance,' and 'judgmental attitude.'

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## ИРРАЦИОНАЛЬНЫЕ УСТАНОВКИ В МЫШЛЕНИИ И ЭМОЦИОНАЛЬНОЕ ВЫГОРАНИЕ МАТЕРЕЙ

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**Аннотация.** В статье представлено описание связи феномена иррациональных установок в мышлении с показателями эмоционального выгорания матерей. Значимость проведенного исследования обусловлена необходимостью оказания психологической помощи матерям, столкнувшимся с проблемой родительского выгорания, неспособностью осуществлять свои родительские обязанности по воспитанию и развитию детей, преодолению стрессовых ситуаций, которые связаны со спецификой иррациональных установок в мышлении. Не изученность вопроса о том, как эмоциональное выгорание матерей связано с их иррациональными установками в мышлении, составило проблемное поле проведенного исследования. Представлены результаты исследования 108 матерей в возрасте от 20 до 36 лет, воспитывающие детей до 7 лет. В работе использованы следующие методики: тест «Диагностика иррациональных установок» (А. Эллис); тест «Родительское выгорание» (И.Н. Ефимова); шкала «Субъективного благополучия» (А. Перуэ-Баду, адаптация М.В. Соколовой). Выявлены связи показателей эмоционального выгорания матерей с их иррациональными установками, такими как «катастрофизация», «долженствование в отношении других», «долженствование в отношении себя», «непереносимость фрустрации», «оценочная установка». Наибольшее количество связей зафиксировано с иррациональными установками «непереносимость фрустрации» и «оценочная установка», отражающих степень непереносимости матерями различных фрустрирующих ситуаций и склонности оценивать личность в целом, по отдельным ее чертам или поступкам. В практическом плане результаты исследования могут быть использованы в консультативной, коррекционной, профилактической работе психолога, в частности в области профилактики синдрома эмоционального выгорания матерей, с целью снижения его последствий.

**Ключевые слова:** *материнство, эмоциональное выгорание, иррациональные установки в мышлении, когнитивная психотерапия*

**Для цитирования:** Suntsova Ya.S. Irrational attitudes in thinking and maternal emotional burnout // Education & Pedagogy Journal. 2024. Вып. 1 (9). P. 48–61. doi: 10.23951/2782-2575-2024-1-48-61

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*Submitted December 4, 2023*